

**California Department of Public Health  
Healthcare-Associated Infections in California Hospitals Annual Report  
For January to December 2013**

**Key Findings and Public Health Action**

Healthcare-associated infections (HAI) continue to be a significant public health problem in California. In 2013, 424 acute care hospitals reported 18,780 HAI to the California Department of Public Health (CDPH) as required under state public reporting laws (Health and Safety Code section 1288.55). Reporting requirements include all acute care hospitals, with no exceptions for size, performing ongoing surveillance for all cases of *C. difficile* diarrheal infections (CDI), central line-associated bloodstream infections (CLABSI), bloodstream infections due to methicillin-resistant *S. aureus* (MRSA BSI) and vancomycin-resistant enterococcus (VRE BSI), and surgical site infections (SSI) following 29 types of surgical procedures. With the exception of CDI, reported data show that overall California hospitals have demonstrated progress in preventing HAI compared with national baseline data.

	No. of HAI Reported by California Hospitals in 2013	2013 California HAI Data Compared with National Baselines*
<b>CDI</b>	10,553	↑ 5% since 2011
<b>CLABSI</b>	2836	↓ 48% since 2008
<b>MRSA BSI</b>	698	↓ 27% since 2011
<b>VRE BSI</b>	753	<i>No national baseline</i>
<b>SSI – All Surgeries</b>	3,940	↓ 44% since 2008
<b>SSI – Colon Surgery</b>	686	↓ 18% since 2008
<b>SSI – Hysterectomy</b>	152	↓ 28% since 2008

**CDC 2013 HAI Progress Report**

*\*National baselines for the various infection types were established over several years based on the availability of sufficient surveillance data reported by US hospitals to the Centers for Disease Control and Prevention's National Healthcare Safety Network, and approval by the National Quality Forum to use the data for quality measures.*

This report for 2013 data marks the fifth year CDPH has published California hospital HAI data, and the fourth year using data reported by hospitals via the web-based National Healthcare Safety Network (NHSN). Beginning April 1, 2010, all California-licensed general acute care hospitals were required to report HAI data using NHSN and provide to CDPH electronic permission to access this data. SSI reporting via NHSN began April 1, 2011. CDPH extracted the data used to produce this 2013 report from NHSN on May 1, 2014, for the period January 1, 2013 through December 31, 2013.

As in past years, CDPH published 2013 data via a web page that includes this summary report of key findings and public health actions, 93 data tables, an interactive map designed to help the public interpret hospital-specific findings, and technical reports for each infection type, which include detailed information on statistical analysis methods and risk adjustment. The webpage is available at

[www.cdph.ca.gov/programs/hai/Pages/HAIReportsAndPrevention](http://www.cdph.ca.gov/programs/hai/Pages/HAIReportsAndPrevention). In early 2015, these 2013 HAI data will also be available via CDPH's Open Data Portal at <https://cdph.data.ca.gov>.

The reports present findings in the same format as last year, with the addition of "Hospital HAI Profiles" to the interactive map to depict all findings from each hospital on a single page. For the first time, we include the participation or non-participation of hospitals in validation. In 2013, CDPH began a three-year validation plan to help hospitals improve the accuracy and consistency of reported data. For 2013 reported data, CDPH asked hospitals to attest to performing the following six surveillance, reporting, and review "best practices:"

1. All positive blood cultures were reviewed to identify or rule out CLABSI;
2. All patient intensive care units (ICUs) and wards are categorized (mapped) accurately to ensure appropriate comparisons and interpretation of CLABSI rates;
3. All positive *C. difficile* toxin tests, MRSA blood cultures, and VRE blood cultures have been reported from inpatients;
4. SSIs were identified using multiple methods (acknowledging that microbiology review alone can miss up to 50 percent of SSI);
5. All required surgeries, as identified by the ICD-9 codes listed with the 29 mandated procedure categories, have been reported; and
6. The final CDPH-provided quality assurance/quality control report, containing all calendar year 2013 data reported by the hospital to NHSN, was reviewed and corrected as needed.

Validation allows a hospital to be more confident it is identifying all HAI necessary to determine which patient care units, surgical services, and/or specific infections the hospital needs to prioritize for targeting local HAI prevention efforts. In 2013, 297 (77.3%) hospitals participated in validation. Hospital-specific 2013 validation responses are depicted in Appendix A (page 14).

## Key Findings

In 2013, 384 licensed general acute care hospitals reported HAI data representing 424 physical campuses. Of these, 288 (75.0%) were defined as community hospitals, 21 (5.4%) as major teaching hospitals, 11 (2.9%) as pediatric hospitals, 32 (8.3%) as critical access hospitals, 23 (6.0%) as long-term acute care hospitals (LTAC), six (1.6%) as rehabilitation acute care hospitals, and three (<1.0%) as prison hospitals. A higher percentage of hospitals reported complete data for all infection types in 2013 than in previous years. CDPH cites for deficiencies hospitals that do not completely report all required HAI data. Only five (1.2%) hospitals failed to report complete HAI data in 2013 (Appendix B, page 30).

Many California hospitals continue to report fewer infections each year. From 2012 to 2013, 61 hospitals demonstrated significant reductions in HAI including five hospitals (three community hospitals, one major teaching hospital, and one pediatric hospital) that reported improvements in two or more different infection types (Appendix C, page 31). Following are 2013 key findings for each HAI type.

**CDI Summary.** *Clostridium difficile* (*C. difficile*) is a common cause of diarrhea in health care settings. Morbidity and mortality due to *C. difficile* infection (CDI) have increased over the past several years due to the emergence of more infectious and more virulent *C. difficile* strains. Infection control precautions including hand hygiene and environmental cleaning, as well as the judicious use of antibiotics as

monitored and directed by hospital antimicrobial stewardship programs, are equally important in preventing CDI infections.

To report hospital CDI incidence, this report uses a risk-adjustment method called the standardized infection ratio (SIR), which is calculated by comparing the number of CDI that were observed and reported by the hospital to the number that would be predicted based on the national baseline CDI data. For more precise comparisons, an SIR is calculated only when at least one infection is predicted. CDI cases are classified as hospital-onset when the positive stool sample is obtained on day four or later during the hospital stay. Risk factors found to be significant in predicting hospital-onset CDI incidence include the CDI test method, major teaching hospital, bed size, and the burden of community-onset CDI in patients admitted to the hospital. Adjusting for these factors provides a more accurate comparison of hospitals' infections. All references to CDI in this report refer to hospital-onset infections.

In 2013, 381 (99.2%) California hospitals reported 12 months of CDI data. During 2013, 45 (11.9%) hospitals reported no hospital-onset cases of CDI compared with 14.4% of hospitals in 2012. The statewide CDI SIR in 2013 is 1.05, compared with the national baseline SIR of 1.0. We were able to calculate CDI SIRs for 321 (90.9%) hospitals. Of these, 50 hospitals had fewer CDI than predicted (low SIR), and 62 hospitals had more CDI than predicted (high SIR).

No national baseline data are available to risk-adjust LTAC and rehabilitation acute care hospital CDI data, so we present pooled mean rates instead. In LTAC hospitals in 2013, the mean CDI rate was 16.8 per 10,000 patient days (range of 1.1 to 27.4) compared with 17.6 in 2012. In rehabilitation acute care hospitals in 2013, the mean CDI rate was 5.4 per 10,000 patient days (range of 0.5 to 16.5) compared with 4.6 in 2012.

Additional CDI Findings:

- Three hospitals, including one rehabilitation acute care hospital, reported less than 12 months of CDI data.
- All (100%) of hospitals reported the type of CDI laboratory testing method used.
- Four of 353 (1.1%) hospitals reported extreme outlier community-onset CDI prevalence rates for one quarter of the year in 2013 compared with 3.3% of hospitals in 2012. NHSN excluded data in those time periods from further analyses. The CDI SIR for these hospitals is presented for 2013 but includes only nine months of data (CDI Table 1).
- Thirty-three of 353 hospitals (9.3%) had no SIRs calculated by NHSN due to having a predicted number of CDI cases less than one.
- For LTAC and rehabilitation acute care hospitals, CDI rates are not adjusted for significant risk factors. Differences in rates between hospitals can result from differences in laboratory testing methods, patient populations, infection and transmission prevention practices, antibiotic use, 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.

*Four CDI data tables accompany this 2013 report. CDI Table 1 presents the hospital-onset CDI SIRs for general acute care hospitals other than LTAC and rehabilitation acute care. CDI Table 2 presents CDI rates in LTAC hospitals. CDI Table 3 presents the CDI rates in rehabilitation hospitals. CDI Table 4 presents the three hospitals that reported fewer than 12 months of CDI data in 2013.*

**CLABSI Summary.** Central line-associated bloodstream infections (CLABSI) result from contamination of a central line, either during insertion or during the time the line is in use during patient care. CLABSI rates are important markers for patient safety because most can be prevented with sustained and consistent adherence to infection control recommendations.

This report provides hospital-specific CLABSI rates with comparisons to the California pooled mean rates (i.e., average rates) for January through December 2013. CLABSI data are grouped by patient care locations where patients with similar medical conditions receive similar levels of care across hospitals. The data are risk-stratified by hospital unit type, not risk-adjusted by individual patient risk factors. CLABSI rates are identified as statistically higher, statistically lower, or no different than the comparable California pooled mean rate. In this report, we also incorporate hospital-specific adherence to central line insertion practices (CLIP), clinical practices known to prevent CLABSI, for each intensive care unit.

This year we are also reporting hospital-specific CLABSI SIRs, which are adjusted to account for differences in numbers of patients with central lines and the distribution of patients admitted to a variety of intensive care units (ICUs) and wards within each hospital. The CLABSI SIR tracks prevention progress over time; lower SIRs are better. The baseline national CLABSI SIR of 1.0 was established in 2008. In 2013, the California-wide CLABSI SIR is 0.52, which represents a 48% decrease compared with the national baseline. Importantly, 221 (63%) of California hospitals achieved a CLABSI SIR below 0.50, helping to realize the national five-year goal established by the U.S. Department of Health and Human Services in 2009 to reduce CLABSI by 50% by the end of 2013.

Overall the numbers of CLABSI reported by California hospitals decreased in 2013, although these differences were not statistically significant; 5% fewer CLABSI were reported in 2013 (2836) compared with 2012 (2998). The overall California average CLABSI rate in ICUs was 12% lower in 2013 (0.93 per 1000 central line days) than in 2012 (1.06 per 1000). In general patient wards, the 2013 CLABSI rate was 11% lower than in 2012 (0.71 vs. 0.80 per 1000 central line days). Of the 23 patient location types (ICUs and wards) with at least 10 hospitals reporting data, CLABSI rates were lower in 13 (57%) patient locations in 2013 compared with 2012.

Of the 333 licensed general acute care hospitals with a critical care area, 312 (94%) submitted data. Hospitals that did not submit data on central line insertions did not have central lines inserted within an ICU. Adherence to all eight clinical care practices of the CLIP bundle occurred in 82,049 central line insertions for an overall adherence of 97%. This is the same as compared with 2012. Adherence was similar across ICU types, with 98% in adult ICUs, 97% in pediatric ICUs, and 97% in neonatal ICUs.

Data reported in 2013 demonstrate nearly complete participation by all hospitals and sustained improvements in CLABSI data quality. Decreases in the number of CLABSI and CLABSI rates in California from 2012 to 2013 appear to extend the national trajectory downward although not uniformly across all patient care locations and all hospitals. Decreasing California CLABSI rates are an encouraging sign that suggest progress towards CLABSI prevention. Reporting CLABSI rates by patient care locations at the state and hospital levels provides specific, current information to target infection prevention efforts, to monitor CLABSI prevention progress within California hospitals over time, and to enable patients to make more informed health care choices.

Additional CLABSI Findings:

*California-wide findings*

- The overall California average CLABSI rates in most patient care locations were lower in 2013 than in 2012; however, some hospital units had higher overall rates. In NHSN-defined specialty care areas, i.e., inpatient dialysis and solid organ transplant units, the 2013 rate was 25% higher compared with 2012 (2.12 vs. 1.70), and in neonatal critical care areas, the 2013 rate was 16% higher (0.92 vs. 0.79 per 1000) compared with 2012.

*California hospital-specific findings*

- Of 384 California hospitals in continuous operation in 2013, 11 reported no central line-days (i.e., had no patients at risk for developing CLABSI). The remaining 373 hospitals reported at least one central line-day or one CLABSI. Of these latter 373 hospitals, 368 (99%) were included in this report and five were excluded because data that could not be risk stratified (i.e., patient care units defined as “mixed acuity”). The percentage of hospitals included in this 2013 report (99%) was the same as the 2012 report.
- Hospitals reported 2836 CLABSI in 2013; 2804 (99%) CLABSI were included in the data tables of this report; 32 reported CLABSI were excluded because of incomplete or insufficient reporting. The percentage of reported CLABSI included in this 2013 report (99%) was the same as the 2012 report.
- In 2013, 20 (5%) of 373 hospitals had at least one patient care location CLABSI rate that was statistically lower than the comparable state average; this percentage is similar to the percentage (6%) reported in 2012.
- In 2013, 53 (14%) of 373 hospitals had at least one patient care location CLABSI rate that was statistically higher than the comparable state average; this percentage is similar to the percentage (13%) reported in 2012. Among these 53 hospitals, 42 (79%) hospitals had only one patient care location that was statistically high; the remaining 11 (21%) hospitals had two to four statistically high-rate patient-care locations. Also, among the 53 hospitals, 16 (30%) had at least one patient care location that was statistically higher than the state average in 2013 and 2012. These hospital-specific patient care locations appear to have consistently high rates.

*Central line insertion practices*

- For January to December 2013, 333 hospitals with an intensive care unit were subject to the reporting mandate for CLIP adherence monitoring. Of these, 19 (6%) reported central line days but did not report CLIP data because they did not insert central lines within an ICU. Two (<1%) reported no central line days or central line insertions.
- Adherence to all eight components of the CLIP bundle occurred in 82,049 central line insertions for an overall adherence of 97% in 2013. This is the same compared with 97% adherence in 2012.
- Most central lines were inserted in adult-only ICUs (80%).

*Important context for interpreting CLABSI key findings*

- CLABSI rates are affected by clinical and infection control practices related to the insertion and ongoing care of central lines, risk factors of patients in varying types of care locations, and surveillance methods. While stratifying CLABSI rates by patient care location makes rates more comparable, it cannot control for all individual patient factors that can affect CLABSI rates or for differences among hospitals in identifying and reporting infections.

- A low CLABSI rate may reflect greater diligence with infection prevention care practices in line insertion and line maintenance practices, or may reflect less effective surveillance methods that detect fewer infections. Similarly, a high rate may reflect failure to consistently adhere to all recommended infection prevention care practices, or may reflect more complete and accurate infection surveillance.

*Forty-two CLABSI and CLIP data tables accompany this 2013 report. CLABSI Table A presents the percent change in CLABSI rates from 2012 to 2013 by patient care locations (ICUs and wards). CLABSI Table B depicts the risk-adjusted CLABSI SIR for all hospitals other than LTAC and rehabilitation acute care. CLABSI Table 1 presents statewide average and distributions of CLABSI rates and CLIP adherence percentages by patient care locations. CLABSI Table 2 presents an alphabetical list of California hospitals with their patient care locations and symbols identifying those hospital-specific locations where 2013 CLABSI rates were statistically higher, lower, or no different from state average rates. CLABSI Tables 3 to 39 present detailed, hospital-specific CLABSI information for each patient care location. Information includes an alphabetical list of California hospitals, numbers of CLABSI, central line-days and patient days, CLABSI rates and their 95% confidence intervals, and symbols indicating patient care locations that were statistically higher, lower, or no different from statewide average rates. CLABSI Tables 3 to 16 also present the CLIP adherence percentages. CLABSI Table 40 lists hospitals excluded from analyses (hospitals that did not report CLABSI data, or reported they did not use central lines during the reporting period, had missing central line-days that prevented calculation of any CLABSI rate for the reporting period, or reported only 'mixed acuity' patient care locations that could not be risk adjusted).*

**MRSA BSI and VRE BSI Summary.** Methicillin-resistant *Staphylococcus aureus* (MRSA) and vancomycin-resistant *Enterococci* (VRE) are two of the most common organisms resistant to multiple antimicrobial drugs that cause infections in hospital patients. Bloodstream infections (BSIs) due to these resistant pathogens are among the most serious HAIs, resulting in increased lengths of hospital stay, higher hospital costs, and risk of death.

This report presents data for hospital-onset MRSA BSI and VRE BSI. As with CDI, this year's report presents hospital-specific MRSA BSI incidence as SIRs. Risk of infection is adjusted for bed size, medical school affiliation, and the community-onset MRSA BSI prevalence rate of patients admitted to the hospital. The 2013 statewide pooled mean MRSA BSI SIR (from 353 hospitals) is 0.70. Eighteen hospitals had significantly fewer MRSA BSI than predicted (low SIR). Six hospitals had significantly more MRSA BSI than predicted.

The report presents hospital-specific MRSA BSI rates for LTAC and rehabilitation acute care hospitals because there are no CDC risk-adjustment methods for these hospital types. The average MRSA BSI rate among 23 LTAC hospitals was 2.30 per 10,000 patient days in 2013, higher than 1.75 reported in 2012. Three LTAC hospitals had rates significantly higher than predicted, and three had rates significantly lower than predicted. None of the five rehabilitation acute care hospitals reported MRSA BSI in 2013. MRSA BSIs are unusual events in rehabilitation hospitals.

CDC provides no risk-adjustment method for VRE BSI. Overall the VRE BSI average rate in California in 2013 is 0.48 per 10,000 patient days compared with 0.52 in 2012. The report presents risk-stratified

VRE BSI rates by grouping hospitals into categories based on the types of patients served and type of care delivered.

Hospital Type	No. of Hospitals Reporting in 2013	VRE BSI	
		Pooled Mean Rate per 10,000 Patient Days	
		2012	2013
<b>Long Term Acute Care</b>	23	2.61	<b>2.19</b>
<b>Major Teaching</b>	21	0.98	<b>1.06</b>
<b>Community</b>	288	0.35	<b>0.30</b>
<b>Pediatric</b>	11	0.17	<b>0.12</b>
<b>Critical Access</b>	30	0	<b>0</b>
<b>Rehabilitation</b>	5	0	<b>0</b>
<b>Prison</b>	3	0	<b>0</b>
<b>All</b>	381	0.52	<b>0.48</b>

Additional MRSA BSI and VRE BSI Findings:

- Three hospitals, including one rehabilitation acute care hospital, reported less than 12 months of MRSA BSI / VRE BSI data.
- 155 (40.6%) hospitals reported no MRSA BSIs in 2013 versus 174 (45.0 %) in 2012.
- MRSA BSI SIR could be calculated for 227 (64.3%) general acute care hospitals. Of these, 18 hospitals had significantly lower numbers of MRSA BSIs than predicted (lower SIRs). Six hospitals had significantly higher numbers than predicted.
- 127 (36.0%) hospitals had no MRSA BSI SIR calculated by NHSN because the predicted number of infections was less than one. However, we calculated the SIR for 23 of these hospitals one or more MRSA BSI. Of these, one hospital had significantly higher number of MRSA BSIs than predicted.
- Four (19.0%) major teaching hospitals had rates significantly higher than the average rate, and two (9.5%) had rates significantly lower than the average rate. All major teaching hospitals reported VRE BSIs in 2013
- No pediatric hospitals had significantly higher or lower rates than the average rate. Five (45.4%) reported no VRE BSIs.
- Two (8.7%) LTAC hospitals VRE BSI rates significantly higher than the average rate, three (13.0%) LTAC hospitals had rates significantly lower than the average rate, and four (17.4%) reported no VRE BSIs.
- No VRE BSIs were reported by rehabilitation acute care hospitals, critical access hospitals, or prison hospitals. VRE BSIs are unusual events in these types of hospitals.
- The higher rates of VRE BSI in LTAC and major teaching hospitals likely reflect the increased severity of illness in patients in these hospitals compared with community hospitals and critical access hospitals. The lower rates of HO VRE BSIs in pediatric hospitals likely result from factors specific to age rather than the measure of severity of illness as the case mix index in pediatric hospital patients is similar to major teaching hospitals.
- NHSN provides no risk adjustment method for comparison of VRE BSI. Variation in rates could be affected by differences in severity of illness in patients between hospitals, differences in adherence to clinical and infection control practices that reduce the risk of VRE BSI, and/or to differences in the completeness of reporting.

*Thirteen MRSA and VRE BSI data tables accompany this 2013 report. MRSA BSI Table 1 presents the statewide percent change in MRSA BSI incidence for general acute care, LTAC, and rehabilitation hospitals from 2012 to 2013. MRSA BSI Table 2 lists the hospital-onset MRSA BSI SIR for hospitals other than LTAC and rehabilitation acute care. MRSA BSI Table 3 lists the MRSA BSI rates in LTAC hospitals. MRSA BSI Table 4 lists the MRSA BSI rates in rehabilitation hospitals. VRE BSI Tables 5 through 12 present hospital-specific VRE BSI rates stratified by seven hospital categories; major teaching, LTAC, pediatric, rehabilitation, critical access, prison, or community hospital. MRSA/VRE BSI Table 13 lists the three hospitals that reported fewer than 12 months in 2013.*

**SSI Summary.** A surgical site infection (SSI) is an infection that occurs after surgery in the part of the body where the surgery took place due to contamination during the time of the operation. SSIs are the second most common type of healthcare-associated infection, often resulting in longer hospitalization or readmission to the hospital.

All 344 licensed California hospitals known to be subject to SSI reporting requirements reported data on one or more surgical procedure category. 2013 is only the second full year of hospitals reporting data for 29 surgical procedure categories. We observed a small increase in both the number of surgical procedures reported and the number of SSI reported in 2013 compared with 2012.

	<b>2012</b>	<b>2013</b>
<b>Surgical procedures reported</b>	682,391	<b>716,334</b>
<b>SSI reported</b>	3,661	<b>3,940</b>

This report presents SSI data as procedure-specific SIRs, which use both patient-level and hospital-level factors for risk adjustment. Currently, there is no risk adjustment process for five of the 29 California-mandated reportable surgical procedure categories: heart transplant, kidney surgery, ovarian surgery, pacemaker surgery, and spleen surgery. SIRs cannot be calculated for these five categories; this report includes number of procedures and the number of SSI reported by each hospital.

In this 2013 report, 21 of 24 surgical procedures demonstrated overall statewide SSI SIRs that were statistically lower compared with the national referent SIR of 1.0. Appendectomy, vaginal hysterectomy, and rectal surgery SSI SIRs were not statistically different from the national data.

Surgical Procedure Category	No. Hospitals Performing Surgery, 2013	Statewide SSI SIR	
		2012	2013
Abdominal aortic aneurysm repair	142	0.35	<b>0.28</b>
Appendectomy	314	0.88	<b>1.03*</b>
Bile duct, liver, or pancreatic surgery	243	0.24	<b>0.26</b>
Cardiac surgery	159	0.61	<b>0.54</b>
Cesarean section	247	0.31	<b>0.31</b>
Colon surgery	316	0.65	<b>0.82</b>
Coronary artery bypass graft, chest & donor site incisions	126	0.60	<b>0.53</b>
Coronary artery bypass graft with chest incision only	111	0.74*	<b>0.39</b>
Exploratory laparotomy	315	0.73	<b>0.69</b>
Gallbladder surgery	318	0.61	<b>0.77</b>
Gastric surgery	289	0.51	<b>0.60</b>
Hip prosthesis	300	0.62	<b>0.70</b>
Hysterectomy, abdominal	301	0.76	<b>0.72</b>
Hysterectomy, vaginal	281	0.70	<b>0.95*</b>
Knee prosthesis	21	0.84*	<b>0.35</b>
Kidney transplant	295	0.53	<b>0.58</b>
Laminectomy	228	0.58	<b>0.46</b>
Liver transplant	12	0.31	<b>0.25</b>
Open reduction of fracture	312	0.37	<b>0.43</b>
Rectal surgery	262	0.79	<b>0.97*</b>
Small bowel surgery	301	0.59	<b>0.53</b>
Spinal fusion	219	0.53	<b>0.51</b>
Spine re-fusion	148	0.48	<b>0.24</b>
Thoracic surgery	249	0.42	<b>0.35</b>

*\*The statewide procedure-specific SSI SIRs marked with an asterisk are not statistically different from national baseline data. All others are statistically lower. No statewide SSI SIRs are statistically higher than national baseline data.*

Hospital-specific SIRs can be generated for each surgical procedure type when at least one SSI is predicted, which is determined by the number of surgeries performed and the mix of patients undergoing each procedure type. Each hospital may not have SSI SIRs for every surgical procedure category. For California hospitals that perform small numbers of surgeries, an SIR cannot be reported for many of their procedure categories. Options for providing more comparison data for SSI are being evaluated for incorporation into next year’s report.

In 2013, SSI SIRs could be calculated for 282 hospitals for one or more surgical categories, allowing comparison with national referent data. Of these, 76 hospitals had one or more type of surgery with fewer SSIs than predicted (low SIR), 26 hospitals had at one or more type of surgery with more SSIs

than predicted (high SIR), and 21 hospitals had surgery types with both low and high SSI SIRs. The other 180 hospitals had SSI SIRs that showed no difference between the number of SSI reported and the number predicted.

*Thirty-four SSI Data Tables accompany this 2013 report. SSI Tables 1 through 29 present the 29 different reportable surgical procedure categories with data from 344 general acute care hospitals. Data from 6 LTAC hospitals are presented in SSI Tables 30 to 32. No SSI information was reported by rehabilitation acute care hospitals. SSI Table 33 lists the 40 hospitals that submitted confirmation that they performed no surgeries among the 29 reportable surgical procedure categories in 2013. SSI Table 34 lists the 10 hospitals that reported less than 20 total surgeries performed in 2013 to CDPH.*

## Public Health Action

Multiple stakeholders use this annual HAI report. State and local public health use the report to understand local trends and to determine needs for public health outreach. Hospitals use the report to compare their infection incidence and assess areas for targeted HAI prevention. Consumers use the report to make decisions about where to seek care. Under the transparency of public reporting, declining infection incidence is expected to continue.

In response to this annual report, CDPH performs outreach to hospitals with high infection incidence to ensure they are aware of and responding to the need for improvement, and provides assistance and support to hospitals for local implementation of prevention action plans. In 2013, many California hospitals continue to demonstrate low infection incidence or decreases in their infection incidence compared with previous years. However, improvement is not occurring uniformly across all hospitals. The statewide incidence of CDI appears to be increasing, requiring concerted efforts to turn the tide on this urgent infection threat.

From these 2013 reported data, CDPH identified 111 hospitals with high HAI incidence and targeted them for consultations, including 62 hospitals targeted for CDI prevention action planning.

HAI	Criteria Used to Target Hospitals for Data for Action Outreach	# of Hospitals Targeted, 2013
CDI	Hospitals with significantly high SIR in 2013 compared with 2011 national baseline.	62
CLABSI	Hospitals with at least one patient care location with a significantly high rate in two consecutive years (2012 and 2013) and hospitals with two or more locations with significantly high rates in 2013 compared with state mean rates, and hospitals with significantly high SIRs in 2013 compared with 2008 national baseline.	23
MRSA BSI	Hospitals with significantly high SIR in 2013 compared with 2011 national baseline	9
VRE BSI	Hospitals with significantly high rates in 2013 compared with other California hospitals in their strata (i.e. community, major teaching, pediatric, LTAC, rehabilitation, critical access, prison).	19
SSI	Hospitals with significantly high SIR in 2013 compared with 2008 national baseline.	26

*Note: 27 hospitals were targeted for more than one HAI type*

To use the HAI data to leverage prevention activities where needed, CDPH developed and implemented an HAI “data for action” strategy to identify and contact hospitals with high HAI incidence (Appendix D, page 35). CDPH sends targeted hospitals a letter and offers a prevention assessment onsite visit by a member of our regionally based HAI Liaison Infection Prevention team. Liaison Infection Preventionists perform tailored assessments specific to the HAI problem, which may include observational measurements to assess healthcare provider adherence to core prevention strategies, such as hand hygiene, use of bundle practices, environmental cleaning, and adherence to standard and contact precautions. Hospitals previously targeted are reminded and encouraged to provide updates on the infection prevention strategies they committed to during past consultations.

In follow up to this report, CDPH will:

1. 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.
2. For those hospitals with high CDI incidence, recommend and offer assistance to assess adherence to core CDI prevention practices, including thoroughness of environmental cleaning, antimicrobial stewardship, judicious use of contact precautions, hand hygiene, and establishing clear communication between facilities sharing potentially transmissible CDI patients.
3. Engage with hospitals that have patient care locations with CLABSI rates statistically higher than statewide or national averages to explore opportunities to improve CLABSI prevention and control. Recommend to hospitals with high CLABSI incidence that they review central line insertion practices, as well as CDC core and supplemental recommendations for the care and maintenance of central lines, device utilization rates, and daily assessment of central line necessity.
4. Continue to explore opportunities for preventing MRSA and VRE BSIs.
5. Identify and encourage hospitals with significantly higher numbers of SSI than predicted to report those findings to their surgical and operating room staff and examine adherence to surgical infection prevention practices.
6. Continue to monitor accuracy and completeness of reported data, including onsite data validation.
7. Consult with hospitals on their planned infection prevention strategies, sustainability issues, use of HAI validation tools available on the CDPH website.
8. Assist with identifying local networking opportunities for infection prevention education.
9. Continue prevention collaborative efforts with LTAC hospitals to explore opportunities for preventing HAI.
10. Continue to provide assistance to hospitals to improve surveillance and detection of SSI.

Hospitals should review these data, and based on local HAI prevention priorities:

1. Review and implement CDI prevention strategies to include:
  - Reviewing hospital CDI prevention activities and ensuring consistency with recommendations from CDC and infection control professional organizations (e.g. Society for Healthcare Epidemiology of America, Infectious Diseases Society of America, Association for Professionals in Infection Control and Epidemiology);
  - Identifying antimicrobials and prescribing practices most strongly associated with CDI at their facilities and targeting antimicrobial stewardship strategies;

- Actively monitoring adherence to infection control practices known to decrease risk of transmitting *C. difficile* among patients, including contact precautions, hand hygiene, and environmental cleaning; and
  - Ensuring accuracy and completeness of CDI data for monitoring prevention progress over time by strictly following NHSN protocols and definitions for all CDI positive tests.
2. Review and implement CLABSI prevention strategies to include:
- Investigating patient care locations with the highest rates of CLABSI to identify opportunities to improve CLABSI prevention;
  - Actively monitoring adherence to evidence-based CLABSI prevention measures including catheter choice and site, insertion and maintenance care practices, and prompt removal of catheters that are no longer necessary;
  - Using CLIP bundle adherence as a quality improvement tool to identify care component(s) with low percentages and targeting interventions to improve adherence;
  - Expanding CLIP adherence monitoring to all patient care areas and units where central lines are inserted;
  - Analyzing CLIP data to target avoidance of femoral insertion sites;
  - Evaluating CLIP adherence for each CLABSI as part of a root cause analysis (or other case review) to identify specific areas for practice improvement; and
  - Ensuring the accuracy and completeness of CLABSI data for monitoring prevention progress over time by a) reviewing all positive blood cultures to confirm or rule out CLABSI and b) strictly following NHSN definitions and protocols for identifying, classifying, and reporting CLABSI, central line-days, and CLIP data.
3. Review and implement strategies to prevent MRSA BSI and VRE BSI to include:
- Examining MRSA BSI SIR and VRE BSI rates relative to hospitals in their hospital category;
  - Taking action to prevent the transmission of MRSA and VRE using recommendations of the CDC and professional organizations; and
  - Ensuring the accuracy and completeness of MRSA BSI and VRE BSI data for monitoring prevention progress over time by reviewing and reporting all MRSA and VRE positive blood cultures per NHSN protocols.
4. Review and implement strategies to prevent SSI to include:
- Reporting to local surgical service and operating room staff surgery-specific SSI findings and comparisons, focusing on surgical categories with significantly higher and lower SSI than predicted;
  - Monitoring adherence to evidence-based SSI prevention practices; and
  - Continuing efforts to ensure complete identification and accurate reporting of all SSIs for the 29 required surgical procedure categories.

The public should consider:

- Reviewing the infection information presented for your hospital and asking your health care provider questions you have about the data they reported.
- Asking your health care provider about the actions your hospital is taking to ensure patient safety and prevent HAI.
- Asking your health care provider about what actions you can take to ensure your safety in the hospital and protect yourself against HAI.
- Asking your health care provider about what actions they are taking to prevent CDI, including whether they have an antimicrobial stewardship program to ensure appropriate use of antibiotics.
- Asking your health care provider about what actions they are taking to prevent the transmission of MRSA and VRE.
- Observing whether your health care provider performs hand hygiene or hand washing just prior to examining you.
- Speaking up if you do not understand or have a question. Clear communication between you and your health care provider is one of the first steps you can take toward ensuring your own safety.

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Appendix A. Validation by Attestation Responses from California Hospitals, 2013

Reporting Hospital	All Positive Blood Cultures Reviewed to Identify or Rule Out CLABSI	All ICU and Wards Mapped Correctly for Comparing Data	All Positive Non-Duplicate CDI Toxin Tests and MRSA/VRE Blood Cultures Identified and Reported	Multiple Surveillance Methods Used to Identify SSI	All Required Inpatient Surgeries Reported	QA/QC Reports Reviewed and Corrections Made If Needed	Did Not Participate in 2013 Validation by Attestation
† Adventist Health Systems (Hanford & Selma)	Yes	Yes	Yes	Yes	Yes	Yes	
Adventist Med Center, Reedley	Yes	Yes	Yes	Yes	Yes	Yes	
AHMC Anaheim Regional Med Center, Anaheim	Yes	Yes	Yes	Yes	Yes	Yes	
† Alameda County Med Center (Oakland & San Leandro)	Yes	Yes	Yes	Yes	Yes	Yes	
Alameda Hospital	Yes	Yes	Yes	Yes	Yes	Yes	
Alhambra Hospital Med Center	Yes	Yes	Yes	Yes	Yes	Yes	
† Alta Los Angeles Hospitals, Inc.(LA & Norwalk)	Yes	Yes	Yes	Yes	Yes	No	
† Alvarado Hospital, LLC (San Diego)	Yes	Yes	Yes	Yes	Yes	Yes	
Antelope Valley Hospital, Lancaster	Yes	Yes	Yes	Yes	Yes	Yes	
<b>Arrowhead Regional Med Center, Colton</b>							<b>X</b>
Bakersfield Heart Hospital	Yes	Yes	Yes	Yes	Yes	Yes	
Bakersfield Memorial Hospital	Yes	Yes	Yes	Yes	Yes	Yes	
<b>Ballard Rehab Hospital, San Bernardino</b>							<b>X</b>
Banner Lassen Med Center, Susanville	Yes	Yes	Yes	Yes	Yes	No	
Barlow Respiratory Hospital, Los Angeles	Yes	Yes	Yes	No	NA	Yes	
Barstow Community Hospital	Yes	Yes	Yes	Yes	Yes	Yes	
Barton Memorial Hospital, South Lake Tahoe	Yes	Yes	Yes	Yes	Yes	Yes	
Bear Valley Community Hospital, Big Bear Lake	Yes	No	No	Yes	Yes	Yes	
Beverly Hospital, Montebello	Yes	Yes	Yes	Yes	Yes	Yes	
Biggs Gridley Memorial Hospital, Gridley	Yes	Yes	NA	Yes	Yes	Yes	
California Hospital Med Center, Los Angeles	Yes	Yes	Yes	Yes	Yes	Yes	
California Med Facility, Vacaville	Yes	Yes	Yes	Yes	NA	Yes	
<b>California Mens Colony, San Luis Obispo</b>							<b>X</b>
California Pacific Med Center, St Luke's Campus, San Francisco	Yes	Yes	Yes	Yes	Yes	Yes	
Casa Colina Hospital For Rehabilitative Medicine, Pomona	Yes	Yes	Yes	Yes	NA	Yes	

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Catalina Island Med Center, Avalon	NA - Zero central line days	Yes	NA	Yes	NA	Yes	
Cedars-Sinai Med Center, Los Angeles	Yes	Yes	Yes	Yes	Yes	Yes	
Centinel Hospital Med Center, Inglewood	Yes	Yes	Yes	Yes	Yes	Yes	
Central Valley General Hospital, Hanford	Yes	Yes	Yes	Yes	Yes	Yes	
Chapman Med Center, Orange	Yes	Yes	Yes	Yes	Yes	Yes	
Childrens Hospital And Research Center At Oakland	Yes	Yes	Yes	Yes	Yes	Yes	
Children's Hospital At Mission, Mission Viejo	Yes	Yes	Yes	Yes	Yes	Yes	
Children's Hospital Central Ca, Madera	Yes	Yes	Yes	Yes	Yes	Yes	
Childrens Hospital Of Los Angeles	Yes	Yes	Yes	Yes	Yes	Yes	
Children's Hospital Of Orange County, Orange	Yes	Yes	Yes	Yes	Yes	Yes	
<b>Chinese Hospital, San Francisco</b>							X
Chino Valley Med Center, Chino	Yes	Yes	Yes	Yes	Yes	Yes	
<b>† Citrus Valley Med Center, Inc. (Covina &amp; West Covina)</b>							X
City Of Hope Helford Clinical Research Hospital, Duarte	Yes	Yes	Yes	Yes	Yes	Yes	
Clovis Community Med Center	Yes	Yes	Yes	Yes	Yes	Yes	
<b>Coalinga Regional Med Center</b>							X
<b>Coast Plaza Hospital, Norwalk</b>							X
Coastal Communities Hospital, Santa Ana	Yes	Yes	Yes	Yes	Yes	Yes	
College Hospital Costa Mesa	Yes	Yes	Yes	Yes	NA	Yes	
Colorado River Med Center, Needles	Yes	Yes	Yes	Yes	Yes	Yes	
Colusa Regional Med Center	Yes	Yes	Yes	Yes	Yes	Yes	
<b>Community And Mission Hospital Of Huntington Park</b>							X
Community Hospital Long Beach	Yes	Yes	Yes	Yes	Yes	Yes	
<b>Community Hospital Of The Monterey Peninsula, Monterey</b>							X
Community Hospital Of San Bernardino	Yes	Yes	Yes	Yes	Yes	Yes	

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Community Memorial Hospital, San Buenaventura, Ventura	Yes	Yes	Yes	Yes	Yes	Yes	
Community Regional Med Center, Fresno	Yes	Yes	Yes	Yes	Yes	Yes	
Contra Costa Regional Med Center, Martinez	Yes	Yes	Yes	Yes	Yes	No	
† County Of Ventura Medical Centers	Yes	Yes	Yes	Yes	Yes	Yes	
Dameron Hospital, Stockton	Yes	Yes	Yes	Yes	Yes	Yes	
Delano Regional Med Center	Yes	Yes	Yes	Yes	Yes	Yes	
Desert Regional Med Center, Palm Springs	Yes	Yes	Yes	Yes	Yes	Yes	
<b>Desert Valley Hospital, Victorville</b>							X
† Dignity Health (Mercy Hospitals, Bakersfield)	Yes	Yes	Yes	Yes	Yes	Yes	
<b>Doctors Hospital Of Manteca</b>							X
<b>Doctors Hospital Of West Covina, Inc, West Covina</b>							X
<b>Doctors Med Center, Modesto</b>							X
Doctors Med Center, San Pablo	Yes	Yes	Yes	Yes	Yes	Yes	
Dominican Hospital	Yes	Yes	Yes	Yes	Yes	Yes	
Downey Regional Med Center	Yes	Yes	Yes	Yes	No	No	
<b>Earl &amp; Loraine Miller Children's Hospital, Long Beach</b>							X
<b>East Los Angeles Doctors Hospital, Los Angeles</b>							X
<b>East Valley Hospital Med Center, Glendora</b>							X
<b>Eastern Plumas Health Care, Portola</b>							X
Eisenhower Med Center, Rancho Mirage	Yes	Yes	Yes	Yes	Yes	Yes	
‡ El Camino Hospital, Los Gatos	Yes	Yes	Yes	Yes	Yes	Yes	
‡ El Camino Hospital, Mountain View	Yes	Yes	Yes	Yes	Yes	Yes	
El Centro Regional Med Center	Yes	Yes	Yes	Yes	Yes	Yes	
Emanuel Med Center Inc, Turlock	Yes	Yes	Yes	Yes	Yes	Yes	
Encino Hospital Med Center, Encino	Yes	Yes	Yes	Yes	Yes	Yes	
† Enloe Med Centers (Chico)	Yes	Yes	Yes	Yes	Yes	Yes	

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Fairchild Med Center, Yreka	Yes	Yes	Yes	Yes	Yes	Yes	
<b>Fairview Developmental Center, Costa Mesa</b>							X
Fallbrook Hospital District	Yes	Yes	Yes	Yes	Yes	Yes	
Feather River Hospital, Paradise	Yes	Yes	Yes	Yes	Yes	Yes	
<b>Foothill Presbyterian Hospital-Johnston Memorial, Glendora</b>							X
† Fountain Valley Regional Hospital & Med Center	Yes	Yes	Yes	Yes	Yes	Yes	
Frank R. Howard Memorial Hospital, Willits	Yes	Yes	Yes	Yes	Yes	Yes	
† Fremont-Rideout Health Group (Yuba City & Marysville)	Yes	Yes	Yes	Yes	Yes	Yes	
French Hospital Med Center, San Luis Obispo	Yes	Yes	Yes	Yes	Yes	Yes	
Fresno Heart And Surgical Hospital	Yes	Yes	Yes	Yes	No	Yes	
Fresno Surgical Hospital	NA - No Positive Blood Cultures	Yes	NA	Yes	Yes	Yes	
Garden Grove Hospital And Med Center	Yes	Yes	Yes	Yes	Yes	Yes	
Garfield Med Center, Monterey Park	Yes	Yes	Yes	Yes	Yes	Yes	
George L. Mee Memorial Hospital, King City	Yes	Yes	Yes	Yes	Yes	Yes	
Glendale Adventist Med Center	Yes	Yes	Yes	Yes	Yes	Yes	
Glendale Memorial Hospital And Health Center	Yes	Yes	Yes	Yes	Yes	Yes	
<b>Glenn Med Center, Willows</b>							X
<b>Goleta Valley Cottage Hospital, Santa Barbara</b>							X
Good Samaritan Hospital, Bakersfield	Yes	Yes	Yes	Yes	Yes	Yes	
Good Samaritan Hospital, Los Angeles	Yes	Yes	Yes	Yes	Yes	Yes	
<b>† Good Samaritan Hospital, LP (Los Gatos &amp; San Jose)</b>							X
Greater El Monte Community Hospital, South El Monte	Yes	Yes	Yes	Yes	Yes	Yes	
Grossmont Hospital, La Mesa	Yes	Yes	Yes	Yes	Yes	Yes	
Hazel Hawkins Memorial Hospital, Hollister	Yes	Yes	Yes	Yes	Yes	Yes	
<b>Healdsburg District Hospital</b>							X

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Healthbridge Children's Hospital, Orange	Yes	Yes	Yes	Yes	NA	Yes	
<b>Healthsouth Bakersfield Rehabilitation Hospital</b>							X
Healthsouth Tustin Rehabilitation Hospital	Yes	Yes	Yes	Yes	NA	Yes	
<b>Hemet Valley Med Center</b>							X
Henry Mayo Newhall Memorial Hospital, Valencia	Yes	Yes	Yes	Yes	Yes	Yes	
<b>Hi-Desert Med Center, Joshua Tree</b>							X
† Hoag Memorial Hospital Presbyterian, Inc. (Irvine & Newport Beach)	Yes	Yes	Yes	Yes	Yes	Yes	
Hoag Orthopedic Hospital	Yes	Yes	Yes	Yes	Yes	Yes	
Hollywood Presbyterian Med Center, Los Angeles	Yes	Yes	Yes	Yes	No	Yes	
† Hospital Committee Area Livermore Pleasanton	Yes	Yes	Yes	Yes	Yes	Yes	
Huntington Beach Hospital	Yes	Yes	Yes	Yes	Yes	Yes	
Huntington Memorial Hospital, Pasadena	Yes	Yes	Yes	Yes	Yes	Yes	
Jerold Phelps Community Hospital, Garberville	NA - Zero central line days	No	Yes	No	NA	No	
John C. Fremont Healthcare District, Mariposa	Yes	Yes	Yes	No	NA	Yes	
John D Klarich Memorial Hospital, Corcoran	Yes	Yes	Yes	Yes	Yes	Yes	
John F. Kennedy Memorial Hospital, Indio	Yes	Yes	Yes	Yes	Yes	Yes	
<b>John Muir Med Center, Concord</b>							X
John Muir Med Center, Walnut Creek	Yes	Yes	Yes	Yes	Yes	Yes	
Kaiser Foundation Hospital, Antioch	Yes	Yes	Yes	Yes	Yes	Yes	
Kaiser Foundation Hospital, Baldwin Park	Yes	Yes	Yes	Yes	Yes	Yes	
Kaiser Foundation Hospital-Downey, Bellflower	Yes	Yes	Yes	Yes	Yes	Yes	
Kaiser Foundation Hospital, Fresno	Yes	Yes	Yes	Yes	Yes	Yes	
Kaiser Foundation Hospital, Los Angeles	Yes	Yes	Yes	Yes	Yes	Yes	
Kaiser Foundation Hospital, Moreno Valley	Yes	Yes	Yes	Yes	Yes	Yes	
<b>Kaiser Foundation Hospital, Panorama City</b>							X
Kaiser Foundation Hospital, Redwood City	Yes	Yes	Yes	Yes	Yes	Yes	

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Kaiser Foundation Hospital, Riverside	Yes	Yes	Yes	Yes	Yes	Yes	
Kaiser Foundation Hospital, Roseville	Yes	Yes	Yes	Yes	Yes	Yes	
Kaiser Foundation Hospital, Sacramento	Yes	Yes	Yes	Yes	Yes	Yes	
Kaiser Foundation Hospital, San Diego	Yes	Yes	Yes	Yes	Yes	Yes	
Kaiser Foundation Hospital, San Francisco	Yes	Yes	Yes	Yes	Yes	Yes	
Kaiser Foundation Hospital-San Jose	Yes	Yes	Yes	Yes	Yes	Yes	
Kaiser Foundation Hospital, San Rafael	Yes	Yes	Yes	Yes	Yes	No	
Kaiser Foundation Hospital-Santa Clara	Yes	Yes	Yes	Yes	Yes	Yes	
Kaiser Foundation Hospital, Santa Rosa	Yes	Yes	Yes	Yes	Yes	Yes	
<b>Kaiser Foundation Hospital South Bay, Harbor City</b>							<b>X</b>
Kaiser Foundation Hospital-South Sacramento	Yes	Yes	Yes	Yes	Yes	Yes	
Kaiser Foundation Hospital, South San Francisco	Yes	Yes	Yes	Yes	Yes	Yes	
<b>Kaiser Foundation Hospital, Vacaville</b>							<b>X</b>
Kaiser Foundation Hospital & Rehab. Center, Vallejo	Yes	Yes	Yes	Yes	Yes	Yes	
Kaiser Foundation Hospital-Walnut Creek	Yes	Yes	Yes	Yes	Yes	Yes	
Kaiser Foundation Hospital-West La, Los Angeles	Yes	Yes	Yes	Yes	Yes	Yes	
Kaiser Foundation Hospital, Woodland Hills	Yes	Yes	Yes	Yes	Yes	Yes	
† Kaiser Foundation Hospitals, Anaheim/Lakeview	Yes	Yes	Yes	Yes	Yes	Yes	
Kaiser Foundation Hospital, Irvine	Yes	Yes	Yes	Yes	Yes	Yes	
‡ Kaiser Foundation Hospital, Fontana	Yes	Yes	Yes	Yes	Yes	Yes	
‡ <b>Kaiser Foundation Hospital, Ontario</b>							<b>X</b>
† Kaiser Foundation Hospitals, Hayward/Fremont	Yes	Yes	Yes	Yes	Yes	Yes	
† Kaiser Foundation Hospitals, Modesto/Manteca	Yes	Yes	Yes	Yes	Yes	Yes	
† Kaiser Foundation Hospitals, Oakland/Richmond	Yes	Yes	Yes	Yes	Yes	Yes	
Kaweah Delta Med Center, Visalia	Yes	Yes	Yes	Yes	Yes	Yes	
Keck Hospital of USC, Los Angeles	Yes	Yes	Yes	Yes	Yes	Yes	
Kentfield Rehab & Specialty Hospital, Kentfield	Yes	No	Yes	No	NA	Yes	
<b>Kern Medical Center, Bakersfield</b>							<b>X</b>

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Kern Valley Healthcare District, Lake Isabella	Yes	Yes	Yes	Yes	Yes	Yes	
Kindred Hospital, Baldwin Park	Yes	Yes	Yes	Yes	Yes	Yes	
Kindred Hospital, Brea	Yes	Yes	Yes	No	NA	Yes	
Kindred Hospital-Los Angeles	Yes	Yes	Yes	Yes	Yes	Yes	
Kindred Hospital, Ontario	Yes	Yes	Yes	Yes	Yes	Yes	
Kindred Hospital Rancho, Rancho Cucamonga	Yes	Yes	Yes	Yes	Yes	Yes	
Kindred Hospital Riverside, Perris	Yes	Yes	Yes	Yes	Yes	Yes	
<b>Kindred Hospital-San Diego</b>							X
Kindred Hospital-San Francisco Bay Area, San Leandro	Yes	Yes	Yes	Yes	NA	Yes	
Kindred Hospital, Westminster	Yes	Yes	Yes	No	NA	Yes	
‡ Kindred Hospital South Bay, Gardena	Yes	Yes	Yes	Yes	Yes	No	
<b>‡ Kindred Hospital South Bay, Hawaiian Gardens</b>							X
<b>La Palma Intercommunity Hospital</b>							X
LAC/Harbor-UCLA Med Center, Torrance	Yes	Yes	Yes	Yes	Yes	Yes	
LAC/Rancho Los Amigos National Rehab Center, Downey	Yes	Yes	Yes	Yes	Yes	Yes	
LAC+USC Med Center, Los Angeles	Yes	Yes	Yes	Yes	Yes	Yes	
Laguna Honda Hospital & Rehab Center, San Francisco	Yes	Yes	Yes	Yes	NA	Yes	
<b>Lakewood Regional Med Center</b>							X
<b>Lanterman Developmental Center, Pomona</b>							X
† Lodi Memorial Hospital Association, Inc.	Yes	Yes	Yes	Yes	Yes	Yes	
<b>† Loma Linda University Med Center (Redlands &amp; Loma Linda)</b>							X
<b>Loma Linda University Medical Center - Murrieta</b>							X
<b>Lompoc Valley Med Center</b>							X
Long Beach Memorial Med Center, Long Beach	Yes	Yes	Yes	Yes	Yes	Yes	
Los Alamitos Med Center	Yes	Yes	Yes	Yes	Yes	Yes	

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Los Angeles Co Olive View-UCLA Med Center, Sylmar	Yes	Yes	Yes	Yes	Yes	Yes	
† Los Robles Regional Med Center (Thousand Oaks)	Yes	Yes	Yes	Yes	Yes	Yes	
Lucile Salter Packard Children's Hospital At Stanford, Palo Alto	Yes	Yes	Yes	Yes	Yes	Yes	
<b>Mad River Community Hospital, Arcata</b>							X
<b>Madera Community Hospital</b>							X
Mammoth Hospital	Yes	Yes	Yes	Yes	Yes	Yes	
‡ Marian Regional Medical Center	Yes	Yes	Yes	Yes	Yes	Yes	
‡ Marian Regional Medical Center, Arroyo Grande	Yes	Yes	Yes	Yes	Yes	Yes	
Marin General Hospital, Greenbrae	Yes	Yes	Yes	Yes	Yes	Yes	
Marina Del Rey Hospital	Yes	Yes	Yes	Yes	Yes	Yes	
Mark Twain Medical Center, San Andreas	Yes	Yes	Yes	Yes	Yes	No	
Marshall Med Center (1-Rh), Placerville	Yes	Yes	Yes	Yes	Yes	Yes	
<b>Mayers Memorial Hospital, Fall River Mills</b>							X
Memorial Hospital Los Banos	Yes	Yes	Yes	Yes	Yes	Yes	
<b>Memorial Hospital Of Gardena</b>							X
<b>Memorial Med Center, Modesto</b>							X
Mendocino Coast District Hospital, Fort Bragg	Yes	Yes	Yes	Yes	Yes	Yes	
<b>Menifee Valley Med Center, Sun City</b>							X
Menlo Park Surgical Hospital	NA - No Positive Blood Cultures	No	NA	Yes	Yes	No	
Mercy General Hospital, Sacramento	Yes	Yes	Yes	Yes	Yes	Yes	
Mercy Hospital Of Folsom	Yes	Yes	Yes	Yes	Yes	Yes	
Mercy Med Center Merced	Yes	Yes	Yes	Yes	Yes	Yes	
Mercy Med Center Mt. Shasta	Yes	Yes	Yes	Yes	Yes	Yes	
Mercy Med Center Redding	Yes	Yes	Yes	Yes	Yes	Yes	
Mercy San Juan Med Center, Carmichael	Yes	Yes	Yes	Yes	Yes	Yes	

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Methodist Hospital Of Sacramento	Yes	Yes	Yes	Yes	Yes	Yes	
Methodist Hospital Of Southern Ca, Arcadia	Yes	Yes	Yes	Yes	Yes	Yes	
† Mills-Peninsula Health Services (San Mateo & Burlingame)	Yes	Yes	Yes	Yes	Yes	Yes	
Miracle Mile Med Center, Los Angeles	NA - Zero central line days	Yes	NA	Yes	Yes	Yes	
Mission Community Hospital, Panorama	Yes	Yes	Yes	Yes	Yes	Yes	
‡ Mission Hospital Laguna Beach	Yes	Yes	Yes	Yes	Yes	Yes	
‡ Mission Hospital Regional Med Center, Mission Viejo	Yes	Yes	Yes	Yes	Yes	Yes	
<b>Modoc Med Center, Alturas</b>							X
Monrovia Memorial Hospital	Yes	Yes	Yes	Yes	Yes	Yes	
Montclair Hospital Med Center	Yes	Yes	Yes	Yes	Yes	Yes	
Monterey Park Hospital	Yes	Yes	Yes	Yes	Yes	Yes	
<b>Motion Picture &amp; Television Hospital, Woodland Hills</b>							X
<b>Mountains Community Hospital, Lake Arrowhead</b>							X
Natividad Med Center, Salinas	Yes	Yes	Yes	Yes	No	Yes	
‡ Northbay Med Center, Fairfield	Yes	Yes	Yes	Yes	Yes	Yes	
‡ Northbay Vacavalley Hospital, Vacaville	Yes	Yes	Yes	Yes	Yes	Yes	
Northern Inyo Hospital, Bishop	Yes	Yes	Yes	Yes	Yes	Yes	
Northridge Hospital Med Center	Yes	Yes	Yes	Yes	Yes	Yes	
Novato Community Hospital	Yes	Yes	Yes	Yes	Yes	Yes	
<b>Oak Valley Hospital District (2-Rh), Oakdale</b>							X
<b>O'Connor Hospital, San Jose</b>							X
<b>Ojai Valley Community Hospital, Ojai</b>							X
<b>Olympia Med Center, Los Angeles</b>							X
Orange Coast Memorial Med Center, Fountain Valley	Yes	Yes	Yes	Yes	Yes	Yes	
Oroville Hospital	Yes	Yes	Yes	Yes	Yes	Yes	
<b>Pacific Alliance Med Center</b>							X

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Pacifica Hospital Of The Valley, Sun Valley	Yes	Yes	Yes	Yes	Yes	Yes	
Palm Drive Hospital, Sebastopol	Yes	Yes	Yes	Yes	Yes	Yes	
<b>Palmdale Regional Medical Center</b>							X
Palo Verde Hospital, Blythe	Yes	Yes	Yes	Yes	Yes	Yes	
† Palomar Health (Escondido)	Yes	Yes	Yes	Yes	Yes	Yes	
Paradise Valley Hospital, National City	Yes	Yes	Yes	Yes	Yes	Yes	
<b>Parkview Community Hospital Med Center, Riverside</b>							X
Patients' Hospital Of Redding	NA - Zero central line days	Yes	NA	Yes	Yes	Yes	
Petaluma Valley Hospital, Petaluma	Yes	Yes	Yes	Yes	Yes	Yes	
Pioneers Memorial Healthcare District, Brawley	Yes	Yes	Yes	Yes	Yes	Yes	
Placentia Linda Hospital	Yes	Yes	Yes	Yes	Yes	Yes	
<b>Plumas District Hospital, Quincy</b>							X
Pomerado Hospital, Poway	Yes	Yes	Yes	Yes	Yes	Yes	
Pomona Valley Hospital Med Center, Pomona	Yes	Yes	Yes	Yes	Yes	Yes	
<b>Porterville Developmental Center</b>							X
Presbyterian Intercommunity Hospital, Whittier	Yes	Yes	Yes	Yes	No	No	
‡ Promise Hospital Of East La-Suburban Campus, Paramount	Yes	Yes	Yes	Yes	Yes	Yes	
‡ Promise Hospital Of East La-East L.A Campus, Los Angeles	Yes	Yes	Yes	Yes	Yes	Yes	
<b>Promise Hospital Of San Diego</b>							X
<b>Providence Holy Cross Med Center, Mission Hills</b>							X
Providence Little Company Of Mary Med Center, San Pedro	Yes	Yes	Yes	Yes	Yes	Yes	
Providence Little Company Of Mary Med Center, Torrance	Yes	Yes	Yes	Yes	Yes	Yes	
Providence Saint Joseph Med Center, Burbank	Yes	Yes	Yes	Yes	Yes	No	
Providence Tarzana Med Center, Tarzana	Yes	Yes	Yes	Yes	Yes	Yes	

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Queen Of The Valley Med Center, Napa	Yes	Yes	Yes	Yes	Yes	Yes	
Rady Children's Hospital, San Diego	Yes	Yes	Yes	Yes	Yes	Yes	
<b>Redlands Community Hospital</b>							<b>X</b>
Redwood Memorial Hospital, Fortuna	Yes	Yes	Yes	Yes	Yes	Yes	
Regional Med Center Of San Jose	Yes	Yes	Yes	Yes	Yes	Yes	
Ridgecrest Regional Hospital	No	Yes	Yes	Yes	No	Yes	
Riverside Community Hospital	Yes	Yes	Yes	Yes	Yes	Yes	
Riverside County Regional Med Center, Moreno Valley	Yes	Yes	Yes	Yes	Yes	Yes	
Ronald Reagan UCLA Med Center, Los Angeles	Yes	Yes	Yes	Yes	Yes	No	
† Saddleback Memorial Med Center (Laguna Hills & San Clemente)	Yes	Yes	Yes	Yes	Yes	Yes	
Saint Agnes Med Center, Fresno	Yes	Yes	Yes	Yes	Yes	Yes	
Saint Francis Med Center, Lynwood	Yes	Yes	Yes	No	Yes	Yes	
Saint Francis Memorial Hospital, San Francisco	Yes	Yes	Yes	Yes	Yes	Yes	
Saint John's Health Center, Santa Monica	Yes	Yes	Yes	Yes	Yes	Yes	
<b>Saint Louise Regional Hospital, Gilroy</b>							<b>X</b>
Saint Vincent Med Center, Los Angeles	Yes	Yes	Yes	Yes	Yes	Yes	
<b>Salinas Valley Memorial Hospital</b>							<b>X</b>
San Antonio Community Hospital, Upland	Yes	Yes	Yes	Yes	Yes	Yes	
San Dimas Community Hospital	Yes	Yes	Yes	Yes	Yes	Yes	
San Francisco General Hospital	Yes	Yes	Yes	Yes	Yes	Yes	
San Gabriel Valley Med Center, San Gabriel	Yes	Yes	Yes	Yes	Yes	Yes	
<b>San Geronio Memorial Hospital, Banning</b>							<b>X</b>
<b>San Joaquin Community Hospital, Bakersfield</b>							<b>X</b>
<b>San Joaquin General Hospital, French Camp</b>							<b>X</b>
San Joaquin Valley Rehab Hospital, Fresno	NA - Zero central line days	Yes	Yes	Yes	NA	Yes	

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San Mateo Med Center	Yes	Yes	Yes	Yes	Yes	Yes	
† San Ramon Regional Med Center, Inc.							X
San Leandro Hospital	Yes	Yes	Yes	Yes	Yes	Yes	
† Santa Barbara Cottage Hospital	Yes	Yes	Yes	Yes	Yes	Yes	
Santa Clara Valley Med Center, San Jose	Yes	Yes	Yes	Yes	Yes	Yes	
Santa Monica, UCLA Med Center and Orthopaedic	Yes	Yes	Yes	Yes	Yes	Yes	
Santa Rosa Memorial Hospital							X
Santa Ynez Valley Cottage Hospital, Solvang							X
Scripps Green Hospital, La Jolla	Yes	Yes	Yes	Yes	Yes	Yes	
† Scripps Health (San Diego & Chula Vista)	Yes	Yes	Yes	Yes	No	Yes	
Scripps Memorial Hospital, Encinitas	Yes	Yes	Yes	Yes	No	Yes	
Scripps Memorial Hospital, La Jolla	Yes	Yes	Yes	Yes	No	Yes	
Seneca Healthcare District, Chester	NA - No Positive Blood Cultures	Yes	Yes	Yes	Yes	Yes	
Sequoia Hospital, Redwood City	Yes	Yes	Yes	Yes	Yes	Yes	
† Seton Med Center (Moss Beach & Daly City)	Yes	Yes	Yes	Yes	Yes	Yes	
Sharp Chula Vista Med Center	Yes	Yes	Yes	Yes	No	Yes	
Sharp Coronado Hospital And Healthcare Center	Yes	Yes	Yes	Yes	Yes	Yes	
Sharp Mary Birch For Women & Newborns, San Diego	Yes	Yes	Yes	Yes	Yes	Yes	
Sharp Memorial Hospital, San Diego	Yes	Yes	Yes	Yes	No	Yes	
Shasta Regional Med Center, Redding	Yes	Yes	Yes	Yes	Yes	Yes	
Sherman Oaks Hospital							X
Shriners Hospitals For Children, Los Angeles							X
Shriners Hospitals For Children North Ca, Sacramento	Yes	Yes	Yes	Yes	Yes	Yes	
Sierra Nevada Memorial Hospital, Grass Valley	Yes	Yes	Yes	Yes	Yes	Yes	
Sierra View District Hospital, Porterville	Yes	Yes	Yes	Yes	Yes	Yes	
Sierra Vista Regional Med Center, San Luis Obispo	Yes	Yes	Yes	Yes	Yes	Yes	

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<b>Silver Lake Med Center, Los Angeles</b>							X
Simi Valley Hospital & Health Care Services	Yes	Yes	Yes	Yes	Yes	Yes	
<b>Sonoma Developmental Center, Eldridge</b>							X
Sonoma Valley Hospital	Yes	Yes	Yes	Yes	Yes	Yes	
† Sonora Regional Med Center	Yes	Yes	Yes	Yes	Yes	Yes	
<b>Southern California Hospital At Culver City</b>							X
Southern California Hospital At Hollywood	Yes	Yes	Yes	Yes	Yes	No	
‡ Southern California Specialty Care, Inc.							
‡ Kindred Hospital, La Mirada	Yes	Yes	Yes	No	NA	No	
‡ Kindred Hospital-San Gabriel Valley, West Covina	Yes	Yes	Yes	No	NA	Yes	
Kindred Hospital, Santa Ana	Yes	Yes	Yes	No	NA	No	
<b>Southern Inyo Hospital, Lone Pine</b>							X
St Bernardine Med Center	Yes	Yes	Yes	Yes	Yes	Yes	
St Elizabeth Community Hospital, Red Bluff	Yes	Yes	Yes	Yes	Yes	Yes	
<b>St Helena Hospital, Clearlake</b>							X
St Helena Hospital, St Helena	Yes	Yes	Yes	Yes	Yes	Yes	
St John's Pleasant Valley Hospital, Arillo	Yes	Yes	Yes	Yes	Yes	Yes	
St John's Regional Med Center, Oxnard	Yes	Yes	Yes	Yes	Yes	Yes	
‡St Joseph Hospital, Eureka	Yes	Yes	Yes	Yes	Yes	Yes	
‡ St Joseph, The General Hospital, Eureka	Yes	Yes	Yes	Yes	NA	Yes	
St Joseph Hospital, Orange	Yes	Yes	Yes	Yes	Yes	Yes	
St Joseph's Med Center Of Stockton	Yes	Yes	Yes	Yes	Yes	Yes	
St Jude Med Center, Fullerton	Yes	Yes	No	Yes	No	No	
<b>St Mary Med Center, Apple Valley</b>							X
St Mary Med Center, Long Beach	Yes	Yes	Yes	Yes	Yes	Yes	
St Mary's Med Center, San Francisco	Yes	Yes	Yes	Yes	Yes	Yes	
St Rose Hospital, Hayward	Yes	Yes	Yes	Yes	Yes	Yes	

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Stanford Hospital, Stanford	Yes	Yes	Yes	Yes	Yes	Yes	
Stanislaus Surgical Hospital, Modesto	Yes	Yes	NA	Yes	Yes	Yes	
Surprise Valley Community Hospital, Cedarville	NA - Zero central line days	Yes	NA	Yes	NA	No	
Sutter Amador Hospital, Jackson	Yes	Yes	Yes	Yes	Yes	Yes	
Sutter Auburn Faith Hospital, Auburn	Yes	Yes	Yes	Yes	Yes	Yes	
Sutter Coast Hospital, Crescent City	Yes	Yes	Yes	Yes	Yes	Yes	
Sutter Davis Hospital, Davis	Yes	Yes	Yes	Yes	Yes	Yes	
Sutter Delta Med Center, Antioch	Yes	Yes	Yes	Yes	Yes	Yes	
† Sutter East Bay Hospitals Center (Berkeley)							X
† Sutter East Bay Hospitals Center (Oakland)							X
† Sutter Health Sacramento Sierra Regional	Yes	Yes	Yes	Yes	Yes	Yes	
Sutter General Hospital, Sacramento							
Sutter Memorial Hospital, Sacramento							
Sutter Lakeside Hospital, Lakeport	Yes	Yes	Yes	Yes	Yes	Yes	
Sutter Maternity & Surgery Center Of Santa Cruz							X
† Sutter Med Center, Castro Valley (Eden & San Leandro)	Yes	Yes	Yes	Yes	Yes	Yes	
Sutter Med Center Of Santa Rosa	Yes	Yes	Yes	Yes	Yes	Yes	
Sutter Roseville Med Center	Yes	Yes	Yes	Yes	Yes	Yes	
Sutter Solano Med Center, Vallejo	Yes	Yes	Yes	Yes	Yes	Yes	
Sutter Surgical Hospital, North Valley, Yuba City	NA - No Positive Blood Cultures	Yes	NA	Yes	Yes	Yes	
Sutter Tracy Community Hospital	Yes	Yes	Yes	Yes	Yes	Yes	
‡ Sutter West Bay Hospitals - California Pacific Med Center (CPMC), Davies Campus, San Francisco	Yes	Yes	Yes	Yes	Yes	Yes	
† Sutter West Bay Hospitals – CPMC, Other campuses, San Francisco	Yes	Yes	Yes	Yes	Yes	Yes	
Tahoe Forest Hospital, Truckee	Yes	Yes	Yes	Yes	Yes	Yes	

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<b>Tehachapi Hospital, Tehachapi</b>							X
Temple Community Hospital, Los Angeles	Yes	Yes	Yes	Yes	Yes	Yes	
Torrance Memorial Med Center, Torrance	Yes	Yes	Yes	Yes	Yes	Yes	
Tri-City Med Center, Oceanside	Yes	Yes	Yes	Yes	Yes	Yes	
Tri-City Regional Med Center, Hawaiian Gardens	Yes	Yes	Yes	Yes	Yes	Yes	
Trinity Hospital, Weaverville	Yes	Yes	Yes	Yes	Yes	No	
Tulare Regional Medical Center	Yes	Yes	Yes	Yes	Yes	Yes	
Twin Cities Community Hospital, Templeton	Yes	Yes	Yes	Yes	Yes	Yes	
<b>† UHS-Corona, Inc.</b>							X
Ukiah Valley Med Center/Hospital Drive, Ukiah	Yes	Yes	Yes	Yes	Yes	Yes	
<b>† Universal Health Services Of Rancho Springs, Inc. (Murrieta &amp; Wildomar)</b>							X
University Of California Davis Med Center, Sacramento	Yes	Yes	Yes	Yes	Yes	Yes	
University Of California Irvine Med Center, Orange	Yes	Yes	Yes	Yes	Yes	Yes	
† University Of California, San Diego	Yes	Yes	Yes	Yes	Yes	Yes	
† University Of California, San Francisco	Yes	Yes	Yes	Yes	Yes	Yes	
USC Kenneth Norris Jr. Cancer Hospital, Los Angeles	Yes	Yes	Yes	Yes	NA	Yes	
<b>USC Verdugo Hills Hospital, Glendale</b>							X
Valley Presbyterian Hospital, Van Nuys	Yes	Yes	Yes	Yes	Yes	Yes	
Vibra Hospital Of Northern California	Yes	Yes	Yes	Yes	NA	Yes	
Vibra Hospital Of Sacramento	Yes	Yes	Yes	No	NA	Yes	
Vibra Hospital Of San Diego	Yes	Yes	Yes	Yes	NA	No	
<b>Victor Valley Community Hospital, Victorville</b>							X
<b>Washington Hospital, Fremont</b>							X
Watsonville Community Hospital	Yes	Yes	Yes	Yes	Yes	Yes	
<b>West Anaheim Med Center, Anaheim</b>							X
West Hills Hospital And Med Center	Yes	Yes	Yes	Yes	Yes	Yes	

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Reporting Hospital	All Positive Blood Cultures Reviewed to Identify or Rule Out CLABSI	All ICU and Wards Mapped Correctly for Comparing Data	All Positive Non-Duplicate CDI Toxin Tests and MRSA/VRE Blood Cultures Identified and Reported	Multiple Surveillance Methods Used to Identify SSI	All Required Inpatient Surgeries Reported	QA/QC Reports Reviewed and Corrections Made If Needed	Did Not Participate in 2013 Validation by Attestation
Western Med Center Anaheim	Yes	Yes	Yes	Yes	Yes	Yes	
Western Med Center Santa Ana	Yes	Yes	Yes	Yes	Yes	No	
<b>White Memorial Med Center, Los Angeles</b>							<b>X</b>
Whittier Hospital Med Center	Yes	Yes	Yes	Yes	Yes	Yes	
Woodland Memorial Hospital	Yes	Yes	Yes	Yes	Yes	Yes	

† Hospitals reported 2013 data aggregated over all acute care hospital campuses.

‡ Hospitals reported 2013 data separately by acute care campus.

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Appendix B. Hospitals with Incomplete Reporting, 2013

<b>Hospital</b>	<b>Missing Data</b>
Casa Colina Hospital for Rehabilitative Medicine	CDI and MRSA/VRE BSI
Healdsburg District Hospital	CDI and MRSA/VRE BSI
Kindred Hospital Baldwin Park	CLABSI (did not grant NHSN data access to CDPH)
Kindred Hospital Brea	CLABSI (did not grant NHSN data access to CDPH)
Plumas District Hospital	CDI and MRSA/VRE BSI

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Appendix C. California Hospitals with Significantly Lower Standardized Infection Ratios (SIR) or Incidence Rates of Healthcare-Associated Infections in 2013 Compared with 2012

<b><i>Clostridium difficile</i> Diarrheal Infections (CDI)</b>									
Reporting hospital	County	No. of Infections 2012		SIR 2012	No. of Infections 2013		SIR 2013	Percent SIR Reduction	SIR Reduction 95% CI**
		Observed	Predicted		Observed	Predicted			
Alta Los Angeles Hosps, Inc.	Los Angeles	18	17.46	1.03	6	19.40	0.31	<b>30.0</b>	(0.11, 0.73)
Chapman Med Center, Orange	Orange	12	7.26	1.65	2	7.95	0.25	<b>15.2</b>	(0.02, 0.60)
Downey Regional Med Center	Los Angeles	22	21.46	1.03	5	23.37	0.21	<b>20.9</b>	(0.07, 0.53)
East Los Angeles Doctors Hosp, Los Angeles	Los Angeles	15	12.92	1.16	3	12.45	0.24	<b>20.8</b>	(0.05, 0.66)
East Valley Hosp Med Center, Glendora	Los Angeles	14	4.06	3.45	3	2.97	1.01	<b>29.3</b>	(0.07, 0.94)
Eisenhower Med Center, Rancho Mirage	Riverside	79	50.72	1.56	62	69.64	0.89	<b>57.1</b>	(0.41, 0.80)
Glendale Memorial Hosp and Health Center	Los Angeles	63	49.17	1.28	32	38.48	0.83	<b>64.9</b>	(0.42, 0.99)
Good Samaritan Hosp, Los Angeles	Los Angeles	61	35.56	1.72	35	37.21	0.94	<b>54.8</b>	(0.36, 0.83)
Hollywood Presbyterian Med Center	Los Angeles	42	38.41	1.09	21	34.22	0.61	<b>56.1</b>	(0.33, 0.94)
Hospital Committee Area Livermore Pleasanton	Alameda	48	23.62	2.03	23	20.37	1.13	<b>55.6</b>	(0.33, 0.91)
Mills-Peninsula Health Services	San Mateo	43	34.46	1.25	25	34.13	0.73	<b>58.7</b>	(0.35, 0.96)
Orange Coast Memorial Med Center, Fountain Valley	Orange	57	33.89	1.68	28	33.48	0.84	<b>49.7</b>	(0.31, 0.78)
Pomerado Hosp, Poway	San Diego	29	18.03	1.61	11	14.50	0.76	<b>47.2</b>	(0.23, 0.93)
Providence Holy Cross Med Center, Mission Hills	Los Angeles	79	50.89	1.55	61	62.71	0.97	<b>62.7</b>	(0.45, 0.88)
Southern California Hosp at Culver City	Los Angeles	64	31.44	2.04	39	52.24	0.75	<b>36.7</b>	(0.25, 0.55)
St Joseph Hosp, Orange	Orange	74	66.44	1.11	50	66.78	0.75	<b>67.2</b>	(0.47, 0.96)
St Mary's Med Center, San Francisco	San Francisco	32	21.52	1.49	10	19.35	0.52	<b>34.8</b>	(0.16, 0.69)
Sutter East Bay Hospitals Center	Alameda	58	35.31	1.64	44	40.68	1.08	<b>65.9</b>	(0.44, 0.97)
Sutter Health Sacramento Sierra Region	Sacramento	92	66.62	1.38	85	83.14	1.02	<b>74.0</b>	(0.55, 1.00)
Washington Hospital, Fremont	Alameda	140	51.06	2.74	100	50.75	1.97	<b>71.8</b>	(0.56, 0.93)

\*\*CI: Confidence Interval

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**CDI in Long-Term Acute Care Hospitals**

Reporting hospital	County	Infection Count 2012	Patient Days 2012	Incidence Rate 2012	Infection Count 2013	Patient Days 2013	Incidence Rate 2013	Incidence Rate Ratio (IRR)	IRR 95% Confidence Interval
Kindred Hosp, Baldwin Park	Los Angeles	48	24778	19.37	33	27223	12.12	0.63	(0.40,0.97)

**Central Line-Associated Bloodstream Infections (CLABSI)**

Reporting hospital	County	No. of Infections 2012		SIR 2012	No. of Infections 2013		SIR 2013	Percent SIR Reduction	SIR Reduction 95% CI**
		Observed	Predicted		Observed	Predicted			
Arrowhead Regional Med Center, Colton	San Bernardino	34	28.36	1.20	6	24.77	0.24	<b>20.2</b>	(0.08, 0.46)
Children's Hosp Central CA, Madera	Madera	55	70.93	0.78	26	65.80	0.40	<b>51.0</b>	(0.32, 0.81)
Good Samaritan Hosp, LP	Santa Clara	12	23.35	0.51	4	23.84	0.17	<b>32.7</b>	(0.09, 0.98)
Kaweah Delta Med Center, Visalia	Tulare	15	24.68	0.61	1	21.75	0.05	<b>7.6</b>	(0.00, 0.42)
Marin General Hosp, Greenbrae	Marin	14	9.60	1.46	3	9.21	0.33	<b>22.3</b>	(0.05, 0.72)
Methodist Hosp of Southern CA Arcadia	Los Angeles	15	11.96	1.25	5	11.70	0.43	<b>34.1</b>	(0.11, 0.91)
Mission Community Hosp, Panorama	Los Angeles	16	3.23	4.95	7	3.54	1.98	<b>40.0</b>	(0.15, 0.96)
Salinas Valley Memorial Hosp	Monterey	13	16.87	0.77	5	20.03	0.25	<b>32.4</b>	(0.10, 0.89)
San Joaquin Comm Hosp Bakersfield	Kern	38	28.82	1.32	18	27.78	0.65	<b>49.1</b>	(0.28, 0.85)
Scripps Health	San Diego	52	46.39	1.12	25	41.90	0.60	<b>53.3</b>	(0.33, 0.85)
Sherman Oaks Hosp	Los Angeles	11	3.15	3.50	3	5.41	0.55	<b>15.9</b>	(0.04, 0.54)
Sutter East Bay Hospitals Center	Alameda	22	20.22	1.09	4	16.47	0.24	<b>22.3</b>	(0.07, 0.61)

**CLABSI in Long-Term Acute Care Hospitals**

Reporting hospital	County	Infection Count 2012	Patient Days 2012	Incidence Rate 2012	Infection Count 2013	Patient Days 2013	Incidence Rate 2013	Incidence Rate Ratio (IRR)	IRR 95% Confidence Interval
Kindred Hosp - Los Angeles	Los Angeles	28	15912	17.60	10	16282	6.14	0.35	(0.16, 0.71)
Kindred Hosp Rancho, Rancho Cucamonga	San Bernardino	18	9800	18.37	4	7989	5.01	0.27	(0.08, 0.76)
Kindred Hosp - San Francisco Bay Area, San Leandro	Alameda	14	8527	16.42	2	11526	1.74	0.11	(0.02, 0.41)
Promise Hosp of San Diego	San Diego	7	4193	16.69	0	6680	0.00	---	(0.00, 0.34)

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**Methicillin-Resistant *Staphylococcus aureus* Bloodstream Infections (MRSA BSI)**

Reporting hospital	County	No. of Infections 2012		SIR 2012	No. of Infections 2013		SIR 2013	Percent SIR Reduction	SIR Reduction 95% CI**
		Observed	Predicted		Observed	Predicted			
La Palma Intercommunity Hosp	Orange	5	0.98	5.09	2	1.07	1.87	<b>36.8</b>	---
Methodist Hosp of Southern CA, Arcadia	Los Angeles	9	4.09	2.20	1	3.24	0.31	<b>14.0</b>	(0.01, 0.85)
Providence Tarzana Med Center, Tarzana	Los Angeles	7	2.98	2.35	1	2.92	0.34	<b>14.6</b>	(0.01, 0.94)
Saint Francis Memorial Hosp, San Francisco	San Francisco	5	1.45	3.45	1	2.19	0.46	<b>13.3</b>	(0.01, 0.96)
Santa Monica, UCLA Med Center and Orthopaedic	Los Angeles	8	6.23	1.29	1	4.96	0.20	<b>15.6</b>	(0.01, 0.98)

**Vancomycin-resistant Enterococci Bloodstream Infections (VRE BSI)**

Reporting hospital	County	Infection Count 2012	Patient Days 2012	Incidence Rate 2012	Infection Count 2013	Patient Days 2013	Incidence Rate 2013	Incidence Rate Ratio (IRR)	IRR 95% Confidence Interval
Citrus Valley Med Center, Inc.	Los Angeles	9	119188	0.76	2	112102	0.18	0.24	(0.03, 0.99)
Kindred Hosp, Brea	Orange	8	15581	5.13	0	14747	0.00	---	(0.00, 0.48)
Marina Del Rey Hosp	Los Angeles	5	15785	3.17	0	14800	0.00	---	(0.00, 0.88)
Sherman Oaks Hosp	Los Angeles	9	21364	4.21	1	26937	0.37	0.09	(0.00, 0.54)
St John's Regional Med Center, Oxnard	Ventura	7	51625	1.36	1	49428	0.20	0.15	(0.01, 0.97)

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<b>Surgical Site Infections</b>									
Reporting Hospital	County	SSI Procedure	No. of Infections 2012		SIR 2012	No. of Infections 2013		SIR 2013	Percent SIR Reduction
			Observed	Predicted		Observed	Predicted		
San Antonio Community Hosp Upland	San Bernardino	Abdominal Surgery	9	1.40	6.44	1	1.85	0.54	<b>8.4</b>
Children's Hosp Central CA, Madera	Madera	Appendix Surgery	7	9.59	0.73	1	10.00	0.10	<b>13.7</b>
Childrens Hosp of Los Angeles	Los Angeles	Appendix Surgery	19	3.36	5.65	11	4.72	2.33	<b>41.2</b>
Kaiser Foundation Hosp - Downey, Bellflower	Los Angeles	Appendix Surgery	11	2.20	5.00	4	3.96	1.01	<b>20.2</b>
Cedars-Sinai Medical Center	Los Angeles	Bile Duct, Liver or Pancreatic Surgery	17	18.48	0.92	8	21.62	0.37	<b>40.2</b>
Kaiser Foundation Hosp, Los Angeles	Los Angeles	Bile Duct, Liver or Pancreatic Surgery	19	32.20	0.59	4	33.33	0.12	<b>20.3</b>
Arrowhead Regional Med Center, Colton	San Bernardino	Colon Surgery	8	4.47	1.79	1	4.55	0.22	<b>12.3</b>
Memorial Med Center, Modesto	Stanislaus	Colon Surgery	15	7.46	2.01	4	6.35	0.63	<b>31.3</b>
Community Memorial Hosp, San Buenaventura, Ventura	Ventura	Cesarean Section	7	2.95	2.37	1	2.78	0.36	<b>15.2</b>
Kaiser Foundation Hosp, Santa Rosa	Sonoma	Cesarean Section	9	1.26	7.14	2	1.55	1.29	<b>18.1</b>
Loma Linda University Med Center	San Bernardino	Cesarean Section	6	3.26	1.84	1	6.67	0.15	<b>8.2</b>
San Francisco General Hosp	San Francisco	Cesarean Section	11	3.42	3.22	3	4.55	0.66	<b>20.5</b>
University of California, San Diego	San Diego	Cesarean Section	13	7.18	1.81	3	6.12	0.49	<b>27.1</b>
Community Regional Med Center, Fresno	Fresno	Hip Prosthesis	7	2.50	2.80	1	2.50	0.40	<b>14.3</b>
Sharp Memorial Hosp, San Diego	San Diego	Laminectomy	4	2.68	1.49	1	6.67	0.15	<b>10.1</b>
Tri-City Med Center, Oceanside	San Diego	Laminectomy	5	1.26	3.98	2	2.94	0.68	<b>17.1</b>
Kern Med Center, Bakersfield	Kern	Open Reduction of Fracture	8	3.05	2.62	2	4.44	0.45	<b>17.2</b>
Loma Linda University Med Center	San Bernardino	Small Bowel Surgery	7	6.03	1.16	1	11.11	0.09	<b>7.8</b>
Ronald Reagan UCLA Med Center	Los Angeles	Thoracic Surgery	1.98	7	3.54	1	4.00	0.25	<b>12.6</b>

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Appendix D. Hospitals with Significantly High HAI Incidence and Targeted for Public Health Outreach  
Based on 2013 Reported Data

HAI Type	Criteria	Targeted Hospitals, 2013	County
<b>CDI</b>	<i>Hospitals with significantly high SIR in 2013 compared with 2011 national baseline</i>	Arrowhead Regional Medical Center, Colton Beverly Hospital, Montebello Cedars-Sinai Medical Center, Los Angeles City of Hope Helford Clinical Research Hospital, Duarte Dignity Health Dominican Hospital Eden Medical Center, Castro Valley Emanuel Medical Center Inc, Turlock Feather River Hospital, Paradise Fremont-Rideout Health Group Hemet Valley Medical Center Hoag Memorial Hospital Presbyterian, Inc John Muir Medical Center, Concord John Muir Medical Center, Walnut Creek Kaiser Foundation Hosp, Fresno Kaiser Foundation Hospital & Rehabilitation Center, Vallejo Kaiser Foundation Hospital South Bay, Harbor City Kaiser Foundation Hospital-Walnut Creek Kaiser Foundation Hospital, Moreno Valley Kaiser Foundation Hospital, Ontario Kaiser Foundation Hospital, Redwood City Kaiser Foundation Hospital, Riverside Kaiser Foundation Hospital, Vacaville Kaiser Foundation Hospitals, Fremont & Hayward Lakewood Regional Medical Center Lodi Memorial Hospital Association, Inc. Long Beach Memorial Medical Center, Long Beach Los Robles Regional Medical Center Marshall Medical Center (1-Rh), Placerville Memorial Medical Center, Modesto Menifee Valley Medical Center, Sun City Mercy General Hospital, Sacramento Methodist Hospital of Southern Ca, Arcadia O'Connor Hospital, San Jose Olympia Medical Center, Los Angeles Oroville Hospital	San Bernardino Los Angeles Los Angeles Los Angeles Kern Santa Cruz Alameda Stanislaus Butte Sutter, Yuba Riverside Orange Contra Costa Contra Costa Fresno Solano Los Angeles Contra Costa Riverside San Bernardino San Mateo Riverside Solano Alameda Los Angeles San Joaquin Los Angeles Ventura El Dorado Stanislaus Riverside Sacramento Los Angeles Santa Clara Los Angeles Butte

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HAI Type	Criteria	Targeted Hospitals, 2013	County
<b>CDI</b> continued		Palomar Health Pomona Valley Hospital Medical Center, Pomona Providence Saint Joseph Medical Center, Burbank Redlands Community Hospital Riverside Community Hospital Saint Vincent Medical Center, Los Angeles San Dimas Community Hospital San Geronio Memorial Hospital, Banning San Leandro Hospital Santa Barbara Cottage Hospital Santa Monica, UCLA Medical Center And Orthopaedic Scripps Green Hospital, La Jolla Scripps Health, San Diego & Chula Vista Seton Medical Center, Daly City & Moss Beach Sharp Memorial Hospital, San Diego Simi Valley Hospital & Health Care Services St Bernardine Medical Center St John's Pleasant Valley Hospital, Arillo St Joseph's Medical Center of Stockton Stanford Hospital, Stanford University of California Irvine Medical Center, Orange University of California, San Diego University of California, San Francisco USC Kenneth Norris Jr. Cancer Hospital, Los Angeles Washington Hospital, Fremont Whittier Hospital Medical Center	San Diego Los Angeles Los Angeles San Bernardino Riverside Los Angeles Los Angeles Riverside Alameda Santa Barbara Los Angeles San Diego San Diego San Mateo San Diego Ventura San Bernardino Ventura San Joaquin Santa Clara Orange San Diego San Francisco Los Angeles Alameda Los Angeles
<b>CLABSI</b>	<i>Hospitals with at least one patient care location (ICU or ward) with a significantly high rate in two consecutive years, 2012 and 2013; hospitals with two or more locations with significantly high rates in 2013; and hospitals with significantly high SIRs in 2013 compared with 2008 national baseline</i>	Barlow Respiratory Hospital, Los Angeles California Hospital Medical Center, Los Angeles Community Regional Medical Center, Fresno East Los Angeles Doctors Hospital, Los Angeles El Centro Regional Medical Center Garden Grove Hospital And Med Center Keck Hospital of USC, Los Angeles LAC/Harbor-UCLA Medical Center, Torrance Loma Linda University Medical Center Long Beach Memorial Medical Center, Long Beach Mission Community Hospital, Panorama Oroville Hospital	Los Angeles Los Angeles Fresno Los Angeles Imperial Orange Los Angeles Los Angeles San Bernardino Los Angeles Los Angeles Butte

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HAI Type	Criteria	Targeted Hospitals, 2013	County
<b>CLABSI</b> continued		Pacifica Hospital of The Valley, Sun Valley Paradise Valley Hospital, National City Providence Little Company of Mary Med Center, Torrance Providence Saint Joseph Medical Center, Burbank Queen of the Valley Medical Center, Napa Ronald Reagan UCLA Medical Center, Los Angeles Saint Agnes Medical Center, Fresno Saint Francis Medical Center, Lynwood Simi Valley Hospital & Health Care Services Southern California Hospital At Hollywood St John's Regional Medical Center, Oxnard	Los Angeles San Diego Los Angeles Los Angeles Napa Los Angeles Fresno Los Angeles Ventura Los Angeles Ventura
<b>MRSA BSI</b>	<i>Hospitals with significantly high SIR in 2013 compared with 2011 national baseline, and LTAC hospitals with significantly high rates in 2013 compared with all other LTAC hospitals</i>	Alta Los Angeles Hospitals, Inc. (LA Community & Norwalk) Fremont-Rideout Health Group Kaiser Foundation Hospital, Ontario Kindred Hospital-Los Angeles Kindred Hospital, Ontario Kindred Hospital, Westminster Loma Linda University Medical Center - Murrieta Sonoma Developmental Center, Eldridge Southern California Hospital At Culver City	Los Angeles Sutter, Yuba San Bernardino Los Angeles San Bernardino Orange Riverside Sonoma Los Angeles
<b>VRE BSI</b>	<i>Hospitals with significantly high rates in 2013 compared with other California hospitals in their strata, i.e. community, major teaching, pediatric, LTAC, rehabilitation, critical access, or prison hospital</i>	Alameda County Medical Center, Oakland & San Leandro Alta Los Angeles Hospitals (LA Community & Norwalk) City Of Hope Helford Clinical Research Hospital, Duarte Fremont-Rideout Health Group Glendale Memorial Hospital And Health Center Hemet Valley Medical Center Huntington Beach Hospital Keck Hospital Of USC, Los Angeles Kindred Hospital Rancho, Rancho Cucamonga Kindred Hospital, Santa Ana Providence Saint Joseph Medical Center, Burbank Riverside Community Hospital Ronald Reagan UCLA Medical Center, Los Angeles Silver Lake Medical Center, Los Angeles Southern California Hospital at Hollywood St Bernardine Medical Center University of California, San Francisco	Alameda Los Angeles Los Angeles Sutter, Yuba Los Angeles Riverside Orange Los Angeles San Bernardino Orange Los Angeles Riverside Los Angeles Los Angeles Los Angeles San Bernardino San Francisco

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HAI Type	Criteria	Targeted Hospitals, 2013	County
<b>VRE BSI</b> continued		USC Kenneth Norris Jr. Cancer Hospital, Los Angeles Washington Hospital, Fremont	Los Angeles Alameda
<b>SSI</b>	<i>Hospitals with significantly high SIR in 2013 compared with 2008 national baseline.</i>	Alameda County Medical Center Oakland & San Leandro County of Ventura Medical Centers Dignity Health, Mercy Hospital Bakersfield Doctors Medical Center, Modesto Fremont-Rideout Health Group Kaiser Foundation Hospital, Vacaville Long Beach Memorial Medical Center, Long Beach Los Alamitos Medical Center Los Angeles Co. Olive View-UCLA Medical Center, Sylmar Marin General Hospital, Greenbrae Marshall Medical Center (1-Rh), Placerville Placentia Linda Hospital Riverside County Regional Medical Center, Moreno Valley San Antonio Community Hospital, Upland San Joaquin Community Hospital, Bakersfield Santa Monica, UCLA Medical Center And Orthopaedic Scripps Green Hospital, La Jolla Scripps Memorial Hospital, Encinitas Sequoia Hospital, Redwood City Seton Medical Center, Daly City & Moss Beach Sonora Regional Medical Center St Jude Medical Center, Fullerton Sutter Maternity & Surgery Center Of Santa Cruz Sutter Medical Center of Santa Rosa Sutter Solano Medical Center, Vallejo Twin Cities Community Hospital, Templeton	Alameda Ventura Kern Stanislaus Sutter, Yuba Solano Los Angeles Orange Los Angeles Marin El Dorado Orange Riverside San Bernardino Kern Los Angeles San Diego San Diego San Mateo San Mateo Tuolumne Orange Santa Cruz Sonoma Solano San Luis Obispo