

Table of Central Line-Associated Bloodstream Infection Rates, by Type of Non-Intensive Care Unit, 2015^{1,2}
January 2015 - December 2015 NHSN data

Hospital	Type of Unit																																																
	Behavioral/ Psychological			Critical Access Hospital Units ³	Long Term Care	Medical Wards					Medical/ Surgical	Mixed Acuity		Oncology ⁴ Line Types Temporary / Permanent					Pediatrics					Perinatal/ Women's Health				Post Critical Care- Adult	Post Critical Care- Neonatal	Rehabilitation		Surgical Wards																	
	Adult	Pediatric	Overall	Overall	Long Term Acute Care	Burns	General Medical	Neurology	Pulmonary	Stroke	Telemetry	Overall	General Medical / General Surgical / Mix	All Adult	Mixed Age	Overall	General Hematology/ Oncology	Leukemia / Lymphoma	Hematopoietic Stem Cell Transplant	Pediatric General Oncology	Overall	General Medical / Surgical Mix	General Medical	Orthopedic	Rehabilitation	Pediatric Surgical	Mixed Acuity	Overall	Antenatal Care	Gynecology	Labor & Delivery	Labor, Delivery, Recovery &	Postpartum	Well Baby Nursery (Level I)	Overall	Adult Step Down	Step Down Neonatal Nursery (Level II)	Rehabilitation Wards	Inpatient Rehab Facilities	Overall	General Surgical	Neurosurgical	Orthopedic	Vascular Surgery	Overall				
Willapa Harbor Hospital				0.00		(0.00)					(0.00)	(0.00)																																					
Yakima Regional Medical and Cardiac Center										1.79	1.79	0.00																															0.00						
Yakima Valley Memorial Hospital						1.26					0.00	0.85					1.62					3.15																											

Table Notes:

- All rates are expressed as infections per 1,000 line-days. Red colored cells have statistically significant higher infection rates than other hospitals reporting similar units during the year. White cells with rates have rates similar to other hospitals. Light grey cells indicate where hospitals do not report having that type of inpatient unit. White cells with dashes "--" indicate Critical Access Hospital Units with no central-line patient days reported. Categories with additional unit-type subcategories are only statistically compared between hospitals by their "overall" rates. Cell coloring for the entire category (overall and unit subcategory rates) reflect the interpretation of the overall rate. Subcategories are provided for comparison to national reports.
- This table contains rates for hospital inpatient units for a lower acuity of care than intensive care units (ICU). Details of specific, non-ICU inpatient locations by NHSN designations are included in this table. At the individual unit-type level of detail, it is difficult to provide accurate rates because the total number of line-days on a unit can be quite small for some hospitals. Even one infection can produce a seemingly high rate when the number of line-days is very low. Some hospitals may open/close units, or change unit designations in NHSN mid-year. Furthermore, there may be few hospitals reporting specific unit-types in the state, making between-hospital comparisons difficult. Therefore, similar types of patient care locations are grouped into [Washington State defined inpatient unit categories](#); hospitals are statistically compared by their "overall" infection rates in these categories to compare hospitals and patient populations more accurately. Overall infection rates are calculated from the total number of infections and total number of line-days from each unit-type in the category.
- Rates in parentheses "(")" indicate [critical access hospital](#) unit rates. All critical access hospital unit rates are combined for a single categorical rate, then only compared against between other critical access hospitals. Unit level critical access hospital rates as reported by their NHSN designation are provided in this table, but not used for statistical comparison in those categories. Because critical access hospitals have a limited number of beds, their total number of line-days tend to be low; even one infection can therefore produce a seemingly high rate.
- Details of oncology non-ICU infection rate by central line type are included in this table. By separating rates for both line types, the number of line-days in either subcategory can be very low, and a single infection may produce a seemingly high rate.