Washington State Department of HEALTH

Annual Healthcare-Associated Infections Report 2023

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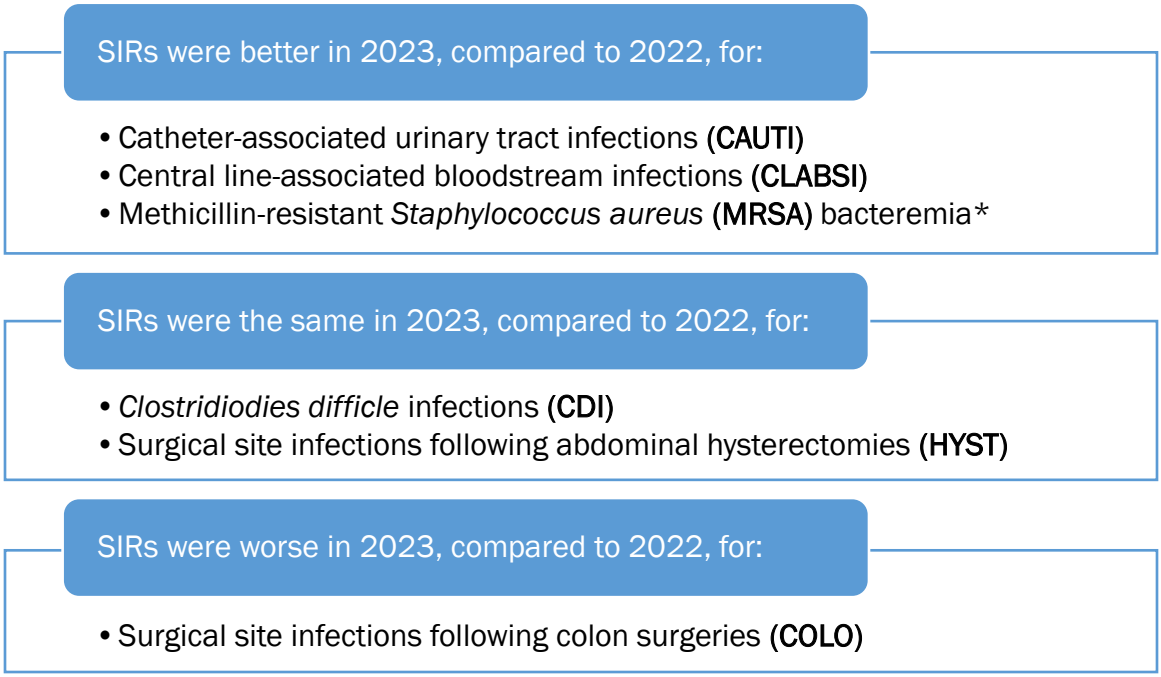
Executive Summary

The Washington State Department of Health (WA DOH) publishes the annual healthcare-associated infection (HAI) report to summarize the performance of Washington acute care hospitals (ACHs) on HAIs during that year. This report contains information on specific HAIs reported to the Centers for Medicare and Medicaid Services (CMS) by ACHs throughout Washington in 2023. It also includes a report of influenza vaccination coverage among healthcare personnel during the 2023-2024 influenza season. The reported data are mandated by CMS and the Washington Administrative Code (WAC) 246-440-100. This report aims to provide data about the quality of hospital care in Washington, monitor prevention progress, and compare HAI incidences to national averages and targets.

In 2023, ACHs made continued strides to reduce the burden of HAIs in Washington. Figure 1 below compares the standardized infection ratios (SIRs) for each HAI in 2022 and 2023.

Figure 1. Comparison of Washington SIRs between 2022 and 2023

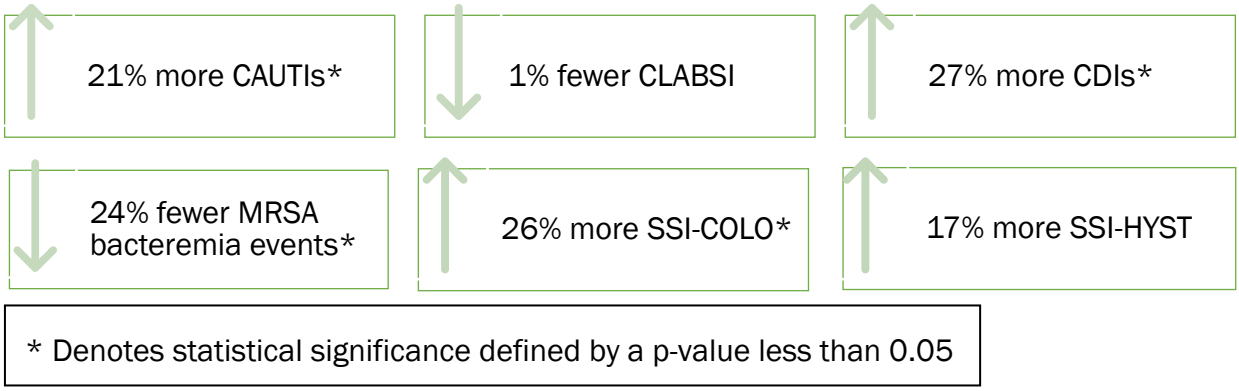


*Difference between 2022 and 2023 was significant.

The SIR, which is the primary measure used for tracking and comparing HAIs over time, decreased for three infection types: catheter-associated urinary tract infections, central line-associated bloodstream infections, and Methicillin-resistant Staphylococcus aureus (CAUTI, CLABSI, and MRSA, respectively). However, only the decrease for MRSA bacteremia was statistically significant. The SIR for both *Clostridiodies difficile* infection (CDI) and surgical site infections following abdominal hysterectomies (HYST) remained the same, as the SIR was within 0.1 of the previous year's value. The incidence of just one HAI increased in 2023 – surgical site infections following colon surgeries (COLO) – although this increase was not statistically significant.

For each HAI in this report, Washington hospitals' performances are included in Figure 2 below, compared to the national averages in 2023. Washington performed significantly better than the national average for MRSA bacteremia. However, Washington was one of 15 states and territories to perform **worse** than the national average SIR for at least three infection types, with a significantly higher SIR for CAUTIs, CDIs, and SSI-COLO.

Figure 2. Washington Hospitals as Compared to the National Average, 2023

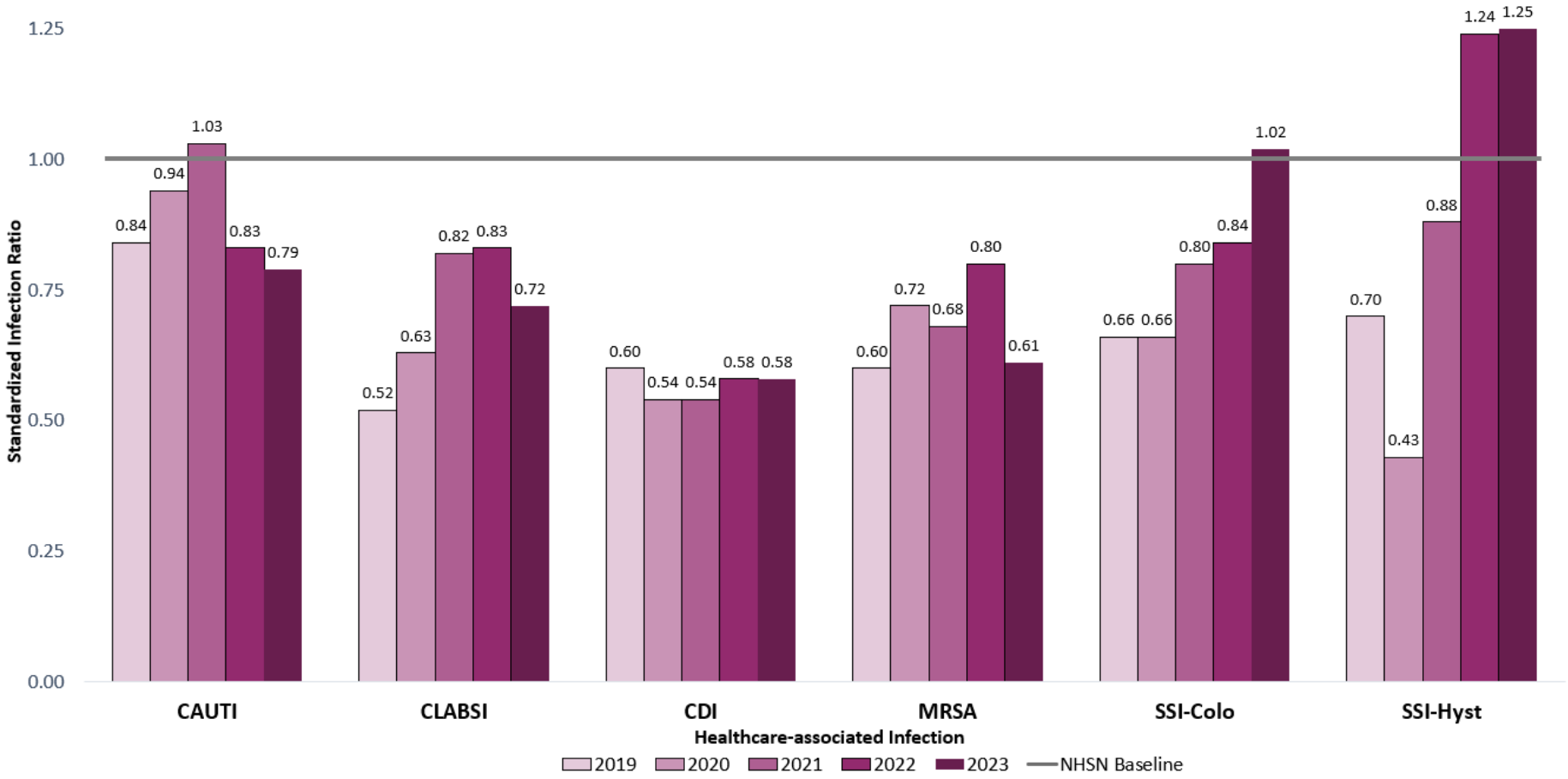


The SIRs for the past five years are depicted in Figure 3 below. Between 2015 and 2019, Washington hospitals reported a steady decline in rate of incidence for most HAIs. By 2019, hospitals reported significantly lower HAI incidence than the national baseline and were on track to meet elimination targets defined by the 2020 U.S. Department of Health and Human Services (HHS) in the National Action Plan to Prevent Healthcare-Associated

Infections: Road Map to Elimination (HAI Action Plan). However, the pandemic curtailed those efforts. As hospitals across the country adjust to the new normal, HAI rates are now returning to pre-pandemic levels. In Washington, three HAIs are now at or below the 2019 levels. CDI incidence did not increase during the pandemic and is now lower than it was pre-pandemic. CAUTI incidence fell below its pre-pandemic level in 2022 and fell even lower in 2023, and the MRSA SIR dropped to its 2019 level this year (0.61 v. 0.60). Despite the large drop in CLABSI SIR in 2023, it remains significantly higher than the SIR in 2019 (0.71 v. 0.52). Both SSI SIRs also remain statistically higher than the pre-pandemic levels (COLO: 1.04 v. 0.66, HYST: 1.24 v. 0.70).

The WA DOH Healthcare-Associated Infection and Antimicrobial Resistance (HAI/AR) Program works closely with local health jurisdictions (LHJs), the Washington State Hospital Association (WSHA) and Washington state hospitals to track HAIs. HAI tracking is standardized using the Center for Disease Control and Prevention's (CDC) NHSN surveillance system and standardized surveillance definitions, which allows the data to be used for epidemiological purposes. The HAI/AR Program utilizes NHSN to monitor HAI events to determine trends and quality improvement strategies, which is an important way to prevent HAIs and reduce risk.

Figure 3. Healthcare-associated Infections SIRs in Washington, 2019-2023



This figure shows the statewide SIR for each reportable HAI for the past five years. Since 2019, most HAIs have experienced a general uptrend, followed by a decrease, but both SSIs continually increased. In 2023 (represented by the darkest bar), three HAIs decreased in incidence, two remained constant, and one increased. Both SSIs surpassed the national baseline of SIR =1.0, represented by the gray line.

Table 1. Washington HAI Standardized Infection Ratios (SIRs), 2023

HAI	Location	Number of Infections		Denominator*	SIR	95% Confidence Interval (CI)
		Observed	Predicted			
CAUTI	*Facility-Wide*	328	417.53	350,530	0.79	0.70, 0.87
	Critical Care	157	226.75	160,621	0.69	0.59, 0.81
	Non-Critical Care	171	190.78	189,909	0.90	0.77, 1.04
CLABSI	*Facility-Wide*	284	396.19	391,218	0.72	0.64, 0.80
	Critical Care	173	182.12	161,220	0.95	0.82, 1.10
	Non-Critical Care	93	188.61	211,467	0.49	0.40, 0.60
	Neonatal Critical Care	18	25.46	18,531	0.71	0.43, 1.10
CDI	*Facility-Wide*	814	1,405.32	2,771,049	0.58	0.54, 0.62
MRSA	*Facility-Wide*	116	189.98	2,974,936	0.61	0.51, 0.73
SSI - COLO	*Facility-Wide*	186	182.42	6,718	1.02	0.88, 1.17
SSI - HYST	*Facility-Wide*	40	32.14	3,898	1.25	0.90, 1.68

Green indicates the SIR is significantly LOWER than the national baseline (SIR<1.0).

Red indicates the SIR is significantly HIGHER than the national baseline (SIR>1.0).

*Denominator data differs by HAI (i.e., device days for CLABSI/CAUTI, patient days for MRSA/CDI events, or procedure count for SSIs). The denominator data indicates the at-risk population for that HAI.

Definition of locations:

Critical Care: Includes all intensive care units. Excludes wards, non-critical care units, and neonatal critical care units.

Facility-Wide: All inpatient units combined, excluding neonatal critical care units.

Neonatal Critical Care: Hospital areas for newborns and infants with complex, critical or serious illness (e.g., neonatal intensive care unit).

Non-Critical Care: Includes all wards, such as stepdown, mixed acuity and specialty care areas. Excludes neonatal critical care units.

Introduction

Background

Healthcare-associated infections (HAIs) are infections acquired by patients as they receive care in health care settings. These infections threaten patient safety and public health and are a major cause of morbidity and mortality in the United States. The impact of HAIs is significant, contributing to increased length of hospitalization, financial burden, loss of trust in the health care system, and potential death. Each day, about one in 31 hospital patients will develop at least one HAI[2]. HAIs develop during, or soon after, someone receives health care services or spends time in a health care setting. These settings can include hospitals, clinics, doctor's offices, surgery centers, dialysis centers, nursing homes, or home-care visits. HAIs are caused by bacteria, fungi, viruses, and other common pathogens that enter the body through vulnerable body sites, such as an open wound from surgery or an invasive medical device. These infections can cause serious illness and death, but many are preventable.

Infection prevention personnel in health care settings perform robust surveillance for HAIs and continuously work to prevent HAIs in their facilities. The role of public health is to inform consumers and stakeholders of HAI surveillance data and metrics, while also collaborating with facilities to ensure HAI surveillance is standardized and reliable.

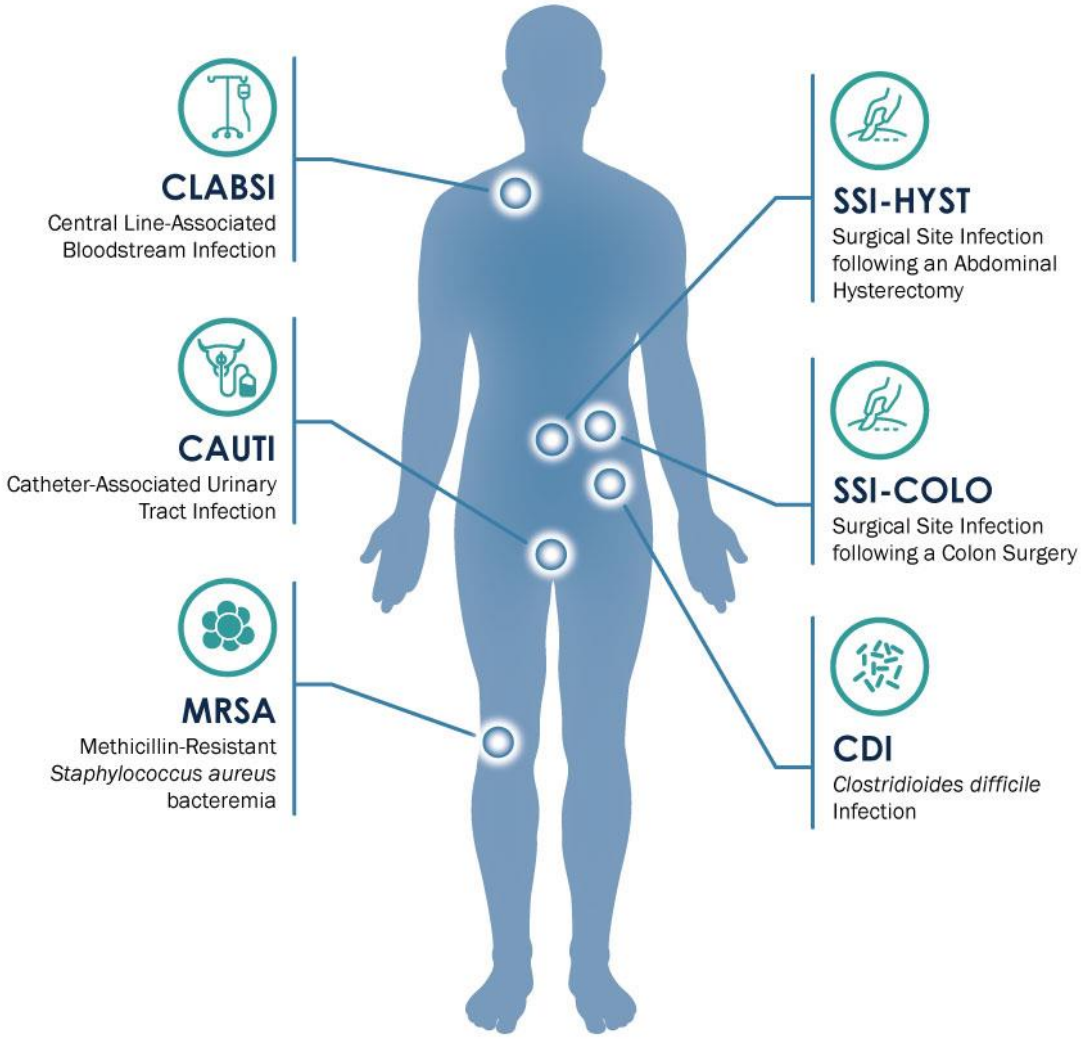
This report focuses on acute care hospitals (ACHs), which are hospitals that provide short-term, inpatient medical, and surgical services for many different conditions and illnesses. ACHs with fewer than 25 beds in rural areas may be federally designated as critical access hospitals (CAH). CAHs are not included in this report because the CMS reporting requirements differ for these facilities.

ACHs are required to track and self-report five types of HAIs, which are shown in Figure 4 below:

- Catheter-associated urinary tract infections (CAUTI)
- Central-line associated bloodstream infections (CLABSI)

- Hospital-onset *Clostridioides difficile* infections (CDI)
- Hospital-onset methicillin-resistant *Staphylococcus aureus* (MRSA) bacteremia
- Surgical site infections (SSI) related to colon surgeries (COLO) and abdominal hysterectomies (HYST)

Figure 4. Reportable HAIs by Body Site Location



This report summarizes HAI data reported to the CMS, Centers for Disease Control and Prevention (CDC), and the WA DOH through the National Healthcare Safety Network (NHSN). NHSN is a free and secure web-based data management system developed and maintained by the CDC. The CDC and the WA DOH provide support to hospital surveillance staff on the appropriate use of the system and guidance to track infections using a standardized methodology. For more information about NHSN, please visit: http://www.cdc.gov/nhsn

The data for this report was downloaded from NHSN in September 2023. Changes made to the data after this date are not reflected in this report. The data reported here is generally delayed by one year, because the data needs to be validated and finalized for public reporting by the NHSN team at CDC. The WA DOH Epidemiology team is then able to publish these data after the CDC has released the final annual data for public viewing. For information about NHSN's Progress Reports and the most current report, please visit: https://www.cdc.gov/nhsn/datastat/progress-report.html.

Report Audience

The WA DOH Healthcare-Associated Infections/Antibiotic Resistance (HAI/AR) Program Epidemiology team produces this report for the general public, health care providers, public health officials, and Washington policy makers. Data should drive consumer advocacy, health care choice, health care facility prevention strategies, awareness of the burden of HAIs within the community, and legislative support for HAI prevention and surveillance.

Reporting Requirements

CMS Required Reporting

CMS requires facility-wide infection reporting from ACHs through the following programs:

- CMS Hospital Inpatient Quality Reporting (IQR) Program authorized by 42 U.S.C. 1395ww (b)(3)(B)(viii)

- CMS PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program authorized by 42 U.S.C. 1395cc(k)

While not included in this report, Washington critical access hospitals (CAHs) also report data to NHSN according to the following program:

- CMS Additional Member Beneficiary Quality Improvement Project (MBQIP) Measures authorized by 42.U.S.C 1395i-4

More information about MBQIP measures specific to Washington CAHs can be found in the Washington State Department of Health MBQIP Desk Manual.

Detailed information on NHSN reportable events and their reporting deadlines can be found in the CMS Reporting Requirements and Deadlines document.

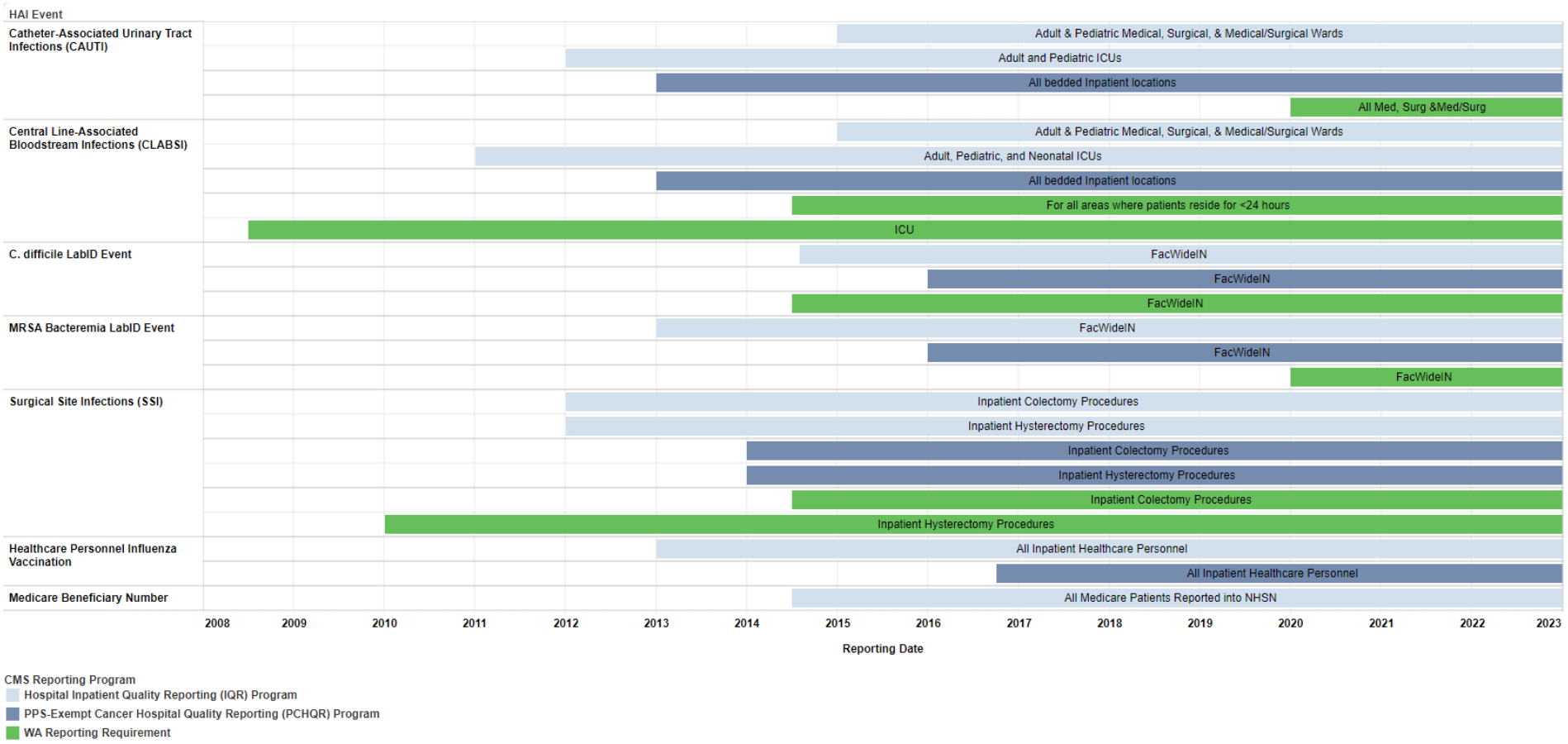
Purpose of WAC 246-440-100

The Washington Administrative Code (WAC) established data collection and submission requirements for hospitals licensed under chapter 70.41 RCW to report HAIs. WAC 246-440-100 was updated in 2020 to align Washington State HAI requirements with current CMS reporting requirements. See Figure 5 for a timeline of reporting requirements for ACHs per CMS rules (blue bars) and Washington state WAC updates (green bars), including the WAC updates that went into effect January 1, 2020. Specific reporting requirements are found in WAC 246-440-100 and listed in Table 2.

Purpose of RCW 43.70.056

The Revised Code of Washington (RCW) 43.70.056 requires hospitals to collect and submit HAI data to the WA DOH via CDC's NHSN. Under the RCW, WA DOH is charged with using data to compile and publish reports, implement regional infection prevention strategies, and evaluate the quality and accuracy of HAI reporting. Beginning in January 2020, the RCW required the WA DOH to align with CMS reporting categories and criteria.

Figure 5. HAI Reporting Requirement Timeline



*Facility-wide inpatient (FacWideIN)

This graph shows the timeline of reporting requirements for ACHs per CMS rules (light and dark blue) and Washington WAC updates (green). The most recent changes are the WAC updates that went into effect January 1, 2020.

Table 2. Hospital Reporting Requirements for HAI under WAC 246-440-100

Hospital Type	Reporting Requirement	Reporting Specifications
Acute Care Hospital	CLABSI	Adult, pediatric and neonatal intensive care units, medical, surgical, and medical/surgical wards
	CAUTI	Adult and pediatric intensive care units, medical, surgical, and medical/surgical wards
	SSI • Colon • Abdominal hysterectomy	Inpatient procedures
	MRSA bacteremia LabID Event	Facility-wide inpatient
	CDI LabID Event	Facility-wide inpatient
	Health care personnel vaccination • Influenza • COVID-19	All inpatient locations
Cancer Hospital	CLABSI	Facility-wide inpatient
	CAUTI	Facility-wide inpatient
	SSI • Colon • Abdominal hysterectomy	Inpatient procedures
	MRSA bacteremia LabID Event	Facility-wide inpatient
	CDI LabID Event	Facility-wide inpatient
	Health care personnel vaccination • Influenza • COVID-19	All inpatient locations
Rehabilitation Hospital	CAUTI	Facility-wide inpatient
	CDI LabID Event	Facility-wide inpatient
	Health care personnel vaccination • Influenza • COVID-19	All inpatient locations
Critical Access Hospital	Health care personnel vaccination • Influenza	All inpatient locations

Methods

Per Washington's reporting requirements, hospitals must report HAIs into the CDC's NHSN system. The WA DOH HAI/AR Program established a data use agreement (DUA) with the CDC, which allows WA DOH to use NHSN to retrieve and report data submitted by hospitals. The Washington state data included in this report have been reported to CMS. The data may differ from those published by the CDC, depending on when the data were frozen prior to reporting, the locations or units included in the data, or whether the data included everything submitted by the hospitals or only that reported to CMS. Generally, the observed and predicted numbers, along with the SIR, differ slightly between publications.

Incidence

Incidence is the occurrence of new cases of disease in a population over a specified period of time (e.g., month, year). Incidence is typically calculated as a rate or proportion.

$$\text{Incidence} = \frac{\textit{Number of new cases of specific disease during specified time period}}{\textit{Total population at risk}}$$

Standardized Infection Ratio (SIR)

The SIR is the primary summary measure used by NHSN to track HAIs. The SIR compares the number of infections or events reported by a facility to the number that would be predicted, adjusting for several facility characteristics and patient factors that influence risk of infection. This allows for better comparisons between facilities, groups, and states.

A SIR is not calculated when the number of predicted infections is less than 1.0. According to national baseline data, if the number of predicted infections is less than 1.0, the risk to patients is so low that not even one type of event (or infection) is predicted to occur in that group of patients. For reporting purposes, the SIR can be assumed to be zero if it was not calculated. When the SIR is calculated, there are three possible results, as shown in Table 3.

$$\text{SIR} = \frac{\textit{Number of observed infections}}{\textit{Number of predicted infections}}$$

Table 3. Standardized Infection Ratio Interpretations

SIR	Interpretation	Meaning
< 1.0	Better than predicted	There were **fewer infections** than predicted. *If a facility has a SIR of 0.75, they experienced 25% fewer events than expected.*
1.0	Same as predicted	The SIR ratio is not significantly different than 1.0, meaning the **number of infections was close to or the same** as predicted.
>1.0	Worse than predicted	There were **more infections** than predicted. *If a facility has a SIR of 1.5, they experienced 50% more events than predicted.*
N/A	No conclusion	There was not enough information to make a reliable comparison to the national experience.

For more information on the SIR, please visit the CDC's website on A Guide to the SIR.

Statistical Significance

The p-value and 95% confidence interval (CI) are statistical measures that describe the likelihood that a numerical estimate, i.e., what was observed, was due to random chance. These measures indicate whether a facility's SIR is significantly different from 1, or the value expected if the facility performed the same as predicted based on the national data.

- If the p-value is **less than or equal to 0.05**, the number of observed infections is significantly different than the number of predicted infections (i.e., SIR is significantly different from 1).
- If the p-value is **greater than 0.05**, the number of observed infections in a facility is not significantly different than the number predicted (i.e., SIR is not significantly different than 1).

The 95% CI is a range of values, indicating a high degree of confidence, that the true SIR lies within this range. The upper and lower limits of the CI are used to determine the significance and precision of the SIR.

- If the confidence interval **includes the value of 1**, then the SIR is *not significant* (i.e., the number of observed events is not significantly different than the number predicted).
- If the confidence interval **does not include the value of 1**, then the SIR *is significant* (i.e., the number of observed events is significantly different than the number predicted).
- When the **SIR is 0**, the lower bound of the 95% CI cannot be calculated. However, for ease of interpretation, it can be considered 0.

Hospital Performance Legend

The following symbols visually depict how a facility's observed number of HAIs compares to the number of HAIs predicted by NHSN, based on the national baseline. The symbol in the performance column describes the state's SIR compared to the national SIRs in the specified acute care locations. For facility-specific tables, "observed similar to predicted" is used when the difference between the number of observed and predicted infections is less than 1. For the statewide tables, "observed similar to predicted" is used when the difference between the state SIR and the national SIR is less than 0.05.

	Statistically **fewer** infections **(better)**
	Fewer infections (not statistically significant)
	More infections (not statistically significant)
	Statistically **more** infections **(worse)**
	Number of predicted infections is less than 1; SIR cannot be calculated
	Observed and predicted numbers are similar (not statistically significant)

Acknowledgements

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The WA DOH HAI/AR Program would like to recognize the contributions from Washington hospitals for their continued dedication to tracking, reporting, and ensuring the accuracy of the data used to produce this report. This report would not have been possible without the efforts of Washington's HAI prevention partners, including the **Healthcare-Associated Infections Advisory Committee** and the healthcare facilities included in this report.

To learn more about the WA DOH HAI/AR Program, please email HAI@doh.wa.gov.

If you have any questions regarding this report or the data contained in this report, please email NHSNepi@doh.wa.gov.

Glossary

- ACH: Acute care hospital
- ACIP: Advisory Committee on Immunization Practices
- BSI: Bloodstream infection
- CAH: Critical access hospital
- CAUTI: Catheter-associated urinary tract infection
- CC: Critical care location
- CDC: Centers for Disease Control and Prevention
- CDI: *Clostridioides* (formerly *Clostridium*) *difficile* infection
- CI: Confidence interval
- CLABSI: Central line-associated bloodstream infection
- CMS: Centers for Medicare and Medicaid Services
- COLO: Colon surgery
- DUA: Data use agreement
- FacWideIN: Facility-wide Inpatient
- HAI: Healthcare-associated infection
- HAI/AR: Healthcare-Associated Infections/Antibiotic Resistance
- HHS: U.S. Department of Health and Human Services
- HO: Hospital-onset
- HP: Healthy People 2030
- HYST: Abdominal hysterectomy surgery
- ICU: Intensive care unit
- IUC: Indwelling urinary catheter
- IQR: Inpatient Quality Reporting
- LabID: Laboratory-identified
- LHJ: Local health jurisdictions
- MBQIP: Member Beneficiary Quality Improvement Project
- MDRO: Multidrug-resistant organism
- MRSA: Methicillin-resistant *Staphylococcus aureus*
- NHSN: National Healthcare Safety Network
- PCHQR: PPS-Exempt Cancer Hospital Quality Reporting
- PPE: Personal protective equipment
- RCW: Revised Code of Washington
- SA: *Staphylococcus aureus*
- SDOH: Social Determinates of Health
- SIR: Standardized infection ratio
- SSI: Surgical site infection
- UTI: Urinary tract infection
- WA DOH: Washington State Department of Health
- WAC: Washington Administrative Code

Progress Report

HAI Reduction Targets Background

There are currently four SIR targets set for Washington ACHs and one SIR goal that has been paused until it can be updated. The three active targets are the NHSN Baseline SIR, the NHSN National Average SIR, and specific HAI Goals in Healthy People 2030.

NHSN Baseline SIR

In 2015, the CDC created new baselines to be used when comparing HAI data, focused on each HAI reported to the NHSN. Progress of HAI prevention is measured in comparison to infection data reported to NHSN. This measurement uses updated risk-adjustment models that account for the differences in risk that may impact infections reported by a hospital (e.g., unit type, hospital bed size, patient age). Hospital performance is compared using the SIR, discussed in more detail in the "Methods" section. The NHSN Baseline SIR is 1.0 for each HAI, indicating a facility had the same number of infections as was expected for that specific facility. This is the least stringent goal, and the easiest for ACHs to reach.

The CDC NHSN Team is working to update the national baseline by analyzing the 2022 HAI data and updating the risk adjustment models. For more information on the 2022 HAI Rebaseline, visit the CDC's website: 2022 Rebaseline | NHSN |CDC.

NHSN National Average SIR

The CDC publishes the National and State Healthcare-Associated Infections Progress Report annually to provide a summary of HAIs across the country. This report consists of national and state-level data about HAI incidence during that year. It provides the national average for each infection-specific SIR from ACHs in all 50 states, three US territories, and Washington DC. The national average acts as a national benchmark, allowing the comparison of Washington's data to other states and the country. The NHSN National Average SIR is infection-specific, and thus the goal differs for each HAI tracked.

Healthy People 2030

Healthy People (HP) 2030 is an HHS project that sets national objectives to improve health and well-being in the U.S. over the next decade. HHS first introduced the HAI reduction goals in HP 2020 and has updated those goals for the next ten years. Two HAI objectives in HP 2030 are specific to nationally reportable HAIs and are tracked by WA DOH:

- "Reduce *C. diff* infections that people get in the hospital[3]" target SIR goal of 0.70
- "Reduce MRSA bloodstream infections that people get in the hospital[4]" target SIR goal: 0.50

Washington Pre-Pandemic HAI Incidence

HAIs increased nationally during the COVID-19 pandemic. This increase was likely due to increased and longer hospitalizations, high hospital staff turnover rates, shortages of medical supplies, and COVID-19 disease severity nationwide.[5] By comparing the current HAI rates to that in 2019, we can measure the progress made to return to the pre-pandemic levels.

HHS National Action Plan: Paused for Update

The 2020 U.S. Department of Health and Human Services (HHS) SIR target, developed for the National Action Plan to Prevent Healthcare-Associated Infections: Road Map to Elimination (HAI Action Plan), provides HAI target goals for each NHSN reportable condition. The HAI Action Plan targets the most common infections in inpatient settings and provides a standard of measurable improvement for ACHs. The most recent set of goals were in effect for a five-year period from 2015 to 2020. However, due to complications of the COVID-19 pandemic, hospitals nationwide were unable to meet the target goals for most HAIs, including those located in Washington state. HHS is still working to update the National Action Plan with new goals, research, and intervention methods based on the current status of HAIs in the country. Once this update is released, the new HHS National Action Plan targets will be re-instated as goals for Washington State ACHs.

Progress Summary

Washington ACHs have made significant strides to reduce SIRs below the HAI reduction targets. They have met or exceeded each goal for at least half of the HAIs tracked. This section provides an overall summary of the progress towards national goals in Table 4 and infection-specific summaries below.

WA DOH continues to monitor the reduction of HAIs in Washington hospitals. By being vigilant about surveillance and educating hospitals about infection control practices, we can keep improving patient safety and outcomes. This helps foster patient trust in health care systems.

Table 4. WA Acute Care Hospitals' Progress Toward National Targets in 2023

	LESS THAN OR EQUAL TO			
HAI	**NHSN Baseline SIR 1.0**	**NHSN National Average SIR**	**HP 2030**	**2019 Pre-Pandemic Incidence**
CAUTI	✓	✗	NA	✓
CLABSI	✓	✓	NA	✗
CDI	✓	✗	✓	✓
MRSA BACTEREMIA	✓	✓	✗	✓
SSI – COLO	✗	✗	NA	✗
SSI – HYST	✗	✗	NA	✗

CAUTI: Improved as Statewide SIR Decreased to 0.79

Washington ACHs have historically struggled with reducing CAUTI incidence. The SIR hovered around 1.0 from 2015 to 2018, until it dropped to 0.84 in 2019. The pandemic curtailed reduction efforts and the SIR increased, until 2022, when it dropped to 0.83. In 2023, the CAUTI SIR dropped to 0.79, the lowest recorded SIR for CAUTI since the 2015 baseline. While the 5.5% decrease in CAUTI SIR between 2022 and 2023 was not statistically significant, this marks a second consecutive year with a decrease in CAUTI incidence. Unfortunately, the Washington SIR was statistically significantly higher than the 2023 national average of 0.62. Further reduction effort is needed to catch up with the rest of the country.

CLABSI: Improved as Statewide SIR Decreased to 0.72

The SIR for CLABSI decreased between 2015 and 2019, with the lowest SIR recorded at 0.52 in 2019. Between 2020 and 2022, the SIR increased annually, peaking at 0.83 in 2022. 2023 marked the first decrease in CLABSI SIR since the pandemic, with a 13.3% decrease bringing the SIR down to 0.72. This decrease was not statistically significant, but it demonstrated the great effort that ACHs are making to reduce CLABSI incidence. The national average SIR for CLABSI was also 0.72. The Washington CLABSI SIR remained the same or below the national average for the eighth consecutive year and has not been higher than the national average since the 2015 NHSN baseline.

CDI: Remained Stable with a Statewide SIR of 0.58

Washington has had great success in reducing CDI incidence across the state, decreasing every year from 2015 to 2021. There was an 8.5% increase in 2022, from 0.54 to 0.58. The SIR has remained stable, staying below 0.60 since 2019. In 2023, the SIR remained at 0.58

for the second year in a row, with a 0.7% decrease from the previous year. The SIR remained below the target goal of 0.60 for HP 2030. The Washington SIR was 27.5% higher than the national average SIR of 0.42. This marks the second year where the Washington SIR is significantly higher than the national average.

MRSA: Improved as Statewide SIR Decreased to 0.61

Washington has generally been successful at keeping MRSA bacteremia rates low. The state SIR has never been higher than the national average since the 2015 baseline. The lowest SIR for MRSA bacteremia was in 2017, with a SIR of 0.55. Since then, MRSA has been on a general uptrend in the state, with the highest reported SIR of 0.80 in 2022. 2023 was a great year for MRSA bacteremia in WA, with a 23.6% decrease, bringing the SIR down to 0.61. This value is just 1.8% higher than the pre-pandemic SIR. The 2023 Washington SIR was 23.5% lower than the national average of 0.76. MRSA bacteremia was the only HAI in Washington with a SIR that was significantly less than the national average in 2023. This was also the only HAI that had a statistically significant decrease in SIR when compared to the previous year. However, the Washington SIR remains above the HP 2030 target SIR goal of 0.50.

SSI-COLO: Worsened as Statewide SIR Increased to 1.02

SSI-COLO trend has been relatively stable since 2015, with slightly lower incidence from 2018 to 2020. During these three years, the SSI-COLO SIR was stable at 0.66. Between 2022 and 2023, the SSI-COLO SIR increased 20.9%. While this increase was not statistically significant, it was the largest increase in SIR when compared to the previous year. This marks the third consecutive year with an increase in SSI-COLO incidence. The Washington SIR was statistically higher than the national average of 0.88. The 2023 SIR of 1.02 is the highest SIR recorded for SSI-COLO going back to the 2015 baseline.

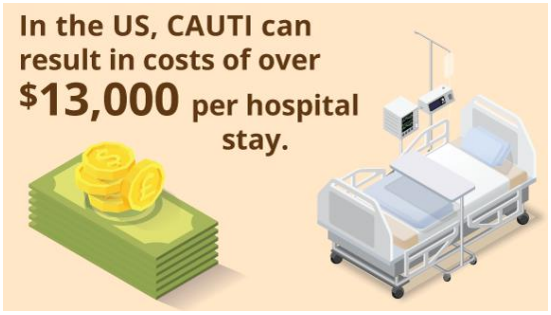
SSI-HYST: No Improvement as Statewide SIR Increased to 1.25

Since reaching the all-time low in 2019 (SIR = 0.43), the SIR has been increasing annually. It was stable between 2022 and 2023, increasing only 0.6%. The Washington SIR was national average SIR for SSI-Hyst was 1.03. Unfortunately, this marked the second consecutive year with the Washington SIR higher than the national average, although this difference was not statistically significant. This is the highest recorded SIR for SSI-HYST in Washington since the 2015 baseline. SSI reduction efforts are vital for Washington ACHs, as SSI-HYST represents the highest SIR of the reportable HAIs.

Catheter-Associated Urinary Tract Infections (CAUTI)

An indwelling urinary catheter (IUC) is a drainage tube that is inserted into the urinary bladder through the urethra, left in place, and connected to a closed collection system. A urinary tract infection (UTI) is an infection involving any part of the urinary system, including urethra, bladder, ureters, and kidneys. A catheter-associated urinary tract infection (CAUTI) occurs when germs (usually bacteria) enter the urinary tract through the urinary catheter and cause an infection.

Between 12 to 16% of hospitalized adults have urinary catheters placed during their hospital stay. Each day an IUC remains, there is a 3 to 7% increased risk of developing a CAUTI.[6] Therefore, catheters should only be used for appropriate indications and removed as soon as they are no longer medically needed.



CAUTI was made a reportable HAI in Washington in January 2020 when RCW 43.70.056 was updated to complement reporting requirements of all HAIs to those of CMS. Previously, the WA DOH did not have access to CAUTI SIRs by facility; instead, WA DOH received aggregated state data.

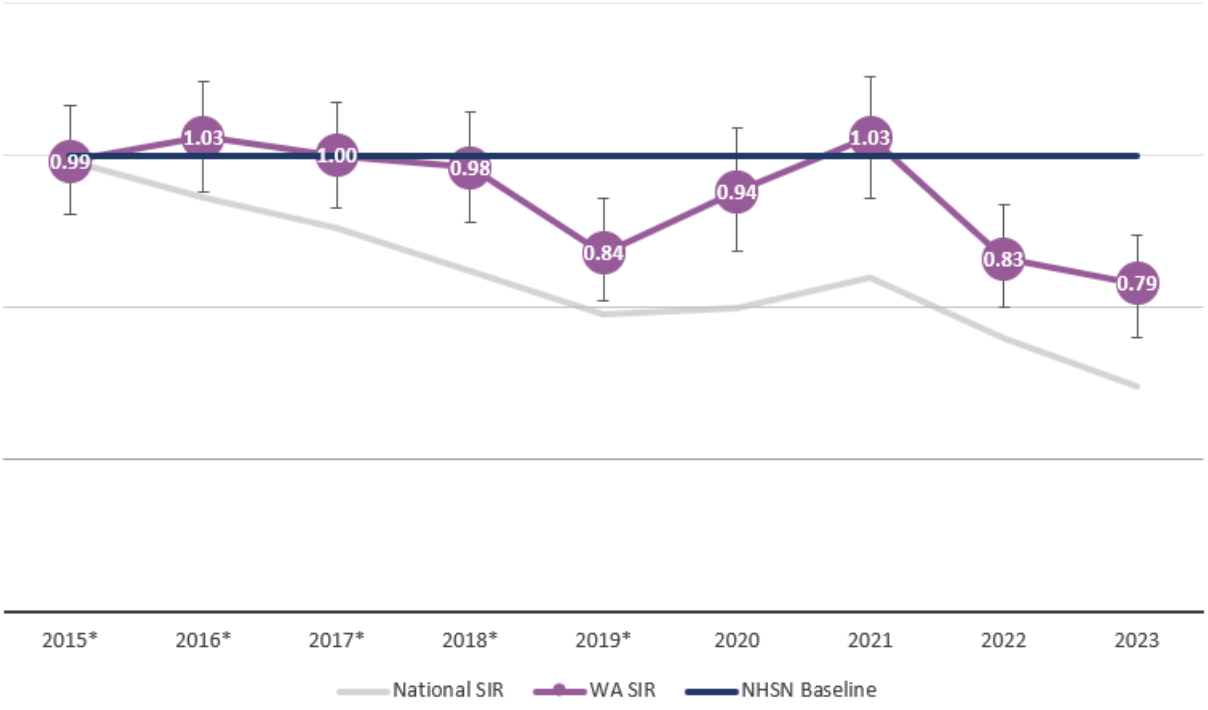
For more information, visit the CDC's webpage on CAUTI.

State and National CAUTI Standardized Infection Ratios

Figure 6 below shows the statewide SIRs since 2015, with a gray line showing the national averages during that time. The vertical bars mark the confidence intervals around the estimate. CAUTI incidence has been fairly stable, with a slight decrease in 2019. Recent years have shown greater decreases in CAUTI incidence. Washington CAUTI incidence has been higher than the national average since 2015.

Table 5 below shows the 2023 SIR for the state and country, separated by care locations. The symbol in the performance column describes the state's SIR compared to the national SIRs for CAUTI in that care location. The statewide SIR for CAUTI in 2023 was significantly higher than the national SIR. This is true across all care locations.

Figure 6. CAUTI SIR Trend in Washington, 2015-2023



* Aggregate data provided from the CDC for years before 2020, when CAUTI was made reportable.

Table 5. CAUTI Standardized Infection Ratios 2023 State Summary

	Performance	Number of Infections		Device Days	SIR	95% CI
		Observed	Predicted			
All locations (WA)	▲	328	417.53	350,530	0.79	0.70, 0.87
Critical care locations (WA)	▲	157	226.75	160,621	0.69	0.59, 0.81
Non-Critical care locations (WA)	▲	171	190.78	189,909	0.90	0.77, 1.04
All locations (National)	Reference	17,370	27,992.92	23,945,464	0.62	0.61, 0.63
Critical care locations (National)	Reference	6,191	12,680.17	9,063,165	0.49	0.48, 0.50
Non-Critical care locations (National)	Reference	11,179	15,312.76	14,882,299	0.73	0.72, 0.74

Facility-Specific CAUTI Standardized Infection Ratios

Table 6 below shows the SIR for each ACH in Washington in 2023. The majority of ACHs (29 of 53) had fewer infections than expected, either significantly or not. Only two ACHs performed significantly worse than expected.

Table 6. CAUTI Standardized Infection Ratios by Facility, 2023

Facility Name	Performance	Number of Infections		Catheter Days	SIR	95% CI
		Observed	Predicted			
Astria Toppenish Hospital	◆	2	0.42	781	-	NA
Cascade Valley Hospital	◆	5	0.86	1,471	-	NA
Confluence Central Washington Hospital	▽	3	5.91	5,788	0.51	0.13, 1.38
Confluence Wenatchee Valley Medical Center	◆	1	0.18	362	-	NA
EvergreenHealth Medical Center	▽	8	11.02	8,758	0.73	0.34, 1.38
EvergreenHealth Monroe	◆	0	0.37	764	-	NA
Fred Hutchinson Cancer Center	◆	1	0.29	287	-	NA

Facility Name	Performance	Number of Infections		Catheter Days	SIR	95% CI
		Observed	Predicted			
Grays Harbor Community Hospital	▽	1	2.09	4,106	0.48	0.02, 2.36
Island Hospital	◆	0	0.80	1,599	-	NA
Kaiser Permanente Central Hospital	◆	0	0.14	293	-	NA
Legacy Salmon Creek Hospital	=	5	5.64	7,164	0.89	0.32, 1.96
Mary Bridge Children's Hospital	◆	1	0.79	802	-	NA
MultiCare Allenmore Hospital	◆	0	0.99	1,980	-	NA
MultiCare Auburn Regional Medical Center	△	6	4.18	4,097	1.44	0.58, 2.99
MultiCare Capital Medical Center	▽	1	2.21	2,933	0.45	0.02, 2.23
MultiCare Covington Medical Center	◆	2	0.14	199	-	NA
MultiCare Good Samaritan	▼	7	15.29	12,193	0.46	0.20, 0.90
MultiCare Tacoma General Hospital	▽	17	20.56	15,987	0.83	0.50, 1.3
MultiCare Valley Hospital	▼	0	3.08	4,286	0	0, 0.97
MultiCare Yakima Valley Memorial	▽	5	9.56	7,700	0.52	0.19, 1.16
MultiCare Deaconess Hospital	▼	1	12.26	10,077	0.08	0, 0.40
Olympic Medical Center	▽	1	2.49	3,307	0.40	0.02, 1.98
Overlake Hospital Medical Center	△	7	5.80	6,663	1.21	0.53, 2.39
PeaceHealth Southwest Medical Center	▼	4	11.60	11,978	0.34	0.11, 0.83
PeaceHealth St John Medical Center	▽	0	2.41	3,429	0	0, 1.24
PeaceHealth St. Joseph Medical Center	▽	2	4.09	4,772	0.49	0.08, 1.62
Providence Centralia Hospital	▽	0	2.88	3,575	0	0, 1.04
Providence Holy Family Hospital	△	5	3.51	5,050	1.43	0.52, 3.16

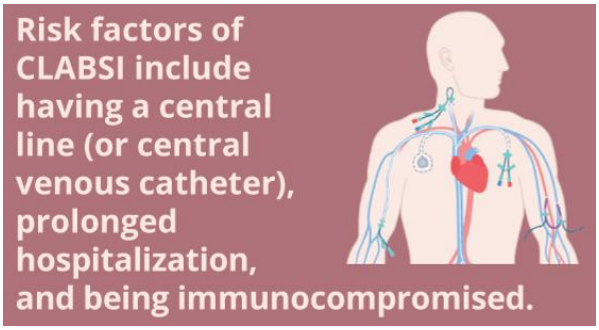
Facility Name	Performance	Number of Infections		Catheter Days	SIR	95% CI
		Observed	Predicted			
Providence Kadlec Regional Medical Center		6	11.68	12,380	0.51	0.21, 1.07
Providence Regional Medical Center Everett		21	21.36	16,908	0.98	0.62, 1.48
Providence Sacred Heart Medical Center and Children's Hospital		6	16.40	12,754	0.37	0.15, 0.76
Providence St. Mary Medical Center		2	2.26	2,800	0.88	0.15, 2.92
Providence St. Peter Hospital		7	14.78	14,764	0.47	0.21, 0.94
Samaritan Healthcare		2	0.75	1,531	-	NA
Seattle Children's Hospital		5	6.01	4,479	0.83	0.30, 1.84
Skagit Regional Hospital		7	4.75	6,074	1.47	0.64, 2.92
St Anthony Hospital		2	4.67	4,624	0.43	0.07, 1.42
St Francis Hospital		3	5.34	5,197	0.56	0.14, 1.53
St Joseph Medical Center		10	21.16	11,995	0.47	0.24, 0.84
St. Anne Hospital		3	3.08	2,916	0.97	0.25, 2.65
St. Clare Hospital		0	2.39	2,339	0	0, 1.25
St. Michael Medical Center - Silverdale		7	10.83	8,890	0.65	0.28, 1.28
Swedish Medical Center - Ballard		2	0.43	583	-	NA
Swedish Medical Center - Cherry Hill		8	8.42	6,531	0.95	0.44, 1.80
Swedish Medical Center - Edmonds		2	3.69	3,649	0.54	0.09, 1.79
Swedish Medical Center - First Hill		12	14.65	11,862	0.82	0.44, 1.39
Swedish Medical Center - Issaquah		1	2.52	3,557	0.40	0.02, 1.96
Trios Southridge Hospital		1	2.66	3,382	0.38	0.02, 1.85
UW Medicine Harborview Medical Center		85	72.16	32,349	1.18	0.95, 1.45

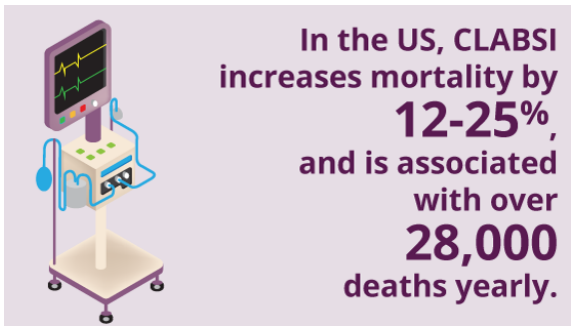
Facility Name	Performance	Number of Infections		Catheter Days	SIR	95% CI
		Observed	Predicted			
UW Medicine Northwest Hospital	▲	14	7.07	5,884	1.98	1.13, 3.24
UW Medicine Valley Medical Center	▼	4	11.15	12,800	0.36	0.11, 0.86
University of Washington Medical Center	▲	32	21.60	17,024	1.48	1.03, 2.07
Virginia Mason Medical Center	▼	2	18.40	15,144	0.11	0.02, 0.36

Central Line-Associated Bloodstream Infections (CLABSI)

A central line is a long, flexible tube (catheter) that is inserted into a large vein in the neck, chest, upper arm, or leg to allow access to a patient's bloodstream with a tip that ends near the heart. They are used to monitor pressure inside the heart, as access for laboratory, or to provide medicine, nutrients, and fluids. Central lines are typically kept in place longer than a regular intravenous (IV) catheter and are often used to treat kidney disease (dialysis) or cancer (chemotherapy). Patients can be discharged from the hospital with a central line in place if they require continuous treatment at home or an outpatient infusion facility.

A serious infection can occur if bacteria enter the bloodstream through a central line, called Central Line-Associated Bloodstream Infection (CLABSI). These infections cause increased hospital costs, length of stay, and risk of mortality. ICU patients have an increased risk for CLABSI, because 48% of ICU patients have central lines in place.[7]





Since 2011, Washington hospitals have been required to report all adult, pediatric, and neonatal intensive care unit (ICU) acquired CLABSIs. That requirement was extended to all adult and pediatric medical, surgical, and combined medical/surgical wards in 2015.

For more information, visit the CDC's webpage on CLABSI.

State and National CLABSI Standardized Infection Ratios

Figure 7 below shows the statewide SIRs since 2015, with a gray line showing the national average SIRs during that time. The vertical bars mark the confidence intervals around the estimate. CLABSI incidence declined annually until the COVID pandemic began in 2019. Despite a decrease in 2023, the CLABSI SIR remains high. The Washington SIR has followed the same trend as the national SIR since 2015.

Table 7 shows the 2023 CLABSI SIRs for the state and county, separated by the specified care location. The symbol in the performance column describes the state's SIR compared to the national SIRs for CLABSI. Overall, the statewide SIR for CLABSI is similar to the national SIR, for all locations.

Figure 7. CLABSI SIR Trend in Washington, 2015-2023

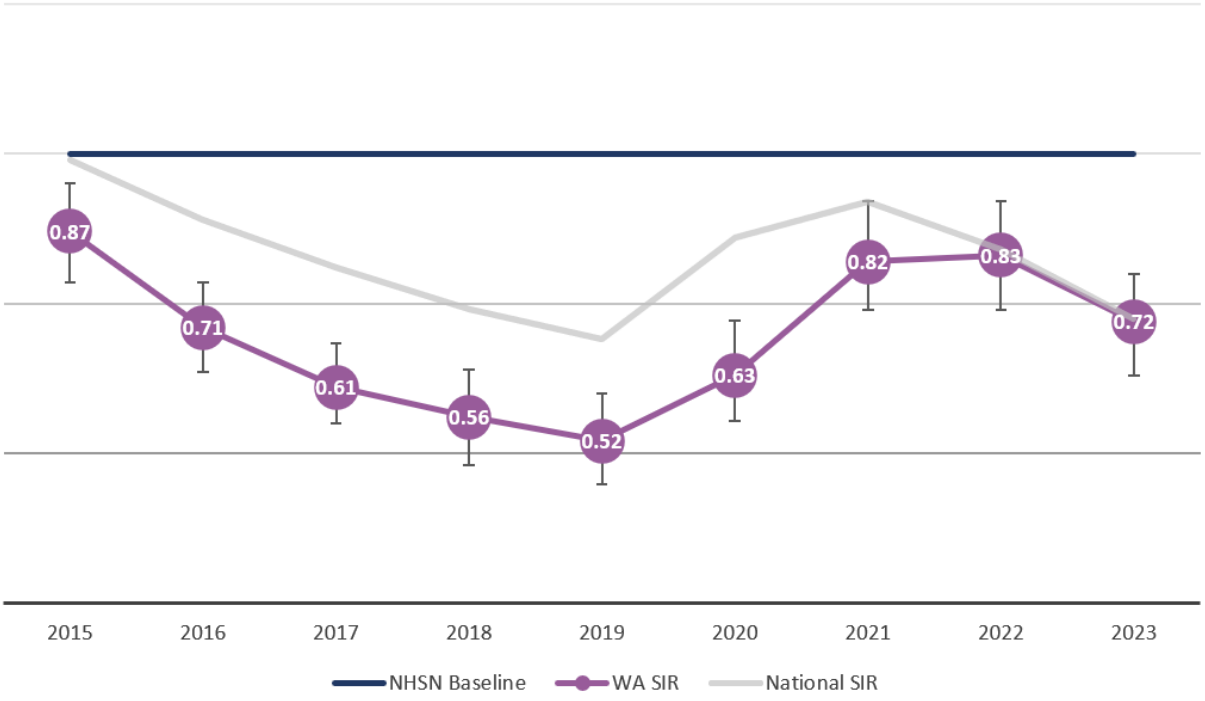


Table 7. CLABSI Standardized Infection Ratios 2023 State Summary

	Performance	Number of Infections		Central line Days	SIR	95% CI
		Observed	Predicted			
All locations (WA)	=	284	396.19	391,218	0.72	0.64, 0.80
Critical care locations (WA)	▲	173	182.12	161,220	0.95	0.82, 1.10
Non-critical care locations (WA)	▼	93	188.61	211,467	0.49	0.40, 0.60
Neonatal critical care locations (WA)	△	18	25.46	18,531	0.71	0.43, 1.10
All locations (National)	Reference	20,032	27,649.95	27,072,802	0.72	0.71, 0.74
Critical care locations (National)	Reference	7,382	9,598.62	8,662,397	0.77	0.75, 0.79
Non-critical care locations (National)	Reference	11,525	16,178.00	17,069,903	0.71	0.70, 0.73
Neonatal critical care locations (National)	Reference	1,125	1,871.33	1,340,502	0.60	0.57, 0.64

Facility-Specific CLABSI Standardized Infection Ratios

Table 8 below shows the 2023 CLABSI SIR for each ACH in Washington. The majority of ACHs performed better than expected (29 of 53). Eight of those facilities had significantly fewer infections than expected. Only one ACH performed significantly worse than expected.

Table 8. CLABSI Standardized Infection Ratios by Facility, 2023

Facility Name	Performance	Number of Infections		Central line Days	SIR	95% CI
		Observed	Predicted			
Astria Toppenish Hospital	◆	0	0.47	814	-	NA
Cascade Valley Hospital	◆	0	0.60	832	-	NA
Confluence Central Washington Hospital	▼	0	5.65	6,363	0	0, 0.53

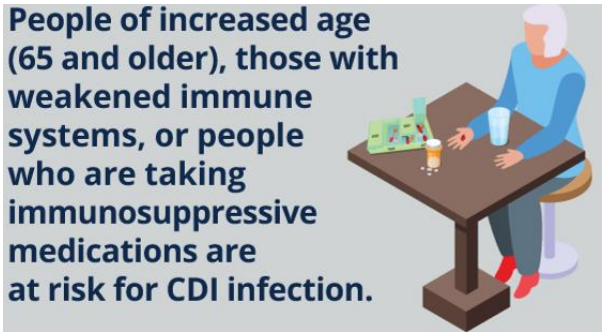
Facility Name	Performance	Number of Infections		Central line Days	SIR	95% CI
		Observed	Predicted			
Confluence Wenatchee Valley Medical Center		0	0.14	233	-	NA
EvergreenHealth Medical Center		1	6.41	6,234	0.16	0.01, 0.77
EvergreenHealth Monroe		0	0.11	184	-	NA
Fred Hutchinson Cancer Center		12	7.72	6,158	1.55	0.84, 2.64
Grays Harbor Community Hospital		0	0.98	1,559	-	NA
Island Hospital		1	0.31	502	-	NA
Kaiser Permanente Central Hospital		0	0.07	125	-	NA
Legacy Salmon Creek Hospital		4	5.90	7,339	0.68	0.22, 1.64
Mary Bridge Children's Hospital		1	4.53	4,546	0.22	0.01, 1.09
MultiCare Allenmore Hospital		2	1.14	1,456	1.75	0.29, 5.78
MultiCare Auburn Regional Medical Center		2	3.01	3,650	0.66	0.11, 2.19
MultiCare Capital Medical Center		1	1.63	2,037	0.61	0.03, 3.02
MultiCare Covington Medical Center		0	0.06	77	-	NA
MultiCare Good Samaritan		3	11.89	11,423	0.25	0.06, 0.69
MultiCare Tacoma General Hospital		11	20.40	18,570	0.54	0.28, 0.94
MultiCare Valley Hospital		0	1.40	2,030	0	0, 2.14
MultiCare Yakima Valley Memorial		5	3.42	3,304	1.46	0.54, 3.24
MultiCare Deaconess Hospital		3	11.33	11,043	0.26	0.07, 0.72
Olympic Medical Center		1	1.57	1,922	0.64	0.03, 3.15
Overlake Hospital Medical Center		7	5.52	6,702	1.27	0.56, 2.51
PeaceHealth Southwest Medical Center		9	10.22	12,478	0.88	0.43, 1.62

Facility Name	Performance	Number of Infections		Central line Days	SIR	95% CI
		Observed	Predicted			
PeaceHealth St John Medical Center	▽	1	2.14	3,112	0.47	0.02, 2.30
PeaceHealth St. Joseph Medical Center	▽	3	6.03	7,658	0.50	0.13, 1.35
Providence Centralia Hospital	▽	0	1.12	1,422	0	0, 2.67
Providence Holy Family Hospital	=	3	3.26	4,786	0.92	0.23, 2.50
Providence Kadlec Regional Medical Center	▽	6	11.84	12,877	0.51	0.2, 1.05
Providence Regional Medical Center Everett	▽	14	20.64	19,875	0.68	0.39, 1.11
Providence Sacred Heart Medical Center and Children's Hospital	▼	8	20.98	18,168	0.38	0.18, 0.72
Providence St. Mary Medical Center	▽	1	2.11	2,649	0.47	0.02, 2.33
Providence St. Peter Hospital	▼	9	16.91	18,065	0.53	0.26, 0.98
Samaritan Healthcare	◆	0	0.16	278	-	NA
Seattle Children's Hospital	▽	26	33.85	23,922	0.77	0.51, 1.11
Skagit Regional Hospital	=	5	4.86	6,280	1.03	0.38, 2.28
St Anthony Hospital	▼	0	4.91	5,499	0	0, 0.61
St Francis Hospital	▽	2	4.30	4,618	0.47	0.08, 1.53
St Joseph Medical Center	▽	12	16.71	14,444	0.72	0.39, 1.22
St. Anne Hospital	▽	0	2.36	2,645	0	0, 1.27
St. Clare Hospital	▽	0	2.28	2,482	0	0, 1.31
St. Michael Medical Center - Silverdale	▽	8	9.70	9,378	0.82	0.38, 1.57
Swedish Medical Center - Ballard	◆	0	0.16	213	-	NA
Swedish Medical Center - Cherry Hill	▽	5	7.38	8,854	0.68	0.25, 1.50
Swedish Medical Center - Edmonds	=	3	3.13	3,486	0.96	0.24, 2.61

Facility Name	Performance	Number of Infections		Central line Days	SIR	95% CI
		Observed	Predicted			
Swedish Medical Center - First Hill		22	21.93	20,513	1.00	0.64, 1.49
Swedish Medical Center - Issaquah		2	2.28	3,373	0.88	0.15, 2.90
Trios Southridge Hospital		0	0.73	895	-	NA
UW Medicine Harborview Medical Center		44	29.50	21,729	1.49	1.1, 1.98
UW Medicine Northwest Hospital		4	6.04	5,945	0.66	0.21, 1.60
UW Medicine Valley Medical Center		9	13.29	16,824	0.68	0.33, 1.24
University of Washington Medical Center		36	35.69	33,026	1.01	0.72, 1.38
Virginia Mason Medical Center		10	15.12	14,779	0.66	0.34, 1.18

Clostridioides difficile (C. diff or CDI) Laboratory Identified (LabID) Infections

Clostridioides difficile, also known as "*C. difficile"* or "*C. diff*", is a bacterium (germ) that can cause severe diarrhea, colitis, sepsis, and death. Most cases of CDI occur in people who are currently or have recently been taking antibiotics, clearing the way for *C. diff* to colonize the gastro-intestinal tract.



C. difficile infection (CDI) can spread from person to person on contaminated equipment and the hands of health care providers and visitors. The bacteria forms spores, which persist in the environment and resist some methods of cleaning and disinfection, *C. difficile* poses a great infection prevention challenge in health care settings. The CDC has classified *C. difficile* as "Urgent", the highest threat level, based on the level of concern to human health[8].

Since 2014, Washington ACHs have been required to report all *C. difficile* infections identified by a laboratory test (LabID). Infections are considered community- or hospital-onset based on the location that the specimen was collected, the date of specimen collection, and the date of admission to the facility.

For more information, visit the CDC's webpage on *C. difficile*.

State and National HO-CDI Standardized Infection Ratios

Figure 8 below shows the CDI SIRs since 2015, with a gray line showing the national average SIR during that time. CDI incidence, both nationally and in Washington, has been decreasing since 2015. The SIR for CDI in Washington has been stable since 2019. The vertical bars mark the confidence intervals around the estimate. Table 10 shows the state SIR compared to the national SIR.

Table 9 shows the 2023 HO-CDI SIR for the state and country. The symbol in the performance column describes the state's SIR compared to the national SIRs for CDI in all acute care locations combined. Washington's SIR is significantly worse than the national average.

Figure 8. CDI SIR Trend in Washington, 2015-2023

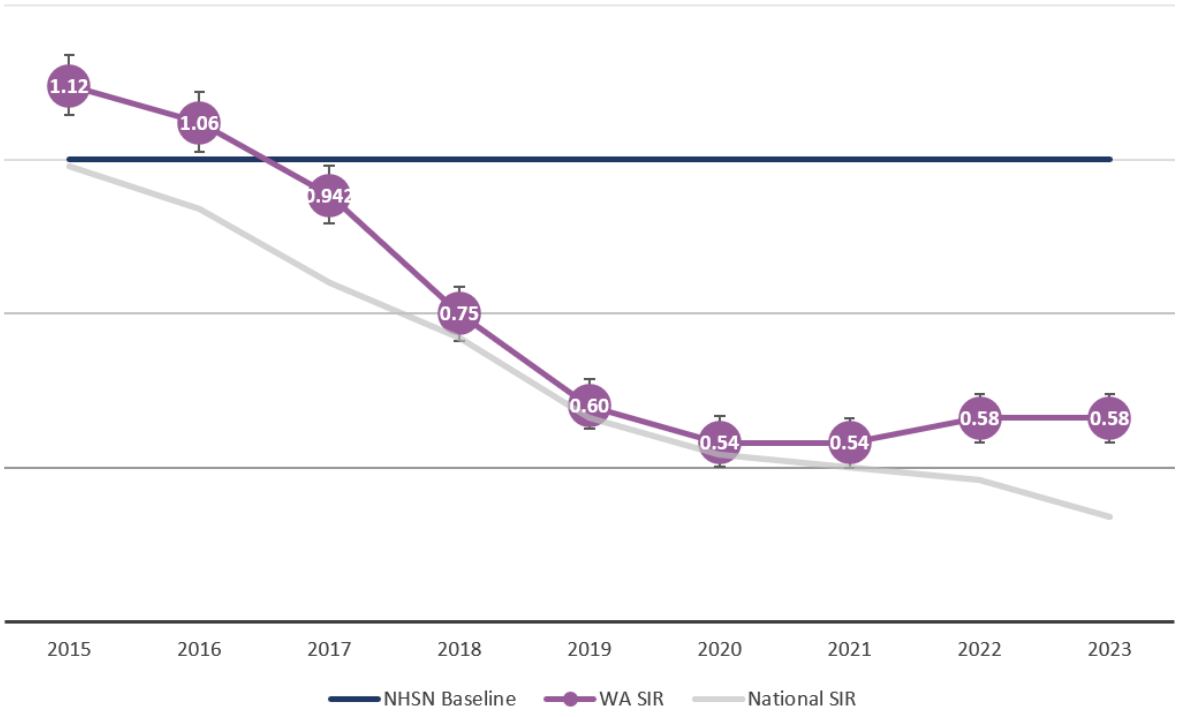


Table 9. HO-CDI Standardized Infection Ratios 2023 State Summary

	Performance	Number of Infections		Patient Days	SIR	95% CI
		Observed	Predicted			
Facility-wide (WA)	▲	814	1,405.32	2,771,049	0.58	0.54, 0.62
Facility-wide (National)	Reference	35,840	85,371.85	153,192,383	0.42	0.42, 0.42

Facility-Specific HO-CDI Standardized Infection Ratios

Table 10 lists SIRs for hospital-onset *C. difficile* infections (HO-CDI) for each ACH in Washington in 2023. The majority of ACHs in WA performed significantly better than expected (32 of 54). There were just three ACHs that had a SIR significantly greater than 1.0.

Table 10. HO-CDI Standardized Infection Ratios by Facility, 2023

Facility Name	Performance	Number of Infections		Patient Days	SIR	95% CI
		Observed	Predicted			
Astria Toppenish Hospital	◆	0	0.58	3,101	-	NA
Cascade Valley Hospital	▲	11	3.01	9,511	3.66	1.92, 6.36
Confluence Central Washington Hospital	▼	7	18.60	43,519	0.38	0.16, 0.74
Confluence Wenatchee Valley Medical Center	◆	0	0.49	2,371	-	NA
EvergreenHealth Medical Center	▼	18	36.99	81,549	0.49	0.30, 0.75
EvergreenHealth Monroe	◆	1	0.90	4,202	-	NA
Fred Hutchinson Cancer Center	△	16	11.58	6,598	1.38	0.82, 2.20
Grays Harbor Community Hospital	▽	5	8.10	14,639	0.62	0.23, 1.37
Island Hospital	▽	0	2.86	8,696	0	0, 1.05
Kaiser Permanente Central Hospital	◆	0	0.69	2,764	-	NA

Facility Name	Performance	Number of Infections		Patient Days	SIR	95% CI
		Observed	Predicted			
Legacy Salmon Creek Hospital	▼	18	35.18	59,179	0.51	0.31, 0.79
Mary Bridge Children's Hospital	▼	0	5.34	16,038	0	0, 0.56
MultiCare Allenmore Hospital	△	8	5.92	19,810	1.35	0.63, 2.57
MultiCare Auburn Regional Medical Center	▼	9	25.83	36,734	0.35	0.17, 0.64
MultiCare Capital Medical Center	▼	1	8.52	15,870	0.12	0.01, 0.58
MultiCare Covington Medical Center	▽	1	2.75	9,471	0.36	0.02, 1.79
MultiCare Good Samaritan	▼	18	64.54	98,103	0.28	0.17, 0.43
MultiCare Tacoma General Hospital	▼	35	68.64	97,695	0.51	0.36, 0.70
MultiCare Valley Hospital	▽	5	7.71	20,434	0.65	0.24, 1.44
MultiCare Yakima Valley Memorial	▼	8	31.13	56,431	0.26	0.12, 0.49
MultiCare Deaconess Hospital	▼	19	33.16	52,416	0.57	0.36, 0.88
Olympic Medical Center	▽	2	5.60	14,031	0.36	0.06, 1.18
Overlake Hospital Medical Center	▼	15	35.85	82,274	0.42	0.24, 0.68
PeaceHealth Southwest Medical Center	▼	19	49.30	107,367	0.38	0.24, 0.59
PeaceHealth St John Medical Center	▼	1	11.51	29,919	0.09	0, 0.43
PeaceHealth St. Joseph Medical Center	▼	11	27.28	62,810	0.40	0.21, 0.70
Providence Centralia Hospital	▼	3	8.54	27,610	0.35	0.09, 0.96
Providence Holy Family Hospital	▼	7	18.55	40,195	0.38	0.16, 0.75
Providence Kadlec Regional Medical Center	▼	12	33.03	75,994	0.36	0.20, 0.62
Providence Regional Medical Center Everett	▼	28	80.64	162,044	0.35	0.23, 0.50

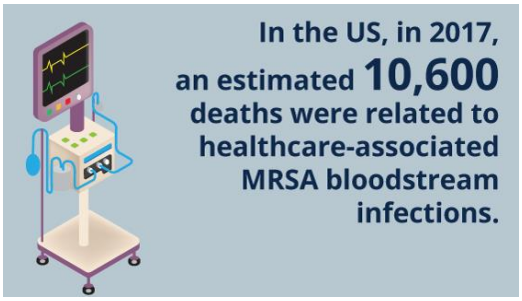
Facility Name	Performance	Number of Infections		Patient Days	SIR	95% CI
		Observed	Predicted			
Providence Sacred Heart Medical Center and Children's Hospital	▼	39	71.07	140,940	0.55	0.40, 0.74
Providence St. Mary Medical Center	▼	1	8.50	21,376	0.12	0.01, 0.58
Providence St. Peter Hospital	▼	11	43.92	99,929	0.25	0.13, 0.44
Samaritan Healthcare	=	3	2.66	11,083	1.13	0.29, 3.07
Seattle Children's Hospital	▲	64	31.65	98,548	2.02	1.57, 2.57
Shriners Hospital for Children Spokane	◆	0	0.29	1,869	-	NA
Skagit Regional Hospital	▼	8	22.23	41,676	0.36	0.17, 0.68
St Anthony Hospital	▼	2	14.78	36,208	0.14	0.02, 0.45
St Francis Hospital	▽	9	15.02	39,312	0.60	0.29, 1.10
St Joseph Medical Center	▼	15	50.83	111,889	0.30	0.17, 0.48
St. Anne Hospital	▼	5	12.31	30,022	0.41	0.15, 0.90
St. Clare Hospital	▼	1	13.44	34,370	0.07	0, 0.37
St. Michael Medical Center - Silverdale	▼	19	31.75	68,794	0.60	0.37, 0.92
Swedish Medical Center - Ballard	▽	1	2.52	13,064	0.40	0.02, 1.96
Swedish Medical Center - Cherry Hill	▽	13	21.06	49,713	0.62	0.34, 1.03
Swedish Medical Center - Edmonds	▼	10	23.94	42,224	0.42	0.21, 0.74
Swedish Medical Center - First Hill	▼	20	59.34	124,379	0.34	0.21, 0.51
Swedish Medical Center - Issaquah	▼	6	13.89	32,510	0.43	0.17, 0.90
Trios Southridge Hospital	▽	3	7.82	19,215	0.38	0.10, 1.04
UW Medicine Harborview Medical Center	△	102	100.73	143,544	1.01	0.83, 1.22
UW Medicine Northwest Hospital	▼	22	37.12	59,131	0.59	0.38, 0.88
UW Medicine Valley Medical Center	▽	55	56.89	91,715	0.97	0.74, 1.25

Facility Name	Performance	Number of Infections		Patient Days	SIR	95% CI
		Observed	Predicted			
University of Washington Medical Center	▲	117	92.90	131,641	1.26	1.05, 1.50
Virginia Mason Medical Center	▼	10	27.83	66,522	0.36	0.18, 0.64

Methicillin-Resistant *Staphylococcus aureus* (MRSA) Bacteremia

Staphylococcus aureus (SA) are bacteria commonly found on the skin. Although these bacteria are generally harmless, they can cause infections ranging from pimples or boils to serious infections of internal organs. Most SA infections are minor and do not require treatment with antibiotics. However, more severe SA infections are often treated with antibiotics. Methicillin-resistant *Staphylococcus aureus* (MRSA) is a strain of SA that has become resistant to certain antibiotics, such as methicillin. In North America, 23% of infections in the ICU are caused by SA, and 44% of those are caused by MRSA.[9]

MRSA in the bloodstream is known as MRSA bacteremia. It is one of the more severe forms of MRSA infection. Diagnosis requires blood cultures that verify MRSA's presence in the blood, which indicates a systemic infection.



Washington ACHs must report all laboratory-identified (LabID) MRSA bacteremia events. MRSA bacteremia became reportable to WA DOH in January 2020. Prior to the RCW 43.70.056 revision, WA DOH received MRSA bacteremia LabID data from CDC/NHSN as aggregated state data. Events are determined to be community- or hospital-onset based on the location that the specimen was collected, the date of specimen collection, and the date of admission to the facility.

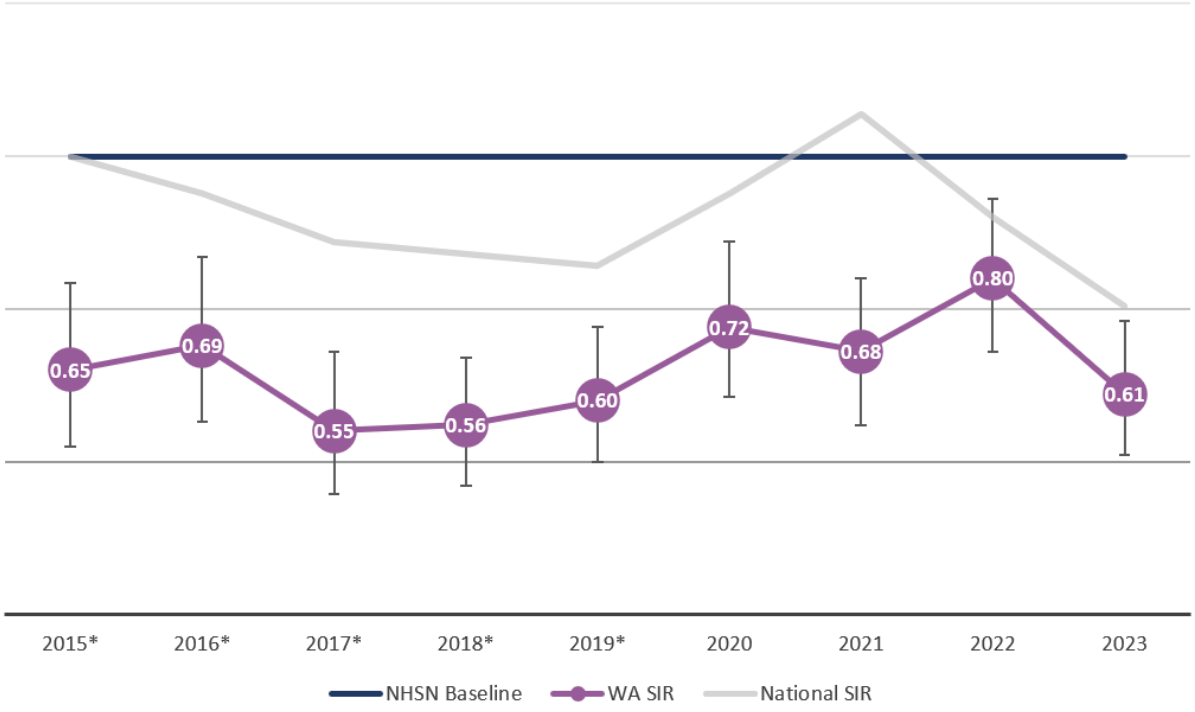
For more information, please visit the CDC's website on MRSA.

State and National HO-MRSA LabID Standardized Infection Ratios

Figure 9 below shows the MRSA SIRs since 2015, with a gray line showing the national trend during the same time. The vertical bars mark the confidence intervals around the estimate. MRSA bacteremia incidence has been stable since 2015, with some increases between 2020 and 2022. This is in line with national trend.

Table 11 shows the 2023 HO-MRSA SIR for the state and country, using aggregate NHSN data. The symbol in the performance column describes the state's SIR compared to the national SIRs for HO-MRSA LabID events for all acute care locations combined. The statewide SIR for HO-MRSA LabID was significantly lower than the national SIR.

Figure 9. MRSA SIR Trend in Washington, 2015-2023



*Aggregated NHSN data was used for years before 2020, when MRSA became reportable in Washington.

Table 11. HO-MRSA LabID Standardized Infection Ratios 2023 State Summary

	Performance	Number of Infections		Patient Days	SIR	95% CI
		Observed	Predicted			
Facility-wide (WA)	▼	116	189.98	2,974,936	0.61	0.51, 0.73
Facility-wide (National)	Reference	8,107	10,738.48	165,958,989	0.76	0.74, 0.77

Facility-Specific HO-MRSA LabID Standardized Infection Ratios

Table 12 shows the SIR for each ACH in Washington in 2023. Over a third of ACHs (19 of 54) did not have a SIR calculated, because the number of predicated infections was less than 1. Five facilities performed significantly better than expected, and only one performed significantly worse than expected.

Table 12. HO-MRSA LabID Standardized Infection Ratios by Facility, 2023

Facility Name	Performance	Number of Infections		Patient Days	SIR	95% CI
		Observed	Predicted			
Astria Toppenish Hospital	◆	0	0.08	3,101	-	NA
Cascade Valley Hospital	◆	0	0.30	9,776	-	NA
Confluence Central Washington Hospital	▽	0	2.36	46,373	0	0, 1.27
Confluence Wenatchee Valley Medical Center	◆	0	0.04	2,371	-	NA
EvergreenHealth Medical Center	▽	3	5.02	91,260	0.60	0.15, 1.63
EvergreenHealth Monroe	◆	0	0.08	4,202	-	NA
Fred Hutchinson Cancer Center	◆	0	0.42	6,598	-	NA
Grays Harbor Community Hospital	◆	1	0.71	15,190	-	NA
Island Hospital	◆	0	0.19	9,085	-	NA

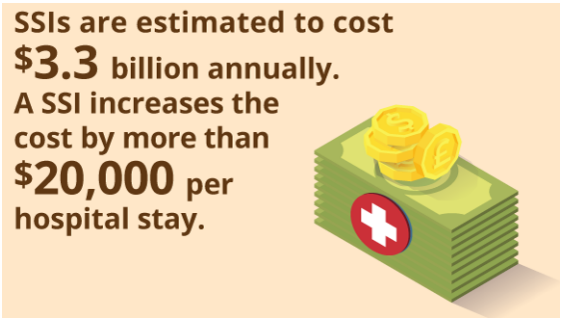
Facility Name	Performance	Number of Infections		Patient Days	SIR	95% CI
		Observed	Predicted			
Kaiser Permanente Central Hospital	◆	0	0.06	2,765	-	NA
Legacy Salmon Creek Hospital	=	2	2.54	62,116	0.79	0.13, 2.60
Mary Bridge Children's Hospital	◆	1	0.41	17,323	-	NA
MultiCare Allenmore Hospital	◆	2	0.41	19,810	-	NA
MultiCare Auburn Regional Medical Center	▽	0	3.10	39,444	0	0, 0.97
MultiCare Capital Medical Center	◆	0	0.95	16,623	-	NA
MultiCare Covington Medical Center	◆	0	0.23	9,471	-	NA
MultiCare Good Samaritan	▽	3	6.58	104,457	0.46	0.12, 1.24
MultiCare Tacoma General Hospital	▼	4	11.53	114,702	0.35	0.11, 0.84
MultiCare Valley Hospital	◆	0	0.91	20,434	-	NA
MultiCare Yakima Valley Memorial	△	4	2.88	58,929	1.39	0.44, 3.35
MultiCare Deaconess Hospital	▽	2	3.88	59,124	0.52	0.09, 1.70
Olympic Medical Center	◆	0	0.80	14,729	-	NA
Overlake Hospital Medical Center	▽	1	2.90	85,836	0.34	0.02, 1.70
PeaceHealth Southwest Medical Center	=	7	6.98	112,400	1.00	0.44, 1.98
PeaceHealth St John Medical Center	=	1	1.49	31,064	0.67	0.03, 3.31
PeaceHealth St. Joseph Medical Center	▽	2	3.48	67,225	0.58	0.1, 1.90
Providence Centralia Hospital	◆	0	1.00	28,489	-	NA
Providence Holy Family Hospital	=	2	2.30	41,315	0.87	0.15, 2.87
Providence Kadlec Regional Medical Center	▽	2	4.84	86,606	0.41	0.07, 1.36

Facility Name	Performance	Number of Infections		Patient Days	SIR	95% CI
		Observed	Predicted			
Providence Regional Medical Center Everett		8	14.78	175,544	0.54	0.25, 1.03
Providence Sacred Heart Medical Center and Children's Hospital		3	11.47	160,569	0.26	0.07, 0.71
Providence St. Mary Medical Center		0	1.08	22,581	0	0, 2.78
Providence St. Peter Hospital		3	6.24	102,464	0.48	0.12, 1.31
Samaritan Healthcare		0	0.27	11,083	-	NA
Seattle Children's Hospital		1	3.98	109,093	0.25	0.01, 1.24
Shriners Hospital for Children Spokane		0	0.03	1,869	-	NA
Skagit Regional Hospital		0	2.26	44,076	0	0, 1.32
St Anthony Hospital		0	2.20	36,208	0	0, 1.36
St Francis Hospital		0	1.84	42,001	0	0, 1.63
St Joseph Medical Center		4	11.10	125,804	0.36	0.12, 0.87
St. Anne Hospital		2	1.86	31,701	1.08	0.18, 3.56
St. Clare Hospital		0	3.41	34,370	0	0, 0.88
St. Michael Medical Center - Silverdale		1	5.14	72,800	0.19	0.01, 0.96
Swedish Medical Center - Ballard		0	0.52	13,064	-	NA
Swedish Medical Center - Cherry Hill		1	4.08	49,713	0.24	0.01, 1.21
Swedish Medical Center - Edmonds		1	2.96	43,856	0.34	0.02, 1.67
Swedish Medical Center - First Hill		7	13.07	142,275	0.54	0.23, 1.06
Swedish Medical Center - Issaquah		0	1.26	34,063	0	0, 2.37
Trios Southridge Hospital		0	0.76	20,791	-	NA
UW Medicine Harborview Medical Center		25	13.90	143,544	1.80	1.19, 2.62

Facility Name	Performance	Number of Infections		Patient Days	SIR	95% CI
		Observed	Predicted			
UW Medicine Northwest Hospital	=	4	3.50	62,721	1.14	0.36, 2.76
UW Medicine Valley Medical Center	△	6	4.08	100,139	1.47	0.60, 3.06
University of Washington Medical Center	△	12	9.21	146,366	1.30	0.71, 2.22
Virginia Mason Medical Center	▽	1	4.51	67,423	0.22	0.01, 1.09

Surgical Site Infections (SSI)

A surgical site infection (SSI) is an infection that occurs after surgery is performed. These infections can spread in superficial skin layers, deep incisional layers (fascial and muscle), and into internal areas of the body, such as organs or cavities between organs (known as organ space areas). SSIs occur in 2% to 5% of patients undergoing inpatient surgery. SSIs can be treated with antibiotics, but they can still be very serious. Approximately 3% of patients who develop an SSI will die as a result.[10]



SSI reporting focuses on certain types of surgeries because they are performed frequently or may have higher risk of infection. Hospital SSI rates are compared by the type of surgical procedure performed. Nationally, two SSI types are reported by all or most ACHs in most states: abdominal hysterectomy and colon surgery infections. SSI reporting of inpatient colon (SSI-COLO) and abdominal hysterectomy (SSI-HYST) surgeries has been mandated in Washington since 2012. The sections below look at SSI rates for SSI-COLO and SSI-HYST separately.

For more information, visit the CDC's webpage on SSIs.

Surgical Site Infections Following Colon Surgeries

Colon (large intestine or bowel) surgeries involve a surgical incision made to access the intestinal cavity to repair or remove part of the large intestine. Some colon repairs include removing diseased or damaged colon (resection), attaching healthy parts of the colon together (anastomosis), or making an opening in the colon to remove waste (ostomy).

SSI-COLO can affect the tissue around the incision and cause a superficial infection in skin and subcutaneous tissue. It can also cause a deep infection in the muscles, connective tissues, organs like the gastrointestinal tract, or the intra-abdominal area.

Rectal operations, small bowel surgeries, gallbladder removal, appendix removal, and non-surgical routine tests like colonoscopies are considered different types of procedures. They are not included in this NHSN colon surgery category and are not tracked by WA DOH.

State and National SSI-COLO Standardized Infection Ratios

Figure 10 below shows the statewide SSI-COLO SIRs since 2015, with a gray line showing the national averages during that time. The vertical bars mark the confidence intervals around the estimate. The SSI-COLO incidence has fluctuated a bit, with stable periods from 2015 to 2017 and 2018 to 2020. Recent increases have brought the WA SIR above the national average.

Table 13 shows the 2023 SSI-COLO SIR for the state and country, using aggregate NHSN data. The symbol in the performance column describes the state's SIR compared to the national SIRs for SSI-COLO. The Washington SIR was higher than the national SIR, but it is not statistically significant.

Figure 10. SSI-COLO SIR Trend in Washington, 2015-2023

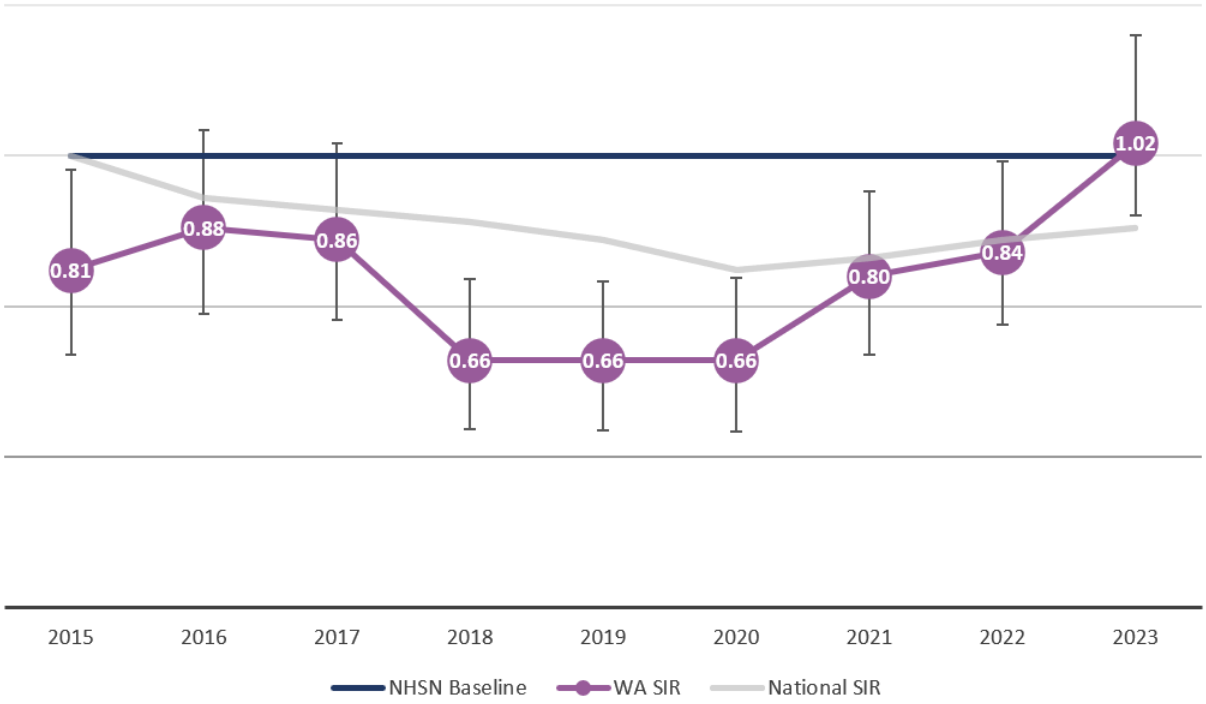


Table 13. SSI Colon Standardized Infection Ratios 2023 State Summary

	Performance	Number of Infections		Procedure Count	SIR	95% CI
		Observed	Predicted			
Washington	△	186	182.42	6,718	1.02	0.88, 1.17
National	Reference	7,789	8,858.81	331,774	0.88	0.86, 0.90

Facility-Specific SSI-COLO Standardized Infection Ratios

Table 14 shows the SIR for each ACH in Washington in 2023 that performed at least one colon surgery. Four ACHs performed significantly worse than expected, and four performed significantly better than expected.

Table 14. SSI-Colon Standardized Infection Ratios by Facility

Facility Name	Performance	Number of Infections		Procedure Count	SIR	95% CI
		Observed	Predicted			
Cascade Valley Hospital	▲	3	1.46	58	2.06	0.52, 5.59
Confluence Central Washington Hospital	▲	5	3.76	137	1.33	0.49, 2.95
EvergreenHealth Medical Center	▽	1	3.69	140	0.27	0.01, 1.34
EvergreenHealth Monroe	◆	0	0.43	18	-	NA
Grays Harbor Community Hospital	◆	0	0.56	22	-	NA
Island Hospital	◆	1	0.87	38	-	NA
Legacy Salmon Creek Hospital	▽	3	5.01	183	0.60	0.15, 1.63
Mary Bridge Children's Hospital	◆	0	0.27	6	-	NA
MultiCare Allenmore Hospital	〓	2	1.68	61	1.19	0.20, 3.95
MultiCare Auburn Regional Medical Center	▽	0	1.75	66	0	0, 1.71
MultiCare Capital Medical Center	▽	0	1.81	70	0	0, 1.66
MultiCare Covington Medical Center	◆	0	0.18	5	-	NA
MultiCare Good Samaritan	▼	0	4.16	156	0	0, 0.72
MultiCare Tacoma General Hospital	▽	8	9.10	324	0.88	0.41, 1.67
MultiCare Valley Hospital	▼	0	3.05	115	0	0, 0.98
MultiCare Yakima Valley Memorial	〓	3	3.64	119	0.82	0.21, 2.24
MultiCare Deaconess Hospital	▽	2	5.22	191	0.38	0.06, 1.27
Olympic Medical Center	〓	2	1.01	42	1.98	0.33, 6.52
Overlake Hospital Medical Center	▲	15	6.51	261	2.31	1.34, 3.72
PeaceHealth Southwest Medical Center	〓	7	7.47	270	0.94	0.41, 1.85
PeaceHealth St John Medical Center	▲	5	1.70	55	2.94	1.08, 6.53

Facility Name	Performance	Number of Infections		Procedure Count	SIR	95% CI
		Observed	Predicted			
PeaceHealth St. Joseph Medical Center		7	4.84	194	1.45	0.63, 2.86
Providence Centralia Hospital		2	1.36	53	1.47	0.25, 4.84
Providence Holy Family Hospital		8	5.15	181	1.55	0.72, 2.95
Providence Kadlec Regional Medical Center		6	7.53	274	0.80	0.32, 1.66
Providence Regional Medical Center Everett		11	9.59	341	1.15	0.60, 1.99
Providence Sacred Heart Medical Center and Children's Hospital		18	10.75	392	1.67	1.02, 2.60
Providence St. Mary Medical Center		4	0.87	31	-	NA
Providence St. Peter Hospital		7	5.85	215	1.20	0.52, 2.37
Samaritan Healthcare		0	0.39	14	-	NA
Seattle Children's Hospital		1	0.22	5	-	NA
Skagit Regional Hospital		3	3.01	115	1.00	0.25, 2.71
St Anthony Hospital		1	1.70	65	0.59	0.03, 2.90
St Francis Hospital		0	1.22	51	0	0, 2.47
St Joseph Medical Center		1	9.63	357	0.10	0, 0.51
St. Anne Hospital		0	1.58	63	0	0, 1.90
St. Clare Hospital		1	0.40	15	-	NA
St. Michael Medical Center - Silverdale		2	4.83	186	0.41	0.07, 1.37
Swedish Medical Center - Cherry Hill		0	0.14	4	-	NA
Swedish Medical Center - Edmonds		2	3.71	147	0.54	0.09, 1.78
Swedish Medical Center - First Hill		14	10.51	394	1.33	0.76, 2.18
Swedish Medical Center - Issaquah		5	4.62	181	1.08	0.40, 2.40

Facility Name	Performance	Number of Infections		Procedure Count	SIR	95% CI
		Observed	Predicted			
Trios Southridge Hospital	◆	1	0.89	30	-	NA
UW Medicine Harborview Medical Center	▲	13	5.32	133	2.44	1.36, 4.07
UW Medicine Northwest Hospital	△	5	2.50	93	2.00	0.73, 4.43
UW Medicine Valley Medical Center	▼	0	4.81	186	0	0, 0.62
University of Washington Medical Center	=	5	5.83	202	0.86	0.31, 1.90
Virginia Mason Medical Center	▽	6	8.07	315	0.74	0.30, 1.55

Surgical Site Infections Following Abdominal Hysterectomies

Abdominal hysterectomy is a common surgical procedure in which the uterus is removed through an incision in the lower abdomen. SSI-HYST can affect the area around the incision. This is a superficial infection, as the area affected is limited to the skin and subcutaneous tissue. Other more serious SSIs can result in a deep infection in the muscles or an infection affecting the reproductive tract in the area around the abdomen. A lower risk alternative to an abdominal hysterectomy is a vaginal hysterectomy.

State and National SSI-HYST Standardized Infection Ratios

Figure 11 below shows the statewide SSI-HYST SIRs have increased since 2015, with a gray line showing the national SIRs during that time. The vertical bars mark the confidence intervals around the estimate. SSI-HYST incidence in Washington has been increasing since 2020 and now exceeds the national average.

Table 15 shows the 2023 SSI-HYST SIR for the state and country, with aggregated NHSN data. The symbol in the performance column describes the state's SIR compared to the national SIRs for SSI-HYST. The statewide SIR for SSI-HYST is higher than the national SIR, but it is not statistically significant.

Figure 11. SSI-HYST SIR Trend in Washington, 2015-2023

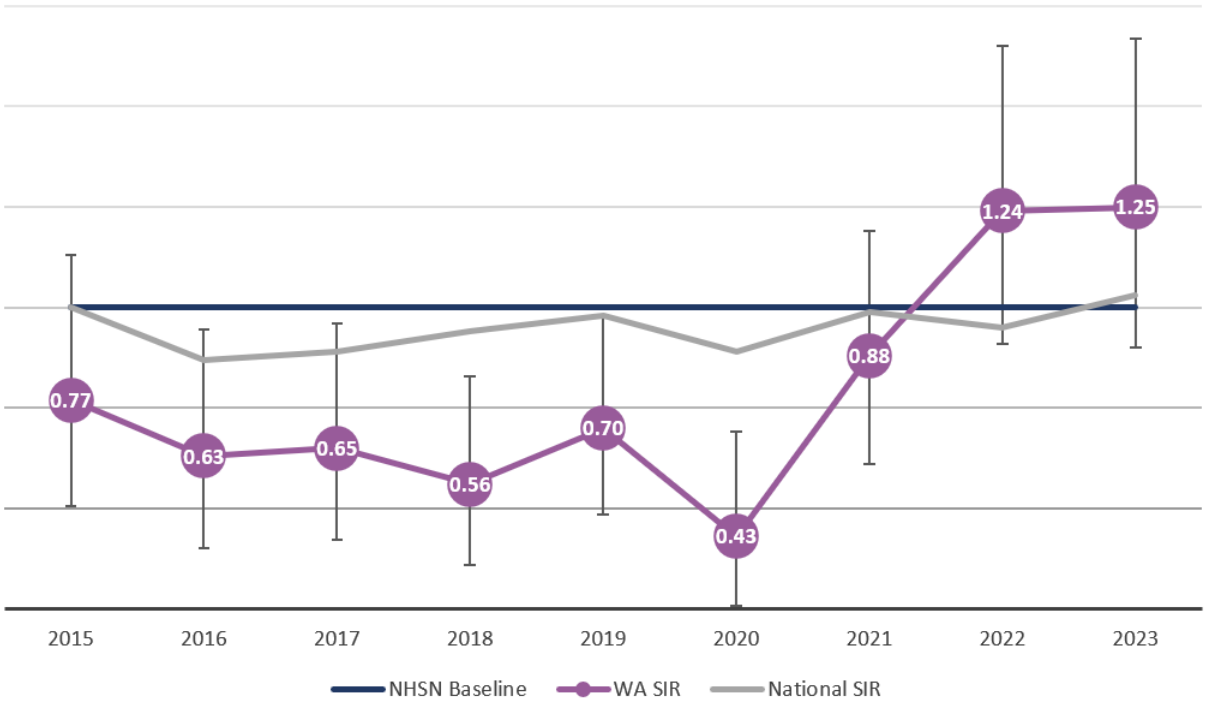


Table 15. SSI Hysterectomy Standardized Infection Ratios 2023 State Summary

	Performance	Number of Infections		Procedure Count	SIR	95% CI
		Observed	Predicted			
Washington	△	40	32.14	3,898	1.25	0.90, 1.68
National	Reference	1,846	1,790.61	250,781	1.03	0.99, 1.08

Facility-Specific SSI-HYST Standardized Infection Ratios

Table 16 shows the SIR for each ACH in Washington in 2023 that performed at least one abdominal hysterectomy surgery. Most ACHs do not have a SIR calculated, as the predicted number of infections is less than 1.0. Two ACHs performed significantly worse than expected, while no facilities performed significantly better than expected.

Table 16. SSI Hysterectomy Standardized Infection Ratios by Facility, 2023

Facility Name	Performance	Number of Infections		Procedure Count	SIR	95% CI
		Observed	Predicted			
Astria Toppenish Hospital	◆	0	0.04	5	-	NA
Cascade Valley Hospital	◆	0	0.02	2	-	NA
Confluence Central Washington Hospital	◆	0	0.16	18	-	NA
EvergreenHealth Medical Center	◆	0	0.46	60	-	NA
Grays Harbor Community Hospital	◆	0	0.09	10	-	NA
Island Hospital	◆	0	0.41	48	-	NA
Legacy Salmon Creek Hospital	◆	1	0.96	115	-	NA
MultiCare Allenmore Hospital	◆	0	0.17	19	-	NA
MultiCare Auburn Regional Medical Center	◆	0	0.14	18	-	NA
MultiCare Capital Medical Center	◆	0	0.24	29	-	NA
MultiCare Good Samaritan	◆	0	0.73	83	-	NA
MultiCare Tacoma General Hospital	=	2	1.02	118	1.96	0.33, 6.48
MultiCare Valley Hospital	◆	1	0.09	10	-	NA
MultiCare Yakima Valley Memorial	◆	0	0.32	37	-	NA
MultiCare Deaconess Hospital	◆	1	0.22	23	-	NA
Olympic Medical Center	◆	0	0.24	34	-	NA
Overlake Hospital Medical Center	▲	9	2.21	324	4.07	1.98, 7.46
PeaceHealth Southwest Medical Center	◆	0	0.60	65	-	NA
PeaceHealth St John Medical Center	◆	0	0.20	22	-	NA
PeaceHealth St. Joseph Medical Center	◆	2	0.44	52	-	NA

Facility Name	Performance	Number of Infections		Procedure Count	SIR	95% CI
		Observed	Predicted			
Providence Centralia Hospital	◆	1	0.70	80	-	NA
Providence Holy Family Hospital	◆	0	0.32	37	-	NA
Providence Kadlec Regional Medical Center	▲	6	3.31	388	1.81	0.73, 3.77
Providence Regional Medical Center Everett	=	3	2.31	283	1.30	0.33, 3.54
Providence Sacred Heart Medical Center and Children's Hospital	▲	7	1.68	198	4.18	1.83, 8.27
Providence St. Mary Medical Center	◆	0	0.17	23	-	NA
Providence St. Peter Hospital	=	2	1.79	210	1.12	0.19, 3.69
Samaritan Healthcare	◆	0	0.26	33	-	NA
Skagit Regional Hospital	◆	0	0.10	10	-	NA
St Anthony Hospital	◆	0	0.75	86	-	NA
St Francis Hospital	◆	0	0.15	21	-	NA
St Joseph Medical Center	▽	0	1.32	153	0	0, 2.27
St. Anne Hospital	◆	0	0.10	12	-	NA
St. Clare Hospital	◆	0	0.09	11	-	NA
St. Michael Medical Center - Silverdale	◆	0	0.25	28	-	NA
Swedish Medical Center - Edmonds	◆	0	0.44	58	-	NA
Swedish Medical Center - First Hill	▽	1	2.64	320	0.38	0.02, 1.87
Swedish Medical Center - Issaquah	◆	0	0.38	49	-	NA
Trios Southridge Hospital	◆	0	0.16	20	-	NA
UW Medicine Harborview Medical Center	◆	1	0.22	28	-	NA
UW Medicine Northwest Hospital	◆	0	0.84	105	-	NA

Facility Name	Performance	Number of Infections		Procedure Count	SIR	95% CI
		Observed	Predicted			
UW Medicine Valley Medical Center		0	0.87	105	-	NA
University of Washington Medical Center		3	2.62	297	1.15	0.29, 3.12
Virginia Mason Medical Center		0	1.27	167	0	0, 2.35

Health Care Personnel Influenza Vaccination

The Advisory Committee on Immunization Practices (ACIP) recommends that all health care personnel (HCP) and people in training for health care professions should be vaccinated against influenza annually. Influenza vaccination of HCPs reduces potential health care associated transmission and risk to patients. CMS-certified hospitals are required to report to NHSN on influenza vaccination of hospital employees, licensed independent practitioners (non-employed physicians, advanced practice nurses, and physician assistants), and adult students, trainees, and volunteers who are at least 18 years old. Since 2017, inpatient hospitals have been required to report influenza vaccinations for HCP. Reports should include vaccinations received inside and outside of the facility between October 1 and March 31 of each year. Medical contraindications and declinations should also be reported to NHSN. Contraindication is defined as a condition or circumstance that indicates a technique or drug should not be used. For vaccinations, this includes a severe allergic reaction to eggs, severe reaction to other components of the influenza vaccine, or a history of Guillain-Barre Syndrome within six weeks after a previous influenza vaccination.

For more information, please visit the CDC's webpage on HCP influenza vaccine reporting.

Table 17 lists the number of ACHs and CAHs that reported influenza vaccinations from 2020 to 2024 and the rate of vaccinated HCP. Rate vaccinated is defined as HCP who received an influenza vaccine. HCP who declined are not considered vaccinated, and individuals with contraindications are not included in total HCP eligible for influenza vaccination.

Table 17. Health Care Personnel Influenza Vaccination, 2020-2024

Influenza Season (October 1- March 31)	Number of Hospitals*	Rate vaccinated (of total HCP eligible for vaccination)*
2020-2021	82	84.6%
2021-2022	82	80.6%
2022-2023	84	81.2%
2023-2024	88	75.5%

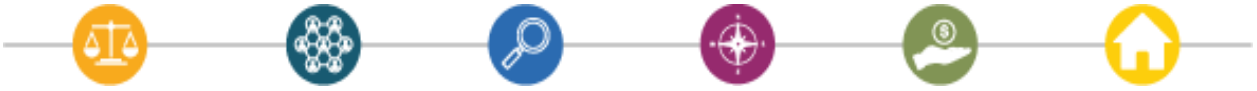
*Numbers in these columns differ from those in the 2021 Annual Report due to the classification of hospital type in NHSN.

Health Equity & HAIs

Health equity is a priority of many public health agencies. Health equity exists when all people have the opportunity to achieve their full health potential. Unfortunately, not everyone in Washington state has this opportunity. Many communities experience health inequities because of social determinants of health (SDOH) factors. SDOH are non-medical related conditions, usually out of one's control, that influence health and quality of life outcomes. Examples[11] of these conditions include race, gender, age, the area where one lives, economic stability, and education. SDOH affects every person in one way or another. It also contributes to health disparities and inequities among HAIs. Public health utilizes available data to guide interventions, provide recommendations, and advocate for policy changes. There is currently a lack of SDOH data in public health. When patients seek health care they are generally not asked about demographic information like race and ethnicity, creating gaps in our data. Without these data, we are unable to see the magnitude of inequities that are burdened by patients.

Within NHSN data that is currently available, less than 5% of the HAI events reported by Washington hospitals contain any race or ethnicity data. The CDC is currently working on updates to the NHSN system and requirements of hospitals to report race, ethnicity, primary language spoken, and need for interpreter services for each HAI event reported. These very much needed data will help evaluate the impact and identify disparities that SDOHs have on HAIs and respiratory vaccination uptake by health care workers.

WA DOH plans to include data related to health equity in future annual reports to help guide hospital interventions and recommendations for an equitable health care system for all Washingtonians.



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