

Table of Central Line-Associated Bloodstream Infection Rates, by Type of Intensive Care Unit (ICU), 2014^{1,2,3}

December 2, 2015 download of January 2014 – December 2014 NHSN data

Hospital	Type of ICU																	
	Adult Cardiothoracic	Adult Medical / Surgical	Adult Medical	Burns	Long Term Acute Care	Neonatal Unit ⁴ Birth Weight Categories (grams)					Neurosurgical	Oncology ³ Line Types			Pediatric Cardiothoracic	Pediatric Medical/Surgical	Trauma	
						<750 g	751-1000 g	1001-1500 g	1501-2500 g	>2500 g		Overall	Temporary	Permanent				Overall
Adventist Health Walla Walla General Hospital		0.00																
Capital Medical Center		0.00																
Cascade Valley Hospital		0.00																
Central Washington Hospital		0.00																
Deaconess Hospital		2.00 1.80				0.00	0.00	0.00	0.00	0.00	0.00							
Evergreen Healthcare		0.55				0.00	0.00	0.00	0.00	0.00	0.00							
Grays Harbor Community Hospital		0.00																
Harborview Medical Center			1.19	2.52							2.28					1.43		
Harrison Medical Center		0.75																
Highline Medical Center		1.88																
Island Hospital		0.00																
Jefferson General Hospital		0.00																

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						<750 g	751-1000 g	1001-1500 g	1501-2500 g	>2500 g		Overall	Temporary	Permanent				Overall
Kadlec Medical Center		0.00				12.99	0.00	0.00	0.00	0.00	0.93							
Kindred Hospital, First Hill					4.81													
Kindred Hospital, Northgate					0.00													
Kittitas Valley Healthcare		0.00																
Legacy Salmon Creek Hospital		0.00				-	0.00	0.00	0.00	0.00	0.00							
Lourdes Health Network		0.00																
Mary Bridge Children's Hospital														0.00				
Mason General Hospital		0.00																
Mid-Valley Hospital		0.00																
MultiCare Auburn Medical Center		0.00																
MultiCare Good Samaritan Hospital		0.69																
Northwest Hospital and Medical Center – UW Medicine		1.07																

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						Birth Weight Categories (grams)						Overall	Temporary	Permanent				Overall
						<750 g	751-1000 g	1001-1500 g	1501-2500 g	>2500 g								
Olympic Medical Center		0.00																
Overlake Hospital Medical Center		1.11				-	0.00	0.00	0.00	0.00	0.00							
PeaceHealth Saint John Medical Center		0.00																
PeaceHealth Saint Joseph Medical Center		0.29																
PeaceHealth Southwest Medical Center		0.77 0.88				-	0.00	0.00	0.00	0.00	0.00							
PeaceHealth United General Medical Center		0.00																
Providence Centralia Hospital ⁵		2.38																
Providence Holy Family Hospital		0.46																
Providence Mount Carmel Hospital		0.00																
Providence Regional Medical Center Everett		0.40				0.00	0.00	0.00	0.00	0.00	0.00							
Providence Sacred Heart Medical Center	0.78	0.78				1.78	0.00	0.00	0.00	0.00	0.45				0.61			
Providence Saint Mary Medical Center		0.00																

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						Birth Weight Categories (grams)						Overall	Temporary	Permanent				Overall
						<750 g	751-1000 g	1001-1500 g	1501-2500 g	>2500 g								
Providence Saint Peter Hospital		1.15																
Pullman Regional Hospital		0.00																
Saint Anthony Hospital		1.11																
Saint Clare Hospital		0.00																
Saint Elizabeth Hospital		0.00																
Saint Francis Hospital		0.90				-	-	-	-	0.00	0.00							
Saint Joseph Medical Center		1.03				-	0.00	0.00	0.00	0.00	0.00							
Samaritan Healthcare		0.00																
Seattle Cancer Care Alliance												0.00	0.00	0.00				
Seattle Children's Hospital						1.26	2.95	0.00	1.18	0.78	1.16				1.21	1.51		
Skagit Valley Hospital		0.00																
Sunnyside Community Hospital		0.00																

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Hospital	Type of ICU																	
	Adult Cardiothoracic	Adult Medical / Surgical	Adult Medical	Burns	Long Term Acute Care	Neonatal Unit ⁴					Neurosurgical	Oncology ³			Pediatric Medical/ Surgical	Pediatric Cardiothoracic	Trauma	
						Birth Weight Categories (grams)						Overall	Temporary	Permanent				Overall
						<750 g	751-1000 g	1001-1500 g	1501-2500 g	>2500 g								
Swedish Cherry Hill		0.50 1.17																
Swedish Edmonds			0.74															
Swedish First Hill		0.00 0.93				0.00	0.00	0.00	0.00	0.00	0.00				0.00			
Swedish Issaquah		0.00																
Tacoma General Hospital / Allenmore Hospital		0.85 0.00 0.00				2.13	1.29	0.00	0.00	0.00	0.74							
Three Rivers Hospital ⁶		-																
Toppenish Community Hospital		0.00																
Tri-State Memorial Hospital		0.00																
Trios Health (formerly Kennewick) / Trios Southridge Hospital ⁷		3.63																
University of Washington Medical Center	0.19	0.00				4.64	0.00	0.00	0.00	0.00	1.44							
Valley General Hospital		0.00																
Valley Hospital ⁸		3.02																

Table of Central Line-Associated Bloodstream Infection Rates, by Type of Intensive Care Unit (ICU), 2014 ^{1, 2, 3}

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Hospital	Type of ICU																	
	Adult Cardiothoracic	Adult Medical / Surgical	Adult Medical	Burns	Long Term Acute Care	Neonatal Unit ⁴					Neurosurgical	Oncology ³			Pediatric Cardiac	Pediatric Medical/Surgical	Trauma	
						Birth Weight Categories (grams)						Overall	Temporary	Permanent				Overall
						<750 g	751-1000 g	1001-1500 g	1501-2500 g	>2500 g								
Valley Medical Center - UW Medicine ⁹		1.32				5.29	5.05	0.00	0.00	0.00	2.21							
Virginia Mason Medical Center		0.49																
Whidbey General Hospital		0.00																
Yakima Regional Medical and Cardiac Center		1.02																
Yakima Valley Memorial Hospital		2.11				0.00	0.00	0.00	0.00	0.00	0.00							

Table Notes:

1. All rates are expressed as infections per 1,000 line-days. Red colored cells have statistically significant higher infection rates than other hospitals reporting similar units during the year. White cells have rates similar to other hospitals. White cells with dashes "-" indicate reporting units or subcategories with no central-line patients during the reporting period. Light grey cells indicate where hospitals do not report having that type of ICU. Unit types with additional subcategories (neonatal and oncology) are only statistically compared between hospitals by their "overall" rates. Cell coloring for the entire unit (overall and subcategory rates) reflect the interpretation of the overall rate. Visit our website for more information about our [statistical methods](#).
2. Some hospitals have more than one ICU of the same type, so separate rates are shown in the cell for each one.
3. Washington State 2014 reports for central line-associated bloodstream infections exclude cases reported in NHSN as "mucosal barrier injury" (MBI) bloodstream infections. These cases typically occur among highly immunocompromised patients where intestinal bacteria can enter the bloodstream through deterioration of the intestinal tract. If a central line is present, these may be reported as CLABSI but may not be preventable as a device-associated infection.ⁱ

ⁱ HICPAC 2013 recommendations on public reporting of healthcare associated infections data: <http://www.ncbi.nlm.nih.gov/pubmed/24189597>

Table of Central Line-Associated Bloodstream Infection Rates, by Type of Intensive Care Unit (ICU), 2014^{1,2,3}

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Details of oncology ICU infection rate by central types are included in this table. By separating rates for both line types, the number of line-days in either subcategory can be very low, and a single infection may produce a seemingly high rate.

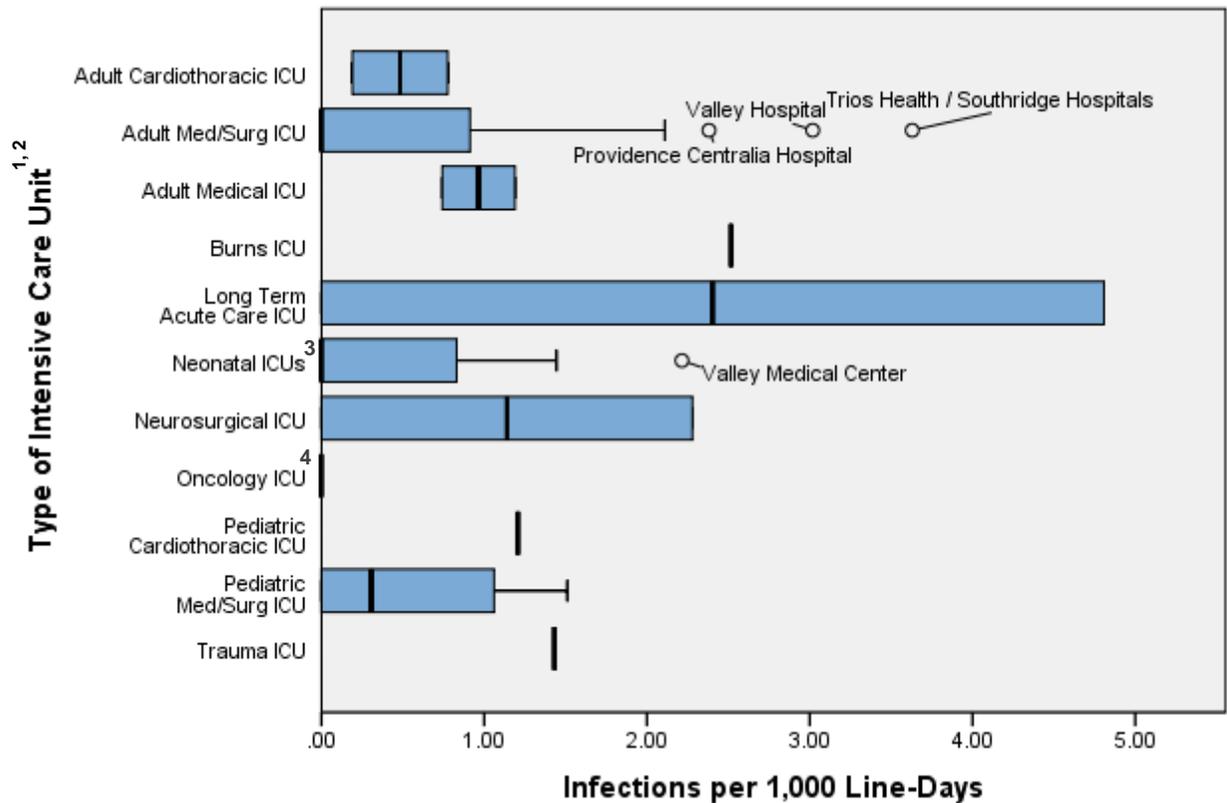
4. Details of neonatal intensive care unit (NICU) infection rate by birth weight groups are included in this table. Generally, the smallest infants are the most susceptible to infection, but it is difficult to provide accurate rates at this level of detail because the total number of line-days in each birth weight group can be quite small for many hospitals. Even one infection can produce a seemingly high rate when the number of line-days is very low. NICU rates shown on the box plot and map pages are overall rates, for all infants regardless of birth weight. Overall NICU rates are calculated from the total number of infections and total number of line-days from each birth weight group, and are used to compare hospitals more accurately.

Hospital Notes:

5. Providence Centralia Hospital – Infection rate is due to one case during the year, and is the first ICU case reported since reporting began in 2009. The hospital investigated the case and subsequently, reviewed line insertion and maintenance practices and enhanced nursing staff training.
6. Three Rivers Hospital – No rates are shown because the hospital had no central-line patients during the reporting period.
7. Trios Health / Southridge Hospitals – Infection rate is due to two cases during the second half of the year (at Trios Southridge). The hospital investigated each case, recognized inconsistencies in central-line care and subsequently reinforced line insertion and maintenance best practices for nursing staff. Most inpatient hospital services (including ICU care) at Trios Health were largely discontinued mid-year in 2014, and transferred to the new Trios Southridge facility, which opened June 2014. This reported rate is the combination of both facilities' ICU rates over the year.
8. Valley Hospital – Infection rate is due to three cases during the year, with no indication of cross-infection. The hospital reviewed each case and subsequently implemented a revised central-line insertion and maintenance protocol and added additional infection prevention measures.
9. Valley Medical Center – Infection rate is due to two cases during the year, with no indication of cross-infection. The hospital reviewed and investigated each case.

Box Plots of Central Line-Associated Bloodstream Infection Rates, By Type of Intensive Care Unit (ICU), 2014

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Box Plots Notes:

1. In 2014, Washington State hospitals reported only one of the following types of intensive care units: burn, oncology, pediatric cardiothoracic, and trauma. Therefore, the plot does not show a range for these types of locations. Visit our website for more information about our [statistical methods](#).
2. Washington State 2014 reports for central line-associated bloodstream infections exclude cases reported in NHSN as “mucosal barrier injury” (MBI) bloodstream infections. These cases typically occur among highly immunocompromised patients, for example in oncology units.
3. Neonatal intensive care unit (NICU) rates shown here are for the unit overall (all infants regardless of birth weight). Details of NICU central line infection rate by birth weight groups are provided on the [2014 ICU rate table](#).
4. Oncology unit rates shown here are for the unit overall (using line days and non-MBI infections from both permanent and temporary central lines). Details of oncology infection rates by central line types are provided on the [2014 ICU rate table](#).

Hospital Notes:

5. Providence Centralia Hospital – Infection rate is due to one case during the year, and is the first ICU case reported since reporting began in 2009. The hospital investigated the case and subsequently, reviewed line insertion and maintenance practices and enhanced nursing staff training.

Box Plots of Central Line-Associated Bloodstream Infection Rates, By Type of Intensive Care Unit (ICU), 2014

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6. Trios Health & Trios Southridge Hospitals – Infection rate is due to two cases during the second half of the year (at Trios Southridge). The hospital investigated each case, recognized inconsistencies in central-line care and subsequently reinforced line insertion and maintenance best practices for nursing staff. Most inpatient hospital services (including ICU care) at Trios Health were largely discontinued mid-year in 2014, and transferred to the new Trios Southridge facility, which opened June 2014. Both hospitals' half-year Medical/Surgical ICU rates are combined for this report.
7. Valley Hospital – Infection rate is due to three cases during the year, with no indication of cross-infection. The hospital reviewed each case, subsequently implemented a revised central-line insertion and maintenance protocol, and added additional infection prevention measures.
8. Valley Medical Center – Infection rate is due to two cases during the year, with no indication of cross-infection. The hospital reviewed and investigated each case.

Washington State HAI Program Hospital Inpatient Unit Categories

Background

Hospitals submit healthcare associated infection (HAI) data to the department using CDC's National Healthcare Safety Network ([NHSN](#)) protocols. Central line associated bloodstream infection (CLABSI) data is reported by [NHSN defined location designations](#) (right column below).^{1, 2} The department combines the reported data from similar NHSN unit designations into 13 distinct inpatient location categories, excluding intensive care units (ICU) (blue bars, left column below). These categories combine NHSN units which provide similar types of care to similar types of patients, and have similar risk of CLABSI based on published U.S. CLABSI rates.³ NHSN locations are also combined to provide a more robust statistical assessment of Washington State hospitals.

Hospital reported inpatient unit locations in NHSN are determined by hospital type (black bars, right column), acuity level (grey bars, right column), and unit services. Choosing an acuity level requires patient care areas be comprised of at least 80% of patients at the same acuity level. Acuity levels include critical care (ICUs), specialty care areas (such as oncology), adult wards, pediatric wards, neonatal wards, step down units, and mixed acuity units. Services for a location are either specific or general. Specific service types require at least 80% of patients receiving the same service (i.e. rehabilitation or neurosurgical care). General services wards must have a patient mix of at least 60% medical or surgical, or 50% of each (for medical/surgical).

NHSN location mapping instructions require a high percentage of patients in a calendar year meet the selected location acuity level and service description. However, sometimes individual patients not meeting the unit description can be included in surveillance for that unit. For example a post-surgical patient receiving care on a medical ward, or a women's health ward taking "overflow" patients from a general ward during cold-and-flu season. Changes to patient mix (e.g. merging of units, taking on a new service) may require hospitals to reassess and reclassify the location acuity and service type, which may occur mid-year.

Washington State is using a similar unit categorization strategy to that used by the California Department of Public Health.⁴ Categorization options for non-ICU CLABSI reporting were discussed with the state [HAI Advisory Committee](#).

¹ NHSN location mapping instructions: <http://www.cdc.gov/nhsn/PDFs/psc/MappingPatientCareLocations.pdf>

² NHSN location descriptions: http://www.cdc.gov/nhsn/PDFs/pscManual/15LocationsDescriptions_current.pdf

³ See CDC/NHSN Device-Associated Module Reports: <http://www.cdc.gov/nhsn/datastat/index.html>

⁴ See CDPH CLABSI Reports Technical Notes:

<http://www.cdph.ca.gov/programs/hai/Pages/CentralLineAssociatedBloodstreamInfections-CLABSI-Reports.aspx>

Washington State HAI Program Hospital Inpatient Unit Categories

The following table describes the Washington State Department of Health Healthcare Associated Infection Program’s hospital inpatient unit categorizations, which is used for comparing central line-associated bloodstream infection (CLABSI) rates between hospitals.

Washington State non-ICU Categories	NHSN Location Designations
Adult Categories	
Medical Wards	<i>Acute Care Hospitals</i>
Hospital areas for the evaluation, stabilization and treatment of patients with medical (non-surgical) conditions or disorders, such as patients who have non-critical burns, experienced an acute stroke, have neurological or respiratory system disorders, or require continuous cardiac monitoring.	Adult General Wards
	Medical*
	Adult Specific Wards
	Burn Neurology Pulmonary Stroke (Acute) Telemetry
Surgical Wards	<i>Acute Care Hospitals</i>
Hospital areas for evaluation and treatment of patients who have undergone a surgical procedure. This can include units specializing in care of patients who are primarily admitted for neurosurgery or be cared for by a neurosurgeon after head or spinal trauma, or surgery on bones, joints, and associated structures by an orthopedist.	Adult General Wards
	Surgical*
	Adult Specific Wards
	Neurosurgical Orthopedic Vascular Surgery
Medical / Surgical Wards	<i>Acute Care Hospitals</i>
Hospital area for the evaluation and treatment of patients with medical and/or surgical conditions. To be considered a medical/surgical ward, approximately half of patients should be medical and half surgical. For more details about medical or surgical descriptions, see above categories.	Adult General Wards
	Medical / Surgical*

Washington State HAI Program Hospital Inpatient Unit Categories

Washington State non-ICU Categories	NHSN Location Designations
Adult Categories (continued)	
Adult Post Critical Care (Step Down) Units	<i>Acute Care Hospitals</i>
<p>Hospital area for adult patients who are hemodynamically stable and can benefit from close supervision and monitoring. Many of these patients typically receive care in ICUs to stabilize them, and then move to step down units for monitoring. They may require a higher level of care than patients in general ward locations.</p>	Step Down Units
	<p>Adult Step Down</p>
Mixed Acuity Units	<i>Acute Care Hospitals</i>
<p>Hospital areas for the evaluation and treatment of patients with varying levels of acuity (e.g., critical care, ward-level care, step down type care, etc.). Such a unit may provide a variety of hospital services (e.g., coronary, medical, surgical, etc.). This unit type may or may not include “acuity adaptable”, “swing” or “universal” beds (i.e., this model of patient care allows a patient to stay in the same bed during all phases of care, from critical care through lower levels of care).</p>	Mixed Acuity
	<p>All Adult Mixed Acuity Mixed Age Mixed Acuity</p>

Washington State HAI Program Hospital Inpatient Unit Categories

Washington State non-ICU Categories	NHSN Location Designations
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Adult Categories (continued)

Rehabilitation Wards	<i>Acute Care Hospitals</i>
Hospital areas for evaluation, treatment, and restoration of function to patients who have lost function due to acute or chronic pain, musculoskeletal problems, stroke, brain or spinal cord dysfunction, or catastrophic events resulting in complete or partial paralysis.	Adult Specific Wards
	Rehabilitation
	<i>Inpatient Rehabilitation Facilities</i>⁵
	Rehabilitation Ward
Long Term Care Wards	<i>Long Term Acute Care Hospitals</i>⁶
Hospital area for the evaluation and treatment of patients who require an extended stay in an acute care environment for nursing, rehabilitative or custodial services. Long term acute care hospitals receive patients from other hospitals, suffering medically complex conditions or who have suffered recent catastrophic illness or injury. These patients need an acute level of care below critical care but above skilled nursing levels, which is anticipated to last more than 25 days.	Long Term Acute Care Ward

⁵ There is only one inpatient rehabilitation facility (IRF) in the state, which has an acute care hospital license. All of this facility's patients with central lines are included in this non-ICU category, compared to other acute care hospitals' smaller volume rehabilitation units within their facilities.

⁶ Long term acute care hospitals report all of their non-ICU level patients for their whole facility in this category.

Washington State HAI Program Hospital Inpatient Unit Categories

Washington State non-ICU Categories	NHSN Location Designations
Mixed Age Categories	
Perinatal / Women’s Health Units	<i>Acute Care Hospitals</i>
Hospital areas for observation, evaluation, treatment or surgery of low- and high-risk pregnancy patients and female patients with reproductive tract disorders. This category also includes suites used for labor, delivery, recovery from childbirth (including post-partum care) and postnatal care of healthy newborns. Well baby nurseries may include neonatal resuscitation and stabilization of ill newborns until transfer to a facility at which specialty neonatal care is provided.	Adult Specific Wards
	Antenatal Care Gynecology Labor & Delivery Labor, Delivery, Recovery, Postpartum Postpartum
	Infant/Neonatal Units
	Well Baby Nursery (Level I)
Behavioral / Psychological Wards	<i>Acute Care Hospitals</i>
Hospital area for the evaluation and treatment of patients with acute psychiatric or behavioral disorders. This may include those units identified as chemical dependency units.	Adult Specific Wards
	Behavioral Health / Psych
	Pediatric Wards
	Behavioral Health / Psych
Oncology Units ⁷	<i>Acute Care Hospitals</i>
Hospital areas for the evaluation, treatment and care of patients with cancer or who undergo stem cell transplant for the treatment of cancers and/or blood or immune system disorders.	Specialty Care Areas
	General Hematology/Oncology Hematopoietic Stem Cell Transplant Pediatric General Oncology

⁷ Oncology units (both non-ICU and ICU level) may have patients with central-line infections reported as “mucosal barrier injury” (MBI) infections. These infections are excluded from Washington State reports per [HICPAC recommendations](#). MBI infections may also occur outside oncology units among immunocompromised patients.

Washington State HAI Program Hospital Inpatient Unit Categories

Washington State non-ICU Categories	NHSN Location Designations
Mixed Age Categories (continued)	
<p>Critical Access Hospitals Inpatient Areas</p> <p>Critical Access Hospitals are small rural hospitals with fewer than 25 acute care beds. These hospitals may provide their communities with many health services in addition to acute inpatient care, (such as primary care, long-term care, physical therapy and emergent care), which are not included in CLABSI inpatient surveillance.</p> <p>Patients who are critically ill are often transferred to higher acuity regional hospitals after stabilization.</p> <p>Many critical access hospitals include flexible “swing” beds. ⁹ “Swing” beds may be classified in NHSN as areas where a patient may stay in the same bed during all phases of care, or as chronic care areas where patients have long-term recovery needs.</p> <p>All reported critical access hospital units are combined and compared against other critical access hospitals for consistency. Because the total number of line-days in these hospitals tends to be low, even one infection can produce a seemingly high rate.</p>	<p><i>Critical Access Hospitals</i> ⁸</p> <p>Adult General Wards</p> <p style="padding-left: 40px;">Medical Medical / Surgical</p> <p>Adult Specific Wards</p> <p style="padding-left: 40px;">Labor, Delivery, Recovery, Postpartum Rehabilitation</p> <p>Mixed Acuity</p> <p style="padding-left: 40px;">All Adult Mixed Acuity</p> <p>Infant/Neonatal Units</p> <p style="padding-left: 40px;">Well Baby Nursery (Level I)</p>

⁸ For NHSN Device-Associated Model reports, CDC separates critical access hospital data and combines all units not identified as critical care (e.g. inpatient wards, step-down units) within critical access hospitals. See 2013: <http://www.sciencedirect.com/science/article/pii/S0196655314013546>

⁹ NHSN issued clarification in Spring 2015 on how to categorize “swing” locations. See 2015 location FAQs: http://www.cdc.gov/nhsn/PDFs/faqs/psc/FAQs_Locations.pdf

Washington State HAI Program Hospital Inpatient Unit Categories

Washington State non-ICU Categories	NHSN Location Designations
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Pediatric and Infant Categories

Pediatric Wards	<i>Acute Care Hospitals</i>
Hospital area for the evaluation, stabilization, and treatment of patients ≤18 years of old with medical conditions or disorders and/or those who have undergone surgical procedures. In addition to routine medical/surgical care, this category includes units specializing in care for pediatric orthopedic injuries or disorders and rehabilitation due to acute or chronic pain, musculoskeletal problems, stroke, or catastrophic events resulting in complete or partial paralysis. This category excludes pediatric behavioral and pediatric oncology units (classified under Behavioral and Oncology units, respectively).	Pediatric General Wards
	Medical*
	Medical / Surgical*
	Pediatric Specific Wards
	Orthopedic
	Rehabilitation
	Mixed Acuity
	Pediatric Mixed Acuity

Neonatal Post Critical Care (Step Down) Units	<i>Acute Care Hospitals</i>
Hospital area for evaluation and postnatal care of immature or moderately ill newborns and stabilization of very immature neonates until transfer to a neonatal intensive care unit (NICU).	Infant/Neonatal Units
	Neonatal Nursery Step Down (Level II)

*For purposes of comparison with Washington State HAI reporting, these unit types report CLABSI data from hospitals participating in Centers for Medicare and Medicaid Services (CMS) Inpatient Prospective Payment System (IPPS), Inpatient Quality Reporting (IQR) program (beginning [January 2015](#)).

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	Behavioral/ Psychological			Critical Access Hospital Units ⁴	Long Term Care	Medical Wards							Medical/ Surgical	Mixed Acuity			Oncology ⁵ Line Types Temporary / Permanent			Pediatrics					Perinatal/ Women's Health					Post Critical Care- Adult	Post Critical Care- Neonatal	Rehabilitation			Surgical Wards																		
	Adult	Pediatric	Overall			Overall	Burns	General Medical	Neurology	Pulmonary	Stroke	Telementary		Overall	General Medical / General Surgical Mix	All Adult	Mixed Age	Overall	General Hematology / Oncology	Hematopoietic Stem Cell Transplant	Pediatric General Oncology	Overall	General Medical	General Medical/ Surgical Mix	Orthopedic	Rehabilitation	Mixed Acuity	Overall	Antenatal Care			Gynecology	Labor & Delivery	Labor, Delivery, Recovery & Postpartum	Postpartum	Well Baby Nursery (Level I)	Overall	Adult Step Down	Step Down Neonatal Nursery (Level II)	Rehabilitation Wards	Inpatient Rehabilitation Facilities	Overall	General Surgical	Neurosurgical	Orthopedic	Vascular Surgery	Overall						
Adventist Health Walla Walla General Hospital											0.00																		0.00			0.00																					
Capital Medical Center											1.14																		0.00																								
Cascade Medical Center											-																																										
Cascade Valley Hospital											0.00			0.00																																							
Central Washington Hospital											0.47			0.47															0.00													0.00								0.00			
Columbia Basin Hospital											0.00			(0.00)																																							
Coulee Medical Center											0.00			(0.00)																																							
Dayton General Hospital ⁶											16.67			(16.67)																																							
Deaconess Hospital											2.37		2.37	1.26									0.00			0.00			0.00			0.00										1.07		2.12			1.42						
East Adams Rural Hospital											0.00		(0.00)																																								
Evergreen Healthcare											0.86															0.00			0.00	0.00									0.00		0.00												
Ferry County Memorial Hospital											0.00																																										
Forks Community Hospital											0.00			(0.00)																																							
Garfield County Memorial Hospital											0.00			(0.00)																																							
Grays Harbor Community Hospital											0.00																																										
Group Health Cooperative																																																					
Harborview Medical Center ⁷											17.54		17.54		0.00	0.83																							0.00		0.00	1.59	0.92	0.43			0.99						
Harrison Medical Center														0.87																																							0.75
Highline Medical Center ⁸														0.77																												0.00		0.00	0.00								
Island Hospital														0.00																																							
Jefferson General Hospital											0.00			(0.00)																																							

Table of Central Line-Associated Bloodstream Infection Rates, by Type of Non-Intensive Care Unit, 2014^{1, 2, 3}
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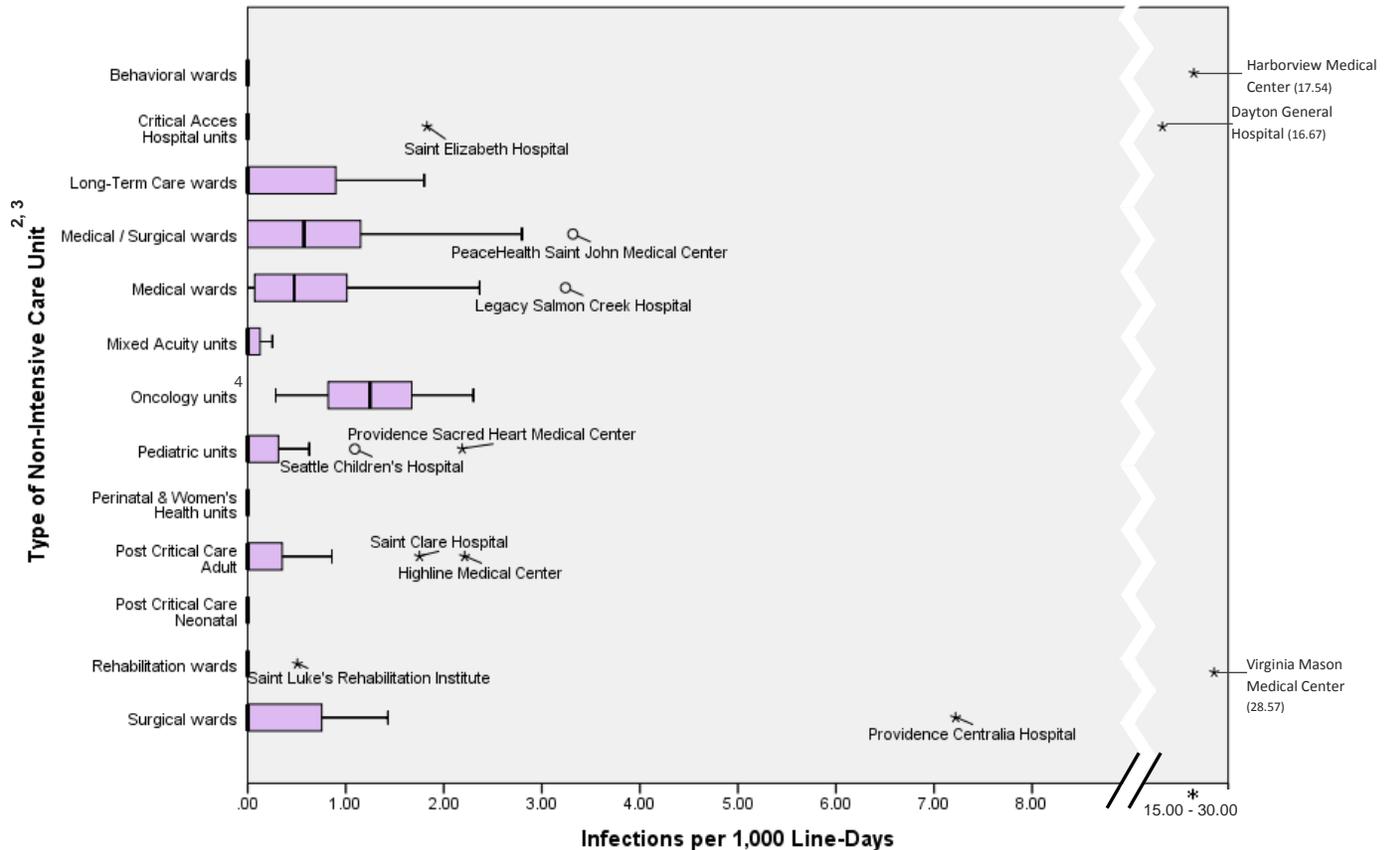
3. Washington State 2014 reports for central line-associated bloodstream infections exclude cases reported in [NHSN](#) as “mucosal barrier injury” (MBI) bloodstream infections. These cases typically occur among highly immunocompromised patients where intestinal bacteria can enter the bloodstream through deterioration of the gastrointestinal tract (regardless of the presence of a central line), and may not be preventable as a device-associated infection (see 2013 HICPAC recommendations on public reporting of healthcare associated infections data: <http://www.ncbi.nlm.nih.gov/pubmed/24189597>).
4. Rates in parentheses “()” indicate [critical access hospital](#) unit rates. All critical access hospital unit rates are combined for a single categorical rate, then only compared against between other critical access hospitals. Unit level critical access hospital rates as reported by their NHSN designation are provided in this table, but not used for statistical comparison in those categories. Because critical access hospitals have a limited number of beds, their total number of line-days tend to be low; even one infection can therefore produce a seemingly high rate.
5. Details of oncology non-ICU infection rate by central line type are included in this table. By separating rates for both line types, the number of line-days in either subcategory can be very low, and a single infection may produce a seemingly high rate.

Hospital Notes:

6. Dayton General Hospital (Critical Access Hospital units) – Infection rate is due to one case during the year and a very small number of central line-days. The hospital reviewed the case and added nursing staff competencies for line maintenance.
7. Harborview Medical Center (Behavioral wards) – Infection rate is due to one infection during the year and a very low number of line days. This patient required long-term vascular access, with a central line in place for an extended period of time.
8. Highline Medical Center (Adult Post Critical Care units) - Infection rate is due to three infections during the year, with no indication of cross-infection. The hospital investigated each case and subsequently added additional hospital-wide infection prevention measures for line access and maintenance, and provided nursing staff reeducation on best practice for line care.
9. Legacy Salmon Creek Hospital (Medical wards) – Infection rate is due to two cases during the year, with no indication of cross-infection. The hospital investigated each case, reviewed line insertion technique, and provided education on evidence-based practice for blood cultures.
10. PeaceHealth Saint John Medical Center (Medical / Surgical wards) – Infection rate is due to four infections during the year, with no indication of cross-infection. The hospital reviewed each case and investigated line care practices on the unit. Subsequently, staff on the unit received reeducation on best practices for line care and maintenance, and enhanced infection prevention measures were implemented facility-wide.
11. Providence Centralia Hospital (Surgical wards) – Infection rate is due to two infections in the same patient, who was observed self-injecting into the line.
12. Providence Sacred Heart Medical Center (Pediatric units) – Infection rate is due to two cases during the year, with no indication of cross-infection. The hospital reviewed the cases, and has implemented hospital-wide assessments of line insertion and maintenance best practice adherence with nursing staff reeducation.
13. Saint Clare Hospital (Adult Post Critical Care units) – Infection rate is due to two cases during the year, with no indication of cross-infection. The hospital investigated each case and has implemented a patient safety policy to reduce the possibility of patients contaminating their own central lines. Additionally, the hospital enhanced infection prevention measures including for accessing patient lines.
14. Saint Elizabeth Hospital (Critical Access Hospital units) – Infection rate is due to one infection. The hospital investigated the case and subsequently provided staff reeducation on infection prevention best practices.
15. Saint Luke's Rehabilitation Institute (Rehabilitation wards) – Infection rate is due to one infection during the year. The facility investigated the case and subsequently implemented enhanced central-line monitoring and provided nursing staff education. The hospital reports that central line insertions are not performed. This hospital is the state’s only freestanding level one trauma rehabilitation hospital, thus inpatient volume and device days are appreciably higher as compared to other facilities that provide rehabilitation care.
16. Seattle Children's Hospital (Pediatric units) – Infection rate is due to ten cases throughout the year, with no indication of cross-infection. This hospital provides care for young patients with highly complex disorders that can require long-term dependency on central-lines. The hospital reviewed and investigated each case and reports no trends. Staff receive ongoing training on central-line best practices with monitoring for compliance. Additionally, the hospital enhanced infection prevention measures including for accessing patient lines.
17. Snoqualmie Valley Hospital - (Critical Access Hospital) - Incomplete reporting to the department for calendar year 2014. The hospital has been referred to the state's division of hospital licensing ([HSQA](#)).
18. Trios Health / Trios Southridge Hospitals – Most inpatient hospital services (including medical and surgical ward care) at Trios Health were largely discontinued mid-year in 2014, and transferred to the new Trios Southridge facility, which opened June 2014. These reported rates are the combination of both facilities' non-ICU unit rates over the year. For example, Trios Health medical/surgical wards and Trios Southridge medical wards and surgical wards are combined for one annual medical/surgical rate.
19. Virginia Mason Medical Center – Infection rate is due to one case during the year and a very small number of central line-days. The hospital investigated the case. Subsequently, hospital-wide assessments of line insertion and maintenance best practice adherence was expanded.

Box Plots of Central Line-Associated Bloodstream Infection Rates, By Type of Non-Intensive Care Unit, 2014¹

December 2, 2015 download of January 2014 – December 2014 NHSN data



Box Plots Notes:

1. This figure displays the infection rate distributions for hospital inpatient units by [Washington State defined inpatient unit categories](#). The department combines hospital reported data from similar NHSN unit designations into 13 distinct inpatient location categories, excluding intensive care units (ICU).
2. Some unit categories show rate distributions primarily at zero (behavioral, critical access hospital, neonatal post-critical care, perinatal & women's health, and rehabilitation). This indicates the majority of hospitals reported no central line infections for units in these categories. Visit our website for more information about our [statistical methods](#).
3. Washington State 2014 reports for central line-associated bloodstream infections exclude cases reported in NHSN as "mucosal barrier injury" (MBI) bloodstream infections. These cases typically occur among highly immunocompromised patients, for example, patients in oncology units.
4. Oncology unit rates shown here are for the unit overall (using line days and non-MBI central line infections from both permanent and temporary central lines). Details of oncology infection rates by central line types are provided on the [2014 ward rate table](#).

Box Plots of Central Line-Associated Bloodstream Infection Rates, By Type of Non-Intensive Care Unit, 2014¹

December 2, 2015 download of January 2014 – December 2014 NHSN data

Hospital Notes:

Behavioral/Psychological wards

5. Harborview Medical Center – Infection rate is due to one infection during the year and a very low number of line days. This patient required long-term vascular access, with a central line in place for an extended period of time.

Critical Access Hospital units

All [Critical Access Hospital](#) units are combined and compared against other critical access hospitals for consistency. Because the total number of line-days in these hospitals tends to be low, even one infection can produce a seemingly high rate.

6. Dayton General Hospital – Infection rate is due to one case during the year and a very small number of central line-days. The hospital reviewed the case and added nursing staff competencies for line maintenance.
7. Saint Elizabeth Hospital – Infection rate is due to one infection. The hospital investigated the case and subsequently provided staff reeducation on infection prevention best practices.
8. Snoqualmie Valley Hospital (*not pictured*) – Incomplete reporting to the department for calendar year 2014. The hospital has been referred to the state's division of hospital licensing ([HSQA](#)).

Medical / Surgical wards

9. PeaceHealth Saint John Medical Center – Infection rate is due to four infections during the year, with no indication of cross-infection. The hospital reviewed each case and investigated line care practices on the unit. Subsequently, staff on the unit received reeducation on best practices for line care and maintenance, and enhanced infection prevention measures were implemented facility-wide.

Medical wards

10. Legacy Salmon Creek Hospital – Infection rate is due to two cases during the year, with no indication of cross-infection. The hospital investigated each case, reviewed line insertion technique, and provided education on evidence-based practice for blood cultures.

Pediatric units

11. Providence Sacred Heart Medical Center – Infection rate is due to two cases during the year, with no indication of cross-infection. The hospital reviewed the cases, and has implemented hospital-wide assessments of line insertion and maintenance best practice adherence with nursing staff reeducation.
12. Seattle Children's Hospital – Infection rate is due to ten cases throughout the year, with no indication of cross-infection. This hospital provides care for young patients with highly complex disorders that can require long-term dependency on central-lines. The hospital reviewed and investigated each case and reports no trends. Staff receive ongoing training on central-line best practices with

Box Plots of Central Line-Associated Bloodstream Infection Rates, By Type of Non-Intensive Care Unit, 2014¹

December 2, 2015 download of January 2014 – December 2014 NHSN data

monitoring for compliance. Additionally, the hospital enhanced infection prevention measures including for accessing patient lines.

Post Critical Care – Adult units

13. Highline Medical Center – Infection rate is due to three infections during the year, with no indication of cross-infection. The hospital investigated each case and subsequently added additional hospital-wide infection prevention measures for line access and maintenance, and provided nursing staff reeducation on best practice for line care.
14. Saint Clare Hospital – Infection rate is due to two cases during the year, with no indication of cross-infection. The hospital investigated each case and has implemented a patient safety policy to reduce the possibility of patients contaminating their own central lines. Additionally, the hospital enhanced infection prevention measures including for accessing patient lines.

Rehabilitation wards

15. Saint Luke's Rehabilitation Institute – Infection rate is due to one infection during the year. The facility investigated the case and subsequently implemented enhanced central-line monitoring and provided nursing staff education. The hospital reports that central line insertions are not performed. This hospital is the state's only freestanding level one trauma rehabilitation hospital, thus inpatient volume and device days are appreciably higher as compared to other facilities that provide rehabilitation care.
16. Virginia Mason Medical Center – Infection rate is due to one case during the year and a very small number of central line-days. The hospital investigated the case. Subsequently, hospital-wide assessments of line insertion and maintenance best practice adherence was expanded.

Surgical wards

17. Providence Centralia Hospital – Infection rate is due to two infections in the same patient, who was observed self-injecting into the line.