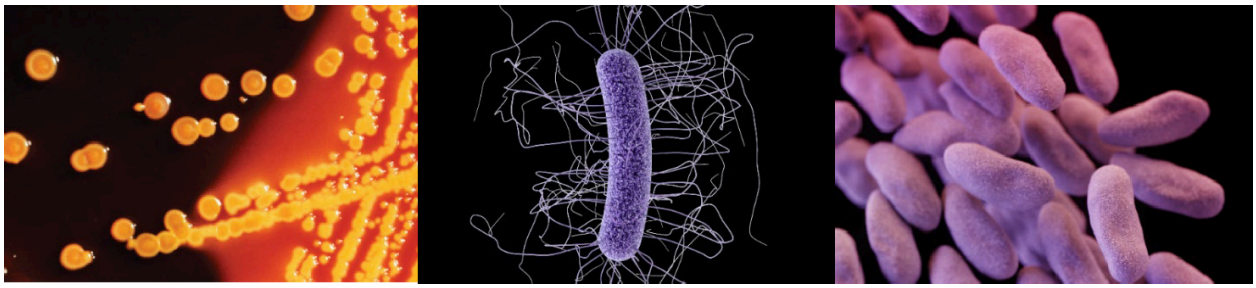

Healthcare-Associated Infections (HAI)

Annual Report

September 2025 (revised October 2025)

COLORADO
Department of Public Health & Environment

colorado.gov/cdphe/hai

Errata: In the original September publication of the 2025 HAI Annual Report, there were errors in the data reported for surgical site infections in ambulatory surgery centers. The errors included the representation of multiple years of data reported to the National Healthcare Safety Network, rather than one year of data, for the year 2024. This impacted the executive summary and the following tables and their corresponding text: Table 3, Table 12, Table 30, Table 35, and Table 49. The corrected tables and text are included in this revised report, completed Oct. 21, 2025.

Table of Contents

About this report

Contributing authors:

- **Amy Fitzgibbons, MS**, Healthcare-Associated Infections Surveillance Data Analyst, Communicable Disease Branch, Division of Disease Control and Public Health Response
- **Christopher A Czaja, MD, DrPH**, Healthcare-Associated Infections and Antimicrobial Resistance (HAI/AR) Program Manager, Communicable Disease Branch, Division of Disease Control and Public Health Response

Authorizing Statute: Section 25-3-601-607, C.R.S.

Date: Sept. 15, 2025 (revised Oct. 21, 2025)

Number of pages: 200

Additional information: This report fulfills reporting requirements set forth in the HAI Disclosure Law (C.R.S. 25-3-601-607) and is the 17th annual report published by the Colorado Department of Public Health and Environment (CDPHE). The report presents information about healthcare-associated infection (HAI) reporting requirements, processes and limitations, functions of implementing the disclosure law, and HAI data submitted by Colorado health care 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, 2024, with a comparison to 2023.

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 multistate survey of hospitals conducted in 2015. HAIs can lead to additional treatment and cause pain, suffering, and death. HAIs are preventable.

This report contains 2024 rates of HAIs that Colorado health care facilities report to 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 2023.

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 health care quality. Health care facilities can use the data to target their infection prevention efforts.

New in 2025: The HAI Annual Report is also available in the form of a data dashboard. Access the new HAI Data Dashboard.

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 CDPHE's Healthcare-associated infections

webpage.

Key findings

In 2024, 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 (Table 4)
- Central-line associated bloodstream infections in acute care hospitals overall and in adult and pediatric critical care units and inpatient wards (Table 5)
- *Clostridioides difficile* infections in acute care hospitals, inpatient rehabilitation facilities, and long-term acute care hospitals (Table 6)

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 (Table 9)
- Surgical site infections following outpatient breast surgeries in acute care hospitals (Table 9)
- Surgical site infections following outpatient hip replacement surgeries in acute care hospitals (Table 9)
- Surgical site infections following breast surgeries in ambulatory surgery centers (Table 12)
- Surgical site infections following knee replacement surgeries in ambulatory surgery centers (Table 12)

In 2024, overall rates of the following conditions were lower (better) than the rates from 2023:

- *Clostridioides difficile* infections in acute care hospitals and long-term acute

care hospitals (Table 6)

Overall rates of the following conditions were higher (worse) than the rates from 2023:

- Surgical site infections following outpatient breast surgeries in acute care hospitals (Table 9)
- Surgical site infections following outpatient knee replacement surgeries in acute care hospitals (Table 9)

Overall rates for other conditions were similar to the national baseline or rates from 2023 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 Jan. 15 to July 15 of each year. In 2025, the annual report submission date was changed to Sept. 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 CDPHE through the 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). Health care facilities submitted infection data from 2023. HAI infection rates are compared to the national baseline and Colorado rates from the previous year. 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 functions[3]:

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 health care 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 Diddy, MSN
- Jennifer Dougan, CIC
- Michelle Graves, RN
- Amy Leinkram, RN, BSN, CIC
- David Pflueger, MBA, Chair
- Larissa Pisney, MD
- Olivia Scheele, MSN, BSN, RN, CLC, a-IPC, CHIPP
- Emma Stein, MPH
- Monica VanBuskirk, MBA

Past members (2024)

- Chase Currie, MPH, CIC
- Erin Minnerath, MSPH, CIC
- Carolyn Valdez, MS
- William Wright, MD, Co-Chair

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 healthcare-associated infection reporting metrics		
Facility type	**Reported HAI**	**Reporting hospital unit(s)**
	• Central line-associated bloodstream infections (CLABSIs)	Adult and pediatric critical care units, medical, surgical, and medical-surgical wards
		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 level II/III, III, and IV
Pediatric hospitals	• CLABSIs	Neonatal critical care units level II/III, III, and IV
Long-term acute care hospitals	• CLABSIs	All bedded inpatient locations
	• CAUTIs	All bedded inpatient locations

Table 1. Colorado healthcare-associated infection reporting metrics		
Facility type	**Reported HAI**	**Reporting hospital unit(s)**
	• *Clostridioides difficile* infections	Facility-wide inpatient
Inpatient rehabilitation facilities (freestanding)	• CLABSIs	All bedded inpatient locations
	• 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 the following conditions:

- 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)
- SSIs following colon surgeries in acute care hospitals (2024)
- CAUTIs in long-term acute care hospitals (2025)
- CLABSIs in long-term acute care hospitals (2025)

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 2024, 55 acute care hospitals, 22 critical access hospitals, two pediatric hospitals, six long-term acute care hospitals, nine inpatient rehabilitation facilities, 59 ambulatory surgery centers, and 76 dialysis facilities reported HAI data into the NHSN. **Table 2** shows the number of hospitals that report CAUTIs, 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

Facility type/unit	Number of facilities		
	Catheter-associated urinary tract infections	Central line-associated bloodstream infections	*C. difficile* infections
Acute care hospitals	55	55	55
Adult and pediatric critical care units in acute care hospitals	45	45	—
Level II/III, III, and IV neonatal critical care units in acute care	—	21	—

Table 2. Health care facilities and units reporting catheter-associated urinary tract infections, central line-associated bloodstream infections, and *C. difficile* infections — Colorado, 2023			
Facility type/unit	Number of facilities		
	Catheter-associated urinary tract infections	Central line-associated bloodstream infections	*C. difficile* infections
hospitals			
Wards in acute care hospitals	53	53	—
Inpatient rehabilitation wards in acute care hospitals	—	10	—
Critical access hospitals, critical care units	—	4	—
Inpatient rehabilitation facilities	9	9	9
Long-term acute care hospitals	6	6	6
Pediatric hospitals	—	2	—

— : 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**	**Number of critical access hospitals**	**Number of ambulatory surgery centers**
Abdominal hysterectomy	53	20	N/A
Breast surgery	52	20	27
Colon surgery	53	19	N/A
Hernia surgery	—	—	24
Hip replacement	53	20	N/A
Knee replacement	54	20	28

— : 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.

N/A: Not available

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 4), 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 days they were in the facility. Patient-months 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 SIR[14]

- 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 SIR is greater than one and the difference is statistically significant, 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.

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 2024. 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 2023 (**Table 4**).

Table 4. Catheter-associated urinary tract infections in health care facilities by facility or unit type — Colorado, Jan. 1, 2024 - Dec. 31, 2024

Facility or unit type	Number of catheter-days	Number of infections	SIR	National comparison	Comparison to 2023
Acute care hospitals	198,464	119	0.49	Better	NS
Acute care hospitals, adult and pediatric critical care units	105,542	53	0.35	Better	NS
Acute care hospitals, adult and pediatric inpatient wards	92,922	66	0.73	Better	NS
Inpatient rehabilitation facilities	7,143	9	0.85	NS	NS
Long-term acute care hospitals	24,193	56	1.11	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 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 predicted number of infections was less than one or for suppressed data. Comparison to the rate from 2023 was not available if the rates from 2023 and 2024 were both zero.

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 2024 overall and in adult and pediatric critical care units and inpatient wards. Rates of CLABSI in inpatient rehabilitation wards and neonatal critical care units within acute care hospitals, neonatal critical care units within freestanding pediatric hospitals, and inpatient rehabilitation facilities were similar to (not significantly different from) the national baseline in 2024. State-level rates of CLABSI in critical access hospitals and long-term acute care hospitals were not available (**Table 5**).

Rates of CLABSI in acute care hospitals overall, adult and pediatric critical care units, wards, 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 2023. Comparison to rates from 2023 was not available for inpatient rehabilitation wards within acute care hospitals, 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, 2024 - Dec. 31, 2024					
Facility or unit type	**Number of central line-days**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Acute care hospitals	214,795	115	0.56	Better	NS
Acute care hospitals, adult and pediatric critical care units	101,288	78	0.75	Better	NS
Acute care hospitals, adult and pediatric inpatient wards	104,327	29	0.33	Better	NS
Acute care hospitals, inpatient rehabilitation wards	4,793	0	0	NS	N/A
Acute care hospitals, neonatal critical care units	9,180	8	0.61	NS	NS
Critical access hospitals, critical care units	53	0	N/A	N/A	N/A
Freestanding pediatric hospitals, neonatal critical care units	10,684	9	0.83	NS	NS

Table 5. Central line-associated bloodstream infections in health care facilities by facility or unit type — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility or unit type	**Number of central line-days**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Long-term acute care hospitals	90,552	40	N/A	N/A	N/A
Inpatient rehabilitation facilities	6,642	0	0	NS	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 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 predicted number of infections was less than one or for suppressed data. Comparison to the rate from 2023 was not available if the rates from 2023 and 2024 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 2024. Rates of *C. difficile* infection in acute care hospitals and long-term acute care hospitals were lower (better) than rates from 2023. The rate of *C. difficile* infection in inpatient rehabilitation facilities was similar to (not significantly different from) the rate from 2023 **(Table 6)**.

Table 6. *Clostridioides difficile* infections in health care facilities by facility or unit type — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility or unit type	**Number of patient-days**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Acute care hospitals	1,890,179	350	0.32	Better	Better
Inpatient rehabilitation facilities	95,665	16	0.37	Better	NS
Long-term acute care hospitals	102,467	14	0.17	Better	Better

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

— : suppressed. Counts and rates of infection were suppressed if the number of patient-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 predicted number of infections was less than one or for suppressed data. Comparison to the rate from 2023 was not available if the rates from 2023 and 2024 were both zero.

Access-related bloodstream infections (ARBSIs)

In 2024, 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 2023, the rate of ARBSI was 0.22 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, 2024 - Dec. 31, 2024				
Facility/unit type	**Number of patient-months**	**Number of infections**	**Infection rate**	**National comparison**
Outpatient dialysis facilities	43,451	94	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 2024, 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. Rates of SSI following all surgery types were similar to (not significantly different from) rates from 2023 (**Table 8**).

In 2024, in acute care hospitals, rates of SSI following outpatient abdominal hysterectomy, breast surgery, and hip replacement surgery were higher (worse) than the national baseline. The rate of SSI following outpatient knee replacement surgery was similar to (not significantly different from) the national baseline. The rate of SSI following outpatient colon surgery was not available. Rates of SSI following outpatient breast surgery and knee replacement surgery were higher (worse) than rates from 2023. Rates of SSI following outpatient abdominal hysterectomy and hip replacement surgery were similar to (not significantly different from) rates from 2023. Comparison of the rate of SSI following outpatient colon surgery to the rate from 2023 was not available (**Table 9**).

In critical access hospitals, rates of SSI in 2024 were similar to (not significantly different from) the national baseline for inpatient colon surgery, hip replacement surgery, and knee replacement surgery. The rate of SSI following inpatient breast surgery was suppressed, and the rate of SSI following abdominal hysterectomy was not available. Rates of SSI following inpatient abdominal hysterectomy and colon, hip replacement, and knee replacement surgeries were similar to (not significantly different from) rates from 2023. Comparison to the rate from 2023 was not available for inpatient breast surgery (**Table 10**).

The rate of SSI following outpatient knee replacement surgery was similar to (not significantly different from) the national baseline in 2024. Rates of SSI following outpatient abdominal hysterectomy, breast, and hip replacement surgeries in critical access hospitals were not available in 2024. The rate of SSI following outpatient colon surgery was suppressed. Rates of SSI following abdominal hysterectomy and colon, hip replacement, and knee replacement surgeries were similar to (not significantly different from) the rates from 2023. Comparison of the rate of SSI following breast surgery to the rate from 2023 was not available (**Table 11**).

In ambulatory surgery centers, rates of SSI following breast surgery and knee replacement surgery in 2024 were higher (worse) than the national baseline (**Table 12**). The rate of SSI following hernia surgery was similar to (not significantly different from) the national baseline. The rate of SSI following hip replacement surgery was not available in 2024. Comparisons of SSI rates to rates from 2023 were not available.

Table 8. Surgical site infections following inpatient surgeries in acute care hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024

Procedure type	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2023
Abdominal hysterectomy	4,012	57	1.00	NS	NS
Breast surgery	3,296	85	1.45	Worse	NS

Colon surgery	5,512	278	1.04	NS	NS
Hip replacement	9,663	110	1.08	NS	NS
Knee replacement	12,753	87	1.11	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. SIRs and rate comparisons were not available if the predicted number of infections was less than one or for suppressed data. Comparison to the rate from 2023 was not available if the rates from 2023 and 2024 were both zero.

Table 9. Surgical site infections following outpatient surgeries in acute care hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024

Procedure type	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2023
Abdominal hysterectomy	5,413	47	2.01	Worse	NS
Breast surgery	9,799	93	1.52	Worse	Worse
Colon surgery	75	0	N/A	N/A	N/A
Hip replacement	3,637	23	1.98	Worse	NS
Knee replacement	6,407	40	1.14	NS	Worse

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. SIRs and rate comparisons were not available if the predicted number of infections was less than one or for suppressed data. Comparison to the rate from 2023 was not available if the rates from 2023 and 2024 were both zero.

Table 10. Surgical site infections following inpatient surgeries in critical access hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024

Procedure type	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2023
Abdominal hysterectomy	51	1	N/A	N/A	NS
Breast surgery	12	—	—	N/A	N/A
Colon surgery	92	3	0.79	NS	NS
Hip replacement	545	5	1.02	NS	NS
Knee replacement	1,161	5	0.68	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. SIRs and rate comparisons were not available if the predicted number of infections was less than one or for suppressed data. Comparison to the rate from 2023 was not available if the rates from 2023 and 2024 were both zero.

Table 11. Surgical site infections following outpatient surgeries in critical access hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Procedure type	**Number of procedures**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Abdominal hysterectomy	27	0	N/A	N/A	N/A
Breast surgery	54	0	N/A	N/A	N/A
Colon surgery	15	—	—	N/A	N/A
Hip replacement	116	1	N/A	N/A	NS
Knee replacement	220	2	1.81	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. SIRs and rate comparisons were not available if the predicted number of infections was less than one or for suppressed data. Comparison to the rate from 2023 was not available if the rates from 2023 and 2024 were both zero.

Analysis includes adult patients aged 18 years or older.

Table 12. Surgical site infections in ambulatory surgery centers — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Procedure type	**Number of procedures**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Breast surgery	6,037	34	1.87	Worse	N/A

Table 12. Surgical site infections in ambulatory surgery centers — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Procedure type	**Number of procedures**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Hernia surgery	3,917	10	1.23	NS	N/A
Hip replacement	N/A	N/A	N/A	N/A	N/A
Knee replacement	3,608	16	7.68	Worse	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.

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 less than one or for suppressed data. Comparison to the rate from 2023 was not available if the rates from 2023 and 2024 were both zero. Data on SSIs following hip replacement surgery was not available in NHSN.

Analysis includes adult patients aged 18 years or older.

Colorado facility-specific data

Catheter-associated urinary tract infections (CAUTIs)

Acute care hospitals

Fifty-five acute care hospitals reported CAUTI data in 2024 (**Table 13**). Eight acute care hospitals reported a rate of CAUTI that was lower (better) than the national baseline. One reported a rate of CAUTI that was higher (worse) than the national baseline. Twenty-three 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, and comparisons to the national baseline were not available. Rates of CAUTI in 26 acute care hospitals were similar to (not significantly different from) rates from 2023. Comparison to the rate of CAUTI from 2023 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-three reported CAUTI data from adult and pediatric inpatient wards (**Table 14**). Seven acute care hospitals reported a rate of CAUTI on critical care units that was lower (better) than the national baseline. Seventeen reported a rate of CAUTI on critical care units that was similar to (not significantly different from) the national baseline. Two acute care hospitals reported rates of CAUTI on wards that were lower (better) than the national baseline. Twenty-one reported a rate of CAUTI on wards that was similar to (not significantly different from) the national baseline. One reported a rate of CAUTI that was higher (worse) than the national baseline. Rates were suppressed or not available for the remaining acute care hospitals, and comparisons to the national baseline were not available. Eighteen acute care hospitals reported a rate of CAUTI on critical care units that was similar to (not significantly different from) the rate from 2023. Sixteen reported a rate of CAUTI on wards that was similar to (not significantly different from) the rate from 2023.

Comparison to the rate of CAUTI from 2023 was not available for the remaining facilities.

Table 13. Catheter-associated urinary tract infections in acute care hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of catheter-days**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
AdventHealth Avista	1,129	0	0.00	NS	N/A
AdventHealth Castle Rock	1,610	0	0.00	NS	N/A
AdventHealth Littleton	4,066	8	2.29	Worse	N/A
AdventHealth Parker	3,159	4	1.77	NS	N/A
AdventHealth Porter	3,874	0	0.00	Better	N/A
Animas Surgical Hospital, LLC	46	—	—	N/A	N/A
Banner Fort Collins Medical Center	345	0	N/A	N/A	N/A
Banner Mckee Medical Center	903	0	N/A	N/A	N/A
Banner North Colorado Medical Center	5,180	2	0.31	NS	NS
Mercy Hospital	1,956	0	0.00	NS	N/A
St. Anthony Hospital	15,678	1	0.04	Better	NS

Table 13. Catheter-associated urinary tract infections in acute care hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of catheter-days**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
St. Anthony North Hospital	5,088	1	0.20	Better	NS
St. Anthony Summit Hospital	285	0	N/A	N/A	N/A
St. Elizabeth Hospital	367	0	N/A	N/A	N/A
St. Mary-Corwin Hospital	590	0	N/A	N/A	N/A
Community Hospital	1,251	0	N/A	N/A	N/A
Delta County Memorial Hospital	639	1	N/A	N/A	NS
Denver Health Medical Center	10,175	9	0.59	NS	NS
Foothills Hospital	4,180	2	0.70	NS	NS
HCA HealthOne Aurora	6,106	2	0.26	Better	N/A
HCA HealthOne Centennial Hospital	78	0	N/A	N/A	N/A
HCA HealthOne Sky Ridge	4,955	6	0.99	NS	N/A

Table 13. Catheter-associated urinary tract infections in acute care hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of catheter-days**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Intermountain Health Good Samaritan Hospital	4,144	3	1.05	NS	NS
Intermountain Health Platte Valley Hospital	1,047	0	N/A	N/A	N/A
Longmont United Hospital	469	0	N/A	N/A	N/A
Longs Peak Hospital	2,626	1	0.74	NS	NS
Lutheran Medical Center	5,210	3	0.52	NS	NS
Medical Center of The Rockies	7,091	6	1.18	NS	NS
Memorial Health System	12,368	11	0.65	NS	NS
Memorial Hospital North	2,052	1	0.50	NS	NS
Montrose Regional Health	1,599	1	N/A	N/A	NS
National Jewish Health	0	—	—	N/A	N/A
North Suburban Medical Center	1,737	1	0.57	NS	NS

Table 13. Catheter-associated urinary tract infections in acute care hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of catheter-days**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
OrthoColorado Hospital at St. Anthony Medical Campus	676	0	N/A	N/A	N/A
Parkview Medical Center, Inc.	11,514	7	0.48	Better	NS
Parkview Pueblo West Hospital	220	0	N/A	N/A	N/A
Penrose Hospital	9,780	5	0.40	Better	NS
Poudre Valley Hospital	3,587	3	0.84	NS	NS
Presbyterian/ St. Luke's Medical Center	2,278	2	0.71	NS	NS
Rose Medical Center	1,529	0	0.00	NS	NS
Saint Joseph Hospital	5,540	0	0.00	Better	N/A
San Luis Valley Health	850	1	N/A	N/A	NS
St. Francis Hospital Interquest	32	—	—	N/A	N/A
St. Francis Medical Center	3,633	1	0.22	NS	NS

Table 13. Catheter-associated urinary tract infections in acute care hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of catheter-days**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
St. Mary's Medical Center	9,463	7	0.59	NS	NS
Sterling Regional Medcenter	575	0	N/A	N/A	N/A
Swedish Medical Center	7,142	7	0.53	NS	NS
UCHealth Broomfield Hospital	312	0	N/A	N/A	N/A
UCHealth Grandview Hospital	57	0	N/A	N/A	N/A
UCHealth Greeley Hospital	2,413	1	0.61	NS	NS
UCHealth Highlands Ranch Hospital	3,661	1	0.40	NS	NS
UCHealth Yampa Valley Medical Center	159	0	N/A	N/A	N/A
University of Colorado Hospital	24,127	21	0.50	Better	NS
Vail Health Hospital	589	0	N/A	N/A	N/A

Table 13. Catheter-associated urinary tract infections in acute care hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of catheter-days**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Valley View Hospital Association	324	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 less than one or for suppressed data. Comparison to the rate from 2023 was not available if the rates from 2023 and 2024 were both zero.

Table 14. Catheter-associated urinary tract infections in acute care hospitals by location type — Colorado, Jan. 1, 2024 - Dec. 31, 2024						
Facility name	**Unit type**	**Number of catheter - days**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
AdventHealth Avista	**Adult and pediatric critical care**	361	0	N/A	N/A	N/A
	Adult and pediatric inpatient wards	768	0	N/A	N/A	N/A
AdventHealth Castle Rock	**Adult and pediatric critical care**	611	0	N/A	N/A	N/A

Table 14. Catheter-associated urinary tract infections in acute care hospitals by location type — Colorado, Jan. 1, 2024 - Dec. 31, 2024						
Facility name	**Unit type**	**Number of catheter - days**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
AdventHealth Castle Rock	**Adult and pediatric inpatient wards**	999	0	N/A	N/A	N/A
AdventHealth Littleton	**Adult and pediatric critical care**	2,507	4	1.78	NS	N/A
	Adult and pediatric inpatient wards	1,559	4	3.21	Worse	N/A
AdventHealth Parker	**Adult and pediatric critical care**	1,785	1	0.77	NS	N/A
	Adult and pediatric inpatient wards	1,374	3	N/A	N/A	N/A
AdventHealth Porter	**Adult and pediatric critical care**	2,630	0	0.00	NS	N/A
	Adult and pediatric inpatient wards	1,244	0	0.00	NS	N/A
Animas Surgical Hospital, LLC	**Adult and pediatric inpatient wards**	46	—	—	N/A	N/A

Table 14. Catheter-associated urinary tract infections in acute care hospitals by location type — Colorado, Jan. 1, 2024 - Dec. 31, 2024						
Facility name	**Unit type**	**Number of catheter - days**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Banner Fort Collins Medical Center	**Adult and pediatric inpatient wards**	345	0	N/A	N/A	N/A
Banner Mckee Medical Center	**Adult and pediatric inpatient wards**	903	0	N/A	N/A	N/A
Banner North Colorado Medical Center	**Adult and pediatric critical care**	1,902	0	0.00	NS	N/A
	Adult and pediatric inpatient wards	3,278	2	0.49	NS	NS
Mercy Hospital	**Adult and pediatric critical care**	1,201	0	N/A	N/A	N/A
	Adult and pediatric inpatient wards	755	0	N/A	N/A	N/A
St. Anthony Hospital	**Adult and pediatric critical care**	8,363	0	0.00	Better	N/A
	Adult and pediatric inpatient wards	7,315	1	0.15	Better	NS

Table 14. Catheter-associated urinary tract infections in acute care hospitals by location type — Colorado, Jan. 1, 2024 - Dec. 31, 2024						
Facility name	**Unit type**	**Number of catheter - days**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
St. Anthony North Hospital	**Adult and pediatric critical care**	2,195	1	0.43	NS	NS
	Adult and pediatric inpatient wards	2,893	0	0.00	NS	N/A
St. Anthony Summit Hospital	**Adult and pediatric inpatient wards**	285	0	N/A	N/A	N/A
St. Elizabeth Hospital	**Adult and pediatric critical care**	60	0	N/A	N/A	N/A
	Adult and pediatric inpatient wards	307	0	N/A	N/A	N/A
St. Mary-Corwin Hospital	**Adult and pediatric critical care**	590	0	N/A	N/A	N/A
Community Hospital	**Adult and pediatric critical care**	578	0	N/A	N/A	N/A

Table 14. Catheter-associated urinary tract infections in acute care hospitals by location type — Colorado, Jan. 1, 2024 - Dec. 31, 2024						
Facility name	**Unit type**	**Number of catheter - days**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Community Hospital	**Adult and pediatric inpatient wards**	673	0	N/A	N/A	N/A
Delta County Memorial Hospital	**Adult and pediatric critical care**	216	1	N/A	N/A	NS
	Adult and pediatric inpatient wards	423	0	N/A	N/A	N/A
Denver Health Medical Center	**Adult and pediatric critical care**	4,986	2	0.22	Better	NS
	Adult and pediatric inpatient wards	5,189	7	1.16	NS	NS
Foothills Hospital	**Adult and pediatric critical care**	1,722	2	1.59	NS	NS
	Adult and pediatric inpatient wards	2,458	0	0.00	NS	N/A
HCA HealthOne Aurora	**Adult and pediatric critical care**	3,779	0	0.00	Better	N/A

Table 14. Catheter-associated urinary tract infections in acute care hospitals by location type — Colorado, Jan. 1, 2024 - Dec. 31, 2024						
Facility name	**Unit type**	**Number of catheter - days**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
HCA HealthOne Aurora	**Adult and pediatric inpatient wards**	2,327	2	0.74	NS	N/A
HCA HealthOne Centennial Hospital	**Adult and pediatric critical care**	0	—	—	N/A	N/A
	Adult and pediatric inpatient wards	78	0	N/A	N/A	N/A
HCA HealthOne Sky Ridge	**Adult and pediatric critical care**	2,145	1	0.36	NS	N/A
	Adult and pediatric inpatient wards	2,810	5	1.53	NS	N/A
Intermountain Health Good Samaritan Hospital	**Adult and pediatric critical care**	1,280	0	N/A	N/A	N/A
	Adult and pediatric inpatient wards	2,864	3	1.55	NS	NS
Intermountain Health Platte Valley Hospital	**Adult and pediatric critical care**	651	0	N/A	N/A	N/A

Table 14. Catheter-associated urinary tract infections in acute care hospitals by location type — Colorado, Jan. 1, 2024 - Dec. 31, 2024						
Facility name	**Unit type**	**Number of catheter - days**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Intermountain Health Platte Valley Hospital	**Adult and pediatric inpatient wards**	396	0	N/A	N/A	N/A
Longmont United Hospital	**Adult and pediatric critical care**	469	0	N/A	N/A	N/A
Longs Peak Hospital	**Adult and pediatric critical care**	995	0	N/A	N/A	N/A
	Adult and pediatric inpatient wards	1,631	1	N/A	N/A	NS
Lutheran Medical Center	**Adult and pediatric critical care**	2,237	2	0.61	NS	NS
	Adult and pediatric inpatient wards	2,973	1	0.40	NS	NS
Medical Center of The Rockies	**Adult and pediatric critical care**	4,229	2	0.65	NS	NS
	Adult and pediatric inpatient wards	2,862	4	1.99	NS	NS

Table 14. Catheter-associated urinary tract infections in acute care hospitals by location type — Colorado, Jan. 1, 2024 - Dec. 31, 2024						
Facility name	**Unit type**	**Number of catheter - days**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Memorial Health System	**Adult and pediatric critical care**	6,555	7	0.70	NS	NS
	Adult and pediatric inpatient wards	5,813	4	0.58	NS	NS
Memorial Hospital North	**Adult and pediatric critical care**	587	1	N/A	N/A	NS
	Adult and pediatric inpatient wards	1,465	0	0.00	NS	N/A
Montrose Regional Health	**Adult and pediatric critical care**	670	1	N/A	N/A	NS
	Adult and pediatric inpatient wards	929	0	N/A	N/A	N/A
National Jewish Health	**Adult and pediatric inpatient wards**	0	—	—	N/A	N/A
North Suburban Medical Center	**Adult and pediatric critical care**	1,041	1	0.90	NS	NS

Table 14. Catheter-associated urinary tract infections in acute care hospitals by location type — Colorado, Jan. 1, 2024 - Dec. 31, 2024						
Facility name	**Unit type**	**Number of catheter - days**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
North Suburban Medical Center	**Adult and pediatric inpatient wards**	696	0	N/A	N/A	N/A
OrthoColorado Hospital at St. Anthony Medical Campus	**Adult and pediatric inpatient wards**	676	0	N/A	N/A	N/A
Parkview Medical Center, Inc.	**Adult and pediatric critical care**	6,082	1	0.11	Better	NS
	Adult and pediatric inpatient wards	5,432	6	1.13	NS	NS
Parkview Pueblo West Hospital	**Adult and pediatric inpatient wards**	220	0	N/A	N/A	N/A
Penrose Hospital	**Adult and pediatric critical care**	5,304	2	0.29	Better	NS
	Adult and pediatric inpatient wards	4,476	3	0.54	NS	NS

Table 14. Catheter-associated urinary tract infections in acute care hospitals by location type — Colorado, Jan. 1, 2024 - Dec. 31, 2024						
Facility name	**Unit type**	**Number of catheter - days**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Poudre Valley Hospital	**Adult and pediatric critical care**	1,325	0	0.00	NS	N/A
	Adult and pediatric inpatient wards	2,262	3	1.37	NS	NS
Presbyterian/ St. Luke's Medical Center	**Adult and pediatric critical care**	1,319	2	1.14	NS	NS
	Adult and pediatric inpatient wards	959	0	0.00	NS	N/A
Rose Medical Center	**Adult and pediatric critical care**	713	0	N/A	N/A	N/A
	Adult and pediatric inpatient wards	816	0	N/A	N/A	N/A
Saint Joseph Hospital	**Adult and pediatric critical care**	2,903	0	0.00	Better	N/A

Table 14. Catheter-associated urinary tract infections in acute care hospitals by location type — Colorado, Jan. 1, 2024 - Dec. 31, 2024						
Facility name	**Unit type**	**Number of catheter - days**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Saint Joseph Hospital	**Adult and pediatric inpatient wards**	2,637	0	0.00	Better	N/A
San Luis Valley Health	**Adult and pediatric critical care**	234	1	N/A	N/A	NS
	Adult and pediatric inpatient wards	616	0	N/A	N/A	N/A
St. Francis Hospital Interquest	**Adult and pediatric inpatient wards**	32	—	—	N/A	N/A
St. Francis Medical Center	**Adult and pediatric critical care**	1,334	0	0.00	NS	N/A
	Adult and pediatric inpatient wards	2,299	1	0.36	NS	NS
St. Mary's Medical Center	**Adult and pediatric critical care**	4,393	2	0.35	NS	NS
	Adult and pediatric inpatient wards	5,070	5	0.81	NS	NS

Table 14. Catheter-associated urinary tract infections in acute care hospitals by location type — Colorado, Jan. 1, 2024 - Dec. 31, 2024						
Facility name	**Unit type**	**Number of catheter - days**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Sterling Regional Medcenter	**Adult and pediatric critical care**	138	0	N/A	N/A	N/A
	Adult and pediatric inpatient wards	437	0	N/A	N/A	N/A
Swedish Medical Center	**Adult and pediatric critical care**	5,835	6	0.52	NS	NS
	Adult and pediatric inpatient wards	1,307	1	0.59	NS	NS
UCHealth Broomfield Hospital	**Adult and pediatric inpatient wards**	312	0	N/A	N/A	N/A
UCHealth Grandview Hospital	**Adult and pediatric critical care**	2	—	—	N/A	N/A
	Adult and pediatric inpatient wards	55	0	N/A	N/A	N/A
UCHealth Greeley Hospital	**Adult and pediatric critical care**	894	0	N/A	N/A	N/A

Table 14. Catheter-associated urinary tract infections in acute care hospitals by location type — Colorado, Jan. 1, 2024 - Dec. 31, 2024						
Facility name	**Unit type**	**Number of catheter - days**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
UCHealth Greeley Hospital	**Adult and pediatric inpatient wards**	1,519	1	N/A	N/A	NS
UCHealth Highlands Ranch Hospital	**Adult and pediatric critical care**	1,640	1	0.83	NS	NS
	Adult and pediatric inpatient wards	2,021	0	0.00	NS	N/A
UCHealth Yampa Valley Medical Center	**Adult and pediatric inpatient wards**	159	0	N/A	N/A	N/A
University of Colorado Hospital	**Adult and pediatric critical care**	18,807	12	0.34	Better	NS
	Adult and pediatric inpatient wards	5,320	9	1.38	NS	NS
Vail Health Hospital	**Adult and pediatric critical care**	154	0	N/A	N/A	N/A

Table 14. Catheter-associated urinary tract infections in acute care hospitals by location type — Colorado, Jan. 1, 2024 - Dec. 31, 2024						
Facility name	**Unit type**	**Number of catheter - days**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Vail Health Hospital	**Adult and pediatric inpatient wards**	435	0	N/A	N/A	N/A
Valley View Hospital Association	**Adult and pediatric critical care**	120	0	N/A	N/A	N/A
	Adult and pediatric inpatient wards	204	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 less than one or for suppressed data. Comparison to the rate from 2023 was not available if the rates from 2023 and 2024 were both zero.

Inpatient rehabilitation facilities

Nine inpatient rehabilitation facilities reported CAUTI data in 2024 (**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 five facilities, and comparisons to the national baseline were not available. Five inpatient rehabilitation facilities

reported a rate of CAUTI that was similar to (not significantly different from) the rate from 2023. Comparison to the rate of CAUTI from 2023 was not available for four facilities.

Table 15. Catheter-associated urinary tract infections in inpatient rehabilitation facilities — Colorado, Jan. 1, 2024 - Dec. 31, 2024

Facility name	Number of catheter-days	Number of infections	SIR	National comparison	Comparison to 2023
Denver Regional Rehabilitation Hospital	507	1	N/A	N/A	NS
Encompass Health Rehabilitation Hospital of Colorado Springs	1,518	1	0.61	NS	NS
Encompass Health Rehabilitation Hospital of Littleton	1,232	4	2.10	NS	NS
HCA HealthOne Presbyterian St. Luke's Rehabilitation	269	1	N/A	N/A	N/A
HCA HealthOne Spalding Rehabilitation	312	0	N/A	N/A	N/A
Northern Colorado Rehabilitation Hospital	910	1	0.71	NS	NS

Table 15. Catheter-associated urinary tract infections in inpatient rehabilitation facilities — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of catheter-days**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Pam Rehabilitation Hospital of Greeley, LLC	912	0	N/A	N/A	N/A
Reunion Rehabilitation Hospital	522	1	N/A	N/A	NS
Reunion Rehabilitation Hospital at Inverness	961	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 less than one or for suppressed data. Comparison to the rate from 2023 was not available if the rates from 2023 and 2024 were both zero.

Long-term acute care hospitals

Six long-term acute care hospitals reported CAUTI data in 2024 **(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. All six long-term acute care hospitals reported a rate of CAUTI that was similar to (not significantly different from) the rate

from 2023.

Table 16. Catheter-associated urinary tract infections in long-term acute care hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of catheter-days**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Craig Hospital	8,108	40	2.34	Worse	NS
Kindred Hospital Aurora	2,482	3	0.68	NS	NS
Kindred Hospital Denver	3,007	5	0.79	NS	NS
Northern Colorado Long Term Acute Hospital	1,942	1	0.24	NS	NS
Pam Specialty Hospital of Denver	5,678	3	0.25	Better	NS
Vibra Hospital of Denver	2,976	4	0.63	NS	NS

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 less than one or for suppressed data. Comparison to the rate from 2023 was not available if the rates from 2023 and 2024 were both zero.

Central line-associated bloodstream infections (CLABSIs)

Acute care hospitals

Fifty-five acute care hospitals and two freestanding children's hospitals reported CLABSI data in 2024 (**Table 17**). Four acute care hospitals reported a rate of CLABSI that was lower (better) than the national baseline. Twenty-eight acute care hospitals and two freestanding children's hospitals 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, and comparisons to the national baseline were not available. Twenty-seven acute care hospitals reported a rate CLABSI that was similar to (not significantly different from) the rate from 2023. Comparison to the rate of CLABSI from 2023 was not available for the remaining acute care hospitals.

In 2024, 45 acute care hospitals reported CLABSI data on adult and pediatric critical care units, 53 reported CLABSI data on adult and pediatric inpatient wards, 21 reported CLABSI data on neonatal critical care units, and 10 reported CLABSI data on inpatient rehabilitation wards. Two freestanding pediatric hospitals reported CLABSI data on neonatal critical care units **(Table 18)**. One acute care hospital reported a rate of CLABSI on adult and pediatric critical care units that was lower (better) than the national baseline. Twenty-two 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 two freestanding children's hospitals 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, and comparisons to the national baseline were not available. One acute care hospital reported a rate of CLABSI on adult and pediatric critical care units that was higher (worse) than the rate from 2023. Twenty-one 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 2023. Fourteen reported a rate of CLABSI on adult and pediatric inpatient wards that was similar to (not significantly different from) the rate from 2023. 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 2023. Comparison to the rate of CLABSI from 2023 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, 2024 - Dec. 31, 2024

Facility name	Number of central line-days	Number of infections	SIR	National comparison	Comparison to 2023
AdventHealth Avista	661	0	N/A	N/A	N/A
AdventHealth Castle Rock	1,373	0	N/A	N/A	N/A
AdventHealth Littleton	3,220	1	0.36	NS	N/A
AdventHealth Parker	3,806	1	0.37	NS	N/A
AdventHealth Porter	4,545	2	0.46	NS	N/A
Animas Surgical Hospital, LLC	4	—	—	N/A	N/A

Table 17. Central line-associated bloodstream infections in acute care hospitals, excluding inpatient rehabilitation wards — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of central line-days**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Banner Fort Collins Medical Center	251	0	N/A	N/A	N/A
Banner Mckee Medical Center	442	0	N/A	N/A	N/A
Banner North Colorado Medical Center	4,502	2	0.43	NS	NS
Mercy Hospital	2,233	1	0.54	NS	NS
St. Anthony Hospital	14,962	5	0.36	Better	NS
St. Anthony North Hospital	4,889	3	0.68	NS	NS
St. Anthony Summit Hospital	113	0	N/A	N/A	N/A
St. Elizabeth Hospital	178	0	N/A	N/A	N/A
St. Mary-Corwin Hospital	306	1	N/A	N/A	NS
Children's Hospital	9,179	5	0.56	NS	NS
Children's Hospital Colorado Springs	1,505	4	2.11	NS	N/A

Table 17. Central line-associated bloodstream infections in acute care hospitals, excluding inpatient rehabilitation wards — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of central line-days**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Community Hospital	1,493	1	N/A	N/A	NS
Delta County Memorial Hospital	411	0	N/A	N/A	N/A
Denver Health Medical Center	9,811	8	0.75	NS	NS
Foothills Hospital	3,960	0	0.00	NS	N/A
HCA HealthOne Aurora	7,050	6	0.79	NS	N/A
HCA HealthOne Centennial Hospital	34	—	—	N/A	N/A
HCA HealthOne Sky Ridge	4,996	6	1.16	NS	N/A
Intermountain Health Good Samaritan Hospital	4,786	1	0.31	NS	NS
Intermountain Health Platte Valley Hospital	1,171	1	N/A	N/A	NS
Longmont United Hospital	526	0	N/A	N/A	N/A
Longs Peak Hospital	3,747	1	0.44	NS	NS

Table 17. Central line-associated bloodstream infections in acute care hospitals, excluding inpatient rehabilitation wards — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of central line-days**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Lutheran Medical Center	5,949	1	0.21	NS	NS
Medical Center of The Rockies	9,985	5	0.71	NS	NS
Memorial Health System	13,360	5	0.36	Better	NS
Memorial Hospital North	2,979	0	0.00	NS	N/A
Montrose Regional Health	879	1	N/A	N/A	NS
National Jewish Health	170	0	N/A	N/A	N/A
North Suburban Medical Center	1,601	0	0.00	NS	N/A
OrthoColorado Hospital at St. Anthony Medical Campus	34	—	—	N/A	N/A
Parkview Medical Center, Inc.	5,984	2	0.36	NS	NS
Parkview Pueblo West Hospital	104	0	N/A	N/A	N/A
Penrose Hospital	8,621	2	0.22	Better	NS

Table 17. Central line-associated bloodstream infections in acute care hospitals, excluding inpatient rehabilitation wards — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of central line-days**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Poudre Valley Hospital	7,092	3	0.47	NS	NS
Presbyterian/ St. Luke's Medical Center	7,160	8	0.86	NS	NS
Rose Medical Center	2,358	1	0.41	NS	NS
Saint Joseph Hospital	8,667	4	0.42	NS	NS
San Luis Valley Health	510	0	N/A	N/A	N/A
St. Francis Hospital Interquest	19	—	—	N/A	N/A
St. Francis Medical Center	3,456	2	0.52	NS	NS
St. Mary's Medical Center	8,176	3	0.35	Better	NS
Sterling Regional Medcenter	182	0	N/A	N/A	N/A
Swedish Medical Center	6,998	3	0.39	NS	NS
UCHealth Broomfield Hospital	568	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, 2024 - Dec. 31, 2024					
Facility name	**Number of central line-days**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
UCHealth Grandview Hospital	30	—	—	N/A	N/A
UCHealth Greeley Hospital	3,229	4	2.04	NS	NS
UCHealth Highlands Ranch Hospital	4,176	3	1.05	NS	NS
UCHealth Yampa Valley Medical Center	188	0	N/A	N/A	N/A
University of Colorado Hospital	32,313	28	0.78	NS	NS
Vail Health Hospital	380	0	N/A	N/A	N/A
Valley View Hospital Association	157	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 less than one or for suppressed data. Comparison to the rate from 2023 was not available if the rates from 2023 and 2024 were both zero.

Table 18. Central line-associated bloodstream infections in acute care hospitals by location type — Colorado, Jan. 1, 2024 - Dec. 31, 2024						
Facility name	**Unit type**	**Number of catheter-days**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
AdventHealth Avista	**Adult and pediatric critical care**	232	0	N/A	N/A	N/A
	Adult and pediatric inpatient wards	270	0	N/A	N/A	N/A
	Neonatal critical care	159	0	N/A	N/A	N/A
AdventHealth Castle Rock	**Adult and pediatric critical care**	603	0	N/A	N/A	N/A
	Adult and pediatric inpatient wards	738	0	N/A	N/A	N/A
	Neonatal critical care	32	—	—	N/A	N/A
AdventHealth Littleton	**Adult and pediatric critical care**	2,227	1	0.52	NS	N/A
	Adult and pediatric inpatient wards	862	0	N/A	N/A	N/A
	Neonatal critical care	131	0	N/A	N/A	N/A

Table 18. Central line-associated bloodstream infections in acute care hospitals by location type — Colorado, Jan. 1, 2024 - Dec. 31, 2024						
Facility name	**Unit type**	**Number of catheter-days**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
AdventHealth Parker	**Adult and pediatric critical care**	1,806	1	0.74	NS	N/A
	Adult and pediatric inpatient wards	1,962	0	0.00	NS	N/A
	Neonatal critical care	38	—	—	N/A	N/A
AdventHealth Porter	**Adult and pediatric critical care**	2,981	1	0.33	NS	N/A
	Adult and pediatric inpatient wards	1,564	1	0.73	NS	N/A
Animas Surgical Hospital, LLC	**Adult and pediatric inpatient wards**	4	—	—	N/A	N/A
Banner Fort Collins Medical Center	**Adult and pediatric inpatient wards**	251	0	N/A	N/A	N/A
Banner Mckee Medical Center	**Adult and pediatric inpatient wards**	442	0	N/A	N/A	N/A

Table 18. Central line-associated bloodstream infections in acute care hospitals by location type — Colorado, Jan. 1, 2024 - Dec. 31, 2024						
Facility name	**Unit type**	**Number of catheter-days**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Banner North Colorado Medical Center	**Adult and pediatric critical care**	1,736	2	1.02	NS	NS
	Adult and pediatric inpatient wards	2,766	0	0.00	NS	N/A
Mercy Hospital	**Adult and pediatric critical care**	1,424	1	0.80	NS	NS
	Adult and pediatric inpatient wards	809	0	N/A	N/A	N/A
St. Anthony Hospital	**Adult and pediatric critical care**	6,426	4	0.62	NS	NS
	Adult and pediatric inpatient wards	8,536	1	0.14	Better	NS
	Inpatient rehabilitation ward	832	0	N/A	N/A	N/A
St. Anthony North Hospital	**Adult and pediatric critical care**	1,948	3	1.57	NS	NS
	Adult and pediatric	2,914	0	0.00	NS	N/A

Table 18. Central line-associated bloodstream infections in acute care hospitals by location type — Colorado, Jan. 1, 2024 - Dec. 31, 2024						
Facility name	**Unit type**	**Number of catheter-days**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
St. Anthony North Hospital	**inpatient wards**					
	Neonatal critical care	27	—	—	N/A	N/A
St. Anthony Summit Hospital	**Adult and pediatric inpatient wards**	113	0	N/A	N/A	N/A
St. Elizabeth Hospital	**Adult and pediatric critical care**	38	—	—	N/A	N/A
	Adult and pediatric inpatient wards	140	0	N/A	N/A	N/A
St. Mary-Corwin Hospital	**Adult and pediatric critical care**	306	1	N/A	N/A	NS
Children's Hospital	**Neonatal critical care**	9,159	5	0.56	NS	NS
Children's Hospital Colorado Springs	**Neonatal critical care**	1,505	4	2.11	NS	N/A
Community Hospital	**Adult and pediatric critical care**	634	0	N/A	N/A	N/A

Table 18. Central line-associated bloodstream infections in acute care hospitals by location type — Colorado, Jan. 1, 2024 - Dec. 31, 2024						
Facility name	**Unit type**	**Number of catheter-days**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Community Hospital	**Adult and pediatric inpatient wards**	859	1	N/A	N/A	NS
Delta County Memorial Hospital	**Adult and pediatric critical care**	185	0	N/A	N/A	N/A
	Adult and pediatric inpatient wards	226	0	N/A	N/A	N/A
Denver Health Medical Center	**Adult and pediatric critical care**	3,531	5	1.11	NS	NS
	Adult and pediatric inpatient wards	5,410	3	0.57	NS	NS
	Neonatal critical care	870	0	N/A	N/A	N/A
Foothills Hospital	**Adult and pediatric critical care**	1,882	0	0.00	NS	N/A
	Adult and pediatric inpatient wards	2,078	0	0.00	NS	N/A

Table 18. Central line-associated bloodstream infections in acute care hospitals by location type — Colorado, Jan. 1, 2024 - Dec. 31, 2024						
Facility name	**Unit type**	**Number of catheter-days**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
HCA Healthone Aurora	**Adult and pediatric critical care**	4,797	5	0.92	NS	N/A
	Adult and pediatric inpatient wards	2,221	1	0.46	NS	N/A
	Neonatal critical care	32	—	—	N/A	N/A
HCA Healthone Centennial Hospital	**Adult and pediatric critical care**	0	—	—	N/A	N/A
	Adult and pediatric inpatient wards	34	—	—	N/A	N/A
HCA Healthone Sky Ridge	**Adult and pediatric critical care**	1,900	5	2.33	NS	N/A
	Adult and pediatric inpatient wards	3,046	1	0.34	NS	N/A
	Inpatient rehabilitation ward	602	0	N/A	N/A	N/A
	Neonatal critical care	50	0	N/A	N/A	N/A

Table 18. Central line-associated bloodstream infections in acute care hospitals by location type — Colorado, Jan. 1, 2024 - Dec. 31, 2024						
Facility name	**Unit type**	**Number of catheter-days**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Intermountain Health Good Samaritan Hospital	**Adult and pediatric critical care**	1,427	1	0.93	NS	NS
	Adult and pediatric inpatient wards	3,359	0	0.00	NS	N/A
Intermountain Health Platte Valley Hospital	**Adult and pediatric critical care**	604	1	N/A	N/A	NS
	Adult and pediatric inpatient wards	567	0	N/A	N/A	N/A
Longmont United Hospital	**Adult and pediatric critical care**	521	0	N/A	N/A	N/A
	Neonatal critical care	5	—	—	N/A	N/A
Longs Peak Hospital	**Adult and pediatric critical care**	1,062	0	N/A	N/A	N/A
	Adult and pediatric inpatient wards	2,685	1	0.64	NS	NS
Lutheran Medical Center	**Adult and pediatric critical care**	2,681	0	0.00	NS	N/A

Table 18. Central line-associated bloodstream infections in acute care hospitals by location type — Colorado, Jan. 1, 2024 - Dec. 31, 2024						
Facility name	**Unit type**	**Number of catheter-days**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Lutheran Medical Center	**Adult and pediatric inpatient wards**	3,230	1	0.41	NS	NS
	Neonatal critical care	38	—	—	N/A	N/A
Medical Center of The Rockies	**Adult and pediatric critical care**	5,339	3	0.75	NS	NS
	Adult and pediatric inpatient wards	4,646	2	0.66	NS	NS
Memorial Health System	**Adult and pediatric critical care**	6,197	2	0.29	Better	NS
	Adult and pediatric inpatient wards	7,010	3	0.44	NS	NS
	Inpatient rehabilitation ward	498	0	N/A	N/A	N/A
	Neonatal critical care	153	0	N/A	N/A	N/A
Memorial Hospital North	**Adult and pediatric critical care**	800	0	N/A	N/A	N/A

Table 18. Central line-associated bloodstream infections in acute care hospitals by location type — Colorado, Jan. 1, 2024 - Dec. 31, 2024						
Facility name	**Unit type**	**Number of catheter-days**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Memorial Hospital North	**Adult and pediatric inpatient wards**	2,179	0	0.00	NS	N/A
Montrose Regional Health	**Adult and pediatric critical care**	402	1	N/A	N/A	NS
	Adult and pediatric inpatient wards	477	0	N/A	N/A	N/A
	Inpatient rehabilitation ward	50	0	N/A	N/A	N/A
National Jewish Health	**Adult and pediatric inpatient wards**	170	0	N/A	N/A	N/A
North Suburban Medical Center	**Adult and pediatric critical care**	824	0	N/A	N/A	N/A
	Adult and pediatric inpatient wards	777	0	N/A	N/A	N/A
OrthoColorado Hospital at St. Anthony Medical Campus	**Adult and pediatric inpatient wards**	34	—	—	N/A	N/A

Table 18. Central line-associated bloodstream infections in acute care hospitals by location type — Colorado, Jan. 1, 2024 - Dec. 31, 2024						
Facility name	**Unit type**	**Number of catheter-days**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Parkview Medical Center, Inc.	**Adult and pediatric critical care**	3,084	1	0.32	NS	NS
	Adult and pediatric inpatient wards	2,900	1	0.40	NS	NS
	Inpatient rehabilitation ward	172	0	N/A	N/A	N/A
Parkview Pueblo West Hospital	**Adult and pediatric inpatient wards**	104	0	N/A	N/A	N/A
Penrose Hospital	**Adult and pediatric critical care**	4,014	1	0.22	NS	NS
	Adult and pediatric inpatient wards	4,607	1	0.22	NS	NS
Poudre Valley Hospital	**Adult and pediatric critical care**	1,796	1	0.55	NS	NS
	Adult and pediatric inpatient wards	4,922	2	0.47	NS	NS

Table 18. Central line-associated bloodstream infections in acute care hospitals by location type — Colorado, Jan. 1, 2024 - Dec. 31, 2024						
Facility name	**Unit type**	**Number of catheter-days**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Poudre Valley Hospital	**Inpatient rehabilitation ward**	337	0	N/A	N/A	N/A
	Neonatal critical care	374	0	N/A	N/A	N/A
Presbyterian/ St. Luke's Medical Center	**Adult and pediatric critical care**	2,412	6	2.08	NS	Worse
	Adult and pediatric inpatient wards	1,776	0	0.00	NS	N/A
	Neonatal critical care	2,972	2	0.43	NS	NS
Rose Medical Center	**Adult and pediatric critical care**	793	1	N/A	N/A	NS
	Adult and pediatric inpatient wards	1,449	0	0.00	NS	N/A
	Neonatal critical care	116	0	N/A	N/A	N/A
Saint Joseph Hospital	**Adult and pediatric critical care**	2,772	1	0.32	NS	NS

Table 18. Central line-associated bloodstream infections in acute care hospitals by location type — Colorado, Jan. 1, 2024 - Dec. 31, 2024						
Facility name	**Unit type**	**Number of catheter-days**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Saint Joseph Hospital	**Adult and pediatric inpatient wards**	4,535	1	0.23	NS	NS
	Neonatal critical care	1,360	2	0.96	NS	NS
San Luis Valley Health	**Adult and pediatric critical care**	191	0	N/A	N/A	N/A
	Adult and pediatric inpatient wards	319	0	N/A	N/A	N/A
St. Francis Hospital Interquest	**Adult and pediatric inpatient wards**	19	—	—	N/A	N/A
St. Francis Medical Center	**Adult and pediatric critical care**	844	0	N/A	N/A	N/A
	Adult and pediatric inpatient wards	1,886	0	0.00	NS	N/A
	Inpatient rehabilitation ward	550	0	N/A	N/A	N/A
	Neonatal critical care	726	2	1.89	NS	NS

Table 18. Central line-associated bloodstream infections in acute care hospitals by location type — Colorado, Jan. 1, 2024 - Dec. 31, 2024						
Facility name	**Unit type**	**Number of catheter-days**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
St. Mary's Medical Center	**Adult and pediatric critical care**	3,302	3	0.80	NS	NS
	Adult and pediatric inpatient wards	4,613	0	0.00	Better	N/A
	Inpatient rehabilitation ward	319	0	N/A	N/A	N/A
	Neonatal critical care	261	0	N/A	N/A	N/A
Sterling Regional Medcenter	**Adult and pediatric critical care**	26	—	—	N/A	N/A
	Adult and pediatric inpatient wards	156	0	N/A	N/A	N/A
Swedish Medical Center	**Adult and pediatric critical care**	5,631	2	0.32	NS	NS
	Adult and pediatric inpatient wards	1,306	1	0.78	NS	NS

Table 18. Central line-associated bloodstream infections in acute care hospitals by location type — Colorado, Jan. 1, 2024 - Dec. 31, 2024						
Facility name	**Unit type**	**Number of catheter-days**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Swedish Medical Center	**Inpatient rehabilitation ward**	902	0	N/A	N/A	N/A
	Neonatal critical care	61	0	N/A	N/A	N/A
UCHealth Broomfield Hospital	**Adult and pediatric inpatient wards**	568	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	30	—	—	N/A	N/A
UCHealth Greeley Hospital	**Adult and pediatric critical care**	1,025	1	N/A	N/A	NS
	Adult and pediatric inpatient wards	2,204	3	2.35	NS	NS
UCHealth Highlands Ranch Hospital	**Adult and pediatric critical care**	1,208	2	N/A	N/A	NS
	Adult and pediatric	2,928	1	0.52	NS	NS

Table 18. Central line-associated bloodstream infections in acute care hospitals by location type — Colorado, Jan. 1, 2024 - Dec. 31, 2024						
Facility name	**Unit type**	**Number of catheter-days**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
UCHealth Highlands Ranch Hospital	**inpatient wards**					
	Neonatal critical care	40	—	—	N/A	N/A
UCHealth Yampa Valley Medical Center	**Adult and pediatric inpatient wards**	187	0	N/A	N/A	N/A
	Neonatal critical care	1	—	—	N/A	N/A
University of Colorado Hospital	**Adult and pediatric critical care**	21,543	22	0.90	NS	NS
	Adult and pediatric inpatient wards	9,036	4	0.45	NS	NS
	Inpatient rehabilitation ward	531	0	N/A	N/A	N/A
	Neonatal critical care	1,734	2	0.68	NS	NS
Vail Health Hospital	**Adult and pediatric critical care**	54	0	N/A	N/A	N/A
	Adult and pediatric inpatient wards	326	0	N/A	N/A	N/A

Table 18. Central line-associated bloodstream infections in acute care hospitals by location type — Colorado, Jan. 1, 2024 - Dec. 31, 2024						
Facility name	**Unit type**	**Number of catheter-days**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Valley View Hospital Association	**Adult and pediatric critical care**	80	0	N/A	N/A	N/A
	Adult and pediatric inpatient wards	77	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 less than one or for suppressed data. Comparison to the rate from 2023 was not available if the rates from 2023 and 2024 were both zero.

Critical access hospitals

In 2024, 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 available.

Table 19. Central line-associated bloodstream infections on critical care units in critical access hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of central line-days**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Arkansas Valley Regional Medical Center	14	—	—	N/A	N/A
Aspen Valley Hospital	6	—	—	N/A	N/A
Heart of the Rockies Regional Medical Center	14	—	—	N/A	N/A
Southwest Memorial Hospital	19	—	—	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 less than one or for suppressed data. Comparison to the rate from 2023 was not available if the rates from 2023 and 2024 were both zero.

Inpatient rehabilitation facilities

Nine inpatient rehabilitation facilities reported CLABSI data in 2024 (**Table 20**). There were no CLABSIs reported. Rates of CLABSI were not available, and comparisons to the national baseline or to rates from 2023 were not available.

Table 20. Central line-associated bloodstream infections in stand-alone inpatient rehabilitation facilities — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of central line-days**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Denver Regional Rehabilitation Hospital	363	0	N/A	N/A	N/A
Encompass Health Rehabilitation Hospital of Colorado Springs	774	0	N/A	N/A	N/A
Encompass Health Rehabilitation Hospital of Littleton	1,573	0	N/A	N/A	N/A
HCA HealthOne Presbyterian St. Luke's Rehabilitation	706	0	N/A	N/A	N/A
HCA HealthOne Spalding Rehabilitation	556	0	N/A	N/A	N/A
Northern Colorado Rehabilitation Hospital	1,252	0	N/A	N/A	N/A
Pam Rehabilitation Hospital of Greeley, LLC	138	0	N/A	N/A	N/A

Table 20. Central line-associated bloodstream infections in stand-alone inpatient rehabilitation facilities — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of central line-days**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Reunion Rehabilitation Hospital	508	0	N/A	N/A	N/A
Reunion Rehabilitation Hospital at Inverness	772	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 less than one or for suppressed data. Comparison to the rate from 2023 was not available if the rates from 2023 and 2024 were both zero.

Long-term acute care hospitals

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

Table 21. Central line-associated bloodstream infections in long-term acute care hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of central line-days**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Craig Hospital	1,415	1	N/A	N/A	NS
Kindred Hospital Aurora	2,806	0	0.00	NS	N/A
Kindred Hospital Denver	4,521	4	0.59	NS	NS
Northern Colorado Long Term Acute Hospital	2,399	0	0.00	NS	N/A
Pam Specialty Hospital of Denver	6,012	1	0.13	Better	NS
Vibra Hospital of Denver	5,485	4	0.54	NS	NS

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 less than one or for suppressed data. Comparison to the rate from 2023 was not available if the rates from 2023 and 2024 were both

Clostridioides difficile (*C. difficile*) infections

Acute care hospitals

Fifty-five acute care hospitals reported *C. difficile* data in 2023 (**Table 22**). Of these, 29 reported a rate of *C. difficile* infection that was lower (better) than the national baseline. Seventeen 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, and comparisons to the national baseline were not available. One acute care hospital reported a rate of *C. difficile* infection that was lower (better) than the rate from 2023. Thirty-three acute care hospitals reported a rate of *C. difficile* infection that was similar to (not significantly different from) the rate from 2023. Comparison to the rate of *C. difficile* infection from 2023 was not available for the remaining acute care hospitals.

Table 22. *Clostridioides difficile* infections in acute care hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024

Facility name	Number of patient-days	Number of infections	SIR	National comparison	Comparison to 2023
AdventHealth Avista	12,139	1	0.20	NS	N/A
AdventHealth Castle Rock	16,358	0	0.00	Better	N/A
AdventHealth Littleton	41,763	6	0.34	Better	N/A
AdventHealth Parker	35,635	7	0.48	Better	N/A
AdventHealth Porter	33,664	3	0.20	Better	N/A

Table 22. *Clostridioides difficile* infections in acute care hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of patient-days**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Animas Surgical Hospital, LLC	1,083	0	N/A	N/A	N/A
Banner Fort Collins Medical Center	3,551	2	N/A	N/A	NS
Banner Mckee Medical Center	8,318	2	0.53	NS	NS
Banner North Colorado Medical Center	37,780	11	0.50	Better	NS
Mercy Hospital	17,975	3	0.46	NS	NS
St. Anthony Hospital	81,212	9	0.25	Better	NS
St. Anthony North Hospital	32,604	6	0.44	Better	NS
St. Anthony Summit Hospital	4,497	1	0.72	NS	NS
St. Elizabeth Hospital	3,350	0	N/A	N/A	N/A
St. Mary-Corwin Hospital	9,456	1	0.32	NS	NS
Community Hospital	10,354	4	0.97	NS	NS

Table 22. *Clostridioides difficile* infections in acute care hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of patient-days**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Delta County Memorial Hospital	4,812	0	0.00	NS	N/A
Denver Health Medical Center	97,119	24	0.30	Better	Better
Foothills Hospital	34,027	5	0.37	Better	NS
HCA HealthOne Aurora	58,970	3	0.08	Better	N/A
HCA HealthOne Centennial Hospital	1,884	0	N/A	N/A	N/A
HCA HealthOne Sky Ridge	61,189	8	0.28	Better	N/A
Intermountain Health Good Samaritan Hospital	44,238	10	0.50	Better	NS
Intermountain Health Platte Valley Hospital	15,127	2	0.32	NS	NS
Longmont United Hospital	9,797	0	0.00	Better	N/A
Longs Peak Hospital	22,019	6	0.50	NS	NS
Lutheran Medical Center	57,883	11	0.43	Better	NS
Medical Center of The Rockies	51,607	15	0.37	Better	NS

Table 22. *Clostridioides difficile* infections in acute care hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of patient-days**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Memorial Health System	111,896	32	0.46	Better	NS
Memorial Hospital North	32,483	7	0.42	Better	NS
Montrose Regional Health	9,240	2	0.30	NS	NS
National Jewish Health	316	0	N/A	N/A	N/A
North Suburban Medical Center	31,567	4	0.30	Better	NS
OrthoColorado Hospital at St. Anthony Medical Campus	2,210	0	N/A	N/A	N/A
Parkview Medical Center, Inc.	75,161	35	0.83	NS	NS
Parkview Pueblo West Hospital	4,494	0	0.00	NS	N/A
Penrose Hospital	64,292	3	0.11	Better	NS
Poudre Valley Hospital	51,889	8	0.23	Better	NS
Presbyterian/ St. Luke's Medical Center	54,706	7	0.26	Better	NS

Table 22. *Clostridioides difficile* infections in acute care hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of patient-days**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Rose Medical Center	36,027	3	0.18	Better	NS
Saint Joseph Hospital	74,845	17	0.49	Better	NS
San Luis Valley Health	5,813	0	0.00	NS	N/A
St. Francis Hospital Interquest	1,208	0	N/A	N/A	N/A
St. Francis Medical Center	43,602	0	0.00	Better	N/A
St. Mary's Medical Center	67,901	5	0.16	Better	NS
Sterling Regional Medcenter	2,851	0	N/A	N/A	N/A
Swedish Medical Center	105,014	12	0.18	Better	NS
UCHealth Broomfield Hospital	3,668	1	0.53	NS	NS
UCHealth Grandview Hospital	1,113	0	N/A	N/A	N/A
UCHealth Greeley Hospital	19,931	2	0.12	Better	NS

Table 22. *Clostridioides difficile* infections in acute care hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of patient-days**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
UCHealth Highlands Ranch Hospital	32,098	8	0.31	Better	NS
UCHealth Yampa Valley Medical Center	3,813	0	0.00	NS	N/A
University of Colorado Hospital	228,875	59	0.30	Better	NS
Vail Health Hospital	6,790	2	0.44	NS	NS
Valley View Hospital Association	9,965	3	0.76	NS	NS

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

— : suppressed. Counts and rates were suppressed if the number of patient-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 less than one or for suppressed data. Comparison to the rate from 2023 was not available if the rates from 2023 and 2024 were both zero.

Inpatient rehabilitation facilities

Nine inpatient rehabilitation facilities reported *C. difficile* data in 2024 (**Table 23**). One facility 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. Five inpatient rehabilitation facilities reported a rate of *C. difficile* infection that was similar to (not significantly different from) the rate from 2023. Comparison to the rate from 2023 was not available for four facilities.

Table 23. *Clostridioides difficile* infections in inpatient rehabilitation facilities — Colorado, Jan. 1, 2024 - Dec. 31, 2024

Facility name	Number of patient-days	Number of infections	SIR	National comparison	Comparison to 2023
Denver Regional Rehabilitation Hospital	9,423	1	0.22	NS	NS
Encompass Health Rehabilitation Hospital of Colorado Springs	16,960	5	0.61	NS	NS
Encompass Health Rehabilitation Hospital of Littleton	15,397	3	0.39	NS	NS
HCA HealthOne Presbyterian St. Luke's Rehabilitation	3,435	0	0.00	NS	N/A
HCA HealthOne Spalding Rehabilitation	7,275	0	0.00	Better	N/A
Northern Colorado Rehabilitation Hospital	14,201	3	0.59	NS	NS

Table 23. *Clostridioides difficile* infections in inpatient rehabilitation facilities — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of patient-days**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Pam Rehabilitation Hospital of Greeley, LLC	7,922	1	0.32	NS	N/A
Reunion Rehabilitation Hospital	10,006	2	0.40	NS	NS
Reunion Rehabilitation Hospital at Inverness	11,046	1	0.23	NS	N/A

SIR: standardized infection ratio (ratio of observed to predicted infection rates)
— : suppressed. Counts and rates were suppressed if the number of patient-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 less than one or for suppressed data. Comparison to the rate from 2023 was not available if the rates from 2023 and 2024 were both zero.

Long-term acute care hospitals

Six long-term acute care hospitals reported *C. difficile* data in 2024 (**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. One long-term acute care hospital reported a rate of *C. difficile* infection that was lower (better) than the rate from 2023. Four reported a rate of *C. difficile* infection that was similar to (not significantly different from) the

rate from 2023. Comparison to the rate of *C. difficile* infection from 2023 was not available for one long-term acute care hospital.

Table 24. *Clostridioides difficile* infections in long-term acute care hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024

Facility name	Number of patient-days	Number of infections	SIR	National comparison	Comparison to 2023
Craig Hospital	28,939	6	0.28	Better	NS
Kindred Hospital Aurora	12,539	0	0.00	Better	N/A
Kindred Hospital Denver	17,589	1	0.06	Better	Better
Northern Colorado Long Term Acute Hospital	6,709	2	0.36	NS	NS
Pam Specialty Hospital of Denver	20,532	2	0.13	Better	NS
Vibra Hospital of Denver	16,159	3	0.27	Better	NS

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

— : suppressed. Counts and rates were suppressed if the number of patient-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 less than one or for suppressed data. Comparison to the rate from 2023 was not available if the rates from 2023 and 2024 were both zero.

Dialysis-related infections

Access-related bloodstream infections (ARBSIs)

Seventy-six outpatient dialysis facilities reported rates of ARBSI in 2024 (**Table 25**). Standardized infection ratios for ARBSIs were not available in NHSN. Therefore, comparison to the national baseline was not available.

Table 25. Access-related bloodstream infections in outpatient dialysis facilities — Colorado, Jan. 1, 2024 - Dec. 31, 2024

Facility name	Number of patient-months	Number of infections	Infection rate	National comparison
Alamosa Dialysis	540	1	0.19	N/A
Arvada Dialysis Center	293	1	0.34	N/A
Aurora Dialysis Center	1,342	3	0.22	N/A
Black Canyon Dialysis	293	0	0.00	N/A
Boulder Dialysis Center	283	1	0.35	N/A
Brighton Dialysis	508	0	0.00	N/A
Children's Hospital Colorado Kidney Center	92	2	2.17	N/A
Commerce City Dialysis	490	1	0.20	N/A

Table 25. Access-related bloodstream infections in outpatient dialysis facilities — Colorado, Jan. 1, 2024 - Dec. 31, 2024				
Facility name	**Number of patient-months**	**Number of infections**	**Infection rate**	**National comparison**
Cortez Dialysis Center	616	2	0.32	N/A
Denver Dialysis Center	624	0	0.00	N/A
Denver Reception and Diagnostic Center Auxiliary	241	0	0.00	N/A
Dialysis Clinic Inc. Grand Junction	426	1	0.23	N/A
Dialysis Clinic Inc. Montrose	291	0	0.00	N/A
Durango Dialysis Center	379	2	0.53	N/A
East Aurora Dialysis	823	2	0.24	N/A
Englewood Dialysis Center	480	0	0.00	N/A
Fort Collins Dialysis	243	1	0.41	N/A
Fresenius Kidney Care Castle Rock Dialysis	130	0	0.00	N/A

Table 25. Access-related bloodstream infections in outpatient dialysis facilities — Colorado, Jan. 1, 2024 - Dec. 31, 2024				
Facility name	**Number of patient-months**	**Number of infections**	**Infection rate**	**National comparison**
Fresenius Kidney Care Northeast Denver	823	1	0.12	N/A
Fresenius Kidney Care West Belleview	85	0	0.00	N/A
Fresenius Medical Care East Denver Dialysis	1,098	0	0.00	N/A
Fresenius Medical Care Fort Collins Dialysis	813	2	0.25	N/A
Fresenius Medical Care Greeley Dialysis	714	2	0.28	N/A
Fresenius Medical Care La Junta Dialysis	355	6	1.69	N/A
Fresenius Medical Care Lamar Dialysis	321	0	0.00	N/A
Fresenius Medical Care Loveland Dialysis	667	0	0.00	N/A

Table 25. Access-related bloodstream infections in outpatient dialysis facilities — Colorado, Jan. 1, 2024 - Dec. 31, 2024				
Facility name	**Number of patient-months**	**Number of infections**	**Infection rate**	**National comparison**
Fresenius Medical Care North Greeley Dialysis	680	0	0.00	N/A
Fresenius Medical Care Pavilion Dialysis	1,021	1	0.10	N/A
Fresenius Medical Care Pueblo Dialysis	620	0	0.00	N/A
Fresenius Medical Care Pueblo South Dialysis	669	2	0.30	N/A
Fresenius Medical Care Pueblo West Dialysis	545	0	0.00	N/A
Fresenius Medical Care Rocky Mountain Dialysis	162	0	0.00	N/A
Fresenius Medical Care South Denver Dialysis	591	2	0.34	N/A
Fresenius Medical Care Stapleton Dialysis	901	1	0.11	N/A

Table 25. Access-related bloodstream infections in outpatient dialysis facilities — Colorado, Jan. 1, 2024 - Dec. 31, 2024				
Facility name	**Number of patient-months**	**Number of infections**	**Infection rate**	**National comparison**
Fresenius Medical Care Walsenburg Dialysis	359	1	0.28	N/A
Fresenius Medical Care West Hampden Dialysis	610	1	0.16	N/A
Grand Junction Dialysis Center	683	2	0.29	N/A
Greeley Dialysis	475	1	0.21	N/A
Kidney Center of Arvada	936	1	0.11	N/A
Kidney Center of Bear Creek, LLC	556	0	0.00	N/A
Kidney Center of Lafayette	770	2	0.26	N/A
Kidney Center of Lakewood	755	5	0.66	N/A
Kidney Center of Longmont	760	1	0.13	N/A
Kidney Center of Northridge	738	4	0.54	N/A

Table 25. Access-related bloodstream infections in outpatient dialysis facilities — Colorado, Jan. 1, 2024 - Dec. 31, 2024				
Facility name	**Number of patient-months**	**Number of infections**	**Infection rate**	**National comparison**
Kidney Center of Westminster	1,205	0	0.00	N/A
Kidney Center of Wheat Ridge	118	0	0.00	N/A
Kidney Center of the Rockies, LLC	161	0	0.00	N/A
Lakewood Crossing Dialysis Center	442	0	0.00	N/A
Lakewood Dialysis Center	663	1	0.15	N/A
Liberty Dialysis — Colorado Springs Central	1,062	3	0.28	N/A
Liberty Dialysis — Colorado Springs North	705	2	0.28	N/A
Liberty Dialysis — Colorado Springs South	772	2	0.26	N/A
Liberty Dialysis — Colorado Springs West	670	1	0.15	N/A

Table 25. Access-related bloodstream infections in outpatient dialysis facilities — Colorado, Jan. 1, 2024 - Dec. 31, 2024				
Facility name	**Number of patient-months**	**Number of infections**	**Infection rate**	**National comparison**
Littleton Dialysis Center	615	0	0.00	N/A
Lonetree Dialysis Center	305	0	0.00	N/A
Longmont Dialysis Center	179	0	0.00	N/A
Loveland Central Dialysis	230	1	0.43	N/A
Lowry Dialysis Center	808	3	0.37	N/A
Mesa County Dialysis	417	1	0.24	N/A
Montbello Dialysis	549	0	0.00	N/A
North Colorado Springs Dialysis	504	0	0.00	N/A
North Metro Dialysis Center	777	0	0.00	N/A
Northeastern Colorado Dialysis	521	1	0.19	N/A
Parker Dialysis Center	607	0	0.00	N/A

Table 25. Access-related bloodstream infections in outpatient dialysis facilities — Colorado, Jan. 1, 2024 - Dec. 31, 2024				
Facility name	**Number of patient-months**	**Number of infections**	**Infection rate**	**National comparison**
Parker Kidney Center, LLC	689	4	0.58	N/A
Pikes Peak Dialysis Center Inc.	1,382	6	0.43	N/A
Platte Valley Dialysis	638	5	0.78	N/A
Red Hawk Dialysis	253	0	0.00	N/A
Sable Dialysis	1,105	1	0.09	N/A
Southwest Denver Dialysis	181	1	0.55	N/A
Thornton Dialysis Center	1,053	8	0.76	N/A
U.S. Renal Care Altitude Dialysis	298	0	0.00	N/A
U.S. Renal Care Lone Tree Dialysis	223	0	0.00	N/A
U.S. Renal Care Altitude Dialysis	452	1	0.22	N/A
U.S. Renal Care Pueblo Dialysis	567	0	0.00	N/A
West Lakewood Dialysis	499	1	0.20	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-two acute care hospitals reported performing inpatient breast surgeries in 2024 (**Table 26**). Of these, two reported a rate of SSI following inpatient breast surgery that was higher (worse) than the national baseline. Seventeen 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, and comparisons to the national baseline were not available. Nineteen reported a rate that was similar to (not significantly different) from the rate from 2023. Comparison to the rate from 2023 was not available for the remaining acute care hospitals.

Forty-seven acute care hospitals reported performing outpatient breast surgeries in 2024 (**Table 27**). Of these, four reported a rate of SSI following outpatient breast surgery that was higher (worse) than the national baseline. Fourteen 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, and comparisons to the national baseline were not available. Twenty acute care hospitals reported a rate of SSI following outpatient breast surgery that was similar to (not significantly different from) the rate from 2023. Comparison to the rate from 2023 was not available for the remaining acute care hospitals.

Table 26. Surgical site infections following inpatient breast surgeries in acute care hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of procedures**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
AdventHealth Avista	86	2	1.47	NS	N/A
AdventHealth Castle Rock	51	0	0.00	NS	N/A
AdventHealth Littleton	5	—	—	N/A	N/A
AdventHealth Parker	18	—	—	N/A	N/A
AdventHealth Porter	1	—	—	N/A	N/A
Animas Surgical Hospital, LLC	2	—	—	N/A	N/A
Banner Fort Collins Medical Center	0	—	—	N/A	N/A
Banner Mckee Medical Center	55	0	0.00	NS	N/A
Banner North Colorado Medical Center	34	1	N/A	N/A	NS
Mercy Hospital	32	2	N/A	N/A	NS
St. Anthony Hospital	44	0	0.00	NS	N/A
St. Anthony North Hospital	16	—	—	N/A	N/A

Table 26. Surgical site infections following inpatient breast surgeries in acute care hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of procedures**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
St. Anthony Summit Hospital	6	—	—	N/A	N/A
St. Elizabeth Hospital	1	—	—	N/A	N/A
St. Mary-Corwin Hospital	26	1	N/A	N/A	NS
Community Hospital	148	5	1.55	NS	NS
Delta County Memorial Hospital	7	—	—	N/A	N/A
Denver Health Medical Center	59	4	2.83	NS	NS
Foothills Hospital	70	0	N/A	N/A	N/A
HCA HealthOne Aurora	2	—	—	N/A	N/A
HCA HealthOne Centennial Hospital	2	—	—	N/A	N/A
HCA HealthOne Sky Ridge	192	3	0.93	NS	N/A
Intermountain Health Good Samaritan Hospital	149	4	1.90	NS	NS

Table 26. Surgical site infections following inpatient breast surgeries in acute care hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of procedures**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Intermountain Health Platte Valley Hospital	8	—	—	N/A	N/A
Longmont United Hospital	34	1	N/A	N/A	NS
Longs Peak Hospital	93	2	1.46	NS	NS
Lutheran Medical Center	59	1	0.82	NS	NS
Medical Center of The Rockies	67	3	N/A	N/A	NS
Memorial Health System	72	1	0.55	NS	NS
Memorial Hospital North	433	8	1.18	NS	NS
Montrose Regional Health	5	—	—	N/A	N/A
North Suburban Medical Center	4	—	—	N/A	N/A
Parkview Medical Center, Inc.	103	7	3.88	Worse	NS
Penrose Hospital	7	—	—	N/A	N/A
Poudre Valley Hospital	159	4	1.66	NS	NS

Table 26. Surgical site infections following inpatient breast surgeries in acute care hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of procedures**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Presbyterian/ St. Luke's Medical Center	26	0	N/A	N/A	N/A
Rose Medical Center	114	0	0.00	NS	N/A
Saint Joseph Hospital	227	4	1.05	NS	NS
San Luis Valley Health	1	—	—	N/A	N/A
St. Francis Hospital Interquest	0	—	—	N/A	N/A
St. Francis Medical Center	69	2	0.76	NS	NS
St. Mary's Medical Center	9	—	—	N/A	N/A
Sterling Regional Medcenter	6	—	—	N/A	N/A
Swedish Medical Center	47	1	N/A	N/A	NS
UCHealth Broomfield Hospital	0	—	—	N/A	N/A
UCHealth Grandview Hospital	0	—	—	N/A	N/A

Table 26. Surgical site infections following inpatient breast surgeries in acute care hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of procedures**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
UCHealth Greeley Hospital	39	0	N/A	N/A	N/A
UCHealth Highlands Ranch Hospital	128	2	0.95	NS	NS
UCHealth Yampa Valley Medical Center	12	—	—	N/A	N/A
University of Colorado Hospital	563	24	2.38	Worse	NS
Vail Health Hospital	0	—	—	N/A	N/A
Valley View Hospital Association	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.

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 less than one or for suppressed data. Comparison to the rate from 2023 was not available if the rates from 2023 and 2024 were both zero.

Table 27. Surgical site infections following outpatient breast surgeries in acute care hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of procedures**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
AdventHealth Avista	179	0	0.00	NS	N/A
AdventHealth Castle Rock	202	0	0.00	NS	N/A
AdventHealth Littleton	241	1	0.53	NS	N/A
AdventHealth Parker	174	0	0.00	NS	N/A
Animas Surgical Hospital, LLC	32	0	N/A	N/A	N/A
Banner Fort Collins Medical Center	17	—	—	N/A	N/A
Banner Mckee Medical Center	236	3	1.91	NS	NS
Banner North Colorado Medical Center	180	2	1.67	NS	NS
Mercy Hospital	135	0	N/A	N/A	N/A
St. Anthony Hospital	176	0	N/A	N/A	N/A
St. Anthony North Hospital	110	2	N/A	N/A	NS
St. Anthony Summit Hospital	25	0	N/A	N/A	N/A

Table 27. Surgical site infections following outpatient breast surgeries in acute care hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of procedures**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
St. Elizabeth Hospital	2	—	—	N/A	N/A
St. Mary-Corwin Hospital	79	0	N/A	N/A	N/A
Community Hospital	93	1	N/A	N/A	NS
Delta County Memorial Hospital	24	0	N/A	N/A	N/A
Denver Health Medical Center	238	3	1.37	NS	NS
Foothills Hospital	96	0	N/A	N/A	N/A
HCA HealthOne Aurora	35	1	N/A	N/A	N/A
HCA HealthOne Centennial Hospital	21	0	N/A	N/A	N/A
HCA HealthOne Sky Ridge	272	4	1.78	NS	N/A
Intermountain Health Good Samaritan Hospital	167	1	N/A	N/A	NS
Intermountain Health Platte Valley Hospital	60	0	N/A	N/A	N/A

Table 27. Surgical site infections following outpatient breast surgeries in acute care hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of procedures**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Longmont United Hospital	78	0	N/A	N/A	N/A
Longs Peak Hospital	71	1	N/A	N/A	NS
Lutheran Medical Center	342	3	1.46	NS	NS
Medical Center of The Rockies	198	2	1.89	NS	NS
Memorial Health System	90	0	N/A	N/A	N/A
Memorial Hospital North	848	10	2.49	Worse	NS
Montrose Regional Health	39	0	N/A	N/A	N/A
North Suburban Medical Center	32	0	N/A	N/A	N/A
Parkview Medical Center, Inc.	504	17	12.66	Worse	NS
Penrose Hospital	41	1	N/A	N/A	NS
Poudre Valley Hospital	485	5	3.76	Worse	NS
Presbyterian/ St. Luke's Medical Center	90	0	N/A	N/A	N/A
Rose Medical Center	1,419	7	0.72	NS	NS

Table 27. Surgical site infections following outpatient breast surgeries in acute care hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of procedures**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Saint Joseph Hospital	242	5	3.33	Worse	NS
San Luis Valley Health	17	—	—	N/A	N/A
St. Francis Medical Center	242	0	0.00	NS	N/A
St. Mary's Medical Center	117	3	N/A	N/A	NS
Sterling Regional Medcenter	16	—	—	N/A	N/A
Swedish Medical Center	107	0	N/A	N/A	N/A
UCHealth Greeley Hospital	94	3	N/A	N/A	NS
UCHealth Highlands Ranch Hospital	792	4	0.76	NS	NS
UCHealth Yampa Valley Medical Center	41	1	N/A	N/A	NS
University of Colorado Hospital	1,090	13	1.62	NS	NS
Valley View Hospital Association	10	—	—	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 less than one or for suppressed data. Comparison to the rate from 2023 was not available if the rates from 2023 and 2024 were both zero.

Critical access hospitals

Twenty critical access hospitals reported inpatient breast surgeries in 2024 (**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 2023 were not available.

Eight critical access hospitals reported outpatient breast surgeries in 2024 (**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 2023 were not available.

Table 28. Surgical site infections following inpatient breast surgeries in critical access hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2023
Aspen Valley Hospital	3	—	—	N/A	N/A
East Morgan County Hospital	0	—	—	N/A	N/A
Estes Park Medical Center	0	—	—	N/A	N/A

Table 28. Surgical site infections following inpatient breast surgeries in critical access hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of procedures**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Family Health West Hospital	1	—	—	N/A	N/A
Grand River Medical Center	0	—	—	N/A	N/A
Gunnison Valley Hospital	0	—	—	N/A	N/A
Heart of the Rockies Regional Medical Center	4	—	—	N/A	N/A
Memorial Hospital	0	—	—	N/A	N/A
Middle Park Medical Center	0	—	—	N/A	N/A
Mt. San Rafael Hospital	1	—	—	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

Table 28. Surgical site infections following inpatient breast surgeries in critical access hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of procedures**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Rio Grande Hospital	0	—	—	N/A	N/A
Southwest Memorial Hospital	1	—	—	N/A	N/A
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	2	—	—	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.

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 less than one or for suppressed data. Comparison to the rate from 2023 was not available if the rates from 2023 and 2024 were both zero.

Table 29. Surgical site infections following outpatient breast surgeries in critical access hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2023
Aspen Valley Hospital	22	0	N/A	N/A	N/A
Family Health West Hospital	6	—	—	N/A	N/A
Grand River Medical Center	5	—	—	N/A	N/A
Heart of the Rockies Regional Medical Center	9	—	—	N/A	N/A
Mt. San Rafael Hospital	1	—	—	N/A	N/A
Southwest Memorial Hospital	9	—	—	N/A	N/A
Spanish Peaks Regional Health Center	1	—	—	N/A	N/A
Yuma District Hospital	1	—	—	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 less than one or for suppressed data. Comparison to the rate from 2023 was not available if the rates from 2023 and 2024 were both zero.

Ambulatory surgery centers

Twenty-seven ambulatory surgery centers reported performing breast surgeries in 2024 (**Table 30**). Two reported a rate that was higher (worse) than the national baseline. Six 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, and comparisons to the national baseline were not available. Five ambulatory surgery centers reported a rate of SSI following breast surgery that was similar to (not significantly different from) the rate from 2023. Comparison to the rate of SSI following breast surgery from 2023 was not available for the remaining facilities.

Table 30. Surgical site infections following breast surgeries in ambulatory surgery centers — Colorado, Jan. 1, 2024 - Dec. 31, 2024

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2023
Animas Surgical Center At Escalante	44	1	N/A	N/A	N/A
Arkansas Valley Surgery Center	4	—	—	—	N/A

Ascent Surgery Center, LLC	328	0	N/A	N/A	N/A
Audubon ASC at St. Francis	166	0	N/A	N/A	N/A
Audubon Ambulatory Surgery Center	2	—	—	—	N/A
Black Canyon Surgical Center, LLC	21	0	N/A	N/A	N/A
Canyon View Surgery Center	31	0	N/A	N/A	N/A
Centrum Surgery Center Ltd.	592	3	1.97	NS	NS
Cherry Creek North Surgery Center	459	0	0.00	NS	N/A
Coal Creek Ambulatory Surgery Center	28	0	N/A	N/A	N/A
Crown Point Surgery Center	187	0	N/A	N/A	N/A
Denver Surgery Center	117	0	N/A	N/A	N/A
Foothills Surgery Center, LLC	28	0	N/A	N/A	N/A
Grand Valley Surgical Center, LLC	490	3	1.82	NS	NS
Harmony Surgery Center, LLC	667	0	0.00	NS	N/A

Insight Surgery Center, LLC	186	0	N/A	N/A	N/A
Kaiser Permanente Ambulatory Surg. Ctr. Lone Tree	577	12	6.72	Worse	NS
Kaiser Permanente Ambulatory Surgery Center	855	11	3.70	Worse	NS
Midtown Surgical Center	15	—	—	—	N/A
Mountain Vista Orthopaedic Surgery Center, LLC	2	—	—	—	N/A
Park Meadows Outpatient Surgery	738	2	0.86	NS	NS
Red Rocks Surgery Center	29	0	N/A	N/A	N/A
Rose Surgical Center	55	0	N/A	N/A	N/A
Sky Ridge Surgical Center	272	0	0.00	NS	N/A
Surgery Center at Kissing Camels, LLC	22	0	N/A	N/A	N/A
UCHealth Eastview Surgery Center	95	2	N/A	N/A	N/A
UCHealth Longs Peak Surgery Center	27	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 less than one or for suppressed data. Comparison to the rate from 2023 was not available if the rates from 2023 and 2024 were both zero.

Colon surgery

Acute care hospitals

Fifty-three acute care hospitals reported performing inpatient colon surgeries in 2024 (**Table 31**). Of these, one reported a rate of SSI following colon surgery that was lower (better) than the national baseline. Five 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, and comparisons to the national baseline were not available. Two acute care hospitals reported a rate of SSI following inpatient colon surgery that was higher (worse) than the rate from 2023. Twenty-nine reported a rate that was similar to (not significantly different from) the rate from 2023. Comparison to the rate of SSI following inpatient colon surgery from 2023 was not available for the remaining acute care hospitals.

Twenty-two acute care hospitals reported outpatient colon surgeries in 2024 (**Table 32**). Rates of SSIs were suppressed or not available for all, and comparisons to the national baseline were not available. Comparison to the rate of SSI following outpatient colon surgery in 2023 was not available.

Table 31. Surgical site infections following inpatient colon surgeries in acute care hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of procedures**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
AdventHealth Avista	47	2	1.00	NS	N/A
AdventHealth Castle Rock	45	0	0.00	NS	N/A
AdventHealth Littleton	76	1	0.30	NS	N/A
AdventHealth Parker	117	3	0.62	NS	N/A
AdventHealth Porter	85	4	1.27	NS	N/A
Animas Surgical Hospital, LLC	1	—	—	N/A	N/A
Banner Fort Collins Medical Center	29	0	0.00	NS	N/A
Banner Mckee Medical Center	38	0	0.00	NS	N/A
Banner North Colorado Medical Center	107	5	0.94	NS	NS
Mercy Hospital	60	2	0.73	NS	NS
St. Anthony Hospital	273	0	0.00	Better	N/A
St. Anthony North Hospital	86	3	0.84	NS	NS

Table 31. Surgical site infections following inpatient colon surgeries in acute care hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of procedures**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
St. Anthony Summit Hospital	17	—	—	N/A	N/A
St. Elizabeth Hospital	1	—	—	N/A	N/A
St. Mary-Corwin Hospital	67	1	0.31	NS	NS
Community Hospital	74	4	1.32	NS	NS
Delta County Memorial Hospital	30	1	0.84	NS	NS
Denver Health Medical Center	102	2	0.34	NS	NS
Foothills Hospital	111	10	3.44	Worse	NS
HCA HealthOne Aurora	97	10	2.28	Worse	N/A
HCA HealthOne Centennial Hospital	3	—	—	N/A	N/A
HCA HealthOne Sky Ridge	318	15	0.98	NS	N/A
Intermountain Health Good Samaritan Hospital	193	10	1.02	NS	NS

Table 31. Surgical site infections following inpatient colon surgeries in acute care hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of procedures**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Intermountain Health Platte Valley Hospital	31	2	0.93	NS	NS
Longmont United Hospital	18	—	—	N/A	N/A
Longs Peak Hospital	92	3	0.70	NS	NS
Lutheran Medical Center	100	8	1.50	NS	NS
Medical Center of The Rockies	211	9	0.92	NS	NS
Memorial Health System	315	31	1.74	Worse	NS
Memorial Hospital North	93	2	0.46	NS	NS
Montrose Regional Health	50	0	0.00	NS	N/A
North Suburban Medical Center	41	2	0.89	NS	NS
OrthoColorado Hospital at St. Anthony Medical Campus	0	—	—	N/A	N/A
Parkview Medical Center, Inc.	186	21	2.43	Worse	NS
Penrose Hospital	281	12	0.97	NS	NS

Table 31. Surgical site infections following inpatient colon surgeries in acute care hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of procedures**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Poudre Valley Hospital	156	17	2.75	Worse	Worse
Presbyterian/ St. Luke's Medical Center	124	3	0.50	NS	NS
Rose Medical Center	104	1	0.25	NS	NS
Saint Joseph Hospital	257	14	0.91	NS	NS
San Luis Valley Health	41	2	1.23	NS	NS
St. Francis Hospital Interquest	0	—	—	N/A	N/A
St. Francis Medical Center	75	3	1.00	NS	NS
St. Mary's Medical Center	178	11	1.10	NS	NS
Sterling Regional Medcenter	7	—	—	N/A	N/A
Swedish Medical Center	266	6	0.62	NS	Worse
UCHealth Broomfield Hospital	0	—	—	N/A	N/A
UCHealth Grandview Hospital	0	—	—	N/A	N/A

Table 31. Surgical site infections following inpatient colon surgeries in acute care hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of procedures**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
UCHealth Greeley Hospital	109	7	1.63	NS	NS
UCHealth Highlands Ranch Hospital	76	1	0.22	NS	NS
UCHealth Yampa Valley Medical Center	34	1	0.74	NS	NS
University of Colorado Hospital	652	48	1.15	NS	NS
Vail Health Hospital	17	—	—	N/A	N/A
Valley View Hospital Association	21	1	N/A	N/A	NS

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 less than one or for suppressed data. Comparison to the rate from 2023 was not available if the rates from 2023 and 2024 were both zero.

Table 32. Surgical site infections following outpatient colon surgeries in acute care hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of procedures**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
AdventHealth Castle Rock	1	—	—	N/A	N/A
AdventHealth Littleton	1	—	—	N/A	N/A
Banner Fort Collins Medical Center	1	—	—	N/A	N/A
Banner Mckee Medical Center	2	—	—	N/A	N/A
St. Anthony Hospital	1	—	—	N/A	N/A
Foothills Hospital	3	—	—	N/A	N/A
HCA HealthOne Aurora	1	—	—	N/A	N/A
HCA HealthOne Sky Ridge	5	—	—	N/A	N/A
Intermountain Health Good Samaritan Hospital	1	—	—	N/A	N/A
Longs Peak Hospital	1	—	—	N/A	N/A
Memorial Health System	3	—	—	N/A	N/A
Memorial Hospital North	2	—	—	N/A	N/A

Table 32. Surgical site infections following outpatient colon surgeries in acute care hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of procedures**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Montrose Regional Health	2	—	—	N/A	N/A
Penrose Hospital	2	—	—	N/A	N/A
Presbyterian/ St. Luke's Medical Center	8	—	—	N/A	N/A
Rose Medical Center	1	—	—	N/A	N/A
Saint Joseph Hospital	1	—	—	N/A	N/A
San Luis Valley Health	2	—	—	N/A	N/A
St. Francis Medical Center	2	—	—	N/A	N/A
St. Mary's Medical Center	2	—	—	N/A	N/A
Swedish Medical Center	32	0	N/A	N/A	N/A
Vail Health Hospital	1	—	—	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 less than one or for suppressed data. Comparison to the rate from 2023 was not available if the rates from 2023 and 2024 were both zero.

Critical access hospitals

Nineteen critical access hospitals reported performing inpatient colon surgeries in 2024 (**Table 33**). Rates of SSI following inpatient colon surgery were suppressed for all, and comparisons to the national baseline were not available. Comparison to the rate of SSI following inpatient colon surgeries in 2023 was not available.

Three critical access hospitals reported performing outpatient colon surgeries in 2024 (**Table 34**). Rates of SSIs following outpatient colon surgeries were suppressed for all. Comparisons to the national baseline and rates from 2023 were not available.

Table 33. Surgical site infections following inpatient colon surgeries in critical access hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2023
Arkansas Valley Regional Medical Center	1	—	—	N/A	N/A
Aspen Valley Hospital	11	—	—	N/A	N/A
East Morgan County Hospital	0	—	—	N/A	N/A
Estes Park Medical Center	0	—	—	N/A	N/A

Table 33. Surgical site infections following inpatient colon surgeries in critical access hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of procedures**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Grand River Medical Center	4	—	—	N/A	N/A
Gunnison Valley Hospital	13	—	—	N/A	N/A
Heart of the Rockies Regional Medical Center	12	—	—	N/A	N/A
Memorial Hospital	7	—	—	N/A	N/A
Middle Park Medical Center	1	—	—	N/A	N/A
Mt. San Rafael Hospital	0	—	—	N/A	N/A
Pagosa Springs Medical Center	1	—	—	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, 2024 - Dec. 31, 2024					
Facility name	**Number of procedures**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Southwest Memorial Hospital	10	—	—	N/A	N/A
Spanish Peaks Regional Health Center	8	—	—	N/A	N/A
St. Thomas More Hospital	16	—	—	N/A	N/A
UCHealth Pikes Peak Regional Hospital	3	—	—	N/A	N/A
Wray Community District Hospital	4	—	—	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 less than one or for suppressed data. Comparison to the rate from 2023 was not available if the rates from 2023 and 2024 were both zero.

Table 34. Surgical site infections following outpatient colon surgeries in critical access hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of procedures**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Gunnison Valley Hospital	2	—	—	N/A	N/A
Heart of the Rockies Regional Medical Center	1	—	—	N/A	N/A
Southwest Memorial Hospital	12	—	—	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 less than one or for suppressed data. Comparison to the rate from 2023 was not available if the rates from 2023 and 2024 were both zero.

Hernia repair surgery

Ambulatory surgery centers

Twenty-four ambulatory surgery centers reported performing hernia repair surgeries in 2024 (**Table 35**). One 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, and comparisons to the national baseline were not available. Five ambulatory surgery

centers reported a rate of SSI following hernia repair surgery that was similar to (not significantly different from) the rate from 2023. Comparison to the rate of SSI following hernia repair surgery from 2023 was not available for the remaining facilities.

Table 35. Surgical site infections following hernia repair surgeries in ambulatory surgery centers — Colorado, Jan. 1, 2024 - Dec. 31, 2024

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2023
Arkansas Valley Surgery Center	136	0	N/A	N/A	N/A
Audubon ASC at St. Francis	435	0	N/A	N/A	N/A
Black Canyon Surgical Center, LLC	67	0	N/A	N/A	N/A
Canyon View Surgery Center	6	—	—	—	N/A
Centrum Surgery Center Ltd.	24	0	N/A	N/A	N/A
Cherry Creek North Surgery Center	78	0	N/A	N/A	N/A
Clear Creek Surgery Center, LLC	545	2	N/A	N/A	NS
Crown Point Surgery Center	107	0	N/A	N/A	N/A
Denver Surgery Center	52	0	N/A	N/A	N/A

Foothills Surgery Center, LLC	215	0	N/A	N/A	N/A
Grand Valley Surgical Center, LLC	116	1	N/A	N/A	NS
Harmony Surgery Center, LLC	471	1	N/A	N/A	NS
Insight Surgery Center, LLC	2	—	—	—	N/A
Kaiser Permanente Ambulatory Surg. Ctr. Lone Tree	450	3	N/A	N/A	NS
Kaiser Permanente Ambulatory Surgery Center	543	2	1.48	NS	NS
Midtown Surgical Center	64	0	N/A	N/A	N/A
Mile High Surgicenter, LLC	51	0	N/A	N/A	N/A
Mountain Vista Orthopaedic Surgery Center, LLC	87	0	N/A	N/A	N/A
Peak One Surgery Center, LLC	6	—	—	—	N/A
Red Rocks Surgery Center	38	0	N/A	N/A	N/A

Rocky Mountain Surgery Center, LLC	195	0	N/A	N/A	N/A
Rose Surgical Center	98	0	N/A	N/A	N/A
Sky Ridge Surgical Center	70	0	N/A	N/A	N/A
UCHealth Longs Peak Surgery Center	61	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 less than one or for suppressed data. Comparison to the rate from 2023 was not available if the rates from 2023 and 2024 were both zero.

Hip replacement surgery

Acute care hospitals

Fifty-three acute care hospitals reported performing inpatient hip replacement surgeries in 2024 (**Table 36**). Of these, three acute care hospitals reported a rate of SSI following hip replacement surgery that was higher (worse) than the national baseline. Thirty-two 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 available. One acute care hospital reported a rate of SSI following inpatient hip replacement surgery that was higher (worse) than the rate from 2023. Twenty-five acute care

hospitals reported a rate that was similar to (not significantly different from) the rate from 2023. Comparison to the rate of SSI following inpatient hip replacement surgery from 2023 was not available for the remaining acute care hospitals.

Forty-five acute care hospitals reported outpatient hip replacement surgeries in 2024 (**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, and comparisons to the national baseline were not available. Eleven acute care hospitals reported a rate of SSI following outpatient hip replacement surgery that was similar to (not significantly different from) the rate from 2023. Comparison to the rate of SSI following outpatient hip replacement surgery in 2023 was not available for the remaining acute care hospitals.

Table 36. Surgical site infections following inpatient hip replacement surgeries in acute care hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2023
AdventHealth Avista	63	0	N/A	N/A	N/A
AdventHealth Castle Rock	173	0	0.00	NS	N/A
AdventHealth Littleton	218	1	0.56	NS	N/A
AdventHealth Parker	153	1	0.62	NS	N/A
AdventHealth Porter	351	5	1.33	NS	N/A
Animas Surgical Hospital, LLC	208	1	0.83	NS	NS

Table 36. Surgical site infections following inpatient hip replacement surgeries in acute care hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of procedures**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Banner Fort Collins Medical Center	43	0	N/A	N/A	N/A
Banner Mckee Medical Center	42	0	N/A	N/A	N/A
Banner North Colorado Medical Center	138	0	0.00	NS	N/A
Mercy Hospital	145	0	0.00	NS	N/A
St. Anthony Hospital	118	0	0.00	NS	N/A
St. Anthony North Hospital	170	3	1.41	NS	NS
St. Anthony Summit Hospital	38	0	N/A	N/A	N/A
St. Elizabeth Hospital	15	—	—	N/A	N/A
St. Mary-Corwin Hospital	163	3	1.35	NS	NS
Community Hospital	112	0	0.00	NS	N/A
Delta County Memorial Hospital	40	0	N/A	N/A	N/A

Table 36. Surgical site infections following inpatient hip replacement surgeries in acute care hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of procedures**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Denver Health Medical Center	127	1	0.52	NS	NS
Foothills Hospital	414	6	2.17	NS	NS
HCA HealthOne Aurora	143	3	1.79	NS	N/A
HCA HealthOne Centennial Hospital	96	0	N/A	N/A	N/A
HCA HealthOne Sky Ridge	466	4	0.63	NS	N/A
Intermountain Health Good Samaritan Hospital	332	9	2.53	Worse	NS
Intermountain Health Platte Valley Hospital	121	1	0.71	NS	NS
Longmont United Hospital	57	4	N/A	N/A	NS
Longs Peak Hospital	107	2	N/A	N/A	NS
Lutheran Medical Center	157	1	0.51	NS	NS
Medical Center of The Rockies	250	4	1.86	NS	NS
Memorial Health System	151	2	0.94	NS	NS

Table 36. Surgical site infections following inpatient hip replacement surgeries in acute care hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of procedures**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Memorial Hospital North	255	4	1.54	NS	NS
Montrose Regional Health	122	0	0.00	NS	N/A
North Suburban Medical Center	62	1	N/A	N/A	NS
OrthoColorado Hospital at St. Anthony Medical Campus	426	2	0.71	NS	NS
Parkview Medical Center, Inc.	72	1	N/A	N/A	NS
Parkview Pueblo West Hospital	223	1	0.45	NS	N/A
Penrose Hospital	191	0	0.00	NS	N/A
Poudre Valley Hospital	434	9	2.15	Worse	NS
Presbyterian/ St. Luke's Medical Center	138	5	2.02	NS	NS
Rose Medical Center	351	7	2.38	Worse	Worse
Saint Joseph Hospital	259	4	1.25	NS	NS

Table 36. Surgical site infections following inpatient hip replacement surgeries in acute care hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of procedures**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
San Luis Valley Health	28	0	N/A	N/A	N/A
St. Francis Hospital Interquest	196	3	1.82	NS	N/A
St. Francis Medical Center	620	2	0.33	NS	NS
St. Mary's Medical Center	206	2	0.66	NS	NS
Sterling Regional Medcenter	18	—	—	N/A	N/A
Swedish Medical Center	310	5	1.35	NS	NS
UCHealth Broomfield Hospital	61	0	N/A	N/A	N/A
UCHealth Grandview Hospital	409	4	1.35	NS	NS
UCHealth Greeley Hospital	24	0	N/A	N/A	N/A
UCHealth Highlands Ranch Hospital	114	1	N/A	N/A	NS
UCHealth Yampa Valley Medical Center	49	0	N/A	N/A	N/A

Table 36. Surgical site infections following inpatient hip replacement surgeries in acute care hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of procedures**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
University of Colorado Hospital	397	8	1.36	NS	NS
Valley View Hospital Association	87	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 less than one or for suppressed data. Comparison to the rate from 2023 was not available if the rates from 2023 and 2024 were both zero.

Table 37. Surgical site infections following outpatient hip replacement surgeries in acute care hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of procedures**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
AdventHealth Avista	35	0	N/A	N/A	N/A
AdventHealth Castle Rock	72	0	N/A	N/A	N/A
AdventHealth Littleton	28	1	N/A	N/A	N/A

Table 37. Surgical site infections following outpatient hip replacement surgeries in acute care hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of procedures**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
AdventHealth Parker	34	1	N/A	N/A	N/A
Animas Surgical Hospital, LLC	18	—	—	N/A	N/A
Banner Fort Collins Medical Center	52	0	N/A	N/A	N/A
Banner Mckee Medical Center	20	0	N/A	N/A	N/A
Banner North Colorado Medical Center	3	—	—	N/A	N/A
Mercy Hospital	30	0	N/A	N/A	N/A
St. Anthony Hospital	2	—	—	N/A	N/A
St. Anthony North Hospital	168	1	N/A	N/A	NS
Community Hospital	202	2	N/A	N/A	NS
Delta County Memorial Hospital	2	—	—	N/A	N/A
Denver Health Medical Center	75	0	0.00	NS	N/A
Foothills Hospital	190	0	N/A	N/A	N/A

Table 37. Surgical site infections following outpatient hip replacement surgeries in acute care hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of procedures**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
HCA HealthOne Aurora	113	1	N/A	N/A	N/A
HCA HealthOne Centennial Hospital	111	0	N/A	N/A	N/A
HCA HealthOne Sky Ridge	462	1	0.77	NS	N/A
Intermountain Health Good Samaritan Hospital	313	4	N/A	N/A	NS
Longmont United Hospital	18	—	—	N/A	N/A
Longs Peak Hospital	49	0	N/A	N/A	N/A
Lutheran Medical Center	39	0	N/A	N/A	N/A
Medical Center of The Rockies	7	—	—	N/A	N/A
Memorial Hospital North	4	—	—	N/A	N/A
Montrose Regional Health	2	—	—	N/A	N/A
North Suburban Medical Center	4	—	—	N/A	N/A
OrthoColorado Hospital at St. Anthony	406	2	N/A	N/A	NS

Table 37. Surgical site infections following outpatient hip replacement surgeries in acute care hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of procedures**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Medical Campus					
Parkview Pueblo West Hospital	30	0	N/A	N/A	N/A
Penrose Hospital	11	—	—	N/A	N/A
Poudre Valley Hospital	75	1	N/A	N/A	NS
Presbyterian/ St. Luke's Medical Center	11	—	—	N/A	N/A
Rose Medical Center	75	1	N/A	N/A	NS
Saint Joseph Hospital	162	2	N/A	N/A	NS
San Luis Valley Health	16	—	—	N/A	N/A
St. Francis Hospital Interquest	7	—	—	N/A	N/A
St. Francis Medical Center	71	0	N/A	N/A	N/A
St. Mary's Medical Center	162	1	N/A	N/A	NS
Swedish Medical Center	102	0	N/A	N/A	N/A

Table 37. Surgical site infections following outpatient hip replacement surgeries in acute care hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of procedures**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
UCHealth Broomfield Hospital	46	1	N/A	N/A	NS
UCHealth Grandview Hospital	22	0	N/A	N/A	N/A
UCHealth Highlands Ranch Hospital	157	2	N/A	N/A	NS
UCHealth Yampa Valley Medical Center	13	—	—	N/A	N/A
University of Colorado Hospital	184	1	0.50	NS	NS
Vail Health Hospital	15	—	—	N/A	N/A
Valley View Hospital Association	19	—	—	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 less than one or for suppressed data. Comparison to the rate from 2023 was not available if the rates from 2023 and 2024 were both zero.

Critical access hospitals

Twenty critical access hospitals reported performing inpatient hip replacement surgeries in 2024 (**Table 38**). One critical access hospital reported a rate of SSI following inpatient hip replacement surgery that was similar to (not significantly different from) the national baseline. Rates were suppressed or not available for the remaining critical access hospitals, and comparisons to the national baseline were not available. Two critical access hospitals reported a rate of SSI following inpatient hip replacement surgery that was similar to (not significantly different from) the rate from 2023. Comparison to the rate of SSI following inpatient hip replacement surgery from 2023 was not available for the remaining critical access hospitals.

Twelve critical access hospitals reported outpatient hip replacement surgeries in 2024 (**Table 39**). One critical access hospital reported a rate of SSI following outpatient hip replacement surgery that was similar to (not significantly different from) the rate from 2023. Comparison to the rate of SSI following inpatient hip replacement surgery from 2023 was not available for the remaining critical access hospitals.

Table 38. Surgical site infections following inpatient hip replacement surgeries in critical access hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2023
Arkansas Valley Regional Medical Center	14	—	—	N/A	N/A
Aspen Valley Hospital	78	0	N/A	N/A	N/A
East Morgan County Hospital	0	—	—	N/A	N/A

Table 38. Surgical site infections following inpatient hip replacement surgeries in critical access hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of procedures**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Estes Park Medical Center	13	—	—	N/A	N/A
Family Health West Hospital	30	0	N/A	N/A	N/A
Grand River Medical Center	11	—	—	N/A	N/A
Gunnison Valley Hospital	2	—	—	N/A	N/A
Heart of the Rockies Regional Medical Center	67	0	N/A	N/A	N/A
Memorial Hospital	10	—	—	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	4	—	—	N/A	N/A
Pioneers Medical Center	136	0	0	NS	N/A

Table 38. Surgical site infections following inpatient hip replacement surgeries in critical access hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of procedures**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Prowers Medical Center	12	—	—	N/A	N/A
Rio Grande Hospital	0	—	—	N/A	N/A
Southwest Memorial Hospital	21	0	N/A	N/A	N/A
St. Thomas More Hospital	61	2	N/A	N/A	NS
UCHealth Pikes Peak Regional Hospital	23	0	N/A	N/A	N/A
Wray Community District Hospital	49	2	N/A	N/A	NS
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 less than one or for suppressed data. Comparison to the rate from 2023 was not available if the rates from 2023 and 2024 were both zero.

Table 39. Surgical site infections following outpatient hip replacement surgeries in critical access hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of procedures**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Aspen Valley Hospital	59	1	N/A	N/A	NS
Estes Park Medical Center	2	—	—	N/A	N/A
Grand River Medical Center	1	—	—	N/A	N/A
Gunnison Valley Hospital	17	—	—	N/A	N/A
Heart of the Rockies Regional Medical Center	1	—	—	N/A	N/A
Melissa Memorial Hospital	1	—	—	N/A	N/A
Memorial Hospital	1	—	—	N/A	N/A
Middle Park Medical Center	4	—	—	N/A	N/A
Pagosa Springs Medical Center	3	—	—	N/A	N/A
Pioneers Medical Center	6	—	—	N/A	N/A

Table 39. Surgical site infections following outpatient hip replacement surgeries in critical access hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of procedures**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Southwest Memorial Hospital	18	—	—	N/A	N/A
UCHealth Pikes Peak Regional 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. SIRs and rate comparisons were not available if the number of predicted infections was less than one or for suppressed data. Comparison to the rate from 2023 was not available if the rates from 2023 and 2024 were both zero.

Ambulatory surgery centers

At the time of this report, data for SSIs following hip replacement surgeries in ambulatory surgery centers were not available from NHSN (**Table 40**).

Table 40 was not available in 2025.

Abdominal hysterectomies

Acute care hospitals

Fifty-three acute care hospitals reported performing inpatient abdominal hysterectomies in 2024 (**Table 41**). Of these, one acute care hospital reported a rate of SSI following inpatient abdominal hysterectomy that was higher (worse) than the national baseline. Sixteen 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 available. Seventeen acute care hospitals reported a rate of SSI following inpatient abdominal hysterectomy that was similar to (not significantly different from) the rate from 2023. Comparison to the rate of SSI following inpatient abdominal hysterectomy from 2023 was not available for the remaining acute care hospitals.

Forty-one acute care hospitals reported outpatient abdominal hysterectomies in 2023 (**Table 42**). Of these, two acute care hospitals reported a rate that was higher (worse) than the national baseline. Four 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 available. One acute care hospital reported a rate of SSI following outpatient abdominal hysterectomy that was lower (better) than the rate from 2023. Sixteen reported a rate that was similar to (not significantly different from) the rate from 2023. Comparison to the rate of SSI following outpatient abdominal hysterectomy was not available for the remaining acute care hospitals.

Table 41. Surgical site infections following inpatient abdominal hysterectomies in acute care hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of procedures**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
AdventHealth Avista	70	0	N/A	N/A	N/A
AdventHealth Castle Rock	71	1	N/A	N/A	N/A
AdventHealth Littleton	66	1	N/A	N/A	N/A
AdventHealth Parker	139	0	0.00	NS	N/A
AdventHealth Porter	77	0	0.00	NS	N/A
Animas Surgical Hospital, LLC	30	0	N/A	N/A	N/A
Banner Fort Collins Medical Center	5	—	—	N/A	N/A
Banner Mckee Medical Center	19	—	—	N/A	N/A
Banner North Colorado Medical Center	56	1	0.95	NS	NS
Mercy Hospital	60	1	N/A	N/A	NS
St. Anthony Hospital	4	—	—	N/A	N/A
St. Anthony North Hospital	82	0	N/A	N/A	N/A

Table 41. Surgical site infections following inpatient abdominal hysterectomies in acute care hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of procedures**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
St. Anthony Summit Hospital	36	0	N/A	N/A	N/A
St. Elizabeth Hospital	6	—	—	N/A	N/A
St. Mary-Corwin Hospital	0	—	—	N/A	N/A
Community Hospital	116	2	0.95	NS	NS
Delta County Memorial Hospital	0	—	—	N/A	N/A
Denver Health Medical Center	57	0	0.00	NS	N/A
Foothills Hospital	76	2	1.91	NS	NS
HCA HealthOne Aurora	18	—	—	N/A	N/A
HCA HealthOne Centennial Hospital	0	—	—	N/A	N/A
HCA HealthOne Sky Ridge	366	12	3.19	Worse	N/A
Intermountain Health Good Samaritan Hospital	24	0	N/A	N/A	N/A

Table 41. Surgical site infections following inpatient abdominal hysterectomies in acute care hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of procedures**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Intermountain Health Platte Valley Hospital	61	0	0.00	NS	N/A
Longmont United Hospital	10	—	—	N/A	N/A
Longs Peak Hospital	66	3	N/A	N/A	NS
Lutheran Medical Center	49	1	N/A	N/A	NS
Medical Center of The Rockies	44	1	N/A	N/A	NS
Memorial Health System	421	7	1.46	NS	NS
Memorial Hospital North	283	2	0.74	NS	NS
Montrose Regional Health	13	—	—	N/A	N/A
North Suburban Medical Center	70	0	N/A	N/A	N/A
OrthoColorado Hospital at St. Anthony Medical Campus	0	—	—	N/A	N/A
Parkview Medical Center, Inc.	74	1	N/A	N/A	NS
Penrose Hospital	10	—	—	N/A	N/A

Table 41. Surgical site infections following inpatient abdominal hysterectomies in acute care hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of procedures**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Poudre Valley Hospital	41	0	N/A	N/A	N/A
Presbyterian/ St. Luke's Medical Center	84	0	0.00	NS	N/A
Rose Medical Center	88	1	0.91	NS	NS
Saint Joseph Hospital	168	3	0.72	NS	NS
San Luis Valley Health	6	—	—	N/A	N/A
St. Francis Hospital Interquest	0	—	—	N/A	N/A
St. Francis Medical Center	261	3	1.01	NS	NS
St. Mary's Medical Center	100	2	1.18	NS	NS
Sterling Regional Medcenter	0	—	—	N/A	N/A
Swedish Medical Center	271	4	1.53	NS	NS
UCHealth Broomfield Hospital	0	—	—	N/A	N/A
UCHealth Grandview Hospital	0	—	—	N/A	N/A

Table 41. Surgical site infections following inpatient abdominal hysterectomies in acute care hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of procedures**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
UCHealth Greeley Hospital	14	—	—	N/A	N/A
UCHealth Highlands Ranch Hospital	63	1	N/A	N/A	NS
UCHealth Yampa Valley Medical Center	23	0	N/A	N/A	N/A
University of Colorado Hospital	398	7	0.70	NS	NS
Vail Health Hospital	1	—	—	N/A	N/A
Valley View Hospital Association	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.

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 less than one or for suppressed data. Comparison to the rate from 2023 was not available if the rates from 2023 and 2024 were both zero.

Table 42. Surgical site infections following outpatient abdominal hysterectomies in acute care hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of procedures**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
AdventHealth Avista	124	0	N/A	N/A	N/A
AdventHealth Castle Rock	15	—	—	N/A	N/A
AdventHealth Littleton	198	0	N/A	N/A	N/A
AdventHealth Parker	33	0	N/A	N/A	N/A
Animas Surgical Hospital, LLC	1	—	—	N/A	N/A
Banner Fort Collins Medical Center	58	0	N/A	N/A	N/A
Banner Mckee Medical Center	125	0	N/A	N/A	N/A
Banner North Colorado Medical Center	94	1	N/A	N/A	NS
Mercy Hospital	50	0	N/A	N/A	N/A
St. Anthony Hospital	4	—	—	N/A	N/A
St. Anthony North Hospital	34	0	N/A	N/A	N/A
St. Anthony Summit Hospital	5	—	—	N/A	N/A

Table 42. Surgical site infections following outpatient abdominal hysterectomies in acute care hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of procedures**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Community Hospital	115	2	N/A	N/A	NS
Denver Health Medical Center	73	0	N/A	N/A	N/A
Foothills Hospital	100	0	N/A	N/A	N/A
HCA HealthOne Aurora	57	2	N/A	N/A	N/A
HCA HealthOne Sky Ridge	320	2	1.41	NS	N/A
Intermountain Health Good Samaritan Hospital	74	0	N/A	N/A	N/A
Intermountain Health Platte Valley Hospital	78	0	N/A	N/A	N/A
Longmont United Hospital	42	1	N/A	N/A	NS
Longs Peak Hospital	223	3	N/A	N/A	NS
Lutheran Medical Center	176	0	N/A	N/A	N/A
Medical Center of The Rockies	397	6	4.63	Worse	NS
Memorial Health System	135	2	N/A	N/A	NS

Table 42. Surgical site infections following outpatient abdominal hysterectomies in acute care hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of procedures**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Memorial Hospital North	366	1	0.71	NS	Better
Montrose Regional Health	136	0	N/A	N/A	N/A
North Suburban Medical Center	79	0	N/A	N/A	N/A
Parkview Medical Center, Inc.	150	2	N/A	N/A	NS
Poudre Valley Hospital	175	1	N/A	N/A	NS
Presbyterian/ St. Luke's Medical Center	27	0	N/A	N/A	N/A
Rose Medical Center	204	2	1.85	NS	NS
Saint Joseph Hospital	356	2	0.97	NS	NS
San Luis Valley Health	54	2	N/A	N/A	NS
St. Francis Medical Center	96	1	N/A	N/A	NS
St. Mary's Medical Center	176	1	N/A	N/A	NS
Swedish Medical Center	125	0	N/A	N/A	N/A

Table 42. Surgical site infections following outpatient abdominal hysterectomies in acute care hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of procedures**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
UCHealth Greeley Hospital	214	5	N/A	N/A	NS
UCHealth Highlands Ranch Hospital	208	4	N/A	N/A	NS
UCHealth Yampa Valley Medical Center	71	0	N/A	N/A	N/A
University of Colorado Hospital	425	7	2.68	Worse	NS
Vail Health Hospital	20	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 less than one or for suppressed data. Comparison to the rate from 2023 was not available if the rates from 2023 and 2024 were both zero.

Critical access hospitals

Twenty critical access hospitals reported performing inpatient abdominal hysterectomies in 2024 (**Table 43**). 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 2023 were not available.

Five critical access hospitals reported outpatient abdominal hysterectomies in 2024 (**Table 44**). Rates of SSI following outpatient abdominal hysterectomy were suppressed or not available for all, and comparisons to the national baseline and to rates from 2023 were not available.

Table 43. Surgical site infections following inpatient abdominal hysterectomies in critical access hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2023
Arkansas Valley Regional Medical Center	0	—	—	N/A	N/A
Aspen Valley Hospital	1	—	—	N/A	N/A
East Morgan County Hospital	0	—	—	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	2	—	—	N/A	N/A
Gunnison Valley Hospital	2	—	—	N/A	N/A
Heart of the Rockies Regional Medical Center	10	—	—	N/A	N/A

Table 43. Surgical site infections following inpatient abdominal hysterectomies in critical access hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of procedures**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Memorial Hospital	1	—	—	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
Prowers Medical Center	0	—	—	N/A	N/A
Rio Grande Hospital	0	—	—	N/A	N/A
Southwest Memorial Hospital	1	—	—	N/A	N/A
Spanish Peaks Regional Health Center	0	—	—	N/A	N/A
St. Thomas More Hospital	25	0	N/A	N/A	N/A

Table 43. Surgical site infections following inpatient abdominal hysterectomies in critical access hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of procedures**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
UCHealth Pikes Peak Regional Hospital	0	—	—	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.

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 less than one or for suppressed data. Comparison to the rate from 2023 was not available if the rates from 2023 and 2024 were both zero.

Table 44. Surgical site infections following outpatient abdominal hysterectomies in critical access hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of procedures**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Gunnison Valley Hospital	7	—	—	N/A	N/A
Southwest Memorial Hospital	2	—	—	N/A	N/A

Table 44. Surgical site infections following outpatient abdominal hysterectomies in critical access hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of procedures**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Spanish Peaks Regional Health Center	6	—	—	N/A	N/A
St. Thomas More Hospital	7	—	—	N/A	N/A
Wray Community District 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.
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 less than one or for suppressed data. Comparison to the rate from 2023 was not available if the rates from 2023 and 2024 were both zero.

Knee replacement surgeries

Acute care hospitals

Fifty-four acute care hospitals reported performing inpatient knee replacement surgeries in 2024 (**Table 45**). Of these, four reported a rate of SSI following inpatient knee replacement surgery that was higher (worse) than the national baseline, and 24 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 available. One acute care hospital reported a rate of SSI following knee replacement surgery that was higher (worse) than the rate from 2023. Twenty-one reported a rate of SSI following knee replacement surgery that was similar to (not significantly different from) the rate from 2023. Comparison to the rate of SSI following inpatient knee replacement surgery from 2023 was not available for the remaining facilities.

Forty-six acute care hospitals reported outpatient knee replacement surgeries in 2024 (**Table 46**). Of these, 11 acute care hospitals reported a rate of SSI following outpatient 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, and comparisons to the national baseline were not available. Fourteen acute care hospitals reported a rate of SSI following outpatient knee replacement surgery that was similar to (not significantly different from) the rate from 2023. Comparison to the rate of SSI following outpatient knee replacement surgery to the rate from 2023 was not available for the remaining facilities.

Table 45. Surgical site infections following inpatient knee replacement surgeries in acute care hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2023
AdventHealth Avista	77	1	N/A	N/A	N/A
AdventHealth Castle Rock	241	0	0.00	NS	N/A
AdventHealth Littleton	284	1	0.66	NS	N/A
AdventHealth Parker	151	1	0.94	NS	N/A

Table 45. Surgical site infections following inpatient knee replacement surgeries in acute care hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of procedures**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
AdventHealth Porter	565	1	0.32	NS	N/A
Animas Surgical Hospital, LLC	374	1	0.60	NS	NS
Banner Fort Collins Medical Center	91	0	N/A	N/A	N/A
Banner Mckee Medical Center	123	0	N/A	N/A	N/A
Banner North Colorado Medical Center	225	1	0.45	NS	NS
Mercy Hospital	171	0	N/A	N/A	N/A
St. Anthony Hospital	42	0	N/A	N/A	N/A
St. Anthony North Hospital	295	3	1.45	NS	NS
St. Anthony Summit Hospital	41	0	N/A	N/A	N/A
St. Elizabeth Hospital	24	0	N/A	N/A	N/A
St. Mary-Corwin Hospital	299	3	1.29	NS	NS
Community Hospital	171	1	N/A	N/A	NS

Table 45. Surgical site infections following inpatient knee replacement surgeries in acute care hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of procedures**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Delta County Memorial Hospital	92	0	N/A	N/A	N/A
Denver Health Medical Center	89	0	N/A	N/A	N/A
Foothills Hospital	553	10	4.34	Worse	NS
HCA HealthOne Aurora	161	5	2.83	Worse	N/A
HCA HealthOne Centennial Hospital	133	0	N/A	N/A	N/A
HCA HealthOne Sky Ridge	696	4	0.69	NS	N/A
Intermountain Health Good Samaritan Hospital	412	5	2.32	NS	NS
Intermountain Health Platte Valley Hospital	198	1	1.00	NS	NS
Longmont United Hospital	55	0	N/A	N/A	N/A
Longs Peak Hospital	125	0	N/A	N/A	N/A
Lutheran Medical Center	57	0	N/A	N/A	N/A
Medical Center of The Rockies	294	1	0.75	NS	NS

Table 45. Surgical site infections following inpatient knee replacement surgeries in acute care hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of procedures**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Memorial Health System	12	—	—	N/A	N/A
Memorial Hospital North	267	1	0.49	NS	NS
Montrose Regional Health	238	0	0.00	NS	N/A
North Suburban Medical Center	23	0	N/A	N/A	N/A
OrthoColorado Hospital at St. Anthony Medical Campus	877	2	0.52	NS	NS
Parkview Medical Center, Inc.	32	0	N/A	N/A	N/A
Parkview Pueblo West Hospital	443	1	0.37	NS	N/A
Penrose Hospital	200	2	1.53	NS	NS
Poudre Valley Hospital	746	9	2.56	Worse	NS
Presbyterian/ St. Luke's Medical Center	133	4	1.98	NS	NS
Rose Medical Center	515	0	0.00	NS	N/A

Table 45. Surgical site infections following inpatient knee replacement surgeries in acute care hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of procedures**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Saint Joseph Hospital	356	1	0.44	NS	NS
San Luis Valley Health	72	1	N/A	N/A	NS
St. Francis Hospital Interquest	185	2	1.91	NS	N/A
St. Francis Medical Center	853	6	1.01	NS	NS
St. Mary's Medical Center	132	2	1.51	NS	NS
Sterling Regional Medcenter	35	0	N/A	N/A	N/A
Swedish Medical Center	122	2	N/A	N/A	NS
UCHealth Broomfield Hospital	65	0	N/A	N/A	N/A
UCHealth Grandview Hospital	779	2	0.56	NS	NS
UCHealth Greeley Hospital	2	—	—	N/A	N/A
UCHealth Highlands Ranch Hospital	131	0	N/A	N/A	N/A

Table 45. Surgical site infections following inpatient knee replacement surgeries in acute care hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of procedures**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
UCHealth Yampa Valley Medical Center	53	0	N/A	N/A	N/A
University of Colorado Hospital	364	11	3.95	Worse	Worse
Vail Health Hospital	0	—	—	N/A	N/A
Valley View Hospital Association	79	1	N/A	N/A	NS

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 less than one or for suppressed data. Comparison to the rate from 2023 was not available if the rates from 2023 and 2024 were both zero.

Table 46. Surgical site infections following outpatient knee replacement surgeries in acute care hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of procedures**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
AdventHealth Avista	88	0	N/A	N/A	N/A

Table 46. Surgical site infections following outpatient knee replacement surgeries in acute care hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of procedures**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
AdventHealth Castle Rock	113	0	N/A	N/A	N/A
AdventHealth Littleton	96	1	N/A	N/A	N/A
AdventHealth Parker	86	0	N/A	N/A	N/A
Animas Surgical Hospital, LLC	15	—	—	N/A	N/A
Banner Fort Collins Medical Center	48	1	N/A	N/A	NS
Banner Mckee Medical Center	40	0	N/A	N/A	N/A
Banner North Colorado Medical Center	7	—	—	N/A	N/A
Mercy Hospital	78	0	N/A	N/A	N/A
St. Anthony Hospital	4	—	—	N/A	N/A
St. Anthony North Hospital	416	2	0.55	NS	NS
St. Mary-Corwin Hospital	29	0	N/A	N/A	N/A
Community Hospital	217	2	N/A	N/A	NS

Table 46. Surgical site infections following outpatient knee replacement surgeries in acute care hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of procedures**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Denver Health Medical Center	150	1	0.55	NS	NS
Foothills Hospital	294	2	N/A	N/A	NS
HCA HealthOne Aurora	187	2	1.11	NS	N/A
HCA HealthOne Centennial Hospital	230	1	0.47	NS	N/A
HCA HealthOne Sky Ridge	733	5	0.81	NS	N/A
Intermountain Health Good Samaritan Hospital	649	3	N/A	N/A	NS
Intermountain Health Platte Valley Hospital	2	—	—	N/A	N/A
Longmont United Hospital	65	0	N/A	N/A	N/A
Longs Peak Hospital	150	4	N/A	N/A	NS
Lutheran Medical Center	57	0	N/A	N/A	N/A
Medical Center of The Rockies	5	—	—	N/A	N/A
Memorial Hospital North	13	—	—	N/A	N/A

Table 46. Surgical site infections following outpatient knee replacement surgeries in acute care hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of procedures**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Montrose Regional Health	15	—	—	N/A	N/A
North Suburban Medical Center	12	—	—	N/A	N/A
OrthoColorado Hospital at St. Anthony Medical Campus	850	3	1.80	NS	NS
Parkview Pueblo West Hospital	52	1	N/A	N/A	N/A
Penrose Hospital	18	—	—	N/A	N/A
Poudre Valley Hospital	152	0	0.00	NS	N/A
Presbyterian/ St. Luke's Medical Center	5	—	—	N/A	N/A
Rose Medical Center	92	0	N/A	N/A	N/A
Saint Joseph Hospital	374	3	0.97	NS	NS
San Luis Valley Health	47	0	N/A	N/A	N/A
St. Francis Hospital Interquest	3	—	—	N/A	N/A

Table 46. Surgical site infections following outpatient knee replacement surgeries in acute care hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of procedures**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
St. Francis Medical Center	121	0	N/A	N/A	N/A
St. Mary's Medical Center	270	4	1.98	NS	NS
Sterling Regional Medcenter	1	—	—	N/A	N/A
Swedish Medical Center	136	1	0.74	NS	NS
UCHealth Broomfield Hospital	61	2	N/A	N/A	NS
UCHealth Grandview Hospital	32	0	N/A	N/A	N/A
UCHealth Highlands Ranch Hospital	195	0	N/A	N/A	N/A
UCHealth Yampa Valley Medical Center	14	—	—	N/A	N/A
University of Colorado Hospital	136	1	0.74	NS	NS
Valley View Hospital Association	49	1	N/A	N/A	NS

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 less than one or for suppressed data. Comparison to the rate from 2023 was not available if the rates from 2023 and 2024 were both zero.

Critical access hospitals

Twenty critical access hospitals reported performing inpatient knee replacement surgeries in 2024 (**Table 47**). 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, and comparisons to the national baseline were not available. Three critical access hospitals reported a rate of SSI following inpatient knee replacement surgery that was similar to (not significantly different from) the rate from 2023. Comparison to the rate of SSI following inpatient knee replacement surgery in 2023 was not available for the remaining facilities.

Fifteen critical access hospitals reported outpatient knee replacement surgeries in 2024 (**Table 48**). Rates of SSI following outpatient knee replacement surgery were suppressed or not available for all, and comparisons to the national baseline were not available. Two critical access hospitals reported a rate of SSI following outpatient knee replacement surgery that was similar to (not significantly different from) the rate from 2023. Comparison to the rate of SSI following outpatient knee replacement surgery in 2023 was not available for the remaining facilities.

Table 47. Surgical site infections following inpatient knee replacement surgeries in critical access hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of procedures**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Arkansas Valley Regional Medical Center	20	0	N/A	N/A	N/A
Aspen Valley Hospital	114	1	N/A	N/A	NS
East Morgan County Hospital	0	—	—	N/A	N/A
Estes Park Medical Center	13	—	—	N/A	N/A
Family Health West Hospital	45	0	N/A	N/A	N/A
Grand River Medical Center	7	—	—	N/A	N/A
Gunnison Valley Hospital	4	—	—	N/A	N/A
Heart of the Rockies Regional Medical Center	99	1	N/A	N/A	NS
Memorial Hospital	7	—	—	N/A	N/A
Middle Park Medical Center	8	—	—	N/A	N/A

Table 47. Surgical site infections following inpatient knee replacement surgeries in critical access hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of procedures**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Mt. San Rafael Hospital	23	0	N/A	N/A	N/A
Pagosa Springs Medical Center	20	0	N/A	N/A	N/A
Pioneers Medical Center	449	1	0.31	NS	NS
Prowers Medical Center	41	0	N/A	N/A	N/A
Rio Grande Hospital	0	—	—	N/A	N/A
Southwest Memorial Hospital	12	—	—	N/A	N/A
St. Thomas More Hospital	136	0	N/A	N/A	N/A
UCHealth Pikes Peak Regional Hospital	55	0	N/A	N/A	N/A
Wray Community District Hospital	87	2	N/A	N/A	NS
Yuma District Hospital	21	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 less than one or for suppressed data. Comparison to the rate from 2023 was not available if the rates from 2023 and 2024 were both zero.

Table 48. Surgical site infections following outpatient knee replacement surgeries in critical access hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2023
Aspen Valley Hospital	90	1	N/A	N/A	NS
Estes Park Medical Center	3	—	—	N/A	N/A
Family Health West Hospital	3	—	—	N/A	N/A
Grand River Medical Center	2	—	—	N/A	N/A
Gunnison Valley Hospital	33	0	N/A	N/A	N/A
Melissa Memorial Hospital	10	—	—	N/A	N/A
Memorial Hospital	1	—	—	N/A	N/A

Table 48. Surgical site infections following outpatient knee replacement surgeries in critical access hospitals — Colorado, Jan. 1, 2024 - Dec. 31, 2024					
Facility name	**Number of procedures**	**Number of infections**	**SIR**	**National comparison**	**Comparison to 2023**
Pagosa Springs Medical Center	1	—	—	N/A	N/A
Pioneers Medical Center	8	—	—	N/A	N/A
Prowers Medical Center	1	—	—	N/A	N/A
Rio Grande Hospital	18	—	—	N/A	N/A
Southwest Memorial Hospital	45	1	N/A	N/A	NS
St. Thomas More Hospital	3	—	—	N/A	N/A
UCHealth Pikes Peak Regional Hospital	1	—	—	N/A	N/A
Wray Community District Hospital	1	—	—	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 less than one or for suppressed data. Comparison to the rate from 2023 was not available if the rates from 2023 and 2024 were both zero.

Ambulatory surgery centers

Twenty-eight ambulatory surgery centers reported performing knee replacement surgeries in 2024 (**Table 49**). Comparison to the rate of SSI following outpatient knee replacement surgery to the national baseline was suppressed or not available. One ambulatory surgery center reported a rate of SSI following knee replacement surgery that was higher (worse) than the rate from 2023. Six reported a rate that was similar to (not significantly different from) the rate from 2023. Comparison to the rate of SSI following outpatient knee replacement surgery to the rate from 2023 was not available for the remaining facilities.

Table 49. Surgical site infections following knee replacement surgeries in ambulatory surgery centers — Colorado, Jan. 1, 2024 - Dec. 31, 2024

Facility name	Number of procedures	Number of infections	SIR	National comparison	Comparison to 2023
Audubon ASC at St. Francis	162	0	N/A	N/A	N/A
Audubon Ambulatory Surgery Center	74	0	N/A	N/A	N/A
Black Canyon Surgical Center, LLC	8	—	—	—	N/A
Boulder Surgery Center	106	0	N/A	N/A	N/A
Canyon View Surgery Center	37	0	N/A	N/A	N/A

Castle Rock Surgicenter, LLC	179	0	N/A	N/A	N/A
Crown Point Surgery Center	83	0	N/A	N/A	N/A
Denver Surgery Center	44	0	N/A	N/A	N/A
Dillon Surgery Center	96	1	N/A	N/A	NS
Grand Valley Surgical Center, LLC	4	—	—	—	N/A
Kaiser Permanente Ambulatory Surg. Ctr. Lone Tree	186	3	N/A	N/A	Worse
Lincoln Surgery Center, LLC	78	0	N/A	N/A	N/A
Loveland Surgery Center	2	—	—	—	N/A
Midtown Surgical Center	31	0	N/A	N/A	N/A
Mountain Vista Orthopaedic Surgery Center, LLC	10	—	—	—	N/A
North Metro Surgery Center	1	—	—	—	N/A
OCC Surgery Center at Inverness	547	4	N/A	N/A	NS

OCR Fort Collins Surgery Center	377	0	N/A	N/A	N/A
OCR Loveland Surgery Center	584	4	N/A	N/A	NS
Orthopaedic and Spine Center of Southern Colorado	244	1	N/A	N/A	NS
Rocky Mountain Surgery Center, LLC	107	2	N/A	N/A	NS
Rose Surgical Center	25	0	N/A	N/A	N/A
South Denver Surgery Center	33	0	N/A	N/A	N/A
Steadman Philippon Surgery Center	88	0	N/A	N/A	N/A
Steamboat Surgery Center	67	0	N/A	N/A	N/A
Surgical Center of The Rockies	70	1	N/A	N/A	NS
Vail Valley Surgery Center	6	—	—	—	N/A
Vail Valley Surgery Center Edwards	359	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 less than one or for suppressed data. Comparison to the rate from 2023 was not available if the rates from 2023 and 2024 were both zero.

References

1. Magill SS, O'Leary EO, Janelle SJ, et al. Changes in Prevalence of Health Care–Associated Infections in U.S. Hospitals. N Engl J Med 2018;379:1732-44.
2. CDC. Antibiotic Resistance & Patient Safety Portal: 2022 National and State Healthcare-Associated Infections (HAI) Progress Report. Available at: https://arpsp.cdc.gov/profile/national-progress-2022/united-states (Accessed May 7, 2024).
3. Colorado General Assembly. Hospital-Acquired Infections Disclosure. Colorado Revised Statutes §§25-3-601-§§25-3-607. Available at: https://leg.colorado.gov/agencies/office-legislative-legal-services/colorado-revised-statutes (Accessed May 7, 2024).
4. CDC. National Healthcare Safety Network (NHSN). Available at https://www.cdc.gov/nhsn/index.html (Accessed June 7, 2023).
5. Colorado Department of Public Health and Environment. Healthcare-Associated Infections Reportable Conditions. Available at: https://cdphe.colorado.gov/hai-professionals (Accessed June 7, 2023).
6. Passaretti, CL, Barclay, P, Pronovost, P, Perl TM. Public reporting of health care-associated infections: approach for choosing HAI measures. Infect Control and Hosp Epidemiol 2011;32(8):768-774.
7. CDC. 2025 Patient Safety Component Manual. Available at: https://www.cdc.gov/nhsn/psc/index.html (Accessed June 9, 2025).
8. CDC. Catheter-associated Urinary Tract Infection Basics. Available at https://www.cdc.gov/uti/about/cauti-basics.html (Accessed June 9, 2025).

9. CDC. Central Line-associated Bloodstream Infection (CLABSI) Basics. Available at: https://www.cdc.gov/clabsi/about/index.html (Accessed June 9, 2025).
10. CDC. About *C. diff*. Available at: https://www.cdc.gov/c-diff/about/ (Accessed June 9, 2025).
11. CDC. Infections and Patients on Dialysis. Available at: https://www.cdc.gov/dialysis-safety/about/ (Accessed June 9, 2025).
12. CDC. 2025 Dialysis Event Protocol. Available at: https://www.cdc.gov/nhsn/dialysis/event/index.html (Accessed June 9, 2025).
13. CDC. Surgical Site Infection Basics. Available at: https://www.cdc.gov/surgical-site-infections/about/ (Accessed June 9, 2025).
14. CDC. NHSN's Guide to the SIR (2015 Baseline). Available at: https://www.cdc.gov/nhsn/ps-analysis-resources/reference-guides.html (Accessed June 9, 2025).

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 over time, recorded as a total sum for the time period.

Rate: An expression of the frequency with which an event occurs among a defined population and specific time period. The HAI Annual Report also refers to the Standardized Infection Ratio (SIR) as a risk-adjusted rate.

Risk: The probability that an adverse event will occur in one population relative to, or compared to, another (e.g., the probability that a patient in a health care facility will get a HAI relative to that of patients in similar health care facilities elsewhere). Risk may be higher, lower, or similar to the reference population.

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 (e.g., the national baseline).

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, sometimes referred to as a rate in the HAI Annual Report. 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, a 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 CDPHE's website 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 CDC's acute care hospital NHSN webpage.

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 CDC's ambulatory surgery center NHSN 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 found on CDC's critical access hospital NHSN webpage.

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

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 CDC's inpatient rehabilitation facility NHSN webpage.

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 CDC's long-term acute care hospital NHSN webpage.

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, a 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 NHSN's Guide to the SIR.[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.