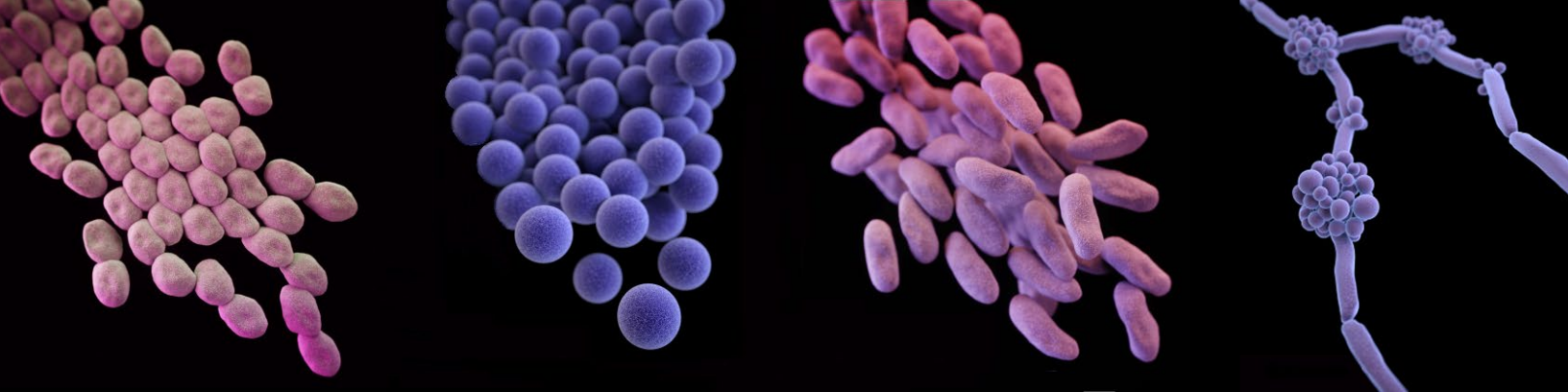




Hospital-Acquired Infections in New York State, 2024

Part 2: Technical Report

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Introduction

In accordance with public health law §2819, New York State (NYS) has been tracking hospital-acquired infections (HAIs) since 2007. This law was created to provide the public with fair, accurate, and reliable hospital acquired infection (HAI) data to compare hospital infection rates and to support quality improvement and infection prevention activities in hospitals. Table 1 summarizes the progression of NYS reporting requirements through 2024 and includes additional data available through a data use agreement (DUA) with the Centers for Disease Control and Prevention (CDC).

Table 1. HAIs reported by NYS hospitals, by year.

Type of Infection	2007-2011	2012	2013	2014	2015-2018	2019	Since 2020*
Central line-associated bloodstream infections in ICUs	✓	✓	✓	✓	✓	✓	✓
Colon surgical site infections	✓	✓	✓	✓	✓	✓	✓
Coronary artery bypass graft surgical site infections	✓	✓	✓	✓	✓	✓	✓
Hip replacement surgical site infections (since 2008)	✓	✓	✓	✓	✓	✓	✓
<i>Clostridioides difficile</i> infections (pilot Oct 2009)	✓	✓	✓	✓	✓	✓	✓
Abdominal hysterectomy surgical site infections		✓	✓	✓	✓	✓	✓
Carbapenem-resistant Enterobacterales infections			P ¹	✓	✓	✓	✓
Central line-associated bloodstream infections in medical/surgical/medical-surgical/step-down wards			DUA	DUA	✓	✓	✓
Spinal fusion surgical site infections						✓	✓
Central line-associated bloodstream infections in oncology and mixed-acuity units						✓	✓
Central line-associated bloodstream infections in telemetry units							✓
Catheter-associated urinary tract infections			DUA	DUA	DUA	DUA	DUA
Methicillin-resistant <i>Staphylococcus aureus</i> bacteremia			DUA	DUA	DUA	DUA	DUA
Antibiotic use and antimicrobial resistance			DUA	DUA	DUA	DUA	DUA

✓ = full reporting (hospital-specific rates published); P¹ = pilot reporting half year from June (hospital-specific rates not published); DUA = data use agreement; not required by NYS but reported for Centers for Medicare and Medicaid Services (CMS) programs and available through a DUA between Centers for Disease Control and Prevention (CDC) and NYS beginning May 2013. * Reporting was suspended from January through June 2020 due to the COVID-19 pandemic.

The NYS Department of Health (the Department) determines which HAI indicators must be reported annually with the help of a technical advisory workgroup (TAW), a panel of experts in the prevention and reporting of HAIs. In addition to reporting the HAI data mandated by NYS, hospitals enter data into the National Healthcare Safety Network (NHSN) for federal programs (e.g., Centers for Medicare and Medicaid Services [CMS]), regional collaboratives, and local surveillance. The Department can access data not mandated by NYS through a DUA with CDC. The DUA specifies that the Department may only use this other data for surveillance or prevention purposes, not for public reporting of facility-specific data or for regulatory action. The Department does not audit this data. The data are only reported in aggregate. More information about the DUA is available on the CDC website at [Data Use Agreements \(DUA\) with NHSN | NHSN | CDC](#).

This report focuses on HAI rates in 161 NYS hospitals in 2024. NYS does not require reporting by hospitals that do not have enough data to produce statistically meaningful rates. These are:

- critical access hospitals or hospitals with fewer than 26 acute care beds,
- hospitals that perform fewer than 20 reportable surgeries, have fewer than 50 central line days per year, and an average length of stay of less than 3 days, and

- hospitals that are exclusively research, psychiatric, addiction recovery (alcohol or drugs), or freestanding rehabilitation.

The detailed information in this report is primarily intended for use by hospital infection preventionists (IPs), but it may also be used by others who want more detailed information than is available in “Part 1: Summary for Consumers” of this two-part report.

Because of substantive changes to HAI surveillance definitions that occurred between 2007 and 2015, state and federal agencies designated 2015 as the “baseline” for assessment of trends. This baseline will be used until surveillance definitions change such that the comparisons are no longer valid or until policy changes require a new baseline (slated to be available in late 2025). This report assesses trends between 2015 and 2024. For information on HAI rates before 2015, please visit our website:

[\(https://www.health.ny.gov/statistics/facilities/hospital/hospital_acquired_infections/\)](https://www.health.ny.gov/statistics/facilities/hospital/hospital_acquired_infections/)

Surgical site infections (SSIs)

For each type of surgical site infection (SSI), the following pages present detailed information on the severity (depth) of infections, the circumstance of detection (initial hospitalization, readmission, etc.), the microorganisms involved, and time trends. In addition, detailed tables show each individual hospital's risk-adjusted infection rates compared to the state average.

SSIs are categorized into three groups depending on the severity of the infection:

- Superficial incisional SSI – This infection occurs around the skin where the surgical incision was made. The patient may have pus draining from the incision or laboratory-identified pathogens from cultures of the incision.
- Deep incisional SSI – This infection occurs beneath the incision in muscle tissue. Pus may drain from the incision, and patients may experience fever and pain. The incision may reopen on its own, or a surgeon may reopen the wound.
- Organ or space SSI – This type of infection occurs in body organs or the space between organs. Pus may collect in an abscess below the muscles, resulting in inflammation and pain.

Hospital infection preventionists (IPs) use a wide variety of surveillance methods to identify SSIs. Some routinely review all operative procedures for SSIs, while others review a subset of operative procedures that are flagged based on data mining systems, wound culture reports, readmission, return to surgery, and discharge coding. IPs review the selected procedures using many data sources, including laboratory reports, operative reports, physician dictated operative notes, progress notes, discharge notes, history and physical examination documentation, return to surgery, radiology reports, infectious disease consultations, intraoperative reports, outpatient/emergency room visits, vital sign documentation, antibiotic prescriptions, and coding summary sheets.

SSIs could be detected on the original hospital admission, readmission to the same hospital, readmission to a different hospital, or during an outpatient, post-discharge surveillance [PDS] visit that did not result in readmission (PDS infections). The ability to identify SSIs among patients seen by physicians in outpatient visits varies among hospitals. PDS infections are therefore excluded from hospital-specific comparisons in this report so as not to penalize facilities with the best surveillance systems.

If there is evidence of clinical infection or abscess at the time of a surgical procedure, any resulting SSI will be designated as “present at time of surgery” (PATOS). Because PATOS SSIs are more difficult to prevent, these SSIs and procedures are excluded from the final hospital risk-adjusted rates.

Colon surgical (COLO) SSIs

In 2024, 149 hospitals reported a total of 1,251 colon (COLO) SSIs out of 19,466 procedures, a crude rate of 6.43 infections per 100 procedures. The Department excludes some of these SSIs and procedures from SSI rates before evaluating time trends and comparing hospital performance, as described below.

Of the 1,251 infections, 423 (34%) were classified as present at time of surgery (PATOS). The PATOS SSIs were predominantly organ/space (88%), and, at completion of the surgery, 85% were closed by primary intention. PATOS SSIs/procedures were excluded from the final SSI rate because these infections are more difficult to prevent. However, hospitals are encouraged to continue to identify and report these types of procedures to improve their infection prevention efforts.

Of the remaining 828 infections, 46% were superficial, 7% were deep, and 47% were organ/space (Table 2). Over half of the SSIs (51.5%) were detected during the initial hospitalization; 31% were identified upon readmission to the same hospital; 3.5% were identified upon readmission to another hospital; and 14% were post discharge surveillance (PDS) infections. The majority of the PDS infections were superficial. Detection of SSIs in outpatient locations is labor intensive and is not standardized across hospitals; therefore, the Department did not include these 118 PDS infections in the final SSI rate so as not to penalize facilities with the best surveillance systems. The colon SSI rate in 2024 was 3.73 per 100 procedures (710/19,043).

Table 2. Method of detection of colon SSI by depth of infection, New York State 2024

Depth of Infection (Row%) (Column%)	When detected				
	Initial hospitalization	Readmitted to the same hospital	Readmitted to another hospital	Outpatient PDS visit (not readmitted)	Total
Superficial Incisional	161 (42.7) (37.9)	96 (25.5) (37.4)	9 (2.4) (32.1)	111 (29.4) (94.1)	377 (46%)
Deep Incisional	29 (48.3) (6.8)	24 (40.0) (9.3)	4 (6.7) (14.3)	3 (5.0) (2.5)	60 (7%)
Organ/Space	235 (60.1) (55.3)	137 (35.0) (53.3)	15 (3.8) (53.6)	4 (1.0) (3.4)	391 (47%)
Total	425 (51.5%)	257 (31%)	28 (3.5%)	118 (14%)	828

PDS: Post discharge surveillance. NYS data reported as of July 15, 2025. Excludes infections present at time of surgery (PATOS).

Risk adjustment for colon SSIs

The following risk factors were associated with these SSIs and included in the risk adjustment model:

- For each increase in American Society of Anesthesiologists (ASA) score (1, 2, 3/4/5), a measure of systemic disease, patients were 1.6 times more likely to develop an SSI.
- Procedures that used traditional surgical incisions were 2.5 times more likely to result in SSI than procedures performed entirely with a laparoscopic instrument.
- Patients with trauma were 1.6 times more likely to develop an SSI than patients without trauma at the time of surgery.
- For each additional hour of procedure duration, patients were 1.1 times more likely to develop an SSI.

Microorganisms identified in colon SSIs

Out of 1,251 infections (includes PDS infections), no microorganism was identified in 396 infections. The most common microorganisms associated with colon SSIs were Enterococci (30%) and *Escherichia coli* (23%) (Table 8).

Trends between 2015 and 2024 in SSI rates after excluding PATOS and PDS infections are shown in Figure 1-6, and hospital-specific SSI rates are provided in Table 9.

Abdominal hysterectomy (HYST) SSIs

In 2024, 137 hospitals reported a total of 210 abdominal hysterectomy (HYST) SSIs out of 12,191 procedures, a rate of 1.72 infections per 100 procedures. The Department excludes some of these SSIs and procedures from SSI rates before evaluating time trends and comparing hospital performance, as described below.

Of the 210 infections, 12 were classified as PATOS and excluded from the final SSI rate because these infections are more difficult to prevent. Of the remaining 198 infections, 46% were superficial, 3% were deep, and 51% were organ/space (Table 3). Most of the SSIs (60%) were detected upon readmission to the same hospital; 6% were identified during the initial hospitalization; 4% were detected upon readmission to another hospital; and 60 (30%) were PDS infections. Most (88%) of the PDS infections were superficial. Detection of SSIs in outpatient locations is labor intensive and is not standardized across hospitals; therefore, the Department did not include these 60 PDS infections in the final SSI rate so as not to penalize facilities with the best surveillance systems.

Table 3. Method of detection of abdominal hysterectomy surgical site infection by depth of infection, NYS 2024

Depth of infection (Row%) (Column%)	When detected				
	Initial hospitalization	Readmitted to the same hospital	Readmitted to another hospital	Outpatient PDS visit (not readmitted)	Total
Superficial incisional	3 (3.3) (25.0)	33 (36.3) (28.0)	2 (2.2) (25.0)	53 (58.2) (88.3)	91 (45.96%)
Deep incisional	0 0.0 0.0	5 (83.3) (4.2)	0 0.0 0.0	1 (16.7) (1.7)	6 (3.03%)
Organ/Space	9 (8.9) (75.0)	80 (79.2) (67.8)	6 (5.9) (75.0)	6 (5.9) (10.0)	101 (51.01%)
Total	12 (6.06%)	118 (59.60%)	8 (4.04%)	60 (30.30%)	198

PDS: Post discharge surveillance. New York State data reported as of July 15, 2025. Excludes PATOS

Risk adjustment for abdominal hysterectomy SSI

Certain patient and procedure-specific factors increase the risk of developing an SSI following abdominal hysterectomy. In 2024, after excluding PDS infections and SSIs that were PATOS, the following risk factors were associated with SSIs. These variables were used to risk-adjust hospital-specific rates.

- Patients with an ASA score greater than 3 were 1.3 times more likely to get an SSI than patients with a lower ASA score.
- Patients with obesity (body mass index [BMI] greater than 30) were almost 1.6 times more likely to develop an SSI than patients with a BMI less than or equal to 30.
- Procedures with duration greater than three hours were 1.4 times more likely to result in SSI than procedures less than three hours.

Microorganisms identified in HYST SSIs

Out of 210 infections (includes PDS infections), no microorganism was identified in 79 infections. The most common microorganisms associated with HYST SSIs were Enterococci (17%) and *Escherichia coli* (16%) (Table 8).

Trends between 2015 and 2024 in SSI rates after excluding PATOS and PDS infections are shown in Figure 1-6, and hospital-specific SSI rates are provided in Table 9.

Coronary artery bypass graft (CABG) SSIs

Coronary artery bypass graft (CABG) surgery usually involves two surgical sites: a chest incision and a separate site to harvest “donor” vessels. Because infections can occur at either incision site, the SSI rates are presented separately.

CABG chest site infections

In 2024, 35 hospitals reported a total of 105 CABG chest site SSIs out of 9,737 procedures, a rate of 1.08 infections per 100 procedures. Of the 105 infections, there were no PATOS reported.

Of the 105 infections, 54% were superficial, 14% were deep, and 33% were organ/space (Table 4). Most of the SSIs (54%) were detected upon readmission to the same hospital; 22% were identified during the initial hospitalization; 5% were detected upon readmission to another hospital; and 19% were PDS infections. The majority (85%) of these outpatient-detected SSIs were superficial, 5% were deep and one (10%) was an organ space infection. Detection of SSIs in outpatient locations is labor intensive and is not standardized across hospitals; therefore, the Department did not include these 20 PDS infections in the final SSI rate so as not to penalize facilities with the best surveillance systems.

Table 4. Method of detection of coronary artery bypass graft chest site SSIs by depth of infection, New York State 2024

Depth of infection (Row%) (Column%)	When detected				Total
	Initial hospitalization	Readmitted to the same hospital	Readmitted to another hospital	Outpatient PDS visit (not readmitted)	
Superficial	13	24	2	17	56
Incisional	(23.2)	(42.9)	(3.6)	(30.4)	(54%)
	(56.5)	(42.1)	(40.0)	(85.0)	
Deep Incisional	4	8	2	1	15
	(26.7)	(53.3)	(13.3)	(6.7)	(14%)
	(17.4)	(14.0)	(40.0)	(5.0)	
Organ/Space	6	25	1	2	34
	(17.6)	(73.5)	(2.9)	(5.9)	(33%)
	(26.1)	(43.9)	(20.0)	(10.0)	
Total	23 (22%)	57 (54%)	5 (5%)	20 (19%)	105

PDS: Post discharge surveillance. New York State data reported as of July 15, 2025. Excludes PATOS.

Risk adjustment for CABG chest SSIs

Certain patient and procedure-specific risk factors increased the risk of developing a chest SSI following CABG surgery. In 2024, the following risk factors were associated with SSIs and were included in the risk-adjustment:

- Patients with diabetes were 1.6 times more likely to develop an SSI than patients without diabetes.

- Patients with obesity (with body mass index [BMI] greater than or equal to 30) were 2.5 times more likely to develop an SSI than patients with a BMI less than 30.

Microorganisms identified in CABG SSIs

Out of 105 infections (includes PDS infections), no microorganism was identified in 24 infections. The most common microorganism associated with CABG SSIs was *Staphylococcus aureus* (23%), 9 of which were methicillin-resistant (see Table 8). Trends between 2015 and 2024 in SSI rates after excluding PATOS and PDS infections are shown in Figure 1-6, and hospital-specific SSI rates are provided in Table 9.

CABG Donor site infections

In 2024, 35 hospitals reported a total of 41 CABG donor site infections out of 8,717 procedures, a rate of 0.47 infections per 100 procedures. None of the infections were classified as PATOS. Of the 41 infections, 88% were superficial, and 12% were deep (Table 5). Over 29% of the SSIs were detected upon readmission to the same hospital; 15% were identified during the initial hospitalization; 5% were detected upon readmission to another hospital; and 51% were PDS infections. Detection of SSIs in outpatient locations is labor intensive and is not standardized across hospitals; therefore, the Department did not include these 16 PDS infections in the final SSI rate so as not to penalize facilities with the best surveillance systems.

Table 5. Method of detection for CABG donor site infection by depth of infection, NYS 2024

Depth of infection (Row%) (Column%)	When detected				
	Initial hospitalization	Readmitted to the same hospital	Readmitted to another hospital	Outpatient PDS visit (not readmitted)	Total
Superficial Incisional	4 (11.1) (66.7)	10 (27.8) (83.3)	1 (2.8) (50.0)	21 (58.3) (100.0)	36 (88%)
Deep Incisional	2 (40.0) (33.3)	2 (40.0) (16.7)	1 (20.0) (50.0)	0 0.0 0.0	5 (12%)
Total	6 (15%)	12 (29%)	2 (5%)	21 (51%)	41

PDS: Post discharge surveillance. New York State data reported as of July 15, 2025. Excludes PATOS.

Risk adjustment for CABG donor site SSIs

Certain patient and procedure-specific factors increased the risk of developing a donor site SSI following CABG surgery. In 2024, after excluding PDS infections, none of the variables investigated were statistically significantly associated with SSI. The adjusted rate was calculated using an intercept-only model.

In 2024, the number of donor site SSI following a CABG procedure was very low, and hospital specific SSI rate was not calculated, and no hospitals were flagged for having a significantly high/low rate.

Hip replacement/revision (HPRO) SSIs

In 2024, 147 hospitals reported a total of 297 hip replacement/revision (HPRO) SSIs out of 29,438 procedures, a rate of 1.01 infections per 100 procedures. Of the 297 infections, 14 were classified as PATOS and excluded from further analysis.

Of the remaining 283 infections, 28% were superficial, 24% were deep, and 48% were organ/space (Table 6). Most of the SSIs (79%) were detected upon readmission to the same hospital; 3% were identified during the initial hospitalization; 6% were detected upon readmission to another hospital; and 12% were PDS infections. The majority (79%) of the PDS infections were superficial. Detection of SSIs in outpatient locations is labor intensive and is not standardized across hospitals; therefore, the Department did not include these 34 PDS infections in the final SSI rate so as not to penalize facilities with the best surveillance systems.

Table 6. Method of detection of hip surgical site infection by depth of infection, NYS 2024

Depth of infection (Row%) (Column%)	When detected				Total
	Initial hospitalization	Readmitted to the same hospital	Readmitted to another hospital	Outpatient PDS visit (not readmitted)	
Superficial Incisional	1 (1.2) (12.5)	48 (59.3) (21.5)	5 (6.2) (27.8)	27 (33.3) (79.4)	81 (28%)
Deep Incisional	4 (6.0) (50.0)	52 (77.6) (23.3)	5 (7.5) (27.8)	6 (9.0) (17.6)	67 (24%)
Organ/Space	3 (2.2) (37.5)	123 (91.1) (55.2)	8 (5.9) (44.4)	1 (0.7) (2.9)	135 (48%)
Total	8 (3%)	223 (79%)	18 (6%)	34 (12%)	283

PDS: Post discharge surveillance. NYS data reported as of July 15, 2025. Excludes PATOS

Risk adjustment for hip SSIs

Certain patient and procedure-specific factors increased the risk of developing an SSI following hip surgery. In 2024, after excluding PDS investigations and SSIs that were PATOS, the following risk factors were associated with SSIs and used to risk-adjust hospital-specific rates:

- Patients with severe systemic disease (ASA score of 3, 4, or 5) were 1.7 times more likely to develop an SSI than healthier patients (ASA score of 1 or 2).
- The risk of SSI varied by type of hip procedure. Compared to total and resurfacing primary hip replacement procedures, partial primary procedures were 2.1 times more likely to result in an SSI, revisions with no prior infection at the joint were 4.7 times more likely to result in an SSI, and revisions with prior infection at the joint were 4.1 times more likely to result in an SSI.
- Patients with severe obesity (BMI greater than or equal to 40) were 3.5 times more likely to develop an SSI, and patients with obesity (BMI between 30 and 39) were 1.9 times more likely to develop an SSI than patients with BMI less than 30.

Microorganisms identified in HPRO SSIs.

Out of 297 infections (includes PDS infections), no microorganism was identified in 79 infections. The most common microorganism associated with HPRO SSIs was *Staphylococcus aureus* (28%); 22 of which were methicillin-resistant (see Table 8).

Trends between 2015 and 2024 in SSI rates after excluding PATOS and PDS infections are shown in Figure 1-6, and hospital-specific SSI rates are provided in Table 9.

Spinal fusion (FUSN) SSIs

In 2024, 109 hospitals reported a total of 478 spinal fusion (FUSN) SSIs out of 27,512 procedures, a rate of 1.7 infections per 100 procedures. Of the 478 infections, 25 were classified as PATOS and excluded from the final SSI rate.

Of the remaining 453 infections, 27% were superficial, 44% were deep, and 29% were organ/space (Table 7). Most of the SSIs (72%) were detected upon readmission to the same hospital; 12% were identified during the initial hospitalization; 7% were detected upon readmission to another hospital; and 39 (9%) were PDS infections. Most (87%) of the PDS infections were superficial. Detection of SSIs in outpatient locations is labor intensive and is not standardized across hospitals; therefore, the Department did not include these 39 PDS infections in the final SSI rate so as not to penalize facilities with the best surveillance systems.

Table 7. Method of detection of spinal fusion surgical site infection by depth of infection, New York State 2024

Depth of infection (Row%) (Column%)	When detected				
	Initial hospitalization	Readmitted to the same hospital	Readmitted to another hospital	Outpatient PDS visit (not readmitted)	Total
Superficial	15	65	8	34	122 (27%)
Incisional	(12.3)	(53.3)	(6.6)	(27.9)	
	(27.8)	(19.8)	(25.0)	(87.2)	
Deep Incisional	22	159	12	5	198 (44%)
	(11.1)	(80.3)	(6.1)	(2.5)	
	(40.7)	(48.5)	(37.5)	(12.8)	
Organ/Space	17	104	12	0	133 (29%)
	(12.8)	(78.2)	(9.0)	0.0	
	(31.5)	(31.7)	(37.5)	0.0	
Total	54 (12%)	328 (72%)	32 (7%)	39 (9%)	453

PDS: Post discharge surveillance. New York State data reported as of July 15, 2025. Excludes PATOS.

Risk adjustment for spinal fusion SSIs

Certain patient and procedure-specific factors increase the risk of developing an SSI following spinal fusion procedures. In 2024, after excluding PDS infections and SSIs that were PATOS, the following risk factors were associated with spinal fusion SSIs. These variables were used to risk-adjust hospital-specific rates.

- For each unit increase in ASA score (1, 2, 3/4/5), a measure of systemic disease, patients were 1.9 times more likely to develop an SSI.
- Patients with severe obesity (BMI greater than or equal to 40) were 1.6 times more likely to develop an SSI, and patients with obesity (BMI between 30 and 39) were 1.4 times more likely to develop an SSI than patients with BMI less than 30.
- For each additional hour of procedure (up to 10 hours), patients were 1.2 times more likely to develop an SSI.

- Procedures that involved a posterior or bidirectional approach were 2.8 times more likely to result in SSI than procedures performed entirely with an anterior approach.

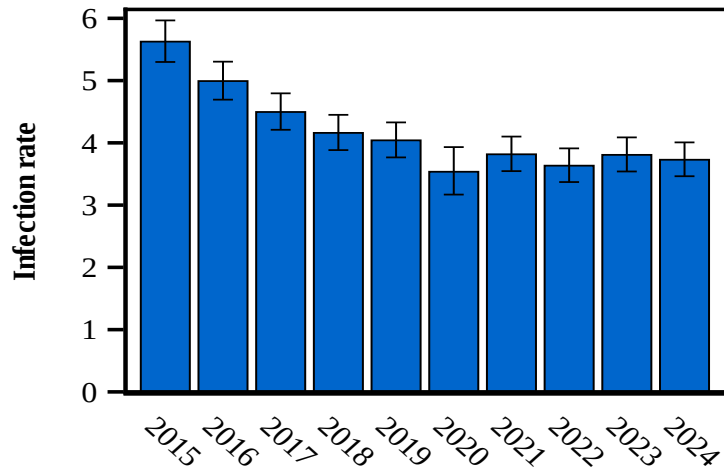
Microorganisms identified in FUSN SSIs

Out of 478 infections (includes post discharge surveillance), no microorganism was identified in 118 infections. The most common microorganism associated with FUSN SSIs was *Staphylococcus aureus* (22%), 26 of which were methicillin-resistant (see Table 8).

Trends between 2015 and 2024 in SSI rates after excluding PATOS and PDS infections are shown in Figure 1-6, and hospital-specific SSI rates are provided in Table 9.

Trends in SSIs

Figure 1. Trend in colon SSI rates, New York State 2015-2024

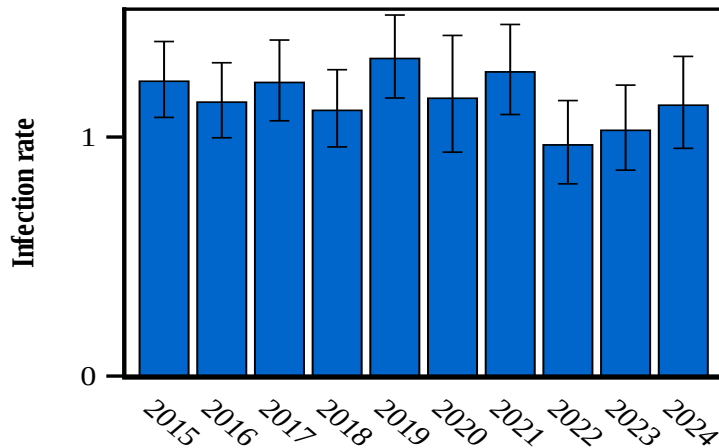


Year	#Hospitals	#Infections	#Procedures	Infection rate (95% CI)
2015	160	1,047	18,611	5.63 (5.30, 5.97)
2016	161	994	19,910	4.99 (4.69, 5.30)
2017	162	881	19,594	4.50 (4.21, 4.80)
2018	160	810	19,472	4.16 (3.88, 4.45)
2019	158	776	19,207	4.04 (3.77, 4.33)
2020*	154	328	9,277	3.53 (3.17-3.92)
2021	152	713	18,684	3.82 (3.55-4.10)
2022	153	682	18,770	3.63 (3.37, 3.91)
2023	150	729	19,150	3.81 (3.55, 4.10)
2024	149	710	19,043	3.72 (3.46-4.01) ↓

*Reporting was suspended from January through June 2020 due to the COVID-19 pandemic.

Figure 1. Between 2015 and 2024, the colon SSI rate declined 32%, from 5.63 infections per 100 procedures in 2015 to 3.71 infections per 100 procedures in 2024. SSI rate decreased (↓) slightly (3%) between 2023 and 2024.

Figure 2. Trend in abdominal hysterectomy SSI rates, New York State 2015-2024

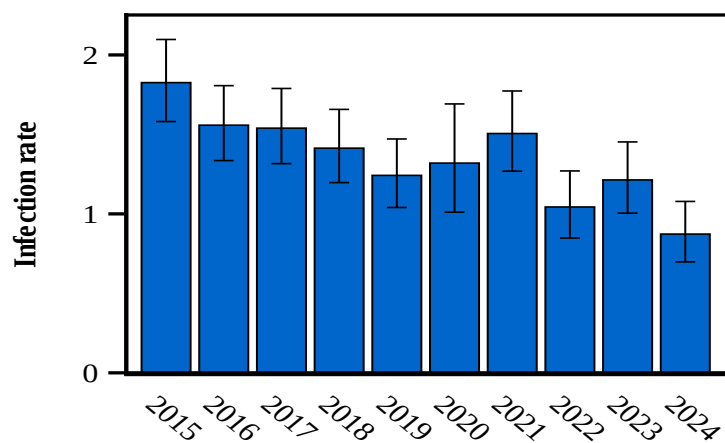


Year	#Hospitals	#Infections	#Procedures	Infection rate (95% CI)
2015	151	237	19,216	1.23 (1.08, 1.40)
2016	148	210	18,326	1.15 (1.00, 1.31)
2017	149	208	16,934	1.23 (1.07, 1.41)
2018	149	187	16,824	1.11 (0.96, 1.28)
2019	151	230	17,312	1.33 (1.16, 1.51)
2020*	138	91	7,830	1.16 (0.94, 1.42)
2021	145	180	14,147	1.27 (1.09, 1.47)
2022	146	123	12,721	0.97 (0.80, 1.15)
2023	141	133	12,937	1.03 (0.86, 1.22)
2024	137	138	12,179	1.13 (0.95-1.34) ↑

*Reporting was suspended from January through June 2020 due to the COVID-19 pandemic.

Figure 2. Between 2015 and 2024, the total number of HYST SSIs declined 8%, with 1.23 infections per 100 procedures in 2015 and 1.13 infections per 100 procedures in 2024. There was a 10% (not significant) increase (↑) observed from 2023 to 2024

Figure 3. Trend in coronary artery bypass graft chest site SSI rates, New York State 2015-2024

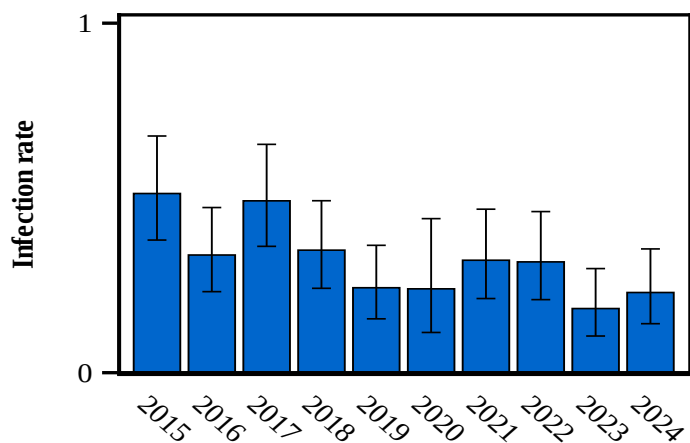


Year	#Hospitals	#Infections	#Procedures	Infection rate (95% CI)
2015	38	196	10,735	1.83 (1.58, 2.10)
2016	37	172	11,040	1.56 (1.34, 1.81)
2017	36	167	10,849	1.54 (1.32, 1.79)
2018	37	149	10,542	1.41 (1.20, 1.66)
2019	36	132	10,627	1.24 (1.04, 1.47)
2020*	35	61	4,623	1.32 (1.01, 1.69)
2021	35	141	9,365	1.51 (1.27, 1.77)
2022	35	98	9,392	1.04 (0.85, 1.27)
2023	35	117	9,641	1.21 (1.00-1.45)
2024	35	85	9,737	0.87 (0.70-1.08) ↓

*Reporting was suspended from January through June 2020 due to the COVID-19 pandemic.

Trends in CABG chest SSI rates after excluding PATOS and PDS infections are shown in Figure 3. Between 2015 and 2024, the total number of CABG chest SSIs declined 52%, with 1.83 infections per 100 procedures in 2015 and 0.87 infections per 100 procedures in 2024. There was a 28% (significant) decrease (↓) observed from 2023 to 2024.

Figure 4. Trend in coronary artery bypass graft donor site SSI rates, New York State 2015-2024

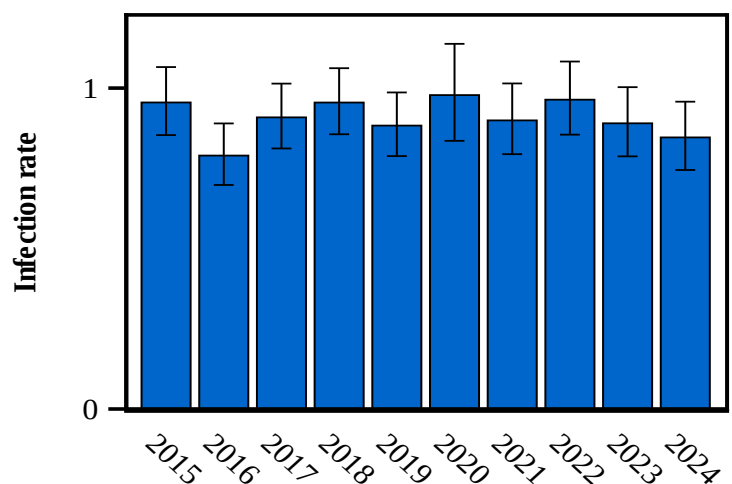


Year	#Hospitals	#Infections	#Procedures	Infection rate (95% CI)
2015	38	49	9,558	0.51 (0.38, 0.68)
2016	37	33	9,801	0.34 (0.23, 0.47)
2017	36	47	9,559	0.49 (0.36, 0.65)
2018	36	33	9,413	0.35 (0.24, 0.49)
2019	36	23	9,464	0.24 (0.15, 0.36)
2020*	35	10	4,168	0.24 (0.12, 0.44)
2021	35	27	8,391	0.32 (0.21, 0.47)
2022	35	27	8,516	0.32 (0.21, 0.46)
2023	35	16	8,718	0.18 (0.10, 0.30)
2024	35	20	8,717	0.23 (0.14-0.35) ↑

*Reporting was suspended from January through June 2020 due to the COVID-19 pandemic.

Figure 4. Between 2015 and 2024, the CABG donor site SSI rate declined 65%, from 0.51 infections per 100 procedures in 2015 to 0.23 infections per 100 procedures in 2024. SSI rate increased (↑) 22% (not significant) between 2023 and 2024.

Figure 5. Trend in hip replacement/ revision SSI rates, New York State 2015-2024

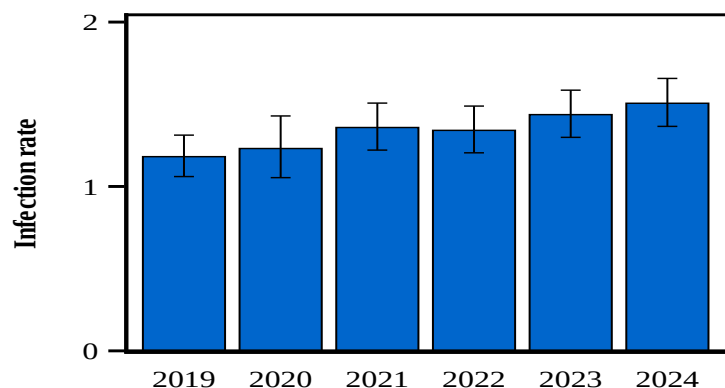


Year	#Hospitals	#Infections	#Procedures	Infection rate (95% CI)
2015	158	318	33,294	0.96 (0.85, 1.07)
2016	157	267	33,812	0.79 (0.70, 0.89)
2017	157	317	34,884	0.91 (0.81, 1.01)
2018	154	337	35,290	0.96 (0.86, 1.06)
2019	153	310	35,216	0.88 (0.78, 0.98)
2020*	153	166	16,971	0.98 (0.84, 1.14)
2021	153	262	29,134	0.90 (0.79, 1.01)
2022	153	281	29,154	0.96 (0.86, 1.08)
2023	150	268	30,105	0.89 (0.79-1.00)
2024	147	249	29,424	0.85 (0.74, 0.96) ↓

*Reporting was suspended from January through June 2020 due to the COVID-19 pandemic.

Figure 5. Between 2015 and 2024, the hip SSI rate declined 12%, from 0.96 infections per 100 procedures in 2015 to 0.84 infections per 100 procedures in 2024. SSI rate decreased (↓) slightly (4%) between 2023 and 2024.

Figure 6. Trend in spinal fusion SSI rates, New York State 2015-2024



Year	#Hospitals	#Infections	#Procedures	Infection Rate (95% CI)
2019	118	343	29,036	1.18 (1.06, 1.31)
2020*	109	170	13,812	1.23 (1.05, 1.43)
2021	111	352	25,908	1.36 (1.22, 1.51)
2022	110	347	25,870	1.34 (1.20, 1.49)
2023	111	390	27,140	1.44 (1.20, 1.59)
2024	109	414	27,487	1.51 (1.37, 1.66) ↑

*Reporting was suspended from January through June 2020 due to the COVID-19 pandemic.

Figure 6. Between 2019 and 2024 the total number of spinal fusion SSIs increased 28%, from 1.18 infections per 100 procedures in 2019 to 1.51 infections per 100 procedures in 2024, a statistically significant increase. Between 2023 and 2024, SSI rate increased (↑) from 1.44 to 1.51 (5%).

Table 8. Microorganisms identified in SSIs, 2024

	Colon Surgery		CABG Surgery		HPRO Surgery		HYST Surgery		FUSN Surgery	
Pathogen Groups	Number of isolates	%	Number of isolates	%	Number of isolates	%	Number of isolates	%	Number of isolates	%
<i>Enterococci</i>	369	29.5	5	4.8	22	7.4	35	16.7	31	6.5
- VRE	(73)	(5.8)	(1)	(1.0)	(4)	(1.3)	(2)	(1.0)	(12)	(2.5)
<i>Escherichia coli</i>	290	23.2	9	8.6	10	3.4	33	15.7	38	7.9
- CRE- <i>E. coli</i>	(2)	(0.2)	(1)	(1.0)	(1)	(0.3)				
Yeast	150	12.0								
- <i>Candida auris</i>	(1)	(0.1)								
<i>Pseudomonas</i> spp.	96	7.7			27	9.1	13	6.2	28	5.9
<i>Klebsiella</i> spp.	94	7.5	8	7.6	13	4.4	11	5.2	27	5.6
<i>Bacteroides</i> spp.	91	7.3					15	7.1		
<i>Streptococci</i>	69	5.5			14	4.7			12	2.5
<i>Staphylococcus aureus</i>	57	4.6	24	22.9	82	27.6	15	7.1	106	22.2
- <i>Staphylococcus aureus</i> -MRSA	(25)	(2.0)	(9)	(8.6)	(22)	(7.4)	(5)	(2.4)	(26)	(5.4)
<i>Coagulase negative staphylococci</i>	54	4.3	21	20.0	35	11.8	14	6.7	75	15.7
<i>Enterobacter</i> spp.	43	3.4	2	1.9	16	5.4	5	2.4	17	3.6
- CRE- <i>Enterobacter</i>	(1)	(0.1)					(1)	(0.5)	(1)	(0.2)
- CRE- <i>Klebsiella</i>	(1)	(0.1)							(1)	(0.2)
<i>Proteus</i> spp.	27	2.2			15	5.1			24	5.0
<i>Citrobacter</i> spp.	24	1.9								
<i>Clostridium</i> spp.	22	1.8								
<i>Lactobacillus</i> spp.	13	1.0								
<i>Morganella morganii</i>	12	1.0							11	2.3
<i>Corynebacterium</i> spp.	11	0.9							12	2.5
<i>Eggerthella</i> spp.	11	0.9								
<i>Acinetobacter</i> spp.	3	0.2	1	1.0	3	1.0			2	0.4
- MDRO- <i>Acinetobacter</i>	(1)	(0.1)	(1)	(1.0)	(2)	(0.7)				
<i>Cutibacterium</i> spp.									20	4.2
Other	71	5.7	38	36.2	38	12.8	72	34.3	53	11.1

New York State data reported as of July 15, 2025. VRE: vancomycin-resistant enterococci; CRE: carbapenem-resistant Enterobacterales; MRSA: methicillin-resistant *Staphylococcus aureus*

MDRO: multidrug resistant organism; spp: multiple species.  Most common pathogens by procedure type.

Hospital specific SSIs

Table 9. Hospital specific SSIs adjusted rate compared to state rate, 2024.

Hospital	COLON SSI			Chest SSI			HPRO SSI			HYST SSI			FUSN SSI			No SSI Reported
	SSI	Procedures	Compare	SSI	Procedures	Compare	SSI	Procedures	Compare	SSI	Procedures	Compare	SSI	Procedures	Compare	
AO Fox Memorial	NA	5	NA				0	20	0.0 ⇔							
Adirondack Medical	3	32	12.5 ⇔				0	184	0.0 ⇔	0	42	0.0 ⇔				
Albany Med Ctr	20	510	3.6 ⇔	3	237	1.2 ⇔	1	245	0.3 ⇔	3	178	1.6 ⇔	8	583	1.4 ⇔	
Arnot Ogden Med Ctr	1	45	2.1 ⇔				2	162	1.3 ⇔	2	23	10.0 ↑	5	128	3.8 ⇔	
Auburn Memorial	NA	18	NA				0	30	0.0 ⇔	NA	1	NA	NA	6	NA	
Bellevue Ellis										0	27	0.0 ⇔				★
Bellevue Hospital	11	146	6.2 ⇔	1	78	1.4 ⇔	3	123	2.2 ⇔	0	105	0.0 ⇔	3	56	3.2 ⇔	
Bon Secours	NA	10	NA				NA	2	NA	NA	12	NA				
Bronx-Lebanon	0	67	0.0 ⇔				0	88	0.0 ⇔	0	117	0.0 ⇔	3	119	3.1 ⇔	
Brookdale Hospital	1	38	2.0 ⇔				1	24	2.9 ⇔	0	31	0.0 ⇔	1	74	0.9 ⇔	
Brooklyn Hosp Ctr	1	49	2.0 ⇔				0	71	0.0 ⇔	2	95	2.1 ⇔	2	61	5.6 ⇔	
Brooks Memorial	0	23	0.0 ⇔				0	21	0.0 ⇔				NA	2	NA	
Buffalo General	10	122	7.0 ⇔	15	593	2.7 ↑	8	437	1.2 ⇔	NA	5	NA	23	1024	2.2 ⇔	
Canton-Potsdam	0	38	0.0 ⇔				0	107	0.0 ⇔	NA	17	NA				
Cayuga Medical Ctr	2	58	3.4 ⇔				2	255	1.0 ⇔	NA	4	NA	0	33	0.0 ⇔	
Champlain Valley	9	108	9.3 ↑				3	110	2.3 ⇔	0	50	0.0 ⇔	NA	7	NA	
Claxton-Hepburn	NA	17	NA				0	33	0.0 ⇔	NA	17	NA	NA	4	NA	
Clifton Springs	NA	2	NA				2	249	1.0 ⇔							
Cohens Childrens	2	62	3.6 ⇔				NA	1	NA				2	117	1.6 ⇔	
Columbia Memorial	2	58	3.8 ⇔				3	142	2.1 ⇔	1	55	1.8 ⇔				
Coming Hospital	0	48	0.0 ⇔				0	109	0.0 ⇔	NA	7	NA				
Cortland Reg Med	2	44	4.2 ⇔				1	46	2.4 ⇔	NA	6	NA				
Crouse Hospital	18	298	5.7 ⇔				6	473	1.2 ⇔	1	447	0.2 ⇔	17	804	2.9 ↑	
Ellis Hospital	4	89	4.0 ⇔	0	138	0.0 ⇔	1	101	0.8 ⇔	NA	15	NA	NA	3	NA	
Elmhurst Hospital	2	91	1.7 ⇔				1	64	1.5 ⇔	1	68	1.4 ⇔	0	62	0.0 ⇔	
Erie County Med Ctr	3	86	2.5 ⇔				3	206	1.5 ⇔				22	461	4.2 ↑	
FF Thompson	7	110	8.5 ⇔				0	135	0.0 ⇔	NA	11	NA	1	113	1.6 ⇔	
Flushing Hospital	0	39	0.0 ⇔				0	35	0.0 ⇔	0	29	0.0 ⇔				★

	COLON SSI			Chest SSI			HPRO SSI			HYST SSI			FUSN SSI			No SSI
Hospital	SSI	Procedures	Compare	SSI	Procedures	Compare	SSI	Procedures	Compare	SSI	Procedures	Compare	SSI	Procedures	Compare	Reported
Garnet Catskills							NA	11	NA	NA	13	NA				
Garnet Middletown	10	232	4.5 ⇄	0	109	0.0 ⇄	1	330	0.3 ⇄	1	153	0.7 ⇄	0	37	0.0 ⇄	
Geneva General	1	60	2.7 ⇄				0	52	0.0 ⇄				0	49	0.0 ⇄	
Glen Cove Hospital	0	40	0.0 ⇄				0	31	0.0 ⇄	NA	4	NA				
Glens Falls Hospital	4	154	3.5 ⇄				3	197	1.2 ⇄	NA	12	NA				
Good Samar. Suffern	1	102	1.4 ⇄	1	72	1.6 ⇄	1	121	0.9 ⇄	0	31	0.0 ⇄	NA	12	NA	
Good Samar. W Islip	10	215	5.1 ⇄	0	238	0.0 ⇄	3	208	1.1 ⇄	8	273	3.1 ↑	1	481	0.2 ↓	
Harlem Hospital	4	60	5.7 ⇄				NA	16	NA	NA	11	NA	0	24	0.0 ⇄	
HealthAlliance-MaryC	0	68	0.0 ⇄				3	110	2.4 ⇄	NA	2	NA				
Highland Hospital	8	143	6.6 ⇄				10	1343	0.8 ⇄	5	254	2.0 ⇄	6	357	1.8 ⇄	
Hosp for Spec Surg							14	4050	0.4 ↓				30	2321	1.8 ⇄	
Huntington Hospital	5	271	2.3 ⇄				1	316	0.4 ⇄	0	114	0.0 ⇄	1	218	0.4 ⇄	
Interfaith Med Ctr	NA	17	NA				0	24	0.0 ⇄	NA	10	NA				
JT Mather Hospital	2	128	1.8 ⇄				0	163	0.0 ⇄	0	54	0.0 ⇄	2	293	0.7 ⇄	
Jacobi Med Ctr	5	83	4.6 ⇄				3	86	3.3 ⇄	2	62	2.9 ⇄	0	32	0.0 ⇄	
Jamaica Hospital	4	85	3.7 ⇄				2	97	1.7 ⇄	0	35	0.0 ⇄	0	38	0.0 ⇄	
Jones Memorial	NA	19	NA				0	43	0.0 ⇄	0	33	0.0 ⇄				
Kenmore Mercy	4	157	2.8 ⇄				6	397	1.2 ⇄				5	742	1.1 ⇄	
Kings County Hosp	10	87	9.0 ↑				0	62	0.0 ⇄	1	83	1.0 ⇄	1	25	3.5 ⇄	
LIJ at Forest Hills	1	84	1.2 ⇄				1	97	1.1 ⇄	1	83	1.3 ⇄	0	32	0.0 ⇄	
LIJ at Valley Stream	1	46	1.9 ⇄				3	374	0.8 ⇄				6	209	3.2 ⇄	
Lenox Hill Hospital	9	393	2.6 ⇄	0	394	0.0 ↓	5	344	1.9 ⇄	2	228	1.0 ⇄	18	694	2.7 ↑	
Lincoln Med Ctr	3	74	3.3 ⇄				1	45	2.2 ⇄	3	47	5.4 ⇄	0	43	0.0 ⇄	
Long Isl Jewish(LIJ)	5	380	1.3 ↓				0	177	0.0 ⇄	4	403	0.9 ⇄	4	234	1.2 ⇄	
Long Isl. Community	4	76	5.0 ⇄				2	98	1.8 ⇄	NA	6	NA	NA	17	NA	
Maimonides Med Ctr	11	269	4.2 ⇄	2	181	1.1 ⇄	0	125	0.0 ⇄	0	114	0.0 ⇄	1	177	0.5 ⇄	
Mary Imogene Bassett	9	209	3.5 ⇄	0	112	0.0 ⇄	1	157	0.6 ⇄	1	43	2.2 ⇄	1	111	0.9 ⇄	
Memor SloanKettering	68	1250	4.5 ⇄				2	87	1.5 ⇄	16	1059	1.5 ⇄	6	194	1.9 ⇄	
Mercy Hosp Buffalo	7	200	3.7 ⇄	0	364	0.0 ↓	1	94	1.0 ⇄	1	104	1.1 ⇄	6	797	0.8 ⇄	
Mercy Med Ctr	0	57	0.0 ⇄				0	62	0.0 ⇄	1	51	2.3 ⇄	6	540	1.8 ⇄	

	COLON SSI			Chest SSI			HPRO SSI			HYST SSI			FUSN SSI			No SSI
Hospital	SSI	Procedures	Compare	SSI	Procedures	Compare	SSI	Procedures	Compare	SSI	Procedures	Compare	SSI	Procedures	Compare	Reported
Metropolitan Hosp	0	23	0.0 ⇄				1	47	2.7 ⇄	0	43	0.0 ⇄				
MidHudson Reg of WMC	2	57	3.3 ⇄				1	182	0.5 ⇄	NA	16	NA	0	25	0.0 ⇄	
Millard Fill. Suburb	13	424	3.3 ⇄				2	216	0.8 ⇄	1	526	0.2 ↓	0	129	0.0 ⇄	
Montefiore-Einstein	10	137	5.8 ⇄							4	217	1.5 ⇄				
Montefiore-Moses	6	211	2.1 ⇄	3	308	1.0 ⇄	0	20	0.0 ⇄	0	41	0.0 ⇄	10	611	1.2 ⇄	
Montefiore-Mt Vernon	NA	17	NA							NA	7	NA				
Montefiore-NewRochl	1	21	4.5 ⇄				0	124	0.0 ⇄	0	20	0.0 ⇄	1	50	2.5 ⇄	
Montefiore-Nyack	2	81	3.1 ⇄				2	201	1.0 ⇄	0	30	0.0 ⇄				
Montefiore-Wakefield	2	43	3.6 ⇄				3	636	0.4 ⇄							
Mt Sinai	28	702	4.3 ⇄	5	473	1.2 ⇄	1	277	0.4 ⇄	6	335	1.8 ⇄	22	1023	2.0 ⇄	
Mt Sinai Beth Israel	NA	1	NA							NA	1	NA				
Mt Sinai Brooklyn	0	70	0.0 ⇄				2	44	4.5 ⇄	NA	7	NA				
Mt Sinai Queens	1	92	1.2 ⇄				0	106	0.0 ⇄	0	23	0.0 ⇄				
Mt Sinai St Lukes	3	69	3.7 ⇄	2	229	0.9 ⇄	0	117	0.0 ⇄	0	22	0.0 ⇄	5	90	3.0 ⇄	
Mt Sinai West	3	150	2.3 ⇄				0	235	0.0 ⇄	0	186	0.0 ⇄	7	305	1.9 ⇄	
NY Community Hosp	NA	8	NA				NA	17	NA							
NYP-Allen	NA	13	NA							NA	3	NA	9	659	1.0 ⇄	
NYP-Brklyn Methodist	1	139	0.6 ↓	0	86	0.0 ⇄	2	249	0.7 ⇄	3	268	1.0 ⇄	1	105	0.6 ⇄	
NYP-Columbia	15	346	4.4 ⇄	4	444	0.9 ⇄	3	403	0.7 ⇄	2	271	0.7 ⇄	NA	15	NA	
NYP-Hudson Valley	1	69	1.9 ⇄				3	172	1.8 ⇄	NA	3	NA	NA	10	NA	
NYP-Lawrence	2	71	2.8 ⇄				1	131	0.8 ⇄	0	70	0.0 ⇄	1	151	0.4 ⇄	
NYP-Lower Manhattan	1	21	5.5 ⇄				1	34	3.2 ⇄	0	36	0.0 ⇄	2	485	0.8 ⇄	
NYP-Morgan Stanley	0	27	0.0 ⇄				NA	2	NA	NA	8	NA	1	197	0.4 ⇄	
NYP-Queens	7	224	3.7 ⇄	0	132	0.0 ⇄	0	317	0.0 ⇄	1	110	0.9 ⇄	1	231	0.4 ⇄	
NYP-Weill Cornell	8	382	2.5 ⇄	4	273	1.6 ⇄	1	172	0.5 ⇄	1	154	0.6 ⇄	3	552	0.5 ⇄	
NYU Langone Brooklyn	4	182	2.2 ⇄				8	294	2.4 ↑	3	115	2.3 ⇄	1	106	0.8 ⇄	
NYU Orthopedic Hosp							5	1246	0.5 ⇄							
NYU Tisch	30	646	5.2 ⇄	4	360	1.2 ⇄	0	52	0.0 ⇄	6	367	1.8 ⇄	14	1405	0.8 ↓	
NYU Winthrop	8	438	1.9 ↓	1	229	0.4 ⇄	1	268	0.4 ⇄	6	308	2.0 ⇄	10	662	1.6 ⇄	
Nassau University	1	22	4.9 ⇄				0	58	0.0 ⇄	0	51	0.0 ⇄	0	178	0.0 ⇄	

	COLON SSI			Chest SSI			HPRO SSI			HYST SSI			FUSN SSI			No SSI
Hospital	SSI	Procedures	Compare	SSI	Procedures	Compare	SSI	Procedures	Compare	SSI	Procedures	Compare	SSI	Procedures	Compare	Reported
Nathan Littauer	NA	19	NA				NA	8	NA	NA	10	NA				
Newark Wayne	0	28	0.0 ⇄				1	41	2.1 ⇄	0	23	0.0 ⇄	1	106	0.9 ⇄	
Niagara Falls	0	36	0.0 ⇄				0	49	0.0 ⇄	NA	5	NA	1	49	4.1 ⇄	
North Central Bronx	NA	12	NA							NA	12	NA				
North Shore	7	505	1.5 ↓	1	574	0.2 ⇄	2	344	0.6 ⇄	0	118	0.0 ⇄	9	546	1.2 ⇄	
Northern Dutchess	1	32	2.7 ⇄				3	264	1.2 ⇄	1	39	3.0 ⇄	0	56	0.0 ⇄	
Northern Westchester	3	185	2.1 ⇄				5	238	2.0 ⇄	1	258	0.5 ⇄	6	236	3.1 ⇄	
Noyes Memorial	0	44	0.0 ⇄				2	159	1.6 ⇄	NA	1	NA				
Oishei Childrens	2	25	9.9 ⇄							1	57	1.7 ⇄	0	36	0.0 ⇄	
Olean General	3	40	7.6 ⇄				2	51	3.8 ⇄	0	23	0.0 ⇄				
Oneida Healthcare	4	106	3.7 ⇄				0	33	0.0 ⇄	1	47	2.3 ⇄				
Oswego Hospital	NA	14	NA				0	22	0.0 ⇄	0	44	0.0 ⇄				
Our Lady of Lourdes	6	72	9.6 ⇄				7	283	2.3 ↑	NA	14	NA	1	242	0.4 ⇄	
Peconic Bay Medical	2	87	2.1 ⇄				2	303	0.7 ⇄	NA	18	NA				
Phelps Memorial	1	88	1.2 ⇄				0	61	0.0 ⇄	0	35	0.0 ⇄	0	113	0.0 ⇄	
Plainview Hospital	0	75	0.0 ⇄				0	48	0.0 ⇄	0	20	0.0 ⇄	1	87	1.0 ⇄	
Putnam Hospital	NA	4	NA				1	149	0.6 ⇄	0	24	0.0 ⇄	1	61	1.8 ⇄	
Queens Hospital	4	41	7.8 ⇄				NA	9	NA	0	82	0.0 ⇄				
Richmond Univ MC	4	67	5.3 ⇄				4	68	4.9 ↑	4	123	3.3 ⇄	3	53	5.5 ⇄	
Rochester General	14	342	4.6 ⇄	7	314	2.0 ⇄	7	503	1.3 ⇄	7	234	2.7 ⇄	7	491	1.2 ⇄	
Rome Memorial	0	28	0.0 ⇄				1	41	1.9 ⇄	NA	1	NA	0	120	0.0 ⇄	
Roswell Park	10	282	4.3 ⇄							2	245	0.8 ⇄	NA	2	NA	
SUNY Downstate MedCr	4	70	4.5 ⇄				0	52	0.0 ⇄	0	20	0.0 ⇄	2	35	4.8 ⇄	
Samaritan- Troy	4	81	5.2 ⇄				1	39	2.3 ⇄	1	59	1.7 ⇄	0	203	0.0 ⇄	
Samaritan- Watertown	2	74	3.7 ⇄				0	59	0.0 ⇄	0	49	0.0 ⇄	NA	1	NA	
Saratoga Hospital	5	170	3.6 ⇄				0	383	0.0 ↓	NA	10	NA	0	131	0.0 ⇄	
Sisters of Charity	7	112	6.2 ⇄				1	101	0.6 ⇄	3	227	1.4 ⇄	1	246	0.5 ⇄	
Sisters- St Joseph							1	217	0.5 ⇄							
South Brooklyn Health	1	50	1.9 ⇄				0	74	0.0 ⇄	0	46	0.0 ⇄	1	46	2.9 ⇄	
South Nassau Comm.	4	193	2.5 ⇄				1	195	0.4 ⇄	3	245	1.4 ⇄	14	454	3.7 ↑	

	COLON SSI			Chest SSI			HPRO SSI			HYST SSI			FUSN SSI			No SSI
Hospital	SSI	Procedures	Compare	SSI	Procedures	Compare	SSI	Procedures	Compare	SSI	Procedures	Compare	SSI	Procedures	Compare	Reported
South Shore UHosp	2	195	1.0 ↓	0	324	0.0 ⇔	4	563	0.8 ⇔	3	317	0.9 ⇔	3	350	0.9 ⇔	
St Anthony	NA	7	NA				1	98	1.3 ⇔	0	65	0.0 ⇔				
St Barnabas	10	73	10.5 ↑				0	38	0.0 ⇔	0	28	0.0 ⇔	1	52	1.6 ⇔	
St Catherine Siena	2	86	2.7 ⇔				1	52	1.4 ⇔	NA	4	NA	2	153	1.3 ⇔	
St Charles Hospital	0	63	0.0 ⇔				1	245	0.4 ⇔	0	44	0.0 ⇔	1	131	1.3 ⇔	
St Francis- Roslyn	4	241	2.1 ⇔	4	543	0.8 ⇔	5	540	0.8 ⇔	NA	9	NA	9	517	1.5 ⇔	
St Johns Dobbs Ferry							NA	17	NA							
St Johns Episcopal	0	28	0.0 ⇔				0	44	0.0 ⇔	NA	16	NA	NA	7	NA	
St Johns Riverside	2	67	2.9 ⇔				NA	16	NA	0	83	0.0 ⇔	0	55	0.0 ⇔	
St Joseph- Bethpage	4	54	7.1 ⇔				2	118	1.7 ⇔				0	34	0.0 ⇔	
St Josephs- Syracuse	9	207	4.6 ⇔	9	882	1.0 ⇔	6	463	1.1 ⇔	0	69	0.0 ⇔	5	264	2.1 ⇔	
St Josephs- Yonkers	NA	9	NA				0	25	0.0 ⇔	NA	2	NA				
St Lukes Cornwall	2	54	3.2 ⇔				1	94	1.0 ⇔	NA	15	NA	0	23	0.0 ⇔	
St Marys Amsterdam	0	39	0.0 ⇔				0	24	0.0 ⇔	NA	4	NA	NA	5	NA	
St Peters Hospital	22	357	6.3 ↑	4	506	0.7 ⇔	12	713	1.3 ⇔	3	183	1.7 ⇔	1	340	0.3 ⇔	
Staten Island U N	2	225	0.8 ↓	0	199	0.0 ⇔	0	100	0.0 ⇔	3	173	1.8 ⇔	1	260	0.3 ⇔	
Staten Island U S	NA	19	NA				1	290	0.4 ⇔	NA	1	NA				
Stony Brk Southampton	NA	10	NA				0	77	0.0 ⇔	1	26	4.2 ⇔				
Stony Brook ELIH	NA	1	NA				NA	2	NA							
Strong Memorial	25	491	5.3 ⇔	5	290	1.6 ⇔	0	140	0.0 ⇔	1	139	0.7 ⇔	15	544	2.0 ⇔	
Syosset Hospital	NA	8	NA				1	417	0.3 ⇔				1	47	2.3 ⇔	
UHS Binghamton	NA	2	NA				2	245	0.8 ⇔	NA	7	NA				
UHS Chenango Memor	NA	2	NA				0	50	0.0 ⇔	0	27	0.0 ⇔	1	36	3.0 ⇔	
UHS Wilson	22	159	14.1 ↑	2	186	1.0 ⇔	2	52	3.1 ⇔	0	22	0.0 ⇔	6	597	1.0 ⇔	
UPMC Chautauqua WCA	2	39	5.2 ⇔				2	80	2.9 ⇔	NA	16	NA				
United Memorial	0	24	0.0 ⇔				1	91	1.1 ⇔	NA	12	NA				
Unity Hosp Rochester	2	243	0.9 ↓				8	863	1.0 ⇔	0	61	0.0 ⇔	13	362	3.8 ↑	
Univ Hosp SUNY Upst	21	259	6.4 ↑	1	135	0.6 ⇔	3	85	2.1 ⇔	0	42	0.0 ⇔	14	610	2.0 ⇔	
Univ Hosp StonyBrook	10	204	4.6 ⇔	2	197	0.9 ⇔	2	355	0.5 ⇔	1	108	0.8 ⇔	6	362	1.5 ⇔	
Upst. Community Gen	5	114	5.3 ⇔				4	456	0.8 ⇔	0	47	0.0 ⇔	0	32	0.0 ⇔	

	COLON SSI			Chest SSI			HPRO SSI			HYST SSI			FUSN SSI			No SSI
Hospital	SSI	Procedures	Compare	SSI	Procedures	Compare	SSI	Procedures	Compare	SSI	Procedures	Compare	SSI	Procedures	Compare	Reported
Vassar Brothers	12	277	3.9 ⇔	0	213	0.0 ⇔	2	85	1.7 ⇔	0	140	0.0 ⇔	2	219	1.0 ⇔	
Westchester Medical	5	179	2.1 ⇔	4	198	2.0 ⇔	2	170	0.9 ⇔	4	150	2.3 ⇔	8	409	1.5 ⇔	
White Plains Hosp	7	294	2.8 ⇔	0	68	0.0 ⇔	5	391	1.5 ⇔	1	269	0.4 ⇔	5	345	1.6 ⇔	
Woodhull Med Ctr	1	50	1.8 ⇔				0	26	0.0 ⇔	3	57	4.8 ⇔				
Wyckoff Heights	2	74	3.1 ⇔				0	34	0.0 ⇔	0	38	0.0 ⇔	1	36	2.2 ⇔	
Wynn Hospital MVHS	7	137	4.9 ⇔	1	58	1.6 ⇔	1	127	0.6 ⇔	1	34	2.6 ⇔	0	60	0.0 ⇔	

↑ Adjusted rate significantly higher than state average. ↓ Adjusted rate significantly lower than state average. ★ No SSIs were reported. ⇔ Not significantly different than State average. NA=Hospital performed fewer than 20 procedures; no adjusted rate is calculated.

Hospital-specific SSI rates are provided in Table 9. Of the 125 hospitals that reported more than 20 colon procedures, 6 hospitals (5%) had colon SSI rates that were statistically higher than the state average. Seven (7) hospitals (6%) had rates that were statistically lower than the state average. Of the 95 hospitals that reported more than 20 abdominal hysterectomies in 2024, two hospitals (2%) had SSI rates that were statistically higher than the state average. A total of 35 hospitals performed CABG surgeries. Three (9%) hospitals had either a CABG chest SSI rate that was statistically higher (1) or lower (2) than the state average. Of the 135 hospitals that reported more than 20 hip procedures in 2024, three hospitals (2%) had hip SSI rates that were statistically higher than the state average. Two (2) hospitals had lower rates than the state average. Of the 96 hospitals that reported more than 20 spinal fusion procedures in 2024, five (5) hospitals (5%) had a spinal fusion SSI rate that was statistically higher, and two (2) hospitals (2%) had a significantly lower SSI rate than the state average.

All 19 hospitals with one or more higher SSI rates are required to submit improvement plans following the Department's HAI Reporting Program policy for facilities with consecutive years of high HAI rates (http://www.health.ny.gov/statistics/facilities/hospital/hospital_acquired_infections/). Two (2) hospitals (★) had no SSIs reported in 2024.

Central line associated bloodstream infections (CLABSI)

In 2024, a total of 1,222 CLABSI from 155 hospitals were associated with 1,522,320 central line days, for an overall rate of 0.80 infections per 1,000 central line days in the selected ICUs and wards (Table 10). In 2015, NHSN began excluding bloodstream infections (BSIs) in patients with mucosal barrier injury (MBI). In 2018, BSIs involving ventricular assist devices (VAD) and/or extracorporeal membrane oxygenation (ECMO) were removed from CLABSI rates because patients with these devices are at increased risk of acquiring a BSI independent of the presence of a central line. Starting in 2019, observed or suspected patient injection into a vascular line (PATINJ), known or suspected factitious disorder imposed on another (FDIA), (formerly known as Munchausen syndrome by proxy (MSbP)), epidermolysis bullosa (EB), BSIs in patients with both a central line and another vascular access device where an organism identified from pus at the other access site matches an organism identified in the blood (IVPUS), and group B Streptococcus BSIs in infants during the first 6 days of life were excluded from infection rate calculations. In 2024, hospitals reported 269 MBI-BSIs, 49 VAD-BSIs, 34 ECMO-BSIs, eight (8) PATINJ-BSI, (0) MSbP-BSI, (0) EB-BSI and one (1) IVPUS-BIS.

Table 10 summarizes the total number of CLABSI reported in 2024 by unit. The CLABSI rate in adult and pediatric ICUs (0.794/1,000 central line days) was slightly lower than the rate in wards (0.80/1,000 central line days).

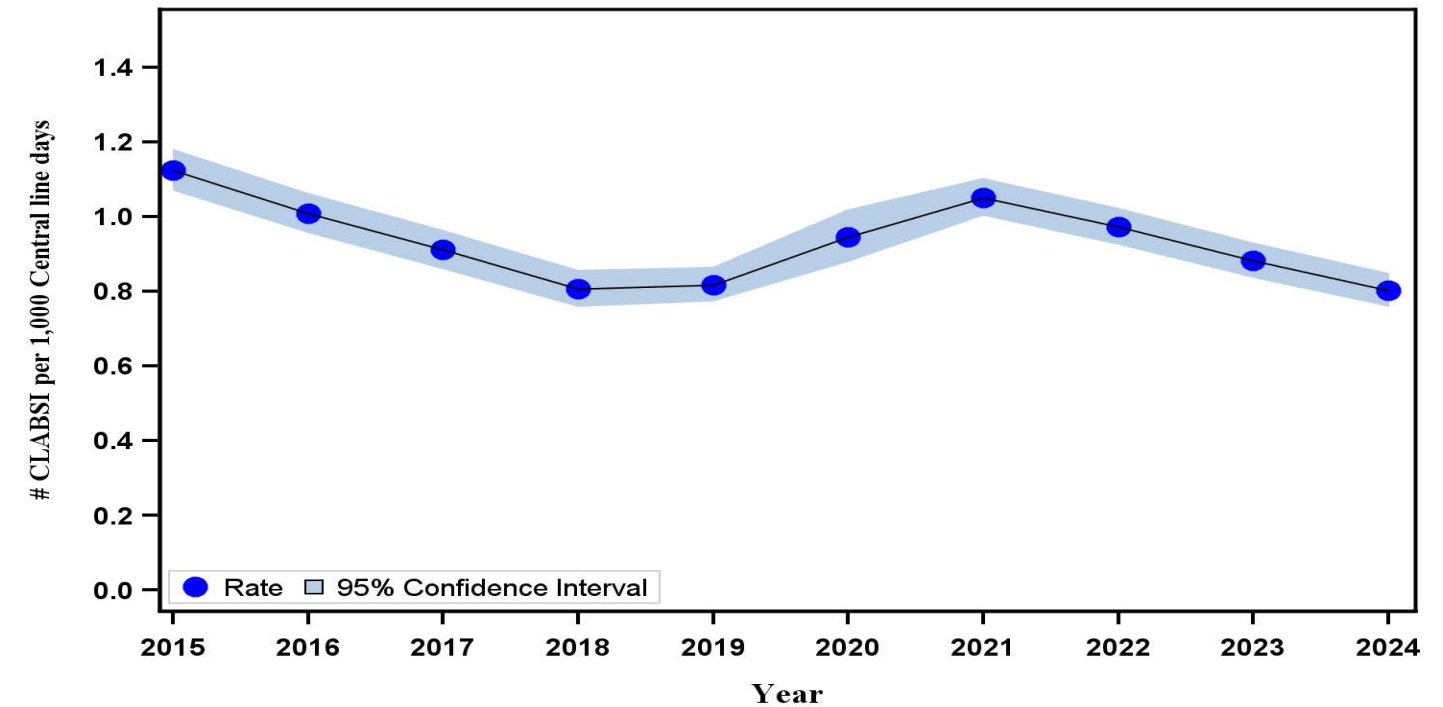
Table 10. Central line-associated bloodstream infection (CLABSI) rates by unit, New York State 2023

Unit	# Hospitals	# Exclusion	# CLABSI*	# Central line days	CLABSI rate	# Patient days	Device utilization ratio
Adult/pediatric Intensive Care Units (ICU)							
Cardiothoracic ICU	28	43	46	74,190	0.620	113,537	65.3
Coronary ICU	33	6	44	37,069	1.187	100,808	36.8
Medical ICU	63	21	104	118,625	0.877	302,140	39.3
Medical Surgical ICU	90	1	53	110,492	0.480	295,460	37.4
Neurosurgical ICU	18	0	8	18,015	0.444	79,526	22.7
Pediatric ICU	27	14	55	37,609	1.462	97,857	38.4
Surgical ICU	40	9	58	67,728	0.856	172,223	39.3
Subtotal Adult/Pediatric ICUs	150	94	368	463,728	0.794	1,161,551	39.9
Neonatal Intensive Care Units (NICU)							
Neonatal ICU Level II/III	12	0	4	2,782	1.438	25,878	10.8
Neonatal ICU Level III	25	0	6	11,596	0.517	92,469	12.5
Neonatal ICU RPC	17	1	39	58,523	0.666	255,684	22.9
Subtotal Neonatal ICUs	54	1	49	72,901	0.672	374,031	19.5
Adult/pediatric wards							
Medical surgical ward	120	8	133	241,590	0.551	2,538,764	9.5
Medical ward	84	19	205	274,713	0.746	2,767,243	9.9
Pediatric ward	44	19	23	36,497	0.630	288,137	12.7
Surgical ward	66	1	44	75,367	0.584	792,207	9.5
Step down unit	59	2	76	61,958	1.227	414,712	14.9
Mixed acuity ward	18	2	26	18,059	1.440	112,468	16.1
Oncology ward	25	203	273	249,030	1.096	500,796	49.7
Telemetry ward	29	4	25	28,477	0.878	408,144	7.0
Subtotal adult/pediatric wards	155	258	805	985,691	0.817	7,822,471	12.6
Total grand total	155	353	1,222	1,522,320	0.803	9,358,053	16.3

*Excluding MBI, VAD, ECMO, PATINJ, MSbP (FDIA), EB, and IVPUS. New York State data as of July 15, 2025. CLABSI rates are per 1,000 central line days. Device utilization = central line days per 100 patient days.

Figure 7 shows trends in CLABSI rates between 2015 and 2024. Between 2015 and 2024 the CLABSI rate decreased by 28% (statistically significantly) from 1.12 to 0.80 CLABSI per 1,000 central line days. CLABSI rates decreased 9% (statistically-significantly) between 2023 and 2024 from 0.88 in 2023. CLABSI rates increased in 2021 most likely due to longer hospital stays with severe co-morbidities requiring ICU admission with central lines during the COVID-19 pandemic, recovering to pre-pandemic levels in 2024.

Figure 7. Trends in central line-associated bloodstream infection (CLABSI) rates, New York State 2015-2024



Year	# Hospitals	# CLABSI	# Central line days	CLABSI rate (95% CI)	# Patient days	Device utilization ratio
2015	167	1,590	1,415,710	1.12 (1.07, 1.18)	8,178,130	17.3
2016	169	1,398	1,376,060	1.02 (0.96, 1.07)	8,122,132	16.9
2017	172	1,228	1,322,501	0.93 (0.88, 0.98)	8,077,737	16.4
2018	170	1,110	1,295,018	0.86 (0.81, 0.91)	8,248,580	15.7
2019	164	1,059	1,286,392	0.82 (0.77, 0.87)	8,244,594	15.6
2020	160	721	756,749	0.95 (0.88, 1.02)	4,171,360	18.1
2021	160	1731	1,645,469	1.05 (1.00, 1.10)	9,179,052	17.9
2022	163	1531	1,572,621	0.97 (0.92, 1.02)	9,140,661	17.2
2023	157	1,362	1,544,956	0.88 (0.84, 0.93)	9,207,894	16.7
2024	155	1,222	1,522,320	0.80 (0.76, 0.85)	9,358,053	16.3

New York State data as of July 15, 2025. Rates are per 1,000 central line days. Device utilization = central line days per 100 patient days.

Figure 8. Central line associated bloodstream infections in ICUs and wards, New York State, 2015-2024

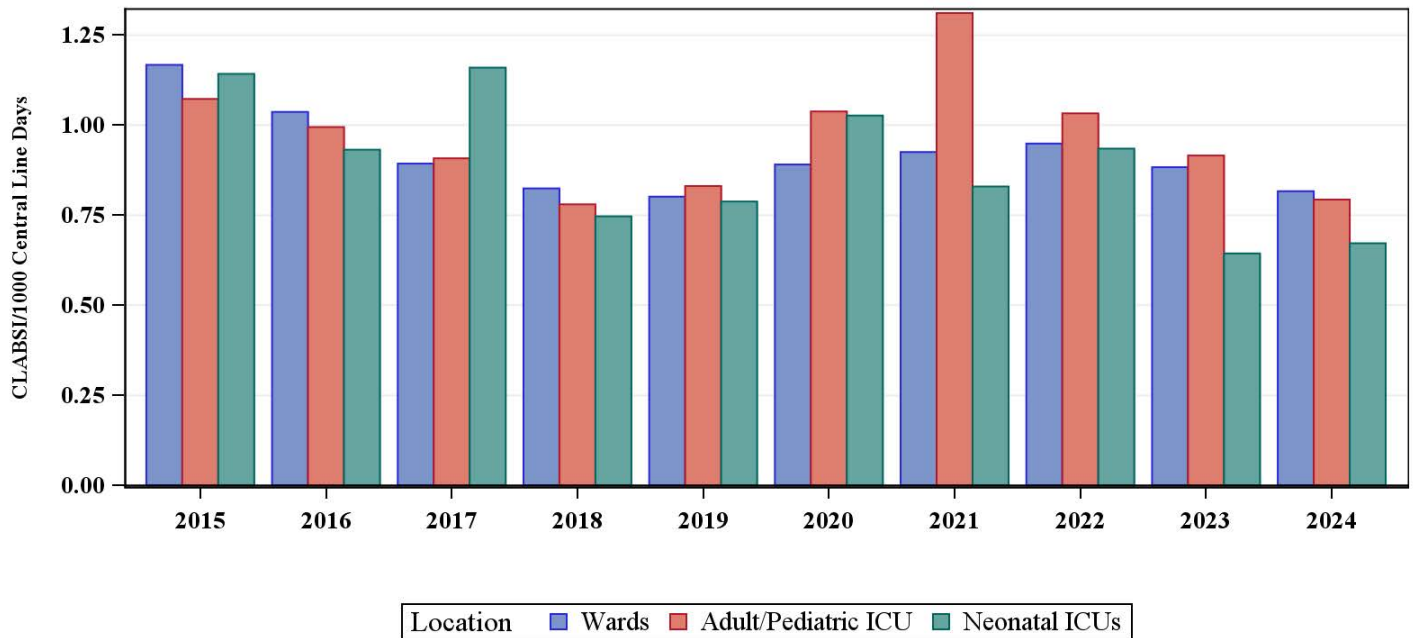
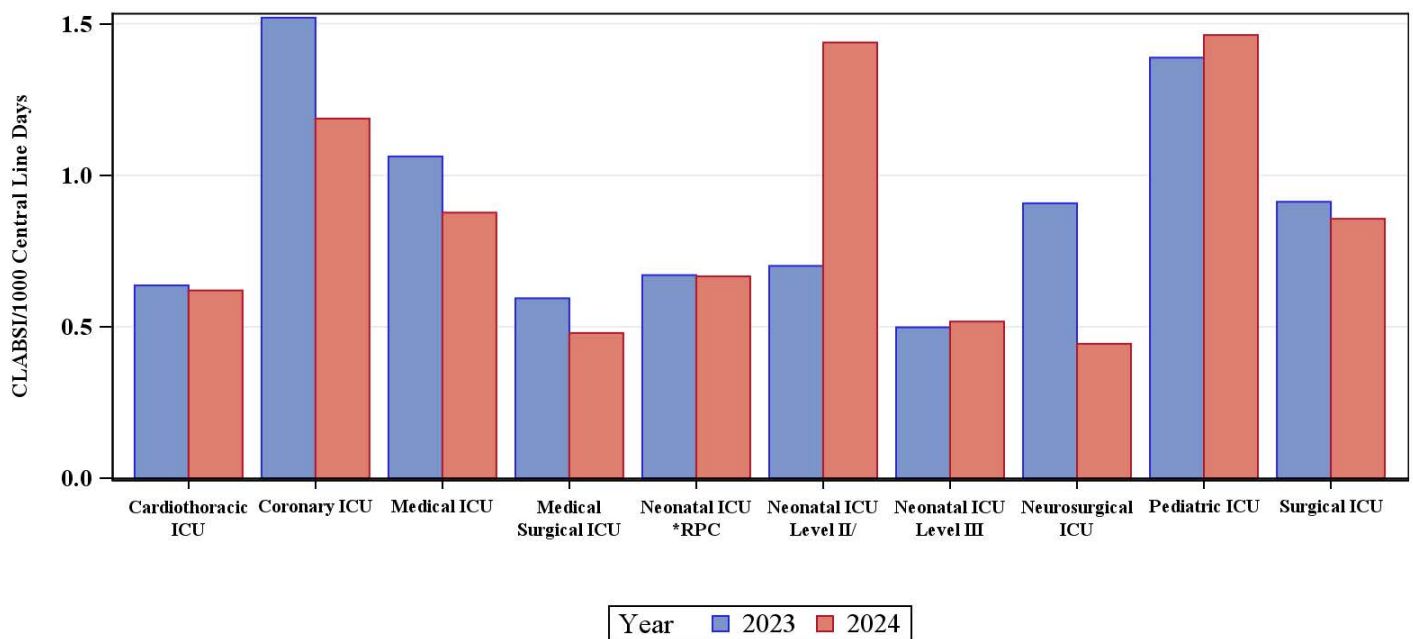


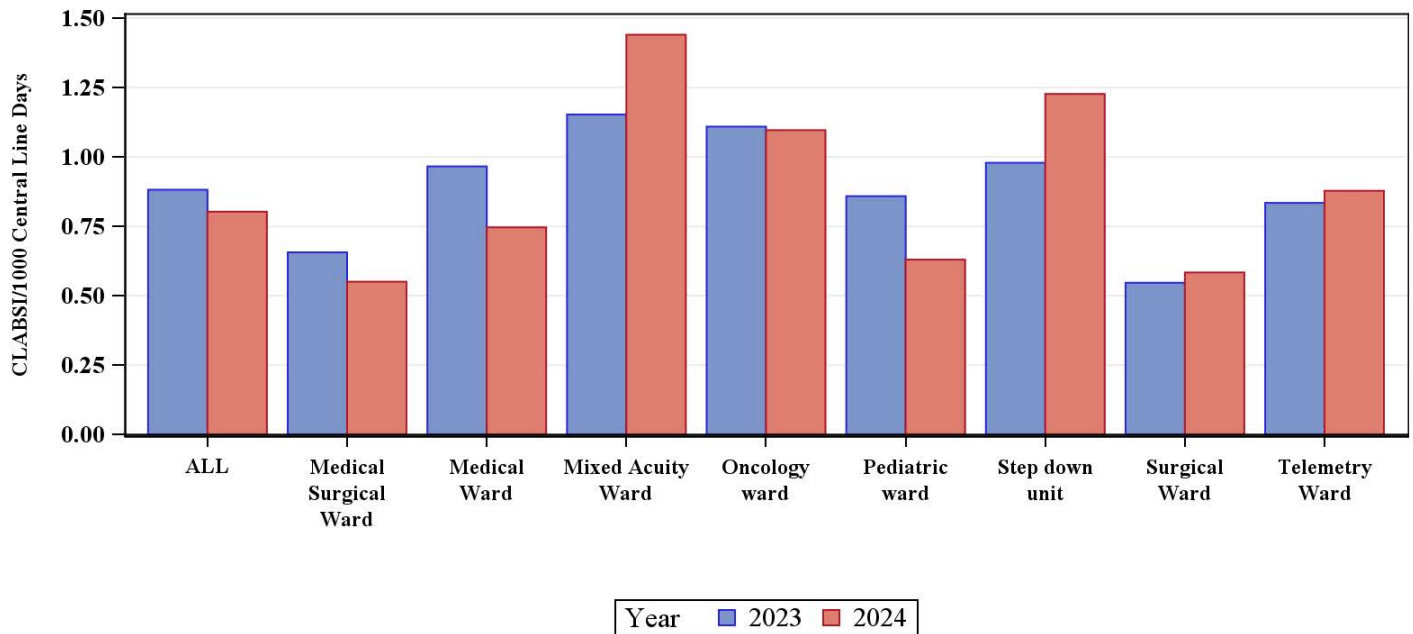
Figure 8 shows the trend of CLABSI rates between 2015 and 2024 by location type. From 2015 through 2019, CLABSI rates showed a decreasing trend. Rates increased during the pandemic and early post pandemic period; the highest rate was reported in ICUs in 2021. CLABSI rates showed a significant decrease in 2024 in all adult/pediatric locations. The decreasing trend was more visible in critical care units (i.e., ICUs/NICUs).

Figure 9. Central line associated bloodstream infections in ICUs, New York State, 2023-2024



*RPC=Regional perinatal center.

Figure 10. Central line associated bloodstream infections in wards, New York State, 2023-2024



Figures 9-10 compare CLABSI rates between 2023 and 2024 by location type. Overall, from 2023 through 2024, CLABSI rates in ICUs/NICUs by unit type showed a decreasing trend. In 2024, the rate increased (5%, not significantly) in pediatric ICUs from 1.39 to 1.46 per 1,000 central line days. In other adult ICUs, rates decreased from 2023 to 2024. In three NICUs, rates increased or stayed the same. CLABSI rates decreased in pediatric, medical, and medical surgical wards but slightly increased in surgical and telemetry wards and step-down units. Among all locations, pediatric ICU (1.46) and mixed acuity wards (1.44) were locations that had the highest infection rates.

Risk factors for CLABSIs

Hospitals do not report patient-specific risk factors for CLABSIs; NHSN requires reporting of only the total number of patient days and total number of central line days per month within each hospital location. CLABSI rates are stratified by location type. For CLABSIs in neonatal intensive care units (NICUs), the data are collected by birth weight group because babies with lower birth weights are more susceptible to CLABSIs than babies with higher birth weights. No risk adjustment is performed by birth weight group in Level II/III facilities due to the small number of CLABSIs.

Hospital specific, unit specific CLABSI rates

Within NYS, hospital specific CLABSI rates were compared to the state average by hospital location type. The CLABSI rates in Table 12 (ICUs) and Table 13 (wards) help hospitals target their CLABSI reduction efforts to specific locations. Overall, 20 high-rate flags will be addressed in CLABSI improvement plans by 16 affected hospitals.

The distribution of microorganisms associated with CLABSIs is presented by location in Table 11. Enterococci and yeasts were the most common organisms identified in adult and pediatric ICUs and wards. Forty percent (40%) of Enterococci spp. were vancomycin resistant enterococci (VRE), 7.5% of yeasts were *Candida auris*, and 41% of *Staphylococcus aureus* were methicillin-resistant *Staphylococcus aureus* (MRSA).

Table 11. Microorganisms identified in CLABSIs, in adult and pediatric ICUs and wards, New York State 2024

Microorganism	Number of Isolates	Percent of Infections
Yeast	329	20.9
- <i>Candida auris</i>	(30)	(1.9)
Enterococci	326	20.7
- VRE	(129)	(8.2)
<i>Coagulase negative staphylococci</i>	222	14.1
<i>Staphylococcus aureus</i>	177	11.2
- <i>Staphylococcus aureus</i> -MRSA	(59)	(3.7)
<i>Klebsiella</i> spp.	162	10.3
- CRE- <i>Klebsiella</i>	(4)	(0.3)
<i>Escherichia coli</i> (<i>E. coli</i>)	149	9.5
- CRE- <i>E. coli</i>	(3)	(0.2)
<i>Pseudomonas</i> spp.	96	6.1
<i>Streptococci</i> spp.	67	4.3
<i>Enterobacter</i> spp.	47	3.0
- CRE- <i>Enterobacter</i>	(2)	(0.1)
<i>Serratia</i> spp.	36	2.3
<i>Bacteroides</i> spp.	18	1.1
<i>Acinetobacter</i> spp.	16	1.0
- MDRO- <i>Acinetobacter</i>	(2)	(0.1)
<i>Proteus</i> spp.	16	1.0
<i>Stenotrophomonas</i> spp.	16	1.0
<i>Clostridium</i> spp.	13	0.8
<i>Lactobacillus</i> spp.	13	0.8
<i>Citrobacter</i> spp.	10	0.6
<i>Rothia</i> spp.	10	0.6
Other	109	6.9

The distribution of microorganisms associated with CLABSIs is presented by location in Table 11. Enterococci and yeasts were the most common organisms identified in adult and pediatric ICUs and wards. Forty percent (40%) of Enterococci spp. were vancomycin resistant enterococci (VRE), 9% of yeasts were *Candida auris*, and 33% of *Staphylococcus aureus* were methicillin-resistant *Staphylococcus aureus* (MRSA).

Table 12. Central line-associated bloodstream infection rates by unit type, New York State 2024

	Coronary ICU		Cardiothoracic ICU		Medical ICU		Medical Surgical ICU		Surgical ICU		Neurosurgical ICU		Pediatric ICU		Neonatal ICU		
Hospital	CLABSI/ CLDays	Rate	CLABSI/ CLDays	Rate	CLABSI/ CLDays	Rate	CLABSI/ CLDays	Rate	CLABSI/ CLDays	Rate	CLABSI/ CLDays	Rate	CLABSI/ CLDays	Rate	NICU level	CLABSI/ CLDays	Adj rate
State average rate	1.19		0.62		0.88		0.48		0.86		0.44		1.46		RPC:0.67, LIII:0.52, LII/III:1.44		
Adirondack Medical							1/780	1.3									
Albany Med Ctr	1/1788	0.6	2/2648	0.8	2/3907	0.5	2/1992	1.0	2/5528	0.4			2/1623	1.2	RPC	1/3041	0.3
Arnot Ogden Med Ctr							3/1337	2.2							Lev 3	1/795	1.7
Auburn Memorial							0/1058	0.0									
Bellevue Hospital	3/2314	1.3	0/759	0.0	3/1576	1.9			1/1216	0.8	0/298	0.0	0/191	0.0	RPC	3/2831	1.0
Bon Secours							0/298	0.0									
Bronx-Lebanon	2/724	2.8			5/2071	2.4							NA	NA	Lev 3	1/251	3.9
Brookdale Hospital	0/779	0.0			0/2118	0.0			2/1765	1.1	0/413	0.0	NA	NA	Lev 3	0/350	0.0
Brooklyn Hosp Ctr	0/574	0.0			0/930	0.0							NA	NA	Lev 3	0/698	0.0
Brooks Memorial							0/422	0.0									
Buffalo General			2/1851	1.1	4/6472	0.6			3/2362	1.3	1/2433	0.4					
Canton-Potsdam							0/437	0.0									
Cayuga Medical Ctr							0/940	0.0									
Champlain Valley							0/1517	0.0									
Claxton-Hepburn							0/690	0.0									
Clifton Springs					0/296	0.0											
Cohens Childrens													1/2551	0.4	RPC	2/4981	0.4
Columbia Memorial							0/804	0.0									
Corning Hospital							0/351	0.0									
Cortland Reg Med					0/263	0.0											
Crouse Hospital							0/3139	0.0							RPC	6/5556	1.1
Ellis Hospital					1/2174	0.5			0/2505	0.0							
Elmhurst Hospital	1/335	3.0			1/887	1.1			0/814	0.0					Lev 2/3	2/344	5.8
Erie County Med Ctr					2/2915	0.7											
FF Thompson					0/1185	0.0											
Flushing Hospital					0/911	0.0	0/152	0.0							Lev 3	0/676	0.0
Garnet Catskills							0/251	0.0									
Garnet Middletown							0/3940	0.0									
Geneva General							0/993	0.0									
Glen Cove Hospital							0/372	0.0									
Glens Falls Hospital							0/1431	0.0									
Good Samar. Suffern			0/493	0.0	1/1288	0.8			0/518	0.0							
Good Samar. W Islip	0/236	0.0	0/1005	0.0	0/2623	0.0			3/1597	1.9	0/338	0.0	0/72	0.0	Lev 3	0/1625	0.0
Harlem Hospital	0/242	0.0					0/1625	0.0					NA	NA	Lev 3	0/246	0.0

Table 12. Central line-associated bloodstream infection rates by unit type, New York State 2024

	Coronary ICU		Cardiothoracic ICU		Medical ICU		Medical Surgical ICU		Surgical ICU		Neurosurgical ICU		Pediatric ICU		Neonatal ICU		
Hospital	CLABSI/ CLDays	Rate	CLABSI/ CLDays	Rate	CLABSI/ CLDays	Rate	CLABSI/ CLDays	Rate	CLABSI/ CLDays	Rate	CLABSI/ CLDays	Rate	CLABSI/ CLDays	Rate	NICU level	CLABSI/ CLDays	Adj rate
State average rate	1.19		0.62		0.88		0.48		0.86		0.44		1.46		RPC:0.67, LIII:0.52, LII/III:1.44		
HealthAlliance-MaryC							2/1093	1.8									
Highland Hospital					2/1496	1.3											
Hosp for Spec Surg							0/128	0.0									
Huntington Hospital	0/735	0.0					0/664	0.0									
Interfaith Med Ctr							2/1384	1.4									
JT Mather Hospital							0/1566	0.0									
Jacobi Med Ctr	1/668	1.5			3/1474	2.0			1/920	1.1			0/65	0.0	Lev 3	2/716	2.5
Jamaica Hospital					0/1749	0.0			0/901	0.0					Lev 3	0/526	0.0
Jones Memorial							0/92	0.0									
Kenmore Mercy							2/1529	1.3									
Kings County Hosp					5/2233	2.2			4/1458	2.7			0/85	0.0	Lev 2/3	1/720	1.4
LJ at Forest Hills					0/826	0.0											
LJ at Valley Stream							0/800	0.0									
Lenox Hill Hospital	2/1498	1.3	1/2355	0.4	2/1101	1.8					0/301	0.0			Lev 2/3	0/625	0.0
Lincoln Med Ctr					2/2060	1.0			0/1487	0.0					Lev 3	2/245	6.2
Long Isl Jewish(LIJ)	1/589	1.7			2/2214	0.9	0/745	0.0	0/1227	0.0							
Long Isl. Community	1/818	1.2			0/925	0.0			0/463	0.0							
Maimonides Med Ctr	7/1111	6.3	5/2441	2.0	0/821	0.0			2/824	2.4			0/303	0.0	RPC	1/1663	0.5
Mary Imogene Bassett							0/3147	0.0									
Memor SloanKettering							3/4623	0.6					0/1016	0.0			
Mercy Hosp Buffalo			0/1674	0.0			1/2250	0.4									
Mercy Med Ctr							0/1345	0.0							Lev 3	0/165	0.0
Metropolitan Hosp							1/715	1.4							Lev 2/3	0/229	0.0
MidHudson Reg of							2/1342	1.5									
Millard Fill. Suburb							2/2420	0.8									
Montefiore-Einstein			2/497	4.0	1/2506	0.4			0/1053	0.0					RPC	3/2429	1.0
Montefiore-Moses	4/1447	2.8	3/3374	0.9	2/1649	1.2			1/1157	0.9			0/2100	* 0.0			
Montefiore-Mt Vernon							0/78	0.0									
Montefiore-NewRochl							2/911	2.2									
Montefiore-Nyack					0/999	0.0			1/833	1.2							
Montefiore-Wakefield					0/1566	0.0									Lev 2/3	0/144	0.0
Mount St. Marys					0/181	0.0											
Mt Sinai	0/1658	0.0	2/5578	0.4	2/2013	1.0			2/2206	0.9	1/984	1.0	6/2440	2.5	RPC	4/3045	1.6
Mt Sinai Beth Israel							0/342	0.0									

Table 12. Central line-associated bloodstream infection rates by unit type, New York State 2024

	Coronary ICU		Cardiothoracic ICU		Medical ICU		Medical Surgical ICU		Surgical ICU		Neurosurgical ICU		Pediatric ICU		Neonatal ICU		
Hospital	CLABSI/ CLDays	Rate	CLABSI/ CLDays	Rate	CLABSI/ CLDays	Rate	CLABSI/ CLDays	Rate	CLABSI/ CLDays	Rate	CLABSI/ CLDays	Rate	CLABSI/ CLDays	Rate	NICU level	CLABSI/ CLDays	Adj rate
State average rate	1.19		0.62		0.88		0.48		0.86		0.44		1.46		RPC:0.67, LIII:0.52, LII/III:1.44		
Mt Sinai Brooklyn							0/1119	0.0									
Mt Sinai Queens							0/943	0.0									
Mt Sinai St Lukes	1/916	1.1	1/753	1.3	0/1268	0.0			0/656	0.0							
Mt Sinai West					1/726	1.4	1/1040	1.0			0/234	0.0			Lev 3	0/596	0.0
NY Community Hosp							0/543	0.0									
NYP-Allen							1/1011	1.0									
NYP-Brklyn	0/441	0.0	0/908	0.0			2/2493	0.8					NA	NA	Lev 3	0/1023	0.0
NYP-Columbia	5/4609	1.1	3/6787	0.4	9/4309	2.1			3/2732	1.1	1/1118	0.9					
NYP-Hudson Valley							0/772	0.0							Lev 2/3	NA	NA
NYP-Lawrence					0/1171	0.0											
NYP-Lower							2/837	2.4									
NYP-Morgan Stanley													18/7938	2.3	RPC	6/8505	0.8
NYP-Queens	0/581	0.0	0/828	0.0	0/2083	0.0	0/254	0.0	0/595	0.0	0/571	0.0			Lev 3	0/371	0.0
NYP-Weill Cornell	3/2771	1.1	3/4850	0.6	2/2569	0.8			3/2249	1.3	0/717	0.0	2/1559	1.3	RPC	2/3397	0.6
NYU Langone					2/1073	1.9			0/508	0.0	0/444	0.0			Lev 2/3	0/50	0.0
NYU Orthopedic Hosp									NA	NA							
NYU Tisch	1/1823	0.5			6/3818	1.6			6/5955	1.0	1/652	1.5	9/6108	1.5	RPC	1/3695	0.3
NYU Winthrop					1/2544	0.4			1/2476	0.4	0/328	0.0	0/403	0.0	RPC	1/1395	0.6
Nassau University	0/440	0.0			0/1143	0.0	0/185	0.0	1/682	1.5					Lev 3	0/188	0.0
Nathan Littauer							0/359	0.0									
Newark Wayne					0/738	0.0											
Niagara Falls							2/1086	1.8									
North Central Bronx							2/1177	1.7									
North Shore	3/2879	1.0	5/5415	0.9	1/1677	0.6			2/2495	0.8	1/909	1.1			RPC	0/1295	0.0
Northern Dutchess							0/493	0.0									
Northern Westchester							0/423	0.0							Lev 3	0/59	0.0
Noyes Memorial							0/442	0.0									
Oishei Childrens													5/1769	2.8	RPC	5/4928	0.9
Olean General							1/1155	0.9									
Oneida Healthcare							0/682	0.0									
Oswego Hospital					0/403	0.0											
Our Lady of Lourdes							1/724	1.4									
Peconic Bay Medical							0/685	0.0									
Phelps Memorial							0/666	0.0									

Table 12. Central line-associated bloodstream infection rates by unit type, New York State 2024

	Coronary ICU		Cardiothoracic ICU		Medical ICU		Medical Surgical ICU		Surgical ICU		Neurosurgical ICU		Pediatric ICU		Neonatal ICU		
Hospital	CLABSI/ CLDays	Rate	CLABSI/ CLDays	Rate	CLABSI/ CLDays	Rate	CLABSI/ CLDays	Rate	CLABSI/ CLDays	Rate	CLABSI/ CLDays	Rate	CLABSI/ CLDays	Rate	NICU level	CLABSI/ CLDays	Adj rate
State average rate	1.19		0.62		0.88		0.48		0.86		0.44		1.46		RPC:0.67, LIII:0.52, LII/III:1.44		
Plainview Hospital							0/1097	0.0									
Queens Hospital					1/1602	0.6									Lev 3	0/347	0.0
Richmond Univ MC	2/683	2.9			5/2392	2.1			1/1120	0.9			NA	NA	Lev 3	0/381	0.0
Rochester General	0/1864	0.0	1/2642	0.4	3/3609	0.8			2/1471	1.4							
Rome Memorial							1/422	2.4									
Roswell Park							1/2566	0.4									
SUNY Downstate	0/363	0.0			1/871	1.1							0/61	0.0	RPC	0/622	0.0
Samaritan- Troy							2/2283	0.9									
Samaritan- Watertown							0/813	0.0									
Saratoga Hospital					0/1457	0.0											
Sisters of Charity							3/1405	2.1							Lev 3	0/1201	0.0
South Brooklyn Healt	1/551	1.8			1/1922	0.5			1/1194	0.8					Lev 2/3	NA	NA
South Nassau Comm.							0/2095	0.0									
South Shore UHosp			0/1358	0.0			0/2404	0.0			0/258	0.0					
St Anthony							0/91	0.0									
St Barnabas					0/1430	0.0			0/703	0.0					Lev 2/3	0/82	0.0
St Catherine Siena	0/611	0.0					0/658	0.0									
St Charles Hospital					0/345	0.0											
St Francis- Roslyn			1/3900	0.3	1/1130	0.9			1/1460	0.7							
St Johns Episcopal	4/710	5.6			4/625	6.4											
St Johns Riverside							3/1533	2.0									
St Joseph- Bethpage							0/1138	0.0									
St Josephs- Syracuse			1/4732	0.2	1/1257	0.8	1/3148	0.3							Lev 3	0/136	0.0
St Josephs- Yonkers							0/589	0.0									
St Lukes Cornwall							1/1629	0.6									
St Marys Amsterdam							0/450	0.0									
St Peters Hospital			1/2110	0.5	4/3133	1.3									Lev 3	0/315	0.0
Staten Island U N			0/1647	0.0			0/4182	0.0	0/681	0.0			NA	NA	Lev 3	0/299	0.0
Staten Island U S							0/754	0.0									
Stony Brk Southamptn	NA	NA			0/322	0.0											
Stony Brook ELIH							NA	NA									
Strong Memorial			9/5364	1.7	9/7530	1.2			9/5005	1.8			8/5755	1.4	RPC	3/4565	0.7
Syosset Hospital							0/263	0.0									
UHS Binghamton							0/234	0.0									

Table 12. Central line-associated bloodstream infection rates by unit type, New York State 2024

	Coronary ICU		Cardiothoracic ICU		Medical ICU		Medical Surgical ICU		Surgical ICU		Neurosurgical ICU		Pediatric ICU		Neonatal ICU		
Hospital	CLABSI/ CLDays	Rate	CLABSI/ CLDays	Rate	CLABSI/ CLDays	Rate	CLABSI/ CLDays	Rate	CLABSI/ CLDays	Rate	CLABSI/ CLDays	Rate	CLABSI/ CLDays	Rate	NICU level	CLABSI/ CLDays	Adj rate
State average rate	1.19		0.62		0.88		0.48		0.86		0.44		1.46		RPC:0.67, LIII:0.52, LII/III:1.44		
UHS Chenango							0/134	0.0									
UHS Wilson			1/2108	0.5			1/1953	0.5							Lev 2/3	1/51	19.6
UPMC Chautauqua					0/654	0.0											
United Memorial							0/598	0.0									
Unity Hosp Rochester							3/3729	0.8									
Univ Hosp SUNY			1/3079	0.3	4/7688	0.5			2/2475	0.8	3/5833	0.5	2/1098	1.8			
Univ Hosp	0/716	0.0	0/1588	0.0	3/1758	1.7			0/1534	0.0	0/427	0.0	0/590	0.0	RPC	0/2601	0.0
Upst. Community Gen							1/1645	0.6									
Vassar Brothers							0/4024	0.0							Lev 2/3	0/446	0.0
Westchester Medical	1/1585	0.6	2/3446	0.6	5/2685	1.9			2/1311	1.5	0/1757	0.0	2/1732	1.2	RPC	1/3974	0.3
White Plains Hosp							0/1477	0.0							Lev 3	0/145	0.0
Woodhull Med Ctr							1/1150	0.9							Lev 2/3	0/82	0.0
Wyckoff Heights					0/1264	0.0									Lev 3	0/242	0.0
Wynn Hospital MVHS							0/3224	0.0	2/3576	0.6							

New York State data reported as of July 15, 2025. — Significantly higher than state average. — Significantly lower than state average. — Same as state average.

Rates are per 1000 central line days (CLDays). Excludes mucosal barrier injury (MBI)-CLABSIs and bloodstream infections associated with use of extracorporeal membrane oxygenation (ECMO) and ventricular assist devices (VADs), observed or suspected patient injection into a vascular line, known or suspected factitious disorder imposed on another (FDIA; formerly MSBP), epidermolysis bullosa (EB), pus at another vascular access device site matches an organism identified in the blood, and group B *Streptococcus* BSIs in infants during the first 6 days of life.

Table 12. Central line-associated bloodstream infection rates by unit type, New York State 2024

	Medical Wards		Medical Surgical Wards		Surgical Wards		Step Down Units		Pediatric Wards		Oncology Wards		Mixed Acuity Wards		Telemetry Wards	
Hospital	CLABSI/ CLDays	Rate	CLABSI/ CLDays	Rate	CLABSI/ CLDays	Rate	CLABSI/ CLDays	Rate	CLABSI/ CLDays	Rate	CLABSI/ CLDays	Rate	CLABSI/ CLDays	Rate	CLABSI/ CLDays	Rate
State average rate	0.75		0.55		0.58		1.23		0.63		1.10		1.44		0.88	
AO Fox Memorial	0/295	0.0			NA	NA										
Adirondack Medical			0/596	0.0												
Albany Med Ctr	14/9266	1.5	0/3238	0.0	3/5009	0.6			0/2742	0.0	4/4412	0.9				
Arnot Ogden Med Ctr			2/2255	0.9												
Auburn Memorial			0/882	0.0	0/489	0.0										
Bellevue Hospital	5/5903	0.8	NA	NA	1/2699	0.4	4/771	5.2	0/336	0.0						
Blythedale Childrens									0/1190	0.0						
Bon Secours			0/142	0.0	NA	NA										
Bronx-Lebanon	0/3041	0.0	4/2194	1.8			NA	NA	NA	NA					0/567	0.0
Brookdale Hospital	3/4792	0.6			1/1110	0.9	0/162	0.0	NA	NA						
Brooklyn Hosp Ctr	4/1230	3.3	0/136	0.0			7/1449	4.8	NA	NA					1/473	2.1
Brooks Memorial			0/396	0.0												
Buffalo General	11/12055	0.9	2/1979	1.0	2/2882	0.7	4/4425	0.9							1/1997	0.5
Canton-Potsdam			1/939	1.1												
Cayuga Medical Ctr			0/1278	0.0					NA	NA						
Champlain Valley			2/3150	0.6			2/2143	0.9								
Claxton-Hepburn			0/986	0.0												
Clifton Springs	1/842	1.2			0/233	0.0										
Cohens Childrens									0/1736	0.0	1/4311	0.2				
Columbia Memorial			1/1883	0.5												
Corning Hospital	1/437	2.3			0/486	0.0										
Cortland Reg Med	0/403	0.0	0/409	0.0												
Crouse Hospital			2/8432	0.2												
Ellis Hospital	0/2753	0.0			0/440	0.0										
Elmhurst Hospital	4/3393	1.2			0/813	0.0			NA	NA			1/1155	0.9		
Erie County Med Ctr			9/12061	0.7			2/2171	0.9								
FF Thompson	2/2353	0.8														
Flushing Hospital			1/1610	0.6					NA	NA					0/311	0.0
Garnet Catskills			0/130	0.0												
Garnet Middletown	1/5839	0.2	0/1261	0.0											1/1187	0.8
Geneva General	0/753	0.0	0/468	0.0												
Glen Cove Hospital			0/105	0.0	1/72	13.9										
Glens Falls Hospital	1/2090	0.5	NA	NA	1/847	1.2					1/1773	0.6				
Good Samar. Suffern			0/1987	0.0												

Table 12. Central line-associated bloodstream infection rates by unit type, New York State 2024

	Medical Wards		Medical Surgical Wards		Surgical Wards		Step Down Units		Pediatric Wards		Oncology Wards		Mixed Acuity Wards		Telemetry Wards	
Hospital	CLABSI/ CLDays	Rate	CLABSI/ CLDays	Rate	CLABSI/ CLDays	Rate	CLABSI/ CLDays	Rate	CLABSI/ CLDays	Rate	CLABSI/ CLDays	Rate	CLABSI/ CLDays	Rate	CLABSI/ CLDays	Rate
State average rate	0.75		0.55		0.58		1.23		0.63		1.10		1.44		0.88	
Good Samar. W Islip	0/2065	0.0	1/1271	0.8	1/392	2.6	0/98	0.0	0/53	0.0	0/1178	0.0			1/1897	0.5
Harlem Hospital	0/1197	0.0	1/1255	0.8					0/67	0.0						
HealthAlliance-MaryC			1/1487	0.7											0/402	0.0
Highland Hospital	8/7457	1.1			0/1352	0.0					0/2728	0.0	2/1570	1.3		
Hosp for Spec Surg							0/112	0.0								
Huntington Hospital	0/594	0.0	1/919	1.1	0/273	0.0			NA	NA	0/868	0.0			0/197	0.0
Interfaith Med Ctr			0/2937	0.0												
JT Mather Hospital			1/2035	0.5	0/342	0.0	1/839	1.2								
Jacobi Med Ctr	0/1782	0.0	1/2176	0.5	0/446	0.0	0/1149	0.0	NA	NA						
Jamaica Hospital			2/2960	0.7	0/960	0.0							1/968	1.0		
Jones Memorial			0/275	0.0												
Kenmore Mercy			1/4228	0.2	NA	NA										
Kings County Hosp	4/3441	1.2	0/3497	0.0	1/955	1.0			0/57	0.0						
LIJ at Forest Hills	1/1586	0.6	NA	NA	0/142	0.0									0/323	0.0
LIJ at Valley Stream			0/1495	0.0			NA	NA							0/279	0.0
Lenox Hill Hospital	2/2086	1.0	0/397	0.0	1/1189	0.8	6/863	7.0								
Lincoln Med Ctr	1/2862	0.3			1/1913	0.5	1/1302	0.8	NA	NA			NA	NA		
Long Isl Jewish(LIJ)	2/3889	0.5	0/1740	0.0	1/1247	0.8	NA	NA			0/954	0.0			5/3588	1.4
Long Isl. Community	1/1847	0.5	0/262	0.0			1/429	2.3								
Maimonides Med Ctr	12/4033	3.0	2/690	2.9			6/1214	4.9	0/486	0.0					1/1088	0.9
Mary Imogene Bassett	0/1192	0.0	0/986	0.0	0/1881	0.0	1/1818	0.6					NA	NA		
Memor SloanKettering											**/86353	1.3				
Mercy Hosp Buffalo	2/2637	0.8	0/674	0.0	0/940	0.0	1/854	1.2								
Mercy Med Ctr	1/999	1.0	0/298	0.0	NA	NA	2/719	2.8			2/914	2.2			0/771	0.0
Metropolitan Hosp	0/1519	0.0			0/520	0.0			NA	NA						
MidHudson Reg of			1/1032	1.0			0/402	0.0	NA	NA						
Millard Fill. Suburb			1/7750	0.1												
Montefiore-Einstein	3/4353	0.7			3/2103	1.4					0/2189	0.0			2/1795	1.1
Montefiore-Moses	10/15366	0.7	0/1054	0.0	3/3094	1.0			2/4750	0.4	3/5957	0.5				
Montefiore-Mt Vernon			0/351	0.0			0/265	0.0								
Montefiore-NewRochl			1/454	2.2	0/441	0.0	0/476	0.0								
Montefiore-Nyack			1/3011	0.3			0/710	0.0	0/510	0.0						
Montefiore-Wakefield	0/2903	0.0	0/386	0.0											0/631	0.0
Mount St. Marys			0/207	0.0												

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	Medical Wards		Medical Surgical Wards		Surgical Wards		Step Down Units		Pediatric Wards		Oncology Wards		Mixed Acuity Wards		Telemetry Wards	
Hospital	CLABSI/ CLDays	Rate	CLABSI/ CLDays	Rate	CLABSI/ CLDays	Rate	CLABSI/ CLDays	Rate	CLABSI/ CLDays	Rate	CLABSI/ CLDays	Rate	CLABSI/ CLDays	Rate	CLABSI/ CLDays	Rate
State average rate	0.75		0.55		0.58		1.23		0.63		1.10		1.44		0.88	
Mt Sinai	10/6245	1.6	8/4641	1.7	2/2898	0.7	10/1981	5.0	3/796	3.8	21/16312	1.3			0/507	0.0
Mt Sinai Beth Israel	0/715	0.0														
Mt Sinai Brooklyn	1/2736	0.4			0/403	0.0	1/373	2.7								
Mt Sinai Queens	0/1337	0.0	0/720	0.0			1/425	2.4								
Mt Sinai St Lukes	4/2852	1.4	1/636	1.6	1/1015	1.0										
Mt Sinai West	1/1764	0.6	3/1605	1.9	0/604	0.0	NA	NA								
NY Community Hosp			0/86	0.0			1/312	3.2								
NYP-Allen	3/1799	1.7	1/432	2.3												
NYP-Brklyn	2/3102	0.6	1/4808	0.2	0/725	0.0	0/289	0.0	NA	NA						
NYP-Columbia	6/9687	0.6	4/5476	0.7	1/3300	0.3					9/10303	0.9				
NYP-Hudson Valley			0/1731	0.0			0/711	0.0								
NYP-Lawrence			0/3107	0.0					NA	NA						
NYP-Lower			3/1249	2.4												
NYP-Morgan Stanley									10/8939	1.1						
NYP-Queens	0/5782	* 0.0	0/59	0.0	0/1685	0.0	NA	NA								
NYP-Weill Cornell	12/8830	1.4	5/4901	1.0	5/3001	1.7	1/454	2.2	0/1117	0.0	16/9120	1.8				
NYU Langone	0/3680	0.0			0/301	0.0	1/475	2.1	NA	NA						
NYU Orthopedic	0/191	0.0														
NYU Tisch	2/8706	0.2			1/4094	0.2			2/3396	0.6	4/5881	0.7	2/2517	0.8		
NYU Winthrop	4/8020	0.5	0/611	0.0	1/2201	0.5			0/490	0.0						
Nassau University	1/2811	0.4			0/55	0.0			NA	NA						
Nathan Littauer			0/275	0.0												
Newark Wayne	3/755	4.0													0/197	0.0
Niagara Falls					1/647	1.5	1/760	1.3								
North Central Bronx	2/652	3.1														
North Shore	3/4191	0.7	0/909	0.0	3/3716	0.8	NA	NA			6/8329	0.7	3/373	8.0	2/2252	0.9
Northern Dutchess	0/103	0.0	0/1152	0.0												
Northern Westchester	1/1429	0.7			0/397	0.0			NA	NA						
Noyes Memorial	0/789	0.0	NA	NA												
Oishei Childrens									1/1040	1.0	7/2594	2.7				
Olean General	3/1730	1.7			0/444	0.0										
Oneida Healthcare			0/838	0.0												
Oswego Hospital			0/196	0.0												
Our Lady of Lourdes	0/2771	0.0	0/481	0.0	0/1194	0.0										

Table 12. Central line-associated bloodstream infection rates by unit type, New York State 2024

	Medical Wards		Medical Surgical Wards		Surgical Wards		Step Down Units		Pediatric Wards		Oncology Wards		Mixed Acuity Wards		Telemetry Wards	
Hospital	CLABSI/ CLDays	Rate	CLABSI/ CLDays	Rate	CLABSI/ CLDays	Rate	CLABSI/ CLDays	Rate	CLABSI/ CLDays	Rate	CLABSI/ CLDays	Rate	CLABSI/ CLDays	Rate	CLABSI/ CLDays	Rate
State average rate	0.75		0.55		0.58		1.23		0.63		1.10		1.44		0.88	
Peconic Bay Medical			0/2360	0.0			0/177	0.0								
Phelps Memorial	0/483	0.0	0/1107	0.0									0/93	0.0		
Plainview Hospital	0/1280	0.0	0/702	0.0											0/820	0.0
Putnam Hospital			3/1025	2.9									0/630	0.0		
Queens Hospital	1/3271	0.3	0/1692	0.0	0/544	0.0	0/291	0.0								
Richmond Univ MC	3/2383	1.3			2/471	4.2			NA	NA			9/983	9.2		
Rochester General	8/5630	1.4	5/4998	1.0	3/3345	0.9	4/2366	1.7			5/5657	0.9	3/1620	1.9	2/2881	0.7
Rome Memorial			0/611	0.0												
Roswell Park											43/31122	1.4				
SUNY Downstate	1/1987	0.5			0/889	0.0	1/610	1.6	NA	NA						
Samaritan- Troy			2/3456	0.6			1/1292	0.8								
Samaritan- Watertown	NA	NA	1/3459	0.3									NA	NA		
Saratoga Hospital	1/3492	0.3			0/86	0.0										
Sisters of Charity	0/2453	0.0	1/2042	0.5	0/1247	0.0										
Sisters- St Joseph					NA	NA										
South Brooklyn Healt	1/1420	0.7	1/2111	0.5	2/342	5.8	0/212	0.0							1/1531	0.7
South Nassau Comm.			0/592	0.0			3/746	4.0					NA	NA		
South Shore UHosp	0/541	0.0	1/2871	0.3			0/896	0.0	NA	NA					NA	NA
St Anthony			0/110	0.0												
St Barnabas	1/835	1.2	2/2678	0.7	0/251	0.0	1/615	1.6								
St Catherine Siena	1/1518	0.7			0/284	0.0										
St Charles Hospital			1/688	1.5												
St Francis- Roslyn			3/5801	0.5			0/1092	0.0								
St Johns Dobbs Ferry			NA	NA												
St Johns Episcopal			9/3116	2.9												
St Johns Riverside	2/1248	1.6	3/1017	2.9											1/579	1.7
St Joseph- Bethpage			2/577	3.5			0/163	0.0							1/430	2.3
St Josephs- Syracuse			3/5673	0.5			2/2199	0.9			1/1474	0.7			1/885	1.1
St Josephs- Yonkers			0/795	0.0			NA	NA								
St Lukes Cornwall			3/3620	0.8									NA	NA		
St Marys Amsterdam			0/459	0.0												
St Peters Hospital	5/6395	0.8	2/4484	0.4			0/2616	* 0.0			1/2785	0.4	0/1456	0.0		
Staten Island U N			3/4364	0.7	0/513	0.0	0/466	0.0	0/264	0.0					2/579	3.5
Staten Island U S			0/153	0.0											0/158	0.0

Table 12. Central line-associated bloodstream infection rates by unit type, New York State 2024

	Medical Wards		Medical Surgical Wards		Surgical Wards		Step Down Units		Pediatric Wards		Oncology Wards		Mixed Acuity Wards		Telemetry Wards	
Hospital	CLABSI/ CLDays	Rate	CLABSI/ CLDays	Rate	CLABSI/ CLDays	Rate	CLABSI/ CLDays	Rate	CLABSI/ CLDays	Rate	CLABSI/ CLDays	Rate	CLABSI/ CLDays	Rate	CLABSI/ CLDays	Rate
State average rate	0.75		0.55		0.58		1.23		0.63		1.10		1.44		0.88	
Stony Brk Southamptn			0/1369	0.0												
Stony Brook ELIH			NA	NA												
Strong Memorial	15/17813	0.8	2/3788	0.5	2/3863	0.5			4/3545	1.1	23/16493	1.4				
Sunnyview Rehab			0/162	0.0												
Syosset Hospital	0/169	0.0	NA	NA	NA	NA										
UHS Binghamton			0/856	0.0												
UHS Chenango			0/232	0.0												
UHS Wilson	0/524	0.0	3/5380	0.6			0/758	0.0					0/544	0.0	3/1273	2.4
UPMC Chautauqua	1/883	1.1	1/746	1.3												
United Memorial	0/523	0.0			0/415	0.0										
Unity Hosp Rochester			3/13567	0.2												
Univ Hosp SUNY	5/8332	0.6	6/6344	0.9			0/2228	0.0	0/1017	0.0	4/10556	* 0.4				
Univ Hosp	4/5723	0.7	0/808	0.0	0/567	0.0	0/2380	0.0	1/477	2.1	6/7533	0.8	1/2951	0.3		
Upst. Community Gen	1/1797	0.6	0/1109	0.0												
Vassar Brothers			2/6656	0.3					NA	NA			4/3123	1.3		
Westchester Medical	3/5308	0.6	3/4487	0.7			5/6880	0.7	0/3225	0.0	6/9234	0.6				
White Plains Hosp			2/4665	0.4			1/2918	0.3								
Woodhull Med Ctr			0/1807	0.0	0/442	0.0	1/801	1.2	NA	NA						
Wyckoff Heights			0/1333	0.0			0/333	0.0	NA	NA					0/878	0.0
Wynn Hospital MVHS	0/2740	0.0	1/3544	0.3	0/2089	0.0	3/3705	0.8	NA	NA						

New York State data reported as of July 15, 2025. — Significantly higher than state average. — Significantly lower than state average. — Same as state average.

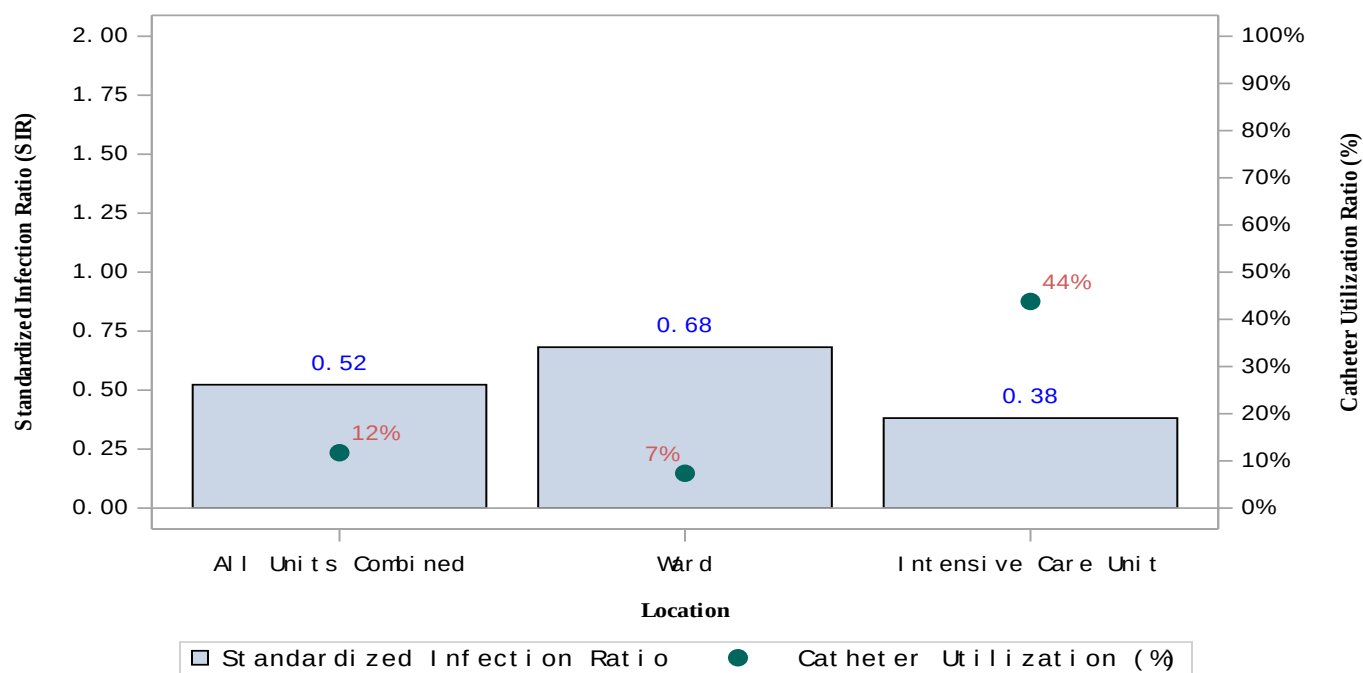
Rates are per 1000 central line days (CLDays). Excludes mucosal barrier injury (MBI)-CLABSIs and bloodstream infections associated with use of extracorporeal membrane oxygenation (ECMO) and ventricular assist devices (VADs), observed or suspected patient injection into a vascular line, known or suspected factitious disorder imposed on another (FDIA; formerly MSBP), epidermolysis bullosa (EB), pus at another vascular access device site matches an organism identified in the blood, and group B *Streptococcus* BSIs in infants during the first 6 days of life.

Catheter associated urinary tract infections (CAUTIs)

Catheter associated urinary tract infections (CAUTIs) occur when germs enter the urinary tract through a urinary catheter and cause infection. They are one of the most common, yet preventable types of HAIs. To determine if a patient has a healthcare associated CAUTI, the CDC developed surveillance definitions based on urinary catheter usage, symptoms, and laboratory results. These definitions are used by all facilities entering data into NHSN. Hospitals track the number of CAUTIs, the number of urinary catheter days, and the number of patient days per month. While CAUTI reporting is not required by the Department, these data are available via a CDC and NYS data use agreement (DUA). This DUA prohibits the Department from publishing hospital-specific rates. The Department does not audit this data.

CAUTI is one of the HAI measurements Centers for Medicare and Medicaid Services (CMS) uses for quality control. NHSN calculates a standardized infection ratio (SIR) of hospital acquired CAUTIs among patients in intensive care units (ICUs excluding NICUs) and other locations separately. SIR is a ratio calculated by comparing the actual number of CAUTIs to the predicted number of CAUTIs, based on 2015 national data adjusting for several risk factors. An SIR greater than 1.0 indicates more CAUTIs observed than predicted, whereas an SIR less than 1.0 indicates fewer CAUTIs occurred compared to 2015 national data.

Figure 11. Catheter associated urinary tract infections, standardized infection ratio and device utilization ratio, New York State 2024



Location / Unit	# Infection	# Predicted infection	Standardized infection ratio ¹	# Catheter days	# Patient days	Catheter utilization ² (%)
All units Combined	794	1518	0.52	1,182,274	10,077,594	12%
Ward	488	716	0.68	654,729	8,872,929	7%
Intensive Care Unit	306	802	0.38	527,545	1,204,665	44%

¹ SIR = Observed/Predicted number of infections based on 2015 national data.

² Device utilization is the number of urinary catheter days divided by the number of patient days.

Data reported as of July 15, 2025.

In 2024, NYS hospital reported 1,182,274 catheter days in 10,077,594 patient days. Overall device utilization was 12%. There is a difference by locations. ICUs reported 44% catheter use whereas other (non-ICU) locations reported a catheter use of 7%. A total of 794 CLABSIs were reported, and with a predicted number of 1,518 infections the overall SIR was 0.52. The SIR in wards was higher compared to SIR in ICUs (0.68 versus 0.38). (Figure 11). New York State SIRs are lower (better) than the national level based on 2015 data (SIR=1.0).

Figure 12 Standardized infection ratio (SIR) in catheter associated urinary tract infections by unit type, New York, 2022-2024

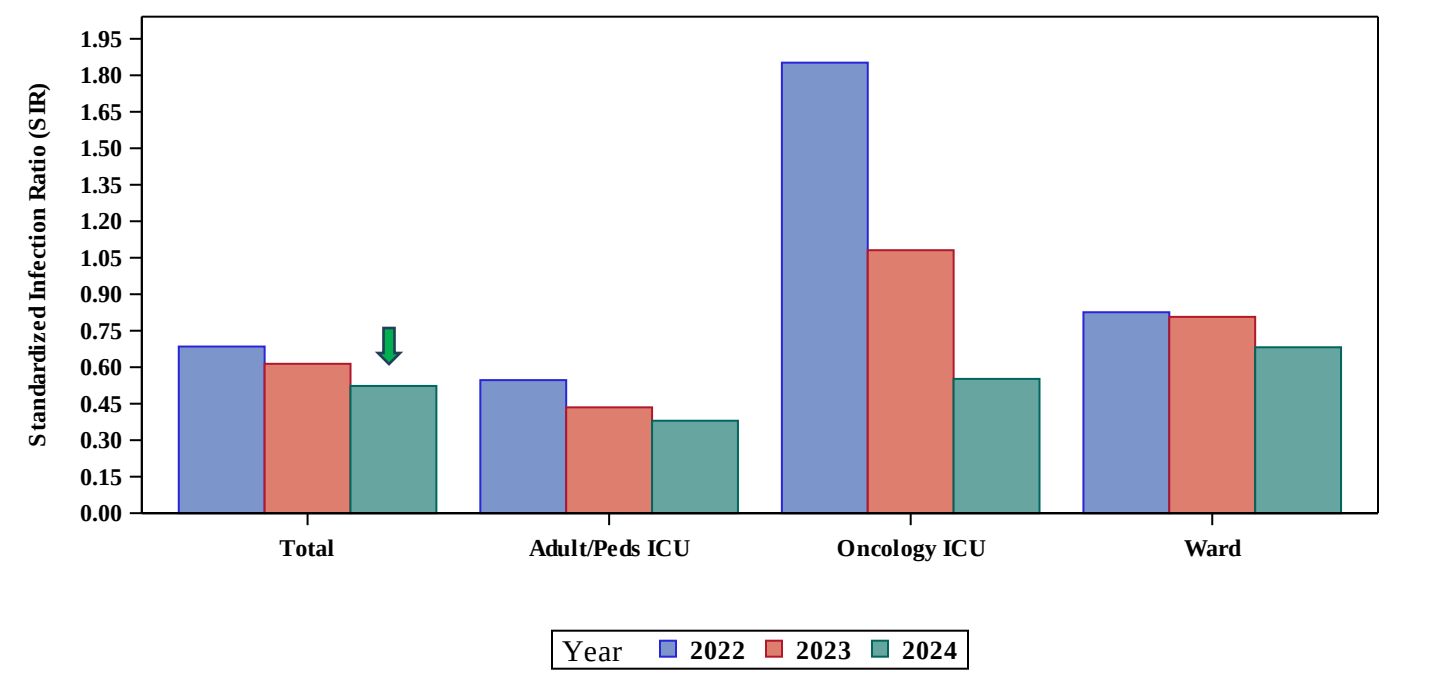


Figure 12 showed 2024 CAUTI SIR compared to 2022 and 2023 SIR by unit type. CAUTI incidences decreased across unit types. In 2024, facility wide overall CAUTI SIR was 0.52 and compared to the 2022 SIR (0.68), there was a statistically significant 23% decrease (↓). The most visible decrease was observed in oncology ICUs.

The most common microorganism identified in CAUTIs in intensive care units and medical surgical wards was *E. coli*. (Table 14).

Table 14. Microorganisms identified in CAUTIs, New York State 2024

Microorganism	Number of Isolates	Percent of Infections
<i>Escherichia coli</i>	237	21.7
- CRE- <i>E. coli</i>	(3)	(0.3)
<i>Klebsiella</i> spp.	159	14.5
- CRE- <i>Klebsiella</i>	(9)	(0.8)
<i>Enterococci</i>	157	14.4
- VRE	(44)	(4.0)
<i>Pseudomonas</i> spp.	149	13.6
<i>Proteus</i> spp.	63	5.8
<i>Enterobacter</i> spp.	30	2.7
- CRE- <i>Enterobacter</i>	(1)	(0.1)
<i>Citrobacter</i> spp.	16	1.5
<i>Staphylococcus aureus</i>	11	1.0
- <i>Staphylococcus aureus</i> -MRSA	(2)	(0.2)
<i>Serratia</i> spp.	10	0.9
<i>Acinetobacter</i> spp.	7	0.6
- MDRO- <i>Acinetobacter</i>	(4)	(0.4)
Other	45	4.1

New York State data reported as of July 15, 2025

Out of 1094 infections, no microorganisms identified for 298 infections.

CRE: carbapenem-resistant *Enterobacterales*

MDR: multidrug resistant; MRSA: methicillin-resistant *Staphylococcus aureus*

VRE: vancomycin-resistant *Enterococci*; spp: multiple species

Infections from *Clostridioides difficile* and multidrug resistant organisms (MDROs)

NYS requires hospitals to track *Clostridioides difficile* infections (CDIs) and carbapenem-resistant Enterobacterales (CRE) infections. CMS programs require hospitals to report methicillin-resistant *Staphylococcus aureus* (MRSA). *Candida auris* is an emerging healthcare-associated fungal pathogen. CDI, CRE, and MRSA are reported following NHSN's laboratory-identified (LabID) Event reporting protocol (http://www.cdc.gov/nhsn/pdfs/pscmanual/12pscmdro_cdadcurrent.pdf). The LabID surveillance method is a simple approach where cases are identified based on laboratory testing and hospital admission and discharge data, rather than by clinical chart review. Only specimens collected for clinical purposes are included (i.e., results from active surveillance testing on asymptomatic patients are excluded).

LabID numerator data (events detected at admission or three or more days after admission) and denominator data (i.e., number of outpatient encounters, inpatient admissions, and patient days) are reported based on the location where the specimen was collected. Because CMS reporting programs are specific to certain location types, hospitals' inpatient areas are split for NHSN reporting purposes when they have specific CMS certification numbers. The NHSN reporting areas are:

- Outpatient (OP)
 - Emergency department (ED)
 - Observation units (OBS) – Location used to evaluate whether patients require an inpatient stay. Decision is typically made within 24 hours.
- Inpatient rehabilitation facilities or units (IRF) - These units care for patients following traumatic physical injuries (e.g., joint replacement surgery), neurological problems (e.g., stroke, traumatic brain injury, and spinal cord injury), and cardiopulmonary illness (e.g., ventilator weaning).
- Inpatient psychiatric facilities or units (IPF) - These units cover multiple behavioral health issues including mental illness and alcohol/drug addiction. If the units do not have a separate CMS certification number from the hospital, they are reported as facility-wide inpatient (FWI).
- Facility-wide inpatient (FWI) – all inpatient areas excluding IRF and IPFs. For CDI reporting, well baby nurseries and neonatal ICUs are also excluded from surveillance because babies may carry *Clostridioides difficile* naturally.

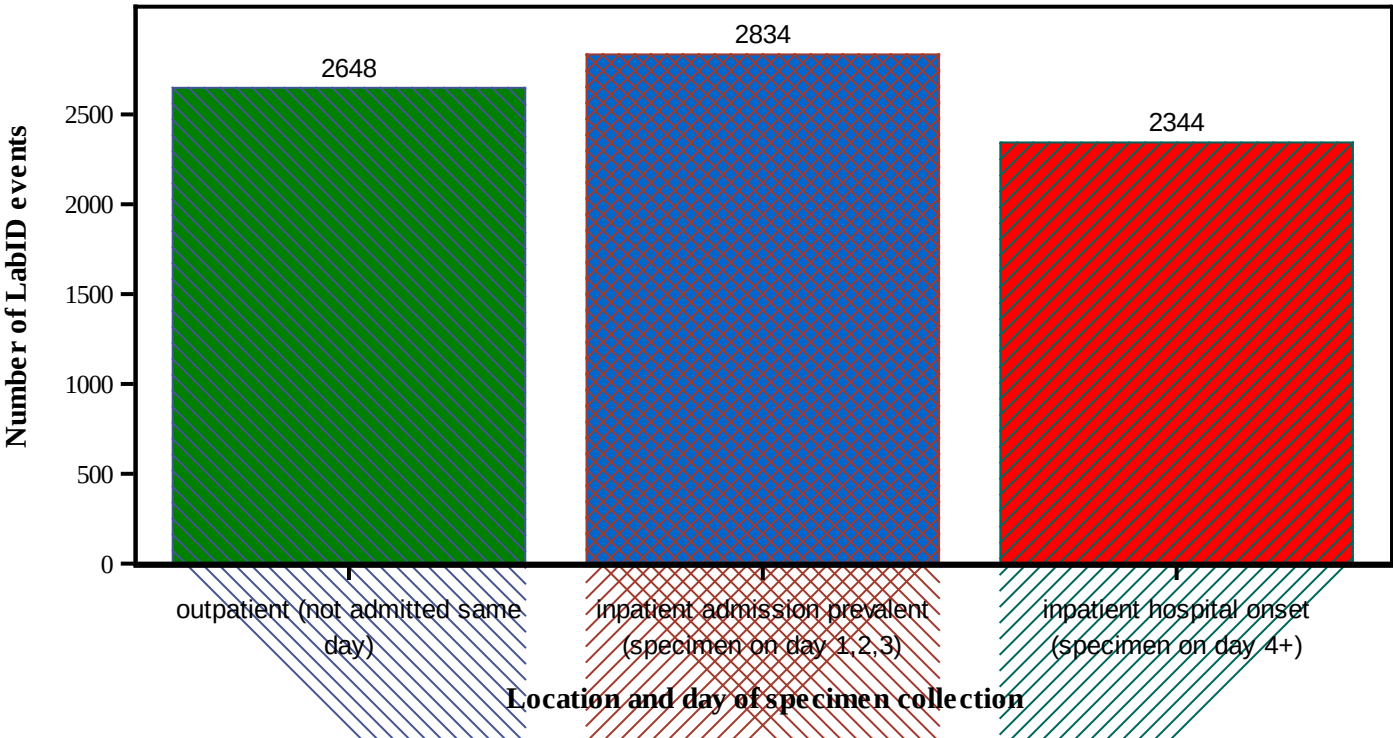
Clostridioides difficile infections (CDIs)

In NHSN, CDI cases are identified as a positive laboratory test in a facility (known as a LabID event). CDI cases are categorized based on when the specimen is collected in relation to the admission date. In this report:

- “Outpatient” are cases where the positive stool sample was obtained in the emergency department (ED) or observation unit (OBS).
- “Admission prevalent” are cases where the positive stool sample was obtained during the first three days of the patient’s inpatient stay.
- “Community onset” (CO) cases are LabID events identified within the first 3 days of admission where the patient was not discharged from the same hospital within the previous 4 weeks.
- “Community-onset healthcare facility-associated” (CO-HCFA) cases are LabID events identified within the first 3 days of admission in a person with a documented overnight stay in a healthcare facility in the previous 12 weeks.
- “Hospital-onset (HO)” cases are where the positive stool sample was obtained on day 4 or later of the hospital stay.

CDI cases are also classified based on whether the patient recently had another positive CDI test. Cases occurring more than 8 weeks after a previous positive test in the same patient at the same hospital are considered “incident” (i.e., new), as are cases when the positive test is the first for that patient. Cases occurring more than 2 weeks and less than or equal to 8 weeks after a previous positive test are considered “recurrent”. Cases occurring less than or equal to 2 weeks after a previous positive are considered duplicates. In 2024, 7,826 CDI LabID events were reported by acute care hospitals in NYS: 34% were identified in ED/OBS units (outpatient), 36% were identified in the facility wide inpatient (FWI) areas during the first 3 days of hospitalization, and 30% were identified in the FWI areas after the first 3 days of inpatient stay (Figure 13).

Figure 13. Clostridioides difficile infections, New York State, 2024



Data reported as of July 15, 2025. Includes recurrent cases. Excludes inpatient rehabilitation and inpatient psychiatric facilities.

Laboratory Testing for CDI

Several CDI laboratory testing methods are available. The methods vary in sensitivity (ability to detect a true positive), specificity (ability to detect a true negative), timeliness, and cost. Testing methods can have an impact on observed CDI rates, with an increased number of cases detected with a change to a more sensitive test method such as nucleic acid amplification tests (NAAT). Starting in 2018, CDI test methods include:

- Enzyme immunoassay (EIA) for toxin
- Glutamate dehydrogenase (GDH) antigen plus EIA for toxin (2-step algorithm)
- Nucleic acid amplification test (NAAT) plus EIA, if NAAT-positive (2-step algorithm)
- GDH plus EIA for toxin, followed by NAAT for discrepant results
- GDH plus NAAT (2-step algorithm)
- NAAT

Table 15 summarizes the testing methods reported by NYS hospitals in December 2024.

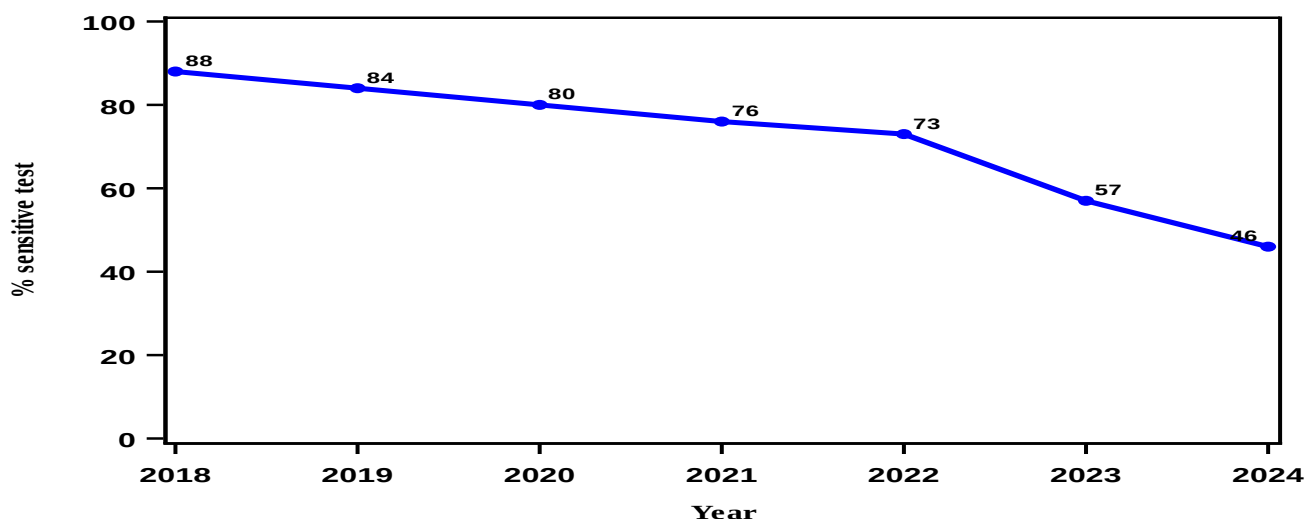
Table 15. *C. difficile* test method, New York State Hospitals, 2023-2024

Test method	Sensitive or less sensitive	2023	2024
Enzyme immunoassay (EIA) for toxin	Less sensitive	9 (6%)	9 (6%)
Glutamate dehydrogenase antigen plus EIA for toxin (2-step algorithm, GDH)	Less sensitive	6 (4%)	4 (3%)
Nucleic acid amplification test plus EIA, if NAAT-positive (2-step algorithm, NAAT+EIA)	Less sensitive*	56 (34%)	73 (46%)
GDH plus EIA for toxin, followed by NAAT for discrepant results (GDH+EIA+NAAT)	Sensitive	28 (17%)	32 (20%)
GDH plus NAAT (2-step algorithm, GDH+NAAT)	Sensitive	1 (1%)	2 (1%)
Nucleic acid amplification test (NAAT)	Sensitive	61 (38%)	39 (24%)

*Considered as less sensitive since 2018.

The percentage of hospitals using more sensitive tests decreased over time. A 20% decrease between 2023 and 2024 was observed (Figure 14).

Figure 14. Percent of sensitive laboratory test method usage for *C. difficile* in the summary data, New York State 2018-2024



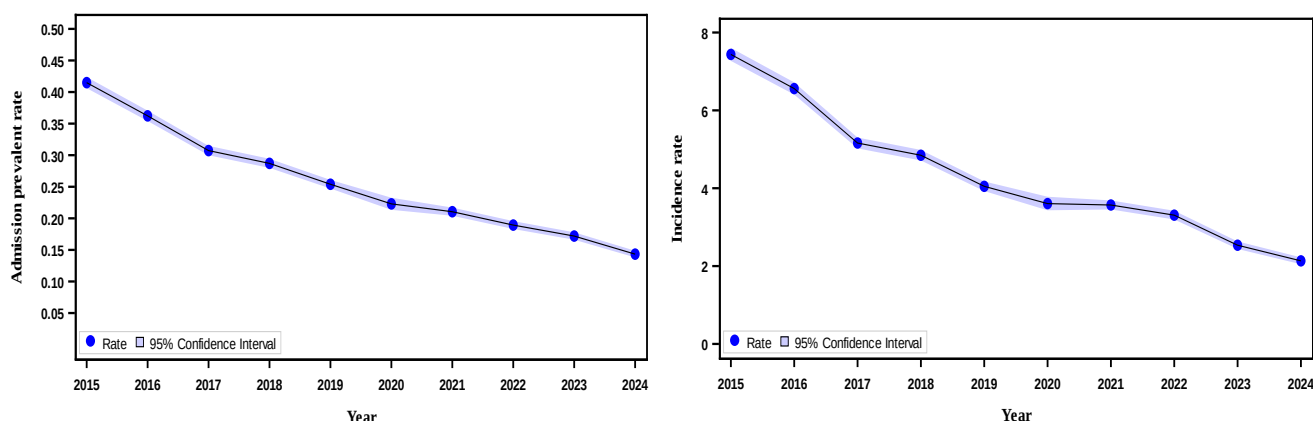
Data reported as of July 15, 2025.

Admission prevalence and hospital onset (HO) incidence CDI rates

The admission prevalence rate describes the percentage of patients admitted to hospitals with CDI. In 2024, there were 2,834 CDIs out of 1,978,004 admissions, for a rate of 0.14% (Figure 16). This was a decrease of 21% compared to 2023.

The HO rate is defined as the number of incident events identified more than 3 days after hospital admission, per 10,000 patient-days, where an incident event is the first event for that patient in the same hospital or one that has been obtained more than 8 weeks after the most recent event for that patient in the same hospital. The HO rate was 2.13 per 10,000 patient-days in 2024 (Figure 15), a significant decrease of 16% compared to 2023.

Figure 15. Trend in CDI admission prevalence and hospital onset incidence, New York State 2015-2024



Year	# Hospital	Admission prevalence			Hospital onset		
		Infection	Admissions	Prevalence rate	Infections	Patient days	Hospital onset rate
2015	175	8,746	2,106,161	0.42	7,870	10,590,347	7.43
2016	178	7,698	2,111,418	0.36	6,932	10,525,449	6.59
2017	177	6,756	2,167,024	0.31	5,449	10,470,731	5.20
2018	175	6,237	2,157,554	0.29	5,058	10,450,692	4.84
2019	167	5,476	2,133,298	0.26	4,241	10,412,350	4.07
2020*	165	2,139	952,832	0.22	1,708	4,717,353	3.62
2021	165	4,157	1,960,606	0.21	3,708	10,342,872	3.59
2022	164	3,585	1,892,705	0.19	3,402	10,297,945	3.30
2023	161	3,308	1,920,216	0.17	2,627	10,343,815	2.54
2024	159	2,834	1,978,004	0.14	2,256	10,569,264	2.13

Data reported as of July 15, 2025. Excludes cases identified in the emergency room, inpatient rehabilitation facilities, and inpatient psychiatric facilities. Rate is number of nonduplicate CDI events per patient per month identified ≤3 days after admission to the facility per 100 admissions. HO Rate is number of incident CDI events identified >3 days after admission to the facility per 10,000 patient days. *Reporting was suspended from January through June 2020 due to the COVID-19 pandemic.

Risk adjustment

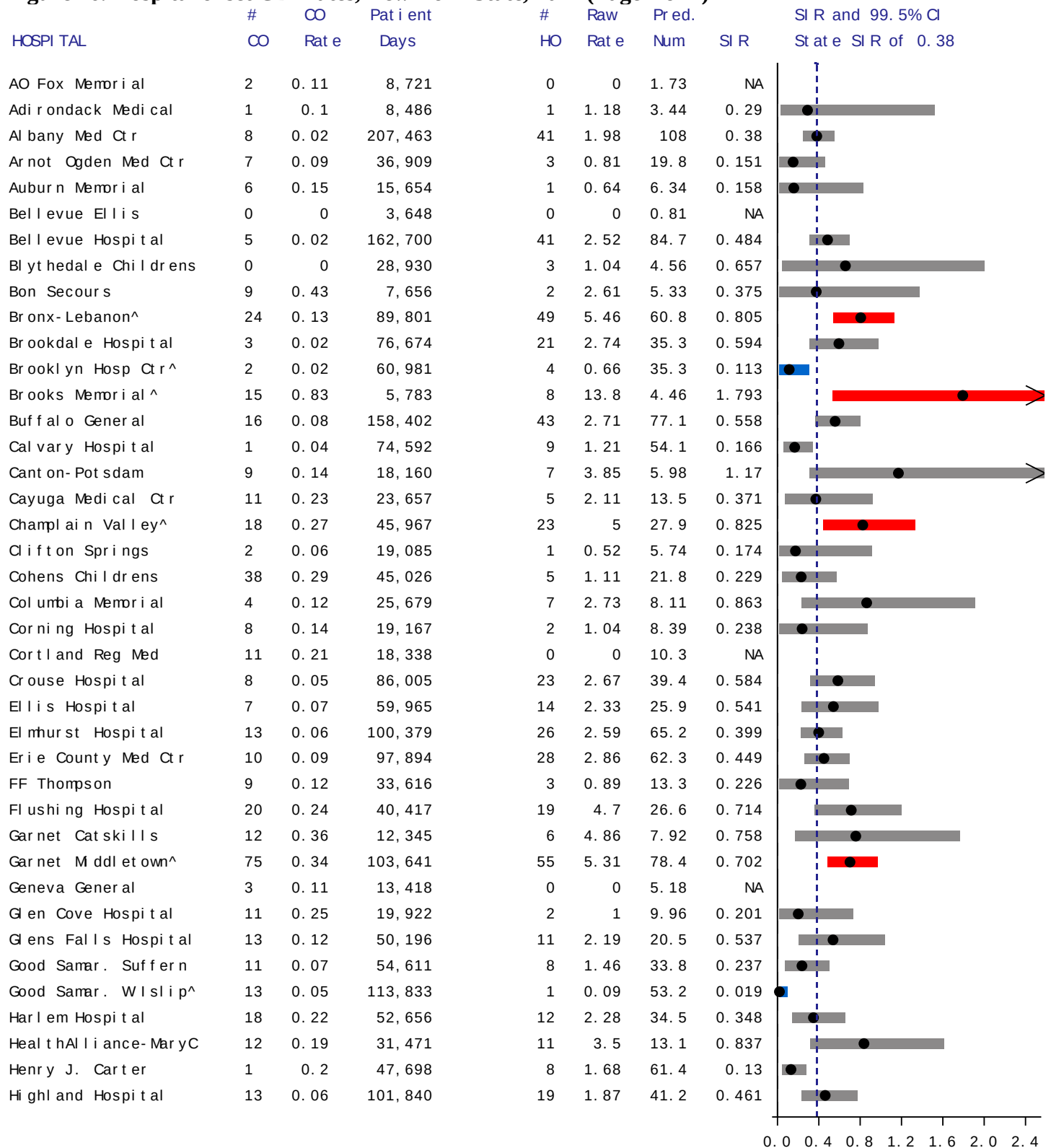
Starting in 2024, NYS uses the standardized infection ratio (SIR) used in NHSN as the primary measure to track hospital onset (HO) incidence for CDI. The SIR adjusts for various facility and/or patient-level factors that contribute to HAI risk within each facility. The SIR compares the actual number of HO CDIs reported to the number that would be predicted, given the standard population (i.e., 2015 national (NHSN) baseline), adjusting

for several risk factors that have been found to be significantly associated with differences in infection incidence. In other words, an SIR greater than 1.0 indicates that more HAIs were observed than predicted; conversely, an SIR less than 1.0 indicates that fewer HAIs were observed than predicted. The risk factors included in the SIR calculation are test type, number of beds in intensive care units (ICU), number of total beds in hospital inpatient units, hospital type, CDI surveillance in emergency departments, teaching status of the hospital, and inpatient community-onset (CO) admission prevalence rate (<https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/nhsn-sir-guide.pdf>). An SIR is calculated quarterly; however, it is calculated only if the predicted number of positive events and observed number of HO events is greater than 1. We present the annual SIR for each hospital in this report.

Hospitals were flagged as having an SIR significantly higher or lower than the state SIR at the 99% confidence interval (CI) level. In 2024, 15 out of 159 hospitals (9%) were flagged with adjusted rates significantly higher than the state average; these hospitals are required to submit improvement plans following the Department's HAI Reporting Program Policy for Facilities with Consecutive Years of High HAI Rates (http://www.health.ny.gov/statistics/facilities/hospital/hospital_acquired_infections/). Twenty-five hospitals (16%) were flagged significantly lower than average.

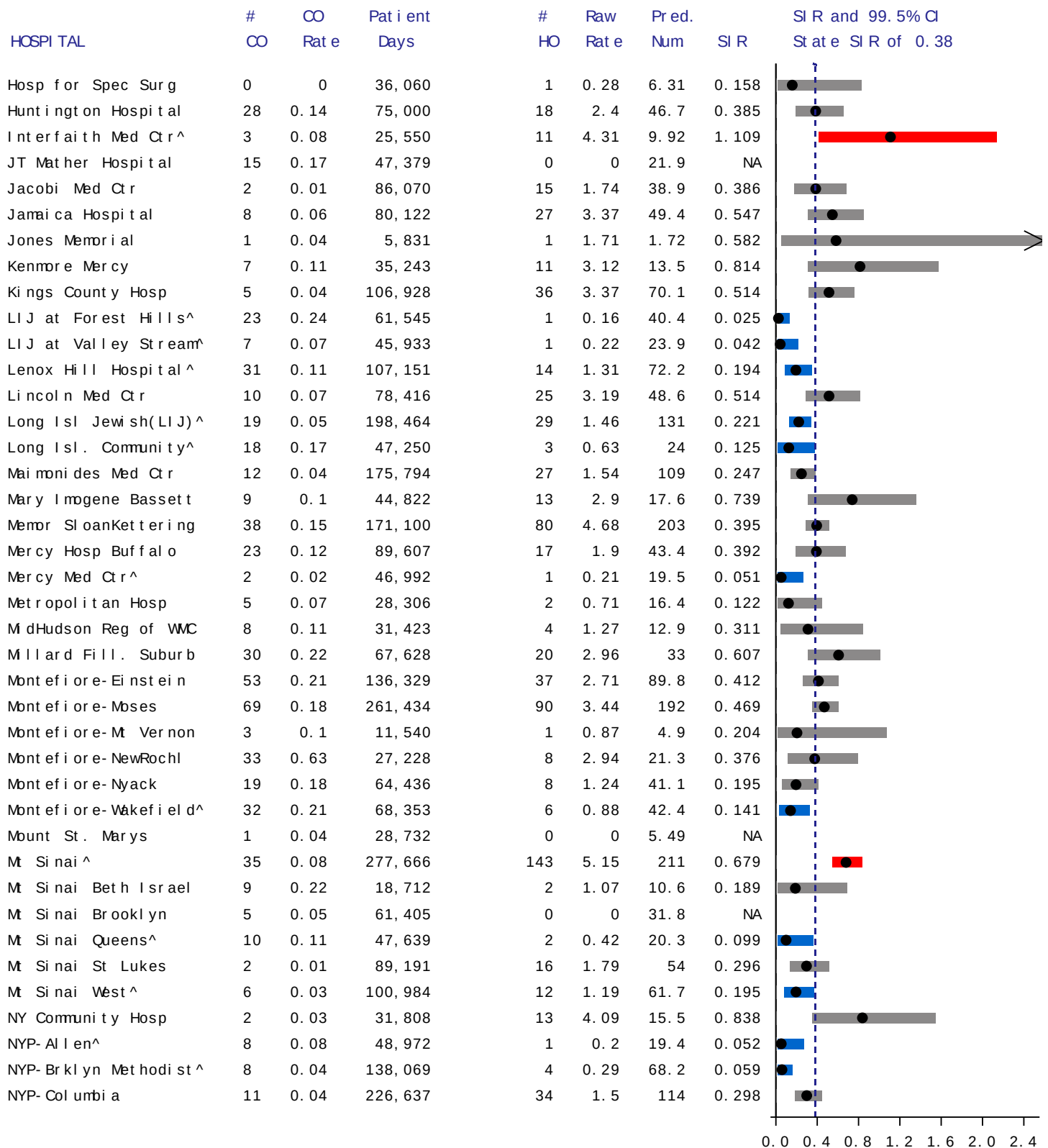
Hospital-specific data is presented in Figure 16. The NHSN SIR, which is the measurement for HO CDI starting in 2024, is in the first column; Community Onset (CO) and Hospital Onset (HO) rates and SIR with the 99% CI are presented in the other columns.

Figure 16. Hospital onset CDI rates, New York State, 2024 (Page 1 of 4)



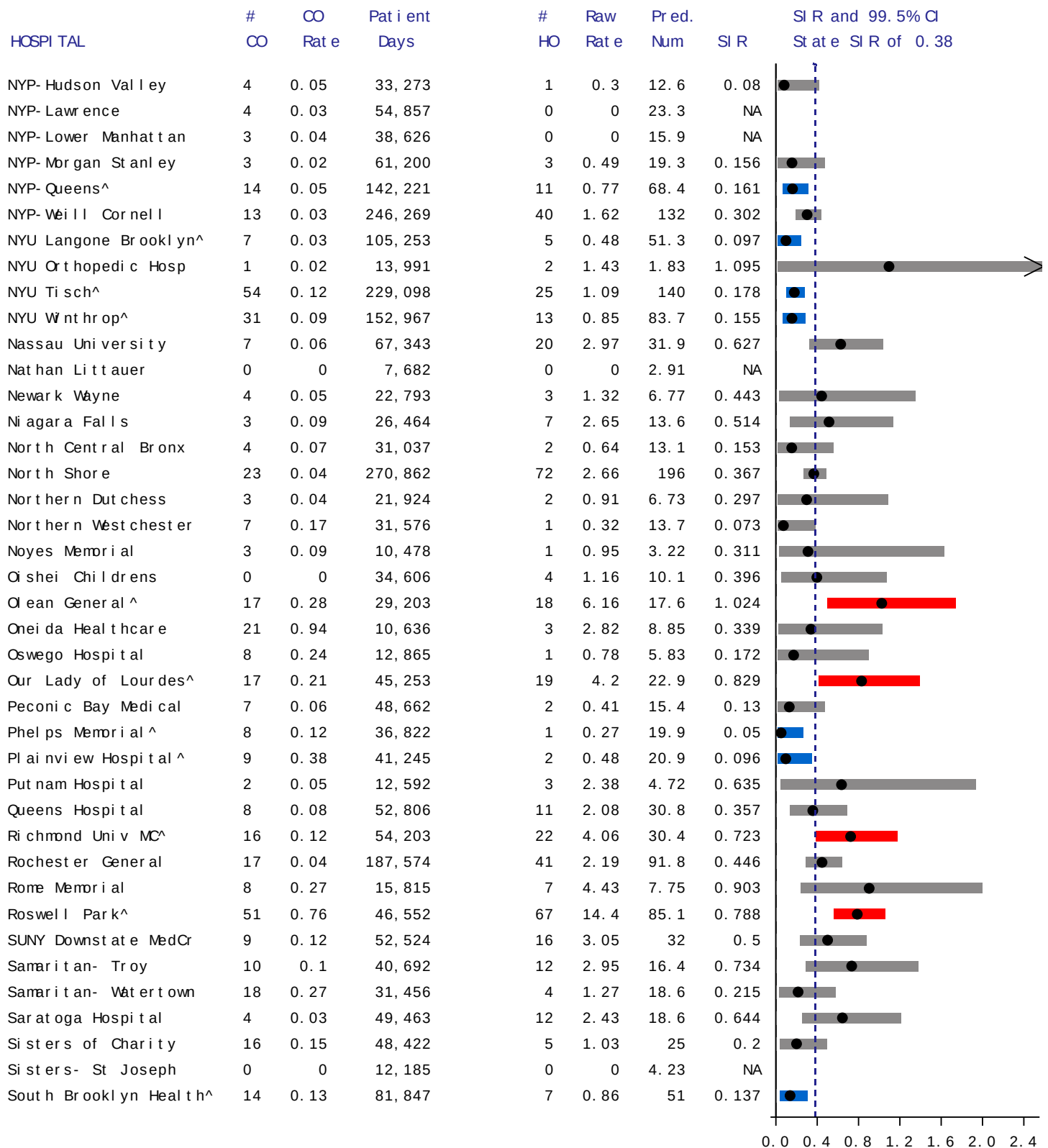
State Average. •Standardized infection ratio. > Upper confidence limit exceeds graph area. —^^Significantly higher than state average. SIR: Observed hospital onset CDI/predicted CDI, CO: Community onset, rate is per 100 admissions. SIR: Standardized Infection Ratio is not calculated (NA) if 0 infection or predicted infection less than 1. Data Reported as of July 15, 2025.

Figure 16. Hospital Onset CDI Rates, New York State, 2024 (Page 2 of 4)



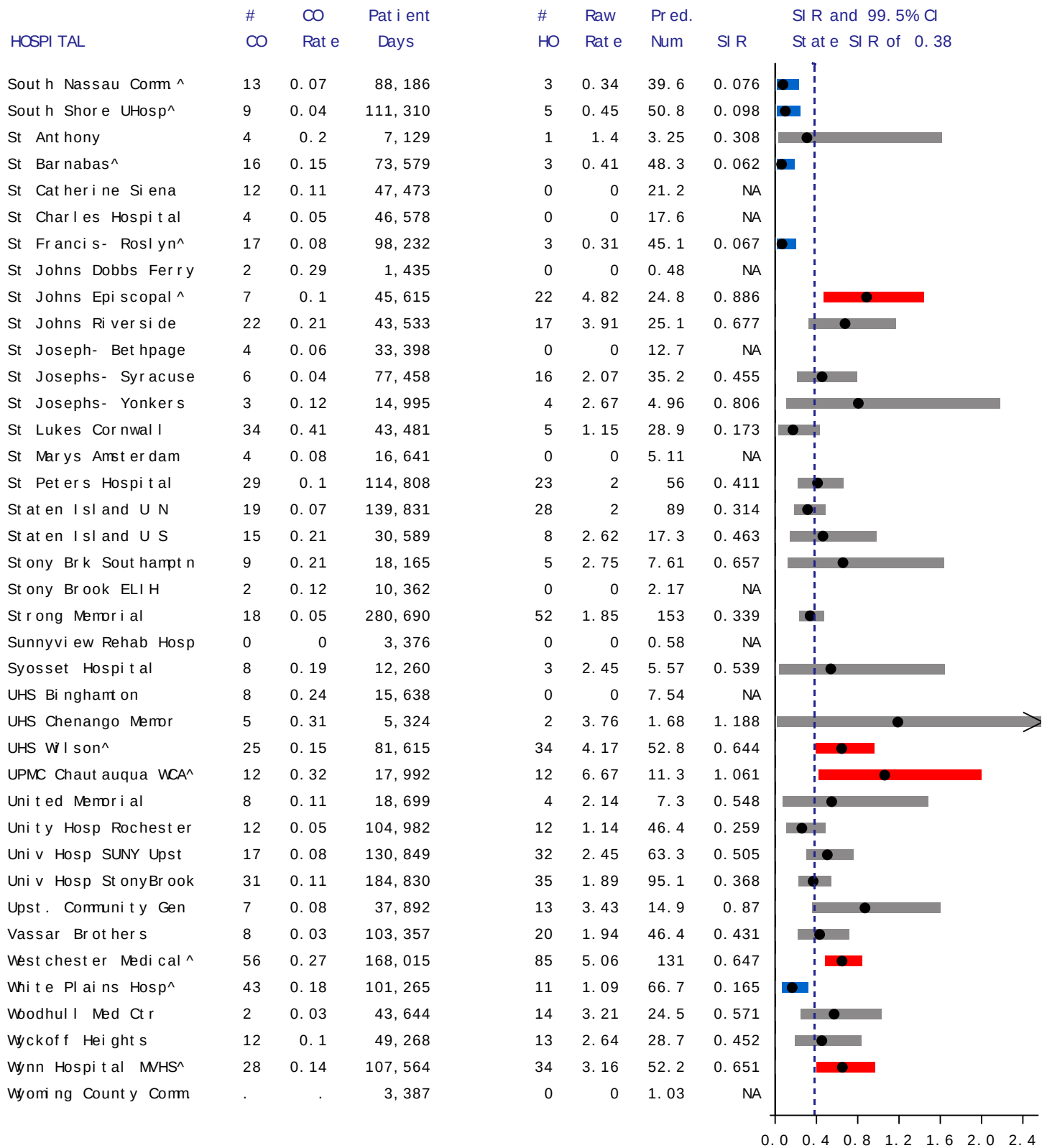
— State Average. • Standardized infection ratio. > Upper confidence limit exceeds graph area. —^^ Significantly higher than state average. SIR: Observed hospital onset CDI/predicted CDI, CO: Community onset, rate is per 100 admissions. SIR: Standardized Infection Ratio is not calculated (NA) if 0 infection or predicted infection less than 1. Data Reported as of July 15, 2025.

Figure 16. Hospital onset CDI rates, New York State, 2024 (Page 3 of 4)



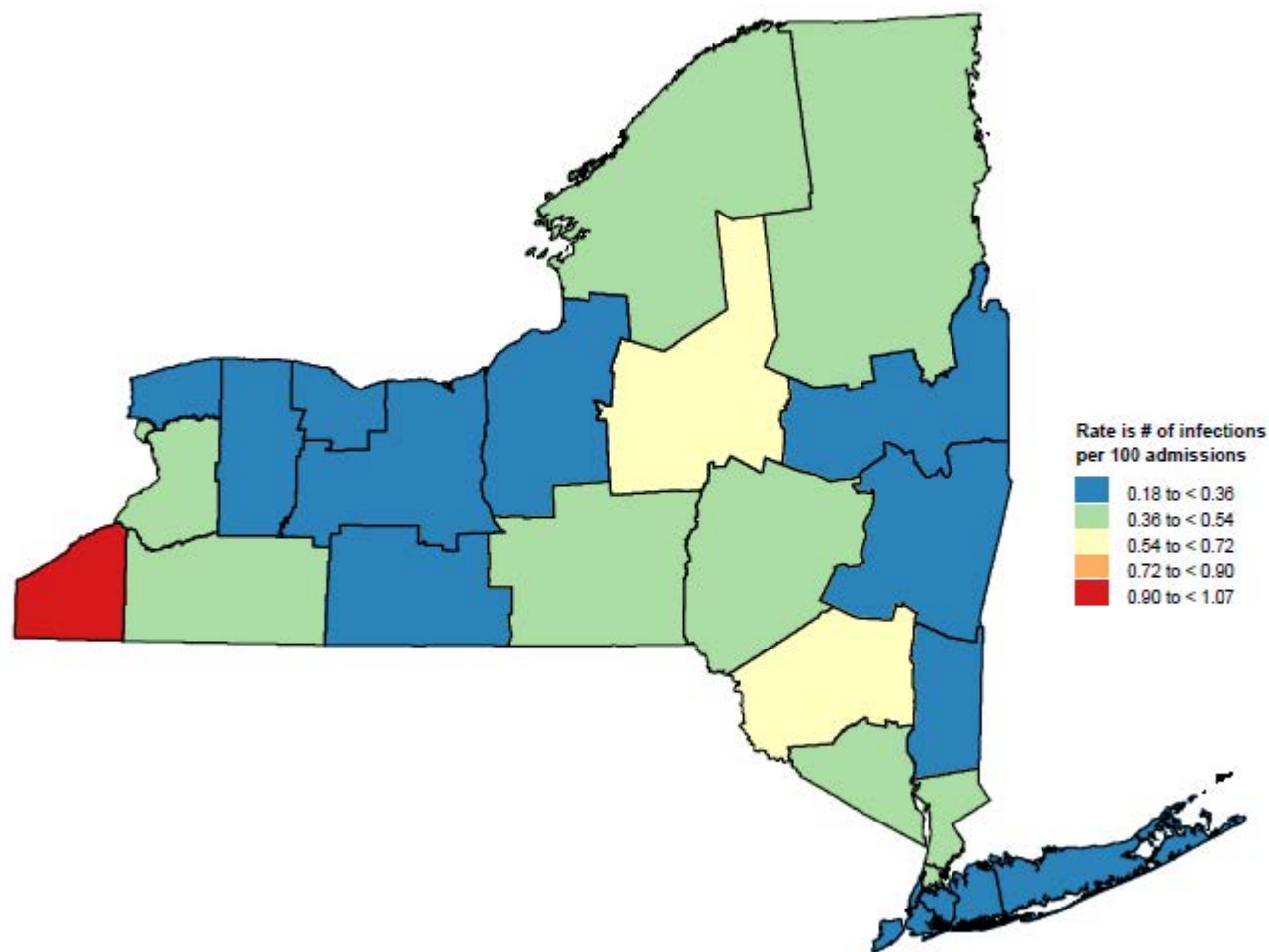
— State Average. • Standardized infection ratio. > Upper confidence limit exceeds graph area. —^^ Significantly higher than state average. SIR: Observed hospital onset CDI/predicted CDI, CO: Community onset, rate is per 100 admissions. SIR: Standardized Infection Ratio is not calculated (NA) if 0 infection or predicted infection less than 1. Data Reported as of July 15, 2025.

Figure 16. Hospital onset CDI rates, New York State, 2024 (Page 4 of 4)



|| State Average. ● Standardized infection ratio. > Upper confidence limit exceeds graph area. —^^ Significantly higher than state average. SIR: Observed hospital onset CDI/predicted CDI, CO: Community onset, rate is per 100 admissions. SIR: Standardized Infection Ratio is not calculated (NA) if 0 infection or predicted infection less than 1. Data Reported as of July 15, 2025.

Figure 17. Facility-wide inpatient CDI prevalence rate by hospital county, New York State 2024



Data reported as of July 15, 2025. Excludes Specimens identified in the outpatient setting are not included.

Figure 17 shows the FWI CDI overall patient prevalence rate by county (or merged county for those with few or no hospitals). The prevalence of CDI is low in New York City (NYC) and varies in the rest of the state.

Carbapenem resistant Enterobacterales (CRE) infections

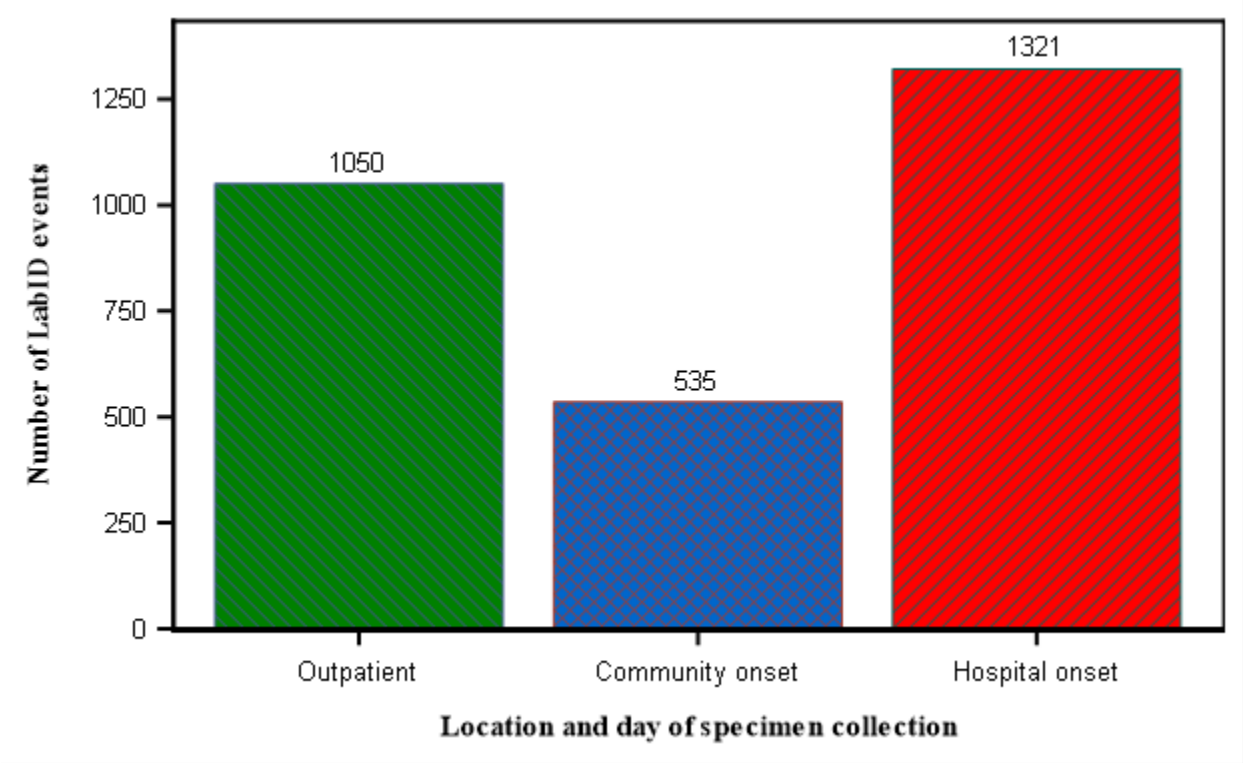
The NHSN LabID CRE surveillance definition is:

Any *Escherichia coli*, *Klebsiella oxytoca*, *Klebsiella pneumoniae*, *Klebsiella aerogenes* or *Enterobacter* spp. testing resistant to imipenem, meropenem, doripenem, ertapenem, meropenem/vaborbactam, or imipenem/relebactam by standard susceptibility testing methods (specifically, minimum inhibitory concentrations of ≥ 4 mcg/mL for doripenem, imipenem, meropenem, meropenem/vaborbactam, and imipenem/relebactam or ≥ 2 mcg/mL for ertapenem) or by production of a carbapenemase (specifically, KPC, NDM, VIM, IMP, OXA-48) demonstrated using a recognized test (examples: polymerase chain reaction, metallo- β -lactamase test, modified Hodge test, Carba-NP).

CRE surveillance requires facilities perform surveillance for all three organisms: CRE-*E. coli*, CRE-*Enterobacter*, and CRE-*Klebsiella* (including *Klebsiella oxytoca*, *Klebsiella aerogenes* and *Klebsiella pneumoniae*). LabID events are categorized by NHSN using the location of specimen collection (Outpatient or Inpatient locations) and the time relative to the day of admission to the facility (Community onset vs Hospital onset). Active surveillance testing for colonization is excluded from this surveillance.

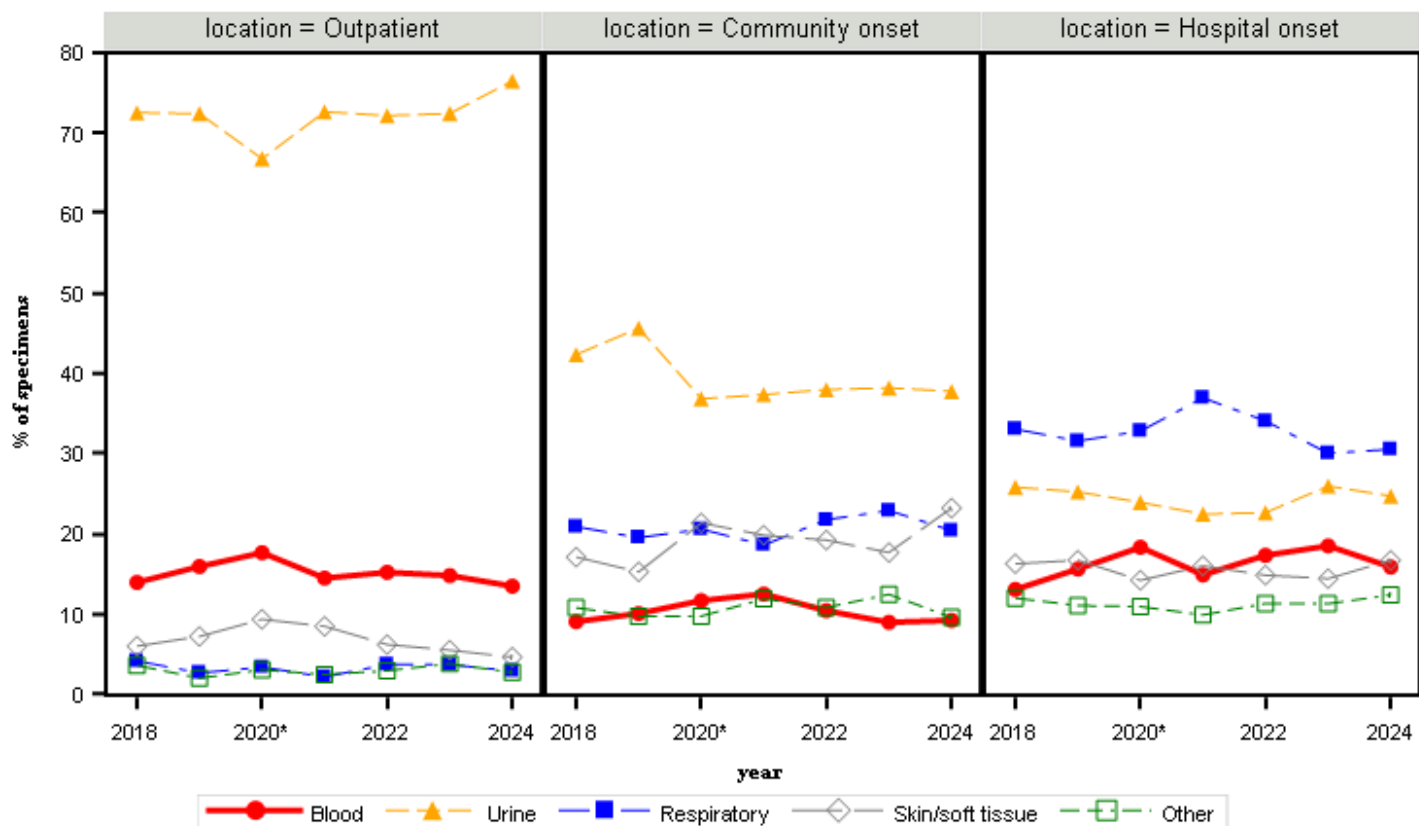
In 2024, 2,906 CRE events were reported: 36% were identified in Emergency Department or observation units (Outpatient), 18% were identified in the inpatient area during the first 3 days of hospitalization (Community onset), and 46% were identified in the inpatient area after the first 3 days of inpatient stay (Hospital onset) (Figure 18).

Figure 18. CRE LabID event detection location and time of collection, NYS 2024



Data reported as of July 15, 2025. Excludes events identified in inpatient rehabilitation facilities and inpatient psychiatric facilities. Specimens identified in the outpatient setting and admitted the next day are counted as outpatient.

Figure 19. CRE by specimen site and NHSN specimen collection location category, NYS 2018-2024



Data reported as of July 15, 2025. *Reporting was suspended from January through June 2020 due to the COVID-19 pandemic.

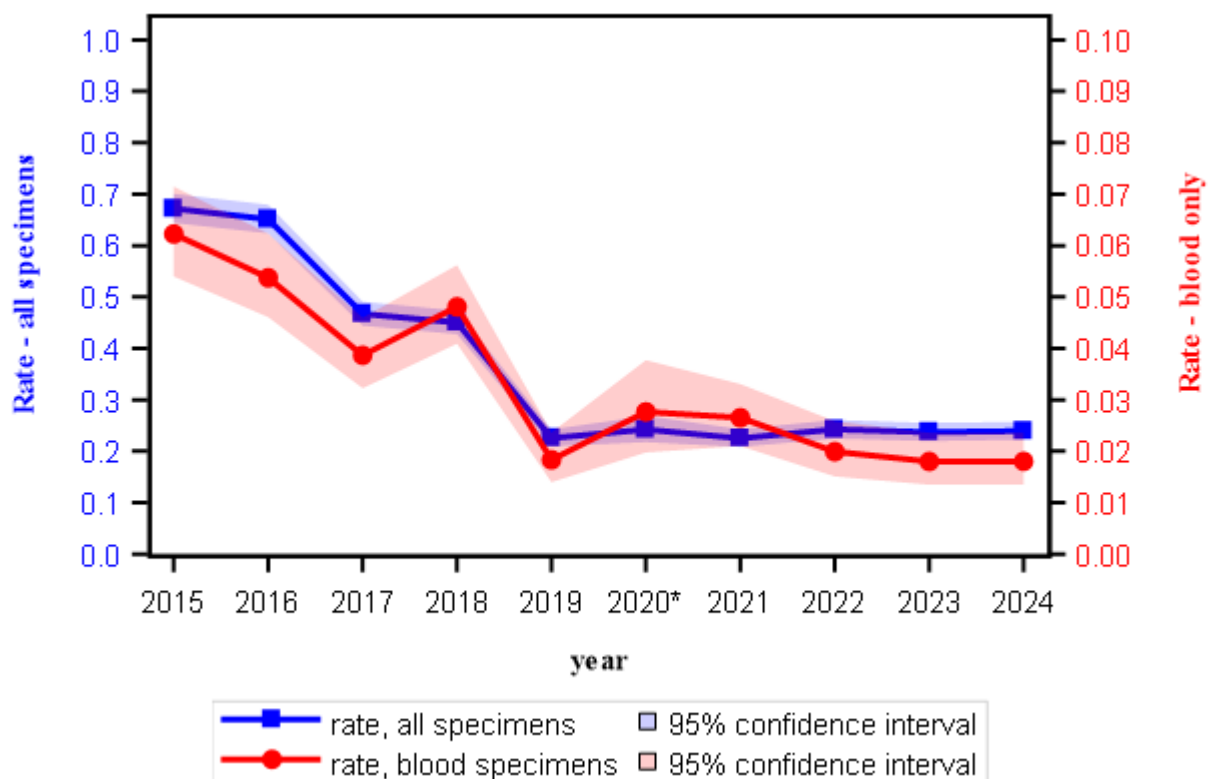
Specimen source distribution by LabID detection of location, 2024

Specimen Source	Community onset	Outpatient	Hospital onset	Total
Urine	202	803	326	1331
Respiratory	109	30	403	542
Blood	49	141	209	399
Skin/soft tissue	124	48	220	392
Other	51	28	163	242

In outpatient and community onset events, the most common specimen site was by far the urinary tract; among hospital onset events, respiratory specimens were most common (Figure 19).

The admission prevalence rate describes the percentage of patients admitted to hospitals with CRE events. In 2024, there were 517 of these events among 2,159,812 admissions, for a rate of 0.24 events per 1,000 admissions. The overall admission prevalence rate decreased 64% between 2015 and 2024, but the rate has been relatively the same since 2019. The BSI rate decreased 70% over the same timeframe, but there was no change between 2023 and 2024. (Figure 20).

Figure 20. Facility-wide inpatient CRE admission prevalence rates, NYS 2015-2024

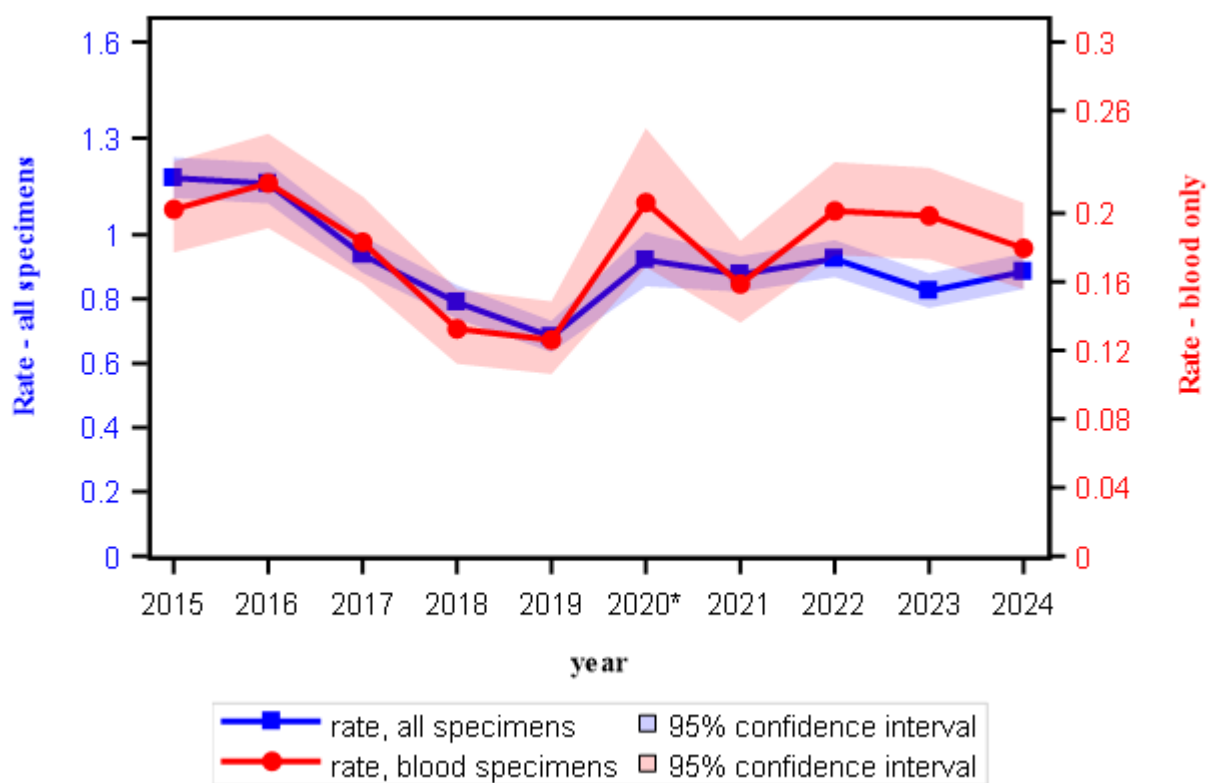


Year	# Admissions	Total LabID events		Bloodstream LabID events	
		# Events	Rate	# Events	Rate
2015	2,329,051	1,565	0.672	145	0.062
2016	2,326,264	1,515	0.651	125	0.054
2017	2,379,863	1,112	0.467	92	0.039
2018	2,375,584	1,069	0.450	113	0.048
2019	2,347,976	530	0.226	44	0.019
2020*	1,048,540	254	0.242	29	0.028
2021	2,149,402	484	0.225	57	0.026
2022	2,066,051	505	0.244	43	0.021
2023	2,111,161	500	0.237	38	0.018
2024	2,159,812	517	0.239	39	0.08

Data reported as of July 15, 2025. Bloodstream infection admission prevalence rate = number of unique (no others in previous 14 days) blood source isolations per patient per month identified ≤ 3 days after admission to the hospital / number of patient admissions to the hospital x 1000. All specimen admission prevalence rate = number of first events per patient per month identified ≤ 3 days after admission to the hospital / number of patient admissions to the hospital x 1000. Excludes inpatient rehabilitation and inpatient psychiatric locations and cases identified in the emergency room if admitted the same day. *Reporting was suspended from January through June 2020 due to the COVID-19 pandemic.

The longer a person stays in the hospital, the higher their cumulative risk of acquiring an infection, so the incidence rates are reported using a denominator of patient days. All specimen incidence increased (not significantly) from 0.824 to 0.885 (7%) between 2023 to 2024 whereas BSI incidence decreased (not significantly) from 0.198 to 0.180 (10%) (Figure 21).

Figure 21. Facility-wide inpatient CRE LabID event incidence rates, New York State, 2015-2024

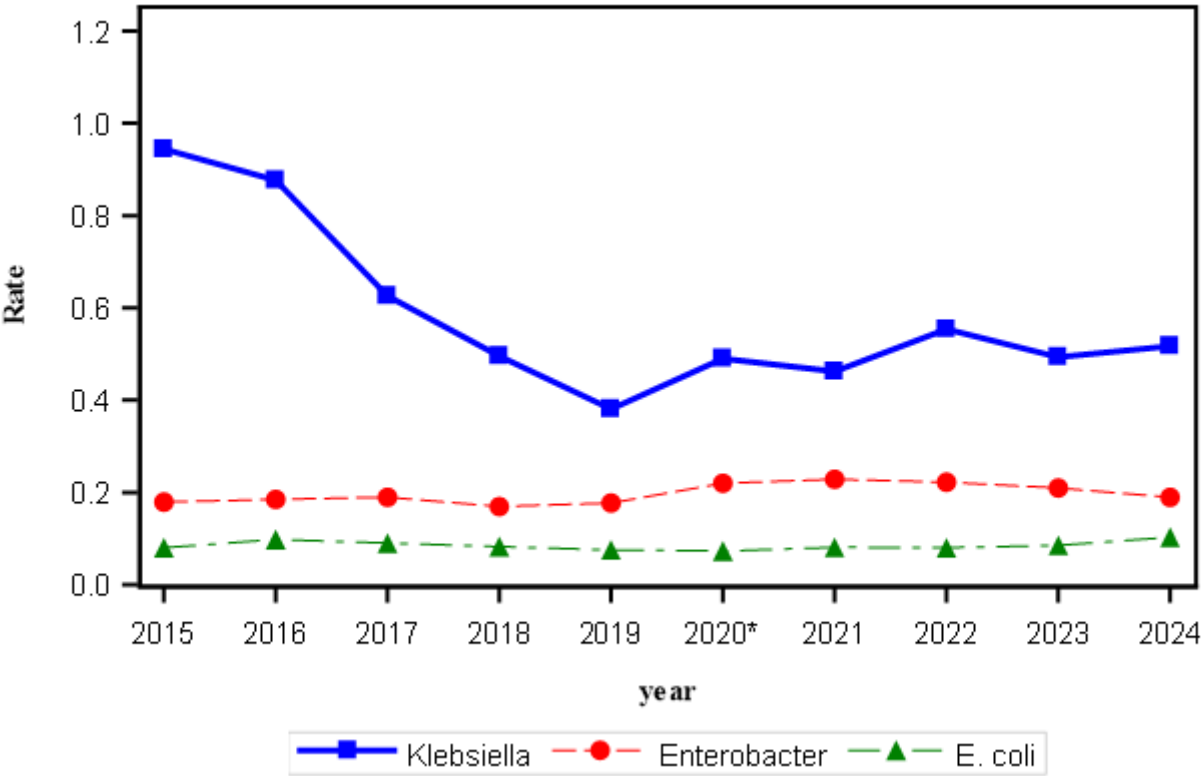


Year	# Patient days	Total LabID events		Bloodstream LabID events	
		# Events	Rate	# Events	Rate
2015	11,466,593	1,349	1.176	232	0.202
2016	11,397,102	1,321	1.159	248	0.218
2017	11,355,485	1,064	0.937	208	0.183
2018	11,328,988	892	0.787	150	0.132
2019	11,262,506	767	0.681	142	0.126
2020*	5,091,653	469	0.921	105	0.206
2021	11,089,397	972	0.877	176	0.159
2022	10,967,475	1011	0.922	220	0.200
2023	11,087,436	914	0.824	220	0.198
2024	11,300,674	1,000	0.885	203	0.180

Data reported as of July 15, 2025. Bloodstream event incidence rate = Number of all unique (no others in previous 14 days) blood source events per patient per month identified > 3 days after admission to the hospital / number of patient days x 10,000. All specimen isolation incidence rate = Number of first events per patient among those with no event with this specific organism type reported in a previous month at this hospital and identified > 3 days after admission to the hospital / number of patient days x 10,000. Excludes inpatient rehabilitation and inpatient psychiatric locations. *Reporting was suspended from January through June 2020 due to the COVID-19 pandemic.

CRE surveillance requires facilities to perform surveillance for all three organisms: CRE-*E. coli*, CRE-*Enterobacter*, and CRE-*Klebsiella* (*Klebsiella oxytoca*, *Klebsiella aerogenes* and *Klebsiella pneumoniae*). Overall patient prevalence rates by year and species are summarized in Figure 22. Between 2015 and 2024, the prevalence of CRE-*Klebsiella* decreased 45%, the prevalence of CRE-*Enterobacter* spp. increased 7%, and the prevalence of CRE-*E. coli* increased 21%. In 2024, compared to 2023, CRE-*Klebsiella* spp. and CRE-*E. coli* increased slightly, and CRE-*Enterobacter* spp. incidence decreased slightly.

Figure 22. Trends in overall patient prevalence CRE LabID event rates by species, NYS, 2015-2024

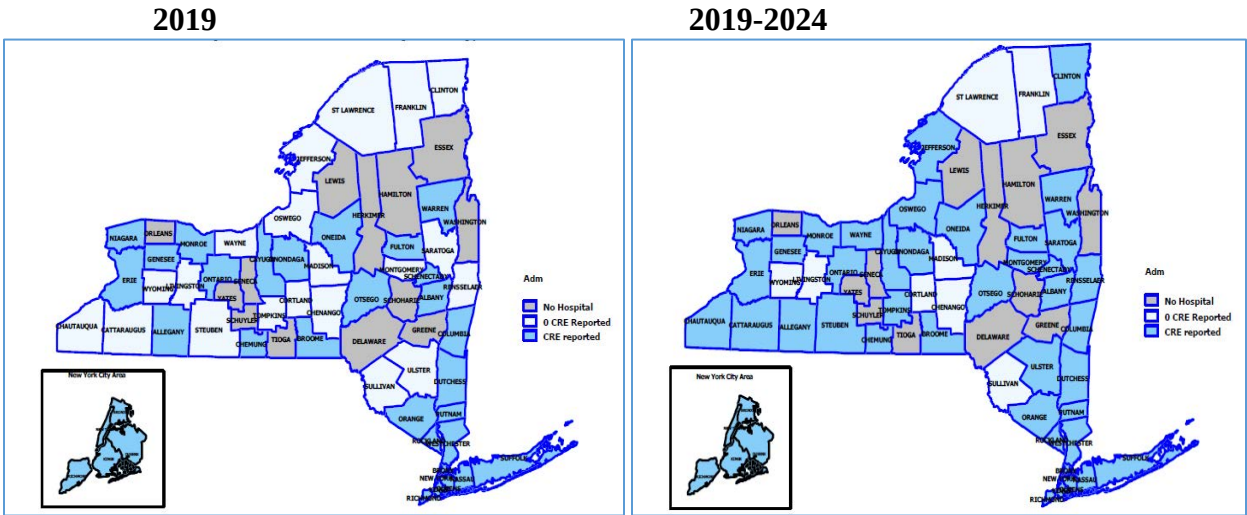


Year	<i>Klebsiella</i> spp.	<i>Enterobacter</i> spp.	<i>E. coli</i>	Total
2015	0.944	0.179	0.081	1.204
2016	0.877	0.185	0.098	1.160
2017	0.626	0.190	0.091	0.907
2018	0.495	0.170	0.083	0.748
2019	0.380	0.176	0.076	0.632
2020*	0.490	0.220	0.073	0.784
2021	0.463	0.229	0.081	0.773
2022	0.554	0.222	0.081	0.857
2023	0.493	0.210	0.086	0.789
2024	0.517	0.190	0.103	0.810

Data reported as of July 15, 2025. Inpatient rehab and psychiatric facility data excluded. Overall patient prevalence rate is the number of first LabID events per patient per month (e.g., admission prevalent or hospital onset) / number of patient admissions to the hospital x 1000. Does not include cases identified in the emergency room if admitted the same day. *Reporting was suspended from January through June 2020 due to the COVID-19 pandemic.

Figure 23 shows any CRE LabID event reporting since 2019. Counties shaded in blue have hospitals where at least one event has been reported since 2019. Counties shaded in gray have no hospitals that are mandated to report to NYS via NHSN. The remaining counties, shown in white, have hospitals that are mandated to report via NHSN but had zero reported events between 2019 and 2024. As indicated, in 2019, 20 counties' hospitals did not report any CRE; by 2024, only eight counties' hospitals continued to report zero events during that time.

Figure 23. CRE LabID events reported (cumulative) by diagnosing hospital counties, in 2019-2024.

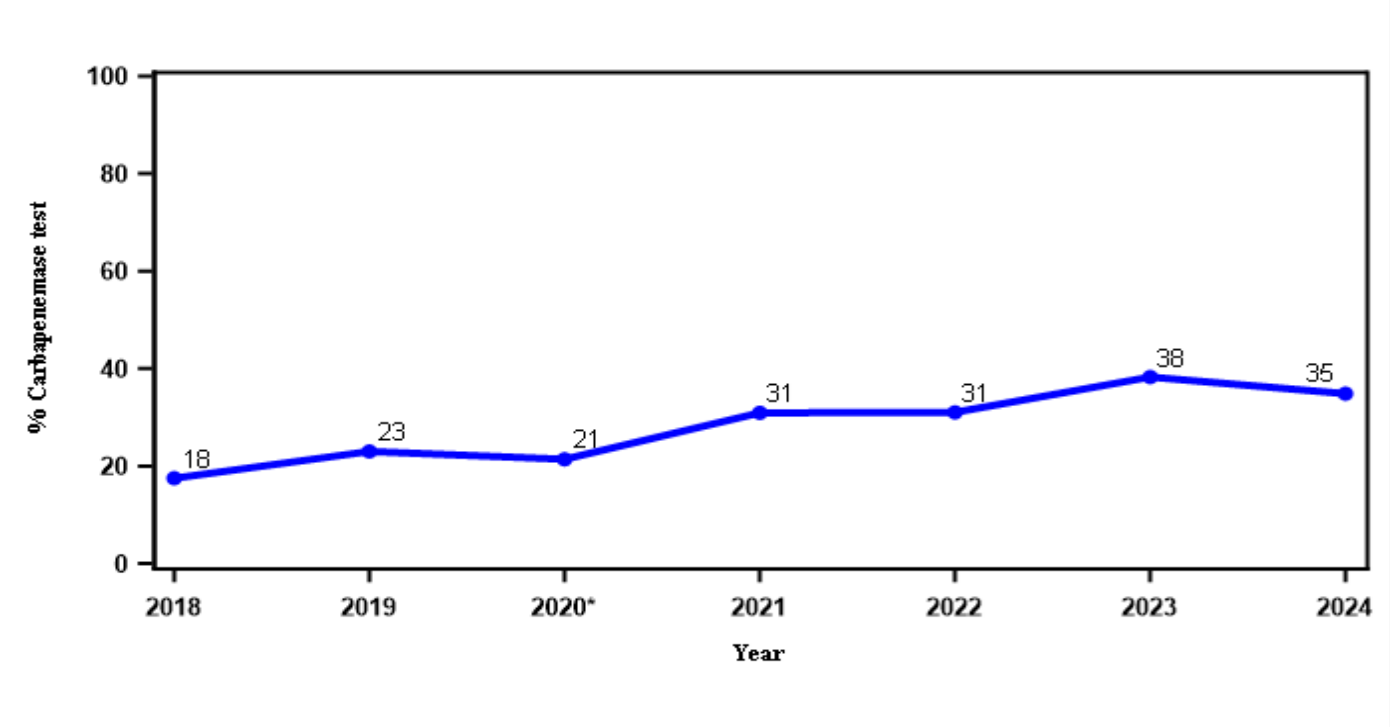


Laboratory testing methods

On the 2024 NHSN hospital surveys, 54% of hospitals reported that their laboratory performs a special test for carbapenemase production. However, based on the data of 2024 CRE events reported to NHSN, approximately 35% of specimens were tested for the presence of a carbapenemase. Among those tested, 70% of specimens were identified as carbapenemase producers (Figure 24).

Year	# CRE reported	# Carbapenemase tested	% Tested	# Positive	% Positive
2018	2,668	467	18	317	68
2019	2,330	536	23	376	70
2020*	1,800	385	21	230	60
2021	2,406	744	31	503	68
2022	2,627	815	31	616	76
2023	2,613	1,000	38	729	73
2024	2,929	1,021	35	714	70

Figure 24. Percent of specimens tested for carbapenemase, 2024

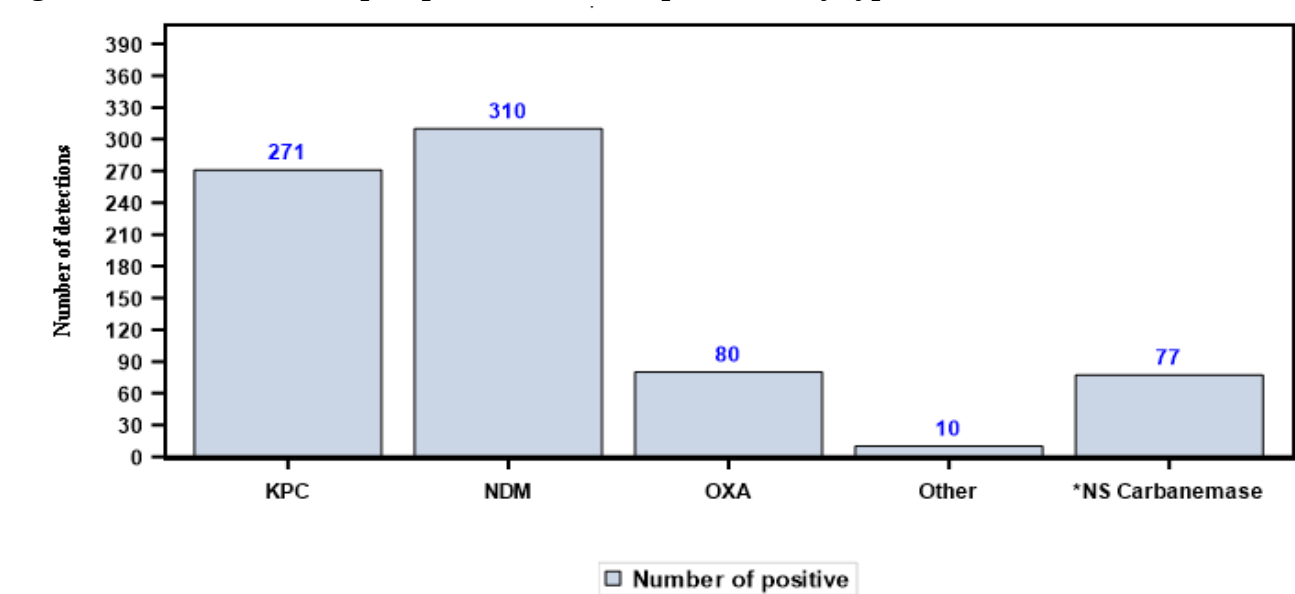


*Reporting was suspended from January through June 2020 due to the COVID-19 pandemic.

Among positive carbapenemases reports, the most common carbapenemase was New Delhi metallo-β-lactamase (NDM, N=310) followed by Klebsiella pneumoniae carbapenemase (KPC, N=271) and 80 oxacillinase (OXA) e.g. OXA-48 (Figure 25).

Phenotypic testing includes the modified Hodge test (MHT) or CarbaNP (confirmatory test for carbapenemase production in Enterobacterales or CNP) as non-specific carbapenemase production (NSCARBA) and identified 77 positive specimens. Gene-specific testing identified 10 specimens positive for other, not specified genes.

Figure 25. Number of samples positive for carbapenemase by type, 2024



=*Non specific carbapenemase

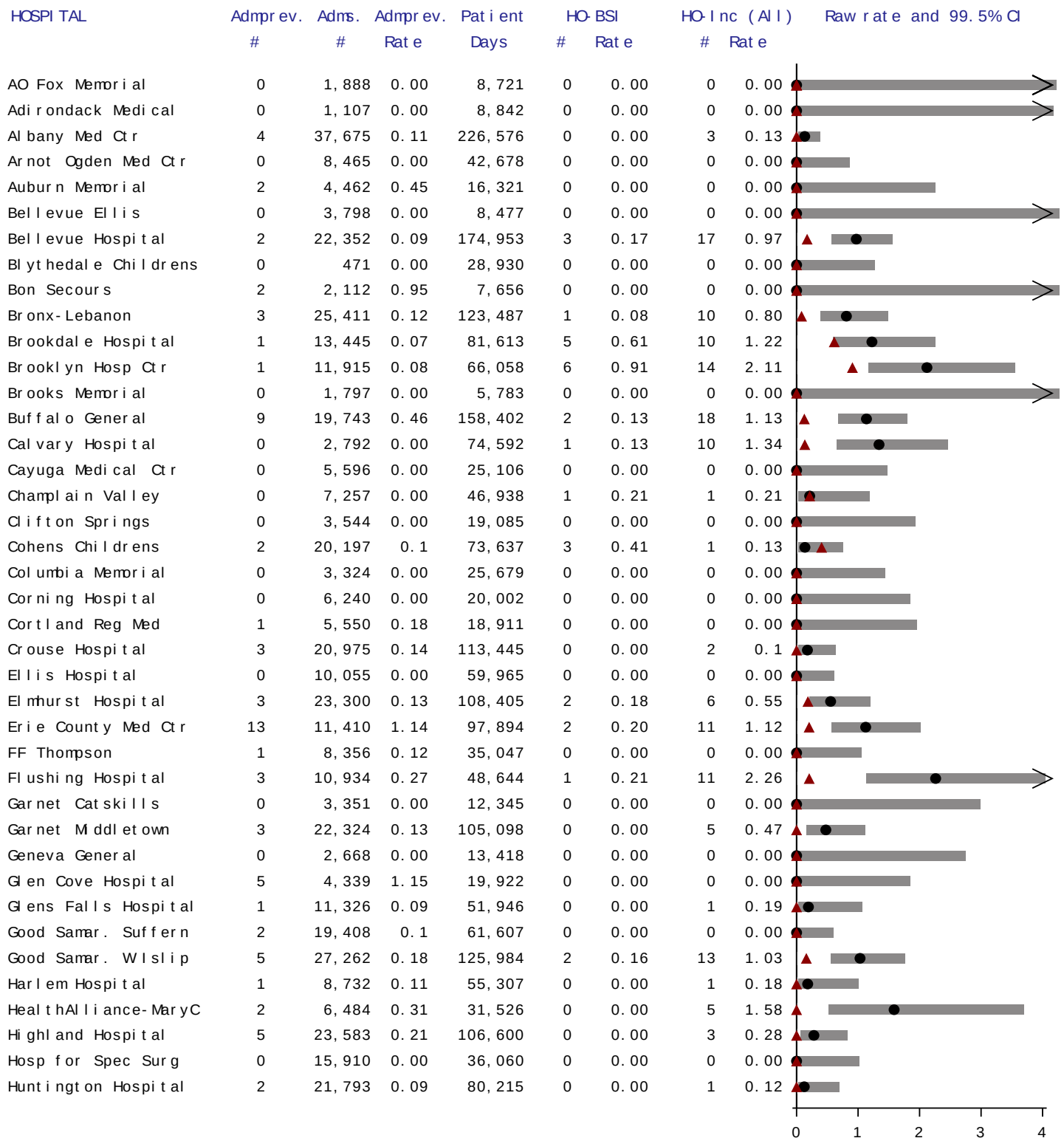
Laboratory identification of CRE can be achieved through several methods, and there is no standardization for which method should be used in individual healthcare facility laboratories. Testing differences might reduce the inter-facility comparability of CRE rates. Facilities using different breakpoints or not testing for carbapenemases using genotypic or phenotypic tests might be undercounting CRE or carbapenemase-producing CRE. Therefore, hospital specific CRE rates, particularly in non-blood specimens, may vary based on testing methods.

Hospital specific CRE rates

The primary HAI indicator of interest for evaluating hospital performance for CRE LabID events is the HO BSI rate because 1) blood specimens are more consistently tested by laboratories; and 2) BSIs are very serious and more likely to reflect clinical disease than CRE detected from nonsterile body sites such as wounds¹. The prevalence of CRE among patients newly admitted to facilities is also reported because this burden of admission prevalent cases is related to the risk of spread within the facility.

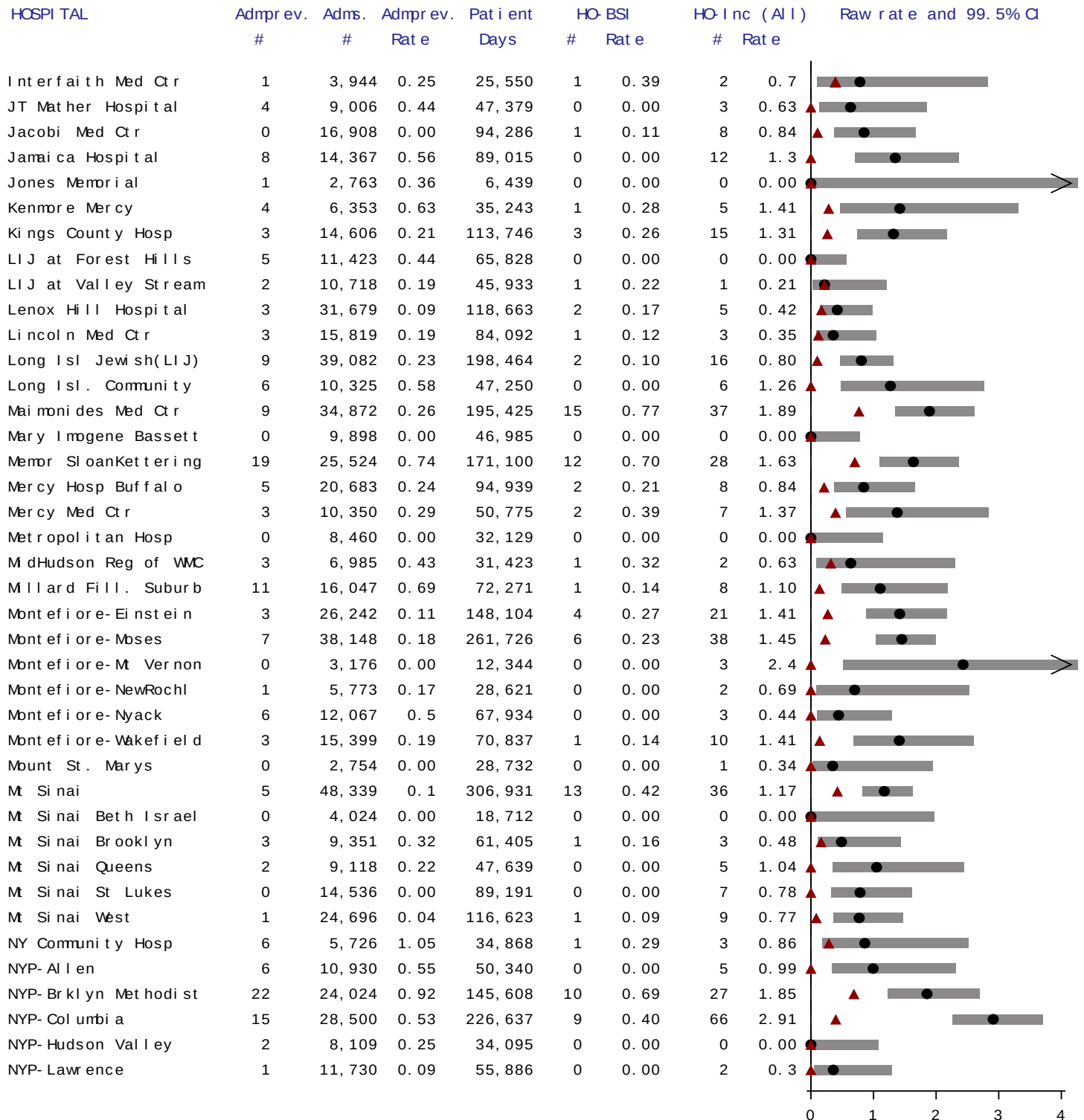
The hospital- and region-specific admission prevalence rate, bed size, and percent intensive care unit patient-days do not predict the HO BSI rate strongly; therefore, risk adjusted rates are not presented. More research is needed on CRE risk adjustment to balance the importance of accuracy and fairly comparing rates with the need for having a measure to identify hospitals with higher than predicted rates for public health assistance and quality improvement programs.

Figure 26. Carbapenem-resistant *Enterobacteriales* LabID event incidences, NYS 2024 (Page 1 of 4)



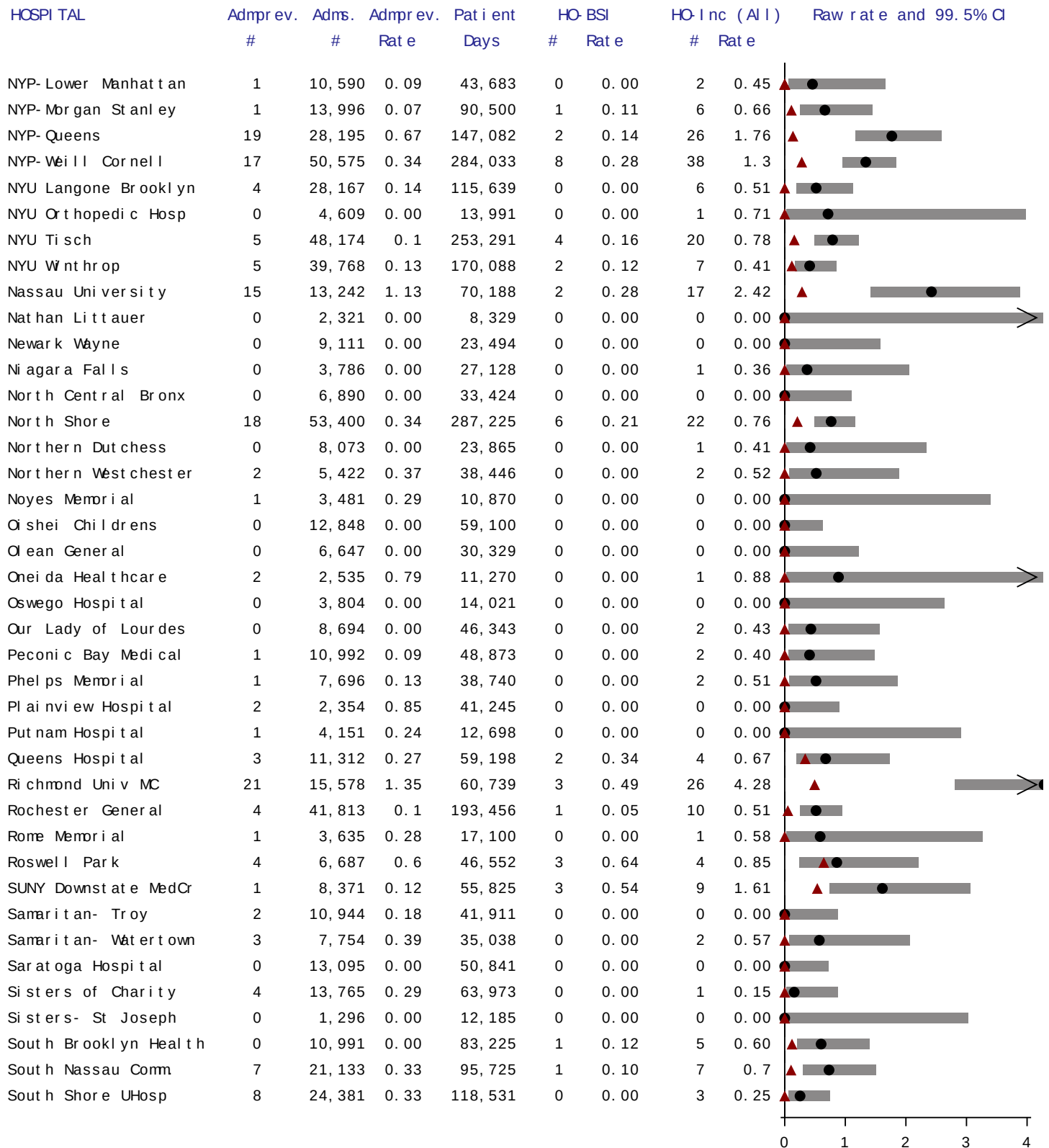
●HO-Inc (All): Hospital onset rate for all specimen sources.> Upper confidence limit exceeds graph area. ▲ HO-BSI rate: Hospital onset incidence in Blood. The is no risk adjusted rate calculated and no comparison to state rate was performed. Data reported as of July 15, 2025

Figure 26. Carbapenem-resistant *Enterobacterales* LabID event incidences, NYS 2024 (Page 2 of 4)



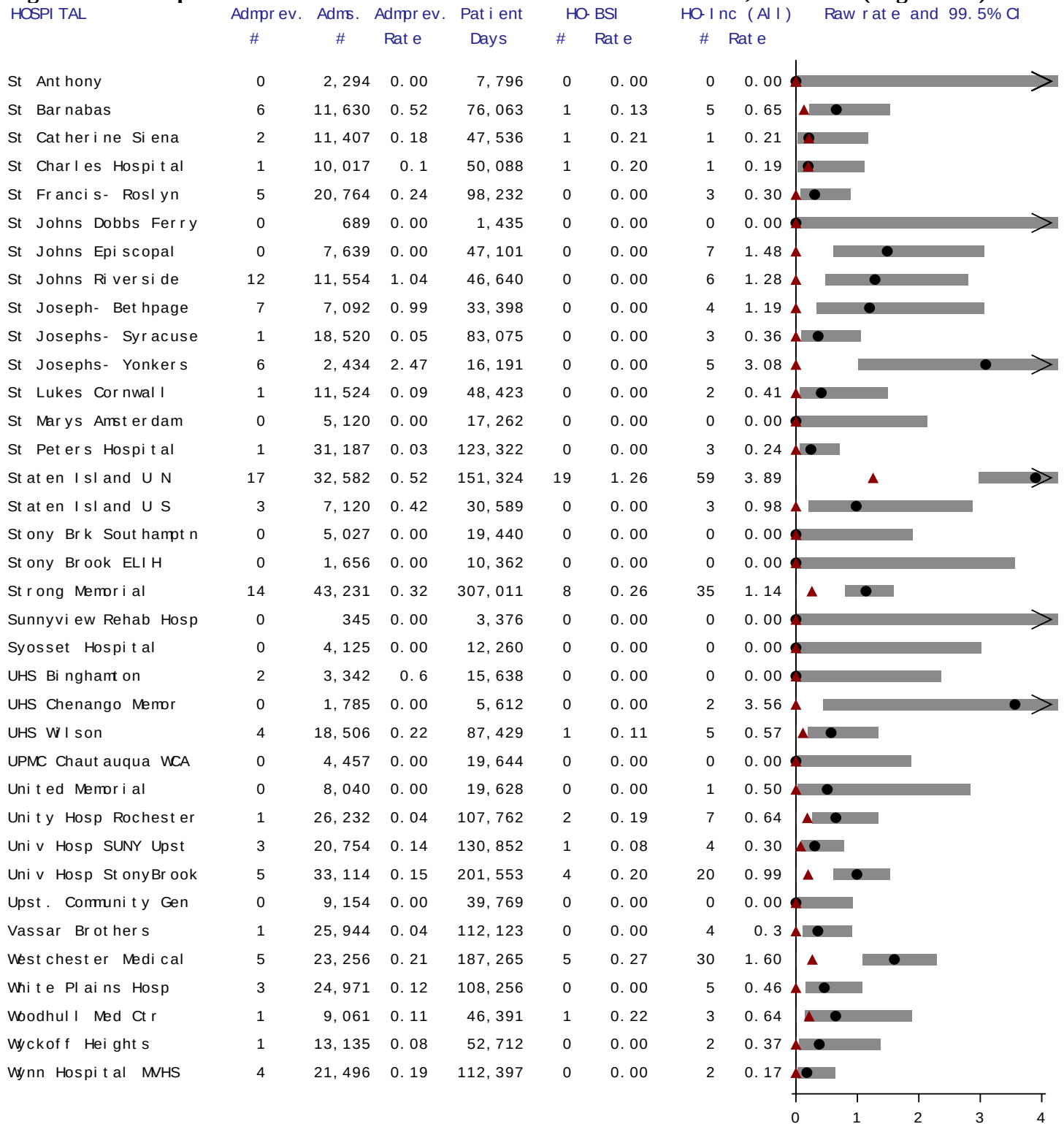
●HO-Inc (All): Hospital onset rate for all specimen sources.> Upper confidence limit exceeds graph area. ▲ HO-BSI rate: Hospital onset incidence in Blood. The is no risk adjusted rate calculated and no comparison to state rate was performed. Data reported as of July 15, 2025

Figure 26. Carbapenem-resistant *Enterobacterales* LabID event incidences, NYS 2024 (Page 3 of 4)



●HO-Inc (All): Hospital onset rate for all specimen sources.> Upper confidence limit exceeds graph area. ▲ HO-BSI rate: Hospital onset incidence in Blood. The is no risk adjusted rate calculated and no comparison to state rate was performed. Data reported as of July 15, 2025

Figure 26. Carbapenem-resistant *Enterobacterales* LabID event incidences, NYS 2024 (Page 4 of 4)

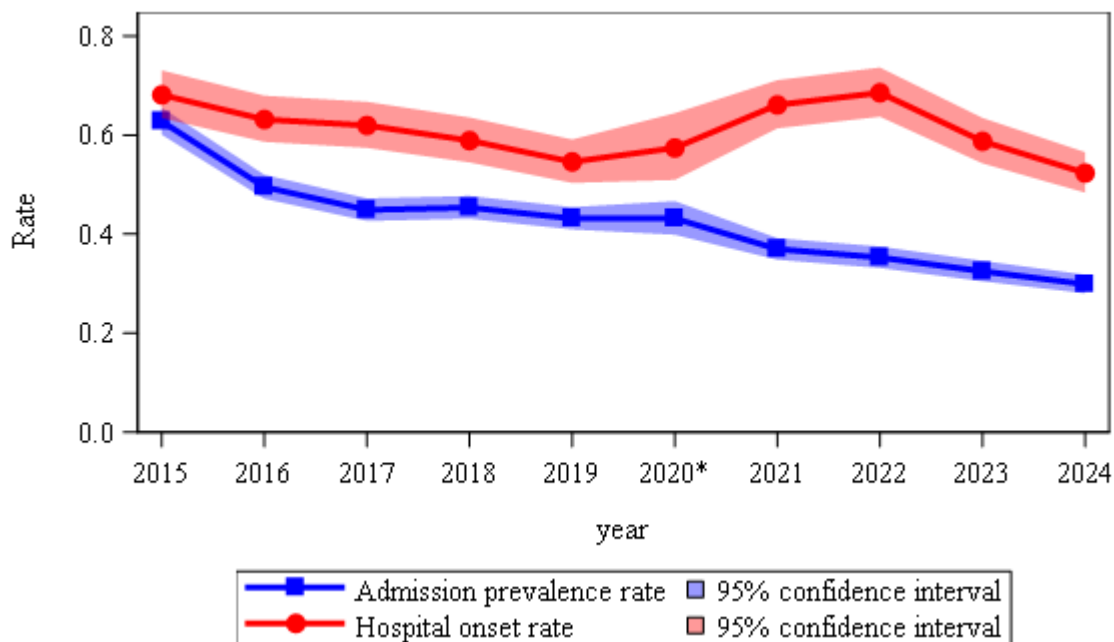


●HO-Inc (All): Hospital onset rate for all specimen sources.> Upper confidence limit exceeds graph area. ▲ HO-BSI rate: Hospital onset incidence in Blood. The is no risk adjusted rate calculated and no comparison to state rate was performed. Data reported as of July 15, 2025

Methicillin-resistant *Staphylococcus aureus* (MRSA) bloodstream infections

Staphylococcus aureus is a common bacteria found on the skin or in the nose of many healthy individuals. When *Staphylococcus aureus* is resistant to the antibiotics oxacillin, cefoxitin, or methicillin, it is called methicillin-resistant *Staphylococcus aureus* (MRSA). In 2024, all hospitals were required to report MRSA BSIs for participation in CMS incentive programs. While reporting single cases of MRSA is not required by NYS, the Department has access to these data through the DUA. Therefore, the Department does not audit the data, and hospital-specific MRSA rates cannot be published by the Department.

Figure 27. MRSA bloodstream infections, New York State 2015-2024



Year	# Hosp	# Admission prevalent infections	# Admissions	Admission prevalence rate (per 1,000 admissions)	# Hospital onset infections	# Patient days	Hospital onset incidence rate (per 10,000 patient days)
2015	174	1,459	2,325,035	0.628	777	11,410,301	0.681
2016	177	1,154	2,330,860	0.495	718	11,369,649	0.632
2017	175	1,057	2,358,724	0.449	695	11,222,935	0.619
2018	173	1,077	2,375,972	0.454	661	11,225,000	0.589
2019	165	1,012	2,344,834	0.432	596	11,055,103	0.539
2020*	165	450	1,042,373	0.432	282	4,980,707	0.566
2021	165	791	2,139,136	0.369	706	10,870,012	0.649
2022	165	729	2,066,387	0.353	734	10,847,158	0.677
2023	165	684	2,104,437	0.325	637	10,940,524	0.582
2024	165	703	2,351,380	0.299	645	12,326,031	0.523

Facility-wide inpatient data reported as of July 15, 2025. *Reporting was suspended from January through June 2020 due to the COVID-19 pandemic.

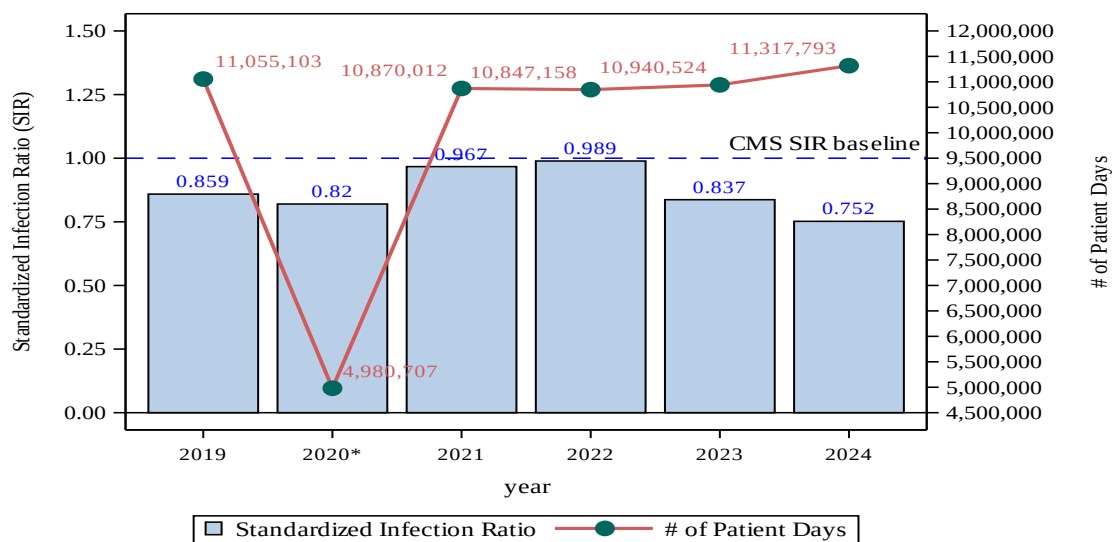
The MRSA BSI admission prevalence rate fell 52% between 2015 and 2024, and 8% between 2023 and 2024, from 0.325 to 0.299. The hospital onset (HO) rate fell 23% between 2015 and 2024, and it dropped significantly from 0.582 to 0.523 (10%) between 2023 and 2024 (Figure 27).

MRSA BSI is one of the HAI measurements CMS uses for quality control via CMS incentive programs. NHSN calculates an HO MRSA BSI SIR among all inpatient units. SIR is a ratio calculated by comparing the actual number of MRSA BSIs to the predicted number of infections, based on 2015 national data, adjusting for several risk factors.

An SIR greater than 1.0 indicates more BSIs were observed than predicted, whereas an SIR less than 1.0 indicates fewer BSIs occurred compared to the 2015 national data.

In 2024, NYS hospitals reported 589 MRSA BSIs were included in SIR calculation. With a predicted number of 782 infections, the overall SIR was 0.752. New York State SIRs are lower (better) than national levels based on 2015 data (SIR=1.0). In 2023 the SIR was 0.837 and not significantly decreased (11%) to 0.752 in 2024 (Figure 28).

Figure 28 Standardized infection ratio of hospital onset MRSA BSI and patient days, 2019-2024

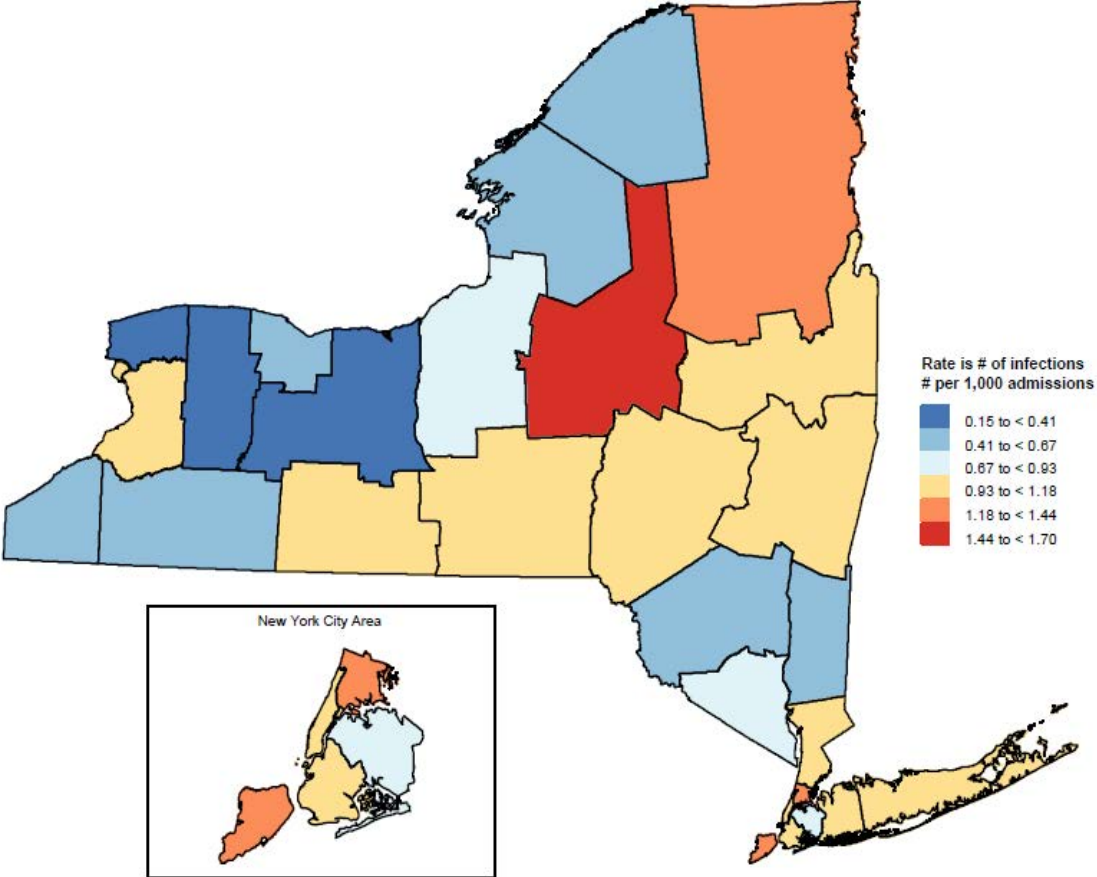


Year	# of HO MRSA BSI	# Predicted	SIR	95% Conf. interval
2019	596	6938	0.859	0.792 - 0.930
2020*	282	343	0.82	0.729 - 0.920
2021	706	730	0.967	0.898 - 1.040
2022	734	742	0.989	0.919 - 1.062
2023	637	761	0.837	0.774 - 0.904
2024	589	782	0.752	0.693 - 0.815

*Reporting was suspended from January through June 2020 due to the COVID-19 pandemic.

Figure 29 shows the MRSA inpatient prevalence rate by hospital county (or merged county for those with few or no hospitals).

Figure 29. Facility wide inpatient MRSA BSI prevalence rates by hospital county, New York State 2024



Facility-wide inpatient data reported as of July 15, 2025. Small counties were merged.

***Candida auris* infections and colonizations**

Candida auris (*C. auris*) is a globally emerging, multidrug-resistant yeast that has caused healthcare-associated outbreaks of invasive infections with high mortality. Epidemiologic and laboratory evidence continues to show that *C. auris* has been transmitted within healthcare facilities in New York City and the surrounding metropolitan area of NYS. The New York City (NYC)/metropolitan area is one of the areas in the United States where the most *C. auris* cases have been detected; *C. auris* may already be endemic in healthcare facilities in some of the most impacted localities. Other upstate regions have begun to see *C. auris* cases, with at least one case identified in every region of NYS.

This section summarizes the NYS *C. auris* surveillance data (laboratory test results confirmed by Wadsworth Center, NYS's public health laboratory or other laboratories). According to the Centers for Disease Control and Prevention (CDC, <https://ndc.services.cdc.gov/case-definitions/candida-auris-2023/>), current laboratory confirmation for *C. auris* is:

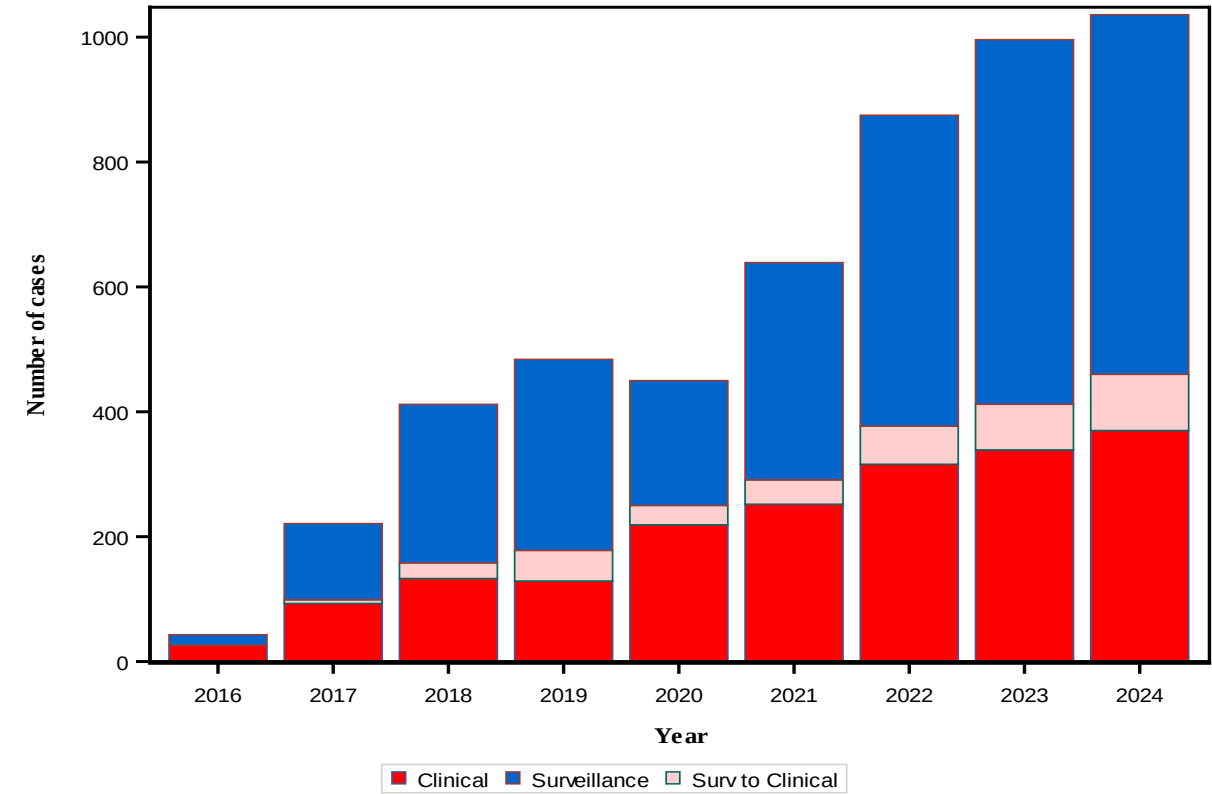
- Detection of *C. auris* in a specimen from a swab obtained for the purpose of colonization screening using either culture or validated culture-independent test (e.g., nucleic acid amplification test [NAAT]), or
- Detection of *C. auris* in a clinical specimen obtained during the normal course of care for diagnostic or treatment purposes using either culture or a validated culture-independent test (e.g., NAAT)

A patient who is colonized or infected with *C. auris* is considered colonized indefinitely. The following provides guidance for health departments to distinguish a new case for patients who test positive for *C. auris* in either a screening swab (i.e., screening case) or in a clinical specimen (i.e., clinical case).

- For screening cases, count patient only once as a screening case; do not count if patient has been previously identified as a clinical or screening case. A person with a screening case can be later categorized as a clinical case (e.g., patient with positive screening swab who later develops bloodstream infection would be counted in both categories).
- For clinical cases, count patient only once as a clinical case, even if the patient has already been counted separately as a screening case. A person with a clinical case should not be counted as a screening case thereafter because all clinical cases are considered to also be colonized with *C. auris* (e.g., patient with clinical *C. auris* specimen who later has positive screening swab is not counted as a screening case) <https://ndc.services.cdc.gov/case-definitions/candida-auris-2023/>.

In 2024 there were 576 surveillance (screening) cases, 460 clinical cases (including 90 surveillance-to-clinical cases) (Figure 30). The average patient age was 65 (range 0 to 104 years). Most positive tests (79%) were first identified by hospitals (Table 16); patients transfer frequently between hospitals and long-term care facilities, and diagnosis location might not represent the location where an individual acquired *C. auris*.

Figure 30. *Candida auris* cases, New York State facilities 2016-2024



Year	# Clinical cases	# Surveillance to clinical	# Surveillance cases	# Total
2016	26	0	17	43
2017	93	6	122	221
2018	133	25	254	412
2019	129	49	306	484
2020	219	31	200	450
2021	252	39	348	639
2022	316	61	498	875
2023	339	73	584	996
2024	370	90	576	1036

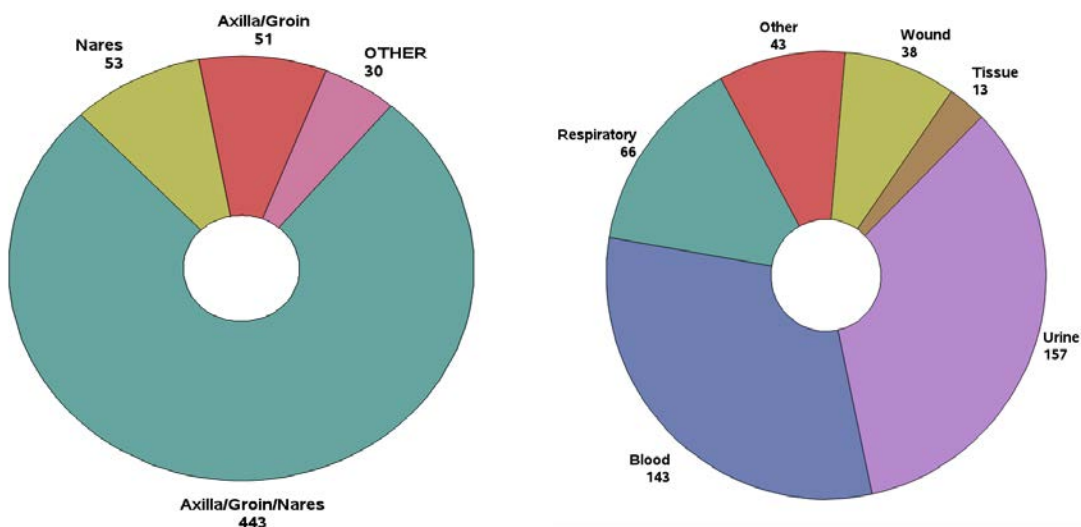
Samples reported as of July 15, 2025. First positive per person per specimen type (clinical/surveillance). Includes cases identified in hospitals, nursing homes, and other facility types.

Table 16. *Candida auris* cases (colonized or infected) by diagnosing facility type, 2016-2024

			Cases by facility type							
Year	# Facilities	# Cases	Hospitals		Ventilator capable NH		Nursing homes		Other /Unknown	
			# Facilities	# Cases	# Facilities	# Cases	# Facilities	# Cases	# Facilities	# Cases
2016	16	43	10	28	3	12	2	2	1	1
2017	47	221	30	154	11	55	4	6	2	6
2018	57	412	32	300	15	94	9	11	1	7
2019	58	484	37	360	11	81	7	40	3	3
2020	56	450	39	385	10	54	5	6	2	5
2021	75	639	47	509	15	114	12	15	1	1
2022	87	875	61	659	21	210	4	5	1	1
2023	100	996	62	759	25	222	9	10	4	5
2024	97	1036	65	817	25	201	4	12	3	6

In 2024, 65 hospitals and 29 LTCFs were known to have cared for a person infected, colonized, or possibly colonized with *C. auris* within 90 days before diagnosis (Table 16). This count is likely underestimated because of the resource-intensive nature of patient tracking. *C. auris* is not a problem particular to any one facility but rather a challenge for all facilities in the region, regardless of whether *C. auris* has thus far been identified there. When a hospital or LTCF cares for patients or residents whose positive colonization status is known, Department personnel work with the facility to institute the appropriate infection prevention and control measures and, in certain situations, to conduct point prevalence surveys to detect other patients and residents who might be colonized.

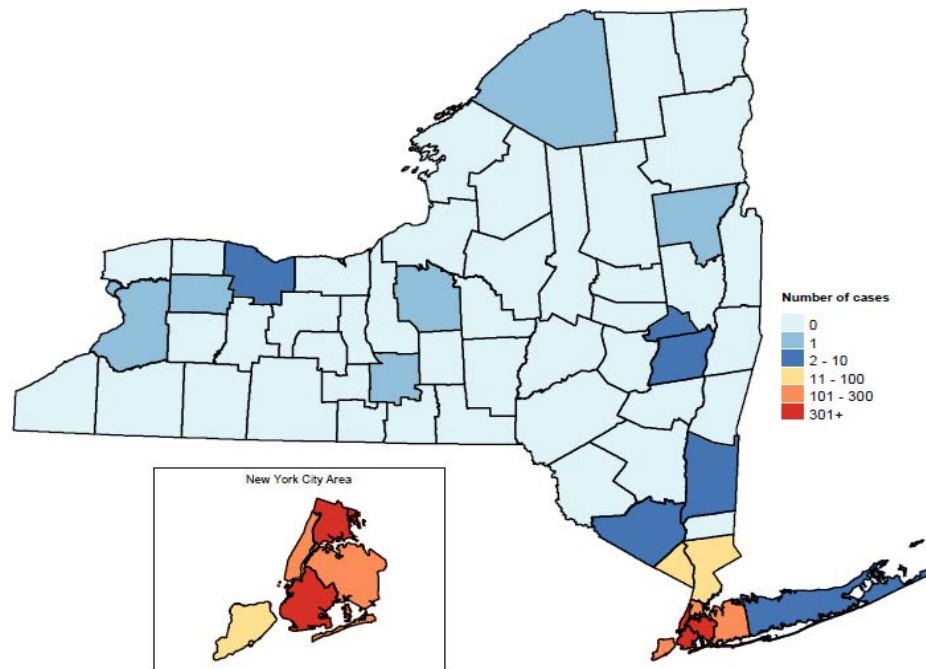
Figure 31. Surveillance site (surveillance cases) and specimen sources (clinical cases), 2024



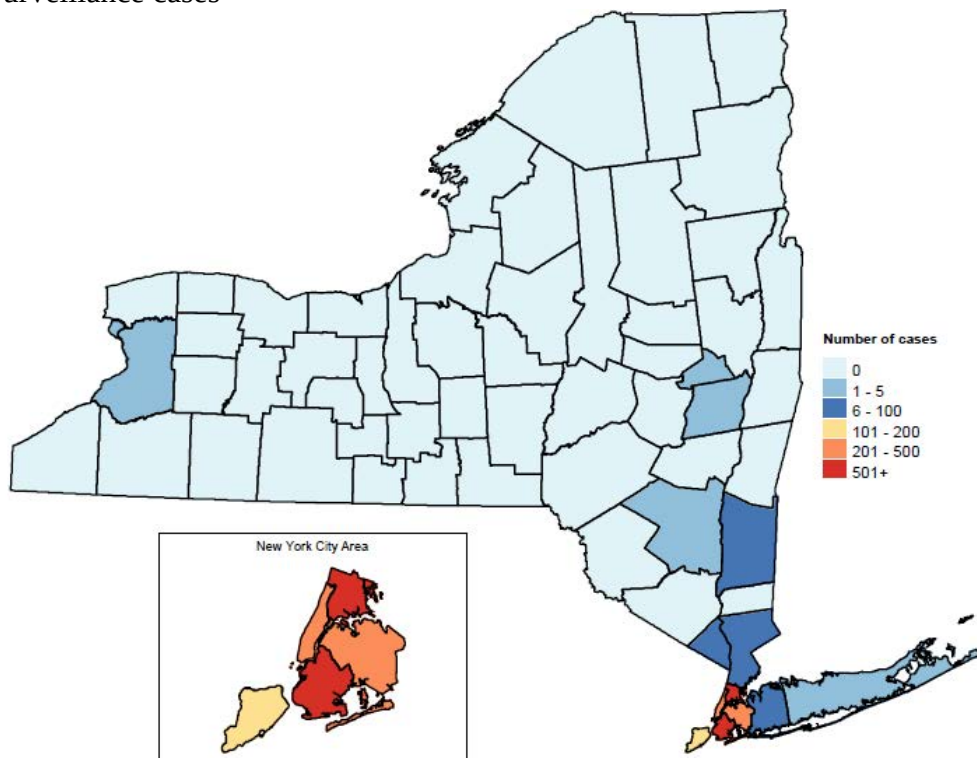
Most of the surveillance testing was performed from multiple sites (axilla/groin/nares). Among clinical cases, *C. auris* was isolated more often in urine (34%), followed by blood specimens. A total of 143 (31%) clinical cases had BSIs. (Figure 31). Clinical and surveillance cases are mapped by county of diagnosing facility in Figure 32. Cases were concentrated in New York City.

Figure 32. Cumulative number of patients colonized or infected with *Candida auris* by diagnosing facility county, New York State 2016-2024

a) Clinical cases



b) Surveillance cases



Samples reported as of July 15, 2025. First positive per person per specimen type (clinical/surveillance). Includes cases identified in healthcare facilities

Antimicrobial stewardship and use

In 2014, the CDC advised all hospitals to establish antibiotic stewardship programs and published the core elements. The CDC’s [Core Elements of Hospital Antibiotic Stewardship Programs](https://www.cdc.gov/antibiotic-use/hcp/core-elements/hospital.html) (<https://www.cdc.gov/antibiotic-use/hcp/core-elements/hospital.html>) detail the structural and procedural components that contribute to effective antibiotic stewardship programs. These components include encouraging the appropriate use of antibiotics, safeguarding patients from unintended outcomes, enhancing the treatment of infections, and aiding in the fight against antimicrobial resistance. The Core Elements were updated in 2019 to reflect new evidence and lessons learned from implementing programs. CDC released [Priorities for Hospital Core Element Implementation \(Priorities\)](https://www.cdc.gov/antibiotic-use/hcp/core-elements/hospital-implementation.html) in 2022 (updated in 2024) to help enhance the quality and impact of existing antibiotic stewardship programs (<https://www.cdc.gov/antibiotic-use/hcp/core-elements/hospital-implementation.html>).

Performance of NYS hospitals who report meeting the seven core elements and six priorities is presented in Table 17 below for 2023 and 2024 based on NHSN annual surveys. Based on the 2024 annual survey, 99% of hospitals reported meeting all seven core elements. Uptake of the six Priorities is lower, with only 21% of hospitals reporting meeting all as of 2024. In 2024, 35% of the 161 responding hospitals reported providing antibiotic use reports (core element “Reporting”) at least annually to providers, up from 29% in 2023.

Table 17. Percentage of antimicrobial stewardship core elements and priorities met in NYS hospitals, by survey years 2023-2024

Hospital Core Elements	% Met		Priorities for Core Element Implementation	% Met	
	2023	2024		2023	2024
Hospital Leadership Commitment					
Dedicate necessary human, financial, and information technology resources.	100%	100%	Antibiotic stewardship physician and/or pharmacist leader(s) have antibiotic stewardship responsibilities in their contract, job description, or performance review.	87%	84%
Accountability					
Appoint a leader or co-leaders, such as a physician and pharmacist, responsible for program management and outcomes.	99%	99%	Antibiotic stewardship program is co-led by a physician and pharmacist.	73%	74%
Pharmacy/Stewardship Expertise					
Appoint a pharmacist, ideally as the co-leader of the stewardship program to help lead implementation efforts to improve antibiotic use.	99%	99%	Antibiotic stewardship physician and/or pharmacist leader(s) have completed infectious diseases specialty training, a certificate program, or other training on antibiotic stewardship.	94%	91%
Action					
Implement interventions, such as prospective audit and feedback or preauthorization, to improve antibiotic use.	100%	100%	Antibiotic stewardship program has facility-specific treatment recommendations for common clinical condition(s) and performs prospective audit/feedback or preauthorization.	91%	92%
Tracking					
Monitor antibiotic prescribing, impact of interventions, and other important outcomes, like CDIs and resistance patterns.	100%	100%	Hospital submits antibiotic use data to the NHSN Antimicrobial Use option ¹ .	86%	89%
Reporting					
Regularly report information on antibiotic use and resistance to prescribers, pharmacists, nurses, and hospital leadership.	100%	100%	Antibiotic use reports are provided at least annually to target feedback to prescribers. In addition, the antibiotic stewardship program monitors adherence to facility-specific treatment recommendations for at least one common clinical condition.	29%	35%
Education					
Educate prescribers, pharmacists, nurses, and patients about adverse reactions from antibiotics, antibiotic resistance, and optimal prescribing.	100%	100%	No implementation priority identified.		
All 7 elements met*	99%	99%	All 6 priorities met**	16%	21%

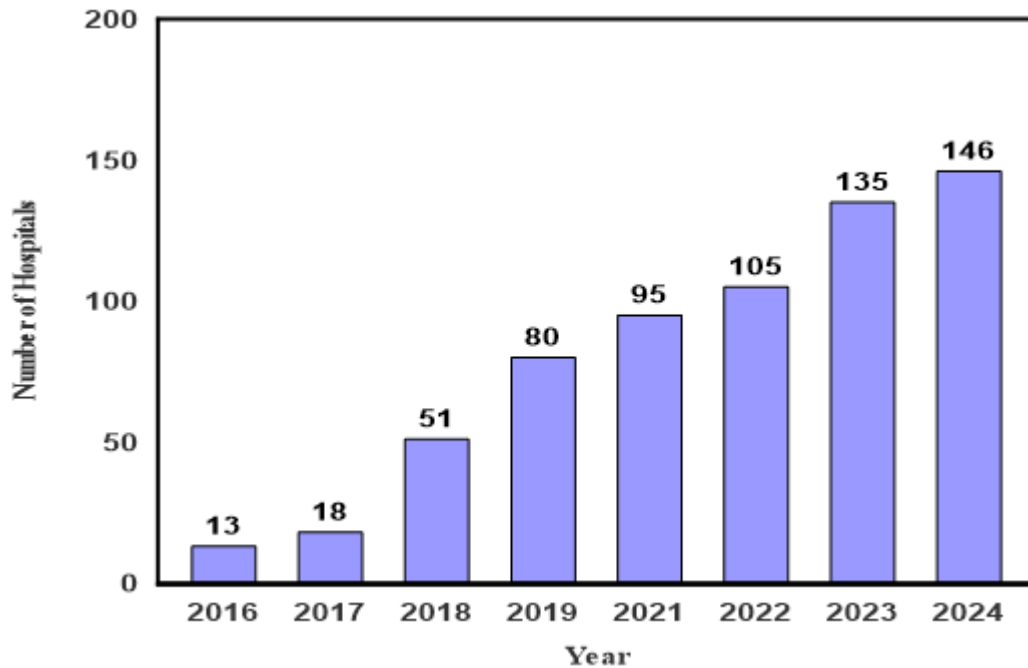
Annual survey data downloaded from National Healthcare Safety Network on July 15, 2025. All of 161 acute care hospitals responded. ¹Priority element is taken from reported DUA data in NHSN data

* All seven Core Elements are met if a facility has “Yes” for all seven Core Elements. ** All six priorities for hospital core elements are met if a facility has “Yes” for all six priorities.

Measuring antimicrobial use

Measuring the impact of antimicrobial stewardship programs (ASPs) can be accomplished in several ways, including measuring antimicrobial use, appropriate antimicrobial selection, patient outcomes, adverse events, or expenditures. The Department has access to hospitals' antimicrobial use data through the data use agreement (DUA) with NHSN. Between 2016 and 2024, the number NYS of hospitals that submitted antimicrobial use data to NHSN for at least 6 months increased from 13 to 146 (Figure 33). Beginning in 2024, acute care hospitals are now required to use the antimicrobial use and resistance (AUR) module within the NHSN to fulfill Medicare Promoting Interoperability Program requirements (https://www.cdc.gov/nhsn/pdfs/cms/AUR_PIP_Op-Guidance_08-2023.pdf).

Figure 33. Number of hospitals reporting antimicrobial use data to the NHSN, New York State 2016-2024*



*2020 was not included because of incompleteness due to the pandemic

The standardized antimicrobial administration ratio (SAAR) is a metric developed by CDC to measure, analyze and report antimicrobial use data. The SAAR is calculated as a ratio of observed antimicrobial days to predicted antimicrobial days based on a referent population (voluntary reporters in United States, 2017) after adjusting for patient care location. Hospitals report their antimicrobial days and days present by location and antimicrobial agent type. SAAR is calculated quarterly in NHSN AUR module. <https://www.cdc.gov/nhsn/pdfs/pscmanual/11pscaurcurrent.pdf>.

Table 18 presents NYS SAAR by antimicrobial agent categories. The 2024 state SAAR for all antibacterial agents used in adults was 0.93 (Table 18), indicating that the NYS SAAR was 7% lower than the national SAAR based on the 2017 baseline. The 2024 NYS SAARs ranged between 0.80 and 1.06 by antimicrobial agent categories.

Table 18. Standardized antimicrobial administration ratio (SAAR) in NYS hospitals in 2024, (all units combined)

	Antimicrobial days observed	Antimicrobial days predicted	Days present	SAAR based on national data 2017
¹ All antibacterial agents	5,186,066	5,547,723	8,932,041	0.93
² Broad spectrum antibacterial agents predominantly used for hospital-onset infections (BSHO)	1,469,381	1,389,132	8,932,041	1.06
³ Broad spectrum antibacterial agents predominantly used for community-acquired infections (BSCA)	1,100,887	1,229,252	8,932,041	0.90
⁴ Antibacterial agents predominantly used for resistant Gram-positive infections (e.g., MRSA) (GramPos)	714,021	894,640	8,932,041	0.80
⁵ Narrow spectrum beta-lactam agents (NSBL)	751,621	791,154	8,932,041	0.95
⁶ Antibacterial agents posing the highest risk for CDI (CDI)	1,373,642	1,573,776	8,932,041	0.87
⁷ Antifungal agents predominantly used for invasive candidiasis (Antifungal)	186,458	230,941	8,932,041	0.81

National Healthcare Safety Network data reported as of July 15, 2025.

¹ excluding e.g., delafloxacin, meropenem/vaborbactam, piperacillin, ticarcillin/clavulanate

² amikacin (intravenous (IV) only), aztreonam (IV only), cefepime, ceftazidime, doripenem, gentamicin (IV only), imipenem/cilastatin, meropenem, piperacillin/tazobactam, tobramycin (IV only)

³ cefaclor, cefdinir, cefixime, cefotaxime, cefpodoxime, cefprozil, ceftriaxone, ciprofloxacin, cefuroxime, ertapenem, gemifloxacin, levofloxacin, moxifloxacin

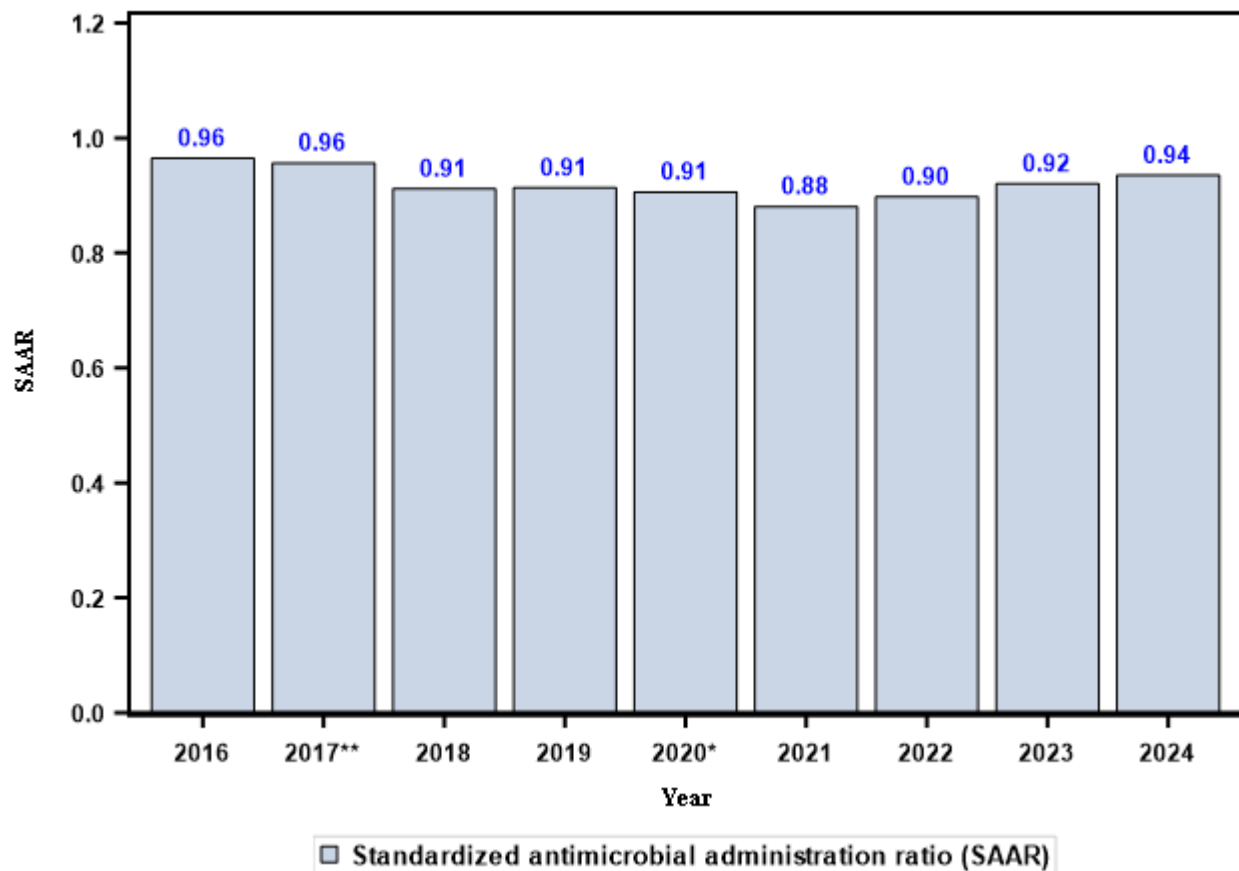
⁴ ceftaroline, dalbavancin, daptomycin, linezolid, oritavancin, quinupristin/dalfopristin, tedizolid, telavancin, vancomycin (IV only)

⁵ amoxicillin, amoxicillin/clavulanate, ampicillin, ampicillin/sulbactam, cefadroxil, cefazolin, cefotetan, cefoxitin, cephalexin, dicloxacillin, nafcillin, oxacillin, penicillin G, penicillin V

⁶ cefdinir, cefepime, cefixime, cefotaxime, cefpodoxime, ceftazidime, ceftriaxone, ciprofloxacin, clindamycin, gemifloxacin, levofloxacin, moxifloxacin

⁷ anidulafungin, caspofungin, fluconazole, micafungin

Figure 34. Standardized antimicrobial administration ratio (SAAR) in 2016-2024*



*2020 data incomplete due to pandemic, ** 2016-2017 calculation models used 2014 baseline data; in 2018, the models began using 2017 data.

Figure 34 shows SAAR for all adult antibacterial use from 2016 to 2024.

Over the years, SAAR in NYS appears relatively stable as the composition of hospitals contributing data has significantly changed. However, the data should not be used for trending over time because the 2016-2017 NHSN SAAR calculation model used 2014 national data for its baseline. In 2018, the NHSN SAAR calculation model switched to using 2017 baseline data. Additionally, the 2016 data represented a small group of facilities that voluntarily reported whereas data in 2024 represents required reporting and the composition of locations reported by individual hospitals may vary over time. Hospitals should continue to use their individual data to track and trend antimicrobial use data for quality improvement activities.

Currently, NHSN calculates and reports quarterly SAARs for reporting hospitals as a standardized metric of antimicrobial use by location (ward, ICU, step down and oncology) and antimicrobial agent categories.

- A **SAAR < 1.0** indicates antimicrobial use was less than predicted.
- A **SAAR = 1.0** indicates antimicrobial use was equivalent to predicted use.
- A **SAAR > 1.0** indicates antimicrobial use was greater than predicted.

Table 19. Mean SAAR values by adult location type and SAAR antimicrobial agent category, NYS, 2024

Inpatient adult locations:	Intensive care unit	Wards	Step down	Oncology units
Adult SAAR antimicrobial agent categories				
² Broad spectrum antibacterial agents predominantly used for hospital-onset infections (BSHO)	1.15	1.03	1.00	1.12
³ Broad spectrum antibacterial agents predominantly used for community-acquired infections (BSCA)	0.92	0.90	0.73	0.99
⁴ Antibacterial agents predominantly used for resistant Gram-positive infections (e.g., MRSA) (GramPos)	0.90	0.77	0.78	0.79
⁵ Narrow spectrum beta-lactam agents (NSBL)	0.82	0.96	0.98	1.02
⁶ Antibacterial agents posing the highest risk for CDI (CDI)	0.97	0.86	0.75	1.01
⁷ Antifungal agents predominantly used for invasive candidiasis (Antifungal)	1.01	0.74	0.79	0.84

National Healthcare Safety Network data reported as of July 15, 2025.

² amikacin (intravenous (IV) only), aztreonam (IV only), cefepime, ceftazidime, doripenem, gentamicin (IV only), imipenem/cilastatin, meropenem, piperacillin/tazobactam, tobramycin (IV only)

³ cefaclor, cefdinir, cefixime, cefotaxime, cefpodoxime, cefprozil, ceftriaxone, ciprofloxacin, cefuroxime, ertapenem, gemifloxacin, levofloxacin, moxifloxacin

⁴ ceftaroline, dalbavancin, daptomycin, linezolid, oritavancin, quinupristin/dalfopristin, tedizolid, telavancin, vancomycin (IV only)

⁵ amoxicillin, amoxicillin/clavulanate, ampicillin, ampicillin/sulbactam, cefadroxil, cefazolin, cefotetan, cefoxitin, cephalixin, dicloxacillin, nafcillin, oxacillin, penicillin G, penicillin V

⁶ cefdinir, cefepime, cefixime, cefotaxime, cefpodoxime, ceftazidime, ceftriaxone, ciprofloxacin, clindamycin, gemifloxacin, levofloxacin, moxifloxacin

⁷ anidulafungin, caspofungin, fluconazole, micafungin

Table 19 presents SAAR values by adult locations (ICU, wards, step down and oncology units) and by antimicrobial agent categories in NYS hospitals in 2024. 2024 SAARs ranged from 0.74 to 1.15, and there were some differences by location and agent categories. The SAAR category for broad spectrum antibacterial agents predominantly used for hospital-onset infections (BSHO) was the highest (SAAR>1) across all adult locations. Among the other locations, ICU and oncology units had higher SAARs compared to wards and step-down units.

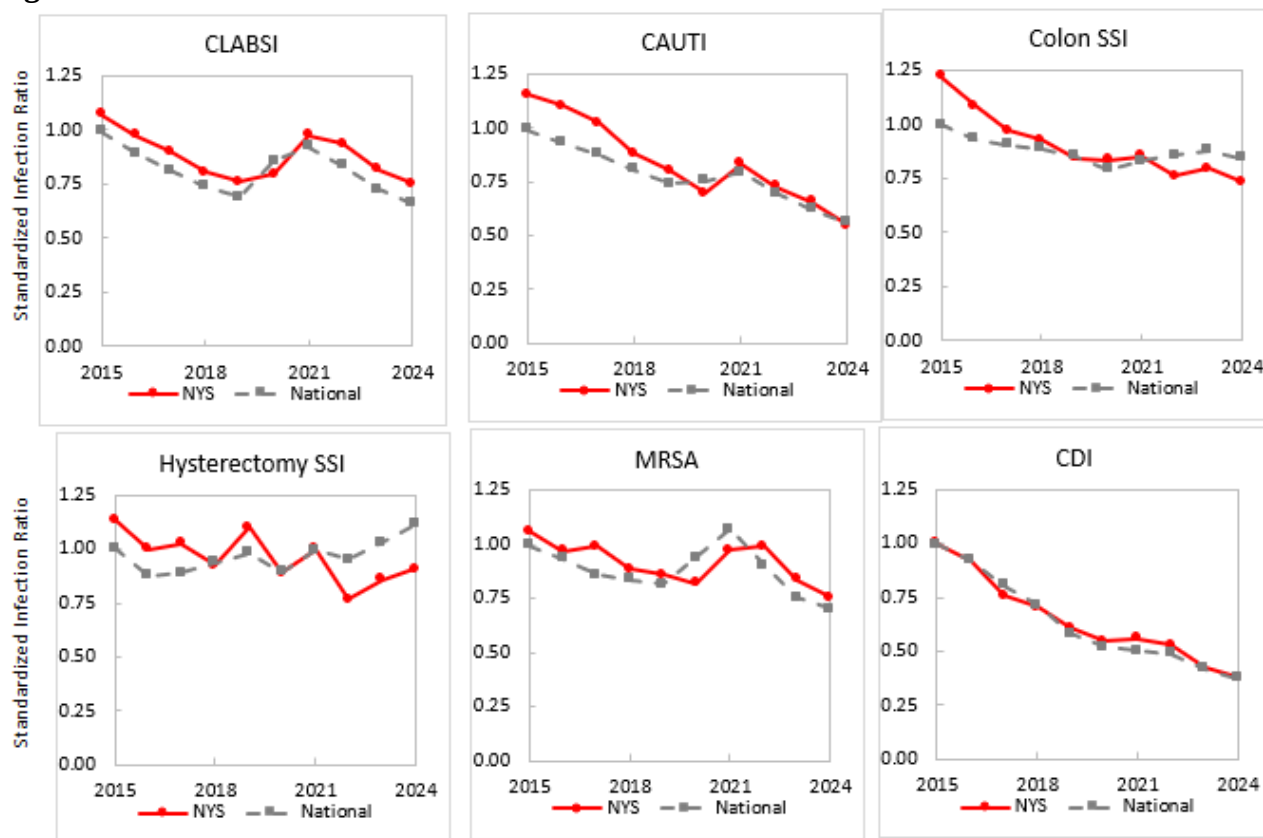
Measurement of antibiotic use and evaluation and intervention to ensure appropriate use are important in healthcare, including hospitals, long term care, and ambulatory/outpatient care settings.^{2,3,4} Guidelines and numerous training programs are available through federal and state partners, as well as professional associations. Efforts across healthcare settings to use antibiotics appropriately will contribute to public health goals to reduce antimicrobial resistance.

Patients should understand and be provided education on the consequences of inappropriate antibiotic use. Antibiotics are life-saving medications when used appropriately; misuse of antibiotics can cause harm. Consequences of using antibiotics when they are not needed can include antibiotic resistant infections that are difficult to treat, altering the bacteria in the gut thereby increasing the risk of infection with *C. difficile*, and experiencing adverse reactions to the medication (e.g., allergic reactions or diarrhea). CDC's *Be Antibiotics Aware* campaign contains patient-centered education to address patient concerns and to provide information about appropriate use of antibiotics.

Comparison of NYS HAI rates with national HAI Rates

Approximate comparisons of concurrent state and national HAI rates are available in annual progress reports published by CDC⁵. Figure 35 summarizes data from the 2015-2024 CDC reports.

Figure 35. Trends in New York State and National Standardized Infection Ratios



Type of Hospital-Acquired Infection	2024 New York SIR [^]	2024 National SIR [^]
Central-line associated bloodstream infections (CLABSIs)*	0.752	0.660
Catheter-associated urinary tract infections (CAUTI)	0.548	0.552
Colon surgical site infections (SSIs)*	0.733	0.845
Abdominal hysterectomy SSIs*	0.907	1.112
MRSA bacteremia	0.755	0.703
<i>Clostridioides difficile</i> infections (CDI)*	0.380	0.375

Source of data: CDC. 2015 - 2024 National and State Healthcare-associated Infection Data Reports.

[^] Standardized infection ratio (SIR) is compared to national 2015 baseline.

* Data audited by New York State

In 2024, both state and national HAI rates improved or remained without significant change for all indicators except hysterectomy SSIs. Figure 35 shows that most rates in NYS tend to track equal or slightly higher than national rates, except for colon and abdominal hysterectomy SSI. Multiple factors may affect this trend:

1. Many states do not audit NHSN data, thereby missing infections that could be found on audit.
2. NYSDOH audit protocols may be more rigorous than those of other states and CMS in terms of the number of hospitals audited, the number of records audited in each hospital, and the methods used to efficiently target the records most likely to have errors.

3. Data validation processes in general, including audits and other data checks, often identify additional infections that were missed by hospital IPs (see Appendix 3). These missed infections are then reported through NHSN, resulting in higher reported rates.
4. Training conducted during audits may increase the skills of the hospital IPs, leading to better identification of HAIs, and therefore higher reported case rates.
5. The presence of a robust data validation process including audits might encourage increased care and thoroughness in reporting, which could result in higher reported case rates.
6. NYS might truly have higher rates in some indicators compared to national rates.

Summary

Table 20 summarizes the total number of each type of HAI for NYS in 2024. The table is sorted from most common to least common.

Table 20. Inpatient infections reported by New York State hospitals in 2024

Type of infection	Number	Rate
Hospital onset <i>Clostridioides difficile</i> infections (CDIs)	2,256	2.13/10,000 patient days
Surgical site infections (SSIs) following:		
Colon surgery ^B	710	3.72/100 procedures
Spinal fusion surgery ^N	414	1.51/100 procedures
Coronary artery bypass graft (CABG) - chest site ^N	85	0.87/100 procedures
Abdominal hysterectomy surgery ^B	138	1.13/100 procedures
Hip replacement or revision surgery ^N	249	0.85/100 procedures
Central line-associated bloodstream infections (CLABSIs) in intensive care units and medical and surgical wards ^B and step down, oncology, and mixed acuity and telemetry units ^N	1,222	0.80/1,000 line days
Catheter-associated urinary tract infections ^C (CAUTIs) in intensive care units and medical/surgical wards	794	0.68/1,000 urinary catheter days
Hospital onset methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) bloodstream infections ^C	645	0.52/10,000 patient days
Hospital onset carbapenem-resistant Enterobacterales (CRE) bloodstream infections ^N	203	0.18/10,000 patient days

N = required by NYS, C = required by Centers for Medicare and Medicaid Services (CMS; these data are accessible through a data use agreement but cannot be used for public reporting or regulatory action), B = required by both NYS and CMS. CDI, CRE, and MRSA events are from facility-wide inpatient location only. Data reported July 15, 2025. Data from inpatient rehabilitation and psychiatric facilities were excluded. SSI data exclude infections present at time of surgery or detected in outpatient settings without readmission. CLABSI data excludes MBI, VAD, ECMO, PATINJ, MSbP (FDIA), EB, and IVPUS.

Table 21 summarizes the rates of improvement, number of prevented infections, and direct cost savings associated with the NYS indicators, sorted by cost savings. The greatest improvement is seen since 2015 in CDIs, with a 70% decreased incidence. Cost savings are estimated with a range because HAIs vary in severity and studies upon which estimates are based differ somewhat in their cost estimates. Between 2015 and 2024, 35,666 infections were prevented because of reductions in HAI rates; this represents a cost savings of \$418-768 million.

Table 21 also compares NYS progress to national and state prevention goals. NYS met the 2020 CDI, colon, and CABG SSI goals but did not meet goals for the other indicators.

Table 21. Cost savings associated with change in HAI rates between 2015 and 2024

Type of infection	National 2024-2028 prevention goal	2024 Improvement since 2015 (compared to 2020 goal)	# Prevented infections (since 2015)	Direct cost savings (in millions)	
				Min	Max
Hospital onset <i>Clostridioides difficile</i> infections (CDI)	30%	improved 70% (goal met)	29,943	\$317.0	\$452.2
Colon surgery SSIs	30%	improved 32% (goal met)	2,555	\$50.2	\$146.6
Coronary artery bypass graft chest SSIs	30%	improved 52% (goal met)	189	\$8.7	\$25.5
Central line-associated bloodstream infections (CLABSI)	50%	improved 28% (goal not met)	2,477	\$29.9	\$119.5
Hospital onset carbapenem-resistant <i>Enterobacterales</i> (CRE) bloodstream infections	25%	improved 1% (goal not met)	248	\$8.1	\$9.7
Abdominal hysterectomy surgery SSIs	30%	improved 8% (goal not met)	94	\$1.8	\$5.4
Hip replacement or revision surgery SSIs	30%	improved 12% (goal not met)	160	\$3.1	\$9.2
Total			35,666	\$418	\$768

Cost ranges for CDI, SSI, and CLABSI are from Scott RD. The direct medical costs of healthcare-associated infections in U.S. hospitals and the benefits of prevention. CDC, Division of Healthcare Quality Promotion, Atlanta GA, March 2009. Report CS200891-A.

Cost ranges for CRE are from Bartsch SM et. al. Potential economic burden of carbapenem-resistant *Enterobacterales* (CRE) in the United States. Clin Microbiol Infect. 2017; 48:e9-48.e16.

All costs converted to 2016 dollars based on the Consumer Price Index for Hospital Inpatient Services.

Compared to 2023 data, some HAI rates showed improvements in 2024. In 2024, all SSI rates except fusion SSI rate were improved compared to 2023 SSI rates. Hospital onset CDI incidence rates and overall CLABSI rates significantly improved in 2024 compared to 2023 rates but hospital onset CRE increased by 7% (Table 22).

Table 22. Summary of Hospital-Acquired Infections, New York State, 2023 and 2024.

Type of hospital-acquired infection	2023 Rate	2024 Rate	Change
Central-line associated bloodstream infections (CLABSI)*	0.88	0.80	9% improvement
Surgical site infections (SSIs)			
Colon surgery	3.81	3.72	3% improvement
Coronary artery bypass graft (chest)	1.21	0.87	28% improvement
Hip replacement/revision surgery	0.89	0.85	4% improvement
Abdominal hysterectomy	1.03	1.13	10% improvement
Spinal fusion surgery	1.44	1.51	5% worse
Hospital onset <i>Clostridioides difficile</i> infections (CDI)	2.54	2.13	16% improvement
Hospital onset carbapenem-resistant <i>Enterobacterales</i> (CRE)	0.82	0.88	7% worse

Recommendations and Next Steps

The Department continues to monitor and report HAI rates to encourage continued reduction in HAIs. Following the Department's HAI program policy on hospitals that have significantly high rates (available at http://www.health.ny.gov/statistics/facilities/hospital/hospital_acquired_infections/), the Department continues to work with hospitals that are underperforming to ensure that they implement effective improvement plans and show progress in decreasing infection rates. The Department also continues to notify hospitals of current issues in surveillance and infection prevention and control practices through email communication and webinars.

The Department continues to work with the HAI TAW to seek advice on the selection of reporting indicators, methods of risk adjustment, presentation of hospital-identified data, and overall planning for the reduction of HAIs in NYS.

The Department continues to conduct medical record audits to verify appropriate use of surveillance definitions and accurate reporting by hospitals. Valid data are important for the analysis of HAI rates within the state, as well as for the analysis of NYS rates in comparison with other states' rates.

Efforts to combat the spread of CRE and *Candida auris* (and other MDROs) in NYS healthcare facilities continue. The Department continues to conduct site visits to hospitals and LTCFs to evaluate and discuss infection surveillance and prevention and control practices, barriers to implementation, antibiotic stewardship activities, and other strategies intended to reduce facility incidence rates, and to assist as needed.

Appendix 1: List of Abbreviations

AIDS – Acquired immune deficiency syndrome
ASA – American Society of Anesthesiologists’
ASP – Antimicrobial stewardship program
BMI – Body mass index
BSI – Bloodstream infection
CABG – Coronary artery bypass graft
CAUTI – Catheter-associated urinary tract infection
CDC – Centers for Disease Control and Prevention
CDI – *Clostridioides difficile* infection
C. auris – *Candida auris*
C. difficile – *Clostridioides difficile*
CI – Confidence interval
CLABSI – Central line-associated bloodstream infection
CLSI - Clinical Laboratory Standards Institute
CMS – Centers for Medicare and Medicaid Services
CO – Community onset
CO-NMH – Community onset-not my hospital
CO-PMH – Community onset-possibly my hospital
CRE – Carbapenem-resistant Enterobacterales
DOH – Department of Health
DOT – Days of therapy
DUA – Data use agreement
EB – Epidermolysis bullosa
ECMO – Extracorporeal membrane oxygenation
ED – Emergency department
EIA – Enzyme immunoassay
FDIA - Factitious disorder imposed on another (formerly MSbP)
FWI – Facility-wide inpatient
HAI – Hospital-acquired infection
HO – Hospital-onset
ICU – Intensive care unit
IP – Infection preventionist
IPF – Inpatient psychiatric facility
IRF – Inpatient rehabilitation facility
IV – Intravenous
LabID – Laboratory identified
LTCF – Long term care facility
MBI – Mucosal barrier injury
MDR – Multidrug resistant
MDRO – Multidrug resistant organism
MRSA – Methicillin-resistant *Staphylococcus aureus*
MSbP – Munchausen syndrome by proxy (now FDIA)
NAAT – Nucleic acid amplification test
NICU – Neonatal intensive care unit
NHSN – National Healthcare Safety Network
NYC – New York City
NYS – New York State
OBS – Observation unit
OP – Outpatient

PATOS – Present at time of surgery
PDS – Post-discharge surveillance
PPE – Personal protective equipment
RPC – Regional Perinatal Center
SAAR – Standardized antimicrobial administration ratio
SIR – Standardized infection ratio
SPARCS – Statewide Planning and Research Cooperative System
Spp. – Species (plural)
SSI – Surgical site infection
TAW – Technical Advisory Workgroup
UTI – Urinary tract infection
VAD – Ventricular assist device
VRE – Vancomycin-resistant Enterococci

Appendix 2: Glossary of Terms

ASA score: This is a scale used by the anesthesiologist to classify the patient's physical condition before surgery. It uses the American Society of Anesthesiologist's (ASA) Classification of Physical Status. It is one of the factors that help determine a patient's risk of possibly developing an SSI. Here is the ASA scale:

- 1 - Normally healthy patient
- 2 - Patient with mild systemic disease
- 3 - Patient with severe systemic disease
- 4 - Patient with an incapacitating systemic disease that is a constant threat to life
- 5 - A patient who is not expected to survive with or without the operation.

Admission prevalence rate: the percent of patients that are admitted to the hospital already carrying an infection. This is calculated as the number of admission prevalent cases divided by the number of admissions.

Birth weight categories: the weight of an infant at the time of birth. Infants remain in their birth weight category even if they gain weight. Birth weight category is important because the lower the birth weight, the higher the risk of developing an infection.

Body mass index (BMI): a measure of the relationship between a person's weight and their height. The formula to calculate BMI is $\text{weight (kg)} / [\text{height (m)}]^2$.

Catheter-associated urinary tract infection (CAUTI): an infection of the bladder or kidneys associated with the use of a urinary catheter. Hospitalized patients may have a urinary catheter, a thin tube inserted into the bladder through the urethra, to drain urine when they cannot urinate.

Carbapenem: a potent antibiotic. Examples of carbapenem antibiotics include ertapenem, meropenem, doripenem, and imipenem. Carbapenems are considered antibiotics of near last resort by medical professionals.

Carbapenem-resistant Enterobacterales (CRE): bacteria in the Enterobacterales family that are resistant to carbapenems.

Central line: a long thin tube that is placed into a large vein, usually in the neck, chest, arm, groin, or umbilical cord. The tube is threaded through the vein until it reaches a large vein near the heart. A central line is used to give fluids or medication, withdraw blood, provide nutrition, and monitor the patient's condition.

Central line-associated bloodstream infection (CLABSI): a bloodstream infection that occurs when microorganisms travel around and through a central line or umbilical catheter and then enter the blood.

Central line-associated bloodstream infection (CLABSI) rate: the total number of central line-associated bloodstream infections divided by the number of central line days multiplied by 1,000. Lower rates are better.

Central line days (device days): the total number of days a central line is used. A daily count of patients with a central line in place is performed at the same time each day. Each patient with one or more central lines at the time the daily count is performed is counted as one central line day.

***Clostridioides difficile* (C. difficile):** a bacterium that naturally resides in the bowels of some people without symptoms of infection, but which can cause infections in some situations. Overgrowth of *C. difficile* in the bowel sometimes occurs after a patient takes antibiotics, which can kill beneficial bacteria in the bowel. Sometimes people become infected with *C. difficile* from touching their mouth after coming in contact with contaminated environmental surfaces or patient care items. Symptoms range from mild to severe diarrhea; in some instances, death can occur.

Colon surgery: a procedure performed on the lower part of the digestive tract also known as the large intestine or colon.

Community onset (CO): a documented infection occurring within 3 days of hospital admission.

Community onset - not my hospital (CO-NMH): a documented infection occurring within 3 days of hospital admission and more than 4 weeks after discharge from the same hospital.

Community onset – possibly my hospital (CO-PMH): a documented infection occurring within 3 days of readmission to the same hospital when a discharge from the same hospital occurred within the last 4 weeks.

Confidence interval (CI): the range around a measurement that is a measure of conciseness. A 95% CI means that one can be 95% confident that the true measurement falls within the interval. If hospital A reports 1 infection out of 20 procedures (i.e. 5%, with 95% CI: 0% to 25%), and hospital B reports 10 infections out of 200 procedures (i.e. 5% with 95% CI: 2% to 9%), one can see that both hospitals have the same rate, but one is less confident that the rate is truly 5% at hospital A because it was based on only 1 infection.

Coronary artery bypass graft (CABG) surgery: a surgical procedure for heart disease in which a vein or artery from another part of the body is used to create an alternate path for blood to flow to the heart, bypassing a blocked artery.

Deep incisional SSI: an infection that involves the deep soft tissues (e.g., fascial and muscle layers) of the incision and meets the NHSN criteria as described in the NHSN Patient Safety Manual.

Device utilization ratio: the number of device days divided by the number of patient days. It is calculated for central line utilization and urinary catheter utilization.

Diabetes: a disease in which the body does not produce or properly use insulin. Insulin is needed to control the amount of sugar normally released into the blood.

Donor incision site for coronary artery bypass graft (CABG): CABG surgery with a chest incision and donor site incisions (donor sites include the patient's leg or arm) from which a blood vessel is removed to create a new path for blood to flow to the heart. CABG surgical incision site infections involving the donor incision site are reported separately from CABG surgical chest incision site infections.

Duration: the time between skin incision and suturing or stapling the skin closed. In the NHSN protocol, if a person has another operation through the same incision within 24 hours of the end of the original procedure, only one procedure is entered into NHSN, and the total duration of the procedure is assigned as the sum of the two durations. Infection risk tends to increase with duration of surgery.

Epidermolysis bullosa (EB): a group of genetic disorders characterized by blister formation after minor trauma to the skin.

Factitious disorder imposed on another (FDIA): a condition where a patient or caregiver makes up or causes an illness, for example deliberate contamination of a sterile device such as a central line. This condition was formerly known as “Munchausen syndrome by proxy (MSbP)”.

Higher than state average: the risk adjusted rate for each hospital is compared to the state average to determine if it is significantly higher or lower than the state average. A rate is significantly higher than the state average if the confidence interval around the risk adjusted rate falls entirely above the state average.

Hip replacement surgery: removing damaged cartilage and bone from the hip joint and replacing with new, artificial parts.

Hospital-acquired infection (HAI): an infection that occurs in a patient as a result of being in a hospital setting after having medical or surgical treatments.

Hospital Onset (HO): documented infection occurring after the third day of hospital admission.

Hysterectomy: the surgical removal of a person’s uterus.

Infection control and prevention processes: routine measures to prevent infections that can be used in all healthcare settings. Some hospitals make the processes mandatory. Examples include:

- Complete and thorough hand hygiene.
- Use of personal protective equipment such as gloves, gowns, and/or masks when caring for patients in selected situations to prevent the spread of infections.
- Use of an infection prevention checklist when inserting central lines. The list reminds healthcare workers to perform meticulous hand hygiene; clean the patient’s skin before insertion with the correct type of skin cleanser; wear the recommended sterile gown, gloves and mask; and place sterile barriers around the insertion site, etc.
- Monitoring to ensure that employees and visitors follow the proper infection prevention and control procedures.

Infection preventionist (IP): health professional that has special training in infection prevention and control and monitoring.

Intensive care unit (ICU): hospital units that provide intensive observation and treatment for patients either suffering from or at risk of developing life-threatening problems. ICUs are described by the type of patient care needed. Many hospitals care for patients with both medical and surgical conditions in a combined medical/surgical ICU, while others have separate ICUs for medical, surgical, and other specialties based on the patient care services provided by the hospital.

Lower than state average: the risk adjusted rate for each hospital is compared to the state average to determine if it is significantly higher or lower than the state average. A rate is significantly lower than the state average if the confidence interval around the risk adjusted rate falls entirely below the state average.

Methicillin-resistant *Staphylococcus aureus* (MRSA): *Staphylococcus aureus* (SA) is a common bacterium normally found on the skin or in the nose of 20 to 30 percent of healthy individuals. When SA is resistant to the antibiotics oxacillin, cefoxitin, or methicillin, it is defined as MRSA for surveillance purposes.

Munchausen Syndrome by Proxy (MSbP): a condition where a patient or caregiver makes up or causes an illness, for example deliberate contamination of a sterile device such as a central line. Munchausen syndrome by proxy is now called “factitious disorder imposed on another”.

National Healthcare Safety Network (NHSN): a secure, internet-based national data reporting system that NYS hospitals must use to report HAIs. The NHSN is managed by the CDC’s Division of Healthcare Quality Promotion.

Neonatal intensive care units: hospital units that provide care to newborns.

- **Level II/III Units:** provide care to newborns at Level II (moderate risk) and Level III (requiring increasingly complex care).
- **Level III Units:** provide highly specialized care to newborns with serious illness, including premature birth and low birth weight.
- **Regional Perinatal Centers (RPC):** Level IV units, providing all the services and expertise required by the most acutely sick or at-risk pregnant women and newborns. RPCs provide or coordinate maternal-fetal and newborn transfers of high-risk patients from their affiliate hospitals to the RPC and are responsible for support, education, consultation, and improvements in the quality of care in the affiliate hospitals within their region.

Obesity: a condition in which a person has too much body fat that can lower the likelihood of good health. It is commonly defined as a body mass index (BMI) of 30 kg/m² or higher.

Organ/space SSI: a surgical site infection that involves a part of the body, excluding the skin incision, fascia, or muscle layers, that is opened or manipulated during the operative procedure.

Patient day: the number of hospitalizations multiplied by the length of stay of each hospitalization. One patient hospitalized for 6 days will contribute 6 patient days to the hospital total, as will two patients each hospitalized for 3 days.

Post discharge surveillance: the process IPs use to identify infections after patients have been discharged from the hospital. It includes screening a variety of data sources, including re-admissions, emergency department visits and/or contacting the patient’s healthcare provider.

Raw rate: rates that are not adjusted to account for differences in the patient populations.

- **Bloodstream infections:** raw rate is the number of infections (the numerator) divided by the number of line days (the denominator) then multiplied by 1,000 to give the number of infections per 1,000 line days.
- **Surgical site infections:** raw rate is the number of infections (the numerator) divided by the number of procedures (the denominator) then multiplied by 100 to give the number of infections per 100 operative procedures.
- **Admission Prevalent infection:** raw rate is the number of infections (the numerator) divided by the number of admissions (the denominator) then multiplied by 100 to give the number of infections per 100 admissions.
- **Hospital onset infection:** raw rate is the number of infections (the numerator) divided by the number of patient days (the denominator) then multiplied by 10,000 to give the number of infections per 10,000 patient days.

Risk adjustment: accounts for differences in patient populations and allows hospitals to be compared. A hospital that performs a large number of complex procedures on very sick patients would be expected to have a higher infection rate than a hospital that performs more routine procedures on healthier patients.

Risk-adjusted rate: based on a comparison of the actual (observed) rate and the rate that would be predicted if, statewide, the patients had the same distribution of risk factors as the hospital.

Statewide Planning and Research Cooperative System (SPARCS): a comprehensive data reporting system established in 1979 because of cooperation between the health care industry and NYS government. Initially created to collect information on discharges from hospitals, SPARCS currently collects patient level detail on patient characteristics, diagnoses and treatments, services, and charges for every hospital discharge, ambulatory surgery procedure and emergency department admission in NYS.

Standardized infection ratio (SIR): compares infection rates in a smaller population with infection rates in a larger standard population, after adjusting for risk factors that might affect the chance of developing an infection. In this report, the SIR is used to compare NYS to the national standard. The SIR is calculated by dividing the actual number of infections in the smaller group by the number of infections that would be statistically predicted if the standard population had the same risk distribution as the observed population.

- An SIR of 1.0 means the observed number of infections is equal to the number of predicted infections.
- An SIR above 1.0 means that the infection rate is higher than that found in the standard population. The difference above 1.0 is the percentage by which the infection rate exceeds that of the standard population. For example, a hospital SIR of 1.12 indicates that the hospital performed 12% worse than the state average.
- An SIR below 1.0 means that the infection rate is lower than that of the standard population. The difference below 1.0 is the percentage by which the infection rate is lower than that experienced by the standard population. For example, a hospital SIR of 0.85 indicates that the hospital performed 15% better than the state average.

Superficial incisional SSI: an infection that involves only skin and soft tissue layers of the incision and meets NHSN criteria as described in the NHSN Patient Safety Protocol.

Surgical site infection (SSI): an infection that occurs after the operation in the part of the body where the surgery took place (incision).

Validation: a method of making sure the HAI data reported to NYS are complete and accurate. Complete reporting of HAIs, total numbers of surgical procedures performed, central line days, and patient information to assign risk scores must all be validated. The accuracy of reporting is evaluated by reviewing patient records. The purpose of validation is to:

- Assess the accuracy and quality of the data submitted to NYS.
- Provide hospitals with information to help them use the data to improve and decrease HAIs.
- Provide education to the IPs and other hospital staff, to improve reporting accuracy and quality.
- Look for unreported HAIs.
- Make recommendations for improving data accuracy and/or patient care quality issues.

Appendix 3: Methods

For more details on the HAI surveillance protocols used to collect this data, please see the NHSN website at <http://www.cdc.gov/nhsn/>. This section of the report focuses on NYS-specific methods and provides additional information helpful for interpreting the results.

Data Validation

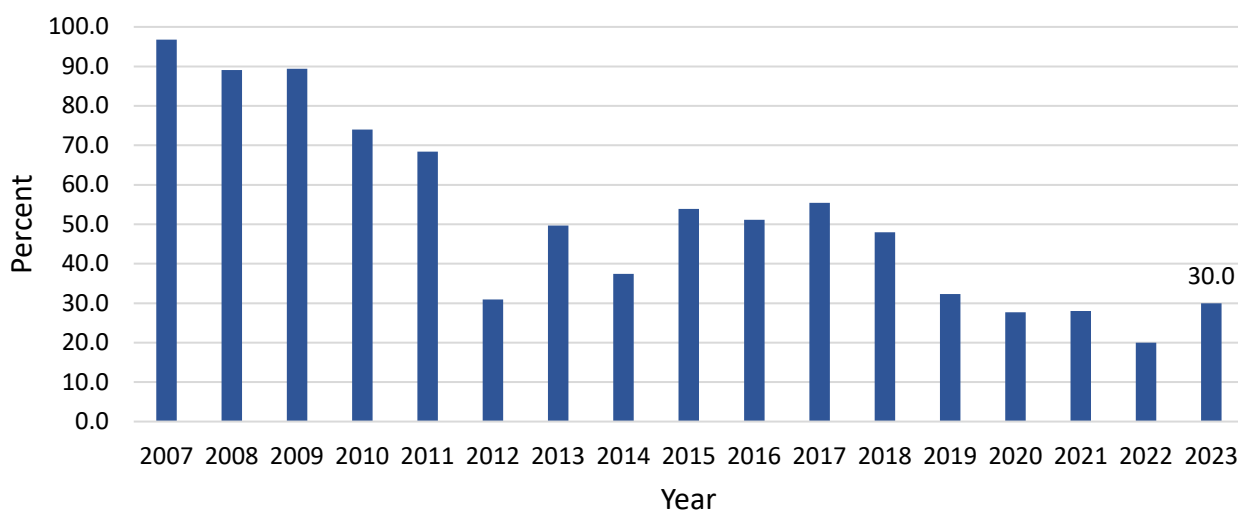
The Department validates data reported to the NHSN using several methods.

Point of entry checks - NHSN is a national, web-based data reporting and analysis program that includes validation routines for many data elements, reducing common data entry errors. Hospitals can view, edit, and analyze their data at any time.

Bi-monthly checks for internal consistency – Every other month, Department HAI staff download the data from NHSN and run it through a computerized data validation code. Data that are missing, unusual, inconsistent, or duplicate are identified and investigated through email or telephone communication with hospital staff. Hospitals are given the opportunity to verify and/or correct the data.

Audits – Audits of a sample of medical records are conducted by the Department to assess compliance with reporting requirements. The purposes of the audit are to enhance the reliability and consistency of applying the surveillance definitions; evaluate the adequacy of surveillance methods to detect infections; and evaluate intervention strategies designed to reduce or eliminate specific infections. Audits have been an important component of the Department’s program since its inception in 2007 and are conducted routinely. Figure 38 summarizes the percentage of hospitals audited by year. A hospital was more likely to be audited in a given year if it had significantly high or low rates in the previous year, was not audited the previous year, performed poorly during the previous audit, or hired new hospital IP staff. Audits for 2019 and 2020 data were disrupted by the COVID-19 pandemic, and only a small percentage of hospitals were audited. Staff attrition contributed to a further decline in the number of audits that could be performed in 2022. However, in 2023, the percent of hospitals audited rose to 30%.

Figure 38. Percent of hospitals audited each year, New York State



For CLABSI audits, Department staff review the medical records of patients identified as having a positive blood culture result during a specified time period. For CDI and CRE audits, Department staff review a laboratory list of positive laboratory reports during a specified time period. For SSI

audits, Department staff review a targeted selection of medical records to efficiently identify under reporting. Specifically, the SPARCS database is used to preferentially select patients with an infection reported to the SPARCS billing database but not NHSN.

The 2023 audit results are summarized in this annual report. In 2023, Department staff reviewed 3,700 records in 76 hospitals and agreed with the hospital-reported infection status 95.3% of the time. Table 23 summarizes the number of inconsistencies in reporting infections out of the total number of qualified records, defined as fully reviewed records which may or may not meet the NHSN surveillance definition for the relevant infection. If a record contains an event that should not have been reported because it does not meet the surveillance definition the review is stopped mid-record and that record deemed unqualified for inclusion in the summary table below. Hospitals are more likely to under report than over report infections. The overall agreement rates for this sample should not be used to infer the overall agreement for NYS data because 1) hospitals were not randomly selected for audit and 2) the sample of records within each hospital is not random.

Table 23. Brief summary of 2023 HAI audits

Type of Infection	# Qualified ¹ records reviewed	Hospital said HAI = Y; auditor agreed	Hospital said HAI = Y; auditor disagreed	Hospital said HAI = N; auditor agreed	Hospital said HAI = N; auditor disagreed	Overall % agreement
FUSN	179	27	0	142	10	94.4 %
CABG SSI	74	14	0	56	4	94.6 %
COLO SSI	253	49	1	181	22	90.9 %
HPRO SSI	254	33	0	215	6	97.6 %
HYST SSI	222	21	1	195	5	97.3 %
CLABSI	407	124	0	283	0	100.0 %
CDI	1847	1637	0	94	116	93.7 %
CRE	464	426	10	28	0	97.6 %
Total	3700	2331	12	1194	163	95.3 %

The 2023 audit was conducted between October 2023 and June 2024 and predominantly covered 2023 data.

SSI = surgical site infection; CLABSI = central line associated bloodstream infection; CDI = *Clostridioides difficile* infection; CRE = carbapenem resistant Enterobacterales.

¹ Unqualified records are not shown; these included patients with no central lines (for CLABSI auditing) and procedures that should not have been reported (for SSI auditing).

Thresholds for Reporting Hospital-Specific Infection Rates

This report contains data from 161 hospitals reporting complete data for 2023. Hospitals that perform very few procedures or have ICUs with very few patients with central lines have infection rates that fluctuate greatly over time. This is because even a few cases of infection will yield a numerically high rate in the rate calculation when the denominator is small. To assure a fair and representative set of data, the Department adopted minimum thresholds, as follows:

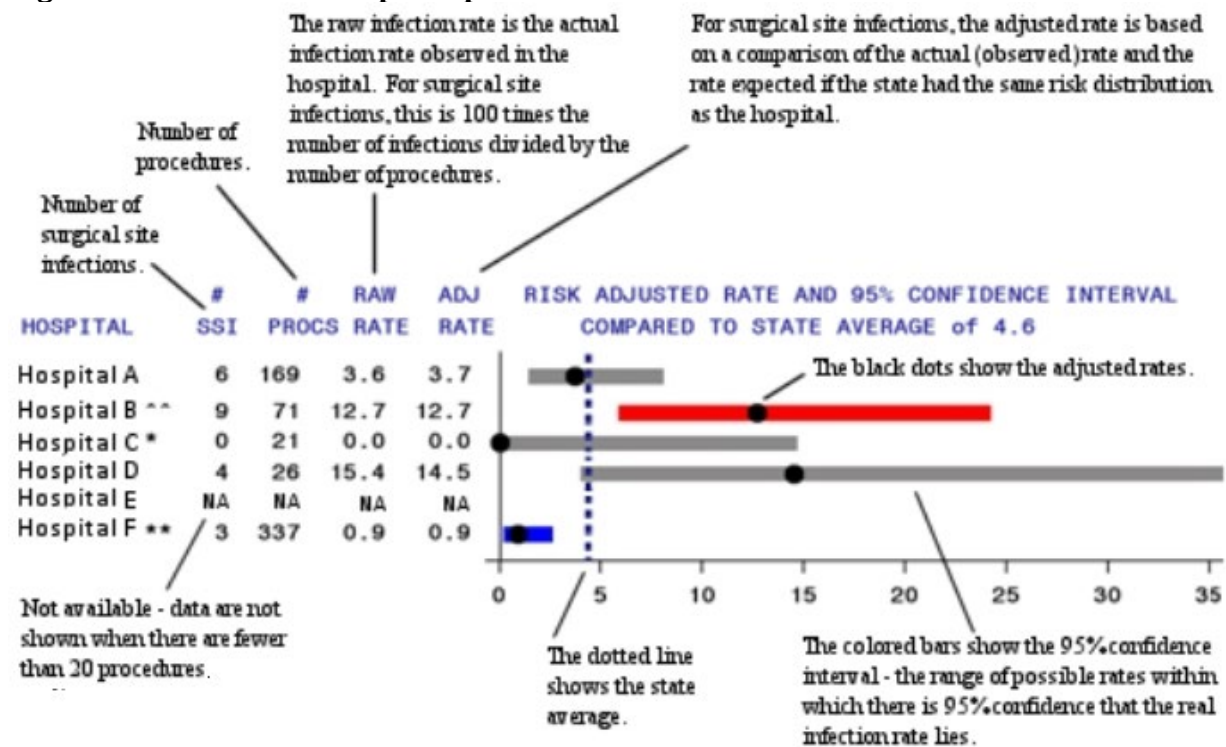
- For surgical site infections, there must be a minimum of 20 patients undergoing a surgical procedure.
- For CLABSIs, there must be a minimum of 50 central line days. Central line days are the total number of days central lines are used summed for each patient in a location over a given time.
- For CDI and CRE there must be a minimum of 50 patient days.

Risk adjustment

Risk adjustment is a statistical technique that allows hospitals to be more fairly compared. The adjustment considers the differences in patient populations related to severity of illness and other factors that may affect the risk of developing an HAI. A hospital that performs many complex procedures on very sick patients would be expected to have a higher infection rate than a hospital that performs more routine procedures on healthier patients. Therefore, before comparing the infection rates of hospitals, it is important to adjust for the proportion of high- and low-risk patients.

Risk adjusted rates for SSIs in each hospital are calculated using a two-step method. First, all the data for the state is pooled to develop a logistic regression model predicting the risk of infection based on patient-specific risk factors. Second, that model is used to calculate the predicted number of infections for each hospital. The observed infection rate is then divided by the hospital's predicted infection rate. If the resulting ratio is above 1.0, the hospital has a higher infection rate than expected based on its patient mix. If it is below 1.0, the hospital has a lower infection rate than expected based on its patient mix. For each hospital, the ratio is then multiplied by the overall statewide infection rate to obtain the hospital's risk-adjusted rate. This method of risk adjustment is called "indirect adjustment." Hospitals with risk-adjusted rates significantly higher or lower than the state average are identified using 95% (99% for *HO Clostridioides difficile*) confidence intervals for all indicators. All data analyses were performed using SAS version 9.4 (SAS Institute, Cary NC). Figure 36 provides an example of how to interpret the hospital-specific SSI infection rate tables.

Figure 36. How to read hospital-specific SSI rate



Hospital A had an adjusted infection rate very similar to the state average. The grey bar (95% confidence interval) goes over the dotted line representing the state average, indicating no statistical difference in the rates.

Hospital B has an adjusted infection rate that is significantly higher than the state average, because the red bar is entirely to the right (representing higher rates) of the dotted line.

Hospital C had zero infections, but this was not considered to be statistically lower than the state average because the grey bar goes over the dotted line. All hospitals that observed zero infections get an asterisk (*) because they deserve acknowledgement for achieving zero infections.

Hospital D had the highest infection rate, but this was not statistically higher than the state average.

Hospital E - the data are not shown because the hospital performed fewer than 20 procedures, and therefore the rates are not stable enough to be reported.

Hospital F - had an adjusted infection rate that is statistically lower than the state average, so the blue bar is entirely to the left (representing lower rates) of the dotted line.

Comparison of NYS and CMS HAI Reporting

In addition to the indicators required by NYS law, hospitals are encouraged by the Centers for Medicaid and Medicare Services (CMS) to report HAI data. The CMS Hospital Inpatient Quality Reporting Program offers financial incentives to hospitals that report HAI data and publishes the nationwide data on the Hospital Compare website ([Hospital Quality Initiative Public Reporting | CMS](#)). The CMS website compares hospital-specific CLABSI, CAUTI, colon SSI, hysterectomy SSI, MRSA bloodstream infection, and CDI infection rates to national benchmarks. The HAI rates reported by NYS and CMS may differ.

The first important difference is the peer group to which each hospital is compared.

- In the NYS 2024 report, each hospital's 2024 data is compared to 2024 data reported by other hospitals in NYS.
- In CMS Hospital Compare, each hospital's 2024 data is compared to 2015 data reported by other hospitals in the United States.

In general, NYS hospital standardized infection ratios (SIRs) tend to be higher than CMS SIRs for two reasons.

- HAI rates decrease over time as infection prevention practices improve; the NYS benchmark is expected to decrease over time (but the average SIR is always 1.0 because comparison is in the same year), while the CMS benchmark remains the same (SIRs decrease over time).
- NYS HAI data are audited more than data from many other states. Auditing is likely to increase HAI rates because missed infections are identified and entered into the National Healthcare Surveillance Network (NHSN), and training efforts lead to better identification of HAIs.

We also note that by comparing data within the same year, the Department ensures that the same protocol is followed for identification of a hospital's data and the data to which it is compared. There have been several small changes and clarifications in the protocol between 2015 and 2024.

Finally, the statistical models used to predict HAI rates in NYS and the CMS models are slightly different. These differences are described in Table 24. For HAI rates published on Hospital Compare we show the CMS model, and for HAI rates not published on Hospital Compare, we show a model available through the NHSN application that hospitals may or may not use for internal benchmarking.⁶

Each approach has advantages and disadvantages and may be implemented for different purposes. NYS assesses hospital-specific performance each year, while CMS and NHSN measure improvement over time. NYS often avoids using hospital-level risk adjustment variables (e.g., teaching hospital versus non-teaching hospital) because these are effects, we are interested in measuring, while NHSN may include these variables to increase the homogeneity of the groups under comparison. NYS includes superficial infections (except those identified from post-discharge surveillance) because they have been found to be similar to deeper infections in terms of infectious etiologies and length of stay, while CMS focuses on deeper infections because they may be reported more consistently across facilities⁷.

Table 24. Comparison of New York State and Centers for Medicare and Medicaid Services (CMS) methods for 2024 HAI reports

Indicator	Report	Exclusions	Risk adjustment
CLABSI	NYS	*MBI, ECMO, VAD, Patient Injection, EB, FDIA (formerly MSbP); Pus at the vascular site	In adult/pediatric units, CLABSI rates are compared within each CDC location independently. In NICUs, CLABSI rates are compared by level (RPC, Level 3, Level 2/3) and birthweight group. Hospital compared to NYS 2024 average.
	CMS	*MBI, ECMO, VAD, Patient Injection, EB, FDIA (formerly MSbP); Pus at the vascular site	In adult/pediatric units, negative binomial regression model with location type, facility bed size, medical school affiliation, and facility type. In NICUs, only birthweight group. Hospital compared to National 2015 average.
Colon SSI	NYS	SSIs detected by post discharge surveillance (PDS) or present at time of surgery (PATOS)	ASA, duration, BMI, laparoscope and trauma. Hospital compared to NYS 2024 average.
	CMS	Complex 30-day SSI model: age<18, superficial SSIs, PATOS, outliers	Diabetes, ASA, gender, age, BMI, closure technique, oncology hospital. Hospital compared to National 2015 average.
Hysterectomy SSI	NYS	PDS, PATOS	Diabetes, ASA, BMI, duration, laparoscope. Hospital compared to NYS 2024 average.
	CMS	Complex 30-day SSI model: age<18, superficial SSIs, PATOS, outliers	Diabetes, ASA, BMI, age, cancer hospital. Hospital compared to National 2015 average.
Hip SSI	NYS	PDS, PATOS	ASA, BMI, procedure type. Hospital compared to NYS 2024 average.
	NHSN	Complex admission/readmission model: superficial SSIs, PDS, PATOS, outliers	Adults: Diabetes, trauma, anesthesia, ASA, wound class, medical school affiliation, hospital bed size, age, duration, BMI, procedure type. Children: intercept only. Hospital compared to National 2015 average.
CABG chest SSI	NYS	PDS, PATOS	Diabetes, BMI, gender. Hospital compared to NYS 2024 average.
	NHSN	Complex admission/readmission model: superficial SSIs, PDS, PATOS, outliers, children.	Diabetes, gender, ASA, trauma, wound class, medical school affiliation, hospital bed size, age duration, BMI, age-gender interaction. Hospital compared to National 2015 average.
CABG donor SSI	NYS	No model	No model.
	NHSN	No model	No model
<i>Clostridium difficile</i>	NYS	Outlier CO prevalence rate	Hospitals: CDI test type, CO admission prevalence rate, medical school affiliation, number of ICU beds, facility type, facility bed size, reporting from ED. Long term acute care hospitals: CDI test type, CO rate, % ventilator, % single occupancy. Hospital compared to NYS 2024 SIR.
	CMS	Outlier CO prevalence rate	Hospitals: CDI test type, CO admission prevalence rate, medical school affiliation, number of ICU beds, facility type, facility bed size, reporting from ED. Long term acute care hospitals: CDI test type, CO rate, % ventilator, % single occupancy. Hospital compared to National 2015 SIR.

Appendix 4

List of hospitals by county

Table 25 lists the hospitals individually identified in this report. Additional information on the hospitals can be obtained from the Department's Hospital Profile at <https://profiles.health.ny.gov/hospital/>.

Table 25. List of hospitals included in this report, by county.

County	PFI	CMS ID	Hospital name	Hospital name in the report
Albany	0001	330013	Albany Medical Center Hospital	Albany Med Ctr
	0005	330057	St Peters Hospital	St Peters Hospital
Allegany	0039	330096	Memorial Hosp of Wm F & Gertrude F Jones A/K/A Jones Memorial Hosp	Jones Memorial
Bronx	1178	330009	BronxCare Hospital Center	Bronx-Lebanon
	1175	332006	Calvary Hospital Inc	Calvary Hospital
	1165	330127	Jacobi Medical Center	Jacobi Med Ctr
	1172	330080	Lincoln Medical & Mental Health Center	Lincoln Med Ctr
	3058	330059	Montefiore Med Center - Jack D Weiler Hosp of A Einstein College Div	Montefiore-Einstein
	1169	330059	Montefiore Medical Center - Henry & Lucy Moses Div	Montefiore-Moses
	1168	330059	Montefiore Medical Center - Wakefield Hospital	Montefiore-Wakefield
	1186	330385	North Central Bronx Hospital	North Central Bronx
	1176	330399	SBH Health System	St Barnabas
Broome	0043	330011	Our Lady of Lourdes Memorial Hospital	Our Lady of Lourdes
	0042	330394	United Health Services Hospitals Inc - Binghamton General Hospital	UHS Binghamton
	0058	330394	United Health Services Hospitals Inc. - Wilson Medical Center	UHS Wilson
Cattaraugus	0066	330103	Olean General Hospital	Olean General
Cayuga	0085	330235	Auburn Community Hospital	Auburn Memorial
Chautauqua	0098	330229	Brooks-TLC Hospital System, Inc	Brooks Memorial
	0103	330239	UPMC Chautauqua at WCA	UPMC Chautauqua WCA
Chemung	0116	330090	Arnot Ogden Medical Center	Arnot Ogden Med Ctr
Chenango	0128	330033	Chenango Memorial Hospital Inc	UHS Chenango Memor
Clinton	0135	330250	The University of Vermont Health Network-Champlain Valley Physicians Hospital	Champlain Valley
Columbia	0146	330094	Columbia Memorial Hospital	Columbia Memorial
Cortland	0158	330175	Guthrie Cortland Medical Center	Cortland Reg Med
Dutchess	0180	330067	Mid-Hudson Valley Division of Westchester Medical Center	MidHudson Reg of WMC
	0192	330049	Northern Dutchess Hospital	Northern Dutchess
	0181	330023	Vassar Brothers Medical Center	Vassar Brothers

County	PFI	CMS ID	Hospital name	Hospital name in the report
Erie	0207	330005	Buffalo General Medical Center	Buffalo General
	0210	330219	Erie County Medical Center	Erie County Med Ctr
	0267	330102	Kenmore Mercy Hospital	Kenmore Mercy
	0213	330279	Mercy Hospital of Buffalo	Mercy Hosp Buffalo
	3067	330005	Millard Fillmore Suburban Hospital	Millard Fill. Suburb
	0208	330005	John R. Oishei Children's Hospital	Oishei Childrens
	0216	330354	Roswell Park Cancer Institute	Roswell Park
	0218	330078	Sisters Of Charity Hospital	Sisters of Charity
	0292	330078	Sisters of Charity Hospital - St Joseph Campus	Sisters- St Joseph
Franklin	0324	330079	Adirondack Medical Center - Saranac Lake Site	Adirondack Medical
Fulton	0330	330276	Nathan Littauer Hospital	Nathan Littauer
Genesee	0339	330073	United Memorial Medical Center North Street Campus	United Memorial
Jefferson	0367	330157	Samaritan Medical Center	Samaritan- Watertown
Kings	1286	330233	Brookdale Hospital Medical Center	Brookdale Hospital
	1288	330056	Brooklyn Hospital Center - Downtown Campus	Brooklyn Hosp Ctr
	1309	330397	Interfaith Medical Center	Interfaith Med Ctr
	1301	330202	Kings County Hospital Center	Kings County Hosp
	1305	330194	Maimonides Medical Center	Maimonides Med Ctr
	1324	330169	Mount Sinai Brooklyn	Mt Sinai Brooklyn
	1293	330019	Maimonides Midwood Community Hospital	NY Community Hosp
	1306	330236	New York - Presbyterian Brooklyn Methodist Hospital	NYP-Brklyn Methodist
	1304	330306	NYU Langone Hospital-Brooklyn	NYU Langone Brooklyn
	1320	330350	University Hospital of Brooklyn	SUNY Downstate MedCr
	1294	330196	SOUTH BROOKLYN HEALTH	South Brooklyn Health
	1692	330396	Woodhull Medical & Mental Health Center	Woodhull Med Ctr
	1318	330221	Wyckoff Heights Medical Center	Wyckoff Heights
Livingston	0393	330238	Nicholas H Noyes Memorial Hospital	Noyes Memorial
Madison	0397	330115	Oneida Health Hospital	Oneida Healthcare
Monroe	0409	330164	Highland Hospital	Highland Hospital
	0411	330125	Rochester General Hospital	Rochester General
	0413	330285	Strong Memorial Hospital	Strong Memorial
	0471	330226	The Unity Hospital of Rochester	Unity Hosp Rochester
Montgomery	0484	330047	St Mary's Healthcare	St Marys Amsterdam
Nassau	0490	330181	Glen Cove Hospital	Glen Cove Hospital
	0518	330372	Long Island Jewish Valley Stream	LIJ at Valley Stream
	0513	330259	Mercy Hospital	Mercy Med Ctr
	0511	330167	NYU Langone Hospital-Long Island	NYU Winthrop
	0528	330027	Nassau University Medical Center	Nassau University
	0541	330106	North Shore University Hospital	North Shore
	0552	330331	Plainview Hospital	Plainview Hospital
	0527	330198	Mount Sinai South Nassau	South Nassau Comm.
	0563	330182	St. Francis Hospital & Heart Center	St Francis- Roslyn
	0551	330332	St Joseph Hospital	St Joseph- Bethpage
	0550	330106	Syosset Hospital	Syosset Hospital

County	PFI	CMS ID	Hospital name	Hospital name in the report
New York	1438	330204	Bellevue Hospital Center	Bellevue Hospital
	1445	330240	Harlem Hospital Center	Harlem Hospital
	1486	332008	Henry J. Carter Specialty Hospital	Henry J. Carter
	1447	330270	Hospital for Special Surgery	Hosp for Spec Surg
	1450	330119	Lenox Hill Hospital	Lenox Hill Hospital
	1453	330154	Memorial Hospital For Cancer And Allied Diseases	Memor SloanKettering
	1454	330199	Metropolitan Hospital Center	Metropolitan Hosp
	1456	330024	Mount Sinai Hospital	Mt Sinai
	1439	330169	Mount Sinai Beth Israel	Mt Sinai Beth Israel
	1469	330046	Mount Sinai Morningside	Mt Sinai St Lukes
	1466	330046	Mount Sinai West	Mt Sinai West
	3975	330101	New York Presbyterian Hospital - Allen Hospital	NYP-Allen
	1464	330101	New York Presbyterian Hospital Columbia Presbyterian Center	NYP-Columbia
	1437	330064	New York-Presbyterian Lower Manhattan Hospital	NYP-Lower Manhattan
	1464	330101	New York Presbyterian Hospital Columbia Presbyterian Center	NYP-Morgan Stanley
	1458	330101	New York Presbyterian Hospital New York Weill Cornell Center	NYP-Weill Cornell
	1446	330214	NYU Langone Orthopedic Hospital	NYU Orthopedic Hosp
	1463	330214	NYU Langone Hospitals	NYU Tisch
Niagara	0583	330188	Mount St. Marys Campus	Mount St. Marys
	0574	330065	Niagara Falls Memorial Medical Center	Niagara Falls
Oneida	0589	330215	Rome Memorial Hospital Inc	Rome Memorial
	059	330044	Wynn Hospital	Wynn Hospital MVHS
Onondaga	0636	330203	Crouse Hospital	Crouse Hospital
	0630	330140	St Josephs Hospital Health Center	St Josephs- Syracuse
	0635	330241	University Hospital SUNY Health Science Center	Univ Hosp SUNY Upst
	0628	330241	UPSTATE University Hospital at Community General	Upst. Community Gen
Ontario	0676	330265	Clifton Springs Hospital And Clinic	Clifton Springs
	0678	330074	F F Thompson Hospital	FF Thompson
	0671	330058	Geneva General Hospital	Geneva General
Orange	0708	330135	Bon Secours Community Hospital	Bon Secours
	0699	330126	Garnet Health Medical Center	Garnet Middletown
	0704	330205	St Anthony Community Hospital	St Anthony
	0694	330264	St Luke's Cornwall Hospital Newburgh	St Lukes Cornwall
Oswego	0727	330218	Oswego Hospital	Oswego Hospital
Otsego	0739	330085	A.O. Fox Memorial Hospital	AO Fox Memorial
	0746	330136	Mary Imogene Bassett Hospital	Mary Imogene Bassett
Putnam	0752	330273	Putnam Hospital	Putnam Hospital
Queens	3376	330195	Cohens Children Hospital at LOJ	Cohens Childrens
	1626	330128	Elmhurst Hospital Center	Elmhurst Hospital
	1628	330193	Flushing Hospital Medical Center	Flushing Hospital
	1629	330014	Jamaica Hospital Medical Center	Jamaica Hospital
	1638	330353	Long Island Jewish Forest Hills	LIJ at Forest Hills
	1630	330195	Long Island Jewish Medical Center	Long Isl Jewish(LIJ)
	1639	330024	Mount Sinai Hospital - Mount Sinai Hospital of Queens	Mt Sinai Queens
	1637	330055	NewYork-Presbyterian-Queens	NYP-Queens
	1633	330231	Queens Hospital Center	Queens Hospital
	1635	330395	St Johns Episcopal Hospital So Shore	St Johns Episcopal

County	PFI	CMS ID	Hospital name	Hospital name in the report
Rensselaer	0756	330180	Samaritan Hospital	Samaritan- Troy
Richmond	1738	330028	Richmond University Medical Center	Richmond Univ MC
	1740	330160	Staten Island University Hosp-North	Staten Island U N
	1737	330160	Staten Island University Hospital Prince's Bay	Staten Island U S
Rockland	0779	330158	Good Samaritan Hospital Of Suffern	Good Samar. Suffern
	0776	330104	Montefiore Nyack	Montefiore-Nyack
Saratoga	0818	330222	Saratoga Hospital	Saratoga Hospital
Schenectady	0848	330153	Ellis Hospital - Bellevue Woman's Care Center Division	Bellevue Ellis
	0829	330153	Ellis Hospital	Ellis Hospital
	0831	330406	Sunnyview Hospital And Rehabilitation Center	Sunnyview Rehab Hosp
St.Lawrence	0815	330197	Canton-potsdam Hospital	Canton-Potsdam
Steuben	0866	330277	Coming Hospital	Coming Hospital
Suffolk	0925	330286	Good Samaritan Hospital Medical Center	Good Samar. W Islip
	0913	330045	Huntington Hospital	Huntington Hospital
	0895	330185	John T Mather Memorial Hospital Of Port Jefferson New York Inc	JT Mather Hospital
	0885	330141	Long Island Community Hospital	Long Isl. Community
	0938	330107	Peconic Bay Medical Center	Peconic Bay Medical
	0924	330043	South Shore University Hospital	South Shore UHosp
	0943	330401	St Catherine of Siena Hospital	St Catherine Siena
	0896	330246	St Charles Hospital	St Charles Hospital
	0889	330340	Stony Brook Southampton Hospital	Stony Brk Southampton
	0891	330088	Stony Brook Eastern Long Island Hospital	Stony Brook ELIH
	0245	330393	Stony Brook University Hospital	Univ Hosp StonyBrook
Sullivan	0971	330386	Garnet Health Medical Center - Catskills	Garnet Catskills
Tompkins	0977	330307	Cayuga Medical Center at Ithaca	Cayuga Medical Ctr
Ulster	989	330004	HealthAlliance Hospital Mary's Avenue Campus	HealthAlliance-MaryC
Warren	1005	330191	Glens Falls Hospital	Glens Falls Hospital
Wayne	1028	330030	Newark-Wayne Community Hospital	Newark Wayne
Westchester	1138	333301	Blythedale Childrens Hospital	Blythedale Childrens
	1061	330086	Montefiore Mount Vernon Hospital	Montefiore-Mt Vernon
	1072	330184	Montefiore New Rochelle Hospital	Montefiore-NewRochl
	1039	330267	NewYork-Presbyterian/Hudson Valley Hospital	NYP-Hudson Valley
	1122	330061	New York-Presbyterian Westchester	NYP-Lawrence
	1117	330162	Northern Westchester Hospital	Northern Westchester
	1129	330261	Phelps Hospital	Phelps Memorial
	1124	330208	SJRH - Dobbs Ferry Pavilion	St Johns Dobbs Ferry
	1097	330208	SJRH - St Johns Division	St Johns Riverside
	1098	330006	St Josephs Medical Center	St Josephs- Yonkers
	1139	330234	Westchester Medical Center	Westchester Medical
	1045	330304	White Plains Hospital Center	White Plains Hosp
Wyoming	1153	330008	Wyoming County Community Hospital	Wyoming County Comm.

Acknowledgements

New York State Department of Health Staff

Director, Bureau of Healthcare Associated Infections (BHAI) –Ernest J Clement, MSN, RN, CIC
State HAI Coordinator – Karyn Langguth McCloskey
Director, Data Analysis Unit, BHAI – Boldtsetseg Tserenpuntsag, DrPH, MPH
Metropolitan Area- Long Island, and Queens County HAI Reporting Program Representative – Marie Tsivitis, MT(ASCP), MPH, CIC, FAPIC
Central and Western Regions HAI Reporting Program Representative – Robin Knab, CLT, M(ASCP)^{CM}, CIC
Metropolitan Area- NYC: New York, and Kings County HAI Reporting Program Representative – Anna Yeo, MBA, CIC
Capital Region and Bronx County HAI Reporting Program Representative – Kelly Sackett, MPH, CIC
Metropolitan Area-Dutchess, Ulster, Orange, Putnam, Sullivan, Westchester and Rockland County HAI Reporting Program Representative: Jillian Karr, MPH, CIC
Data Analyst – Jeffrey Wu, MS
Data Analyst – Guillermo Aedo, MPH
Data Analyst – Nikita Kute, PhD
Program Director-Antimicrobial Resistance, Surveillance, and Response Program – Sarah Kogut, MPH, CIC
Program Director-Healthcare Epidemiology and Infection Control Program – Monica Quinn, RN, MS, CIC
Research Scientist – Coralie Bucher, MPH
Health Program Administrator – Sallie Ann Avery

Technical Advisory Workgroup

Physicians

John Crane, MD, Erie County Medical Center (2012-current)
Paul Graman, MD, Strong Memorial Hospital (2006-current)
Mini Kamboj, MD, Memorial Sloan-Kettering Cancer Center (2015-current)
Gopi Patel, MD, Mount Sinai Hospital (2017-current)
Lisa Saiman, MD, MPH, Columbia University Medical Center (2008-current)
Stephen Thomas, MD, State University of New York – Upstate Medical (2019 – current)
Krystina Woods, MD, Mt. Sinai West (2018-current)

Infection Preventionists

Donna Armellino, RN, DNP, CIC, Northwell Health (2006 – 2016 and 2023 – current)
Susan Bayh-Martino, RN MBA, South Oaks Hospital and Zucker Hillside Hospital (2015-current)
Terry Hammill, RN, ICP, Oswego Health (2015-current)
Charlene Ludlow, RN, MHA, CIC, Erie County Medical Center (2008-current)
Veronica Mataprasad, MT, MPH, CIC, Northwell Health-Lenox Hill Hospital (2017-current)
Carrie Mosley, RN, BSN, Leading Age New York, (2023 – current)
Rodolfo Simons, Jr., Mt. Sinai Hospital (2017-current)
Michelle Vignari, RN, CIC Director IP, FF Thompson Health (2017-current)

Consumer

Vacant

Preparedness Representatives

Kate Butler-Azzopardi, NYSDOH Office of Health Emergency Preparedness (2023-current)

Healthcare Organization Representatives

Wing Lee, Greater New York Hospital Association (2023)
Maria Sacco, RRT, CPHQ, Healthcare Association of New York State (2023-current)

New York City Department of Health and Mental Hygiene - Healthcare Acquired Infections Program Representatives

William Greendyke, MD, New York City Department of Health and Mental Hygiene (2023 – current)
Molly Kratz, MPH, New York City Department of Health and Mental Hygiene (2023- current)

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