Healthcare-associated infections (HAIs) are infections patients can get while receiving medical treatment in a healthcare facility. Working toward the elimination of HAIs is a CDC priority. The standardized infection ratio (SIR) is a summary statistic that can be used to track HAI prevention progress over time; lower SIRs are better. The infection data are reported to CDC’s National Healthcare Safety Network (NHSN). Inpatient Rehabilitation Facilities (IRFs) are hospitals, or part of a hospital, that provide intensive rehabilitation services using an interdisciplinary team approach. Admission to an IRF is appropriate for patients with complex nursing, medical management, and rehabilitative needs. Data are reported from free-standing IRFs and rehabilitation locations within other hospitals. This report is based on 2015 data, published in 2017 and uses the 2015 Baseline and risk-adjusted models.

### CLABSI
**CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS**

When a tube is placed in a large vein and not put in correctly or kept clean, it can become a way for germs to enter the body and cause deadly infections in the blood.

- Not enough data to calculate percent of IRFs with SIRs better or worse than the value of the national SIR.
- Tennessee reported lower (better) SIR compared to the value of the national SIR.

### CAUTI
**CATHETER-ASSOCIATED URINARY TRACT INFECTIONS**

When a urinary catheter is not put in correctly, not kept clean, or left in a patient for too long, germs can travel through the catheter and infect the bladder and kidneys.

- Among the 12 IRFs with enough data to calculate an SIR:
  - 0% had an SIR significantly higher (worse) than 0.981, the value of the national SIR.
  - 0% had an SIR significantly lower (better) than 0.981, the value of the national SIR.
- Tennessee reported higher (worse) SIR compared to the value of the national SIR.

### C. DIFFICILE EVENTS
**LABORATORY-IDENTIFIED HOSPITAL-ONSET C. DIFFICILE EVENTS**

When a person takes antibiotics, good bacteria that protect against infection are destroyed for several months. During this time, patients can get sick from *Clostridium difficile* (*C. difficile*), bacteria that cause potentially deadly diarrhea, which can be spread in healthcare settings.

- Among the 21 IRFs with enough data to calculate an SIR:
  - 5% had an SIR significantly higher (worse) than 1.031, the value of the national SIR.
  - 38% had an SIR significantly lower (better) than 1.031, the value of the national SIR.
- Tennessee reported lower (better) SIR compared to the value of the national SIR.

### MRSA BACTEREMIA
**LABORATORY-IDENTIFIED HOSPITAL-ONSET BLOODSTREAM EVENTS**

Methicillin-resistant *Staphylococcus aureus* (MRSA) is bacteria usually spread by contaminated hands. In a healthcare setting, such as a hospital, MRSA can cause serious bloodstream events.

- Not enough data to calculate percent of IRFs with SIRs better or worse than the value of the national SIR.
- Tennessee reported higher (worse) SIR compared to the value of the national SIR.
Healthcare-associated infection (HAI) data give healthcare facilities and public health agencies knowledge to design, implement, and evaluate HAI prevention efforts.

### 2015 DATA

<table>
<thead>
<tr>
<th>HAI TYPE</th>
<th># IRFS REPORTING†</th>
<th>2015 SIR DISTRIBUTION‡</th>
<th>2015 STATE SIR</th>
<th>2015 NAT’L SIR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MINIMUM</td>
<td>MEDIAN</td>
<td>MAXIMUM</td>
<td></td>
</tr>
<tr>
<td>CLABSI</td>
<td>11</td>
<td>—</td>
<td>—</td>
<td>0.000</td>
</tr>
<tr>
<td>CAUTI</td>
<td>32</td>
<td>—</td>
<td>—</td>
<td>1.414</td>
</tr>
<tr>
<td>C. difficile Events</td>
<td>31</td>
<td>0.000</td>
<td>0.368</td>
<td>1.077</td>
</tr>
<tr>
<td>MRSA Bacteremia</td>
<td>32</td>
<td>—</td>
<td>—</td>
<td>1.847</td>
</tr>
</tbody>
</table>

†The number of IRFs that reported to NHSN and are included in the SIR calculation. This number may vary across HAI types; for example, some hospitals do not use central lines or urinary catheters or ventilators. States with less than 5 facilities are suppressed.

‡These data represent the distribution of all hospital SIRs for each HAI type. The lowest facility SIR is represented by the “minimum”, and the highest facility SIR is the “maximum”. The median represents the middle of the distribution; half of all facilities fall below (and above) this SIR value. Distributions are only calculated when at least 20 hospitals had enough data to calculate an SIR.

For additional data points, refer to the technical data tables at [www.cdc.gov/hai/progress-report/](http://www.cdc.gov/hai/progress-report/)

---

**LEARN HOW YOUR HOSPITAL IS PERFORMING:**
https://www.medicare.gov/inpatientrehabilitationfacilitycompare/

**FOR ADDITIONAL INFORMATION:**
- NHSN: [www.cdc.gov/nhsn](http://www.cdc.gov/nhsn)
- Preventing HAIs: [www.cdc.gov/hai](http://www.cdc.gov/hai)
- For more information on the 2015 Baseline and risk adjustment calculation, please visit: [https://www.cdc.gov/nhsn/2015rebaseline/index.html](https://www.cdc.gov/nhsn/2015rebaseline/index.html)
- Tennessee: [health.state.tn.us/ceds/hai/index.htm](http://health.state.tn.us/ceds/hai/index.htm)