

KEY FINDINGS AND PUBLIC HEALTH ACTIONS

Clostridium difficile Infections in California Hospitals, 2012

Introduction

Clostridium difficile (*C. difficile*) is a common cause of diarrhea in health care settings. Infection with *C. difficile* results in longer hospital stays and higher hospital costs [1-4]. The *C. difficile* bacteria are usually acquired in a healthcare setting and infection most often occurs following the administration of antimicrobial agents. Virtually all patients with *C. difficile* infection received antimicrobial agents between two weeks and three months prior to onset of their infection [5]. Rates of *C. difficile* infection (CDI) have increased over the past several years, along with increased severity of illness and an increase in mortality. These changes may be due to the emergence of a new *C. difficile* strain that produces more toxin and is resistant to more antimicrobial agents. This report, covering the period January through December 2012, is the fourth by the California Department of Public Health (CDPH) and the third using data submitted by hospitals to the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) [6]. Hospital reporting of laboratory-based CDI data to NHSN ensures accurate classification of CDI cases as either hospital-onset or community-related.

New in this report, for general acute care hospitals (other than long-term and rehabilitation acute care hospitals), we provide the NHSN hospital-onset (HO) CDI standardized infection ratio (SIR), which adjusts for significant risk factors. The SIR is calculated by comparing the number of CDI that occurred (or were observed) in the hospital in 2012 to the number that would be predicted based on the national referent CDI rate data. CDI cases are classified as HO when the positive stool sample is obtained on day four or later during the hospital stay. Risk factors found to be significant in predicting HO CDI incidence include the type of CDI test used by the hospital, if the hospital is affiliated with a medical school, hospital bed size, and the burden of community-onset CDI in patients admitted to the hospital. Adjusting for these factors provides for a more accurate comparison of hospitals' infections. For more precise comparisons, NHSN only calculates a SIR when at least one HO CDI is predicted, which is determined by patient volume and other factors predictive of acquiring CDI.

For each hospital with a CDI SIR, we performed a statistical analysis to determine if the observed number of infections was significantly different than the predicted number (Table 1). Based on our statistical analysis we labeled each hospital's CDI SIR as indicating:

- N - no difference in number of observed and predicted infections,
- H - high or more infections than predicted, or
- L - low or fewer infections than predicted.

For long-term acute care (LTAC) and rehabilitation acute care hospitals, NHSN does not have a risk adjustment methods for these hospital types and an SIR therefore can't be calculated. We provide both a HO CDI rate and a hospital-associated (HA) CDI rate. Both HO and HA rates may reflect factors in the hospital that can affect the occurrence of CDI, such as transmission of the *C. difficile* bacteria and use of antimicrobials. The HA CDI case counts include the HO cases plus cases in which a patient who was discharged from a hospital within the previous four weeks was readmitted to the same hospital with a new positive stool test for CDI. For HA cases, the CDI could have occurred as a result of the recent hospitalization or could be related to other healthcare exposures after leaving the hospital, including exposure to antibiotics. HO and HA CDI rates in long-term acute care (LTAC) hospitals are provided separately from the rates in rehabilitation acute care hospitals. Patients in LTAC hospitals have longer lengths of stay, an established risk factor for CDI [7]. In 2012, the average length of stay for a patient in

California long-term acute care hospitals was 28.5 days, compared with 13.3 days in rehabilitation acute care hospitals.

Also, specifically for LTAC and rehabilitation acute care hospitals, we include whether a hospital uses the polymerase chain reaction test (PCR) to detect CDI as in previous reports. Several laboratory testing methods exist for detecting CDI infection in hospitalized patients, including PCR, enzyme immunoassay (EIA), glutamate dehydrogenase (GDH) antigen, and several others. The sensitivity of PCR, i.e. the ability of the test to detect CDI when present, can be as much as two times greater than other laboratory testing methods. In this report, hospital rates of CDI infections for LTAC and rehabilitation acute care hospitals have not been adjusted to account for the differences in sensitivity between PCR and other laboratory testing methods; therefore, rates from hospitals using different types of laboratory tests are not comparable.

Given that antimicrobial use is associated with many CDI cases, judicious use of antimicrobial agents is also important in preventing infections. Antimicrobial stewardship programs promote the appropriate use of antimicrobial agents by optimizing the appropriate agent, dose, duration, and route of administration. These strategies strive to improve antimicrobial use in order to decrease secondary pathogenic infections such as CDI. CDPH has an Antimicrobial Stewardship Initiative that is developing a process to evaluate hospital adoption of stewardship practices and will provide targeted assistance to hospitals for developing and enhancing their antimicrobial stewardship programs [8].

Key Findings

- 388 hospitals operated continuously for the reporting period January 1, 2012 through December 31, 2012. Of these, 23 were defined as LTAC and 7 as rehabilitation acute care hospitals.
- 386 (99.5%) general acute care hospitals reported CDI data for all 12 months of 2012, compared to 93.8% of hospitals in 2011. Two hospitals, including one LTAC, reported fewer than 12 months of data.
- 100% of hospitals reporting the type of laboratory testing method used via the NHSN Annual Hospital Survey in 2012, compared to 93.5% in 2011.
- 12 (12/358, 3.3%) hospitals reported extreme outlier community-onset CDI prevalence rates for one or two quarters of the year. NHSN excluded data in those time periods from further analyses. The CDI SIR for these hospitals is presented for 2012 but includes only 6 or 9 months of data (Table 1).
- 324 of 358 hospitals (90.5%) hospitals had a risk-adjusted CDI SIR calculated. Of these, 46 hospitals had fewer CDIs than predicted (lower SIRs), and 54 hospitals had more CDIs than predicted (higher SIRs).
- 34 of 358 hospitals (9.5%) hospitals had no SIRs calculated due to having an NHSN-predicted number of HO CDI cases less than one. Three of these hospitals reported extreme outlier community-onset CDI prevalence rate for certain quarters of the year and one hospital reported less than 12 months of data.
- 54 of 374 hospitals with 12 months of data (14.4%) reported zero CDI.

LTAC and rehabilitation acute care hospitals

- In LTAC hospitals, the pooled mean HO CDI incidence rate was 17.6 per 10,000 inpatient days (range of 9.0 to 31.7), and the pooled mean HA (HO + HA) incidence rate was 17.7 per 10,000 inpatient days (range 9.0 to 31.7).
- In rehabilitation acute care hospitals, the pooled mean HO CDI incidence rate was 4.6 per 10,000 inpatient days (range of 2.0 to 7.8), and the pooled mean HA CDI incidence rate was 4.8 per 10,000 inpatient days (range 2.0 to 8.3).
- For LTAC and rehabilitation acute care hospitals, the CDI rates are not adjusted for significant risk factors. Differences in rates can result from differences in laboratory testing methods, patient populations, infection and transmission prevention practices, antibiotic utilization, and/or community onset rates of CDI.
- LTAC and rehabilitation acute care hospitals using different types of laboratory tests are not comparable because there can be as much as a two-fold difference in test sensitivity. Some hospitals may also have changed laboratory testing methods from one reporting period to the next. Therefore, hospital-specific rates from different reporting periods may also not be comparable.

Public Health Actions

In follow up to this report, CDPH will:

- Continue to work with hospitals to implement strategies to prevent transmission of *C. difficile*, and reduce inappropriate use of antimicrobials through enhanced antimicrobial stewardship efforts.
- Continue to monitor accuracy and completeness of reported data, including laboratory testing methods reported to NHSN.
- Continue our prevention collaborative efforts with LTAC hospital personnel to explore opportunities for preventing CDI.

All hospitals should review these data and consider:

- Reviewing hospital CDI prevention activities and ensuring consistency with recommendations from the CDC [4, 9], Society for Healthcare Epidemiology of America /Infectious Diseases Society of America [10], and/or Association for Professionals in Infection Control and Epidemiology [11].
- Identifying antimicrobials and prescribing practices most strongly associated with CDI at their facilities and targeting antimicrobial stewardship strategies.
- Performing active monitoring of adherence to infection control practices known to decrease risk of transmitting *C. difficile* among patients, including contact precautions, hand hygiene, and environmental cleaning.
- Ensuring accuracy and completeness of reported data by strictly following NHSN protocols and definitions for all CDI positive specimens.
- Reporting accurate laboratory testing methods in the annual hospital survey for appropriate adjustment of CDI data.
- Reviewing CDPH's quarterly quality control reports to confirm that CDPH has correct and complete data and to identify additional data errors.

The public should consider:

- Reviewing the CDI information presented for your hospital, including the context and limitations of the data.

- Asking your health care provider about the actions your hospital is taking to ensure patient safety and CDI prevention, including an antimicrobial stewardship program to ensure appropriate use of antibiotics.
- Asking your health care provider about the actions you can take to ensure your safety in the hospital and protect yourself against CDI.

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TECHNICAL NOTES *Clostridium difficile* Infections in California Hospitals, 2012

Introduction

Clostridium difficile (*C. difficile*) is a common cause of diarrhea in health care settings, resulting in longer hospital stays and higher hospital costs [1]. Morbidity and mortality rates due to *Clostridium difficile* infection (CDI) have increased over the past several years as a result of the emergence of *C. difficile* strains that are more infectious and more virulent [2-4]. Infection control precautions including hand hygiene and environmental cleaning are essential in prevention transmission. Virtually all patients with CDI received antibiotics between two weeks and three months prior to the infection; therefore, judicious use of antibiotics is also important in decreasing and preventing CDI [2-5].

Health and Safety Code section 1288.55(a)(1) requires general acute care hospitals to report to the California Department of Public Health (CDPH) all cases of CDI identified in their facilities. These *Technical Notes* describe the definitions, methods, and limitations associated with the CDPH data release on CDI. The reporting period for this release is January through December 2012 and the data were submitted by California hospitals to the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN).

The distribution of information on the health of the community is a core function and essential service of public health. CDPH strongly supports the goals of public reporting on HAIs including the production and distribution of quality data that are valid, fair to hospitals, and useful to the public. Bearing in mind important limitations, the public can use these data as a starting point to discuss patient safety and quality of care with their healthcare providers and to make more informed healthcare decisions. Hospitals and health care providers can also use these data to examine their patient safety practices and improve quality of care, as appropriate.

Materials and Methods

Reporting hospitals

As indicated in the table below, we identified 388 licensed general acute care hospitals representing 429 physical campuses with active acute care beds that operated continuously (for the full 12 months) during the reporting period. Of these, 46 licensed hospitals had more than one campus associated with its license. We defined a multi-campus reporting facility as a licensee that reported HAI data combined for two or more jointly operated general acute care campuses (38 licenses comprising 79 campuses). We defined a single-campus reporting facility as an individual general acute care campus whose license included: (a) only one general acute care campus (331 licenses comprising 331 acute care campuses) or (b) more than one jointly-operated general acute care campus, at least one of which reported infection information separately (8 licenses representing 19 campuses). In total, there were 388 reporting entities,

hereafter referred to as hospitals. We referred to multi-campus hospitals by the business name of the licensee in CDPH Licensing and Certification (L&C) records except for the licenses involving University of California hospitals, which are described as such.

| General Acute Care Hospitals (GACHs) | Number of Licenses | Number of Campuses |
|--|----------------------------|---------------------------|
| With active beds (total) | 377 | 429 |
| Consolidated license, <i>reported together</i> | 38 | 79 |
| Consolidated license, <i>reported separately</i> | 8 | 19 |
| Single license, reporting separately | 331 | 331 |
| Reporting entities | 38 + 19 + 331 = 388 | |

Data sources

California hospitals submitted CDI data into NHSN using the surveillance and reporting protocols described in the Multidrug Resistant Organism (MDRO) Laboratory-Identified (LabID) Event Module [6]. Hospitals provided CDPH with electronic permission to access these data. On May 16, 2012, we accessed the NHSN CDI data for the reporting period January 1, 2012 through December 31, 2012. The data included NHSN-produced files listing all CDI LabID events (event file) and number of inpatient days and CDI predicted and standardized infection ratio and rate (SIR and rate files).

Missing data

In some cases, hospitals did not report CDI LabID events and the corresponding monthly counts for inpatient days for 12 months. We excluded from this analysis hospitals that reported CDI LabID events and inpatient days for less than 12 months.

Definitions

CDPH required hospitals to comply with NHSN surveillance and reporting protocols, including NHSN standardized definitions. Key definitions are defined here.

- A **C. difficile LabID Event** is a positive result for a laboratory assay for *C. difficile* toxin A and/or B or a toxin-producing *C. difficile* organism detected in stool sample. This included laboratory tests positive for *C. difficile* from all available inpatient locations, excluding neonatal intensive care units (NICUs) and well-baby nurseries.
- **Community-Onset (CO)** is a LabID Event specimen collected as an outpatient or an inpatient less than or equal to 3 days after admission to the facility (i.e., days 1, 2, or 3 of admission).

- **Hospital Onset (HO)** is a LabID Event that occurs more than three days after admission to the facility (i.e., on or after day four), excluding NICUs and well-baby nurseries.
- **Community Onset Hospital Associated (CO-HA)** is a LabID Event from a patient within the first three days of admission who was discharged from the same facility within four weeks prior to the current date of stool specimen collection, excluding NICUs and well-baby nurseries.
- **Hospital Associated (HA)** is the sum of HO LabID Events and CO-HA LabID Events, excluding NICUs and well-baby nurseries.
- **Inpatient Days** are the cumulative numbers of patients hospitalized each day during the reporting period, excluding NICUs and well-baby nurseries.
- **Polymerase Chain Reaction (PCR)** is a type of nucleic acid amplification test that detects *C. difficile* toxin gene(s); it is commonly referred to as a molecular test method. Advantages for this laboratory test method are the high sensitivity (the ability of the test to detect *C. difficile* when present) and short turn-around time compared to other methods [4].
- **Long-Term Acute Care** is a hospital defined by the Centers for Medicare & Medicaid Services (CMS) as a licensed general acute care hospital providing care for patients with medically complex conditions requiring an average length of stay for all patients of greater than 25 days [7].
- **Rehabilitation Hospitals** are with inpatient wards for evaluation and restoration of function to patients who have lost function due to acute or chronic pain, musculoskeletal problems, stroke, or catastrophic events resulting in complete or partial paralysis. These hospitals were self-identified through NHSN.
- **Reporting Period** was January 1, 2012 through December 31, 2012.

Quality assurance and control

Hospital personnel were solely responsible for the quality and completeness of their CDI data. In July and November 2012 and April 2013, CDPH distributed quality assurance and control reports that identified missing, incomplete, or potentially aberrant data for the reporting period. CDPH made available to hospitals the assistance of data managers, epidemiologists, and regional infection prevention staff to help resolve NHSN enrollment or reporting issues. Additionally, in March and/or April 2013 we emailed hospitals with fewer than 12 months of data or with missing or incomplete Annual Hospital Survey to notify them of missing or incomplete data in NHSN. We encouraged hospitals to conduct a final review of their data and complete all corrections and changes before the final data download on May 16, 2013.

Data presentation, organization, and statistical analyses

New in this report, we present hospital specific CDI SIRs and 95% confidence interval (CI) for general acute care hospitals other than long-term and rehabilitation acute care hospitals. The NHSN SIR compares the reported number of HO incident cases with the predicted (expected) number based on the national baseline data, adjusting for the significant risk factors such as CDI test type, CO admission prevalence rate, facility bed size, and medical school affiliation [8]. Adjusting for these factors provides for a more fair comparison of hospitals' infections to the predicted. For more precise comparisons, NHSN provides an SIR only when at least one infection is predicted. Baseline data and the time period are defined as the CDI data reported from facilities as in-plan data in each month's Patient Safety Monthly Reporting Plan during 2010-2011. If an SIR was generated for a hospital, the calculated 95% CI determines if the observed number of infections was significantly different from predicted. Based on the 95% CI, we labeled each SIR as indicating either: N (no difference in number of observed and predicted infections), high (H, more infections than predicted), or low (L, fewer infections than predicted). The 95% CI is a range of values that includes the true SIR, knowing that the reported SIR in Table 1 is the most likely value. If the CI includes the value of one, then the SIR is not significant.

As in the prior report, we report the following primary CDI measures: number of HO CDI LabID events, number of HA CDI LabID events, inpatient days, unadjusted HO and HA CDI rates per 10,000 inpatient days, and 95% confidence intervals assuming an exact Poisson distribution [9] for LTAC and rehabilitation hospitals. Confidence intervals provide a measure of the precision of each CDI rate. We also report whether a hospital uses PCR to detect CDI, as these hospitals may have higher rates resulting from use of a more sensitive laboratory test. In this report, we do not group or stratify the LTAC and rehabilitation hospitals by PCR use. Some hospitals use different testing algorithms in addition to PCR; it would be difficult to calculate rates by testing methodology. Additionally, grouping hospitals by PCR use does not indicate that rates from those hospitals would be comparable, as the rates are unadjusted for other risk factors associated with CDI. Additionally, hospital comparisons within each group might be misleading due to differences in laboratory testing methodology between individual hospitals.

We performed the following calculations on data submitted to NHSN during the reporting period for LTAC and rehabilitation hospitals. The numerators for the rates were all LabID Events categorized as HO or HA. The denominators for the rates were total inpatient days for all available inpatient locations, excluding NICUs and well-baby nurseries. For each hospital we calculated the HO Incidence Rate and HA Incidence Rate. The equations for the rate calculations are:

$$HO \text{ Rate per } 10,000 \text{ inpatient days} = \frac{\text{Number of HO Cases}}{\text{Total Inpatient Days}} \times 10,000$$

$$HA \text{ Rate per } 10,000 \text{ inpatient days} = \frac{\text{Number of HA Cases}}{\text{Total Inpatient Days}} \times 10,000$$

We used 10,000 as the multiplier to yield whole numbers or large fractions because CDI rates generally are low. Also, total inpatient days are most commonly in the tens of thousands. Hospitals summed and entered into NHSN all denominator data (inpatient days). We calculated HO and HA incidence rates for each LTAC and rehabilitation hospital that reported data into NHSN for 12 months of the reporting period.

For each incidence rate, we calculated exact 95 percent confidence intervals using the Poisson distribution [9]. We calculated the statewide pooled mean (average) rate for LTAC and rehabilitation hospitals by dividing the sum of all CDI LabID Events by the sum of all inpatient days and multiplying 10,000.

A confidence interval is a range of values that quantifies the random variation of a rate; it does not provide information about systematic errors or bias. The wider the interval, the greater the uncertainty associated with the rate. The width of the confidence interval is in part related to the reported number of inpatient days. Smaller facilities with fewer inpatient days have the least precision associated with their rates and the widest confidence intervals.

Limitations and context

Differences in rates for LTAC and rehabilitation hospitals can result from differences in laboratory testing methodology, patient populations, infection and transmission prevention practices, antibiotic utilization, and/or community onset rates of CDI. Rates from LTAC and rehabilitation hospitals using different types of laboratory tests are not comparable, as there can be as much as a two-fold difference in test sensitivity. Additionally, some facilities may have changed laboratory testing methodology during the reporting period. Laboratory-based reporting depends on appropriate clinician test ordering and laboratory processing. Hospital CDI rates also may differ due to patient populations with different risks for infection such as age. The rate of community onset cases has also been shown to affect the rate of HO infections, perhaps reflecting higher admission rates of patients already at increased risk for CDI, such as patients from skilled nursing facilities. Facilities may have falsely lower rates if patient days from NICUs and well-baby nurseries were not excluded from denominator data. Therefore, the LTAC and rehabilitation hospital-specific rates presented here have not been risk adjusted and are not comparable. To account for the differences in laboratory method and other significant risk factors, with the implementation of CMS reporting requirements for CDI beginning January 2013, an NHSN risk-adjustment method was available for the 2012 data in general acute care hospitals other than long-term and rehabilitation acute care hospitals [8]. Because few LTAC and rehabilitation hospitals reported CDI data during the baseline period (2010-2011), they were excluded from all SIR analyses.

There are no national reports of CDI incidence rates from NHSN data for comparison with this report; therefore, it is not possible to compare these SIRs and rates from California hospitals with national data. We cannot compare the risk-adjusted SIRs to rates from the previous report for general acute care hospitals other than long-term and

rehabilitation acute care hospitals because of using different measures of risk and adjustment factors in this report.

References

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Table 1. NHSN Standardized Infection Ratios (SIR) of Hospital Onset *Clostridium difficile* Infections Reported by California General Acute Care Hospitals* other than Long-term and Rehabilitation Acute Care Hospitals, January through December 2012

| Hospital Name | Hospital Onset Cases | Patient Days | SIR ^a | SIR 95% CI ^b | Comparison ^c |
|---|----------------------|-----------------|------------------|-------------------------|-------------------------|
| STATE OF CALIFORNIA POOLED DATA | 10667 | 13929425 | 1.06** | | |
| † ADVENTIST HEALTH SYSTEMS | 17 | 44567 | 0.71 | 0.41, 1.13 | N |
| ADVENTIST MED CTR, HANFORD | | | | | |
| ADVENTIST MED CTR-SELMA | | | | | |
| ADVENTIST MED CTR, REEDLEY | 0 | 4450 | 0.00 | 0.00, 1.90 | N |
| AHMC ANAHEIM REGIONAL MED CTR, ANAHEIM | 45 | 47907 | 1.33 | 0.97, 1.78 | N |
| † ALAMEDA COUNTY MED CTR | 23 | 52086 | 0.82 | 0.52, 1.24 | N |
| ALAMEDA COUNTY MED CTR, OAKLAND | | | | | |
| ALAMEDA COUNTY MED CTR-FAIRMONT CAMPUS, SAN LEANDRO | | | | | |
| ALAMEDA HOSP | 20 | 12701 | 2.69 | 1.64, 4.15 | H |
| ALHAMBRA HOSP MED CTR | 18 | 17128 | 1.26 | 0.75, 1.99 | N |
| † ALTA LOS ANGELES HOSPS, INC. | 18 | 42654 | 1.03 | 0.61, 1.63 | N |
| LOS ANGELES COMMUNITY HOSP | | | | | |
| NORWALK COMMUNITY HOSP | | | | | |
| † ALVARADO HOSP, LLC | 12 | 30238 | 0.69 | 0.36, 1.21 | N |
| ALVARADO HOSP MED CTR, CAMPUS #1, SAN DIEGO | | | | | |
| ALVARADO HOSP MED CTR, CAMPUS #2, SAN DIEGO | | | | | |
| ANAHEIM GENERAL HOSP | 0 | 6589 | 0.00 | 0.00, 1.51 | N |
| ANTELOPE VALLEY HOSP, LANCASTER | 41 | 92203 | 0.71 | 0.51, 0.97 | L |
| ARROWHEAD RGN MED CTR, COLTON | 59 | 98881 | 0.88 | 0.67, 1.13 | N |
| BAKERSFIELD HEART HOSP | 11 | 17135 | 1.33 | 0.66, 2.38 | N |
| BAKERSFIELD MEMORIAL HOSP | 45 | 60110 | 1.00 | 0.73, 1.34 | N |
| BANNER LASSEN MED CTR, SUSANVILLE | 2 | 5243 | 0.62 | 0.07, 2.23 | N |
| BARSTOW COMMUNITY HOSP | 0 | 7311 | 0.00 | 0.00, 1.14 | N |
| BARTON MEMORIAL HOSP, SOUTH LAKE TAHOE | 0 | 6926 | 0.00 | 0.00, 1.15 | N |
| ¥ BEAR VALLEY COMMUNITY HOSP, BIG BEAR LAKE | 0 | 765 | | | |
| BELLFLOWER MED CTR | 0 | 23242 | 0.00 | 0.00, 0.33 | L |
| BEVERLY HOSP, MONTEBELLO | 50 | 39658 | 1.86 | 1.38, 2.46 | H |
| ¶ ¥ BIGGS GRIDLEY MEMORIAL HOSP, GRIDLEY | 0 | 1794 | | | |
| BROTMAN MED CTR, CULVER CITY | 64 | 66532 | 2.04 | 1.57, 2.60 | H |
| CALIFORNIA HOSP MED CTR, LOS ANGELES | 15 | 54452 | 0.41 | 0.23, 0.67 | L |
| ¥ CALIFORNIA MED FACILITY, VACAVILLE | 0 | 2127 | | | |
| CALIFORNIA MENS COLONY, SAN LUIS OBISPO | 8 | 10043 | 1.83 | 0.79, 3.60 | N |
| CALIFORNIA PACIFIC MED CTR, ST LUKE'S CAMPUS, SAN FRANCISCO | 21 | 16693 | 1.70 | 1.05, 2.60 | H |
| ¥ CATALINA ISLAND MED CTR, AVALON | 0 | 63 | | | |
| CEDARS-SINAI MED CTR, LOS ANGELES | 347 | 247068 | 1.44 | 1.29, 1.60 | H |
| CENTINELA HOSP MED CTR, INGLEWOOD | 55 | 64895 | 1.04 | 0.78, 1.36 | N |
| CENTRAL VALLEY GENERAL HOSP, HANFORD | 0 | 4308 | 0.00 | 0.00, 1.79 | N |
| CHAPMAN MED CTR, ORANGE | 12 | 10658 | 1.65 | 0.85, 2.89 | N |
| CHILDRENS HOSP AND RESEARCH CTR AT OAKLAND | 20 | 41421 | 0.68 | 0.42, 1.05 | N |
| CHILDREN'S HOSP AT MISSION, MISSION VIEJO | 1 | 3906 | 0.40 | 0.01, 2.22 | N |
| CHILDREN'S HOSP CENTRAL CA, MADERA | 39 | 57696 | 0.97 | 0.69, 1.33 | N |
| CHILDRENS HOSP OF LOS ANGELES | 54 | 85631 | 1.06 | 0.79, 1.39 | N |
| CHILDREN'S HOSP OF ORANGE COUNTY, ORANGE | 23 | 43841 | 0.82 | 0.52, 1.23 | N |
| CHINESE HOSP, SAN FRANCISCO | 5 | 10424 | 0.82 | 0.26, 1.90 | N |
| CHINO VALLEY MED CTR, CHINO | 3 | 15580 | 0.35 | 0.07, 1.02 | N |
| † CITRUS VALLEY MED CTR, INC. | 86 | 89187 | 1.26 | 1.01, 1.56 | H |
| CITRUS VALLEY MED CTR, IC, COVINA | | | | | |
| CITRUS VALLEY MED CTR, QV, WEST COVINA | | | | | |

Table 1. NHSN Standardized Infection Ratios (SIR) of Hospital Onset *Clostridium difficile* Infections Reported by California General Acute Care Hospitals* other than Long-term and Rehabilitation Acute Care Hospitals, January through December 2012

| Hospital Name | Hospital Onset Cases | Patient Days | SIR ^a | SIR 95% CI ^b | Comparison ^c |
|---|----------------------|--------------|------------------|-------------------------|-------------------------|
| CITY OF HOPE HELFORD CLINICAL RESEARCH HOSP, DUARTE | 96 | 60516 | 2.67 | 2.16, 3.26 | H |
| CLOVIS COMMUNITY MED CTR | 15 | 30424 | 0.72 | 0.40, 1.19 | N |
| ¥ COALINGA REGIONAL MED CTR | 0 | 1228 | | | |
| COAST PLAZA HOSP, NORWALK | 6 | 15078 | 0.75 | 0.27, 1.63 | N |
| COASTAL COMMUNITIES HOSP, SANTA ANA | 2 | 20456 | 0.20 | 0.02, 0.71 | L |
| COLLEGE HOSP COSTA MESA | 4 | 39020 | 0.21 | 0.06, 0.55 | L |
| COLUSA REG MED CTR | 1 | 2555 | 0.82 | 0.02, 4.58 | N |
| COMMUNITY HOSP LONG BEACH | 16 | 10539 | 2.10 | 1.20, 3.40 | H |
| COMMUNITY HOSP OF THE MONTEREY PENINSULA, MONTEREY | 30 | 45019 | 0.88 | 0.59, 1.25 | N |
| COMMUNITY HOSP OF SAN BERNARDINO | 15 | 28580 | 0.68 | 0.38, 1.12 | N |
| COMMUNITY MEMORIAL HOSP, SAN BUENAVENTURA, VENTURA | 13 | 39283 | 0.55 | 0.29, 0.95 | L |
| COMMUNITY REGIONAL MED CTR, FRESNO | 120 | 160399 | 0.80 | 0.67, 0.96 | L |
| CONTRA COSTA REGIONAL MED CTR, MARTINEZ | 14 | 39336 | 0.70 | 0.38, 1.18 | N |
| ¥ CORCORAN DISTRICT HOSP | 0 | 1391 | | | |
| † COUNTY OF VENTURA | 22 | 44548 | 0.69 | 0.43, 1.05 | N |
| VENTURA COUNTY MED CTR | | | | | |
| VENTURA COUNTY MED CTR, SANTA PAULA HOSP | | | | | |
| DAMERON HOSP, STOCKTON | 38 | 33008 | 1.43 | 1.01, 1.96 | H |
| DELANO REGIONAL MED CTR | 0 | 13359 | 0.00 | 0.00, 0.55 | L |
| DESERT REGIONAL MED CTR, PALM SPRINGS | 33 | 60222 | 0.94 | 0.65, 1.32 | N |
| DESERT VALLEY HOSP, VICTORVILLE | 12 | 28189 | 0.82 | 0.42, 1.43 | N |
| † DIGNITY HEALTH | 27 | 48167 | 0.86 | 0.56, 1.25 | N |
| DOMINICAN HOSP CAMPUS #1, SANTA CRUZ | | | | | |
| DOMINICAN HOSP CAMPUS #2, SANTA CRUZ | | | | | |
| † DIGNITY HEALTH | 41 | 48074 | 1.28 | 0.92, 1.74 | N |
| MERCY HOSP, BAKERSFIELD | | | | | |
| MERCY SOUTHWEST HOSP, BAKERSFIELD | | | | | |
| DOCTORS HOSP OF MANTECA | 8 | 15339 | 1.03 | 0.44, 2.02 | N |
| ¥ DOCTORS HOSP OF WEST COVINA, INC, WEST COVINA | 0 | 542 | | | |
| DOCTORS MED CTR, MODESTO | 56 | 110329 | 0.87 | 0.66, 1.13 | N |
| DOCTORS MED CTR, SAN PABLO | 10 | 27505 | 0.65 | 0.31, 1.19 | N |
| DOWNEY REGIONAL MED CTR | 22 | 38244 | 1.03 | 0.64, 1.55 | N |
| EARL & LORAIN MILLER CHILDREN'S HOSP, LONG BEACH | 26 | 59033 | 0.56 | 0.37, 0.83 | L |
| EAST LOS ANGELES DOCTORS HOSP, LOS ANGELES | 15 | 24696 | 1.16 | 0.65, 1.91 | N |
| EAST VALLEY HOSP MED CTR, GLENDORA | 14 | 6660 | 3.45 | 1.89, 5.79 | H |
| ¥ EASTERN PLUMAS HEALTH CARE, PORTOLA | 0 | 1038 | | | |
| EISENHOWER MED CTR, RANCHO MIRAGE | 79 | 78588 | 1.56 | 1.23, 1.94 | H |
| ‡ EL CAMINO HOSP | | | | | |
| EL CAMINO HOSP, LOS GATOS | 6 | 14446 | 0.62 | 0.23, 1.34 | N |
| EL CAMINO HOSP, MOUNTAIN VIEW | 59 | 62862 | 1.20 | 0.92, 1.55 | N |
| EL CENTRO REGIONAL MED CTR | 33 | 25876 | 1.93 | 1.33, 2.71 | H |
| EMANUEL MED CTR INC, TURLOCK | 36 | 38532 | 1.94 | 1.36, 2.68 | H |
| ENCINO HOSP MED CTR, ENCINO | 9 | 19357 | 0.68 | 0.31, 1.28 | N |
| † ¶ ENLOE MED CTR | 28 | 31960 | 0.76 | 0.50, 1.10 | N |
| ENLOE MED CTR-COHASSET, CHICO | | | | | |
| ENLOE MED CTR-ESPLANADE, CHICO | | | | | |
| ENLOE REHABILITATION CTR, CHICO | | | | | |

Table 1. NHSN Standardized Infection Ratios (SIR) of Hospital Onset *Clostridium difficile* Infections Reported by California General Acute Care Hospitals* other than Long-term and Rehabilitation Acute Care Hospitals, January through December 2012

| Hospital Name | Hospital Onset Cases | Patient Days | SIR ^a | SIR 95% CI ^b | Comparison ^c |
|---|----------------------|--------------|------------------|-------------------------|-------------------------|
| FAIRCHILD MED CTR, YREKA | 2 | 4381 | 0.68 | 0.08, 2.45 | N |
| ¥ FAIRVIEW DEVELOPMENTAL CTR, COSTA MESA | 0 | 333 | | | |
| FALLBROOK HOSP DISTRICT | 0 | 5162 | 0.00 | 0.00, 1.64 | N |
| FEATHER RIVER HOSP, PARADISE | 41 | 20517 | 2.48 | 1.78, 3.37 | H |
| FOOTHILL PRESBYTERIAN HSP-JOHNSTON MEMORIAL, GLENDORA | 21 | 18073 | 1.54 | 0.95, 2.35 | N |
| † FOUNTAIN VALLEY REGIONAL HOSP & MED CTR | 54 | 80050 | 1.14 | 0.85, 1.48 | N |
| FOUNTAIN VALLEY REGIONAL HOSP & MED CTR | | | | | |
| FOUNTAIN VALLEY REGIONAL HOSP & MED CTR | | | | | |
| FRANK R. HOWARD MEMORIAL HOSP, WILLITS | 1 | 5703 | 0.29 | 0.01, 1.62 | N |
| † FREMONT-RIDEOUT HEALTH GROUP | 50 | 48741 | 1.57 | 1.16, 2.06 | H |
| FREMONT MED CTR, YUBA CITY | | | | | |
| RIDEOUT MEMORIAL HOSP, MARYSVILLE | | | | | |
| FRENCH HOSP MED CTR, SAN LUIS OBISPO | 5 | 13678 | 0.58 | 0.19, 1.35 | N |
| FRESNO HEART AND SURGICAL HOSP | 4 | 10448 | 0.61 | 0.16, 1.55 | N |
| FRESNO SURGICAL HOSP | 0 | 3653 | 0.00 | 0.00, 2.32 | N |
| GARDEN GROVE HOSP AND MED CTR | 11 | 22136 | 0.86 | 0.43, 1.55 | N |
| GARFIELD MED CTR, MONTEREY PARK | 34 | 38961 | 1.42 | 0.98, 1.99 | N |
| GEORGE L. MEE MEMORIAL HOSP, KING CITY | 0 | 27098 | 0.00 | 0.00, 0.30 | L |
| GLENDALE ADVENTIST MED CTR | 88 | 102517 | 1.13 | 0.91, 1.40 | N |
| GLENDALE MEMORIAL HOSP AND HEALTH CTR | 63 | 47393 | 1.28 | 0.98, 1.64 | N |
| ¥ GLENN MED CTR, WILLOWS | 0 | 1174 | | | |
| GOLETA VALLEY COTTAGE HOSP, SANTA BARBARA | 4 | 14632 | 0.44 | 0.12, 1.12 | N |
| GOOD SAMARITAN HOSP, BAKERSFIELD | 0 | 4444 | 0.00 | 0.00, 1.73 | N |
| GOOD SAMARITAN HOSP, LOS ANGELES | 61 | 52791 | 1.72 | 1.31, 2.20 | H |
| † GOOD SAMARITAN HOSP, LP | 50 | 70997 | 0.92 | 0.68, 1.22 | N |
| MISSION OAKS HOSP, LOS GATOS | | | | | |
| GOOD SAMARITAN HOSP, SAN JOSE | | | | | |
| GREATER EL MONTE COMMUNITY HOSP, SOUTH EL MONTE | 5 | 14764 | 0.65 | 0.21, 1.52 | N |
| GROSSMONT HOSP, LA MESA | 52 | 119314 | 0.56 | 0.42, 0.74 | L |
| HAZEL HAWKINS MEMORIAL HOSP, HOLLISTER | 3 | 6756 | 0.74 | 0.15, 2.17 | N |
| HEALDSBURG DISTRICT HOSP | 3 | 4025 | 1.19 | 0.25, 3.49 | N |
| ¥ HEALTHBRIDGE CHILDREN'S HOSP, ORANGE | 0 | 1781 | | | |
| ¶ HEMET VALLEY MED CTR | 25 | 29033 | 1.13 | 0.73, 1.67 | N |
| HENRY MAYO NEWHALL MEMORIAL HOSP, VALENCIA | 31 | 52407 | 0.86 | 0.58, 1.22 | N |
| HI-DESERT MED CTR, JOSHUA TREE | 0 | 10514 | 0.00 | 0.00, 0.78 | L |
| † HOAG MEMORIAL HOSP PRESBYTERIAN, INC | 139 | 101498 | 1.58 | 1.33, 1.86 | H |
| HOAG HOSPITAL, IRVINE | | | | | |
| HOAG MEMORIAL HOSP PRESBYTERIAN, NEWPORT BEACH | | | | | |
| HOAG ORTHOPEDIC HOSPITAL | 2 | 9526 | 0.39 | 0.05, 1.39 | N |
| HOLLYWOOD COMMUNITY HOSP OF HOLLYWOOD | 12 | 17203 | 1.59 | 0.82, 2.78 | N |
| HOLLYWOOD PRESBYTERIAN MED CTR, LOS ANGELES | 42 | 61004 | 1.09 | 0.79, 1.48 | N |
| † HOSPITAL COMMITTEE AREA LIVERMORE PLEASANTON | 48 | 32846 | 2.03 | 1.50, 2.69 | H |
| VALLEYCARE MEDICAL CENTER, PLEASANTON | | | | | |
| VALLEY MEMORIAL HOSPITAL, LIVERMORE | | | | | |
| HUNTINGTON BEACH HOSP | 6 | 17775 | 0.71 | 0.26, 1.55 | N |
| HUNTINGTON MEMORIAL HOSP, PASADENA | 68 | 111477 | 0.75 | 0.58, 0.94 | L |

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|---|----------------------|--------------|------------------|-------------------------|-------------------------|
| ¥ JEROLD PHELPS COMMUNITY HOSP, GARBERVILLE | 0 | 74 | | | |
| ¶ JOHN C. FREMONT HEALTHCARE DISTRICT, MARIPOSA | 1 | 7454 | 0.31 | 0.01, 1.71 | N |
| JOHN D KLARICH MEMORIAL HOSP, CSP-CORCORAN | 2 | 23991 | 0.19 | 0.02, 0.69 | L |
| JOHN F. KENNEDY MEMORIAL HOSP, INDIO | 13 | 27188 | 0.99 | 0.53, 1.69 | N |
| JOHN MUIR MED CTR, CONCORD | 62 | 44756 | 1.85 | 1.41, 2.37 | H |
| JOHN MUIR MED CTR, WALNUT CREEK | 99 | 76898 | 1.50 | 1.22, 1.82 | H |
| KAISER FOUNDATION HOSP, ANTIOCH | 22 | 31415 | 0.95 | 0.59, 1.44 | N |
| KAISER FOUNDATION HOSP, BALDWIN PARK | 30 | 42619 | 0.93 | 0.63, 1.33 | N |
| ¶ KAISER FOUNDATION HOSP-DOWNEY, BELLFLOWER | 35 | 31458 | 1.47 | 1.03, 2.05 | H |
| KAISER FOUNDATION HOSP, FRESNO | 12 | 23822 | 0.72 | 0.37, 1.25 | N |
| KAISER FOUNDATION HOSP, LOS ANGELES | 94 | 106103 | 1.02 | 0.82, 1.25 | N |
| KAISER FOUNDATION HOSP, MORENO VALLEY | 9 | 11777 | 1.05 | 0.48, 1.99 | N |
| KAISER FOUNDATION HOSP, PANORAMA CITY | 27 | 40392 | 1.00 | 0.66, 1.45 | N |
| KAISER FOUNDATION HOSP, REDWOOD CITY | 21 | 32375 | 0.91 | 0.57, 1.40 | N |
| KAISER FOUNDATION HOSP, RIVERSIDE | 44 | 41382 | 1.51 | 1.09, 2.02 | H |
| KAISER FOUNDATION HOSP, ROSEVILLE | 34 | 66617 | 0.66 | 0.45, 0.92 | L |
| KAISER FOUNDATION HOSP, SACRAMENTO | 46 | 42737 | 1.16 | 0.85, 1.54 | N |
| KAISER FOUNDATION HOSP, SAN DIEGO | 85 | 107500 | 0.98 | 0.78, 1.21 | N |
| KAISER FOUNDATION HOSP, SAN FRANCISCO | 27 | 52510 | 0.60 | 0.39, 0.87 | L |
| KAISER FOUNDATION HOSP-SAN JOSE | 28 | 46148 | 0.93 | 0.62, 1.34 | N |
| KAISER FOUNDATION HOSP, SAN RAFAEL | 9 | 21810 | 0.61 | 0.28, 1.16 | N |
| KAISER FOUNDATION HOSP-SANTA CLARA | 46 | 108930 | 0.69 | 0.51, 0.92 | L |
| KAISER FOUNDATION HOSP, SANTA ROSA | 16 | 31224 | 0.92 | 0.52, 1.49 | N |
| KAISER FOUNDATION HOSP SOUTH BAY, HARBOR CITY | 36 | 52498 | 1.01 | 0.71, 1.40 | N |
| KAISER FOUNDATION HOSP-SOUTH SACRAMENTO | 37 | 43764 | 1.12 | 0.79, 1.54 | N |
| KAISER FOUNDATION HOSP, SOUTH SAN FRANCISCO | 9 | 23970 | 0.58 | 0.26, 1.09 | N |
| KAISER FOUNDATION HOSP, VACAVILLE | 14 | 14461 | 1.26 | 0.69, 2.12 | N |
| KAISER FOUNDATION HOSP & REHAB. CTR, VALLEJO | 42 | 51153 | 1.04 | 0.75, 1.40 | N |
| KAISER FOUNDATION HOSP-WALNUT CREEK | 48 | 60705 | 1.23 | 0.91, 1.63 | N |
| KAISER FOUNDATION HOSP-WEST LA, LOS ANGELES | 50 | 45892 | 1.57 | 1.17, 2.07 | H |
| KAISER FOUNDATION HOSP, WOODLAND HILLS | 31 | 44116 | 0.98 | 0.66, 1.39 | N |
| † KAISER FOUNDATION HOSPS | 36 | 45850 | 1.05 | 0.74, 1.46 | N |
| KAISER FOUNDATION HOSP-ANAHEIM MEDICAL CENTER | | | | | |
| KAISER FOUNDATION HOSP-LAKEVIEW MEDICAL CENTER | | | | | |
| ‡ KAISER FOUNDATION HOSPS | | | | | |
| KAISER FOUNDATION HOSP, IRVINE | 38 | 43627 | 1.14 | 0.80, 1.56 | N |
| ‡ KAISER FOUNDATION HOSPS | | | | | |
| KAISER FOUNDATION HOSP, FONTANA | 47 | 71622 | 0.93 | 0.68, 1.24 | N |
| KAISER FOUNDATION HOSP, ONTARIO | 26 | 34315 | 1.17 | 0.77, 1.80 | N |
| † KAISER FOUNDATION HOSPS | 39 | 51417 | 0.96 | 0.68, 1.32 | N |
| KAISER FOUNDATION HOSP, FREMONT | | | | | |
| KAISER FOUNDATION HOSP, HAYWARD/FREMONT | | | | | |
| † KAISER FOUNDATION HOSPS | 14 | 27461 | 0.73 | 0.40, 1.23 | N |
| KAISER FOUNDATION HOSP, MODESTO | | | | | |
| KAISER FOUNDATION HOSP, MANTECA | | | | | |
| † KAISER FOUNDATION HOSPS | 65 | 65359 | 1.27 | 0.98, 1.62 | N |
| KAISER FOUNDATION HOSP, OAKLAND/RICHMOND | | | | | |
| KAISER FOUNDATION HOSP, RICHMOND CAMPUS | | | | | |

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|--|----------------------|--------------|------------------|-------------------------|-------------------------|
| COMMUNITY AND MISSION HOSP OF HUNTINGTON PARK | 0 | 10930 | 0.00 | 0.00 , 0.75 | L |
| KAWEAH DELTA MED CTR, VISALIA | 51 | 105850 | 0.59 | 0.44, 0.77 | L |
| KECK HOSP OF USC, LOS ANGELES | 85 | 81046 | 1.14 | 0.91, 1.41 | N |
| KERN MED CTR, BAKERSFIELD | 19 | 48448 | 0.66 | 0.40, 1.03 | N |
| KERN VALLEY HEALTHCARE DISTRICT, LAKE ISABELLA | 1 | 3027 | 0.72 | 0.02, 4.03 | N |
| LA PALMA INTERCOMMUNITY HOSP | 3 | 17992 | 0.33 | 0.07, 0.95 | L |
| LAC+USC MED CTR, LOS ANGELES | 101 | 174229 | 0.66 | 0.54, 0.80 | L |
| LAC/HARBOR-UCLA MED CTR, TORRANCE | 34 | 97393 | 0.41 | 0.29, 0.58 | L |
| LAC/RANCHO LOS AMIGOS NATIONAL REHAB CTR, DOWNEY | 27 | 60456 | 0.89 | 0.59, 1.29 | N |
| ¥ LAGUNA HONDA HOSP & REHAB CTR, SAN FRANCISCO | 0 | 1667 | | | |
| LAKEWOOD REGIONAL MED CTR | 23 | 35407 | 1.22 | 0.77, 1.83 | N |
| ¥ LANTERMAN DEVELOPMENTAL CTR, POMONA | 1 | 486 | | | |
| † LODI MEMORIAL HOSP ASSOCIATION, INC. | 47 | 29842 | 2.01 | 1.47, 2.67 | H |
| LODI MEMORIAL HOSP (1RH) | | | | | |
| LODI MEMORIAL HOSP-WEST | | | | | |
| † LOMA LINDA UNIVERSITY MED CTR | 126 | 178748 | 1.04 | 0.87, 1.24 | N |
| LOMA LINDA UNIV HEART & SURGICAL HOSP, REDLANDS | | | | | |
| LOMA LINDA UNIV MED CTR EAST HOSP, LOMA LINDA | | | | | |
| LOMA LINDA UNIV MED CTR, LOMA LINDA | | | | | |
| LOMA LINDA UNIVERSITY MEDICAL CENTER - MURRIETA | 6 | 24824 | 0.51 | 0.19, 1.10 | N |
| LOMPOC VALLEY MED CTR | 5 | 8742 | 1.22 | 0.40, 2.86 | N |
| LONG BEACH MEMORIAL MED CTR, LONG BEACH | 108 | 100889 | 1.24 | 1.01, 1.49 | H |
| LOS ALAMITOS MED CTR | 25 | 42760 | 1.09 | 0.79, 1.62 | N |
| LOS ANGELES CO OLIVE VIEW-UCLA MED CTR, SYLMAR | 45 | 65963 | 0.84 | 0.61, 1.12 | N |
| LOS ANGELES METROPOLITAN MED CTR | 3 | 39648 | 0.16 | 0.03, 0.46 | L |
| † LOS ROBLES REGIONAL MED CTR | 111 | 77144 | 1.80 | 1.48, 2.17 | H |
| LOS ROBLES HOSP & MED CTR, E , THOUSAND OAKS | | | | | |
| LOS ROBLES HOSP & MED CTR, THOUSAND OAKS | | | | | |
| THOUSAND OAKS SURGICAL HOSP | | | | | |
| LUCILE SALTER PACKARD CHILDREN'S HOSP AT STANFORD, PALO ALTO | 20 | 76983 | 0.31 | 0.19, 0.48 | L |
| MAD RIVER COMMUNITY HOSP, ARCATA | 0 | 10750 | 0.00 | 0.00 , 0.79 | L |
| MADERA COMMUNITY HOSP | 8 | 20980 | 0.76 | 0.33, 1.49 | N |
| ¥ MAMMOTH HOSP | 0 | 1433 | | | |
| ‡ MARIAN REGIONAL MEDICAL CENTER | | | | | |
| MARIAN REGIONAL MEDICAL CENTER | 6 | 33438 | 0.26 | 0.10, 0.57 | L |
| MARIAN REGIONAL MEDICAL CENTER, ARROYO GRANDE | 5 | 8111 | 0.90 | 0.29, 2.11 | N |
| MARIN GENERAL HOSP, GREENBRAE | 29 | 41747 | 1.03 | 0.69, 1.48 | N |
| MARINA DEL REY HOSP | 7 | 15785 | 0.76 | 0.31, 1.56 | N |
| MARK TWAIN MEDICAL CENTER, SAN ANDREAS | 0 | 4566 | 0.00 | 0.00 , 1.91 | N |
| MARSHALL MED CTR (1-RH), PLACERVILLE | 36 | 21161 | 2.12 | 1.49, 2.94 | H |
| ¥ MAYERS MEMORIAL HOSP, FALL RIVER MILLS | 0 | 1742 | | | |
| MEMORIAL HOSP LOS BANOS | 2 | 3816 | 1.02 | 0.12, 3.70 | N |
| MEMORIAL HOSP OF GARDENA | 14 | 27758 | 1.00 | 0.54, 1.67 | N |
| MEMORIAL MED CTR, MODESTO | 92 | 98875 | 1.16 | 0.94, 1.43 | N |
| MENDOCINO COAST DISTRICT HOSP, FORT BRAGG | 6 | 5589 | 1.59 | 0.58, 3.47 | N |
| ¶ MENIFEE VALLEY MED CTR, SUN CITY | 7 | 6107 | 1.93 | 0.78, 3.98 | N |
| ¥ MENLO PARK SURGICAL HOSP | 0 | 377 | | | |

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|--|----------------------|--------------|------------------|-------------------------|-------------------------|
| MERCY GENERAL HOSP, SACRAMENTO | 77 | 72926 | 1.38 | 1.09, 1.72 | H |
| MERCY HOSP OF FOLSOM | 22 | 18786 | 1.47 | 0.92, 2.22 | N |
| MERCY MED CTR MERCED | 16 | 42368 | 0.66 | 0.38, 1.07 | N |
| MERCY MED CTR MT. SHASTA | 0 | 2681 | 0.00 | 0.00, 2.45 | N |
| MERCY MED CTR REDDING | 36 | 50863 | 0.83 | 0.58, 1.15 | N |
| MERCY SAN JUAN MED CTR, CARMICHAEL | 77 | 82304 | 1.13 | 0.89, 1.41 | N |
| METHODIST HOSP OF SACRAMENTO | 25 | 33819 | 0.94 | 0.61, 1.38 | N |
| METHODIST HOSP OF SOUTHERN CA, ARCADIA | 86 | 69338 | 1.72 | 1.37, 2.12 | H |
| † MILLS-PENINSULA HEALTH SERVICES | 43 | 43279 | 1.25 | 0.90, 1.68 | N |
| MILLS HEALTH CTR, SAN MATEO | | | | | |
| MILLS-PENINSULA MED CTR, BURLINGAME | | | | | |
| ¥ MIRACLE MILE MED CTR, LOS ANGELES | 0 | 660 | | | |
| MISSION COMMUNITY HOSP, PANORAMA | 15 | 37313 | 0.82 | 0.46, 1.35 | N |
| ‡ MISSION HOSP REGIONAL MED CTR | | | | | |
| MISSION HOSP LAGUNA BEACH | 13 | 20202 | 1.03 | 0.55, 1.76 | N |
| MISSION HOSP REGIONAL MED CTR, MISSION VIEJO | 59 | 74457 | 1.07 | 0.81, 1.38 | N |
| ¶ ¥ MODOC MED CTR, ALTURAS | 0 | 376 | | | |
| MONTCLAIR HOSP MED CTR | 2 | 10458 | 0.36 | 0.04, 1.31 | N |
| MONTEREY PARK HOSP | 6 | 16776 | 0.71 | 0.26, 1.54 | N |
| ¶ ¥ MOTION PICTURE & TELEVISION HOSP, WOODLAND HILLS | 0 | 524 | | | |
| ¥ MOUNTAINS COMMUNITY HOSP, LAKE ARROWHEAD | 1 | 989 | | | |
| NATIVIDAD MED CTR, SALINAS | 2 | 31550 | 0.12 | 0.02, 0.43 | L |
| ‡ NORTHBAY HEALTHCARE GROUP | | | | | |
| NORTHBAY MED CTR, FAIRFIELD | 14 | 24150 | 0.83 | 0.45, 1.39 | N |
| NORTHBAY VACAVALLEY HOSP, VACAVILLE | 10 | 10617 | 1.22 | 0.57, 2.25 | N |
| NORTHERN INYO HOSP, BISHOP | 0 | 2442 | 0.00 | 0.00, 2.46 | N |
| NORTHRIDGE HOSP MED CTR | 78 | 66117 | 1.24 | 0.98, 1.55 | N |
| NOVATO COMMUNITY HOSP | 0 | 5597 | 0.00 | 0.00, 1.77 | N |
| O'CONNOR HOSP, SAN JOSE | 33 | 41394 | 0.83 | 0.57, 1.17 | N |
| OAK VALLEY HOSP DISTRICT (2-RH), OAKDALE | 1 | 4369 | 0.53 | 0.01, 2.93 | N |
| OJAI VALLEY COMMUNITY HOSP, OJAI | 0 | 2475 | 0.00 | 0.00, 3.27 | N |
| ¶ OLYMPIA MED CTR, LOS ANGELES | 48 | 15813 | 3.46 | 2.55, 4.58 | H |
| ORANGE COAST MEMORIAL MED CTR, FOUNTAIN VALLEY | 57 | 46281 | 1.68 | 1.27, 2.18 | H |
| OROVILLE HOSP | 29 | 40760 | 1.09 | 0.73, 1.57 | N |
| PACIFIC ALLIANCE MED CTR | 8 | 25467 | 0.63 | 0.27, 1.24 | N |
| PACIFIC HOSP OF LONG BEACH | 0 | 41981 | 0.00 | 0.00, 0.13 | L |
| PACIFICA HOSP OF THE VALLEY, SUN VALLEY | 3 | 24546 | 0.25 | 0.05, 0.72 | L |
| PALM DRIVE HOSP, SEBASTOPOL | 1 | 4346 | 0.49 | 0.01, 2.72 | N |
| PALMDALE REGIONAL MEDICAL CTR | 22 | 34753 | 0.90 | 0.56, 1.36 | N |
| PALO VERDE HOSP, BLYTHE | 0 | 3668 | 0.00 | 0.00, 1.37 | N |
| † PALOMAR HEALTH | 76 | 86277 | 1.12 | 0.88, 1.40 | N |
| PALOMAR HEALTH DOWNTOWN CAMPUS, ESCONDIDO | | | | | |
| PALOMAR MED CTR, ESCONDIDO | | | | | |
| PARADISE VALLEY HOSP, NATIONAL CITY | 4 | 53899 | 0.13 | 0.04, 0.34 | L |
| PARKVIEW COMMUNITY HOSP MED CTR, RIVERSIDE | 27 | 39175 | 1.37 | 0.90, 1.99 | N |
| ¥ PATIENTS' HOSP OF REDDING | 0 | 499 | | | |
| PETALUMA VALLEY HOSP, PETALUMA | 4 | 9232 | 0.95 | 0.26, 2.44 | N |

Table 1. NHSN Standardized Infection Ratios (SIR) of Hospital Onset *Clostridium difficile* Infections Reported by California General Acute Care Hospitals* other than Long-term and Rehabilitation Acute Care Hospitals, January through December 2012

| Hospital Name | Hospital Onset Cases | Patient Days | SIR ^a | SIR 95% CI ^b | Comparison ^c |
|--|----------------------|--------------|------------------|-------------------------|-------------------------|
| PIONEERS MEMORIAL HEALTHCARE DISTRICT, BRAWLEY | 6 | 17530 | 0.54 | 0.20, 1.17 | N |
| PLACENTIA LINDA HOSP | 4 | 14971 | 0.50 | 0.14, 1.29 | N |
| ¥ PLUMAS DISTRICT HOSP, QUINCY | 0 | 1670 | | | |
| POMERADO HOSP, POWAY | 29 | 25964 | 1.61 | 1.08, 2.31 | H |
| POMONA VALLEY HOSP MED CTR, POMONA | 111 | 82476 | 1.58 | 1.30, 1.90 | H |
| ¥ PORTERVILLE DEVELOPMENTAL CTR | 2 | 1589 | | | |
| PRESBYTERIAN INTERCOMMUNITY HOSP, WHITTIER | 64 | 64488 | 1.33 | 1.03, 1.70 | H |
| PROVIDENCE HOLY CROSS MED CTR, MISSION HILLS | 79 | 88096 | 1.55 | 1.23, 1.94 | H |
| PROVIDENCE LITTLE COMPANY OF MARY MED CTR, SAN PEDRO | 8 | 31898 | 0.50 | 0.21, 0.98 | L |
| PROVIDENCE LITTLE COMPANY OF MARY MED CTR, TORRANCE | 24 | 64271 | 0.64 | 0.41, 0.96 | L |
| PROVIDENCE SAINT JOSEPH MED CTR, BURBANK | 116 | 80172 | 1.84 | 1.52, 2.21 | H |
| PROVIDENCE TARZANA MED CTR, TARZANA | 62 | 57584 | 1.25 | 0.96, 1.61 | N |
| QUEEN OF THE VALLEY MED CTR, NAPA | 21 | 34853 | 1.13 | 0.70, 1.72 | N |
| RADY CHILDREN'S HOSP, SAN DIEGO | 18 | 55116 | 0.50 | 0.30, 0.79 | L |
| REDLANDS COMMUNITY HOSP | 73 | 40092 | 2.27 | 1.78, 2.85 | H |
| REDWOOD MEMORIAL HOSP, FORTUNA | 3 | 5660 | 0.81 | 0.17, 2.35 | N |
| REGIONAL MED CTR OF SAN JOSE | 38 | 55898 | 1.06 | 0.75, 1.45 | N |
| RIDGECREST REGIONAL HOSP | 2 | 8278 | 0.52 | 0.06, 1.87 | N |
| RIVERSIDE COMMUNITY HOSP | 91 | 95009 | 1.65 | 1.33, 2.02 | H |
| RIVERSIDE COUNTY REGIONAL MED CTR, MORENO VALLEY | 28 | 82864 | 0.50 | 0.33, 0.72 | L |
| ¶ RONALD REAGAN UCLA MED CTR, LOS ANGELES | 124 | 108746 | 0.85 | 0.71, 1.02 | N |
| † SADDLEBACK MEMORIAL MED CTR | 83 | 58152 | 1.53 | 1.22, 1.90 | H |
| SADDLEBACK MEMORIAL MED CTR, LAGUNA HILLS | | | | | |
| SADDLEBACK MEMORIAL MED CTR-SAN CLEMENTE | | | | | |
| SAINT AGNES MED CTR, FRESNO | 55 | 99411 | 0.76 | 0.57, 0.99 | L |
| SAINT FRANCIS MED CTR, LYNNWOOD | 54 | 86742 | 0.84 | 0.63, 1.10 | N |
| SAINT FRANCIS MEMORIAL HOSP, SAN FRANCISCO | 19 | 26538 | 1.34 | 0.81, 2.09 | N |
| SAINT JOHN'S HEALTH CTR, SANTA MONICA | 43 | 50921 | 1.08 | 0.78, 1.45 | N |
| SAINT LOUISE REGIONAL HOSP, GILROY | 13 | 12030 | 1.70 | 0.91, 2.91 | N |
| SAINT VINCENT MED CTR, LOS ANGELES | 52 | 47048 | 1.33 | 0.99, 1.74 | N |
| SALINAS VALLEY MEMORIAL HOSP | 9 | 40833 | 0.40 | 0.18, 0.75 | L |
| SAN ANTONIO COMMUNITY HOSP, UPLAND | 34 | 50177 | 1.12 | 0.77, 1.56 | N |
| SAN DIMAS COMMUNITY HOSP | 11 | 12930 | 1.76 | 0.88, 3.15 | N |
| SAN FRANCISCO GENERAL HOSP | 83 | 93345 | 0.82 | 0.65, 1.01 | N |
| SAN GABRIEL VALLEY MED CTR, SAN GABRIEL | 33 | 28326 | 1.91 | 1.31, 2.68 | H |
| SAN GORGONIO MEMORIAL HOSP, BANNING | 7 | 13267 | 1.12 | 0.45, 2.30 | N |
| SAN JOAQUIN COMMUNITY HOSP, BAKERSFIELD | 67 | 70274 | 1.19 | 0.92, 1.51 | N |
| SAN JOAQUIN GENERAL HOSP, FRENCH P | 34 | 32914 | 1.32 | 0.92, 1.85 | N |
| SAN MATEO MED CTR | 10 | 20522 | 0.79 | 0.38, 1.46 | N |
| † SAN RAMON REGIONAL MED CTR, INC. | 7 | 15976 | 0.80 | 0.32, 1.64 | N |
| SAN RAMON REGIONAL MED CTR | | | | | |
| SAN RAMON REGIONAL MED CTR SOUTH BUILDING | | | | | |
| † SANTA BARBARA COTTAGE HOSPITAL | 30 | 60265 | 0.61 | 0.41, 0.87 | L |
| SANTA BARBARA COTTAGE HOSP | | | | | |
| REHABILITATION INSTITUTE AT SANTA BARBARA | | | | | |
| SANTA CLARA VALLEY MED CTR, SAN JOSE | 76 | 99691 | 0.84 | 0.66, 1.05 | N |
| SANTA MONICA, UCLA MED CTR AND ORTHOPAEDIC | 87 | 79571 | 1.01 | 0.81, 1.25 | N |
| SANTA ROSA MEMORIAL HOSP | 22 | 55823 | 0.74 | 0.46, 1.11 | N |

Table 1. NHSN Standardized Infection Ratios (SIR) of Hospital Onset *Clostridium difficile* Infections Reported by California General Acute Care Hospitals* other than Long-term and Rehabilitation Acute Care Hospitals, January through December 2012

| Hospital Name | Hospital Onset Cases | Patient Days | SIR ^a | SIR 95% CI ^b | Comparison ^c |
|--|----------------------|--------------|------------------|-------------------------|-------------------------|
| ¥ SANTA YNEZ VALLEY COTTAGE HOSP, SOLVANG | 0 | 749 | | | |
| SCRIPPS GREEN HOSP, LA JOLLA | 27 | 37527 | 1.12 | 0.74, 1.63 | N |
| † SCRIPPS HEALTH | 114 | 148817 | 0.84 | 0.69, 1.01 | N |
| SCRIPPS MERCY HOSP, SAN DIEGO | | | | | |
| SCRIPPS MERCY HOSP CHULA VISTA | | | | | |
| SCRIPPS MEMORIAL HOSP, ENCINITAS | 26 | 41617 | 1.13 | 0.74, 1.66 | N |
| SCRIPPS MEMORIAL HOSP, LA JOLLA | 49 | 70465 | 1.20 | 0.88, 1.58 | N |
| ¥ SENECA HEALTHCARE DISTRICT, CHESTER | 0 | 690 | | | |
| SEQUOIA HOSP, REDWOOD CITY | 19 | 24717 | 1.24 | 0.75, 1.93 | N |
| † SETON MED CTR | 54 | 32719 | 1.62 | 1.22, 2.12 | H |
| SETON MED CTR-COASTSIDE, MOSS BEACH | | | | | |
| SETON MED CTR, DALY CITY | | | | | |
| SHARP CHULA VISTA MED CTR | 35 | 65193 | 1.00 | 0.70, 1.39 | N |
| SHARP CORONADO HOSP AND HEALTHCARE CTR | 4 | 8411 | 0.75 | 0.20, 1.91 | N |
| SHARP MARY BIRCH FOR WOMEN & NEWBORNS, SAN DIEGO | 0 | 31828 | 0.00 | 0.00, 0.24 | L |
| SHARP MEMORIAL HOSP, SAN DIEGO | 97 | 92438 | 1.61 | 1.30, 1.96 | H |
| SHASTA REGIONAL MED CTR, REDDING | 19 | 29668 | 0.93 | 0.56, 1.45 | N |
| SHERMAN OAKS HOSP | 22 | 21364 | 1.23 | 0.77, 1.87 | N |
| ¥ SHRINERS HOSPS FOR CHILDREN, LOS ANGELES | 0 | 1288 | | | |
| SHRINERS HOSPS FOR CHILDREN NORTH CA, SACRAMENTO | 0 | 6595 | 0.00 | 0.00, 1.17 | N |
| SIERRA NEVADA MEMORIAL HOSP, GRASS VALLEY | 18 | 17278 | 1.92 | 1.14, 3.03 | H |
| SIERRA VIEW DISTRICT HOSP, PORTERVILLE | 8 | 26022 | 0.72 | 0.31, 1.41 | N |
| SIERRA VISTA REGIONAL MED CTR, SAN LUIS OBISPO | 13 | 18614 | 1.07 | 0.57, 1.82 | N |
| SILVER LAKE MED CTR, LOS ANGELES | 2 | 22411 | 0.17 | 0.02, 0.60 | L |
| SIMI VALLEY HOSP & HEALTH CARE SERVICES | 19 | 24001 | 1.16 | 0.70, 1.82 | N |
| ¥ SONOMA DEVELOPMENTAL CTR, ELDRIDGE | 0 | 1273 | | | |
| SONOMA VALLEY HOSP | 1 | 4860 | 0.34 | 0.01, 1.91 | N |
| † SONORA REGIONAL MED CTR | 7 | 17616 | 0.87 | 0.35, 1.78 | N |
| SONORA REGIONAL MED CTR CAMPUS #1 | | | | | |
| SONORA REGIONAL MED CTR CAMPUS #2 | | | | | |
| ¥ SOUTHERN INYO HOSP, LONE PINE | 0 | 223 | | | |
| ST BERNARDINE MED CTR | 53 | 68007 | 0.99 | 0.74, 1.29 | N |
| ST ELIZABETH COMMUNITY HOSP, RED BLUFF | 1 | 9263 | 0.17 | 0.00, 0.97 | L |
| ¶ ST HELENA HOSP, CLEARLAKE | 3 | 3941 | 1.63 | 0.34, 4.75 | N |
| ST HELENA HOSP, ST HELENA | 5 | 17380 | 0.59 | 0.19, 1.37 | N |
| ¶ ST JOHN'S PLEASANT VALLEY HOSP, ARILLO | 11 | 10245 | 1.62 | 0.81, 2.90 | N |
| ST JOHN'S REGIONAL MED CTR, OXNARD | 30 | 46803 | 0.85 | 0.58, 1.22 | N |
| ‡ ST JOSEPH HOSP EUREKA | | | | | |
| ST JOSEPH HOSP, EUREKA | 21 | 24795 | 1.23 | 0.76, 1.89 | N |
| ST JOSEPH HOSP, ORANGE | 74 | 78901 | 1.11 | 0.87, 1.40 | N |
| ST JOSEPH'S MED CTR OF STOCKTON | 85 | 65468 | 1.53 | 1.22, 1.89 | H |
| ST JUDE MED CTR, FULLERTON | 64 | 62364 | 0.98 | 0.75, 1.25 | N |
| ST MARY MED CTR, APPLE VALLEY | 23 | 65166 | 0.69 | 0.43, 1.03 | N |
| ST MARY MED CTR, LONG BEACH | 33 | 46761 | 0.87 | 0.60, 1.22 | N |
| ST MARY'S MED CTR, SAN FRANCISCO | 32 | 36655 | 1.49 | 1.02, 2.10 | H |
| ST ROSE HOSP, HAYWARD | 16 | 32156 | 1.00 | 0.57, 1.62 | N |
| STANFORD HOSP, STANFORD | 185 | 141567 | 1.36 | 1.17, 1.57 | H |

Table 1. NHSN Standardized Infection Ratios (SIR) of Hospital Onset *Clostridium difficile* Infections Reported by California General Acute Care Hospitals* other than Long-term and Rehabilitation Acute Care Hospitals, January through December 2012

| Hospital Name | Hospital Onset Cases | Patient Days | SIR ^a | SIR 95% CI ^b | Comparison ^c |
|--|----------------------|--------------|------------------|-------------------------|-------------------------|
| ¥ STANISLAUS SURGICAL HOSP, MODESTO | 0 | 1973 | | | |
| ¥ SURPRISE VALLEY COMMUNITY HOSP, CEDARVILLE | 0 | 44 | | | |
| SUTTER AMADOR HOSP, JACKSON | 1 | 7257 | 0.22 | 0.01, 1.20 | N |
| SUTTER AUBURN FAITH HOSP, AUBURN | 8 | 12976 | 0.79 | 0.34, 1.57 | N |
| SUTTER COAST HOSP, CRESCENT CITY | 4 | 6926 | 0.94 | 0.26, 2.40 | N |
| SUTTER DAVIS HOSPITAL, DAVIS | 5 | 8405 | 1.20 | 0.39, 2.79 | N |
| SUTTER DELTA MED CTR, ANTIOCH | 29 | 29870 | 1.33 | 0.89, 1.92 | N |
| † SUTTER EAST BAY HOSPS CTR | 26 | 74932 | 0.73 | 0.47, 1.06 | N |
| ALTA BATES SUMMIT MED CTR, ALTA BATES CAMPUS, BERKELEY | | | | | |
| ALTA BATES SUMMIT MED CTR, HERRICK CAMPUS, BERKELEY | | | | | |
| † SUTTER EAST BAY HOSPS CTR | 58 | 66769 | 1.64 | 1.25, 2.12 | H |
| ALTA BATES SUMMIT MED CTR, OAKLAND | | | | | |
| ALTA BATES SUMMIT MED CTR, SUMMIT CAMPUS, OAKLAND | | | | | |
| † SUTTER HEALTH SACRAMENTO SIERRA REGION | 92 | 108781 | 1.38 | 1.11, 1.69 | H |
| SUTTER GENERAL HOSP, SACRAMENTO | | | | | |
| SUTTER MEMORIAL HOSP, SACRAMENTO | | | | | |
| SUTTER LAKESIDE HOSP, LAKEPORT | 4 | 6389 | 1.44 | 0.39, 3.68 | N |
| SUTTER MATERNITY & SURGERY CTR OF SANTA CRUZ | 0 | 4231 | 0.00 | 0.00, 1.96 | N |
| † SUTTER MED CTR, CASTRO VALLEY | 53 | 50418 | 1.89 | 1.42, 2.47 | H |
| EDEN MED CTR, CASTRO VALLEY | | | | | |
| SAN LEANDRO HOSP | | | | | |
| SUTTER MED CTR OF SANTA ROSA | 8 | 19214 | 0.81 | 0.35, 1.60 | N |
| SUTTER ROSEVILLE MED CTR | 40 | 88301 | 0.55 | 0.39, 0.75 | L |
| SUTTER SOLANO MED CTR, VALLEJO | 23 | 18808 | 1.69 | 1.07, 2.54 | H |
| ¥ SUTTER SURGICAL HOSP, NORTH VALLEY, YUBA CITY | 0 | 1453 | | | |
| SUTTER TRACY COMMUNITY HOSP | 6 | 13840 | 0.91 | 0.33, 1.98 | N |
| ‡ SUTTER WEST BAY HOSPS | | | | | |
| CALIFORNIA PACIFIC MED CTR, DAVIES CAM HOSP, S F | 17 | 20458 | 1.14 | 0.66, 1.82 | N |
| † SUTTER WEST BAY HOSPS | 78 | 93154 | 0.99 | 0.78, 1.24 | N |
| CALIFORNIA PACIFIC MED CTR, CA WEST CAM HOSP, S F | | | | | |
| CALIFORNIA PACIFIC MED CTR, PACIFIC CAM HOSP, S F | | | | | |
| TAHOE FOREST HOSP, TRUCKEE | 0 | 4143 | 0.00 | 0.00, 1.86 | N |
| TEHACHAPI HOSP, TEHACHAPI | 0 | 5914 | 0.00 | 0.00, 1.14 | N |
| TEMPLE COMMUNITY HOSP, LOS ANGELES | 2 | 12060 | 0.34 | 0.04, 1.23 | N |
| TORRANCE MEMORIAL MED CTR, TORRANCE | 49 | 83164 | 0.82 | 0.61, 1.08 | N |
| TRI-CITY MED CTR, OCEANSIDE | 37 | 67498 | 0.72 | 0.51, 1.00 | L |
| TRI-CITY REGIONAL MED CTR, HAWAIIAN GARDENS | 0 | 13111 | 0.00 | 0.00, 0.65 | L |
| ¥ TRINITY HOSP, WEAVERVILLE | 0 | 2045 | | | |
| TULARE REGIONAL MEDICAL CTR | 2 | 2201 | 1.29 | 0.16, 4.68 | N |
| TWIN CITIES COMMUNITY HOSP, TEMPLETON | 11 | 19094 | 0.85 | 0.43, 1.53 | N |
| † UHS-CORONA, INC. | 30 | 33194 | 1.37 | 0.92, 1.95 | N |
| CORONA REGIONAL MED CTR, CAMPUS #1 | | | | | |
| CORONA REGIONAL MED CTR, CAMPUS #2 | | | | | |
| UKIAH VALLEY MED CTR/HOSP DRIVE, UKIAH | 3 | 12009 | 0.41 | 0.08, 1.19 | N |
| UNIVERSITY OF CALIFORNIA DAVIS MED CTR, SACRAMENTO | 124 | 159010 | 1.15 | 0.96, 1.37 | N |
| † UNIVERSAL HEALTH SERVICES OF RANCHO SPRINGS, INC. | 27 | 54700 | 0.67 | 0.44, 0.98 | L |
| SOUTHWEST HEALTHCARE SYSTEMS, MURRIETA | | | | | |
| SOUTHWEST HEALTHCARE SYSTEMS, WILDOMAR | | | | | |

Table 1. NHSN Standardized Infection Ratios (SIR) of Hospital Onset *Clostridium difficile* Infections Reported by California General Acute Care Hospitals* other than Long-term and Rehabilitation Acute Care Hospitals, January through December 2012

| Hospital Name | Hospital Onset Cases | Patient Days | SIR ^a | SIR 95% CI ^b | Comparison ^c |
|---|----------------------|--------------|------------------|-------------------------|-------------------------|
| UNIVERSITY OF CALIFORNIA IRVINE MED CTR, ORANGE | 78 | 100199 | 0.86 | 0.68, 1.07 | N |
| † UNIVERSITY OF CALIFORNIA, SAN DIEGO | 166 | 149545 | 1.15 | 0.98, 1.34 | N |
| UNIVERSITY OF CALIFORNIA, SAN DIEGO MED CTR | | | | | |
| UCSD-LA JOLLA, JOHN M.& SALLY B. THORNTON HOSP | | | | | |
| † UNIVERSITY OF CALIFORNIA, SAN FRANCISCO | 199 | 175945 | 1.25 | 1.08, 1.44 | H |
| UCSF MED CTR, SAN FRANCISCO | | | | | |
| UCSF MED CTR AT MOUNT ZION, SAN FRANCISCO | | | | | |
| VALLEY PRESBYTERIAN HOSP, VAN NUYS | 55 | 64079 | 1.16 | 0.87, 1.51 | N |
| VERDUGO HILLS HOSP, GLENDALE | 8 | 23276 | 0.66 | 0.28, 1.30 | N |
| VICTOR VALLEY COMMUNITY HOSP, VICTORVILLE | 6 | 18432 | 0.74 | 0.27, 1.60 | N |
| WASHINGTON HOSP, FREMONT | 140 | 59409 | 2.74 | 2.31, 3.24 | H |
| WATSONVILLE COMMUNITY HOSP | 2 | 16123 | 0.25 | 0.03, 0.90 | L |
| WEST ANAHEIM MED CTR, ANAHEIM | 16 | 33688 | 0.89 | 0.51, 1.44 | N |
| WEST HILLS HOSP AND MED CTR | 28 | 40351 | 1.29 | 0.86, 1.86 | N |
| WESTERN MED CTR ANAHEIM | 6 | 40981 | 0.24 | 0.09, 0.51 | L |
| WESTERN MED CTR SANTA ANA | 25 | 32434 | 0.93 | 0.60, 1.37 | N |
| WHITE MEMORIAL MED CTR, LOS ANGELES | 68 | 92753 | 1.26 | 0.98, 1.60 | N |
| WHITTIER HOSP MED CTR | 29 | 26003 | 1.63 | 1.09, 2.35 | H |
| WOODLAND MEMORIAL HOSP | 15 | 9086 | 2.43 | 1.36, 4.01 | H |

* All hospitals reported 12 months of data except for hospitals with extreme outlier community-onset *C. difficile* prevalence rate(s).

^a SIR is the ratio of reported hospital onset (HO) cases to the NHSN-predicted number of HO cases adjusted for the significant risk factors. An SIR is produced when at least one infection is predicted.

^b If the 95% Confidence Interval (CI) for the SIR includes 1, the number of reported cases is not statistically significantly different from that predicted.

^c This column shows if the 95% CI indicates an infection count significantly higher (H), lower (L) or no different (N) than predicted.

** Minimum, Maximum, and Percentile Distribution of Hospital-Specific CDI SIR: 0, 3.45, 10%: 0.17, 25%: 0.65, 50%: 0.93; 75%: 1.25, 90%: 1.65.

† Hospitals reported infection data aggregated over all acute care campuses.

‡ Hospitals reported infection data separately by acute care campus.

¶ Hospitals with data presented for only 6 or 9 months of the year in 2012; data from hospitals that reported extreme outlier community-onset *C. difficile* prevalence rate for certain quarters of the year were excluded from further analyses for those quarters.

¥ Hospitals with NHSN-predicted number of HO *C. difficile* cases <1 had no SIRs calculated due to less precise comparisons.

Source: *Clostridium difficile* Infections in California Hospitals, January through December 2012. California Department of Public Health

Table 2. Incidence Rates of Hospital Onset and Hospital Associated *Clostridium difficile* Infections and Use of Polymerase Chain Reaction (PCR) Reported by California Long-Term Acute Care Hospitals*, January through December 2012

| Hospital Name | Hospital Onset Cases | Patient Days | Hospital Onset Rate | 95% Confidence Interval | Hospital Associated Cases | Hospital Associated Rate | 95% Confidence Interval | PCR** |
|--|----------------------|---------------|---------------------|-------------------------|---------------------------|--------------------------|-------------------------|-------|
| STATE OF CALIFORNIA POOLED DATA | 817 | 463503 | 17.62 | | 822 | 17.73 | | |
| BARLOW RESPIRATORY HOSP, LOS ANGELES | 51 | 24060 | 21.2 | (16.86,29.28) | 54 | 22.44 | (16.86,29.28) | + |
| KENTFIELD REHAB & SPECIALTY HOSP, KENTFIELD | 57 | 17968 | 31.72 | (24.03,41.10) | 57 | 31.72 | (24.03,41.10) | + |
| KINDRED HOSP, BALDWIN PARK | 48 | 24778 | 19.37 | (14.28,25.68) | 48 | 19.37 | (14.28,25.68) | + |
| KINDRED HOSP, BREA | 22 | 15581 | 14.12 | (8.85,21.38) | 22 | 14.12 | (8.85,21.38) | + |
| KINDRED HOSP-LOS ANGELES | 63 | 27328 | 23.05 | (17.71,29.50) | 63 | 23.05 | (17.71,29.50) | + |
| KINDRED HOSP, ONTARIO | 51 | 28127 | 18.13 | (13.81,24.24) | 52 | 18.49 | (13.81,24.24) | + |
| KINDRED HOSP RANCHO, RANCHO CUCAMONGA | 27 | 18254 | 14.79 | (9.75,21.52) | 27 | 14.79 | (9.75,21.52) | + |
| KINDRED HOSP RIVERSIDE, PERRIS | 16 | 12121 | 13.2 | (7.55,21.44) | 16 | 13.20 | (7.55,21.44) | + |
| KINDRED HOSP-SACRAMENTO, FOLSOM | 13 | 11972 | 10.86 | (5.78,18.57) | 13 | 10.86 | (5.78,18.57) | + |
| KINDRED HOSP-SAN DIEGO | 30 | 18725 | 16.02 | (10.81,22.87) | 30 | 16.02 | (10.81,22.87) | |
| KINDRED HOSP-SAN FRANCISCO BAY AREA, SAN LEANDRO | 17 | 15685 | 10.84 | (6.31,17.35) | 17 | 10.84 | (6.31,17.35) | |
| KINDRED HOSP SOUTH BAY, GARDENA | 27 | 28140 | 9.59 | (6.32,13.96) | 27 | 9.59 | (6.32,13.96) | + |
| KINDRED HOSP, WESTMINSTER | 80 | 37711 | 21.21 | (17.06,26.70) | 81 | 21.48 | (17.06,26.70) | + |
| MONROVIA MEMORIAL HOSP | 13 | 14453 | 8.99 | (4.79,15.38) | 13 | 8.99 | (4.79,15.38) | |
| NORTHERN CA REHAB HOSP, REDDING | 31 | 16878 | 18.37 | (12.48,26.07) | 31 | 18.37 | (12.48,26.07) | + |
| ‡ PROMISE HOSP OF EAST LOS ANGELES, L.P. | | | | | | | | |
| PROMISE HOSP OF EAST LA-SUBURBAN CAMPUS, PARAMOUNT | 47 | 37708 | 12.46 | (9.16,16.57) | 47 | 12.46 | (9.16,16.57) | |
| PROMISE HOSP OF EAST LA-EAST L.A CAMPUS, LOS ANGELES | 16 | 9481 | 16.88 | (9.65,27.41) | 16 | 16.88 | (9.65,27.41) | |
| PROMISE HOSP OF SAN DIEGO | 17 | 18316 | 9.28 | (5.41,14.86) | 17 | 9.28 | (5.41,14.86) | + |
| ‡ SOUTHERN CALIFORNIA SPECIALTY CARE, INC. | | | | | | | | |
| KINDRED HOSP, LA MIRADA | 56 | 22827 | 24.53 | (18.53,31.86) | 56 | 24.53 | (18.53,31.86) | + |
| KINDRED HOSP-SAN GABRIEL VALLEY, WEST COVINA | 40 | 19704 | 20.3 | (14.50,27.64) | 40 | 20.30 | (14.50,27.64) | + |
| KINDRED HOSP, SANTA ANA | 50 | 16894 | 29.6 | (21.97,39.02) | 50 | 29.60 | (21.97,39.02) | + |
| VIBRA HOSP OF SAN DIEGO, SAN DIEGO | 45 | 26792 | 16.8 | (12.25,22.47) | 45 | 16.80 | (12.25,22.47) | |

* All hospitals reported 12 months of data.

** PCR: [+] = Hospital used PCR, [] = Hospital did not use PCR in 2012.

‡ Hospitals reported infection data separately by acute care campus.

Note: Rate per 10,000 patient days; 95% confidence interval calculated based on exact Poisson distribution.

Source: *Clostridium difficile* Infections in California Hospitals, January through December 2012. California Department of Public Health

Table 3. Incidence Rates of Hospital Onset and Hospital Associated *Clostridium difficile* Infections and Use of Polymerase Chain Reaction (PCR) Reported by California Rehabilitation Acute Care Hospitals*, January through December 2012

| Hospital Name | Hospital Onset Cases | Patient Days | Hospital Onset Rate | 95% Confidence Interval | Hospital Associated Cases | Hospital Associated Rate | 95% Confidence Interval | PCR** |
|--|----------------------|---------------|---------------------|-------------------------|---------------------------|--------------------------|-------------------------|-------|
| STATE OF CALIFORNIA POOLED DATA | 70 | 150950 | 4.64 | | 72 | 4.77 | | |
| BALLARD REHAB HOSP, SAN BERNARDINO | 6 | 13448 | 4.46 | (1.64,9.71) | 6 | 4.46 | (1.64,9.71) | |
| CASA COLINA HOSP FOR REHABILITATIVE MEDICINE, POMONA | 17 | 21716 | 7.83 | (4.91,13.10) | 18 | 8.29 | (4.91,13.10) | |
| HEALTHSOUTH BAKERSFIELD REHABILITATION HOSP | 4 | 19984 | 2.00 | (0.55,5.12) | 4 | 2.00 | (0.55,5.12) | + |
| HEALTHSOUTH TUSTIN REHABILITATION HOSP | 11 | 15109 | 7.28 | (3.63,13.03) | 11 | 7.28 | (3.63,13.03) | + |
| LAC/RANCHO LOS AMIGOS NATIONAL REHAB CTR, DOWNEY | 27 | 60456 | 4.47 | (3.08,6.69) | 28 | 4.63 | (3.08,6.69) | |
| SAN JOAQUIN VALLEY REHAB HOSP, FRESNO | 4 | 17664 | 2.26 | (0.62,5.80) | 4 | 2.26 | (0.62,5.80) | |
| ‡ ST JOSEPH HOSP EUREKA | | | | | | | | |
| THE GENERAL HOSP, EUREKA | 1 | 2573 | 3.89 | (0.10,21.65) | 1 | 3.89 | (0.10,21.65) | + |

* All hospitals reported 12 months of data.

** PCR: [+] = Hospital used PCR, [] = Hospital did not use PCR in 2012.

‡ Hospitals reported infection data separately by acute care campus; the other consolidated hospital is not a rehabilitation facility.

Note: Rate per 10,000 patient days; 95% confidence interval calculated based on exact Poisson distribution.

Source: *Clostridium difficile* Infections in California Hospitals, January through December 2012. California Department of Public Health

Table 4. Months Reported and Cases of Hospital Onset *Clostridium difficile* Infections Reported by California General and Long-term Acute Care Hospitals that Submitted Less Than 12 Months of Data, January through December 2012

| Hospital Name | Months Reported | Hospital Onset Cases | Patient Days |
|---------------------------------|-----------------|----------------------|--------------|
| COLORADO RIVER MED CTR, NEEDLES | 11 | 0 | 851 |
| *NEWPORT SPECIALTY HOSP, TUSTIN | 10 | 18 | 9454 |

* Long-term acute care hospital

Source: *Clostridium difficile* Infections in California Hospitals, January through December 2012.
California Department of Public Health