

1.15a Denominator Details*

Determine the total number of patient days for all inpatient locations.

Determine the total number of patient admissions for all inpatient locations.

The number of predicted infections in NHSN is calculated based on the 2022 national hospital acquired infection (HAI) aggregate data and is adjusted for each facility using variables found to be significant predictors of HAI incidence. The number of predicted CDI LabID events is calculated using a negative binomial regression model.

The general formula for the negative binomial regression model is

$\log(\lambda) = \alpha + \beta_1 X_1 + \beta_2 X_2 + \dots + \beta_i X_i$, where:

α = Intercept

β_i = Parameter estimate

X_i = Value of risk factor (categorical variables: 1 if present, 0 if not present)

i = Number of predictors

The tables below represent the variables found to be statistically significant predictors of *Clostridioides difficile* (CDI) LabID events and used in the negative binomial regression model to calculate the number of predicted healthcare facility-onset CDI LabID events in hospital inpatients under the 2022 baseline data.

Acute Care Hospitals

Parameter		Estimate	Standard Error	P-value
Intercept		-10.1452	0.1063	<.0001
Inpatient CO prevalence rate	2: (0, 0.064)	0.1118	0.0338	0.0010
	3: [0.064, 0.104)	0.2443	0.0339	<.0001
	4: [0.104, 0.152)	0.3211	0.0340	<.0001
	5: [0.152, 0.213)	0.4296	0.0341	<.0001
	6: [0.213, 0.301)	0.5137	0.0346	<.0001
	7: [0.301, 0.461)	0.6666	0.0349	<.0001
	8: >=0.461	0.7994	0.0371	<.0001
	1: 0	0.0000	0.0000	.

Parameter		Estimate	Standard Error	P-value
CDI test type	EIA or GDH+EIA or Other	0.0960	0.0260	0.0002
	NAAT	0.2868	0.0193	<.0001
	NAAT+EIA_2step	0.0000	0.0000	.
Outpatient CO prevalence rate	2: [0.012, 0.025)	0.1064	0.0221	<.0001
	3: [0.025, 0.048)	0.2240	0.0215	<.0001
	4: >=0.048	0.2914	0.0224	<.0001
	1: <0.012 or noData	0.0000	0.0000	.
Facility type	GEN-CHLD-MIL	0.6225	0.0977	<.0001
	HOSP-ONC	1.6881	0.1326	<.0001
	Specialty-other	0.0000	0.0000	.
Number of ICU beds	2: 5-45	0.3330	0.0499	<.0001
	3: 46-79	0.3876	0.0525	<.0001
	4: >=80	0.5765	0.0526	<.0001
	1: 0-4	0.0000	0.0000	.
Medical school affiliation	M/N/G	0.1677	0.0224	<.0001
	U	0.0000	0.0000	.
Average length of stay	>=5.4	0.0895	0.0173	<.0001
	<5.4	0.0000	0.0000	.

Critical Access Hospitals

Parameter		Estimate	Standard Error	P-value
Intercept		-9.4938	0.1903	<.0001
Outpatient CO prevalence rate	>0	0.4943	0.0883	<.0001
	0 or noData	0.0000	0.0000	.
Inpatient CO prevalence rate	>=0.313	0.4895	0.0909	<.0001
	<0.313	0.0000	0.0000	.
CDI test type	NAAT	0.3893	0.0955	<.0001
	EIA or Other	0.0000	0.0000	.
Average length of stay	>=2.6	0.5290	0.1794	0.0032
	<2.6	0.0000	0.0000	.
Total number of beds	<25	0.2403	0.0909	0.0082
	>=25	0.0000	0.0000	.

Inpatient Rehabilitation Facilities

Parameter		Estimate	Standard Error	PValue
Intercept		-9.4497	0.1627	<.0001
Free-standing HOSP-REHAB with inpatient CO prevalence rate	HOSP-REHAB_>0COrate	0.3824	0.1100	0.0005
	IRFunit or 0 CO	0.0000	0.0000	.
Average daily census	>=51.3	0.2127	0.0657	0.0012
	<51.3	0.0000	0.0000	.
CDI test type	NAAT or Other	0.2352	0.0578	<.0001
	EIA	0.0000	0.0000	.
Proportion of admissions with stroke	1: <0.185	0.3108	0.0973	0.0014
	2: [0.185, 0.321)	0.1862	0.0908	0.0402
	3: >=0.321	0.0000	0.0000	.

Parameter		Estimate	Standard Error	PValue
Proportion of admissions with orthopedic conditions	<0.110	0.3103	0.0691	<.0001
	>=0.110	0.0000	0.0000	.
Proportion of admissions with traumatic spinal cord dysfunction	<0.016	0.1660	0.0640	0.0095
	>=0.016	0.0000	0.0000	.
Proportion of admissions with non-traumatic spinal cord dysfunction	>=0.012	0.2822	0.1323	0.0330
	<0.012	0.0000	0.0000	.

Long-Term Acute Care Facilities

Parameter		Estimate	Standard Error	PValue
Intercept		-9.6565	0.2476	<.0001
Proportion of admissions on hemodialysis	>0	0.9840	0.2174	<.0001
	0	0.0000	0.0000	.
Inpatient CO prevalence rate	>0	0.4575	0.1121	<.0001
	0	0.0000	0.0000	.
Number of ICU beds	>0	0.1707	0.0772	0.0271
	0	0.0000	0.0000	.
Proportion of admissions on a ventilator	>=0.141	0.2363	0.0915	0.0099
	<0.141	0.0000	0.0000	.
Proportion of beds that are high observation	<0.238	0.3083	0.0979	0.0016
	>=0.238	0.0000	0.0000	.
Average length of stay	1: <25.3	0.4027	0.1157	0.0005
	3: >=29.4	0.2451	0.0982	0.0126
	2: [25.3, 29.4)	0.0000	0.0000	.

4.1b Implementation Costs and Burden*

Per the Paperwork Reduction Act (PRA) of 1995, federal agencies cannot conduct or sponsor the collection of information unless the Office of Management and Budget (OMB) has reviewed and approved the proposed data collection. Federal agencies must submit a set of documents known as an Information Collection Request (ICR) to request OMB approval of an information collection. The ICR documents describe what information is needed, why it is needed, how it will be collected, and how much time, money, and effort it will cost the respondents to collect the information.

Multiple data collection forms are used to provide surveillance data on CDI LabID events. Below are the OMB-approved estimated total annual burden hours and annual cost for all facilities that complete this data collection.

Estimated Annualized Burden Hours and Cost			
Form Number & Name	No. of Respondents	Avg. Burden per Response (Min./Hour 60)	Total Respondent Cost
57.127 MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring	5,500	15	\$879
57.128 Laboratory-identified MDRO or CDI Event	4800	23	\$1,348

5.1.3 Characteristics of Measured Entities*

Reliability Testing:

Facilities that met reporting criteria within NHSN for 2024 were included in the analysis. Analysis was limited to facilities that had data on CDI LabID outcome and relevant risk factors. The final sample included 2,875 ACHs, 224 CAHs, 345 LTACs, and 633 IRFs. Facilities varied in key characteristics relevant to the risk models, including bed size and teaching status. The diverse sample used for risk-adjusted modeling reflects variation across U.S. hospitals and supports comparisons in CDI LabID performance measure in each care setting.

	ACH			CAH			LTAC			IRF		
Medical Type	Frequency	Percent	Cumulative	Frequency	Percent	Cumulative	N/A			N/A		
Non-Major	1429	49.7	1429	172	76.79	172						
Major	1446	50.3	2875	52	23.21	224						
Bed Size:	179 (99, 311)			25 (25,25)			45 (35,67)			285 (130, 479)		
Median (IQR)												
Census Region	Frequency	Percent	Cumulative	Frequency	Percent	Cumulative	Frequency	Percent	Cumulative	Frequency	Percent	Cumulative
Midwest	615	21.3	615	94	41.96	94	76	22.03	76	125	19.75	125
Non Mainland	16	0.56	631	0	0	94	0	0	76	5	0.79	130
Northeast	486	16.9	1117	39	17.41	133	42	12.17	118	83	13.11	213
South	1159	40.3	2276	48	21.43	181	173	50.14	291	316	49.92	529
West	599	20.8	2875	43	19.2	224	54	15.65	345	104	16.43	633

Validity Testing: Any acute care hospital that reported 2024 data to NHSN for both CDI and MRSA events and had at least one predicted event for each was included in the analysis. Bed size, medical type, and census region of included facilities are broken down below. No critical access hospitals were included in the analysis because no facilities of this type had either a CDI or MRSA SIR. Inpatient rehabilitation facilities and long-term acute care facilities do not have CMS reporting requirements for MRSA events and thus do not have MRSA SIRs calculated, resulting in exclusion of these facilities from the validation analysis.

ACH			
	Frequency	Percent	Cumulative
Medical Type			
Major	1210	63.48	1210
Non-Major	696	36.52	1906
Census Region			
Midwest	380	19.94	380
Non Mainland	7	0.37	387
Northeast	353	18.52	740
South	782	41.03	1522

West	384	20.15	1906
Bed Size			
Median (IQR)	254 (172, 384)		

Validation Studies:

- I. Impact of Statewide Prevention and Reduction of *Clostridioides difficile* (SPARC), a Maryland public health-academic collaborative: an evaluation of a quality improvement intervention. Two academic institutions, the University of Maryland and the Johns Hopkins University, created a collaborative focused on statewide prevention and reduction of *C. diff*. Twelve hospitals participated in the collaborative and 36 hospitals served as controls in the analysis.
Rock C, Perlmutter R, Blythe D, et al. Impact of Statewide Prevention and Reduction of *Clostridioides difficile* (SPARC), a Maryland public health-academic collaborative: an evaluation of a quality improvement intervention. *BMJ Quality & Safety*. 2022 Feb;31(2):153-162.
- II. Implementation of the Targeted Assessment for Prevention Strategy in a healthcare system to reduce *Clostridioides difficile* infection rates. A three-hospital system in northeastern Florida was chosen to participate in a *C. diff* reduction project. Hospital A was a 528-bed hospital, hospital B was a 311-bed hospital and hospital C was a 106-bed hospital. All three hospitals were affiliated with graduate schools and had at least one infection control practitioner. All three hospitals had intensive care units (ICUs); and none had transplant services (heart, kidney, bone marrow) or burn units.
White KA, Soe MM, Osborn A, Walling C, Fike LV, Gould CV, Kuhar DT, Edwards JR, Cochran RL. Implementation of the Targeted Assessment for Prevention Strategy in a healthcare system to reduce *Clostridioides difficile* infection rates. *Infect Control Hosp Epidemiol*. 2020 Mar;41(3):295-301.
- III. Association between statewide adoption of the CDC's Core Elements of Hospital Antimicrobial Stewardship Programs and rates of methicillin-resistant *Staphylococcus aureus* bacteremia and *Clostridioides difficile* infection in the United States. The study included all Medicare-certified acute care hospitals in the United States for which MRSA and CDI SIR data were available for the period from 2014–2016. In 2014, there were 4,173 acute-care facilities; in 2016, there were 4,764 acute-care facilities.
Garcia Reeves AB, Lewis JW, Trogon JG, Stearns SC, Weber DJ, Weinberger M. Association between statewide adoption of the CDC's Core Elements of Hospital Antimicrobial Stewardship Programs and rates of methicillin-resistant *Staphylococcus aureus* bacteremia and *Clostridioides difficile* infection in the United States. *Infect Control Hosp Epidemiol*. 2020 Apr;41(4):430-437.
- IV. Closing the gap on infection prevention staffing recommendations: Results from the beta version of the APIC staffing calculator: A total of 390 acute care hospitals participated in version 1.0 of the staffing calculator.
Bartles R, Reese S, Gumbar A. Closing the gap on infection prevention staffing recommendations: Results from the beta version of the APIC staffing calculator. *Am J of Infect Control*. 2024; 52(12): 1345-1350.

Risk Adjustment: Risk adjustment models were created for acute care hospitals (ACHs), critical access hospitals (CAHs), long-term acute care hospitals (LTACs), and inpatient rehabilitation facilities (IRFs). A separate risk adjustment model was created for each facility type based on risk factors significantly associated with CDI in the respective setting. Facilities that met reporting criteria within NHSN for 2022 were included in the analysis. Analysis was limited to facilities that had data on CDI LabID outcome and relevant risk factors. The final sample included 2,933 ACHs, 228 CAHs, 356 LTACs, and 563 IRFs. Facilities varied in key characteristics relevant to the risk models, including bed size and teaching status. The diverse sample used for risk-adjusted modeling reflects variation across U.S. hospitals and supports comparisons in CDI LabID performance measure in each care setting.

	ACH			CAH			LTAC			IRF		
	Frequency	Percent	Cumulative	Frequency	Percent	Cumulative	Frequency	Percent	Cumulative	Frequency	Percent	Cumulative

Medical Type												
Major	1303	44.43	1303	41	17.98	41	N/A	N/A	N/A	N/A	N/A	N/A
Non-Major	1630	55.57	2933	187	82.02	228	N/A	N/A	N/A	N/A	N/A	N/A
Census Region												
Midwest	647	22.06	647	91	39.91	91	80	22.47	80	110	19.54	110
Non Mainland	12	0.41	659	0	0	91	0	0	80	3	0.53	113
Northeast	494	16.84	1153	37	16.23	128	41	11.52	121	87	15.45	200
South	1179	40.2	2332	52	22.81	180	186	52.25	307	276	49.02	476
West	601	20.49	2933	48	21.05	228	49	13.76	356	87	15.45	563
Bed Size												
Median (IQR)	177 (98, 303)			25 (25,25)			40(32,60)			45 (32,61)		

5.4.6. Interpretation of Risk/Case-mix Factor Findings

Below are the retained variables in each model.

Acute Care Hospitals

Parameter		Estimate	Standard Error	P-value
Intercept		-10.1452	0.1063	<.0001
Inpatient CO prevalence rate	2: (0, 0.064)	0.1118	0.0338	0.0010
	3: [0.064, 0.104)	0.2443	0.0339	<.0001
	4: [0.104, 0.152)	0.3211	0.0340	<.0001
	5: [0.152, 0.213)	0.4296	0.0341	<.0001
	6: [0.213, 0.301)	0.5137	0.0346	<.0001
	7: [0.301, 0.461)	0.6666	0.0349	<.0001
	8: >=0.461	0.7994	0.0371	<.0001
	1: 0	0.0000	0.0000	.
CDI test type	EIA or GDH+EIA or Other	0.0960	0.0260	0.0002
	NAAT	0.2868	0.0193	<.0001
	NAAT+EIA_2step	0.0000	0.0000	.
Outpatient CO prevalence rate	2: [0.012, 0.025)	0.1064	0.0221	<.0001
	3: [0.025, 0.048)	0.2240	0.0215	<.0001
	4: >=0.048	0.2914	0.0224	<.0001
	1: <0.012 or noData	0.0000	0.0000	.
Facility type	GEN-CHLD-MIL	0.6225	0.0977	<.0001
	HOSP-ONC	1.6881	0.1326	<.0001
	Specialty-other	0.0000	0.0000	.
Number of ICU beds	2: 5-45	0.3330	0.0499	<.0001

Parameter		Estimate	Standard Error	P-value
	3: 46-79	0.3876	0.0525	<.0001
	4: >=80	0.5765	0.0526	<.0001
	1: 0-4	0.0000	0.0000	.
Medical school affiliation	M/N/G	0.1677	0.0224	<.0001
	U	0.0000	0.0000	.
Average length of stay	>=5.4	0.0895	0.0173	<.0001
	<5.4	0.0000	0.0000	.

Critical Access Hospitals

Parameter		Estimate	Standard Error	PValue
Intercept		-9.4938	0.1903	<.0001
Outpatient CO prevalence rate	>0	0.4943	0.0883	<.0001
	0 or noData	0.0000	0.0000	.
Inpatient CO prevalence rate	>=0.313	0.4895	0.0909	<.0001
	<0.313	0.0000	0.0000	.
CDI test type	NAAT	0.3893	0.0955	<.0001
	EIA or Other	0.0000	0.0000	.
Average length of stay	>=2.6	0.5290	0.1794	0.0032
	<2.6	0.0000	0.0000	.
Total number of beds	<25	0.2403	0.0909	0.0082
	>=25	0.0000	0.0000	.

Inpatient Rehabilitation Facilities

Parameter		Estimate	Standard Error	PValue
Intercept		-9.4497	0.1627	<.0001
Free-standing HOSP-REHAB with inpatient CO prevalence rate	HOSP-REHAB_>0COrate	0.3824	0.1100	0.0005
	IRFunit or 0 CO	0.0000	0.0000	.
Average daily census	>=51.3	0.2127	0.0657	0.0012
	<51.3	0.0000	0.0000	.
CDI test type	NAAT or Other	0.2352	0.0578	<.0001
	EIA	0.0000	0.0000	.
Proportion of admissions with stroke	1: <0.185	0.3108	0.0973	0.0014
	2: [0.185, 0.321)	0.1862	0.0908	0.0402
	3: >=0.321	0.0000	0.0000	.
Proportion of admissions with orthopedic conditions	<0.110	0.3103	0.0691	<.0001
	>=0.110	0.0000	0.0000	.
Proportion of admissions with traumatic spinal cord dysfunction	<0.016	0.1660	0.0640	0.0095
	>=0.016	0.0000	0.0000	.
Proportion of admissions with non-traumatic spinal cord dysfunction	>=0.012	0.2822	0.1323	0.0330
	<0.012	0.0000	0.0000	.

Long-Term Acute Care Facilities

Parameter		Estimate	Standard Error	PValue
Intercept		-9.6565	0.2476	<.0001
Proportion of admissions on hemodialysis	>0	0.9840	0.2174	<.0001
	0	0.0000	0.0000	.
Inpatient CO prevalence rate	>0	0.4575	0.1121	<.0001
	0	0.0000	0.0000	.
Number of ICU beds	>0	0.1707	0.0772	0.0271
	0	0.0000	0.0000	.
Proportion of admissions on a ventilator	>=0.141	0.2363	0.0915	0.0099
	<0.141	0.0000	0.0000	.
Proportion of beds that are high observation	<0.238	0.3083	0.0979	0.0016
	>=0.238	0.0000	0.0000	.
Average length of stay	1: <25.3	0.4027	0.1157	0.0005
	3: >=29.4	0.2451	0.0982	0.0126
	2: [25.3, 29.4)	0.0000	0.0000	.

6.2.4 [If maintenance review OR 6.1.1 Current Status = In Use] Progress on Improvement

CDI LabID 2015 Baseline Data 2015-2023, by facility type

Facility Type	Year	Number of Reporting Facilities ¹	Number of Patient Days	Number of CDI LabID Events	Number of Predicted Events	SIR ²	95% CI Lower Bound	95% CI Upper Bound	Number of facilities with ≥ 1 Predicted Event	No. Facilities with SIR Significantly > National SIR n (%) ³	No. Facilities with SIR Significantly < National SIR n (%) ³	Percentile Distribution of Facility-specific SIRs ⁴				
												10%	25%	Median 50%	75%	90%
ACH	2015	3,634	NR	101,505	102,203.940	0.993	0.987	0.999	3,159	427 (14%)	468 (15%)	0.327	0.636	0.928	1.228	1.571
	2016	3,605	142,405,255	95,530	103,780.133	0.921	0.915	0.926	3,180	314 (10%)	644 (20%)	0.262	0.568	0.851	1.144	1.466
	2017	3,669	143,310,842	81,942	101,871.014	0.804	0.799	0.810	3,231	417 (13%)	481 (15%)	0.220	0.491	0.739	1.015	1.331
	2018	3,669	144,370,561	69,648	97,962.238	0.711	0.706	0.716	3,205	372 (12%)	475 (15%)	0.162	0.401	0.641	0.894	1.170
	2019	3,702	146,950,807	54,282	93,184.432	0.583	0.578	0.587	3,197	392 (12%)	476 (15%)	0.069	0.296	0.512	0.754	1.017
	2020	3,653	131,335,743	40,562	78,365.082	0.518	0.513	0.523	3,140	353 (11%)	448 (14%)	0.000	0.229	0.438	0.692	0.980
	2021	3,680	153,453,225	44,948	89,798.105	0.501	0.496	0.505	3,179	414 (13%)	544 (17%)	0.000	0.220	0.419	0.678	0.998
	2022	3,722	152,907,604	42,601	88,078.899	0.484	0.479	0.488	3,166	419 (13%)	533 (17%)	0.000	0.213	0.417	0.673	0.981
	2023	3,724	153,192,383	35,840	85,371.852	0.420	0.415	0.424	3,135	372 (12%)	473 (15%)	0.000	0.165	0.346	0.579	0.858
CAH	2015	500	NR	487	483.111	1.008	0.921	1.101	197	8 (4%)	1 (1%)	0.000	0.000	0.695	1.456	2.186
	2016	594	1,661,508	566	545.729	1.037	0.954	1.125	218	14 (6%)	4 (2%)	0.000	0.000	0.736	1.442	2.430
	2017	722	1,903,066	531	606.440	0.876	0.803	0.952	238	11 (5%)	0 (0%)	0.000	0.000	0.768	1.560	2.104
	2018	790	2,136,771	533	674.994	0.790	0.725	0.859	263	7 (3%)	1 (0%)	0.000	0.000	0.698	1.243	2.125
	2019	819	2,269,757	558	702.779	0.794	0.73	0.862	270	12 (4%)	2 (1%)	0.000	0.000	0.642	1.235	2.054
	2020	809	2,103,328	442	622.859	0.710	0.646	0.778	223	10 (4%)	2 (1%)	0.000	0.000	0.605	1.123	1.924
	2021	923	2,595,180	549	769.927	0.713	0.655	0.775	290	14 (5%)	2 (1%)	0.000	0.000	0.580	0.989	1.855
	2022	1,011	2,760,632	686	821.555	0.835	0.774	0.899	293	9 (3%)	1 (0%)	0.000	0.000	0.623	1.331	1.966
	2023	1,035	2,751,861	598	812.090	0.736	0.679	0.797	293	7 (2%)	1 (0%)	0.000	0.000	0.596	1.102	1.841
LTAC	2015	474	NR	5,770	6,114.419	0.944	0.920	0.968	466	63 (14%)	55 (12%)	0.291	0.622	0.964	1.373	1.800
	2016	485	5,920,049	5,028	5,915.851	0.850	0.827	0.874	478	71 (15%)	61 (13%)	0.200	0.492	0.858	1.281	1.645
	2017	466	5,577,059	4,233	5,503.278	0.769	0.746	0.793	458	59 (13%)	68 (15%)	0.150	0.408	0.733	1.064	1.553
	2018	446	5,305,084	3,297	5,248.734	0.628	0.607	0.650	441	63 (14%)	57 (13%)	0.078	0.294	0.601	0.958	1.222
	2019	426	4,985,710	2,544	4,824.179	0.527	0.507	0.548	421	50 (12%)	50 (12%)	0.000	0.215	0.498	0.828	1.056
	2020	397	4,854,207	1,888	4,743.475	0.398	0.380	0.416	391	37 (9%)	45 (12%)	0.000	0.125	0.341	0.608	0.854
	2021	391	4,810,872	1,683	4,718.571	0.357	0.340	0.374	388	51 (13%)	35 (9%)	0.000	0.104	0.287	0.502	0.862
	2022	393	4,748,626	1,613	4,481.593	0.360	0.343	0.378	387	49 (13%)	34 (9%)	0.000	0.107	0.304	0.567	0.843
	2023	389	4,551,700	1,331	4,254.460	0.313	0.296	0.330	387	46 (12%)	33 (9%)	0.000	0.076	0.248	0.530	0.799
IRF	2015	1,145	NR	3,868	3,752.077	1.031	0.999	1.064	933	60 (6%)	59 (6%)	0.000	0.390	0.808	1.320	1.977
	2016	1,160	8,863,198	3,731	3,902.188	0.956	0.926	0.987	948	72 (8%)	65 (7%)	0.000	0.388	0.804	1.323	1.990
	2017	1,145	8,964,292	3,184	4,021.094	0.792	0.765	0.820	956	61 (6%)	43 (4%)	0.000	0.236	0.664	1.177	1.752
	2018	1,141	9,240,459	2,623	4,131.433	0.635	0.611	0.660	963	57 (6%)	35 (4%)	0.000	0.000	0.506	0.916	1.480
	2019	1,131	6,624,367	1,641	2,806.495	0.585	0.557	0.614	529	27 (5%)	21 (4%)	0.000	0.000	0.536	0.895	1.302
	2020	1,130	6,503,960	1,433	2,733.960	0.524	0.498	0.552	502	35 (7%)	21 (4%)	0.000	0.000	0.375	0.789	1.206

	2021	1,149	7,045,843	1,503	2,959.041	0.508	0.483	0.534	561	37 (7%)	20 (4%)	0.000	0.000	0.315	0.706	1.085
	2022	1,182	9,955,524	1,918	4,162.646	0.461	0.440	0.482	988	46 (5%)	16 (2%)	0.000	0.000	0.337	0.688	1.076
	2023	1,232	10,471,478	1,702	4,311.112	0.395	0.376	0.414	1,029	43 (4%)	6 (1%)	0.000	0.000	0.286	0.606	0.947

1. Number of facilities included in SIR calculation.

2. Bolded SIR value indicates statistical significance at the alpha = 0.05 level (e.g., the SIR is statistically significantly different than 1.0)

3. Percent of facilities with at least one predicted infection that had an SIR significantly greater than or less than the nominal value of the national SIR for CDI by facility type and year.

4. If a facility's predicted number of CDI events was < 1.0, a facility-specific SIR was neither calculated nor included in the distribution of facility-specific SIRs.

ACH: Acute Care Hospital; CAH: Critical Access Hospital; LTAC: Long-term Acute Care Hospital; IRF: Inpatient Rehabilitation Facility

NR: Data for this table was taken from the HAI Progress Report for that year's data. In the 2015 HAI Progress Report, NHSN did not publish number of patient days.

Acute Care Hospitals (ACH):

Between 2015 and 2023, using the 2015 baseline model, the CDI Standardized Infection Ratio (SIR) for Acute Care Hospitals (ACH) showed a significant decrease. There was a statistically significant 57.7% ($p < 0.0001$) decrease in the 2023 SIR (0.420) as compared to the 2015 SIR (0.993), suggesting improvements in infection prevention and control across facilities. There has been a consistent downward trend in the SIR year after year. The largest improvement in the SIR occurred between 2018 (0.711) and 2019 (0.583) with an 18.0% ($p < 0.0001$) decrease in the SIR.

Critical Access Hospitals (CAH):

Between 2015 and 2023, using the 2015 baseline model, the CDI Standardized Infection Ratio (SIR) for Critical Access Hospitals (CAH) showed a significant decrease overall. The SIR decreased significantly from 1.008 in 2015 to 0.736 in 2023, reflecting a 27.0% reduction ($p < 0.0001$). This trend suggests improvements in infection prevention and control measures within these facilities. The most substantial improvement in the SIR occurred between 2016 (1.037) and 2017 (0.876), with a significant decrease of 15.5% ($p = 0.0051$). The decreases in the SIR were not consistent throughout 2015 to 2023. There was a significant increase observed in the SIR from 2021 (0.713) to 2022 (0.835), resulting in a 17.1% ($p = 0.0057$) increase in the SIR. Overall, while there is clear evidence of improvement in the SIR for CAH facilities from 2015 to 2023, the data suggests that ongoing efforts are crucial to maintain and further enhance infection control practices.

Long-term Acute Care (LTAC) Hospitals:

Between 2015 and 2023, using the 2015 baseline model, the CDI Standardized Infection Ratio (SIR) for Long-Term Acute Care Hospitals (LTAC) exhibited a consistent downward trend from the initial baseline. The SIR decreased from 0.944 in 2015 to 0.313 in 2023, reflecting a reduction of 66.8% ($p < 0.0001$). This trend indicates improvements in infection prevention and control measures within these facilities. The most notable improvement in the SIR occurred between 2019 (0.527) and 2020 (0.398), with a significant decrease of 24.5% ($p < 0.0001$).

Inpatient Rehabilitation Facilities (IRF):

Between 2015 and 2023, using the 2015 baseline model, the CDI Standardized Infection Ratio (SIR) for Inpatient Rehabilitation Facilities (IRF) exhibited a consistent downward trend from the initial baseline. The SIR decreased from 1.031 in 2015 to 0.395 in 2023, reflecting a reduction of 61.7% ($p < 0.0001$). This trend indicates improvements in infection prevention and control measures within these facilities. The most notable improvement in the SIR occurred between 2017 (0.792) and 2018 (0.635), with a significant decrease of 19.8% ($p < 0.0001$).