

EXECUTIVE SUMMARY

Healthcare-associated infections (HAIs) are a major, yet often preventable, threat to patient safety. The Centers for Disease Control and Prevention (CDC) is committed to helping all Americans receive the best and safest care. The *National and State Healthcare-Associated Infections Progress Report* (HAI Progress Report) expands upon and provides an update to previous reports detailing progress toward the ultimate goal of eliminating HAIs. The reports can serve as a reference for anyone looking for information about national and state HAI prevention progress. It is specifically designed to be accessible to many audiences. For detailed methods, references, and definitions please refer to the [Technical Appendix and Glossary](#) within this report. For complete data tables and frequently asked questions, please visit CDC's HAI Progress Report website at www.cdc.gov/hai/progress-report.

To help improve patient safety, CDC tracks infections, responds to outbreaks, provides infection prevention expertise and guidelines, spearheads prevention research, and serves as the nation's gold-standard laboratory. CDC's National Healthcare Safety Network (NHSN), the nation's most widely used HAI tracking system, is critical in this work. More than 17,000 hospitals and other healthcare facilities report data to NHSN. This vital information is then used for summarizing HAI data at the national level,

including for this HAI Progress Report, and for care improvement by facilities, states, regions, quality groups, and national public health agencies including CDC.

The HAI Progress Report includes national and state-by-state summaries of six HAI types based on 2014 data. The report helps measure progress toward the HAI prevention goals outlined in the *National Action Plan to Prevent Health Care-Associated Infections: Road Map to Elimination (HAI Action Plan)* set by the U.S. Department of Health and Human Services (HHS). Progress is measured using the standardized infection ratio (SIR), a summary statistic that can be used to track HAI prevention progress over time.

Similar to CDC's previous report, most infections have decreased compared to the national baseline. Furthermore, in 2014 CLABSI reached the 2013 goals established by the HAI Action Plan in 2009. While CAUTI increased between 2009 and 2013, during this time there was progress in non-ICU settings, progress in all settings between 2013 and 2014, and most notably, even more progress in all settings towards the end of 2014. Despite progress, more action is needed at every level of public health and health care to eliminate infections that commonly threaten hospital patients, and to reach the new HHS proposed targets for [December 2020](#).

This report's national and state factsheets include infection-specific SIRs and progress in reducing HAIs. State-specific information also includes prevention efforts, HAI reporting mandates, and data validation. These customized factsheets can aid in identifying areas in need of improvement from a national level and within states.

The report includes national and state-level data from acute care hospitals for

- central line-associated bloodstream infections (CLABSI),
- catheter-associated urinary tract infections (CAUTI),
- surgical site infections (SSI),
- hospital-onset *Clostridium difficile* infections (*C. difficile*), and
- hospital-onset methicillin-resistant *Staphylococcus aureus* (MRSA) bacteremia (bloodstream infections).

State-specific SSI data are presented for colon surgery and abdominal hysterectomy surgery, the two surgeries mandated by the Centers for Medicare and Medicaid (CMS) Inpatient Quality Reporting Program. National SSI data includes the 10 select procedures published in previous years, and, for the first time in this report, the additional 29 surgical procedures reported to NHSN.

The report includes data reported to NHSN from the following locations:

- CLABSI: intensive care units, neonatal intensive care unit, and wards
- CAUTI: intensive care units and wards
- *C. difficile*: all inpatient locations in the facility, with the exception of the neonatal intensive care units and well-baby locations
- MRSA bacteremia: all inpatient locations in the facility

For more details on location-specific information, refer to the report's [Technical Appendix](#).

Previous reports included data from acute care hospitals only. For the first time, this report includes national data from two additional facility types. The report will describe CLABSI and CAUTI data from long-term acute care hospitals (LTACH), which provide treatment for patients who are generally very sick and stay, on average, more than 25 days. The report will also describe CAUTI data from inpatient rehabilitation facilities (IRFs), which include hospitals, or part of a hospital, that provide intensive rehabilitation services using an interdisciplinary team approach. Data in this report are reported from free-standing IRFs and rehabilitation locations within other hospitals.

The report describes significant reductions reported at the national level in 2014 for nearly all infection types when compared to the baseline data. CLABSI and abdominal hysterectomy SSI show the greatest reduction. Some progress is shown in reducing both hospital-onset MRSA bacteremia and hospital-onset *C. difficile* infections. The previous two reports showed an increase in CAUTI from the prior year, signaling a strong need for additional prevention efforts. CAUTI did decrease from 2013 to 2014, but continued prevention efforts are essential to improve patient safety.

Among national acute care hospitals, the report found:

- 50 percent decrease in CLABSI between 2008 and 2014
- No change in overall CAUTI between 2009 and 2014
 - However, there was progress in non-ICU settings between 2009 and 2014, progress in all settings between 2013 and 2014, and even more progress in all settings towards the end of 2014
- 17 percent decrease in SSI related to the 10 select procedures tracked in previous reports
 - 17 percent decrease in abdominal hysterectomy SSI between 2008 and 2014
 - 2 percent decrease in colon surgery SSI between 2008 and 2014

- 8 percent decrease in *C. difficile* infections between 2011 and 2014
- 13 percent decrease in MRSA bacteremia between 2011 and 2014

On the state level:

- 25 states performed better than the national SIR on at least two infection types
- 10 states performed better than the national SIR on at least three infection types
- 3 states performed better than the national SIR on at least four infection types
- 20 states performed worse than the national SIR on at least two infection types
- 10 states performed worse than the national SIR on at least three infection types

The number of states performing better than the rest of the nation by infection type:

- CLABSI – 13 states
- CAUTI – 18 states
- SSI, abdominal hysterectomy – 3 states

- SSI, colon surgery – 9 states
- *C. difficile* infections – 20 states
- MRSA bacteremia – 19 states

The number of states performing worse than the rest of the nation by infection type:

- CLABSI – 11 states
- CAUTI – 16 states
- SSI, abdominal hysterectomy – 4 states
- SSI, colon surgery – 14 states
- *C. difficile* infections – 13 states
- MRSA bacteremia – 12 states

This report provides the first national snapshot of HAIs in LTACHs and IRFs using NHSN data. LTACHs reported a 9 percent decrease in CLABSI and an 11 percent decrease in CAUTI between 2013 (baseline) and 2014. IRFs reported a 14 percent decrease in CAUTI between 2013 (baseline) and 2014.

Although significant progress was made in some infection types, there is much more work to be done. On any given day, approximately [one in 25](#) U.S. patients has at least one infection contracted during the course of their hospital care, demonstrating the need for improved infection control in U.S. healthcare facilities. Steps can be taken to control and prevent healthcare-associated infections in a variety of settings. Research shows that when healthcare facilities, care teams, and individual doctors and nurses, are aware of infection problems and take specific steps to prevent them, rates of some targeted HAIs (e.g., CLABSI) can decrease by more than [70 percent](#).

Full engagement between local, state, and federal public health agencies and their partners in the healthcare sector will be vital to sustaining and extending HAI surveillance and prevention progress. CDC will continue its prevention, tracking, laboratory, and guideline work to push the country further toward the goal of eliminating HAIs.

Any comments and suggestions that would improve the usefulness of future publications are appreciated and should be sent to the Division of Healthcare Quality Promotion, National Center for Emerging and Zoonotic Infectious Diseases, Centers for Disease Control and Prevention, 1600 Clifton Road, Mailstop A-07; Atlanta, Georgia, 30333. E-mail can also be used: patientsafety@cdc.gov.