



State of Florida

Annual

Health Care-Associated
Infections Report

2021

Table of Contents

INTRODUCTION	2
METHODS	5
EXECUTIVE SUMMARY	6
CATHETER-ASSOCIATED URINARY TRACT INFECTIONS (CAUTI)	9
CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS (CLABSI)	10
CLOSTRIDIODES DIFFICILE (<i>C. diff</i> OR CDI) LAB-ID INFECTIONS	12
METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS (MRSA)	13
VENTILATOR-ASSOCIATED EVENTS (VAE)	14
SURGICAL SITE INFECTIONS (SSI)	16
ACKNOWLEDGEMENTS	18
GLOSSARY	18
REFERENCES	19



INTRODUCTION

BACKGROUND

Health care-associated infections (HAIs) are infections that develop during, or soon after receiving health care services.² Time spent in the hospital, or undergoing medical procedures, increases patient risk of HAIs. However, these infections are not limited to hospitals. Patients visiting outpatient clinics, dialysis centers, and long-term care facilities are also at risk.³ These infections can cause serious illness and death, and many are preventable. On any given day, about one in 31 hospital patients have at least one HAI.¹

Hospitals are required to self-report their HAI data using a free, web-based software system called the National Healthcare Safety Network (NHSN). The Florida Department of Health (DOH) provides support to hospital staff on the appropriate use of the system, and guidance to track infections using a standardized methodology. For more information about NHSN, please visit: [NHSN - Search \(bing.com\)](#)

This report covers Florida acute care hospital data for 2021. The data were downloaded from the [Current HAI Progress Report | HAI](#) and from archived year reports (2018, 2019, and 2020). Any changes made to the data after the publishing of the progress report are not reflected.

REPORT AUDIENCE

The DOH HAI Prevention Program team produces this report for consumers, health care providers, public health officials and Florida policy makers. These data can drive health care facility prevention strategies, awareness of the burden of HAIs within the community, and legislative support for HAI prevention and surveillance.

REPORTING REQUIREMENTS

Florida does not have hospital reporting requirements for HAIs. Hospitals that participate in Centers for Medicare and Medicaid Services (CMS) Quality Reporting programs are required to report certain HAIs to NHSN. For more information on CMS reporting requirements, please visit: [NHSN CMS](#)

NATIONAL TARGETS



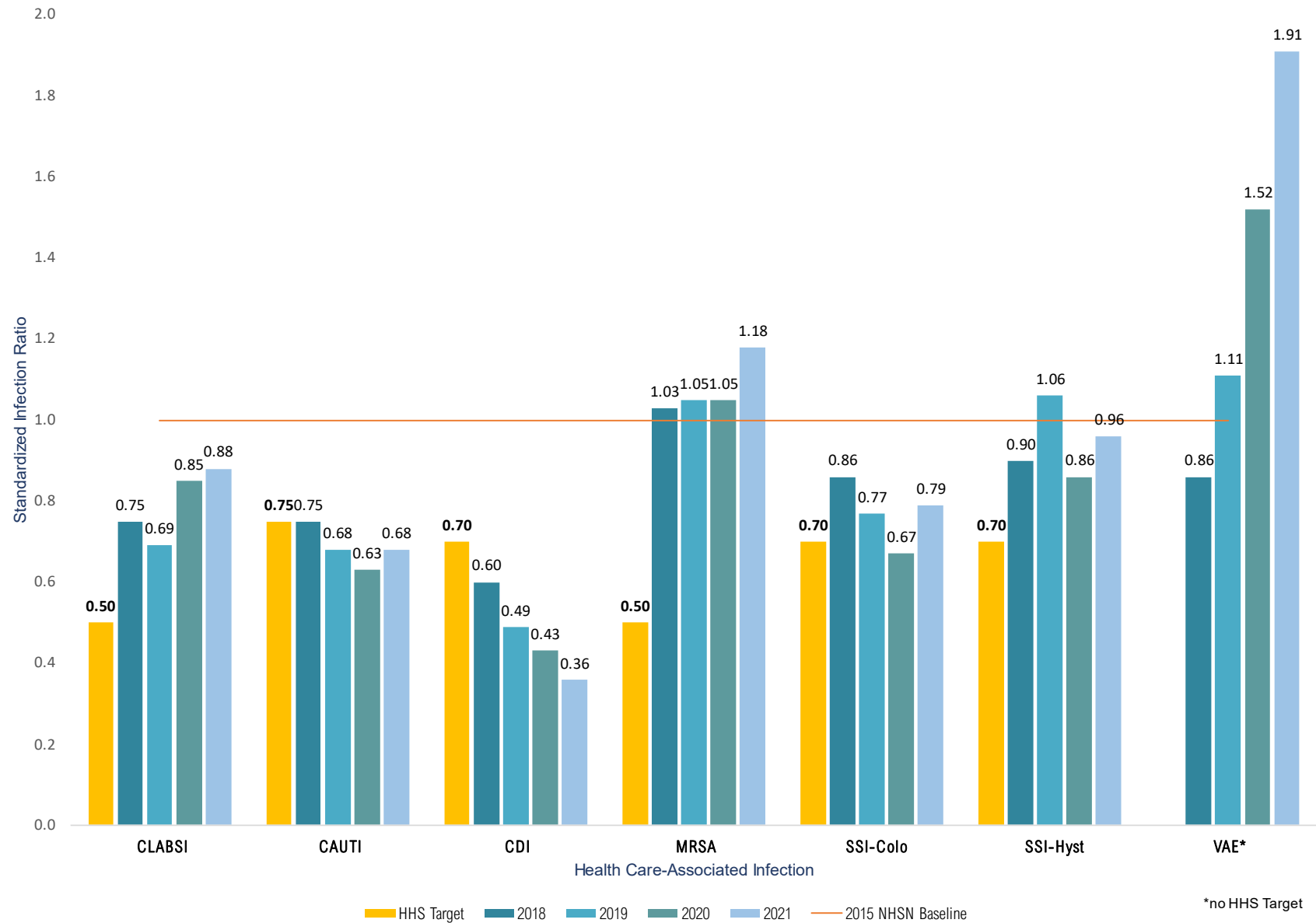
In 2015, new baselines of all the HAIs reported to NHSN for comparing HAI data were released. Updates were made to the source of aggregate data from national HAI data, and the risk adjustment method used for the original baselines. Risk adjustment is the process used to account for the differences in risk that may impact the number of infections reported by a hospital, such as location type, hospital bed size, patient age, etc. Hospital performance is compared using risk-adjusted data with a measure called the standardized infection ratio (SIR), discussed in more detail in the “Methods” section. For more information about the updated NHSN baseline, please visit the [2015 Rebaseline page](#).

In 2021, Florida acute care hospitals continued to make substantial improvements in HAI prevention efforts (Figure 1). The statewide SIR for catheter-associated urinary tract infections (CAUTI), central line-associated blood stream infections (CLABSI), *Clostridium difficile* Infections (CDI), surgical site infections following hysterectomies (SSI-Hyst), and surgical site infections following colon surgeries (SSI-Colo) are lower than the national baseline. Ventilator-associated events (VAE) are not reportable conditions for CMS; however, Florida monitors VAE due to the consistently increasing SIR over the past few years. Methicillin-resistant *Staphylococcus aureus* (MRSA) SIR has also increased since 2018.

A second standard of improvement is the 2020 U.S. Department of Health and Human Services (HHS) SIR target for the [National Action Plan to Prevent Health Care-Associated Infections: Road Map to Elimination \(HAI Action Plan\)](#). Only CAUTI and CDI in Florida have met the 2020 HHS target.



Figure 1. Health Care-Associated Infections SIRs in Florida Hospitals, 2018–2021



METHODS

The DOH HAI Prevention Program has established a data use agreement, which allows the DOH to use NHSN to retrieve and report on data submitted by hospitals. The SIR tables following each HAI section list SIRs for acute care hospitals.

For 2021, DOH tracked six types of HAIs:

- CLABSI
- CAUTI
- CDI
- MRSA
- VAE
- SSI (abdominal hysterectomies and colon surgeries)

Standardized Infection Ratio (SIR)

The SIR is a summary measure used to track HAIs over time and can be calculated on multiple population levels including unit, facility, state, and nation. The data adjusts for differences between health care facilities such as patients, procedures with higher risk of infection, and facility size. SIR compares the number of infections *reported*, to the number of infections that were *predicted*, using data from the 2015 baseline, which varies for each infection type. Lower SIRs indicate better performance. For more information on SIR, please visit [A Guide to the SIR](#).

SIR compares the observed number of infections that occurred given a hospital's number of device days, procedures, or patient (denominator) days with national baseline data. National data are provided as a metric for comparison and include all hospitals that report data into the NHSN system. 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, SIR can be assumed to be zero if it was not calculated.

Health care-associated Infection	Denominator
CLABSI	Total device (central line) days
CAUTI	Total device (catheter) days
CDI	Total patient days
MRSA	Total patient days
VAE	Total device (ventilator) days

SSI	Total procedures
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$$\text{SIR} = \frac{\text{Observed \# of HAIs}}{\text{Predicted \# of HAIs}}$$

When the SIR is calculated, there are three possible results:

- SIR is less than 1.0 (**better**)—this indicates that there were fewer infections reported during the surveillance period than would have been predicted given the baseline data.
- SIR is equal to 1.0 (**same**)—as in any ratio, the nominal value of 1 indicates that the numerator and denominator are equal. In this case, the number of infections reported during the surveillance period is the same as the number of infections predicted given the baseline data.
- SIR is greater than 1.0 (**worse**)—this indicates that there were more infections reported during the surveillance period than would have been predicted given the baseline data.

Cumulative Attributable Difference (CAD)

CAD is the number of infections that must be prevented within a group, facility, or unit to achieve an HAI reduction goal. CAD is calculated by subtracting a numerical prevention target from an observed number of HAIs. The prevention target is the product of the predicted number of HAIs and an SRI goal.

CAD is used as a prioritization metric to identify the areas with the highest burden of excess infections. Targeting these locations will yield the largest impact on HAI prevention. Since CAD is influenced by exposure size (i.e., a larger hospital); with many patient days will likely have a higher CAD than a smaller hospital would. It should not be used as a metric to compare performance of units or facilities. For more information on CAD and the Targeted Assessment for Prevention (TAP) Strategy please visit, [TAP Strategy 'How To' Guide for the Group User](#).

$$\text{CAD} = \text{Observed \# of HAIs} - \text{Predicted \# of HAIs(SIRgoal)}$$

EXECUTIVE SUMMARY

HAIs are infections patients acquire while receiving care for other reasons in a health care setting. These infections threaten patient safety and public health. The impact of HAIs is significant, contributing to increased length of hospitalization, financial burden, and potential death. While most HAIs are preventable, DOH estimates that one in every 31 hospitalized patients has had a HAI.¹ The DOH HAI Prevention Program works closely with local hospitals to track and prevent HAIs. Tracking of HAIs is standardized nationwide using the NHSN surveillance system and consistent surveillance definitions.



For 2021, CAUTI and CDI have met the HHS HAI Action Plan 2020 reduction goals. The SIR for CAUTI and CDI was 0.68 and 0.36 respectively, exceeding the HHS HAI Action Plan 2020 reduction goals of 0.75 and 0.70.

Among the CMS reportable HAIs, the largest reduction in SIR was for CDI 0.36, representing a 16% decrease from 2020.

The SIR for CAUTI increased from 0.63 to 0.68, representing a 7% increase from 2020. Six percent of intensive care units (ICUs) in Florida hospitals reporting to NHSN had a CAUTI SIR that was significantly higher than the national SIR (0.80). Four percent of wards in Florida hospitals reporting to NHSN had a CAUTI SIR that was significantly higher than the national SIR.

CLABSI SIR increased slightly in 2021, from 0.85 to 0.88. To meet the HHS SIR goal of 0.5, about two CLABSI infections will need to be prevented collectively among all Florida hospitals. Sixteen percent of Florida hospitals reporting to NHSN had a CLABSI SIR that was significantly higher than the national SIR (0.92). Eight percent of ICUs in Florida hospitals reporting to NHSN had a CLABSI SIR that was significantly higher than the national SIR. Eleven percent of wards in Florida hospitals reporting to NHSN had a CLABSI SIR that was significantly higher than the national SIR. No neonatal ICUs had a CLABSI SIR that was significantly higher than the national SIR.

SSIs for both colon surgery and abdominal hysterectomies had a higher SIR than in 2020, 0.79 and 0.96 respectively. To reach the HHS SIR goal of 0.70, about one SSI from colon surgery and one SSI from an abdominal hysterectomy need to be prevented collectively among all Florida hospitals.

The largest increase in SIR for CMS reportable HAIs was for MRSA, 13% (1.18). To achieve the HHS SIR goal of 0.50, about two MRSA infections need to be prevented collectively among all Florida hospitals.

Of the HAIs monitored by the DOH HAI Prevention Program, VAE had the largest increase in SIR, 26% (1.91). Forty-eight percent of ICUs in Florida hospitals reporting to NHSN had a VAE SIR that was significantly higher than the national SIR (1.46). Thirty-eight percent of wards in Florida hospitals reporting to NHSN had a VAE SIR that was significantly higher than the national SIR. VAE is not an HAI that is required to be reported to CMS for quality improvement programs, nor does it have an associated HHS HAI Action Plan 2020 reduction goal. VAE has



been rapidly increasing over the past four years and, as a result, DOH has elected to monitor and create initiatives toward reducing the VAEs across the state.

2021 FL HAI	Less than or equal to NHSN Baseline SIR 1.0	Less than or equal to National Average SIR	Less than or equal to 2020 HHS SIR Target Goal
CLABSI	✓	✓	✗
CAUTI	✓	✓	✓
CDI	✓	✓	✓
MRSA	✗	✗	✗
SSI - Colo	✓	✓	✗
SSI - Hyst	✓	✓	✗
VAE*	✗	✗	

*Not required by CMS and no HHS Target SIR Goal

HAI prevalence between hospitals depends on several factors; including infection prevention practices or policies, patient risk factors, and underlying conditions. Although Florida has only reached two of the six HHS SIR target goals, the remaining HAIs have CADs that are achievable for 2022—two or less infections to be prevented. Continued partnerships with local health departments, health care associations, and acute care hospitals drive HAI reduction initiatives. Sharing statewide data promotes patient safety and best practices in clinical settings. Continued vigilance in surveillance and education in infection control practices are essential to improve patient safety and outcomes.



CATHETER-ASSOCIATED URINARY TRACT INFECTIONS (CAUTI)

A urinary tract infection (UTI) is an infection involving any part of the urinary system, including urethra, bladder, ureters, and kidney. UTIs are the most common type of health care-associated infection reported to the [National Health care Safety Network \(NHSN\)](#). Among UTIs acquired in the hospital, approximately 75% are associated with a urinary catheter, which is a tube inserted into the bladder through the urethra to drain urine. Between 15–25% of hospitalized patients receive urinary catheters during their hospital stay.

The most important risk factor for developing a CAUTI is prolonged use of the urinary catheter. Therefore, catheters should only be used for appropriate indications and should be removed as soon as they are no longer needed.

Hospitals following CMS guidelines are required to report their infections to NHSN. Table 1 shows the SIR for the state, with aggregated NHSN data, compared to the National CAUTI SIR. The symbol in the performance column describes the state's SIR compared to the national SIRs for CAUTI in the specified acute care locations.

The 2021 SIR for CAUTI in all acute care locations is 0.68. Between 2020 and 2021, the state SIR for CAUTI increased by 7%, however this increase is not statistically significant ($p>0.05$).

Visit [here](#) for more information on [CAUTI](#).

Table 1. CAUTI Standardized Infection Ratios 2021 State Summary

Acute Care Facility Location	Performance	Number of Infections	Number Predicted	SIR	Confidence Interval (95%)
All locations (State)	▼	1,457	2,153.58	0.68	0.64, 0.71
Critical Care Locations (State)	▼	697	1,119.43	0.62	0.58, 0.67
Non-Critical Care Locations (State)	▼	760	1,034.16	0.74	0.68, 0.79
All locations (National)	Reference	24,710	31,077.11	0.80	0.79, 0.81
Critical Care Locations (National)	Reference	12,208	15,306.71	0.80	0.78, 0.81
Non-Critical Care Locations (National)	Reference	12,502	15,770.46	0.79	0.78, 0.81
▼	Statistically fewer (better) infections				
▼	Fewer infections (not statistically significant)				
▲	More infections (not statistically significant)				
▲	Statistically more (worse) infections				



CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS (CLABSI)

A central line (or central venous catheter) is a flexible tube that is inserted into a large vein in the neck, chest, arm, or groin to access a patient's bloodstream, with a tip that ends near the heart. They are used to provide medicines, nutrients, or fluids to access for laboratory testing, or to monitor pressure inside the heart. Central lines are typically kept in place longer than a regular intravenous (IV) catheter.

CLABSIs are serious infections that occur if pathogens (usually bacteria or viruses) enter the bloodstream through a central line. CLABSIs typically cause prolonged hospitalization, increased costs, and risk of mortality. Hospital CLABSI SIRs are compared by the type of hospital unit, based on the type of patient care required.

Florida hospitals have been required to report all adult, and neonatal ICU acquired CLABSIs to CMS for participation in quality improvement programs. Table 2 shows the SIR for the state, with aggregated NHSN data, compared to national CLABSI SIR. The symbol in the performance column describes the state's SIR compared to the national SIRs for CLABSI in the specified acute care locations.

The 2021 SIR for CLABSI in all acute care locations is 0.88. Between 2020 and 2021, the state SIR for CLABSI increased by 4%, however this increase is not statistically significant ($p>0.05$).

Visit here for more information on [CLABSI](#).



Table 2. CLABSI Standardized Infection Ratios 2021 State Summary

Acute Care Facility Location	Performance	Number of Infections	Number Predicted	SIR	Confidence Interval (95%)
All locations (State)	▼	1,883	2,142.88	0.88	0.84, 0.92
Critical Care Locations (State)	▼	934	871.03	1.07	1.01, 1.14
Non- Critical Care Locations (State)	▲	902	1,134.10	0.80	0.75, 0.85
Neonatal ICUs (State)	▼	47	137.75	0.34	0.25, 0.45
All locations (National)	Reference	27,021	29,335.40	0.92	0.91, 0.93
Critical Care Locations (National)	Reference	14,003	11,580.13	1.21	1.19, 1.2
Non- Critical Care Locations (National)	Reference	11,863	15,887.85	0.75	0.73, 0.76
Neonatal ICUs (National)	Reference	1,155	1,867.41	0.62	0.58, 0.66

▼	Statistically fewer (better) infections
▼	Fewer infections (not statistically significant)
▲	More infections (not statistically significant)
▲	Statistically more (worse) infections



CLOSTRIDIODES DIFFICILE (C. *diff* OR CDI) LAB-ID INFECTIONS

Clostridioides difficile (formerly *Clostridium difficile*), also known as “CDI, *C. difficile* or *C. diff*,” is a bacterium that can cause severe diarrhea, colitis, sepsis, and death. Most cases of CDI occur in people who are or who have been taking antibiotics, clearing the way for *C. difficile* to colonize in the gastrointestinal tract. Other risk factors include a recent stay in a hospital or nursing home, weakened immune system, being at least 65 years old, and having a previous infection.

C. difficile infection can spread from person-to-person on contaminated equipment or the hands of health care providers and visitors. Since the spore-forming bacteria can persist in the environment, and resist some methods of cleaning and disinfection, *C. difficile* poses an infection prevention challenge in health care settings.

Florida acute care hospitals are required to report hospital onset of *C. difficile* infections, identified by a laboratory test, for participation in CMS quality improvement programs. Table 3 shows the SIR for the state, with aggregated NHSN data, compared to national CDI SIR. The symbol in the performance column describes the state’s SIR compared to the national SIRs for CDI in the specified acute-care locations.

The 2021 SIR for CDI events is 0.36. Between 2020 and 2021, the state SIR for CDI events **decreased significantly by 16%** ($p < 0.05$).

Visit here for more information on [C. difficile](#).

Table 3. CDI Standardized Infection Ratios 2021 State Summary

Acute Care Facility Location	Performance	Number of Infections	Number Predicted	SIR	Confidence Interval (95%)
All locations (State)	▼	2,722	7,601.88	0.36	0.35, 0.37
All locations (National)	Reference	44,948	89,798.11	0.50	0.49, 0.51
▼	Statistically fewer (better) infections				
▼	Fewer infections (not statistically significant)				
▲	More infections (not statistically significant)				
▲	Statistically more (worse) infections				



METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS (MRSA)

Staphylococcus aureus (SA) are bacteria commonly found on the skin. Although these bacteria are generally harmless, they can cause infections ranging from skin sores to serious infections of internal organs. Most SA infections are minor and do not require treatment with antibiotics. However, more severe SA infections often require treatment with antibiotics. MRSA is a strain of SA that has become resistant to certain antibiotics, such as methicillin.

When MRSA is contracted in the health care setting, severe problems can manifest, such as bacteremia (bloodstream infections), pneumonia, and surgical site infections. If not properly treated, MRSA infections can result in sepsis or death.

Florida hospitals following CMS guidelines are required to report their infections to NHSN. Table 4 shows the SIR for the state, with aggregated NHSN data, compared to national MRSA SIR. The symbol in the performance column describes the state's SIR compared to the national SIRs for MRSA for facility-wide inpatient.

The 2021 SIR for MRSA bacteremia events is 1.18. Between 2020 and 2021, the state SIR for MRSA increased significantly by 13% ($p < 0.05$).

Visit here for more information on [MRSA](#).

Table 4. MRSA Standardized Infection Ratios 2021 State Summary

Acute Care Facility Location	Performance	Number of Infections	Number Predicted	SIR	Confidence Interval (95%)
All locations (State)	▲	1,031	873.83	1.18	1.11, 1.25
All locations (National)	Reference	11,605	10,850.79	1.07	0.5, 0.51
▼	Statistically fewer (better) infections				
▽	Fewer infections (not statistically significant)				
▲	More infections (not statistically significant)				
▲	Statistically more (worse) infections				



VENTILATOR-ASSOCIATED EVENTS (VAE)

A ventilator is a machine that is used to help a patient breathe by giving oxygen through a tube placed in a patient's mouth or nose, or through a hole in the front of the neck. Mechanical ventilation is an essential, life-saving therapy for patients with critical illness and respiratory failure. Patients who need a ventilator are at increased risk for complications, such as ventilator-associated pneumonia (VAP), sepsis, acute respiratory distress, etc. Complications can lead to longer duration of mechanical ventilation, longer stays in the ICU and hospital, increased health care costs, and increased risk of disability and death.

VAEs are identified by using a combination of objective criteria, deterioration in respiratory status after a period of stability or improvement on the ventilator, evidence of infection or inflammation, and laboratory evidence of respiratory infection.

VAEs are not required HAIs for reporting to CMS quality improvement programs, but DOH monitors VAE due to the increase in SIR over the past few years. Table 5 shows the SIR for the state, with aggregated NHSN data, compared to national VAE SIR. The symbol in the performance column describes the state's SIR compared to the national SIRs for VAE for facility-wide inpatients.

The 2021 SIR for VAE is 1.91. Between 2020 and 2021, the state SIR for MRSA increased significantly by 26% ($p < 0.05$).

Visit [here](#) for more information on [VAE](#).



Table 5. VAE Standardized Infection Ratios 2021 State Summary

Acute Care Facility Location	Performance	Number of Infections	Number Predicted	SIR	Confidence Interval (95%)
All locations (State)	▲	5,467	2,856.36	1.91	1.86, 1.97
Critical Care Locations (State)	▲	5,031	2,653.30	1.90	1.84, 1.94
Non- Critical Care Locations (State)	▲	436	203.05	2.15	1.95, 2.36
All locations (National)	Reference	50,050	34,261.47	1.46	1.45, 1.44
Critical Care Locations (National)	Reference	47,254	32,440.44	1.46	1.44, 1.47
Non- Critical Care Locations (National)	Reference	2,796	1,821.03	1.54	1.48, 1.59

▼	Statistically fewer (better) infections
▼	Fewer infections (not statistically significant)
▲	More infections (not statistically significant)
▲	Statistically more (worse) infections



SURGICAL SITE INFECTIONS (SSI)

An SSI is an infection that occurs after a surgery was performed. Most surgeries do not result in an infection. However, there is a risk of SSI following any surgery. 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.

SSIs occur in 2%–5% of patients undergoing inpatient surgery. These infections can spread in superficial skin layers, deep incisional layers (fascial and muscle), and into the organ space areas.

Nationally, two SSI types are reported by all, or most, acute care hospitals in most states: abdominal hysterectomy and colon surgery infections.

COLON SURGERIES

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

SSIs from colon surgeries can affect the tissue around the incision and cause a superficial infection (e.g., skin, and subcutaneous tissue), or a deep infection in the muscles, connective tissues, or organs such as the gastrointestinal tract or in the intra-abdominal area.

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

The 2021 SIR for SSIs from colon surgeries is 0.79. Between 2020 and 2021, the state SIR for SSIs related to colon surgeries increased significantly by 17% ($p < 0.05$).

ABDOMINAL HYSTERECTOMIES

An abdominal hysterectomy is a common surgical procedure in which the uterus is removed through an incision in the lower abdomen. Surgical site infections from hysterectomies 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.



Vaginal hysterectomies are not included in this NHSN abdominal hysterectomy surgery category.

The 2021 SIR for SSIs from abdominal hysterectomies is 0.96. Between 2020 and 2021, the state SIR for SSIs related to abdominal hysterectomies increased by 12%. However, this increase is not statistically significant ($p>0.05$).

Tables 6 and 7 show the SIR for the state, with aggregated NHSN data, compared to national SSI-COLO and SSI-HYST SIR.

Visit [here](#) for more information on [SSI](#).

Table 6. SSI-COLO Standardized Infection Ratios 2021 State Summary

Acute Care Facility Location	Performance	Number of Infections	Number Predicted	SIR	Confidence Interval (95%)
All locations (State)	▼	496	628.88	0.79	0.72, 0.86
All locations (National)	Reference	7,094	8,531.86	0.83	0.81, 0.85

Table 7. SSI-HYST Standardized Infection Ratios 2021 State Summary

Acute Care Facility Location	Performance	Number of Infections	Number Predicted	SIR	Confidence Interval (95%)
All locations (State)	▲	122	127.03	0.96	0.8, 1.4
All locations (National)	Reference	1,871	1,883.86	0.99	0.95, 1.04

▼	Statistically fewer (better) infections
▼	Fewer infections (not statistically significant)
▲	More infections (not statistically significant)
▲	Statistically more (worse) infections



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GLOSSARY

- CAD: Cumulative attributable difference
- CAUTI: Catheter-associated urinary tract infection
- CDI: Clostridioides difficile infection
- CLABSI: Central line-associated bloodstream infection
- CMS: Centers for Medicare and Medicaid Services
- COLO: Colon surgery
- DOH: Florida Department of Health
- HAI: Health care-associated infection
- HHS: U.S. Department of Health and Human Services
- MRSA: Methicillin resistant Staphylococcus aureus
- HYST: Abdominal hysterectomy surgery
- ICU: Intensive care unit
- MRSA: Methicillin-resistant Staphylococcus aureus
- NHSN: National Health care Safety Network
- SIR: Standardized infection ratio
- SSI: Surgical site infection
- VAE: Ventilator associated event



REFERENCES

HAI Data available from [HAI Data | HAI](#)

Antibiotic Resistance & Patient Safety Portal available from [HealthCare- and Community-Associated Infections](#)

Patient safety available from [HAI | Patient Safety](#)

