

Long-Term Care Healthcare-Associated Infections in 2024: An Analysis of 26,501 Reports

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Abstract

Background: The Pennsylvania Patient Safety Reporting System (PA-PSRS) is the largest repository of patient safety data of its kind in the United States. The PA-PSRS database contains over 5 million reports, including more than 448,000 long-term care (LTC) healthcare-associated infection (HAI) reports.

Methods: LTC HAI data from PA-PSRS were extracted on March 1, 2025. Infection counts were calculated based on report submission date, and rates were calculated based on infection confirmation date. Reports from LTC facilities and specific care areas were included in rate calculations if resident and device days were also entered in PA-PSRS for the corresponding month.

Results: In 2024, Pennsylvania's LTC facilities submitted 26,501 infection reports to PA-PSRS, which is a 10.6% increase over the prior year and the third consecutive annual increase. The overall infection rate was 1.08 infections per 1,000 resident days, representing a 9.1% increase from 2023. The 2024 rate also established a significant three-year upward trend since the low point of 0.77 in 2021 ($R^2=0.998$, $p=0.0011$). All six regions of the state had an increase in infection rate. The overall infection rate increased due to rising rates across all infection types, except for device-related bloodstream infections.

Conclusion: In 2024, there was a rise in both the number of infection reports submitted to PA-PSRS and the overall infection rate. This third consecutive annual increase may be associated with enhanced surveillance and reporting in Pennsylvania's LTC facilities stemming from the Patient Safety Authority's intensive outreach and educational efforts.

Introduction

The Pennsylvania Patient Safety Reporting System (PA-PSRS)^a is the largest repository of patient safety data of its kind in the United States. In addition to over 5 million patient safety event reports from hospitals, ambulatory surgical facilities, abortion facilities, and birthing centers, the PA-PSRS database contains more than 448,000 long-term care (LTC) healthcare-associated infection (HAI) reports submitted since 2009.

Methods

The LTC data from PA-PSRS were extracted on March 1, 2025, to allow extra time for calculating rates based on resident and device utilization days. Report counts for infections are based on the report submission date, while overall infection rates are calculated per 1,000 resident days using the infection confirmation date. Rates for infections associated with urinary catheters and central lines are calculated per 1,000 urinary catheter days or 1,000 central line days, respectively. Reports from LTC facilities and specific care areas were included in rate calculations if resident and device days were entered in PA-PSRS for the corresponding month. Unless otherwise stated, statistical results are presented at a 0.05 significance level.

Results

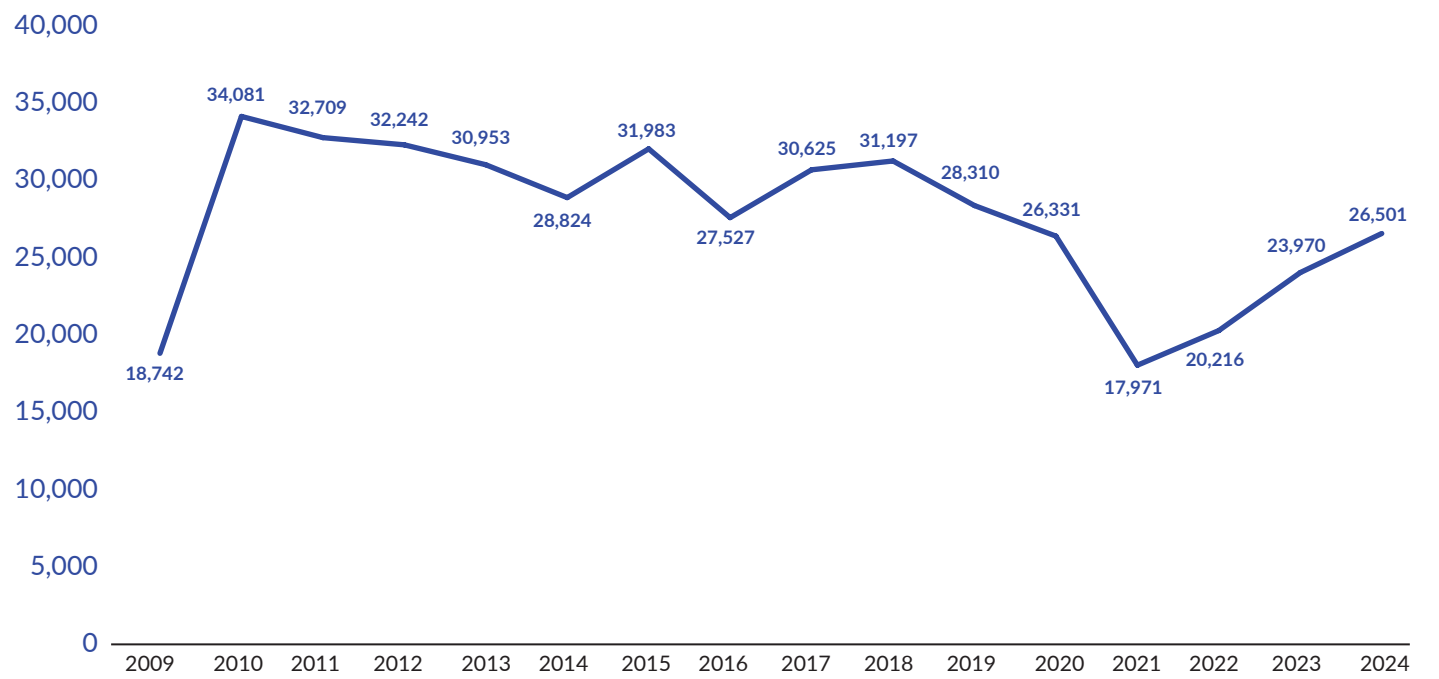
Pennsylvania's LTC facilities submitted 26,501 infection reports to PA-PSRS in 2024, which is a 10.6% increase over the prior year and the third consecutive annual increase (see **Figure 1**). As shown in **Figure 2**, the overall infection rate in 2024 was 1.08 infections per 1,000 resident days, representing a 9.1% increase from 2023. The 2024 rate also established a significant three-year upward trend since the low point of 0.77 in 2021 ($R^2=0.998$, $p=0.0011$).

Figure 3, which displays infection rates by region, shows that all six regions of the state had an increase in infection rate from 2023 to 2024. The Northeast region had the highest infection rate in 2024, with 1.53 reports per 1,000 resident days, and the Southeast region had the lowest rate, at 0.79. The distribution of LTC infection reports and infection rates by region are shown in **Table 1**.

LTC Healthcare-Associated Infections

LTC facility reports submitted to PA-PSRS are classified into five main infection types (see **Figure 4**). For the last four years, skin and soft tissue infections (SSTIs) were the most frequently reported, followed by urinary tract infections (UTIs) and respiratory tract infections (RTIs). These three infection types have increased each year since 2021. The largest annual percentage increase in 2024 occurred with the respiratory tract infection type.

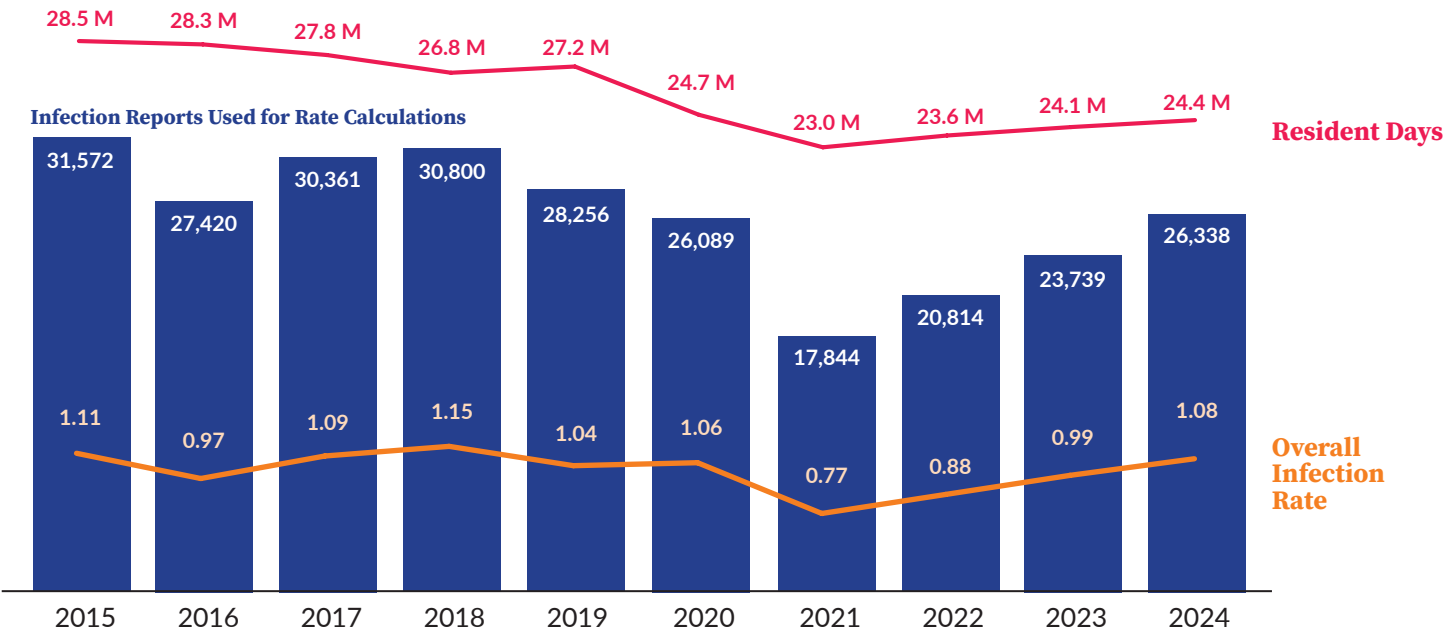
Figure 1. LTC Infection Reports Submitted to PA-PSRS by Year



Note: Numbers shown for previous years may differ from past publications due to newly received data or revisions made by reporting facilities after the prior data cutoff date.

^aPA-PSRS is a secure, web-based system through which Pennsylvania long-term care facilities submit reports of healthcare-associated infections in accordance with mandatory reporting laws outlined in the Medical Care Availability and Reduction of Error (MCARE) Act (Act 52 of 2007).¹ All reports submitted through PA-PSRS are confidential and no information about individual facilities or providers is made public.

Figure 2. PA-PSRS LTC Infection Reports, Resident Days, and Overall Infection Rates per 1,000 Resident Days by Year



Note: The number of infection reports shown for each year is based on the infection confirmation date, rather than the report submission date, ensuring alignment with the time frame in which resident days occurred. Reports were excluded from the rate calculations if a facility did not report resident days for the corresponding month. Numbers and rates shown for previous years may differ from past publications due to newly received data or revisions made by reporting facilities after the prior data cutoff date.

Figure 3. PA-PSRS LTC Infection Rates per 1,000 Resident Days by Region—2023 Versus 2024

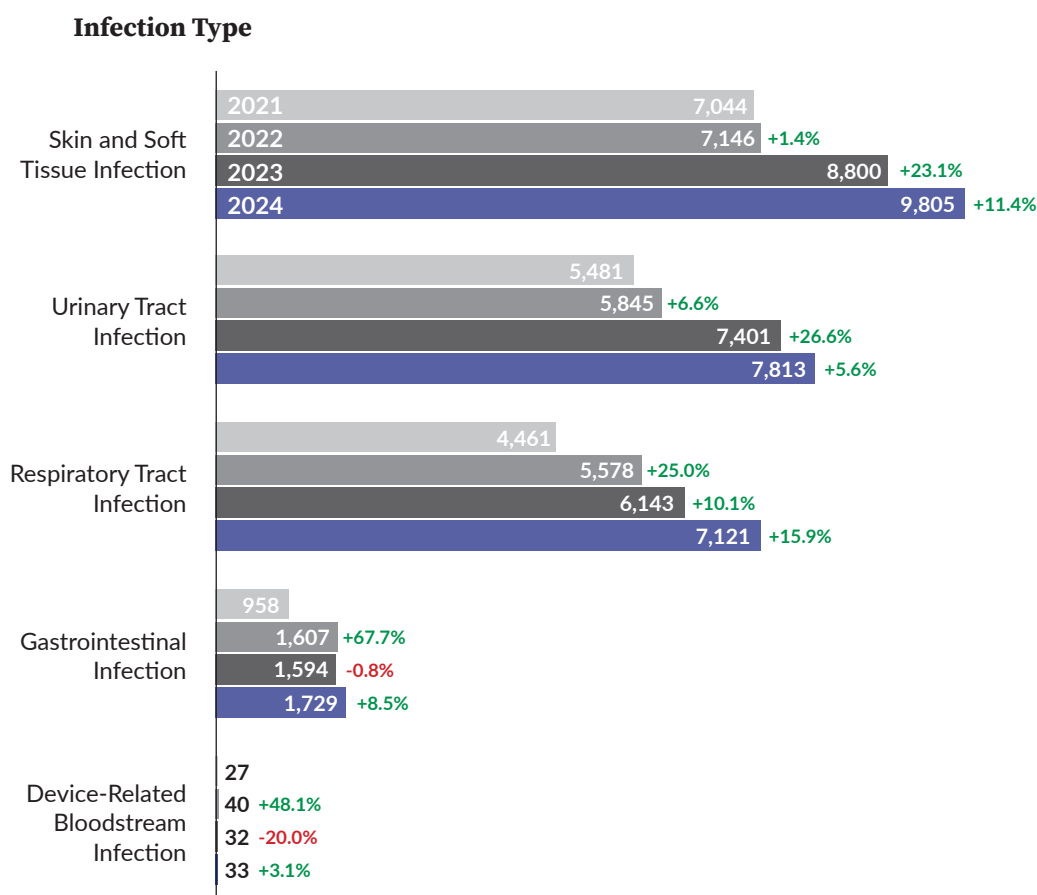


Table 1. PA-PSRS LTC Infection Reports and Infection Rates per 1,000 Resident Days by Region

Region	2023 Infection Reports	2023 Rate per 1,000 Resident Days	2024 Infection Reports	2024 Rate per 1,000 Resident Days
North Central	1,866	1.24	2,244	1.50
Northeast	4,112	1.31	4,929	1.53
Northwest	2,281	1.09	2,395	1.13
South Central	3,493	1.10	3,774	1.15
Southeast	6,875	0.72	7,614	0.79
Southwest	5,112	1.10	5,382	1.16
Total	23,739	0.99	26,338	1.08

Note: The number of infection reports shown for each year is based on the infection confirmation date, rather than the report submission date, ensuring alignment with the time frame in which the resident days occurred. Reports were excluded from the rate calculation if a facility did not report resident days for the corresponding month. Numbers and rates shown for previous years may differ from past publications due to newly received data or revisions made by reporting facilities after the prior data cutoff date.

Figure 4. LTC Infection Reports Submitted to PA-PSRS by Infection Type and Year



Note: Numbers shown for previous years may differ from past publications due to newly received data or revisions made by reporting facilities after the prior data cutoff date.

LTC Healthcare-Associated Infection Subtypes

Table 2 shows the number of reports submitted for all infection subtypes for the past four years. In 2024, the most frequently reported subtype was cellulitis, soft tissue, or wound infection, followed by symptomatic urinary tract infection (SUTI) and pneumonia. This ranking has remained consistent for the past three years. Among the 14 infection subtypes, 13 had an increase in the number of reports submitted in 2024 compared to 2023. Influenza showed the largest increase, with 795 more reports (+130.5%). The only subtype that declined was influenza-like illness, but the decrease was minimal, with just five fewer reports.

Care Area

Table 3 shows the distribution of reports submitted in 2024 by infection type and care area. Skilled nursing/short-term rehabilitation units accounted for the largest proportion of infections (34.6%; 9,158 of 26,501). SSTIs were the most commonly reported infection type across all care areas, except in ventilator-dependent units, where RTIs were the most frequent. **Table 4** shows the distribution of infection reports submitted in 2024 by infection subtype and care area. The largest concentration of reports was seen with cellulitis, soft tissue, or wound infection in skilled nursing/short-term rehabilitation units.

LTC Healthcare-Associated Infection Rates

Figure 5 shows rates per 1,000 resident days for the five main infection types for 2021 through 2024. In 2024, the overall infection rate increased due to rising rates across all infection types, except for device-related bloodstream infections.

Figure 6 and **Table 5** display rates for each infection subtype for 2021 through 2024. The influenza infection subtype saw the largest increase from 2023 to 2024 in both number and percentage, rising from 0.023 to 0.056 reports per 1,000 resident days, representing a 143.5% increase. The only decrease was with CLABSI, for which the rate dropped by 0.015 points or 15.8%.

Table 6 displays infection rates by year based on care area and infection subtype. From 2023 to 2024, the largest percentage increases in rates were seen in bacteriologic gastroenteritis within dementia units (+320%) and mixed units (+250%), as well as influenza in skilled nursing/short term rehabilitation units (+176.6%).

Figure 7 and **Table 7** display infection rates for seasonal infection subtypes (i.e., influenza, influenza-like illness, pneumonia, lower respiratory tract infection [LRTI], and norovirus) by quarter from 2021 through 2024. These rates are calculated as the number of infections by quarter per 1,000 resident days. The rates for influenza, influenza-like illness, and pneumonia were highest in Q1 2024, while this quarter showed a lower rate for norovirus compared to Q1 in the prior two years.

Table 2. LTC Infection Reports Submitted to PA-PSRS and Percentage Distribution by Infection Subtype and Year

		Number of Reports				% of Total				Change in Reports 2023 to 2024	
Infection Type	Infection Subtype	2021	2022	2023	2024	2021	2022	2023	2024	Number	Percent
Skin and Soft Tissue Infection	Cellulitis, Soft Tissue, or Wound Infection	4,951	5,081	6,212	6,797	27.5%	25.1%	25.9%	25.6%	585	9.4%
	Conjunctivitis	1,957	1,937	2,483	2,894	10.9%	9.6%	10.4%	10.9%	411	16.6%
	Scabies	136	128	105	114	0.8%	0.6%	0.4%	0.4%	9	8.6%
Urinary Tract Infection	SUTI	4,288	4,589	5,817	6,144	23.9%	22.7%	24.3%	23.2%	327	5.6%
	CAUTI	1,052	1,087	1,363	1,411	5.9%	5.4%	5.7%	5.3%	48	3.5%
	ABUTI	141	169	221	258	0.8%	0.8%	0.9%	1.0%	37	16.7%
Respiratory Tract Infection	Pneumonia	3,004	3,005	3,747	3,917	16.7%	14.9%	15.6%	14.8%	170	4.5%
	LRTI	1,216	1,451	1,608	1,626	6.8%	7.2%	6.7%	6.1%	18	1.1%
	Influenza	201	1,058	609	1,404	1.1%	5.2%	2.5%	5.3%	795	130.5%
	Influenza-Like Illness	40	64	179	174	0.2%	0.3%	0.7%	0.7%	-5	-2.8%
Gastro-intestinal Infection	C. diff	883	854	872	941	4.9%	4.2%	3.6%	3.6%	69	7.9%
	Norovirus	70	730	707	754	0.4%	3.6%	2.9%	2.8%	47	6.6%
	Bacteriologic Gastroenteritis	5	23	15	34	0.0%	0.1%	0.1%	0.1%	19	126.7%
Device-Related Bloodstream Infection	CLABSI	27	40	32	33	0.2%	0.2%	0.1%	0.1%	1	3.1%
Totals		17,971	20,216	23,970	26,501	100.0%	100.0%	100.0%	100.0%	2,531	10.6%

Note: Numbers shown for previous years may differ from past publications due to newly received data or revisions made by reporting facilities after the prior data cutoff date.

SUTI = Symptomatic Urinary Tract Infection
CAUTI = Catheter-Associated Urinary Tract Infection
ABUTI = Asymptomatic Bacteremic Urinary Tract Infection
LRTI = Lower Respiratory Tract Infection
CLABSI = Central Line-Associated Blood Stream Infection

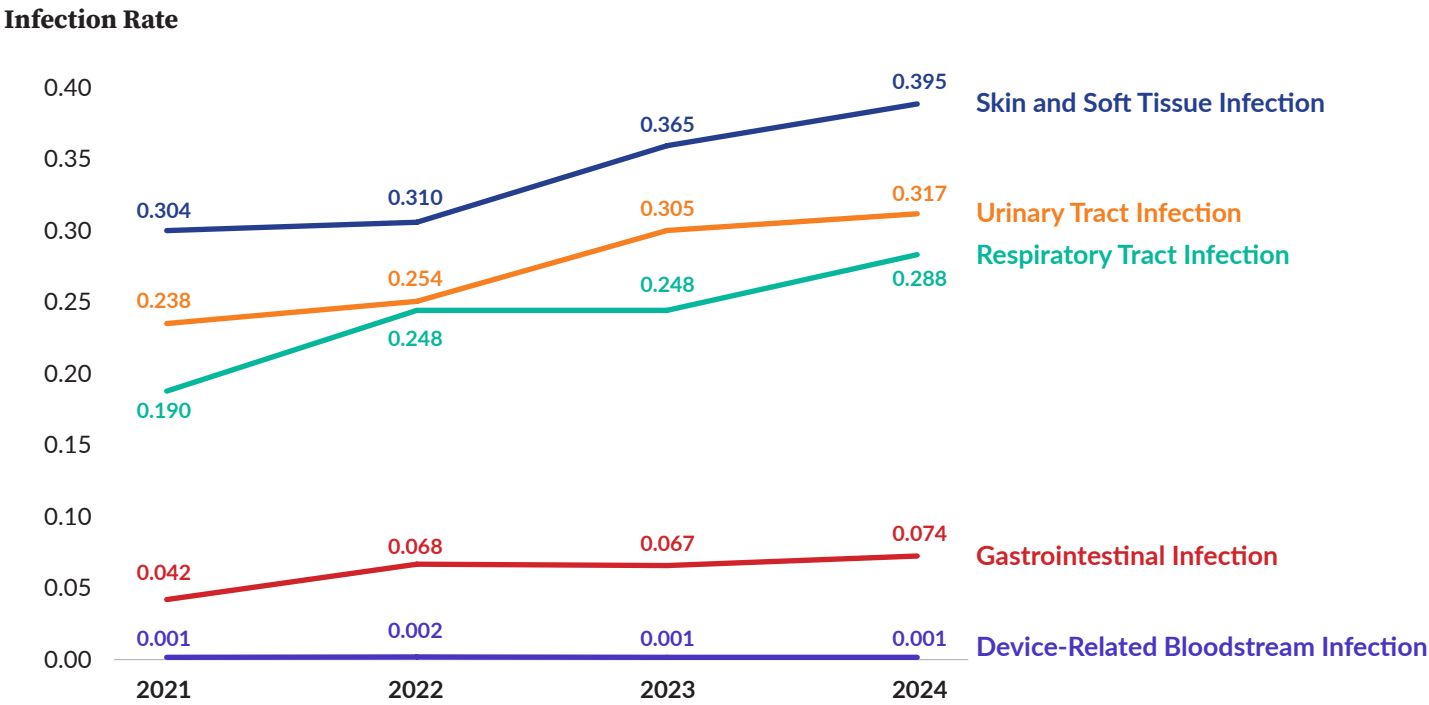
Table 3. LTC Infection Reports Submitted to PA-PSRS in 2024 by Infection Type and Care Area

Infection Type	Skilled Nursing/ Short-Term Rehabilitation Unit	Nursing Unit	Mixed Unit	Dementia Unit	Ventilator- Dependent Unit	Total
Skin and Soft Tissue Infection	3,281	3,074	2,727	637	86	9,805
Urinary Tract Infection	2,797	2,432	2,255	316	13	7,813
Respiratory Tract Infection	2,458	2,048	1,988	401	226	7,121
Gastrointestinal Infection	610	457	501	150	11	1,729
Device-Related Bloodstream Infection	12	13	8	0	0	33
Total	9,158	8,024	7,479	1,504	336	26,501

Table 4. LTC Infection Reports Submitted to PA-PSRS in 2024 by Infection Subtype and Care Area

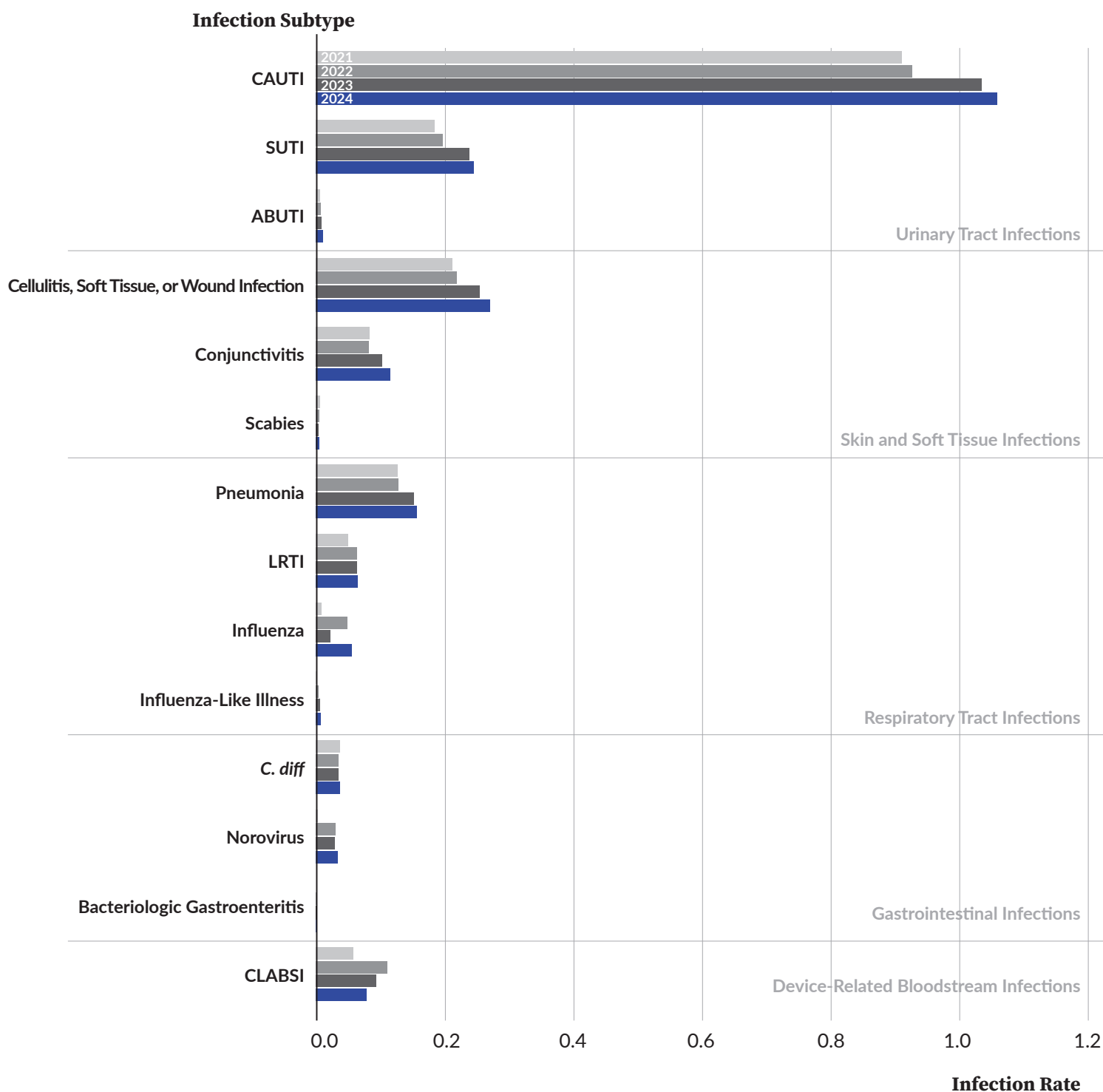
Infection Subtype	Skilled Nursing/ Short-Term Rehabilitation Unit	Nursing Unit	Mixed Unit	Dementia Unit	Ventilator- Dependent Unit	Total
Cellulitis, Soft Tissue, or Wound Infection	2,257	2,202	1,944	339	55	6,797
SUTI	2,202	1,920	1,754	263	5	6,144
Pneumonia	1,261	1,180	1,107	184	185	3,917
Conjunctivitis	983	832	760	288	31	2,894
LRTI	555	441	474	116	40	1,626
CAUTI	513	419	437	34	8	1,411
Influenza	560	404	372	68	0	1,404
<i>C. diff</i>	400	243	261	26	11	941
Norovirus	199	207	228	120	0	754
ABUTI	82	93	64	19	0	258
Influenza-Like Illness	82	23	35	33	1	174
Scabies	41	40	23	10	0	114
Bacteriologic Gastroenteritis	11	7	12	4	0	34
CLABSI	12	13	8	0	0	33
Total	9,158	8,024	7,479	1,504	336	26,501

Figure 5. PA-PSRS LTC Infection Rates per 1,000 Resident Days by Infection Type



Note: Rates shown for previous years may differ from past publications due to newly received data or revisions made by reporting facilities after the prior data cutoff date.

Figure 6. PA-PSRS LTC Infection Rates per 1,000 Resident or Device Days by Infection Subtype and Year



Note: Rates shown for previous years may differ from past publications due to newly received data or revisions made by reporting facilities after the prior data cutoff date.

Table 5. PA-PSRS LTC Infection Rates per 1,000 Resident or Device Days by Infection Subtype and Year in Descending Order by 2024 Rates

Infection Subtype	Rates			
	2021	2022	2023	2024
CAUTI	0.921	0.938	1.047	1.071
Cellulitis, Soft Tissue, or Wound Infection	0.215	0.221	0.257	0.274
SUTI	0.186	0.199	0.241	0.248
Pneumonia	0.128	0.130	0.154	0.159
Conjunctivitis	0.084	0.083	0.104	0.117
CLABSI	0.059	0.112	0.095	0.080
LRTI	0.051	0.064	0.065	0.066
Influenza	0.009	0.049	0.023	0.056
<i>C. diff</i>	0.038	0.036	0.036	0.038
Norovirus	0.003	0.031	0.030	0.034
ABUTI	0.006	0.007	0.009	0.011
Influenza-Like Illness	0.002	0.004	0.006	0.007
Scabies	0.006	0.005	0.004	0.005
Bacteriologic Gastroenteritis	0.000	0.001	0.001	0.001

Note: Rates shown for previous years may differ from past publications due to newly received data or revisions made by reporting facilities after the prior data cutoff date.

Table 6. PA-PSRS LTC Infection Rates per 1,000 Resident or Device Days by Care Area, Infection Subtype, and Year in Descending Order by Percentage Increase From 2023 to 2024 Within Each Care Area

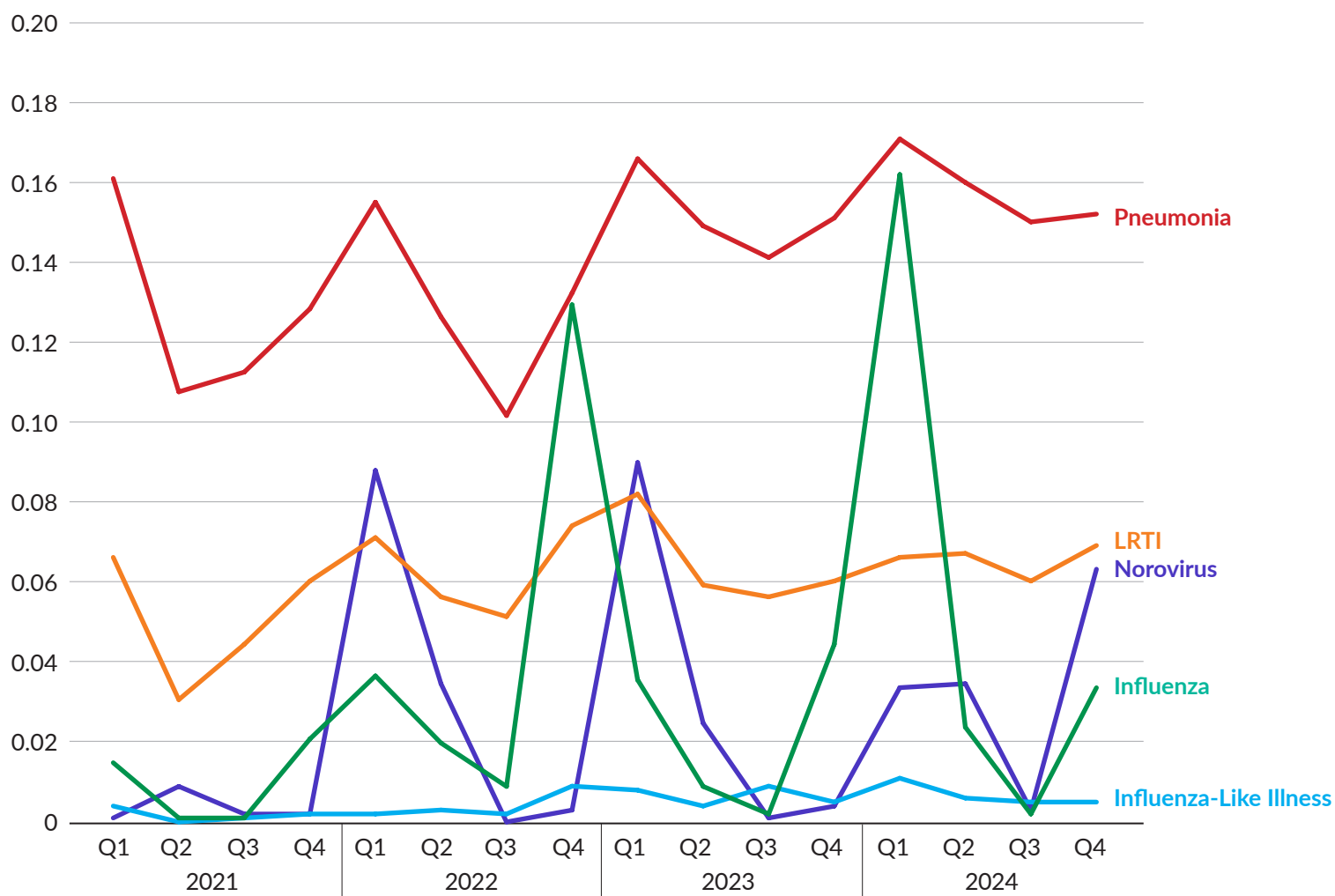
Care Area	Infection Subtype	2021	2022	2023	2024	% Change in Rate		
						'21 to '22	'22 to '23	'23 to '24
Dementia Unit	Bacteriologic Gastroenteritis	-	-	0.001	0.002	-	-	320.0%
	ABUTI	0.004	0.002	0.005	0.010	-51.2%	123.8%	112.8%
	Influenza	0.002	0.023	0.018	0.035	1004.8%	-22.8%	93.9%
	Norovirus	-	0.066	0.039	0.063	-	-41.6%	64.2%
	Influenza-Like Illness	0.001	0.002	0.013	0.017	90.9%	528.6%	31.8%
	Conjunctivitis	0.090	0.084	0.140	0.153	-6.6%	66.3%	8.8%
	Cellulitis, Soft Tissue, or Wound Infection	0.151	0.156	0.166	0.175	3.2%	6.4%	5.6%
	SUTI	0.107	0.130	0.132	0.137	20.7%	1.6%	4.3%
	Pneumonia	0.085	0.088	0.102	0.098	3.5%	16.1%	-3.7%
	LRTI	0.027	0.061	0.066	0.059	124.6%	8.7%	-11.3%
	Scabies	0.014	0.005	0.006	0.005	-66.2%	23.4%	-19.0%
	C. diff	0.012	0.012	0.018	0.014	-1.6%	52.1%	-22.8%
	CAUTI	0.451	0.975	0.991	0.712	116.1%	1.7%	-28.1%
	CLABSI	-	-	-	-	-	-	-
Mixed Unit	Bacteriologic Gastroenteritis	<0.0005	0.001	0.001	0.002	450.0%	-45.5%	250.0%
	Influenza	0.011	0.053	0.026	0.055	373.9%	-51.0%	112.0%
	Norovirus	0.003	0.014	0.029	0.044	400.0%	117.8%	49.0%
	LRTI	0.040	0.054	0.063	0.070	35.7%	17.4%	10.1%
	Conjunctivitis	0.088	0.087	0.110	0.112	-1.6%	26.2%	2.3%
	Cellulitis, Soft Tissue, or Wound Infection	0.228	0.231	0.281	0.284	1.7%	21.3%	1.1%
	SUTI	0.209	0.205	0.258	0.254	-2.0%	26.0%	-1.4%
	Pneumonia	0.123	0.136	0.162	0.160	10.6%	19.3%	-1.6%
	CAUTI	0.954	0.955	1.217	1.169	0.1%	27.5%	-3.9%
	C. diff	0.040	0.042	0.040	0.037	6.8%	-5.9%	-5.8%
	Scabies	0.006	0.003	0.004	0.003	-58.7%	42.3%	-8.1%
	ABUTI	0.006	0.008	0.014	0.010	35.1%	85.7%	-32.2%
	Influenza-Like Illness	<0.0005	0.004	0.007	0.004	1266.7%	70.7%	-38.6%
	CLABSI	0.052	0.100	0.162	0.073	94.8%	61.0%	-54.9%
Nursing Unit	Scabies	0.005	0.004	0.002	0.005	-27.1%	-40.0%	147.6%
	Influenza	0.005	0.051	0.021	0.050	837.0%	-59.3%	142.2%
	ABUTI	0.007	0.007	0.007	0.013	0.0%	1.4%	82.9%
	CLABSI	0.014	0.081	0.080	0.128	494.2%	-1.8%	60.7%
	Bacteriologic Gastroenteritis	-	0.001	0.001	0.001	-	-14.3%	50.0%
	Influenza-Like Illness	0.002	0.004	0.002	0.003	45.8%	-37.1%	40.9%
	CAUTI	0.855	0.959	0.858	1.064	12.2%	-10.5%	24.0%
	C. diff	0.028	0.025	0.025	0.031	-10.4%	0.8%	22.6%
	Conjunctivitis	0.071	0.072	0.087	0.104	0.8%	21.0%	19.4%
	Norovirus	0.006	0.035	0.024	0.029	494.9%	-31.9%	19.2%
	SUTI	0.162	0.187	0.207	0.245	15.4%	10.7%	18.6%
	Pneumonia	0.109	0.107	0.137	0.152	-2.0%	28.9%	10.5%
	Cellulitis, Soft Tissue, or Wound Infection	0.198	0.221	0.255	0.278	11.7%	15.3%	9.1%
	LRTI	0.042	0.055	0.056	0.057	30.3%	2.4%	1.1%

Table 6. (continued.)

Care Area	Infection Subtype	2021	2022	2023	2024	% Change in Rate		
						'21 to '22	'22 to '23	'23 to '24
Skilled Nursing/ Short-Term Rehabilitation Unit	Influenza	0.014	0.053	0.025	0.070	280.6%	-52.4%	176.6%
	Bacteriologic Gastroenteritis	0.001	0.002	0.001	0.001	200.0%	-46.7%	75.0%
	ABUTI	0.006	0.008	0.009	0.011	43.9%	4.9%	24.4%
	Influenza-Like Illness	0.002	0.005	0.008	0.010	113.0%	69.4%	22.9%
	Conjunctivitis	0.083	0.084	0.104	0.124	0.4%	24.8%	18.9%
	Cellulitis, Soft Tissue, or Wound Infection	0.233	0.226	0.259	0.282	-2.9%	14.5%	8.8%
	<i>C. diff</i>	0.052	0.047	0.048	0.050	-9.5%	2.4%	4.4%
	Pneumonia	0.145	0.143	0.157	0.159	-1.4%	10.3%	1.0%
	LRTI	0.061	0.074	0.071	0.070	22.0%	-3.3%	-2.0%
	CAUTI	0.950	0.910	1.124	1.082	-4.2%	23.6%	-3.8%
	SUTI	0.214	0.225	0.290	0.277	5.1%	29.4%	-4.6%
	CLABSI	0.091	0.136	0.068	0.064	49.5%	-50.2%	-5.9%
	Scabies	0.005	0.010	0.007	0.005	119.6%	-29.7%	-23.9%
	Norovirus	0.002	0.034	0.034	0.026	1684.2%	0.6%	-25.2%
Ventilator- Dependent Unit	Pneumonia	1.037	1.062	1.105	1.302	2.4%	4.1%	17.8%
	Cellulitis, Soft Tissue, or Wound Infection	0.361	0.363	0.354	0.379	0.6%	-2.5%	7.1%
	Conjunctivitis	0.407	0.452	0.220	0.222	11.1%	-51.4%	1.0%
	CAUTI	1.440	0.828	0.276	0.276	-42.5%	-66.7%	0.1%
	LRTI	0.774	0.507	0.319	0.286	-34.5%	-37.1%	-10.2%
	<i>C. diff</i>	0.190	0.151	0.113	0.079	-20.8%	-24.8%	-30.5%
	SUTI	0.105	0.164	0.071	0.036	56.6%	-56.9%	-49.4%
	ABUTI	0.026	-	0.014	-	-100.0%	-	-100.0%
	Bacteriologic Gastroenteritis	-	-	-	-	-	-	-
	CLABSI	-	0.165	-	-	-	-100.0%	-
	Influenza	-	0.007	-	-	-	-100.0%	-
	Influenza-Like Illness	-	-	-	-	-	-	-
	Norovirus	-	-	-	-	-	-	-
	Scabies	-	-	-	-	-	-	-

Note: When a dash “-” appears in a cell within the table, it means that the rate is zero. If “<0.0005” appears in a cell, it means that the rate is greater than zero but would otherwise be shown as “0.000” due to rounding to three decimal places. When “-100.0%” appears in a cell, it means that the year to which that percentage reduction applies had a zero rate and the prior year had a nonzero rate. Rates shown for previous years may differ from past publications due to newly received data or revisions made by reporting facilities after the prior data cutoff date. Also, percentage increases and decreases were calculated using cell values with greater decimal expansions than what is displayed in the table to provide greater accuracy.

Figure 7. PA-PSRS LTC Infection Rates per 1,000 Resident Days Trending for Seasonal Infection Subtypes by Quarter



Note: Rates shown for previous years may differ from past publications due to newly received data or revisions made by reporting facilities after the prior data cutoff date.

Table 7. PA-PSRS LTC Infection Rates per 1,000 Resident Days for Seasonal Infection Subtypes by Quarter

	Influenza	Influenza-like Illness	LRTI	Norovirus	Pneumonia
2021 Q1	0.015	0.004	0.067	0.001	0.163
Q2	0.001	0.000	0.031	0.009	0.109
Q3	0.001	0.001	0.045	0.002	0.114
Q4	0.021	0.002	0.061	0.002	0.130
2022 Q1	0.037	0.002	0.072	0.089	0.157
Q2	0.020	0.003	0.057	0.035	0.128
Q3	0.009	0.002	0.052	0.000	0.103
Q4	0.131	0.009	0.075	0.003	0.134
2023 Q1	0.036	0.008	0.083	0.091	0.168
Q2	0.009	0.004	0.060	0.025	0.151
Q3	0.002	0.009	0.057	0.001	0.143
Q4	0.045	0.005	0.061	0.004	0.153
2024 Q1	0.164	0.011	0.067	0.034	0.173
Q2	0.024	0.006	0.068	0.035	0.162
Q3	0.002	0.005	0.061	0.003	0.152
Q4	0.034	0.005	0.070	0.064	0.154

Note: Rates shown for previous years may differ from past publications due to newly received data or revisions made by reporting facilities after the prior data cutoff date.

Discussion

In 2024, Pennsylvania’s LTC facilities submitted 26,501 infection reports to PA-PSRS and recorded 24.4 million resident days, with an overall infection rate of 1.08 per 1,000 resident days based on eligible reports. This marks a 10.6% increase in total infection reports and a 9.1% rise in the infection rate compared to 2023. The overall infection rate increased due to rising rates across all infection types except for device-related bloodstream infections. Notably, 2024 represents the third consecutive annual increase, with the rate rising from 0.77 in 2021 to 1.08 in 2024.

The continued increase in total number and rate of infections reported to PA-PSRS may be associated with enhanced detection and reporting of infections as a result of the Patient Safety Authority’s (PSA) intensive outreach and educational efforts. To address the frequent turnover of infection preventionists (IPs) in LTC facilities, PSA infection prevention advisors have implemented a comprehensive program providing support, guidance, and education, including new IP orientations, regional educational symposia, newsletters, webinars, and evidence-based tools and resources. PSA has also worked to address potential underreporting by formally notifying LTC facilities in the bottom 10th percentile and those reporting zero infections during the previous year that they may not be meeting reporting requirements as set forth in Act 52. PSA infection prevention advisors have also contacted these facilities to offer support and guidance for performing surveillance and reporting.

Conclusion

In 2024, there was a rise in both the number of infection reports submitted to PA-PSRS and the overall infection rate across Pennsylvania’s LTC facilities. The increase in overall rate in 2024 was

driven by increases in the rates of all infection types except for device-related bloodstream infections. This third consecutive annual increase in the number and rate of reported infections may be associated with enhanced surveillance and reporting in LTC facilities stemming from PSA’s intensive outreach and educational efforts.

Note

This analysis was exempted from review by the Advarra Institutional Review Board.

Data used in this study cannot be made public due to their confidential nature, as outlined in the Medical Care Availability and Reduction of Error (MCARE) Act (Pennsylvania Act 52 of 2007).

References

1. Pennsylvania Department of Health. Medical Care Availability and Reduction of Error (MCARE) Act, Pub. L. No. 331 Stat. 52 (2007). DOH website. <https://www.pa.gov/content/dam/copapwp-pagov/en/health/documents/topics/documents/laws-and-regulations/Act%2052%20of%202007.pdf>. Published 2007. Accessed March 1, 2025.

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