CONCORD — The state released its first report yesterday on hospital infections, showing that patients developed 134 infections last year while being treated for another condition — a number lower than expected, based on national data.

The report, the result of a 2006 state law, examined infections during 2009 that developed from central lines — catheters inserted in blood vessels near the heart or other major vessel — and their insertion practices. The report also looked at infections that developed after heart, colon and knee surgeries, and at influenza vaccination rates among hospital staff.

Officials said the number infected overall was 26 percent lower than expected, based on national data from 2006 to 2008. The report said officials expected to see 180 infections at New Hampshire hospitals in that time period.

The report pointed out that while all hospitals should continue to work to eliminate infections, a few hospitals did have higher rates for certain procedures that may "warrant changes to current infection prevention practices" to reduce them.

Jose Montero, director of public health at the Department of Health and Human Services, said those hospitals have been notified and the state is working with them.

Montero said another area where there is room for improvement is influenza vaccinations. The vaccination rates among hospital staff ranged from 40 percent to nearly 97 percent, and the overall state rate was 70 percent, 10 percent higher than the year before.

However, 10 of the state's 31 hospitals reported vaccination rates significantly lower than the state's rate. "We need to continue working with hospitals to improve those numbers," Montero said.

Another department emphasis is on hand-washing, he said. "Most people may assume that it's a given that every health-care provider will do hand-washing before seeing a patient. We know that that doesn't always happen."

New Hampshire is among 27 states that require public disclosure of hospital infection rates by each hospital. It's one of 20 states that have produced reports, said Lisa McGiffert of Consumers Union's Safe Patient Project campaign.

State Rep. Leo Pepino of Manchester sponsored the original bill in memory of his wife, Rita, who died in 2005 of cancer. Pepino said she often got hospital infections while being treated.

Former Rep. Rogers Johnson, R-Stratham, another sponsor of the law, said the bill was designed to be a benchmark and give people more information on choosing a hospital. Without having read the 119-page report yesterday, Johnson said consumers may still have a difficult time understanding prevalence rates and making decisions on where to go for treatment.
"The best thing you can do is compare it hospital to hospital in the state of New Hampshire," he said.

Lori Nerbonne, who founded a group called New Hampshire Patient Voices, said her mother developed an infection after having lung surgery and spent eight months in the hospital, eventually dying of an unrelated problem.

"It was a very lengthy, very expensive hospitalization that incurred many more complications," she said.

Nerbonne said that when she and her sister went to testify for the bill in 2005, there was hardly anyone testifying on behalf of patients.

"The room was filled with hospital representatives and lobbyists for the hospitals," Nerbonne said. "We just realized that patients really don't have any representation on this issue, and we tried to rally people on this issue in New Hampshire, and we did. We got people to come and tell their stories."
<table>
<thead>
<tr>
<th>Hospital</th>
<th>Observed Infections*</th>
<th>Expected Infections</th>
<th>Standardized Infection Ratio (SIR)</th>
<th>95% Confidence Interval</th>
<th>Comparison to Expected Number of Infections</th>
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<td>Alice Peck Day Memorial</td>
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<td>180.81</td>
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</table>

† Data are not shown for hospitals with less than one expected infection.
* Observed number of infections includes all infections that are required to be reported (central line-associated bloodstream infections and surgical site infections following coronary artery bypass, colon, and knee arthroplasty procedures).