## New Mexico Healthcare-associated Infections Annual Report for 2018

#### **Facility-specific Addendum**

The information presented here supplements the New Mexico Healthcare-associated Infections Annual Report prepared by the New Mexico Healthcare-associated Infections Advisory Committee and released July 2018. The report is available at <a href="http://nmhealth.org/go/hai">http://nmhealth.org/go/hai</a>.

Facility-specific healthcare-associated infection data can be used in your conversations with your healthcare providers to discuss what is being done to protect your health and what prevention steps you can also take.

The data included in this report are for 2016 and 2017 only, previous versions of this report included four years of data. The National Healthcare Safety Network (NHSN)—the Centers for Disease Control and Prevention (CDC) national healthcare-associated infections (HAI) electronic tracking system—reset the national baseline in 2015, meaning that the target standardized infection ratio (SIR) was changed using updated infection data and risk adjustment methodology. Previously calculated SIRs had different baseline years for each infection and facility type; therefore, the SIRs from previous years cannot be directly compared to the SIRs calculated using the updated baseline. Because the risk adjustment models used to calculate SIRs with 2015 baseline data differ for acute care hospitals and critical access hopitals, and are reported separately by NHSN, the data are presented here in separate tables.

The 2017 data in all tables reflect a snapshot of data available in NHSN as of May 25, 2018.

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Table 7: Healthcare personnel (HCP) influenza vaccination rates for facilities participating in voluntary NM HCP influenza vaccination data submission for the 2016-2017 through 2013-2014 seasons, current NM statewide aggregate rate for this group, and national goals

Table 1: Acute care hospital adult and/or pediatric intensive care unit (ICU) central line-associated bloodstream infection (CLABSI) reporting, with or without standardized infection ratios (SIRs) This table shows the observed and predicted CLABSIs for all acute care hospitals which reported ICU data for January through December 2017. Where NHSN predicted less than one CLABSI, a SIR is not calculated.

Acute Care Hospital	Number of units in SIR calculation	of CLABSIs	Number of CLABSIs predicted by NHSN calculation*	Facility ICU- only SIR <sup>†</sup>	95% confidence interval <sup>‡</sup>	Comparison between facility ICU SIR and NHSN SIR (1.0) <sup>§</sup>
Alta Vista Regional H	ospital					
2017	1	0	0.06	NC	Not applicable	Not applicable
2016	1	0	0.05	NC	Not applicable	Not applicable
Carlsbad Medical Ce	nter					
2017	1	0	0.07	NC	Not applicable	Not applicable
2016	1	0	0.17	NC	Not applicable	Not applicable
CHRISTUS St. Vince	nt Regional M	ledical Cente	r			

2017	1	4	1.34	2.97	0.94 7.16	No different				
2016	1	7	1.65	4.24	1.85 8.39	Worse				
Eastern New Mexico Medical Center										
2017	1	0	0.43	NC	Not applicable Not applicable					
2016	1	0	0.12	NC	Not applicabl	e Not applicable				
Gerald Champion Re	gional Medica	al Center								
2017	1	0	0.57	NC	Not applicabl	e Not applicable				
2016	1	1	0.58	NC	Not applicabl	e Not applicable				

Acute Care Hospital	Number of units in SIR calculation	Number of CLABSIs observed by the facility	Number of CLABSIs predicted by NHSN calculation*	Facility ICU- only SIR <sup>†</sup>	95% confidence interval <sup>‡</sup>		Comparison between facility ICU SIR and NHSN SIR (1.0)§
Gila Regional Medica	al Center						
2017	1	0	0.11	NC	Not app	licable	Not applicable
2016	1	0	0.05	NC	Not app	licable	Not applicable
Heart Hospital of Nev	w Mexico at Lo	ovelace Medi	cal Center				
2017	1	0	1.86	0.0	NC	1.60	No different
2016	1	2	1.97	1.01	0.17	3.35	No different
Lea Regional Medica	l Center						
2017	1	0	0.16	NC	Not app	licable	Not applicable
2016	1	0	0.09	NC	Not app	licable	Not applicable
Los Alamos Medical	Center						
2017	1	0	0.03	NC	Not applicable		Not applicable
2016	1	0	0.01	NC	Not applicable		Not applicable
Lovelace Regional Hospital - Roswell							
2017	1	0	0.04	NC	Not app	licable	Not applicable
2016	1	0	0.2	NC	Not app	licable	Not applicable
Lovelace Medical Ce	nter						
2017	1	2	3.00	0.66	0.11	2.19	No different
2016	1	6	4.15	1.44	0.58	3.00	No different
Lovelace Westside H	lospital						
2017	1	0	0.24	NC	Not ap	plicable	Not applicable
2016	1	0	0.15	NC	Not ap	plicable	Not applicable
Lovelace Women's H	lospital						
2017	1	1	0.43	NC	Not ap	plicable	Not applicable
2016	1	1	0.53	NC	Not ap	plicable	Not applicable
Memorial Medical Ce	enter						
2017	1	0	2.92	0.0	NC	1.02	No different
2016	1	0	3.09	0.00	0.04	0.96	★Better
Mountain View Region	nal Medical C	enter					
2017	1	2	3.26	0.61	0.10	2.02	No different

2016	1	5	2.92	1.70	0.62	3.78	No different		
Northern Navajo Medical Center									
2017	1	0	0.09	NC	Not applicable		Not applicable		
2016	1	0	0.04	NC	Not applicable		Not applicable		

Acute Care Hospital	Number of units in SIR calculation	Number of CLABSIs observed by the facility	Number of CLABSIs predicted by NHSN calculation*	Facility ICU- only SIR <sup>†</sup>	95% confidence interval <sup>‡</sup>		Comparison between facility ICU SIR and NHSN SIR (1.0)§
Plains Regional Med	ical Center						
2017	1	1	0.13	NC	Not app	plicable	Not applicable
2016	1	0	0.11	NC	Not app	plicable	Not applicable
Presbyterian Espano	la Hospital						
2017	1	1	0.36	NC	Not app	plicable	Not applicable
2016	1	0	0.42	NC	Not ap	plicable	Not applicable
Presbyterian Healthc	are Services						
2017	3	15	8.02	1.87	1.08	3.01	Worse
2016	3	16	9.73	1.64	0.97	2.61	No different
Presbyterian Rust Me	edical Center						
2017	1	1	1.10	0.90	0.04	4.46	No different
2016	1	3	1.05	2.84	0.72	7.74	No different
Rehoboth McKinley Christian Health Care Services							
2017	1	0	0.07	NC	Not applicable		Not applicable
2016	1	0	0.09	NC	Not app	plicable	Not applicable
Roosevelt General H	ospital						
2017	1	0	0.00	NC	Not app	plicable	Not applicable
2016	1	0	0.00	NC	Not app	plicable	Not applicable
San Juan Regional M	ledical Center	ſ					
2017	1	1	1.21	0.82	0.04	4.07	No different
2016	1	0	1.44	0.00	NC	2.07	No different
University of New Me	xico Hospital					<b>'</b>	,
2017	4	10	14.37	0.69	0.35	1.24	No different
2016	4	13	16.19	0.80	0.44	1.33	No different
University of New Me	xico Sandova	l Regional M	edical Center				•
2017	1	1	0.51	NC	Not ap	plicable	Not applicable
2016	1	0	0.62	NC	Not ap	plicable	Not applicable
New Mexico Acute	Care Hospita	Statewide A	Aggregate				•
2017	30	40	41.89	0.95	0.69	1.28	No different
2016	30	55	45.49	1.20	0.92	1.56	No different

Table 1a: Critical access hospital adult and/or pediatric intensive care unit (ICU) central line-associated bloodstream infection (CLABSI) reporting, with or without standardized infection ratios (SIRs) This table shows the observed and predicted CLABSIs for all critical access hospitals which reported ICU data for January through December 2017. Where NHSN predicted less than one CLABSI, a SIR is not calculated.

Critical Access Hospital	Number of units in SIR calculation	of CLABSIs	Number of CLABSIs predicted by NHSN calculation	Facility ICU- only SIR <sup>†</sup>	95% confidence interval <sup>‡</sup>	Comparison between facility ICU SIR and NHSN SIR (1.0)§	
Cibola General Hospital							
2017	1	0	0.00	NC	Not applicable	Not applicable	
2016	1	0	0.13	NC	Not applicable	Not applicable	
Holy Cross Hospital							
2017	1	0	0.01	NC	Not applicable	Not applicable	
2016	1	1	0.13	NC	Not applicable	Not applicable	
Lincoln County Medi	cal Center						
2017	1	0	0.01	NC	Not applicable	Not applicable	
2016	1	0	0.00	NC	Not applicable	Not applicable	
Mimbres Memorial Ho	ospital						
2017	1	0	0.02	NC	Not applicable	Not applicable	
2016	1	0	0.00	NC	Not applicable	Not applicable	
Miners' Colfax Medica	al Center						
2017	1	0	0.00	NC	Not applicable	Not applicable	
2016	1	0	0.00	NC	Not applicable	Not applicable	
<b>New Mexico Critical</b>		oital Aggrega	ite				
2017	5	0	0.09	NC	Not applicable	Not applicable	
2016	3	1	0.12	NC	Not applicable	Not applicable	

CLABSI = central line-associated bloodstream infection

bloodstream infection ICU = intensive care unit sty Network SIR = standardized infection ratio

NHSN = National Healthcare Safety Network

NC = Not calculated. In alignment with reporting standards followed by NHSN and CDC, facilities with less than one predicted infection does not have an SIR calculated (NC) due to reduced reliability of data. The lower bound of the 95% confidence interval is not calculated (NC) when the observed infections equal zero.

<sup>\*</sup> Calculated from 2015 baseline CLABSI data for corresponding location type and central line days.

<sup>&</sup>lt;sup>†</sup>The SIR is a summary statistic used to compare the healthcare-associated infection (HAI) experience of a particular group to a reference population (i.e., NHSN 2015 baseline). The SIR calculation is based on dividing the total number of observed CLABSI events by a "predicted" number of events using the CLABSI rates from the reference population.

<sup>&</sup>lt;sup>‡</sup> The confidence interval indicates that 95% of the time, the true value of the SIR lies somewhere between the upper and lower limits of this range. When the SIR is near zero or equal to zero, the lower bound of the 95% confidence interval is not calculated, therefore shown as "NC."

\$Comparison to the NHSN SIR (i.e., the national reference population) is based on a 95% confidence interval. When the confidence interval includes 1.0 it is not considered statistically significant, therefore categorized as "no different" and indicated by a green square. When the confidence interval does not include 1.0 it is considered statistically significant. When the confidence interval is less than 1.0 the categorization is "better" than the national reference population, indicated by a blue star, and when the confidence interval is greater than 1.0 the categorization is "worse," indicated by an orange circle

Table 2: Neonatal intensive care unit (NICU) central line-associated bloodstream infection (CLABSI) facility-specific reporting, with or without standardized infection ratios (SIRs)

This table shows the observed and predicted CLABSIs for all facilities which submitted NICU CLABSI data for January through December 2017. For facilities where NHSN predicted less than one CLABSI, a SIR is not calculated.

Facility	Number of units in SIR calculation		Number of CLABSIs predicted by NHSN calculation	Facility NICU- only SIR <sup>†</sup>	95% confidence interval <sup>‡</sup>		Comparison between facility NICU SIR and NHSN SIR (1.0)§	
Carlsbad Medical Ce	enter				1			
2017	1	0	0.00	NC		olicable	Not applicable	
2016	1	0	0.00	NC	Not app	olicable	Not applicable	
Lovelace Women's H	Hospital				1			
2017	1	1	1.45	0.68	0.34	3.39	No different	
2016	1	0	1.88	0.00	0.15	1.59	No different	
Memorial Medical Ce	Memorial Medical Center							
2017	1	0	0.38	NC	Not applicable		Not applicable	
2016	1	0	0.43	NC	Not app	olicable	Not applicable	
Presbyterian Healtho	care Services							
2017	1	2	3.69	0.54	0.09	1.78	No different	
2016	1	3	3.62	0.82	0.21	2.25	No different	
Presbyterian Rust M	edical Center							
2017	1	0	0	NC	Not app	licable	Not applicable	
2016	1	0	0.00	NC	Not app	licable	Not applicable	
University of New Me	exico Hospital							
2017	1	3	2.64	1.13	0.28	3.09	No different	
2016	1	3	3.69	0.81	0.20	2.20	No different	
<b>New Mexico Acute</b>	Care Hospita	I Aggregate						
2017	6	6	8.18	0.73	0.29	1.52	No different	
2016	6	6	9.64	0.62	0.25	1.29	No different	

CLABSI = central line-associated bloodstream infection

NHSN = National Healthcare Safety Network

NICU = neonatal intensive care unit SIR = standardized infection ratio

NC = Not calculated. In alignment with reporting standards followed by NHSN and CDC, facilities with less than one predicted infection do not have an SIR calculated (NC) due to reduced reliability of data. The lower bound of the 95% confidence interval is not calculated (NC) when the observed infections equal zero.

<sup>\*</sup>Calculated from 2015 NHSN baseline CLABSI data for corresponding location type and central line days.

<sup>&</sup>lt;sup>†</sup>The SIR is a summary statistic used to compare the healthcare-associated infection (HAI) experience of a particular group to a reference population (i.e., NHSN 2015 baseline). The SIR calculation is based on dividing the total number of observed CLABSI events by a "predicted" number of events using the CLABSI rates from the reference population.

<sup>&</sup>lt;sup>‡</sup> The confidence interval indicates that 95% of the time, the true value of the SIR lies somewhere between the upper and lower limits of this range. When the SIR is near zero or equal to zero, the lower bound of the 95% confidence interval is not calculated, therefore shown as "NC."

§Comparison to the NHSN SIR (i.e., the national reference population) is based on a 95% confidence interval. When the confidence interval includes 1.0 it is not considered statistically significant, therefore categorized as "no different" and indicated by a green square. When the confidence interval does not include 1.0 it is considered statistically significant. When the confidence interval is less than 1.0 the categorization is "better" than the national reference population, indicated by a blue star, and when the confidence interval is greater than 1.0 the categorization is "worse," indicated by an orange circle.

Table 3: Acute care hospital non-intensive care unit (non-ICU) ward central line-associated bloodstream infection (CLABSI) facility-specific reporting, with or without standardized infection ratios (SIRs)

This table shows the observed and predicted CLABSIs for acute care hospitals which reported non-ICU CLABSI data for January through December 2017. For facilities where NHSN predicted less than one CLABSI, a SIR is not calculated.

Acute Care Hospital	Number of units in SIR calculation	Number of CLABSIs observed by the facility	Number of CLABSIS predicted by NHSN calculation	Facility non- ICU SIR <sup>†</sup>	95% confidence interval <sup>‡</sup>	Comparison between facility non-ICU SIR and NHSN SIR (1.0)§	
Alta Vista							
2017	1	0	0.05	NC	Not applicable	Not applicable	
2016	1	0	0.03	NC	Not applicable	Not applicable	
Artesia General	1				I		
2017	2	0	0.10	NC	Not applicable	Not applicable	
2016	1	0	0.06	NC	Not applicable	Not applicable	
Carlsbad Medical Ce	enter						
2017	1	0	0.13	NC	Not applicable	Not applicable	
2016	1	0	0.14	NC	Not applicable	Not applicable	
CHRISTUS St. Vincent Regional Medical Center							
2017	6	1	1.00	0.99	0.05 4.92	No different	
2016	7	1	0.36	NC	Not applicable	Not applicable	
Eastern New Mexico	Medical Cen	iter					
2017	1	0	0.31	NC	Not applicable	Not applicable	
2016	1	0	0.09	NC	Not applicable	Not applicable	
Gerald Champion Re	egional Medic	al Center					
2017	2	0	0.47	NC	Not applicable	Not applicable	
2016	2	0	0.51	NC	Not applicable	Not applicable	
Guadalupe County F	lospital			l			
2017	1	0	0.00	NC	Not applicable	Not applicable	
2016	1	0	0.00	NC	Not applicable	Not applicable	
Heart Hospital of Ne	w Mexico at L	ovelace Med	ical Center				
2017	1	0	0.95	NC	Not applicable	Not applicable	
2016	1	0	0.61	NC	Not applicable	Not applicable	
Lea Regional Medica	al Center						
2017	1	0	0.16	NC	Not applicable	Not applicable	
2016	1	0	0.09	NC	Not applicable	Not applicable	
Lovelace Regional H	lospital- Rosv	vell		•	•		

2017	2	0	0.11	NC	Not app	licable	Not applicable
2016	2	0	0.11	NC NC	Not app		Not applicable
Lovelace Medical Ce		U	0.12	NC	Ινοι αρμ	nicabie	110t applicable
2017	5	0	3.71	0.00	NC	0.80	<b>★</b> Detter
2016	5				0.36	2.22	▼Better  No different
Lovelace Westside H		5	4.97	1.00	0.30	2.22	No different
2017	4	0	0.22	NC	Not app	licable	Not applicable
2016	3	0	0.21	NC	Not app		Not applicable
			0.21	110			
Acute Care Hospital	Number of units in SIR calculation	Number of CLABSIs observed by the facility	Number of CLABSIs predicted by NHSN calculation	Facilit non- ICU SIR <sup>†</sup>	95% confidence interval <sup>‡</sup>		Comparison between facility non-ICU SIR and NHSN SIR (1.0)§
Lovelace Women's H					NI. t	Park I.	Nist and Proble
2017	1	0	0.38	NC	Not applicable  Not applicable		Not applicable
2016	1 1	0	0.48	NC	Not app	licable	Not applicable
Memorial Medical Co 2017	enter 2	2	2.11	0.94	0.15	3.13	No different
2016	2	0	1.67	0.00	0.13	1.78	No different
Mountain View Regi	<u> </u>		1.07	0.00	0.10	1.70	No different
-			4.50	4.00	0.00	4.00	<b>N</b> 1 1277
2017	3	2	1.50	1.32	0.22	4.38	No different
2016	2	3	1.33	2.24	0.57	6.12	No different
Northern Navajo Me		0	0.00	NO	NIst su	-1:1-	Nint number bla
2017	2	0	0.28	NC		olicable	Not applicable
2016	3	0	0.24	NC	Not app	olicable	Not applicable
Plains Regional Med		4	0.07	NO	Nictor	. P l. l .	Nick confortion
2017	5	1	0.27	NC		olicable	Not applicable
2016	5	0	0.30	NC	Not app	olicable	Not applicable
Presbyterian Espand							NI ( P II
2017	1	0	0.38	NC		olicable	Not applicable
2016	1	0	0.52	NC	Not app	olicable	Not applicable
Presbyterian Health		1					
2017	9	3	3.27	0.91	0.23	2.49	No different
2016	9	13	9.48	1.37	0.76	2.28	No different
Presbyterian Rust M		1			I		
2017	2	0	0	NC		olicable	Not applicable
2016	2	0	0	NC	Not app	olicable	Not applicable
Rehoboth McKinley					l		
2017	1	0	0.30	NC		olicable	Not applicable
2016	1	0	0.30	NC	Not app	olicable	Not applicable
Roosevelt General F					1		
2017	1	0	0.00	NC		olicable	Not applicable
2016	1	0	0.00	NC	Not applicable		Not applicable
San Juan Regional N	Medical Cente		T				_
2017	1	0	1.31	0.00	NC	2.28	No different
2016	1	1	1.47	0.67	0.03	3.34	No different
University of New Mo	exico Hospita	l					

2017	7	8	14.10	0.56	0.26	1.07	No different			
	,	0								
2016	11	14	14.68	0.95	0.54	1.56	No different			
University of New Mexico Sandoval Regional Medical Center										
2017	1	0	0.81	NC	Not app	licable	Not applicable			
2016	2	0	0.64	NC	Not app	licable	Not applicable			
New Mexico Acute	New Mexico Acute Care Hopital Aggregate									
2017	55	17	34.37	0.49	0.29	0.77	★Better			
2016	66	37	39.29	0.94	0.673	1.28	No different			

Table 3a: Critical access hospital non-intensive care unit (non-ICU) central line-associated bloodstream infection (CLABSI) facility-specific reporting, with or without standardized infection ratios (SIRs)This table shows the observed and predicted CLABSIs for critical access hospitals which reported non-ICU CLABSI data for January through December 2016. For facilities where NHSN predicted less than one CLABSI, a SIR is not calculated.

Critical Acess Hospital	Number of units in SIR calculation	Number of CLABSIs observed by the facility	Number of CLABSIs predicted by NHSN calculation	Facility non- ICU SIR <sup>†</sup>	95% confidence interval <sup>‡</sup>	Comparison between facility non-ICU SIR and NHSN SIR (1.0)§
Cibola General Hosp	oital					
2017	1	0	0.03	NC	Not applicable	Not applicable
Dr. Dan C. Trigg Me	morial Hospit	al				
2017	1	0	0.02	NC	Not applicable	Not applicable
2016	1	0	0.02	NC	Not applicable	Not applicable
Holy Cross Hospital	<u>.</u>					
2017	1	0	0.01	NC	Not applicable	Not applicable
Miners Colfax						
2017	2	0	0.00	NC	Not applicable	Not applicable
2016	1	0	0.00	NC	Not applicable	Not applicable
Nor-Lea General Ho	spital					
2017	1	0	0.04	NC	Not applicable	Not applicable
2016	1	0	0.03	NC	Not applicable	Not applicable
Sierra Vista Hospital						
2017	1	0	0.00	NC	Not applicable	Not applicable
2016	1	0	0.00	NC	Not applicable	Not applicable
Socorro General Ho	spital					
2017	1	1	0.12	NC	Not applicable	Not applicable
2016	1	0	0.04	NC	Not applicable	Not applicable
New Mexico Critica	I Access Ho	spital Aggre	gate			
2017	9	1	0.30	NC	Not applicable	Not applicable
2016	5	0	0.12	NC	Not applicable	Not applicable

CLABSI = central line-associated bloodstream infection NHSN = National Healthcare Safety Network

ICU = intensive care unit SIR = standardized infection ratio

NC = Not calculated. In alignment with reporting standards followed by NHSN and CDC, facilities with less than one predicted infection do not have an SIR calculated (NC) due to reduced reliability of data. The lower bound of the 95% confidence interval is not calculated (NC) when the observed infections equal zero.

<sup>\*</sup>Calculated from 2015 baseline NHSN CLABSI data for corresponding location type and central line days.

<sup>†</sup>The SIR is a summary statistic used to compare the healthcare-associated infection (HAI) experience of a particular group to a reference population (i.e., NHSN 2015 data). The SIR calculation is based on dividing the total number of observed CLABSI events by a "predicted" number of events using the CLABSI rates from the reference population.

<sup>‡</sup> The confidence interval indicates that 95% of the time, the true value of the SIR lies somewhere between the upper and lower limits of this range. When the SIR is near zero or equal to zero, the lower bound of the 95% confidence interval is not calculated, therefore shown as "NC."

§Comparison to the NHSN SIR (i.e., the national reference population) is based on a 95% confidence interval. When the confidence interval includes 1.0 it is not considered statistically significant, therefore categorized as "no different" and indicated by a green square. When the confidence interval does not include 1.0 it is considered statistically significant. When the confidence interval is less than 1.0 the categorization is "better" than the national reference population, indicated by a blue star, and when the confidence interval is greater than 1.0 the categorization is "worse," indicated by an orange circle.

Table 4: Acute care hospital facility-wide inpatient laboratory-identified *Clostridium difficile* infections (CDI)

This table shows the number of infections identified through positive laboratory tests of inpatients with healthcare facility-onset (HO) infections (i.e., positive tests on specimens collected more than three days after admission) for 2017 from January through December.

Acute Care Hospital	Number of hospital- onset CDI events observed	Number of events predicted by NHSN calculation	Facility SIR <sup>†</sup>	95% confidence interval <sup>‡</sup> lower upper		Comparison between facility SIR and NHSN SIR (1.0) <sup>§</sup>
Alla Mata Basin addition its	by facility	*		lower	upper	
Alta Vista Regional Hospital			0.40	0.00	0.44	
2017	1	2.03	0.49	0.02	2.41	No different
2016	2	2.31	0.86	0.14	2.85	No different
Artesia General Hospital						
2017	0	0.51	NC		plicable	Not applicable
2016	1	0.70	NC	Not ap	plicable	Not applicable
Carlsbad Medical Center						
2017	2	3.39	0.58	0.09	1.94	No different
2016	6	4.89	1.22	0.49	2.54	No different
CHRISTUS St. Vincent Regional N	Medical Cente	r				
2017	17	27.13	0.62	0.37	0.98	★Better
2016	29	28.90	0.96	0.68	1.42	No different
Eastern New Mexico Medical Cen	ter					
2017	6	12.21	0.49	0.19	1.02	No different
2016	10	13.80	0.30	0.36	1.29	No different
Gerald Champion Regional Medic	al Center	'				
2017	17	8.96	1.89	1.14	2.97	Worse
2016	13	7.91	1.62	0.91	2.73	No different
Gila Regional Medical Center						
2017	7	2.60	2.69	1.17	5.32	Worse
2016	0	3.69	0	NC	0.81	★Better
Guadalupe County Hospital						/ Bollo
2017	0	0.14	NC	Not a	oplicable	Not applicable
2016	1	0.11	NC		oplicable	Not applicable
Heart Hospital of NM at Lovelace	Medical Cente				•	
2017	11	6.57	1.67	0.88	2.90	No different
2016	8	7.08	1.12	0.52	2.14	No different
Lea Regional Medical Center						
2017	0	2.36	0	NC	1.2	No different
2016	0	2.46	0	NC	1.21	No different
Los Alamos Medical Center		_	· · · · · · · · · · · · · · · · · · ·	_		
2017	2	0.86	NC	Not a	oplicable	Not applicable
2016	4	1.20	3.327	1.05	8.02	Worse
		-				

Acute Care Hospital	Number of hospital- onset CDI events observed	Number of events predicted by NHSN calculation	Facility SIR <sup>†</sup>	95% confidence interval <sup>‡</sup>		Comparison between facility SIR and NHSN SIR (1.0) §
	by facility	*		lower	upper	
Lovelace Medical Center						
2017	33	31.22	1.05	0.74	1.46	No different
2016	56	38.63	1.44	1.10	1.18	Worse
Lovelace Regional Hospital  Rosv						
2017	1	1.39	0.71	0.03	3.54	No different
2016	0	1.28	0	NC	2.32	No different
Lovelace Westside Hospital						
2017	2	5.12	0.39	0.06	1.29	No different
2016	6	7.46	0.80	0.326	1.67	No different
Lovelace Women's Hospital						
2017	11	12.48	0.88	0.46	1.53	No different
2016	6	11.56	0.51	0.21	1.07	No different
Memorial Medical Center						
2017	27	29.37	0.91	0.61	1.31	No different
2016	18	26.36	0.68	0.41	1.05	No different
Mountain View Regional Medical C	Center					
2017	34	37.13	0.91	0.64	1.26	No different
2016	37	36.20	1.02	0.73	1.39	No different
Northern Navajo Medical Center	<u>                                     </u>	I				
2017	2	4.38	0.45	0.76	1.50	No different
2016	3	3.42	0.87	0.22	2.38	No different
Plains Regional Medical Center						
2017	3	5.83	0.51	0.13	1.39	No different
2016	6	6.33	0.94	0.38	1.96	No different
Presbyterian Espanola Hospital						
2017	5	4.05	1.23	0.45	2.73	No different
2016	2	3.67	0.54	0.09	1.80	No different
Presbyterian Healthcare Services	<u> </u>					—ivo direcent
2017	74	84.32	0.87	0.69	1.09	No different
2016	110	95.65	1.15	0.95	1.38	No different
Presbyterian Kaseman Hospital		33.00	0	0.00		
2016	0	1.82	0	NC	1.63	Not applicable
Presbyterian Rust Medical Center		1.02	<u> </u>		1.00	. Tot applicable
2017	30	23.43	1.28	0.87	1.8	No different
2016	14	23.62	0.53	0.33	0.97	4
			0.00	0.00	0.31	★Better
Rehoboth McKinley Christian Heal 2017	3	5.15	0.58	0.14	1.58	No different
2016	0	4.86	0.00	NC	0.61	A
					3.01	★Better

Acute Care Hospital	Number of hospital- onset CDI events observed by facility	Number of events predicted by NHSN calculation	Facility SIR <sup>†</sup>	conf	5% idence rval <sup>‡</sup> upper	Comparison between facility SIR and NHSN SIR (1.0) <sup>§</sup>			
Roosevelt General Hospital									
2017	0	0.42	NC	Not ap	plicable	Not applicable			
2016	0	0.09	NC	Not ap	plicable	Not applicable			
San Juan Regional Medical Center									
2017	32	31.31	1.02	0.71	1.42	No different			
2016	51	40.60	1.25	0.94	1.63	No different			
University of New Mexico Hospital									
2017	109	97.29	1.12	0.92	1.34	No different			
2016	109	77.15	1.41	1.16	1.69	Worse			
UNM Sandoval Regional Medical (	UNM Sandoval Regional Medical Center								
2017	1	7.50	0.13	0.00	0.65	★Better			
2016	12	6.50	1.84	1.0	3.13	No different			
New Mexico Acute Care Hospital Aggregate									
2017	430	447.28	0.96	0.87	1.05	No different			
2016	505	460.86	1.09	1.00	1.19	Worse			

Table 4a: Critical access hospital facility-wide inpatient laboratory-identified *Clostridium difficile* infections (CDI)

This table shows the number of infections identified through positive laboratory tests of inpatients with healthcare facility-onset (HO) infections (i.e., positive tests on specimens collected more than three days after admission) for 2017 from January through December.

Critical Access Hospital	Number of hospital- onset CDI events observed by facility	Number of events predicted by NHSN calculation	Facility SIR <sup>†</sup>	95% confidence interval <sup>‡</sup> lower upper		Comparison between facility SIR and NHSN SIR (1.0) <sup>§</sup>		
Cibola General Hospital	<u></u>							
2017	1	0.98	NC	Not ap	plicable	Not applicable		
2016	0	1.06	0	NC	2.80	No different		
Dr. Dan C. Trigg Memorial Hospital								
2017	0	0.26	NC	Not a	pplicable	Not applicable		
2016	1	0.23	NC	Not a	pplicable	Not applicable		
Holy Cross Hospital								
2017	0	0.56	NC	Not ap	plicable	Not applicable		
2016	1	1.36	0.73	0.03	3.60	No different		
Lincoln County Medical Center		'						
2017	1	1.49	0.66	0.33	3.28	No different		
2016	1	1.60	0.62	0.03	3.06	No different		
Mimbres Memorial Hospital								
2017	3	1.73	1.72	0.43	4.69	No different		
2016	0	1.45	0	0	2.06	No different		
Miners Colfax Medical Center								
2017	3	1.32	2.26	0.57	6.15	No different		
2016	2	1.16	1.71	0.28	5.65	No different		
Nor Lea General Hospital								
2017	0	0.78	NC	Not a	pplicable	Not applicable		
2016	4	0.87	NC	Not a	pplicable	Not applicable		
Sierra Vista Hospital								
2017	2	0.64	NC	Not ap	plicable	Not applicable		
2016	2	0.886	NC	Not ap	plicable	Not applicable		
Socorro General Hospital								
2017	3	0.99	NC	Not ap	plicable	Not applicable		
2016	0	0.37	NC	Not applicable		Not applicable		
New Mexico Critical Access Hos	pital Aggreg							
2017	14	9.58	1.46	0.83	2.39	No different		
2016	10	6.59	1.51	0.77	2.70	No different		

NHSN = National Healthcare Safety Network

SIR = standardized infection ratio

NC = Not calculated. In alignment with reporting standards followed by NHSN and CDC, facilities with less than one predicted infection do not have an SIR calculated (NC) due to reduced reliability of data. The lower bound of the 95% confidence interval is not calculated (NC) when the observed infections equal zero.

\*Calculated from 2015 NHSN CDI LabID data.

<sup>†</sup>The SIR is a summary statistic used to compare the healthcare-associated infection (HAI) experience of a particular group to a reference population (i.e., NHSN 2015 baseline data). The SIR calculation is based on dividing the total number of observed events by a "predicted" number of events using the rates from the reference population.

<sup>‡</sup> The confidence interval indicates that 95% of the time, the true value of the SIR lies somewhere between the upper and lower limits of this range. When the SIR is near zero or equal to zero, the lower bound of the 95% confidence interval is not calculated, therefore shown as "NC."

§Comparison to the NHSN SIR (i.e., the national reference population) is based on a 95% confidence interval. When the confidence interval includes 1.0 it is not considered statistically significant, therefore categorized as "no different" and indicated by a green square. When the confidence interval does not include 1.0 it is considered statistically significant. When the confidence interval is less than 1.0 the categorization is "better" than the national reference population, indicated by a blue star, and when the confidence interval is greater than 1.0 the categorization is "worse," indicated by an orange circle.

#### Table 5: Acute care hospital facility-wide inpatient laboratory-identified methicillin-resistant Staphylococcus aureus (MRSA) infections

This table shows the number of MRSA infections identified through positive laboratory tests of inpatients with healthcare facility-onset (HO) infections (i.e., positive tests on specimens collected more than three days after admission) for 2017 from January through December.

Acute Care Hospital	Number of hospital- onset MRSA events observed by facility	Number of events predicted by NHSN calculation	Facility SIR <sup>†</sup>		nfidence rval <sup>‡</sup> upper	Comparison between facility SIR and NHSN SIR (1.0) §		
Carlsbad Medical Cente	r							
2017	0	0.22	NC	Not ap	plicable	Not applicable		
2016	0	0.2	NC	Not ap	plicable	Not applicable		
CHRISTUS St. Vincent Re	egional Medica	l Center						
2017	2	1.74	1.14	0.19	3.79	No different		
2016	4	2.23	1.78	0.56	4.30	No different		
Gerald Champion Regio	nal Medical Ce	nter						
2017	1	0.59	NC	Not ap	plicable	Not applicable		
2016	0	0.7	NC	Not ap	plicable	Not applicable		
Guadalupe County Hospital								
2017	0	0.01	NC	Not applicable		Not applicable		
2016	0	0.01	NC	Not applicable		Not applicable		
Heart Hospital of NM at	Lovelace Med	ical Center						
2017	0	0.34	NC	Not applicable		Not applicable		
2016	1	0.5	NC	Not applicable		Not applicable		
Lovelace Medical Cente	r							
2017	0	2.47	0	NC	1.21	No different		
2016	3	2.6	1.11	0.28	3.04	No different		
Lovelace Regional Hospi	tal- Roswell							
2017	0	0.11	NC	Not ap	plicable	Not applicable		
2016	0	0.12	NC	Not ap	plicable	Not applicable		
Lovelace Westside Hosp	ital							
2017	0	0.28	NC	Not ap	plicable	Not applicable		
2016	0	0.25	NC	Not ap	plicable	Not applicable		
Lovelace Women's Hosp	1							
2017	1	1.10	0.90	0.04	4.46	No different		
2016	0	0.90	NC	Not ap	plicable	Not applicable		
Memorial Medical Cent			1	ī				
2017	2	2.03	0.98	0.16	3.25	No different		
2016	1	1.85	0.53	0.02 2.65		No different		
Plains Regional Medical	Center							
2017	0	0.57	NC	Not ap	plicable	Not applicable		
2016	0	0.52	NC	Not ap	plicable	Not applicable		

Presbyterian Espanola Hospital	pplicable pplicable
Fresbyterian Espanoia nospital	
2017 0 0.38 NC Not applicable Not a	pplicable
2016 0 0.41 NC Not applicable Not a	
Presbyterian Healthcare Services	
2017 6 6.49 0.92 0.37 1.92 No	different
2016 6 8.01 0.74 0.30 1.55 No	different
Presbyterian Kaseman Hospital	
2016 0 0.18 NC Not applicable Not a	pplicable
Presbyterian Rust Medical Center	
2017 0 1.75 0.0 NC 1.70 No	different
2016 2 1.4 1.42 0.23 4.71 No	different
Rehoboth McKinley Christian Health Care Services	
2017 0 0.53 NC Not applicable Not a	pplicable
2016 0 0.63 NC Not applicable Not a	pplicable
Roosevelt General Hospital	
2017 0 0.04 NC Not applicable Not a	pplicable
2016 0 0.04 NC Not applicable Not a	pplicable
San Juan Regional Medical Center	
2017 0 1.38 0.0 NC 2.15 No	different
2016 1 1.51 0.66 0.03 3.26 No	different
University of New Mexico Hospital	
2017 3 10.59 0.28 0.07 0.77	Better
	different
UNM Sandoval Regional Medical Center	
2017 0 0.45 NC Not applicable Not a	pplicable
2016 1 0.45 NC Not applicable Not a	pplicable
New Mexico Acute Care Hospital Aggregate	
2017 15 31.15 0.48 0.28 0.77 🛨	Better
	different

#### Table 5a: Critical access hospital facility-wide inpatient laboratory-identified methicillin-resistant Staphylococcus aureus (MRSA) infections

This table shows the number of MRSA infections identified through positive laboratory tests of inpatients with healthcare facility-onset (HO) infections (i.e., positive tests on specimens collected more than three days after admission) for 2017 from January through December

Critical Access Hospital	Number of hospital- onset MRSA events observed by facility	Number of events predicted by NHSN calculation *	Facility SIR <sup>†</sup>	95% confidence interval <sup>‡</sup> lower upper	Comparison between facility SIR and NHSN SIR (1.0) §
Cibola General Hospital			T.		
2017	0	0.05	NC	Not applicable	Not applicable
2016	0	0.06	NC	Not applicable	Not applicable
Dr. Dan C. Trigg Memori	•		1		
2017	0	0.02	NC	Not applicable	Not applicable
2016	0	0.02	NC	Not applicable	Not applicable
Holy Cross Hospital					
2017	0	0.02	NC	Not applicable	Not applicable
2016	0	0.08	NC	Not applicable	Not applicable
Lincoln County Medical	Center				
2017	0	0.10	NC	Not applicable	Not applicable
2016	0	0.2	NC	Not applicable	Not applicable
Miners Colfax Medical C	Center				
2017	0	0.07	NC	Not applicable	Not applicable
2016	0	0.64	NC	Not applicable	Not applicable
Nor Lea General Hospita	al				
2017	0	0.06	NC	Not applicable	Not applicable
2016	0	0.47	NC	Not applicable	Not applicable
New Mexico Critical Aco	cess Hospital A	Aggregate			
2017	0	0.42	NC	Not applicable	Not applicable
2016	0	0.22	NC	Not applicable	Not applicable

NHSN = National Healthcare Safety Network

SIR = standardized infection ratio

NC = Not calculated. In alignment with reporting standards followed by NHSN and CDC, facilities with less than one predicted infection do not have an SIR calculated (NC) due to reduced reliability of data. The lower bound of the 95% confidence interval is not calculated (NC) when the observed infections equal zero.

§Comparison to the NHSN SIR (i.e., the national reference population) is based on a 95% confidence interval. When the confidence interval includes 1.0 it is not considered statistically significant, therefore categorized as "no different" and indicated by a green square. When the confidence interval does not include 1.0 it is considered statistically significant. When the confidence interval is less than 1.0 the categorization is "better" than the national reference population, indicated by a blue star, and when the confidence interval is greater than 1.0 the categorization is "worse," indicated by an orange circle

<sup>\*</sup>Calculated from 2015 NHSN CDI LabID data.

<sup>&</sup>lt;sup>†</sup>The SIR is a summary statistic used to compare the healthcare-associated infection (HAI) experience of a particular group to a reference population (i.e., NHSN 2015 baseline data). The SIR calculation is based on dividing the total number of observed events by a "predicted" number of events using the rates from the reference population.

<sup>&</sup>lt;sup>‡</sup> The confidence interval indicates that 95% of the time, the true value of the SIR lies somewhere between the upper and lower limits of this range. When the SIR is near zero or equal to zero, the lower bound of the 95% confidence interval is not calculated, therefore shown as "NC."

Table: Acute care hospital adult catheter associated urinary tract infection (CAUTI) reporting, with or without standardized infection ratios (SIRs)
This table shows the observed and predicted CAUTIs for all acute care hospitals which reported data for

January through December 2017. Where NHSN predicted less than one CAUTI, a SIR is not calculated.

Facility	Number of units in SIR calculation	Number of CAUTIs observed by the	Number of CAUTIS predicted by NHSN	Facility SIR <sup>†</sup>	95% confidence interval <sup>‡</sup>		Comparison between facility SIR and NHSN
		facility	calculation				SIR (1.0)§
			*		lower	upper	
Carlsbad Medical Ce	enter						
2017	3	0	0.84	NC	Not ap	plicable	Not applicable
2016	3	2	0.99	NC		plicable	Not applicable
Christus St Vincent F	Regional Medi	cal Center					
2017	3	8	6.98	1.14	0.53	2.17	No different
2016	3	7	7.10	0.98	0.43	1.90	No different
Espanola Hospital					I		
2017	2	0	0.77	NC	Not ap	plicable	Not applicable
2016	2	0	0.80	NC		plicable	Not applicable
Gerald Champion Re	egional Medica	al Center					
2017	2	3	1.41	2.12	0.54	5.78	No different
2016	2	7	1.60	4.36	1.90	8.63	Worse
Guadalupe County F	lospital						
2017	1	0	0.53	NC	Not ap	plicable	Not applicable
2016	1	0	0.03	NC	Not applicable		Not applicable
Heart Hospital of NM					<u>'</u>	•	110000
2017	2	4	1.81	2.20	0.70	5.32	No different
2016	2	4	1.88	2.12	0.67	5.11	No different
Lovelace Medical Ce		·	1100				TTO GITTOTOTIC
2017	2	3	5.77	0.52	0.13	1.41	No different
2016	2	5	10.58	0.47	0.17	1.04	No different
Lovelace Westside H				<b>U.</b>	0.27	1	
2017	2	0	0.80	NC	Not ap	plicable	Not applicable
2016	2	0	0.50	NC		plicable	Not applicable
Lovelace Womens H			0.00		11111111		
2017	2	1	2.23	0.44	0.02	2.20	No different
2016	2	5	2.16	2.31	0.84	5.12	No different
Memorial Medical Ce		-					
2017	2	4	5.50	0.72	0.23	1.75	No different
2016	2	10	4.93	2.02	1.02	3.60	Worse
Plains Regional Med							
2017	2	2	1.32	1.50	0.25	4.98	No different
2016	2	1	1.41	0.70	0.03	3.47	No different
Presbyterian Healtho		•		5.7 0	1 0.00		- NO different
2017	3	21	18.29	1.14	0.72	1.72	No different
2016	3	29	19.00	1.52	1.04	2.16	No different
Presbyterian Rust M	_			,			and different
2017	1	1	1.44	0.69	0.03	3.40	No different
2016	1	0	1.18	0.00	NC	2.53	No different
					ı		•

Rehoboth McKinley	Healthcare									
2017	2	0	0.60	NC	Not applicable		Not applicable			
2016	2	0	0.56	NC	Not ap	plicable	Not applicable			
Roosevelt General F	Roosevelt General Hospital									
2017	2	0	0.10	NC	Not app	olicable	Not applicable			
2016	2	0	0.14	NC	Not app	olicable	Not applicable			
Roswell Regional Ho	ospital									
2017	2	0	0.95	NC	Not app	olicable	Not applicable			
2016	2	2	0.77	NC	Not app	olicable	Not applicable			
Sandoval Regional Medical Center										
2017	2	0	1.42	0.00	NC	2.09	No different			
2016	2	2	1.74	1.14	0.19	3.78	No different			
San Juan Regional M	Medical Cente	er								
2017	3	6	3.63	1.65	0.66	3.43	No different			
2016	2	5	4.13	1.20	0.44	2.68	No different			
University of NM Hos	spital									
2017	3	14	14.69	0.95	0.54	1.56	No different			
2016	3	17	15.80	1.07	0.64	1.68	No different			
<b>New Mexico Acute</b>	New Mexico Acute Care Hospital Aggregate									
2017	41	67	68.69	0.97	0.76	1.23	No different			
2016	40	96	75.38	1.27	1.03	1.54	No different			

CAUTI = catheter-associated urinary tract infection NHSN = National Healthcare Safety Network ICU = intensive care unit

SIR = standardized infection ratio

NC = Not calculated. In alignment with reporting standards followed by NHSN and CDC, facilities with less than one predicted infection does not have an SIR calculated (NC) due to reduced reliability of data. The lower bound of the 95% confidence interval is not calculated (NC) when the observed infections equal zero.

### Table: Critical access hospital adult catheter associated urinary tract infection (CAUTI) reporting, with or without standardized infection ratios (SIRs)

This table shows the observed and predicted CAUTIs for all acute care hospitals which reported data for January through December 2017. Where NHSN predicted less than one CAUTI, a SIR is not calculated.

Facility	Number of units in SIR calculation	of CAUTIS	Number of CAUTIS predicted by NHSN calculation	Facility SIR <sup>†</sup>	95% confidence interval <sup>‡</sup>	Comparison between facility SIR and NHSN SIR (1.0)§		
Cibola General Hosp	oital							
2017		0	0.29	NC	Not applicable	Not applicable		
2016		0	0.39	NC	Not applicable	Not applicable		
Dan C Trigg Memori	al Hospital							
2017		0	0.08	NC	Not applicable	Not applicable		
2016		0	0.88	NC	Not applicable	Not applicable		
Holy Cross Medical Center								
2017		0	0.41	NC	Not applicable	Not applicalbe		
2016		1	0.47	NC	Not applicable	Not applicable		

<sup>\*</sup> Calculated from 2015 baseline CAUTI data for corresponding location type and central line days.

<sup>&</sup>lt;sup>†</sup>The SIR is a summary statistic used to compare the healthcare-associated infection (HAI) experience of a particular group to a reference population (i.e., NHSN 2015 baseline). The SIR calculation is based on dividing the total number of observed CAUTI events by a "predicted" number of events using the CAUTI rates from the reference population.

<sup>&</sup>lt;sup>‡</sup> The confidence interval indicates that 95% of the time, the true value of the SIR lies somewhere between the upper and lower limits of this range. When the SIR is near zero or equal to zero, the lower bound of the 95% confidence interval is not calculated, therefore shown as "NC."

Lincoln County Medi	cal Center							
2017		1	2.56	0.39	0.02	1.9	No different	
2016		0	0.14	NC	Not app	licable	Not applicable	
Miners Colfax Medic	al Center							
2017	1	1	0.23	NC	Not applicable No		Not applicable	
2016	1	1	0.21	NC	Not app	olicable	Not applicable	
Nor Lea General Hospital								
2017		0	0.22	NC	Not app	olicable	Not applicable	
2016		0	0.23	NC	Not applicable		Not applicable	
New Mexico Critical Access Hospital Aggregate								
2017		0	0.08	NC	Not app	olicable	Not applicable	
2016		0	0.08	NC	Not app	olicable	Not applicable	

CAUTI = catheter-associated urinary tract infection

ICU = intensive care unit

NHSN = National Healthcare Safety Network

SIR = standardized infection ratio

NC = Not calculated. In alignment with reporting standards followed by NHSN and CDC, facilities with less than one predicted infection does not have an SIR calculated (NC) due to reduced reliability of data. The lower bound of the 95% confidence interval is not calculated (NC) when the observed infections equal zero.

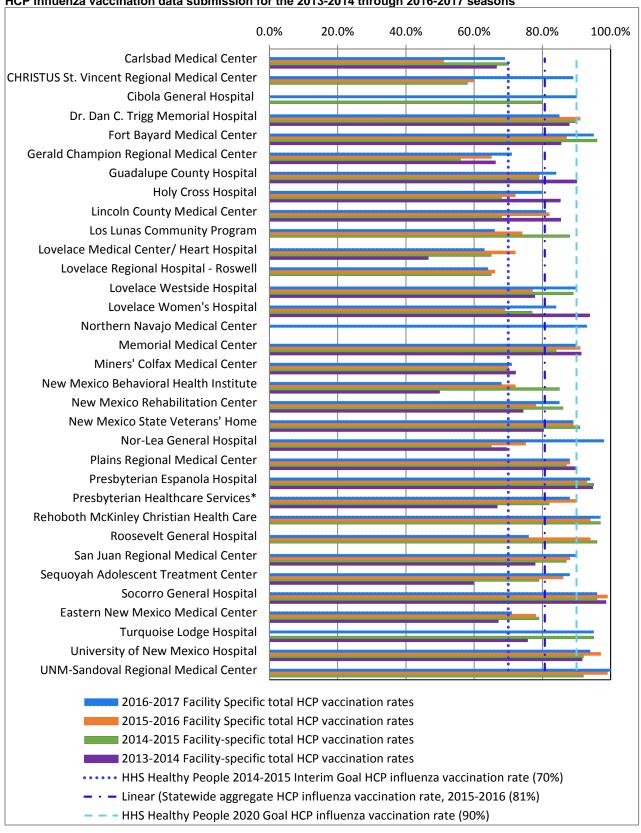
<sup>\*</sup> Calculated from 2015 baseline CAUTI data for corresponding location type and central line days.

<sup>&</sup>lt;sup>†</sup>The SIR is a summary statistic used to compare the healthcare-associated infection (HAI) experience of a particular group to a reference population (i.e., NHSN 2015 baseline). The SIR calculation is based on dividing the total number of observed CAUTI events by a "predicted" number of events using the CAUTI rates from the reference population.

<sup>‡</sup> The confidence interval indicates that 95% of the time, the true value of the SIR lies somewhere between the upper and lower

<sup>&</sup>lt;sup>‡</sup> The confidence interval indicates that 95% of the time, the true value of the SIR lies somewhere between the upper and lower limits of this range. When the SIR is near zero or equal to zero, the lower bound of the 95% confidence interval is not calculated, therefore shown as "NC."

Table 7: Healthcare personnel (HCP) influenza vaccination rates for facilities participating in voluntary NM HCP influenza vaccination data submission for the 2013-2014 through 2016-2017 seasons



<sup>\*</sup>Presbyterian Healthcare Services includes Presbyterian Hospital, Rust Medical Center, and Presbyterian Kaseman Hospital