

Issued July 2014

2014

# Healthcare-Associated Infections in North Carolina

Reporting Period:  
January 1 – March 31, 2014

Healthcare Provider Version  
N.C. Department of Health and Human Services



## Introduction

The prevention of healthcare-associated infections is a public health priority in North Carolina and is a collaborative effort among the healthcare and public health communities. This July 2014 Healthcare-Associated Infections report is an important product of this collaboration. Included in this report is information about infections occurring in North Carolina short-term acute care hospitals, long-term acute care hospitals, and inpatient rehabilitation facilities from January 1 through March 31, 2014. Data included in this report are preliminary and subject to change.

This report focuses on five important types of healthcare-associated infections that may occur while patients are hospitalized: central line-associated bloodstream infections, catheter-associated urinary tract infections, and surgical site infections (specifically those following abdominal hysterectomies or colon surgeries), MRSA laboratory-identified infections (MRSA LabID), and *Clostridium difficile* laboratory-identified infections (*C. difficile* or CDI LabID). These infections account for a large proportion of infections and deaths attributed to healthcare, but they do not represent the full spectrum of healthcare-associated infections.

This report was prepared by the North Carolina Healthcare-Associated Infections Prevention Program located in the Communicable Disease Branch of the Epidemiology Section of the North Carolina Division of Public Health. The NC Healthcare-Associated Infections Prevention Program works to eliminate preventable infections in health care settings by:

1. Conducting statewide surveillance for selected HAIs;
2. Providing useful, unbiased information to health care providers and consumers;
3. Promoting and coordinating prevention efforts; and
4. Responding to outbreaks in health care settings.

We hope that the information in this report will be useful to providers. Data are intended to provide an understanding of the burden of healthcare-associated infections in North Carolina. Furthermore, providers can use these data to assess their hospital's healthcare-associated infections burden in conjunction with other healthcare facilities. This may help to identify potential resources and opportunities to strengthen their hospital's healthcare-associated infections prevention program. Prevention tips on healthcare-associated infections are also provided (Appendix C). A separate healthcare consumer version is also available at <http://epi.publichealth.nc.gov/cd/diseases/hai>.

We welcome your feedback to improve the usefulness of future reports ([nchai@dhhs.nc.gov](mailto:nchai@dhhs.nc.gov)). For more information on Healthcare-Associated Infections and the NC Healthcare-Associated Infections Prevention Program, please visit <http://epi.publichealth.nc.gov/cd/diseases/hai>.

## Acknowledgements

The North Carolina Healthcare-Associated Infection Prevention Program would like to acknowledge and thank hospital infection preventionists across the state who work tirelessly to protect patients from infection. These preventionists provided the data used to create this report and worked with their hospital colleagues to identify and reconcile any potential problems with the data. This acknowledgement and gratitude extends to the hospital. While reporting of healthcare-associated infections is required, their support for healthcare-associated infections reporting and efforts to assure accurate reporting of infections is appreciated. The recent successes in fighting healthcare-associated infections would not have been possible without the continuing efforts, dedication and collaboration of hospitals and hospital infection preventionists.

The Healthcare-Associated Infection Prevention Program would also like to recognize the contributions of the Healthcare-Associated Infections Advisory Group members listed in Appendix D. In particular, the program is grateful to the Subgroup on Reporting and Surveillance for their thoughtful feedback on the presentation and content of the Quarterly Reports.

Finally, the program would like to acknowledge our partners, who have been important leaders and strong supporters of surveillance and prevention programs for healthcare-associated infections in North Carolina. These include the North Carolina Hospital Association, the North Carolina Statewide Program for Infection Control and Epidemiology, the North Carolina Chapter of the Association for Professionals in Infection Control and Epidemiology, the Carolinas Center for Medical Excellence, and the Adult Care Licensure and Nursing Home Licensure and Certification sections of the North Carolina Division of Health Service Regulation.

## Table of Contents

Introduction.....	i
Acknowledgements .....	ii
I. Surveillance for Healthcare-Associated Infections in North Carolina .....	1
II. Hospital-Specific Summary Reports .....	2

### APPENDICES:

APPENDIX A. Definitions	
APPENDIX B. Acronyms	
APPENDIX C. Healthcare-Associated Infections Prevention Tips	
APPENDIX D. NC Healthcare-Associated Infections Advisory Group	
APPENDIX E. Healthcare Facility Groupings, 2013 National Healthcare Safety Network Annual Hospital Survey	

## I. Surveillance for Healthcare-Associated Infections in North Carolina

Healthcare-associated infections (HAIs) are infections caused by a variety of organisms – including bacteria, viruses and fungi – while receiving medical care. As part of the concerted effort to reduce such types of infections, hospitals report specific types of HAIs to the N.C. Division of Public Health (DPH) as required by law (General Statute 130A-150). Since 2012, they have been reporting central line-associated bloodstream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) occurring after inpatient abdominal hysterectomies or colon surgeries. Beginning in January 2013, short-term acute care hospitals began reporting of laboratory-confirmed (LabID) bloodstream infections caused by methicillin-resistant *Staphylococcus aureus* (MRSA) and infections caused by *Clostridium difficile* (*C. diff*).

By North Carolina law, hospital reporting requirements are based on the reporting requirements established by the Centers for Medicare and Medicaid Services (CMS).

HAI information is entered into the CDC web-based surveillance system called the National Healthcare Safety Network (NHSN). The N.C. HAI Program works with hospitals on a monthly basis to ensure their data are accurate and timely. All data in NHSN are entered and modified by hospitals; the N.C. HAI Program cannot enter or change data in NHSN.

To learn more about CLABSIs, CAUTIs, SSIs, MRSA, *Clostridium difficile* and other HAIs, please visit the N.C. Healthcare-Associated Infections website at <http://epi.publichealth.nc.gov/cd/diseases/hai.html>. In addition to information about specific infections, there is a link to the “Facts and Figures” webpage (<http://epi.publichealth.nc.gov/cd/hai/figures.html>), which includes current and previous reports. The Healthcare-Associated Infection in North Carolina - Reference Report issued in October 2012 and revised in July 2013 contains background information on HAIs, HAI surveillance in North Carolina, and detailed information on statistics commonly used to describe and summarize HAIs. Subsequent reports, published quarterly, cover timely state-level and facility-specific data on the incidence of healthcare associated infections in hospitals across the state, as well as information on the creation and progress of various initiatives to reduce HAIs.

According to NC Administrative Code rules (10A North Carolina Administrative Code 41A .0106), North Carolina hospitals are required to report the healthcare-associated infections listed in the CMS-IPPS Rule<sup>1</sup>. A list of these conditions and the starting dates for reporting are included in Table 1.

**Table 1: Requirements for Reporting of Healthcare-Associated Infections from N.C. Hospitals<sup>1,2</sup>**

HAI Event	Facility Type	Reporting Start Date
Central line-associated bloodstream infections (CLABSI)	Short-term Acute Care Hospitals: Adult, Pediatric, and Neonatal ICUs	January 2011
Catheter-associated urinary tract infections (CAUTI)	Short-term Acute Care Hospitals: Adult and Pediatric ICUs	January 2012
Surgical site infections (SSI)	Short-term Acute Care Hospitals: Colon and abdominal hysterectomy procedures	January 2012
CLABSI	Long-Term Care Hospitals*	October 2012
CAUTI	Long-Term Care Hospitals*	October 2012
CAUTI	Inpatient Rehabilitation Facilities	October 2012
MRSA bacteremia (laboratory identified)	Short-term Acute Care Hospitals including Specialty Hospitals	January 2013
<i>Clostridium difficile</i> (laboratory identified)	Short-term Acute Care Hospitals including Specialty Hospital	January 2013

\*Long-Term Care Hospitals are called Long-Term Acute Care Hospitals in the National Healthcare Safety Network.

<sup>1</sup> Centers for Medicare and Medicaid Services. Acute Inpatient Prospective Payment System. [www.cms.gov/AcuteInpatientPPS/FR2012/list.asp](http://www.cms.gov/AcuteInpatientPPS/FR2012/list.asp). Accessed December 9, 2013.

<sup>2</sup> Centers for Disease Control and Prevention, Healthcare Facility Reporting Requirements to CMA via NHSN – Current Requirements, <http://www.cdc.gov/nhsn/PDFs/CMS/CMS-Reporting-Requirements.pdf>. Accessed July 8, 2014.

## **II. Hospital-Specific Summary Reports**

## A. Explanation of the Hospital-Specific Summary Reports

Each hospital-specific summary report contains up to seven sections: 1) general hospital information, 2) central line-associated bloodstream infections (CLABSI), 3) catheter associated urinary tract infections (CAUTI), 4) surgical site infections (SSI) after abdominal hysterectomies and colon surgeries, 5) MRSA laboratory-identified events (MRSA LabID), 6) *C. difficile* laboratory-identified events (CDI LabID), and 7) commentary from the hospital. These sections are described below.

These reports cover the first three months of 2014 and data were downloaded from NHSN on June 26, 2014; any changes made to the data after this date are not reflected in this report. Before reviewing this report, a few clarifications about the data need to be made:

1. The data are preliminary. Although efforts were made by hospitals and the N.C. HAI Program to ensure that the data were accurate and complete, a formal validation of the data has not yet been performed. Until data validation is completed, data should be interpreted with caution.
2. The data were self-reported. Although efforts were made through education and training to improve the standardization and understanding of NHSN surveillance guidelines, definitions, and criteria, there can be variability in interpretation and application, leading to differences in reporting practices among hospitals. This issue will be addressed by data validation.
3. There may be variation between data published by the N.C. HAI Program and data published elsewhere (i.e., CMS, Centers for Medicare and Medicaid Services). This difference may occur as facilities have the ability to modify their data in NHSN at any time. Thus, data may appear to vary if different data collection periods or report cutoff dates are used.
4. The rates of infections were not included for HAIs in a few facilities. Calculating rates with small numbers in the denominator will lead to an unstable estimate. Therefore the N.C. HAI Program chose not to present rates for units, procedures or hospitals that did not meet a minimum threshold value for the reporting period. The minimum threshold numbers are based on CDC recommendations for reporting healthcare-associated infection data:
  - Central line-associated bloodstream infections: 50 central line days;
  - Catheter-associated urinary tract infections: 50 catheter days; and
  - Surgical site infections: 20 surgeries.
5. Standardized infection ratios (SIRs): SIRs allow facilities to see how the number of hospital-onset events reported to NHSN compares to the number that would be expected, based on data from other hospitals nationwide. This measure can be used to compare hospitals to each other and to a national baseline. These comparisons can drive prevention practices that will lead to improved outcomes, including the reduction of patient morbidity and mortality. It is important to note some caveats with respect to SIR data. First, the NHSN reference datasets used as the national baselines are somewhat outdated; some going as far back as 2006. Once these national baselines are updated or state-specific baselines are established, the SIRs will likely increase. Additionally, SIRs are a ratio; not a rate or an actual number of infections. The number or rate of infections cannot be determined by the SIR; these data are reported separately in this report.
6. Laboratory-Identified Events (LabID): Methicillin-resistant *Staphylococcus aureus* (MRSA) bacteremia (blood infection) LabID events and *Clostridium difficile* (CDI) LabID events rely on laboratory data without requiring clinical information about the patient. This allows for a much less labor-intensive means to track MRSA and CDI infections. The N.C. HAI Prevention Program would like to highlight certain caveats in using and interpreting LabID event data. For example, experience in other states has shown that CDI infection rates tend to be higher when using LabID event data compared to a clinical case definition. Reasons for this may include differences in how individual facilities define and classify clinical disease and variations in hospital laboratory testing methods and practices. LabID events should be considered a 'proxy' measure to estimate the number of MRSA and CDI infections actually occurring. Despite these caveats, there are benefits to using LabID data. LabID events do not depend on clinical interpretation by providers and thus offer a more standardized and consistent method of collecting and reporting MRSA and CDI surveillance data. Moreover, LabID events are currently being used by CMS for surveillance of MRSA and CDI. Improving prevention practices as described in existing clinical guidelines should result in a decrease in the number of observed MRSA and CDI LabID events as well as a decrease in the number of clinical infections.

## 1. 2013 Hospital Survey Information

This section contains general information about the hospital and includes a map of where the hospital (blue “H” icon) is located in North Carolina. Data in this section are from the NSHN 2013 Annual Hospital Survey.

## 2. Central Line-Associated Bloodstream Infections (CLABSI)

### Short-term acute care hospitals

CLABSIs are reported from hospitals with ICUs (adult, pediatric, and neonatal). This section of the report includes a table and figure about CLABSIs.

The CLABSI table below is an example of the data provided for each HAI, summarizing the number of infections, central line/catheter/patients days, rates, predicted infections, standardized infection ratio (SIR) and corresponding 95% confidence interval (CI) with interpretation by type of unit. There may be more than one reporting unit for a given classification. At the bottom of table is the “YTD Total for Reporting ICUs” that summarizes the year-to-date total for the reporting units in the hospital.

### Explanation of data in example CLABSI table:

1      2      3      4      5

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2012 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI	Interpretation
Medical	3	1,673	1.79	4.35	0.69	0.142, 2.015	Same
Medical cardiac	1	2,548	0.39	5.096	0.196	0.005, 1.093	Lower
<span style="color: blue;">3</span> Medical/surgical	0	77	0	0.162	.		
Neonatal Level II/III	0	1,637	0	3.972	0	, 0.929	Lower
Pediatric medical/surgical	0	131	0	0.393	.		
Surgical	0	2,184	0	5.023	0	, 0.734	Lower
Surgical cardiothoracic	0	1,952	0	2.733	0	, 1.350	Same
YTD Total for Reporting ICUs	4	10,202	0.39	21.729	0.184	0.050, 0.471	Lower

4

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

- The rate is the number of CLABSIs divided by the number of central line days multiplied by 1,000 to get “per 1,000 central line days.”
- The predicted number of infections is calculated using CLABSI rates from a standard population during a baseline time period. For CLABSI, the predicted number of infections is based on 2006-2008 NSHN national data.
- The SIR is calculated by dividing the observed number of infections by the predicted number of infections. If the number of predicted infections is less than 1, the SIR is not calculated. The CLABSI SIRs are adjusted by a variety of predictors of infection including central line utilization, type of patient care location, hospital affiliation with a medical school, and bed size of the patient care location.
- The 95% CI corresponds to the SIR presented in the table. When the number of infections is 0, the lower bound of the 95% CI is not calculated.
- The column “Interpretation” details the results of hypothesis testing.
  - Same: no statistically significant difference between the numbers of observed and predicted infections in a unit (or hospital).
  - Higher: observed number of infections in a unit (or hospital) was significantly higher than predicted.
  - Lower: observed number of infections in a unit (or hospital) was significantly lower than predicted.

### Long-term acute care hospitals

CLABSIs are reported from adult and pediatric ICUs and wards. As with short-term acute care hospitals, this section includes a table and a figure about CLABSIs. The data included in the table are at the unit-level as well as a year-to-date summary for the hospital. Only the number of CLABSIs, central line days, and rate are included; no SIRs are presented because baseline data are unavailable for calculation. The figure in this section includes the hospital CLABSI rate in comparison to all other long-term acute care hospitals in NC.



### 3. Catheter-Associated Urinary Tract Infections (CAUTI)

#### Short-term acute care hospitals

CAUTIs are reported from adult and pediatric ICUs and inpatient rehabilitation wards.

#### Long-term acute care hospitals

CAUTIs are reported from adult and pediatric ICUs and wards. The content of the CAUTI section for long-term acute care hospitals is similar to CLABSIs in long-term acute care hospitals.

#### Inpatient rehabilitation facilities

CAUTIs are reported from adult and pediatric rehabilitation wards. Hospital-specific summary reports are only generated for free-standing inpatient rehabilitation facilities; data from inpatient rehabilitation wards within short-term acute care hospitals are included in their respective hospital-specific summary reports.

Data in the tables are at the unit-level as well as a year-to-date summary for the facility. Only the number of CAUTIs, catheter days, and rate are included; no SIRs are presented because baseline data are unavailable for calculation. The figure includes the CAUTI rate for the facility in comparison to all other rehabilitation wards in NC, both free-standing and within short-term acute care hospitals.

#### **The content for the CAUTI sections is similar to the CLABSI section, with the following exceptions:**

- The rate is the number of CAUTIs divided by the number of catheter days multiplied by 1,000 to get “per 1,000 catheter days.”
- For CAUTI, the predicted number of infections is based on 2009 NSHN national data.
- The CAUTI SIRs are adjusted by a variety of predictors of infection including urinary catheter utilization, type of patient care location, hospital affiliation with a medical school, and bed size of the patient care location.

The SIR calculations, 95% CI, and interpretation for CAUTIs do not differ from CLABSIs.

### 4. Surgical Site Infections (SSI) – Abdominal Hysterectomies and Colon Surgeries

#### **Abdominal Hysterectomies**

##### Short-term acute care hospitals

SSIs are reported among female adults 18 years or older following inpatient abdominal hysterectomies. Only SSIs that occurred at the primary incision site within 30 days of the surgery are included in the report. Infections are not included if they occurred after 30 days post-operation or if they involved only the skin or subcutaneous tissues. Finally, if patient age or the American Society of Anesthesiologists (ASA) score was missing for a surgery, it was classified as an “incomplete procedure” and is not included in the final count of surgeries.

#### **Colon Surgeries**

##### Short-term acute care hospitals

SSIs are reported among adults 18 years or older following inpatient colon surgeries. Only SSIs that occurred at the primary incision site within 30 days of surgery are included in the report. Infections are not included if they occurred after 30 days post-operation or if they involved only the skin or subcutaneous tissues. Finally, if patient age or the American Society of Anesthesiologists (ASA) score was missing for a surgery, it was classified as an “incomplete procedure” and is not included in the final count of surgeries.

#### **The content for these SSI sections is similar to the CLABSI section, with the following exceptions:**

- The rate is the number of SSIs divided by the number of procedures multiplied by 100 to get “per 100 inpatient surgeries.”
- The SSI SIRs are adjusted by a variety of predictors of factors (e.g., duration of surgery, surgical wound class, use of endoscopes, status as re-operation, patient age, and patient assessment at time of anesthesiology [ASA score]) to provide the best possible adjustment for differences in patient-mix within each type of surgery.

The SIR baseline data, calculations, 95% CI, and interpretation for SSIs do not differ from CLABSIs and other HAIs.

### 5. MRSA Bacteremia Laboratory-Identified Events (MRSA LabID)

#### Short-term acute care hospitals

MRSA LabID events only include non-duplicate MRSA-positive lab assays collected >3 days after admission to the facility. Duplicate results and active surveillance testing results are excluded from reports. Multiple categories of MRSA LabID events exist [healthcare facility-onset (HO) or community-onset (CO)]; however, only HO LabID events are published.

**The content for the MRSA LabID section is similar to the CLABSI section, with the following exceptions:**

- The rate is the number of MRSA LabID events (infections) divided by the number of patient days multiplied by 1,000 to get “per 1,000 patient days”.
- The predicted number of infections is calculated using MRSA LabID rates based on 2010-2011 NSHN national data.
- The MRSA LabID SIRs are adjusted by a variety of predictors of infection including hospital affiliation with a medical school, bed size of the patient care location, and facility prevalence rate.

The SIR calculations, 95% CI, and interpretation for MRSA LabID events do not differ from CLABSIs and other HAIs.

**6. *Clostridium difficile* Laboratory-Identified Events (CDI LabID)**

Short-term acute care hospitals

CDI LabID events only include non-duplicate, non-recurrent CDI-positive lab assays collected >3 days after admission to the facility. CDI LabID events are included in the report only if three or more consecutive months of CDI LabID data are reported within a calendar year. NICUs and active surveillance testing are excluded from CDI reporting requirements. Multiple categories of CDI LabID events exist [healthcare facility-onset (HO), community-onset (CO), and community-onset healthcare facility associated (CO-HFA)]; however, only HO LabID events are published.

**The content for the CDI LabID section is similar to the CLABSI section, with the following exceptions:**

- The rate is the number of CDI LabID events (infections) divided by the number of patient days multiplied by 10,000 to get “per 10,000 patient days”.
- The predicted number of infections is calculated using CDI LabID rates based on 2010-2011 NSHN national data.
- The CDI LabID SIRs are adjusted by a variety of predictors of infection including hospital affiliation with a medical school, bed size of the patient care location, facility prevalence rate, and CDI laboratory test type.

The SIR calculations, 95% CI, and interpretation for CDI LabID events do not differ from CLABSIs and other HAIs.

**7. Commentary from Hospital**

This section includes hospital comments on their HAI data and current infection control activities. Hospitals can provide a link to their hospital website to provide lengthier comments.

**Statistics**

For a detailed explanation of statistics included in the HAI reports, see the NC DHHS HAI in NC report issued October 2012 and revised July 2013 ([http://epi.publichealth.nc.gov/cd/hai/figures/hai\\_jul2013\\_reference.pdf](http://epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf)). Explanations on concepts such as statistical significance and computation of measures including rates and standardized infection ratios (SIRs) are provided.

For further explanation of the HAI tables and graphs presented for each hospital, consult Section V of the 2013 N.C. HAI Annual Report issued April 2014 for Healthcare Providers, pages 59-63 (<http://epi.publichealth.nc.gov/cd/hai/figures.html>).

# North Carolina Healthcare-Associated Infections Report

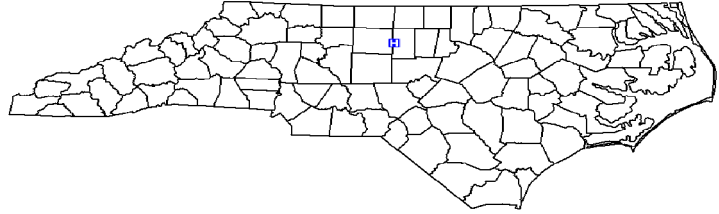
## Data from January 1 – March 31, 2014

### Alamance Regional Medical Center, Burlington, Alamance County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2013: 11,288  
 Patient Days in 2013: 43,193  
 Total Number of Beds: 238  
 Number of ICU Beds: 32  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 0.42

\*FTE = Full-time equivalent



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

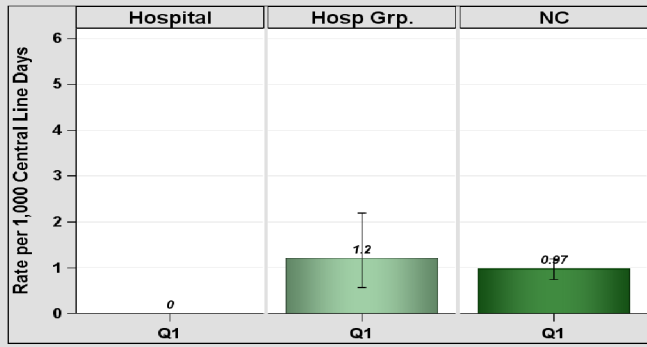


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	583	0	0.87	.		
Neonatal Level II/III	0	70	0	0.08	.		
YTD Total for Reporting ICUs	0	653	0	0.95	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	12,709	0	0.83	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 patient days.

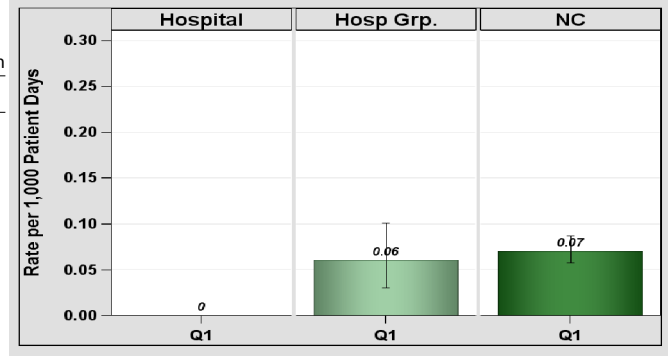


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

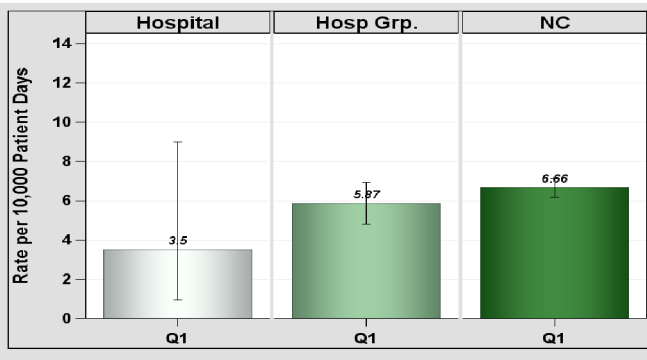


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

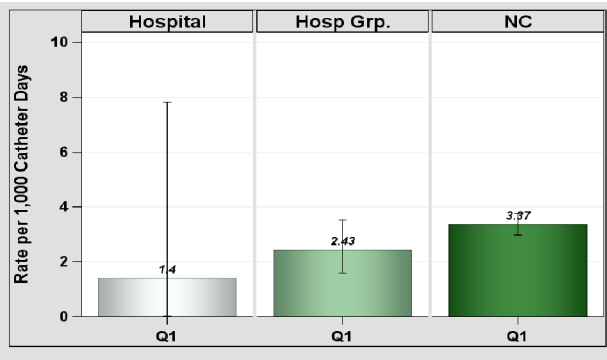
Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	4	11,425	3.5	5.4	0.741	0.235, 1.788	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
**Alamance Regional Medical Center, Burlington, Alamance County**

**Catheter-Associated Urinary Tract Infections (CAUTI)**



**Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.**

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	713	1.4	0.86	.		
YTD Total for Reporting ICUs	1	713	1.4	0.86	.		

**Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.**

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

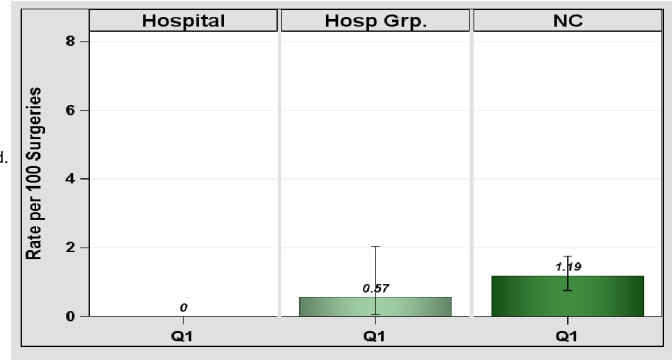
**Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.**

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	38	0	0.37	.		

Infections from deep incisional and/or organ space.

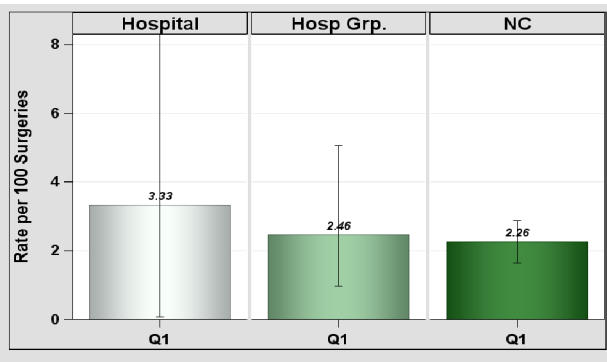
\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.



**Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.**

**Surgical Site Infections (SSI) after Colon Surgeries**



**Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.**

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	1	30	3.33	0.94	.		

Infections from deep incisional and/or organ space.

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.**

**Commentary from Hospitals:**

Cone Health is committed to preventing Healthcare Associated Infections. We have dedicated teams of experts focused on process improvements to improve our patient outcomes. Please contact Cone Health Infection Prevention if you would like further information.

# North Carolina Healthcare-Associated Infections Report

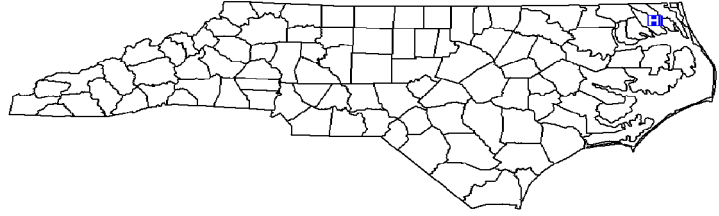
## Data from January 1 – March 31, 2014

### Albemarle Health Authority, Elizabeth City, Pasquotank County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2013: 5,768  
 Patient Days in 2013: 22,515  
 Total Number of Beds: 135  
 Number of ICU Beds: 10  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 0.74

\*FTE = Full-time equivalent



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

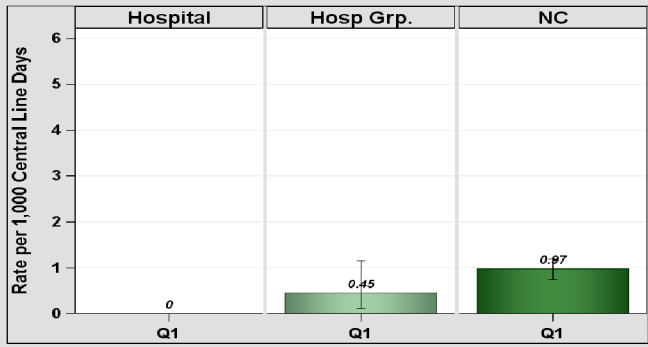


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	197	0	0.3	.		
YTD Total for Reporting ICUs	0	197	0	0.3	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	5,632	0	0.63	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 patient days.

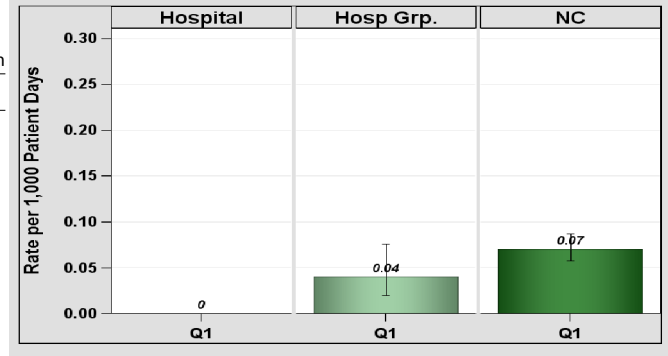


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

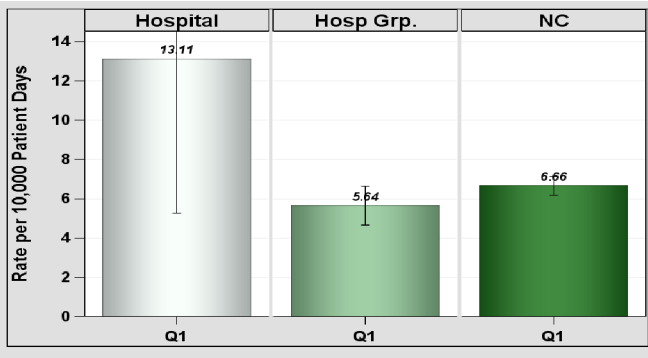


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

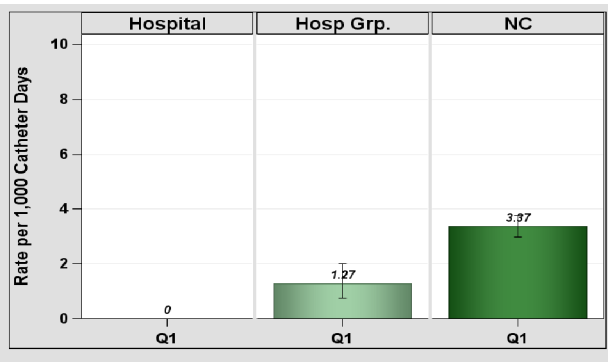
Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	7	5,339	13.1	2.42	2.888	1.263, 5.712	Higher

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
 Albemarle Health Authority, Elizabeth City, Pasquotank County

**Catheter-Associated Urinary Tract Infections (CAUTI)**



**Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.**

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	340	0	0.44	.		
YTD Total for Reporting ICUs	0	340	0	0.44	.		

**Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.**

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

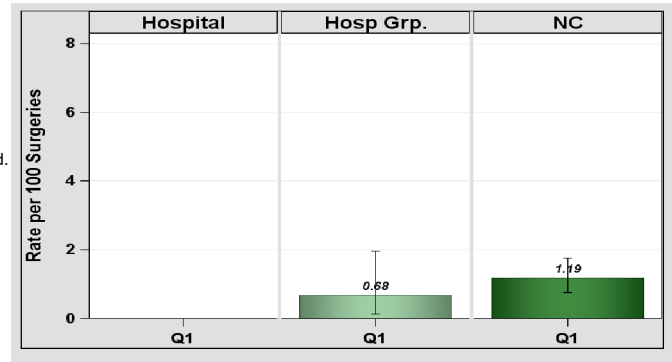
**Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.**

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	13	.	0.13	.		

Infections from deep incisional and/or organ space.

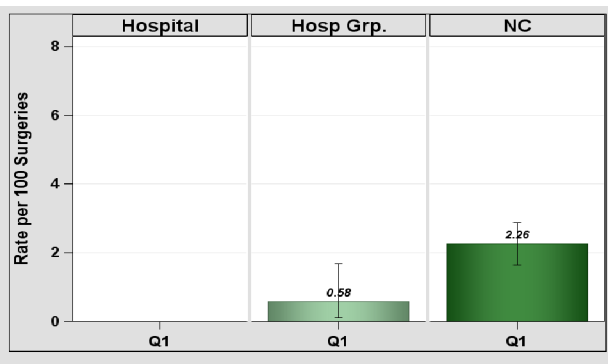
\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.



**Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.**

**Surgical Site Infections (SSI) after Colon Surgeries**



**Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.**

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	15	.	0.52	.		

Infections from deep incisional and/or organ space.

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.**

**Commentary from Hospitals:**

No comments provided.

# North Carolina Healthcare-Associated Infections Report

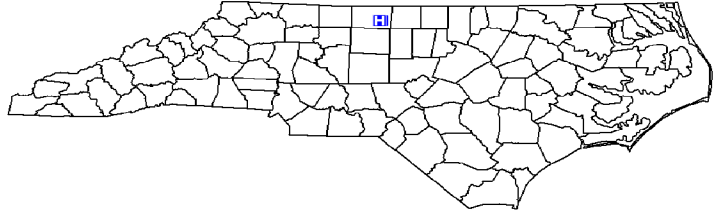
## Data from January 1 – March 31, 2014

### Annie Penn Hospital, Reidsville, Rockingham County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2013: 3,669  
 Patient Days in 2013: 12,311  
 Total Number of Beds: 110  
 Number of ICU Beds: 8  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 0.91

\*FTE = Full-time equivalent



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

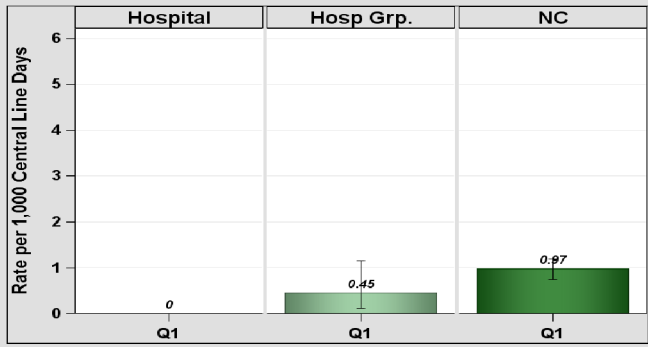


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	217	0	0.33	.		
YTD Total for Reporting ICUs	0	217	0	0.33	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	3,470	0	0.22	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 patient days.

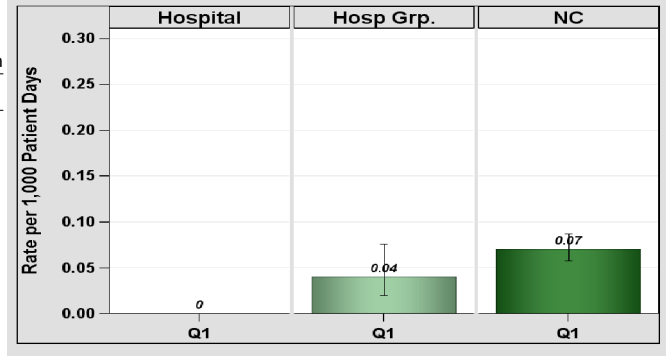


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

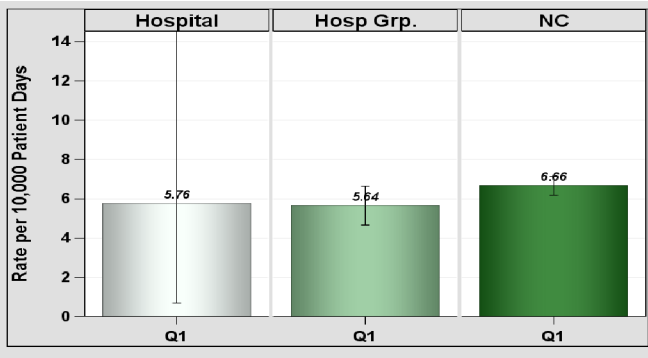


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	2	3,470	5.76	1.74	1.15	0.193, 3.798	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
 Annie Penn Hospital, Reidsville, Rockingham County

**Catheter-Associated Urinary Tract Infections (CAUTI)**

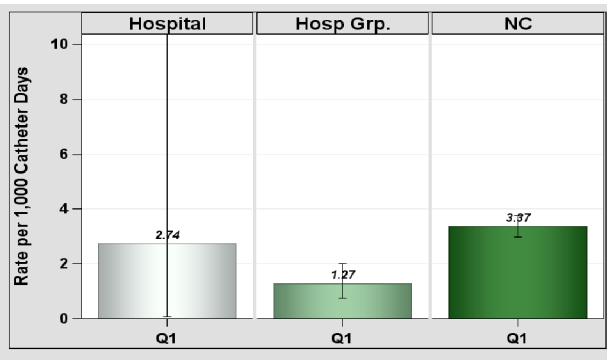


Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	365	2.74	0.47	.		
YTD Total for Reporting ICUs	1	365	2.74	0.47	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	2	.	0.02	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

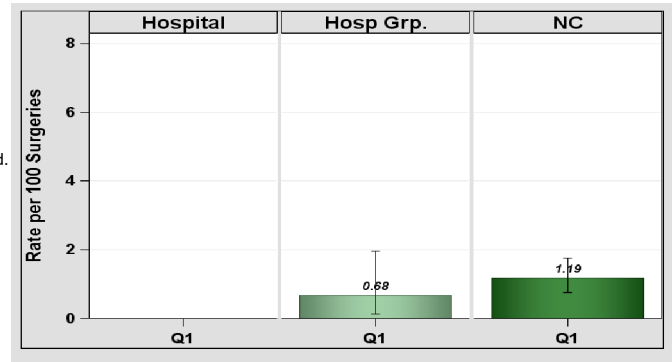


Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.

**Surgical Site Infections (SSI) after Colon Surgeries**

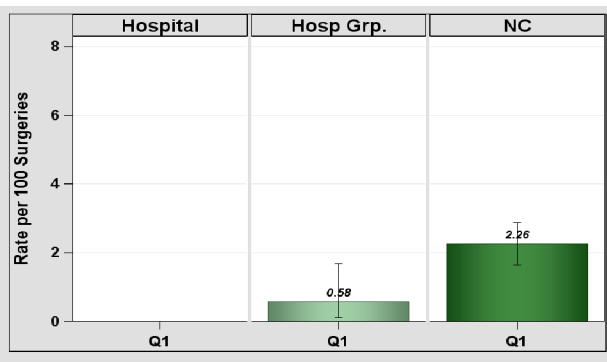


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.

Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	9	.	0.28	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Commentary from Hospitals:**

Cone Health is committed to preventing Healthcare Associated Infections. We have dedicated teams of experts focused on process improvements to improve our patient outcomes. Please contact Cone Health Infection Prevention if you would like further information.



# North Carolina Healthcare-Associated Infections Report

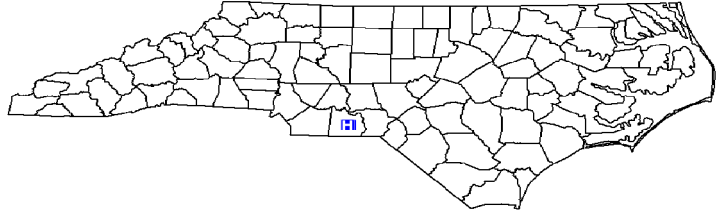
## Data from January 1 – March 31, 2014

### Anson Community Hospital, Wadesboro, Anson County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2013: 370  
 Patient Days in 2013: 1,110  
 Total Number of Beds: 30  
 Number of ICU Beds: 0  
 FTE\* Infection Preventionists: 0.20  
 Number of FTEs\* per 100 beds: 0.67

\*FTE = Full-time equivalent



#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

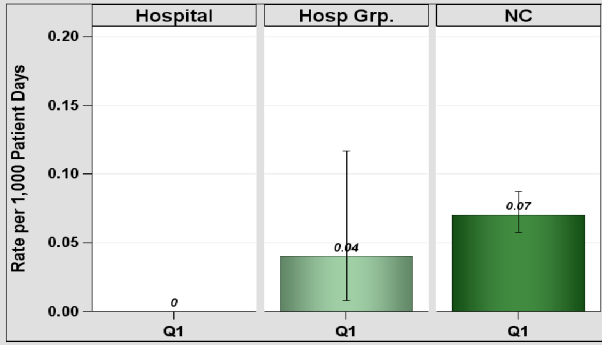


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	245	0	.	.	.	.

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 patient days.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Hospital	0		0				
Hosp Grp.			3.83				
NC			6.86				

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 10,000 patient days.

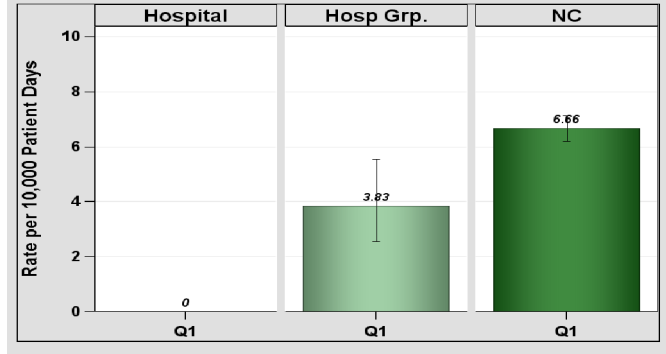


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Other Healthcare-Associated Infections (HAIs)

Anson received an exemption from CMS and therefore does not report CLABSIs, CAUTIs, or SSIs to the N.C. Division of Public Health.

**Commentary from Hospitals:**  
 No comments provided.

Refer to the HAI in N.C. Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics ([epi.publichealth.nc.gov/cd/hai/figures.html](http://epi.publichealth.nc.gov/cd/hai/figures.html)).  
 Data as of June 26, 2014.

# North Carolina Healthcare-Associated Infections Report

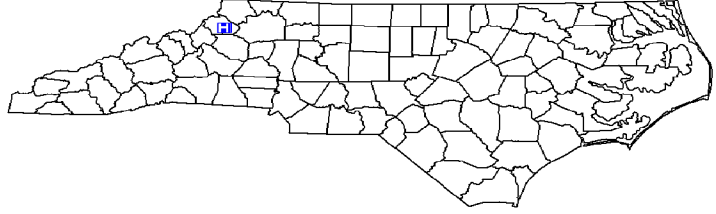
## Data from January 1 – March 31, 2014

### ARHS-Watauga Medical Center, Boone, Watauga County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2013: 3,902  
 Patient Days in 2013: 16,694  
 Total Number of Beds: 110  
 Number of ICU Beds: 10  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 0.91

\*FTE = Full-time equivalent



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

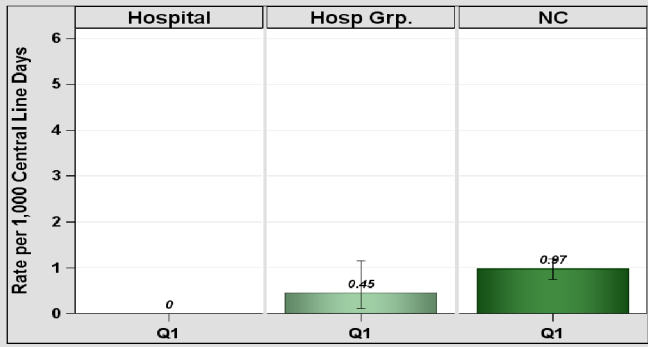


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	140	0	0.21	.		
YTD Total for Reporting ICUs	0	140	0	0.21	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	4,751	0	.	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 patient days.

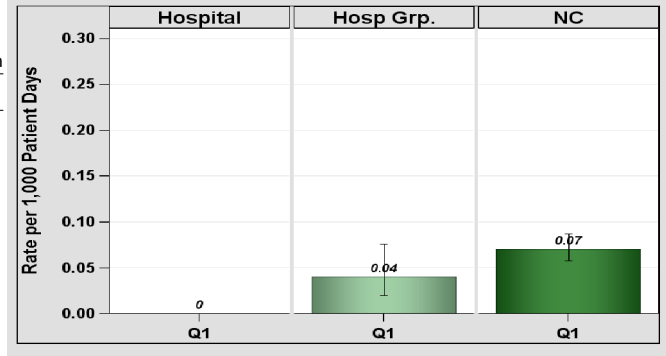


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

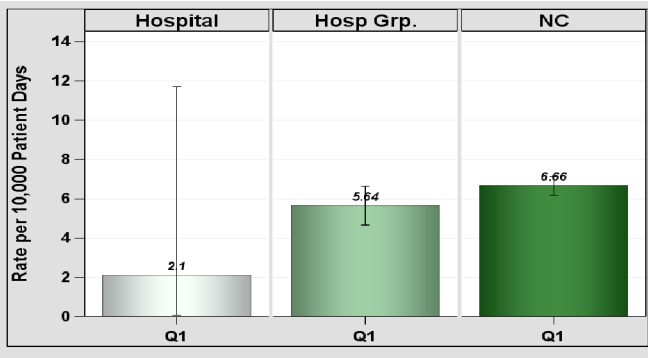


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	4,751	2.1	1.94	0.516	0.026, 2.546	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
**ARHS-Watauga Medical Center, Boone, Watauga County**

**Catheter-Associated Urinary Tract Infections (CAUTI)**

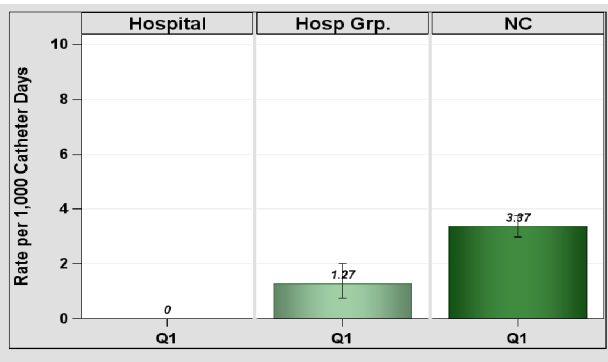


Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	339	0	0.44	.		
YTD Total for Reporting ICUs	0	339	0	0.44	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	2	.	0.02	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

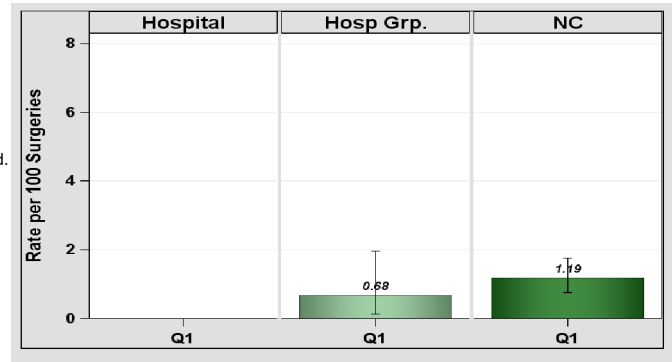


Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.

**Surgical Site Infections (SSI) after Colon Surgeries**

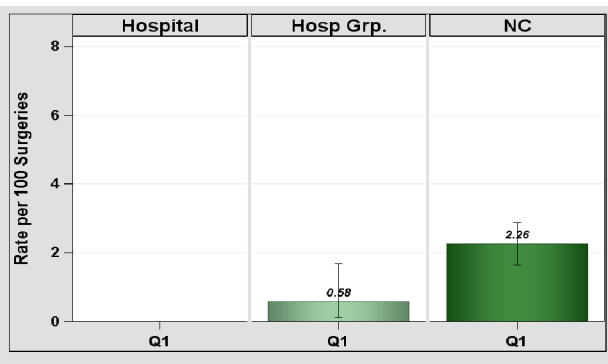


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.

Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	6	.	0.18	.		

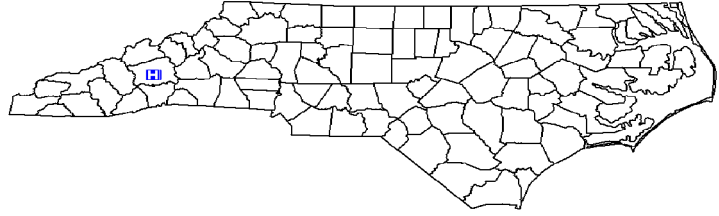
Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Commentary from Hospitals:**  
 No comments provided.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
 Asheville Specialty Hospital, Asheville, Buncombe County

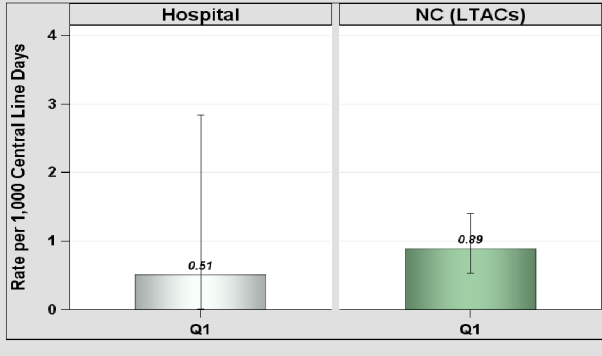
**2013 Hospital Survey Information**

Hospital Type: Long-term Acute Care Hospital  
 Profit Status: For Profit  
 Admissions in 2013: 388  
 Patient Days in 2013: 9,594  
 Total Number of Beds: 34  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 2.94



\*FTE = Full-time equivalent

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



**Table 1. Rates by Location, Jan-Mar 2014.**

Type of Unit	Infections	Line Days	Rate
Adult intensive care unit	1	550	1.82
Adult ward	0	1,417	0.00
YTD Total for Reporting Units	1	1,967	0.51

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

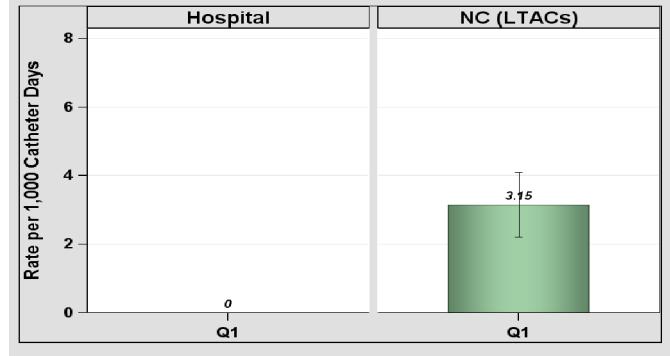
**Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.**

**Catheter-Associated Urinary Tract Infections (CAUTI)**

**Table 2. Rates by Location, Jan-Mar 2014**

Type of Unit	Infections	Catheter Days	Rate
Adult intensive care unit	0	473	0.00
Adult ward	0	354	0.00
YTD Total for Reporting Units	0	827	0.00

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.



**Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.**

**Other Healthcare-Associated Infections (HAIs)**

Long-term acute care hospitals (LTACs) do not report *C. difficile* LabID, MRSA Bacteremia LabID or SSIs to the N.C. Division of Public Health.

**Commentary from Hospitals:**  
 No comments provided.

Refer to the HAI in N.C. Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics ([epi.publichealth.nc.gov/cd/hai/figures.html](http://epi.publichealth.nc.gov/cd/hai/figures.html)).  
 Data as of June 26, 2014.

# North Carolina Healthcare-Associated Infections Report

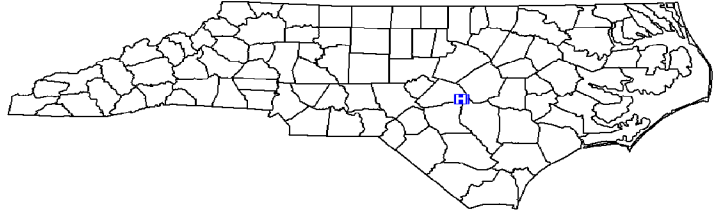
## Data from January 1 – March 31, 2014

### Betsy Johnson Regional, Dunn, Harnett County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2013: 9,865  
 Patient Days in 2013: 31,641  
 Total Number of Beds: 135  
 Number of ICU Beds: 6  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 0.74

\*FTE = Full-time equivalent



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

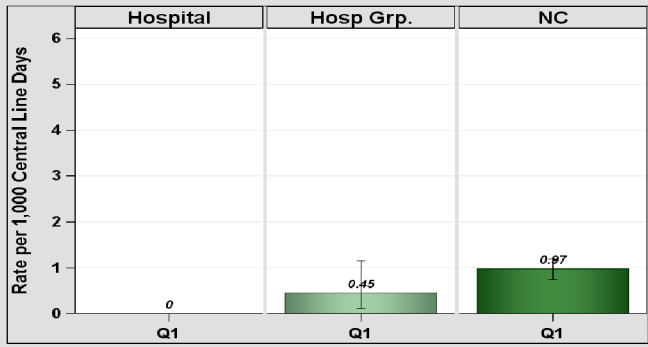


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	101	0	0.15	.		
YTD Total for Reporting ICUs	0	101	0	0.15	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	2	8,516	0.23	0.33	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 patient days.

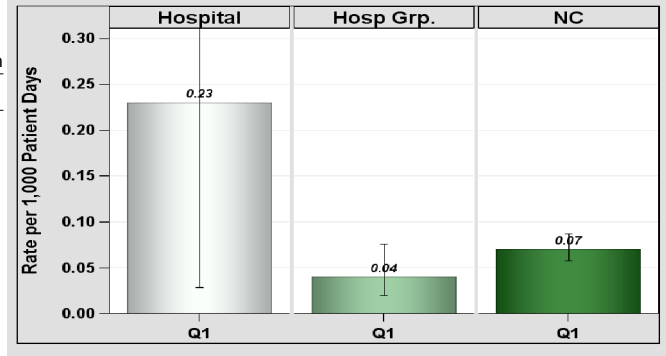


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

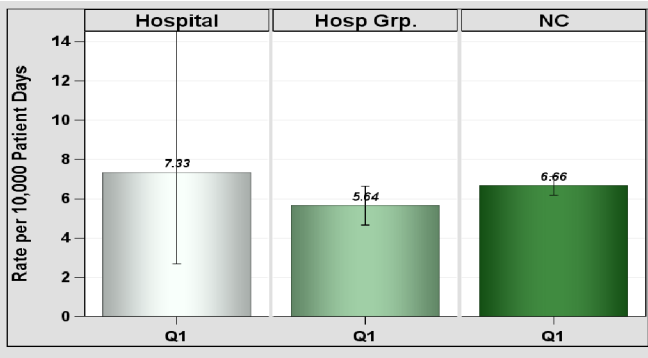


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

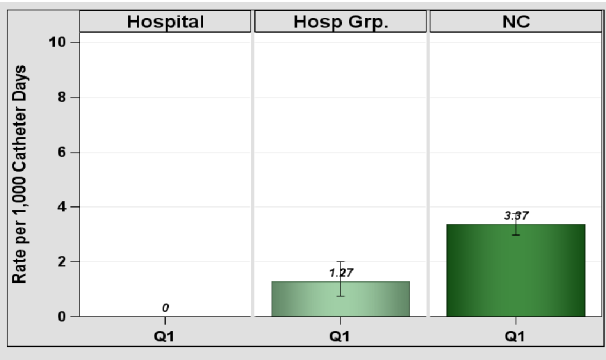
Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	6	8,186	7.33	3.65	1.644	0.666, 3.419	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
 Betsy Johnson Regional, Dunn, Harnett County

**Catheter-Associated Urinary Tract Infections (CAUTI)**



**Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.**

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	265	0	0.34	.		
YTD Total for Reporting ICUs	0	265	0	0.34	.		

**Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.**

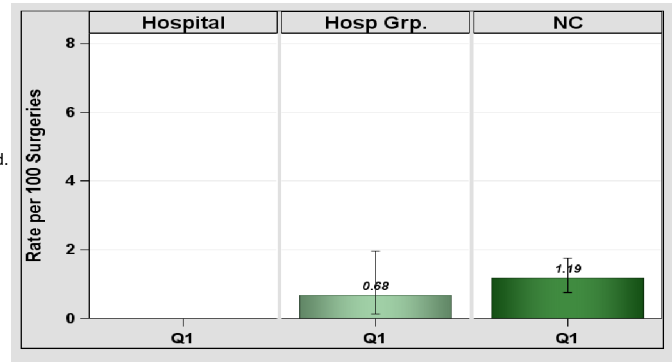
\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

**Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.**

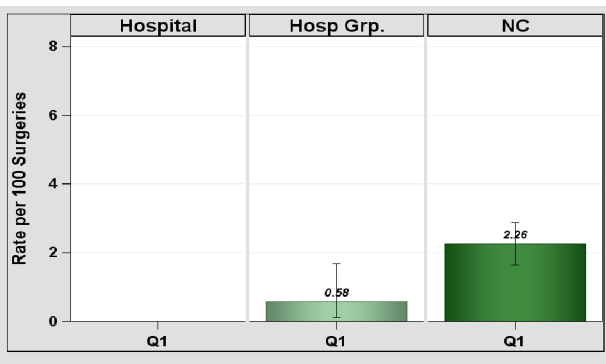
Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	11	.	0.11	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.



**Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.**

**Surgical Site Infections (SSI) after Colon Surgeries**



**Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.**

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	7	.	0.21	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.**

**Commentary from Hospitals:**  
 No comments provided.

# North Carolina Healthcare-Associated Infections Report

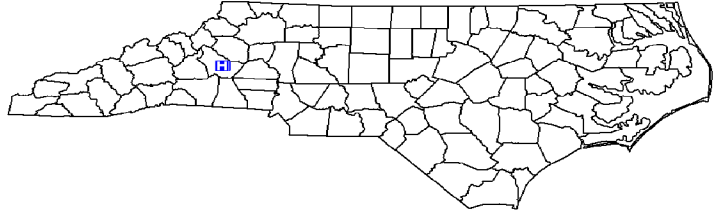
## Data from January 1 – March 31, 2014

### Blue Ridge Healthcare Hospitals-Morganton, Morganton, Burke County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: Graduate  
 Profit Status: Not for Profit  
 Admissions in 2013: 6,003  
 Patient Days in 2013: 24,460  
 Total Number of Beds: 184  
 Number of ICU Beds: 10  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 0.54

\*FTE = Full-time equivalent



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

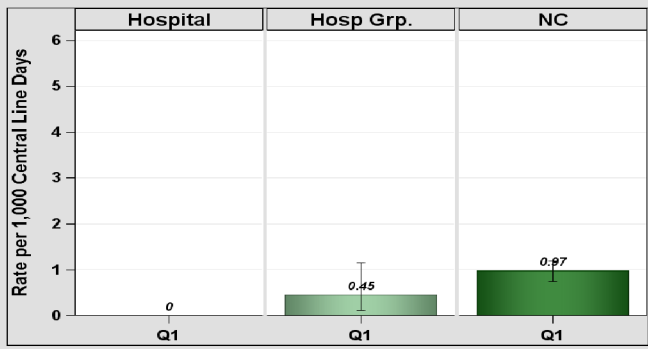


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	186	0	0.35	.		
YTD Total for Reporting ICUs	0	186	0	0.35	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	6,788	0	0.32	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 patient days.

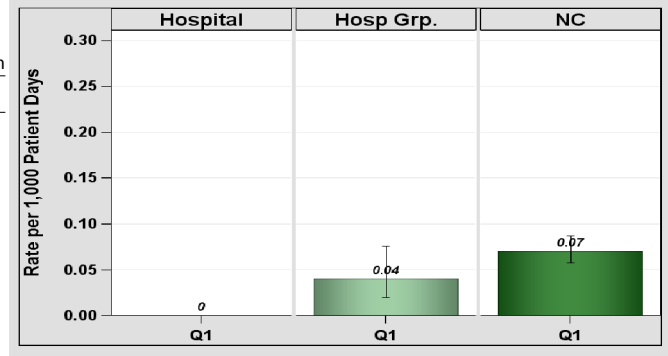


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

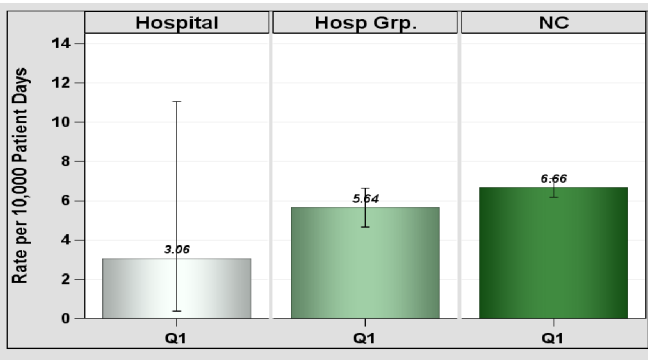


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	2	6,541	3.06	3.69	0.542	0.091, 1.792	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
**Blue Ridge Healthcare Hospitals-Morganton, Morganton, Burke County**

**Catheter-Associated Urinary Tract Infections (CAUTI)**

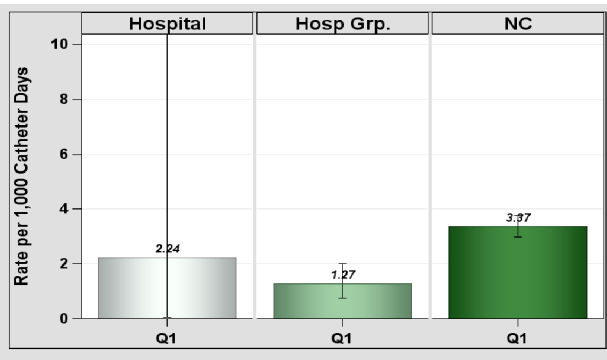


Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	1	446	2.24	0.89	.		
YTD Total for Reporting ICUs	1	446	2.24	0.89	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	7	.	0.06	.		

Infections from deep incisional and/or organ space.

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

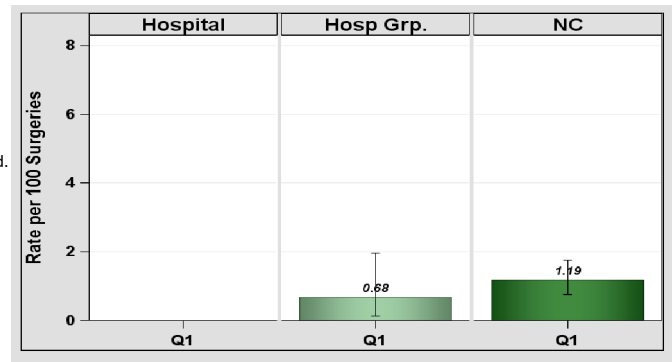


Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.

**Surgical Site Infections (SSI) after Colon Surgeries**

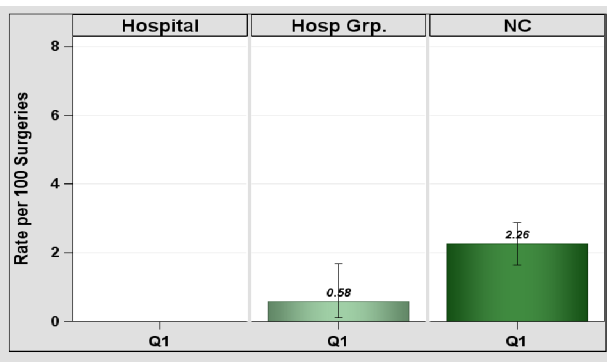


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.

Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	10	.	0.31	.		

Infections from deep incisional and/or organ space.

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Commentary from Hospitals:**

The prevention and reduction of healthcare associated infections is a top priority at Blue Ridge Healthcare Hospitals Morganton. To accomplish this, infection prevention strategies are continually assessed and measures implemented to decrease the risk for infection. These measures are based on evidence based practices and clinical guidelines. A comprehensive program is provided that encompasses patient care and patient safety.



# North Carolina Healthcare-Associated Infections Report

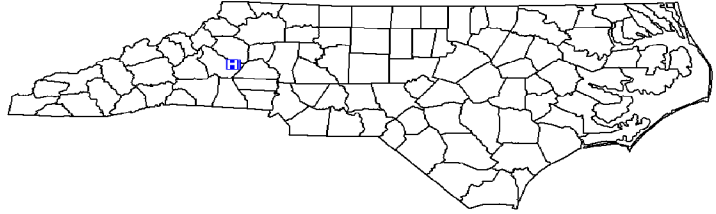
## Data from January 1 – March 31, 2014

### Blue Ridge Healthcare Hospitals-Valdese, Valdese, Burke County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: Graduate  
 Profit Status: Not for Profit  
 Admissions in 2013: 2,119  
 Patient Days in 2013: 8,832  
 Total Number of Beds: 131  
 Number of ICU Beds: 10  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 0.76

\*FTE = Full-time equivalent



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

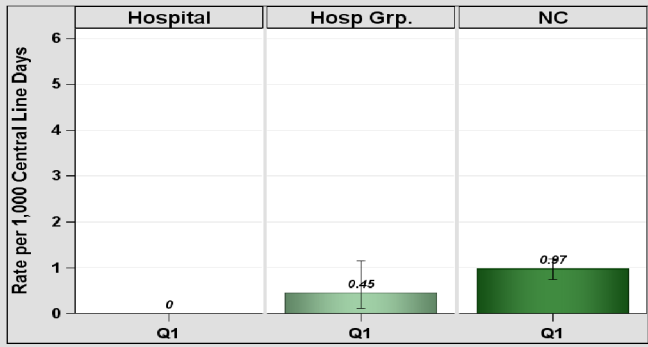


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	52	0	0.1	.		
YTD Total for Reporting ICUs	0	52	0	0.1	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	2,084	0	0.12	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 patient days.

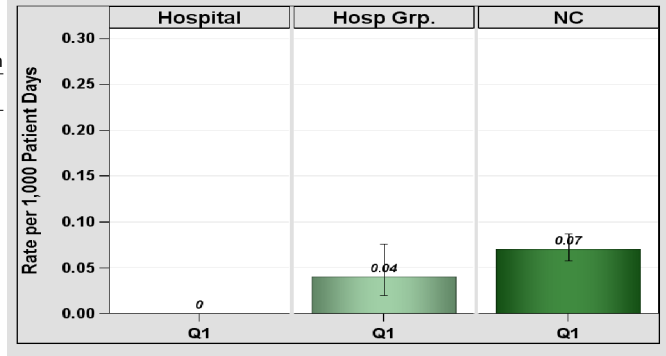


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

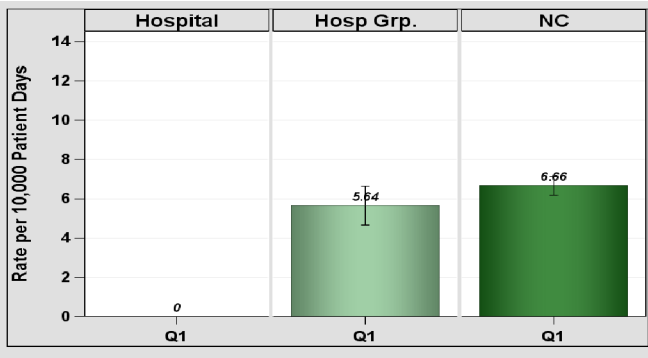


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

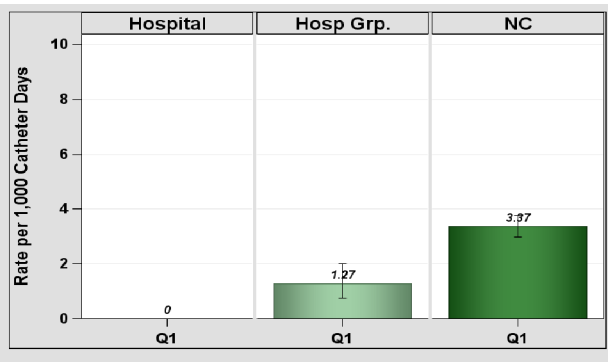
Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	.	.	.	.	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
**Blue Ridge Healthcare Hospitals-Valdese, Valdese, Burke County**

**Catheter-Associated Urinary Tract Infections (CAUTI)**



**Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.**

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	213	0	0.43	.		
YTD Total for Reporting ICUs	0	213	0	0.43	.		

**Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.**

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

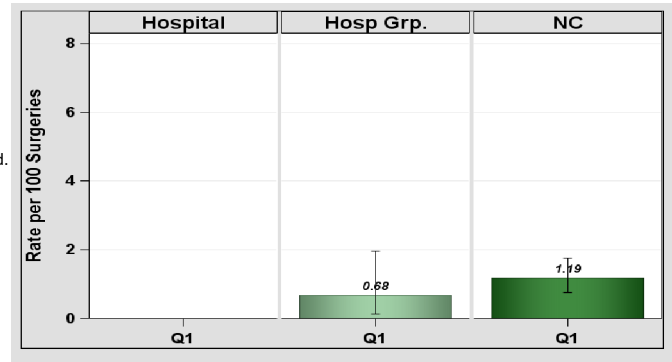
**Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.**

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	0	.	0	.		

Infections from deep incisional and/or organ space.

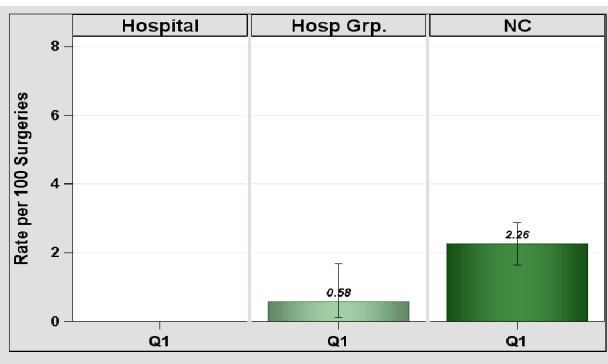
\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.



**Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.**

**Surgical Site Infections (SSI) after Colon Surgeries**



**Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.**

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	12	.	0.44	.		

Infections from deep incisional and/or organ space.

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.**

**Commentary from Hospitals:**

The prevention and reduction of healthcare associated infections is a top priority at Blue Ridge Healthcare Hospitals Valdese. To accomplish this, infection prevention strategies are continually assessed and measures implemented to decrease the risk for infection. These measures are based on evidence based practices and clinical guidelines. A comprehensive program is provided that encompasses patient care and patient safety.

# North Carolina Healthcare-Associated Infections Report

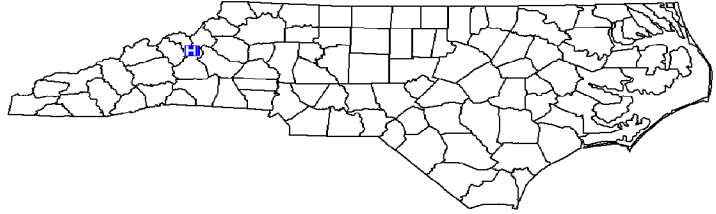
## Data from January 1 – March 31, 2014

### Blue Ridge Regional Hospital, Spruce Pine, Mitchell County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2013: 2,070  
 Patient Days in 2013: 6,218  
 Total Number of Beds: 46  
 Number of ICU Beds: 8  
 FTE\* Infection Preventionists: 0.88  
 Number of FTEs\* per 100 beds: 1.90

\*FTE = Full-time equivalent



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

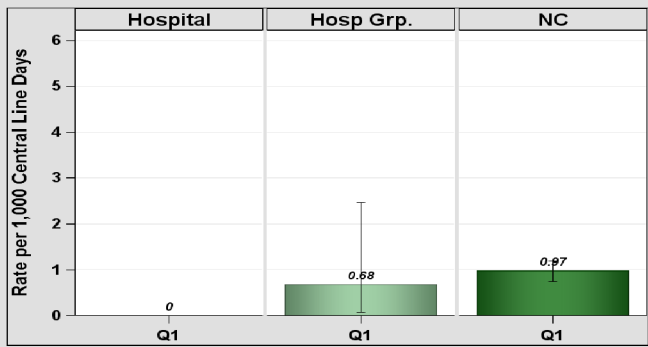


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	0	55	0	0.11	.		
YTD Total for Reporting ICUs	0	55	0	0.11	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	1,812	0.55	0.17	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 patient days.

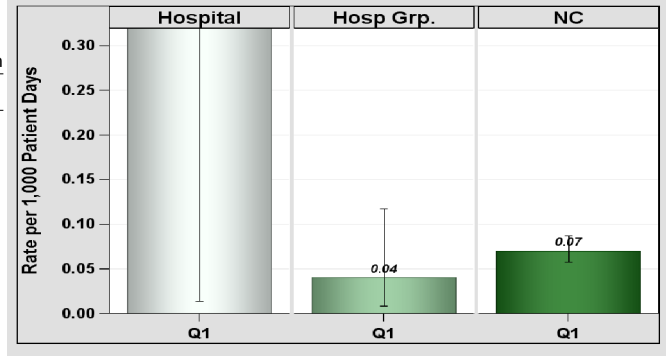


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

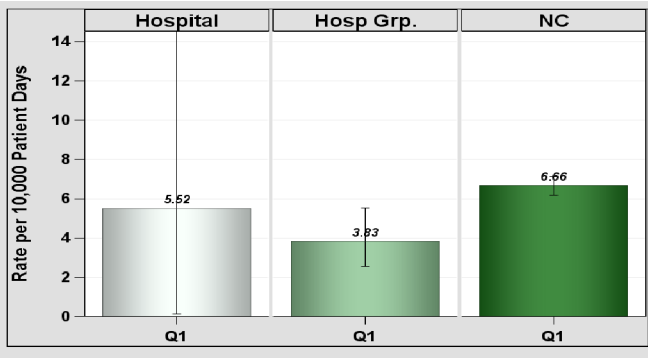


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	1,812	5.52	0.74	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
 Blue Ridge Regional Hospital, Spruce Pine, Mitchell County

**Catheter-Associated Urinary Tract Infections (CAUTI)**

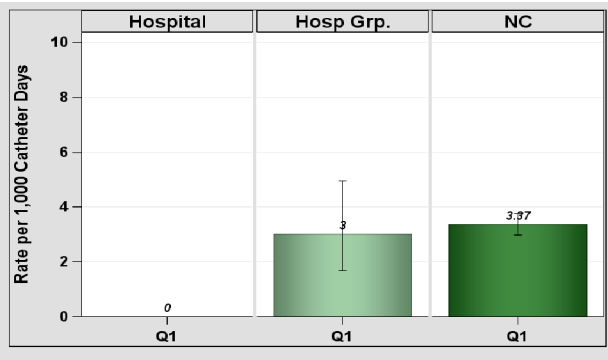


Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	0	171	0	0.34	.		
YTD Total for Reporting ICUs	0	171	0	0.34	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	1	.	0.01	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

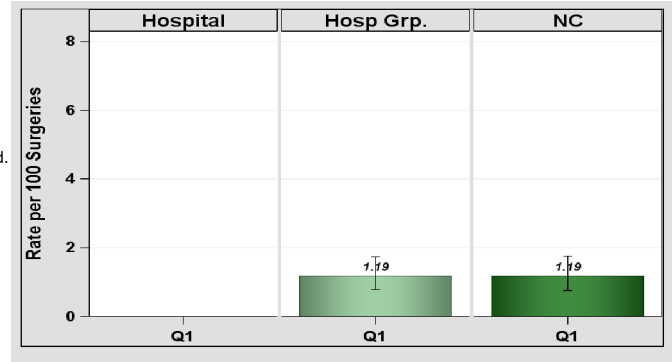


Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.

**Surgical Site Infections (SSI) after Colon Surgeries**

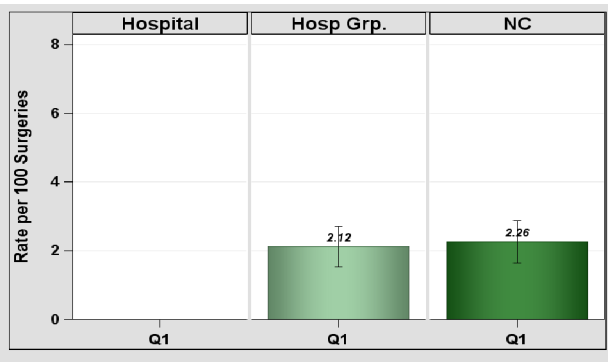


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.

Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	4	.	0.14	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Commentary from Hospitals:**  
 No comments provided.

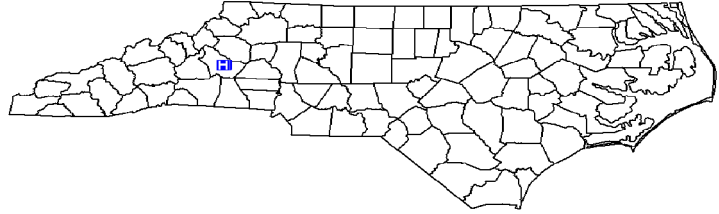
# North Carolina Healthcare-Associated Infections Report

## Data from January 1 – March 31, 2014

### Broughton Hospital, Morganton, Burke County

#### 2013 Hospital Survey Information

Hospital Type:	Specialty Acute Care Hospital
Profit Status:	Government
Admissions in 2013:	711
Patient Days in 2013:	88,709
Total Number of Beds:	278
FTE* Infection Preventionists:	2.00
Number of FTEs* per 100 beds:	0.72



\*FTE = Full-time equivalent

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID Bacteremia)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

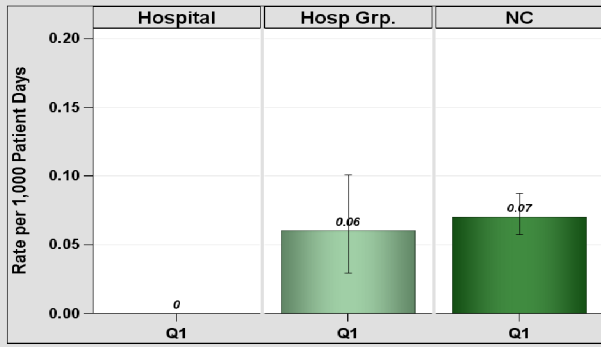


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	22,889	0	.	.	.	

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
Note: Rate per 1,000 patient days.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	22,889	0	.	0	, 0.284	Lower

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
Note: Rate per 10,000 patient days.

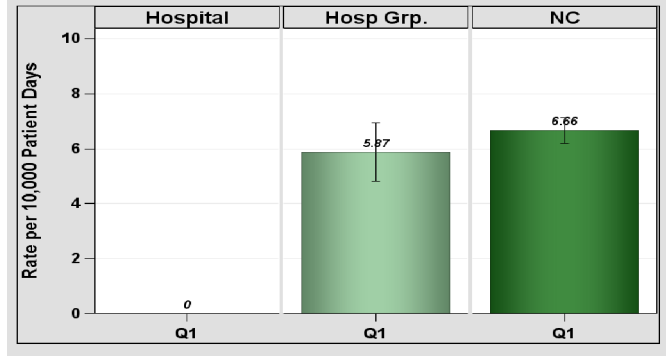


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Other Healthcare-Associated Infections (HAIs)

Specialty acute care hospitals do not report CLABSIs, CAUTIs, or SSIs to the N.C. Division of Public Health.

**Commentary from Hospitals:**  
No comments provided.

Refer to the HAI in N.C. Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics ([epi.publichealth.nc.gov/cd/hai/figures.html](http://epi.publichealth.nc.gov/cd/hai/figures.html)).  
Data as of June 26, 2014.

# North Carolina Healthcare-Associated Infections Report

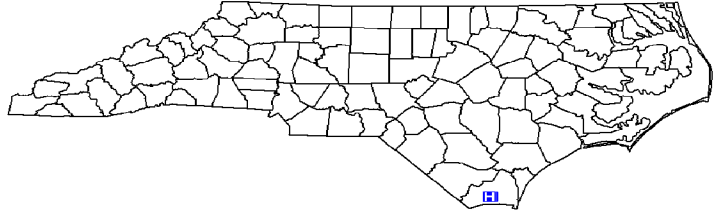
## Data from January 1 – March 31, 2014

### Brunswick Novant Medical Center, Bolivia, Brunswick County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2013: 4,252  
 Patient Days in 2013: 15,114  
 Total Number of Beds: 74  
 Number of ICU Beds: 5  
 FTE\* Infection Preventionists: 0.60  
 Number of FTEs\* per 100 beds: 0.81

\*FTE = Full-time equivalent



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

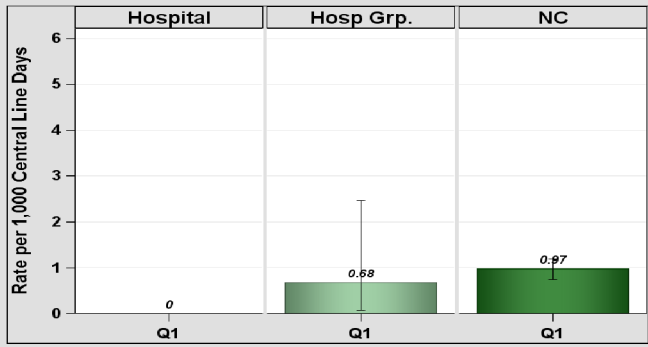


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	77	0	0.12	.		
YTD Total for Reporting ICUs	0	77	0	0.12	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	4,093	0	0.28	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 patient days.

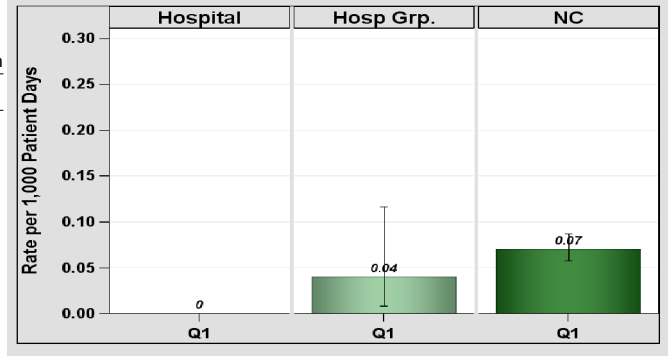


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

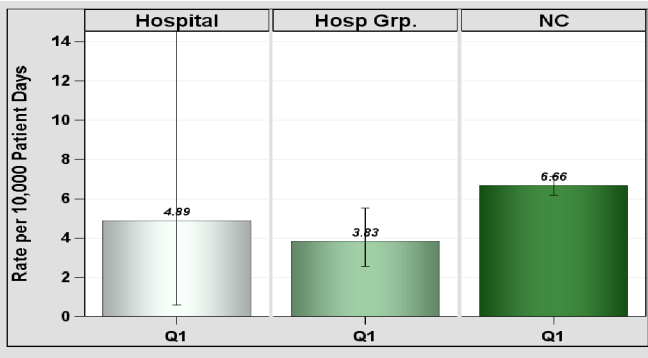


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

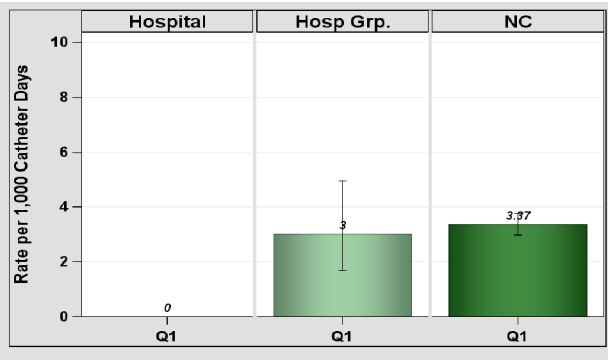
Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	2	4,093	4.89	1.72	1.161	0.195, 3.836	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
 Brunswick Novant Medical Center, Bolivia, Brunswick County

**Catheter-Associated Urinary Tract Infections (CAUTI)**



**Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.**

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	178	0	0.23	.		
YTD Total for Reporting ICUs	0	178	0	0.23	.		

**Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.**

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

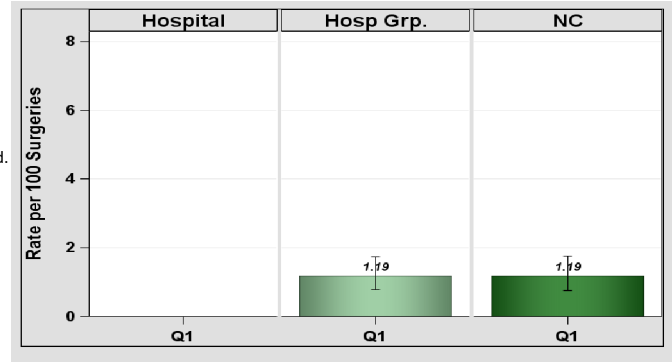
**Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.**

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	5	.	0.07	.		

Infections from deep incisional and/or organ space.

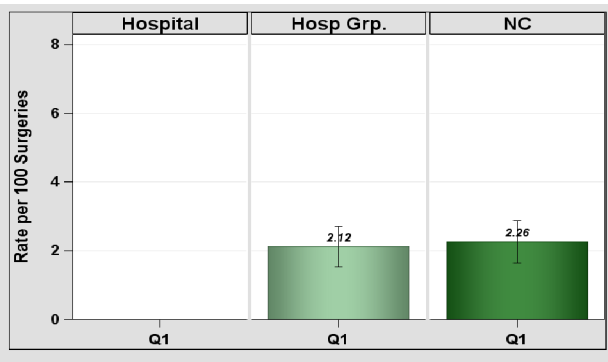
\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.



**Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.**

**Surgical Site Infections (SSI) after Colon Surgeries**



**Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.**

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	13	.	0.42	.		

Infections from deep incisional and/or organ space.

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.**

**Commentary from Hospitals:**

At Novant Health, the safety of our patients comes first. Our goal is to have the lowest possible infection rates and we continually monitor infection prevention tactics for improvement opportunities. We support transparency in reporting infection rates and make common infection data available on our website. More information can be found under "quality" on NovantHealth.org.

# North Carolina Healthcare-Associated Infections Report

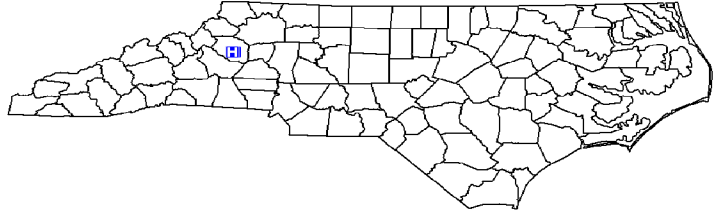
## Data from January 1 – March 31, 2014

### Caldwell Memorial Hospital, Lenoir, Caldwell County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: Undergraduate  
 Profit Status: Not for Profit  
 Admissions in 2013: 6,014  
 Patient Days in 2013: 20,807  
 Total Number of Beds: 82  
 Number of ICU Beds: 10  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 1.22

\*FTE = Full-time equivalent



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

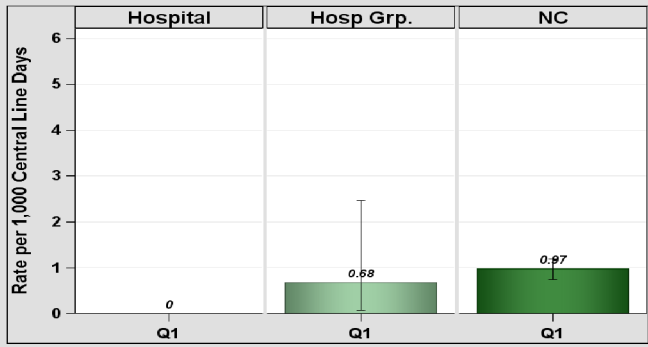


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	421	0	0.63	.		
YTD Total for Reporting ICUs	0	421	0	0.63	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	5,474	0	0.23	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 patient days.

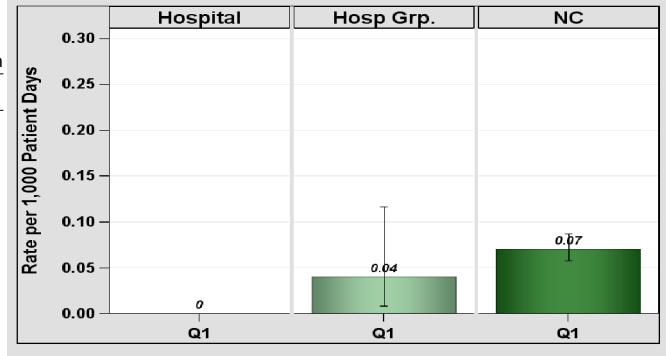


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

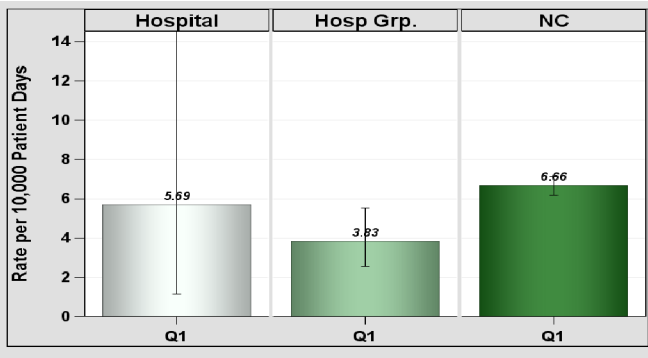


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	3	5,272	5.69	2.21	1.359	0.346, 3.699	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 10,000 patient days.



**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
**Caldwell Memorial Hospital, Lenoir, Caldwell County**

**Catheter-Associated Urinary Tract Infections (CAUTI)**

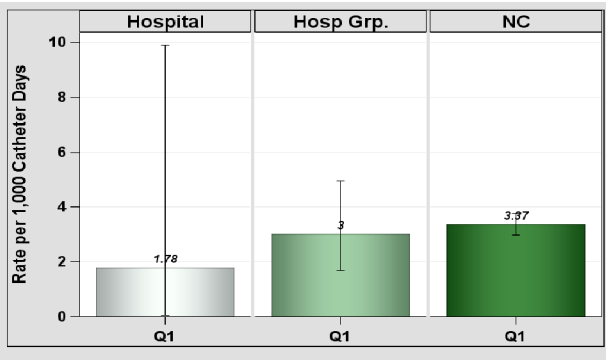


Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	563	1.78	0.73	.		
YTD Total for Reporting ICUs	1	563	1.78	0.73	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	9	.	0.09	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

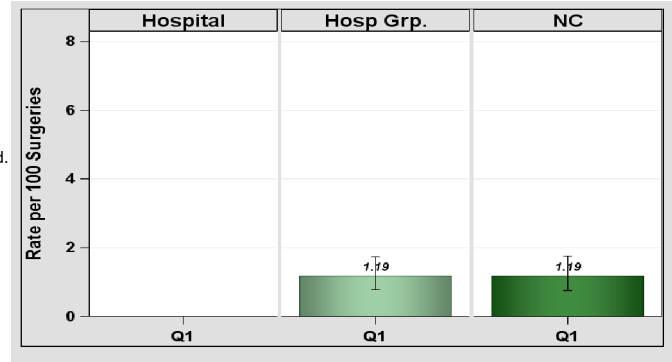


Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.

**Surgical Site Infections (SSI) after Colon Surgeries**

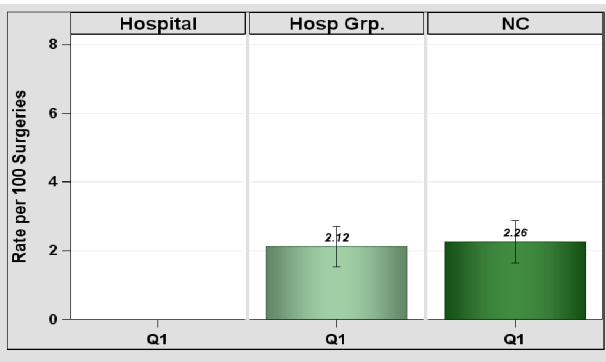


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.

Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	5	.	0.18	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Commentary from Hospitals:**  
 No comments provided.

# North Carolina Healthcare-Associated Infections Report

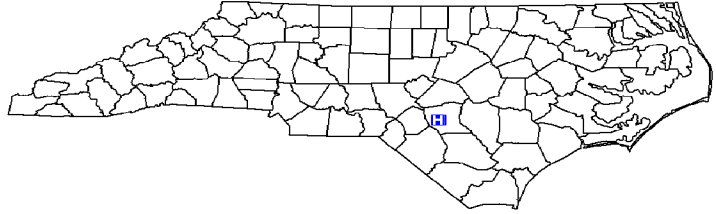
## Data from January 1 – March 31, 2014

### Cape Fear Valley Health System, Fayetteville, Cumberland County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2013: 32,081  
 Patient Days in 2013: 174,314  
 Total Number of Beds: 602  
 Number of ICU Beds: 90  
 FTE\* Infection Preventionists: 3.25  
 Number of FTEs\* per 100 beds: 0.54

\*FTE = Full-time equivalent



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

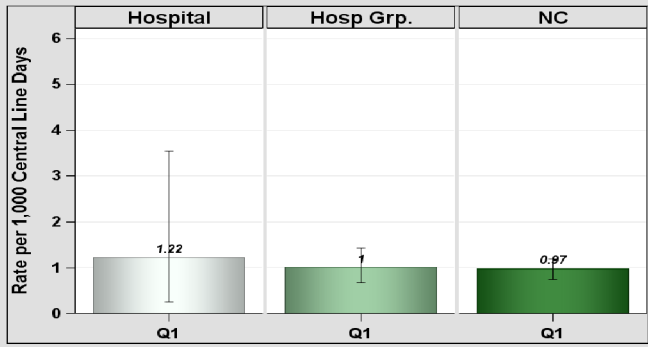


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	2	1,733	1.15	2.6	0.769	0.129, 2.542	Same
Neonatal Level II/III	1	121	8.26	0.39	.		
Pediatric medical/surgical	0	32	.	.	.		
Surgical cardiothoracic	0	582	0	0.81	.		
YTD Total for Reporting ICUs	3	2,468	1.22	3.9	0.769	0.196, 2.093	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	6	37,734	0.16	3.21	1.867	0.757, 3.884	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 patient days.

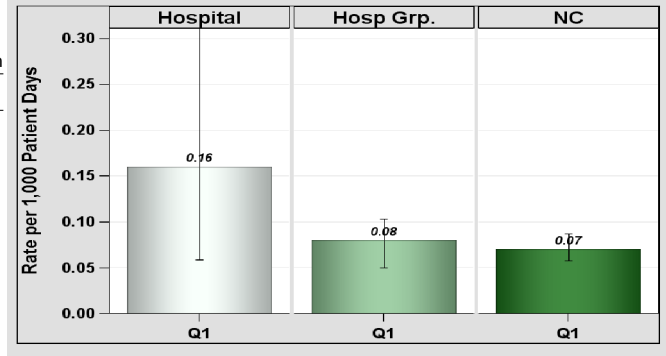


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

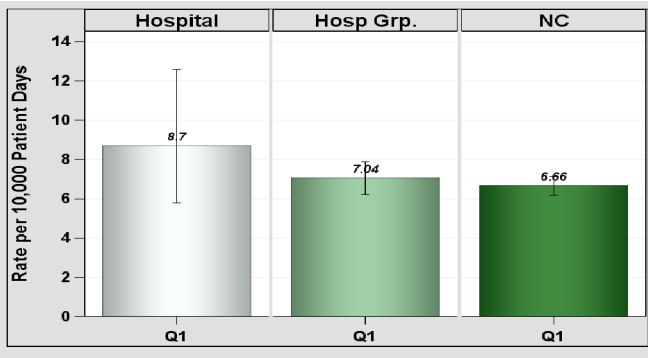


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	28	32,171	8.7	16.9	1.657	1.123, 2.363	Higher

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
**Cape Fear Valley Health System, Fayetteville, Cumberland County**

**Catheter-Associated Urinary Tract Infections (CAUTI)**

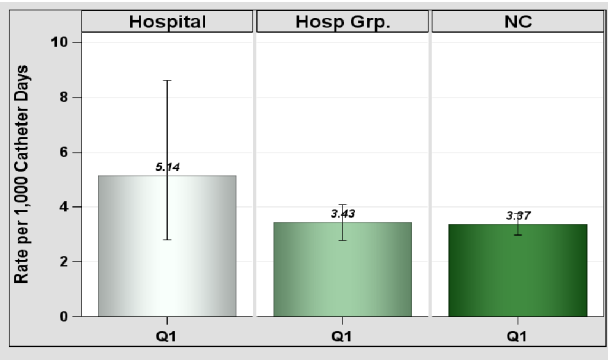


Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	11	1,937	5.68	2.52	4.368	2.297, 7.593	Higher
Pediatric medical/surgical	0	50	0	0.14	.		
Rehabilitation	0	97	0	0.37	.		
Surgical cardiothoracic	3	642	4.67	1.09	2.749	0.699, 7.481	Same
YTD Total for Reporting ICUs	14	2,726	5.14	4.12	3.4	1.935, 5.569	Higher

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	3	62	4.84	0.81	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

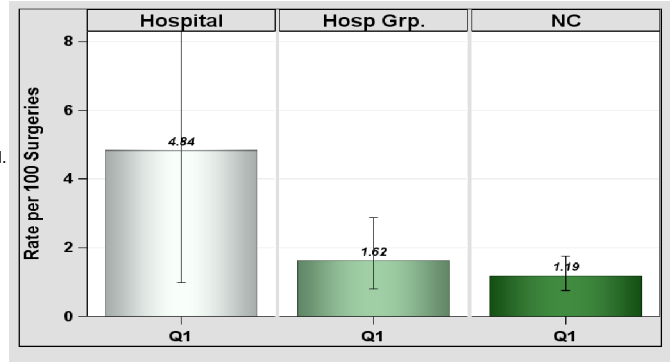


Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.

**Surgical Site Infections (SSI) after Colon Surgeries**

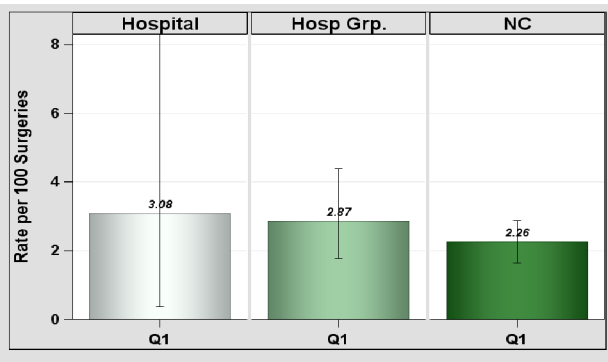


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.

Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	2	65	3.08	2.28	0.879	0.147, 2.903	Same

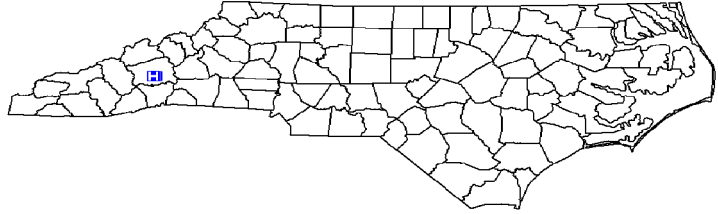
Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Commentary from Hospitals:**  
 No comments provided.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
 CarePartners Health Services, Asheville, Buncombe County

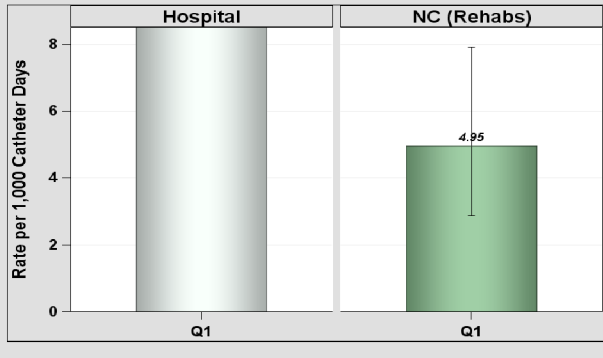
**2013 Hospital Survey Information**

Hospital Type: Inpatient Rehabilitation Facility  
 Profit Status: Not for Profit  
 Admissions in 2013: 1,328  
 Patient Days in 2013: 17,768  
 Total Number of Beds: 80  
 FTE\* Infection Preventionists: 0.45  
 Number of FTEs\* per 100 beds: 0.56



\*FTE = Full-time equivalent

**Catheter-Associated Urinary Tract Infections (CAUTI)**



**Table 1. Rates by Location, Jan-Mar 2014**

Type of Unit	Infections	Catheter Days	Rate
Adult rehabilitation ward	6	208	28.8
YTD Total for Reporting Wards	6	208	28.8

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

**Other Healthcare-Associated Infections (HAIs)**

Inpatient rehabilitation facilities (IRFs) do not report CLABSIs, C. difficile LabID, MRSA Bacteremia LabID, or SSIs to the N.C. Division of Public Health.

**Commentary from Hospitals:**  
 No comments provided.

Refer to the HAI in N.C. Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics ([epi.publichealth.nc.gov/cd/hai/figures.html](http://epi.publichealth.nc.gov/cd/hai/figures.html)).  
 Data as of June 26, 2014.

# North Carolina Healthcare-Associated Infections Report

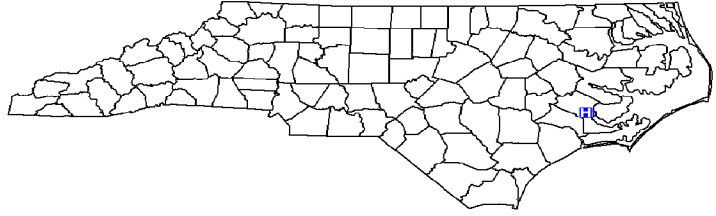
## Data from January 1 – March 31, 2014

### CarolinaEast Medical Center, New Bern, Craven County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2013: 13,918  
 Patient Days in 2013: 60,136  
 Total Number of Beds: 350  
 Number of ICU Beds: 33  
 FTE\* Infection Preventionists: 3.00  
 Number of FTEs\* per 100 beds: 0.86

\*FTE = Full-time equivalent



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

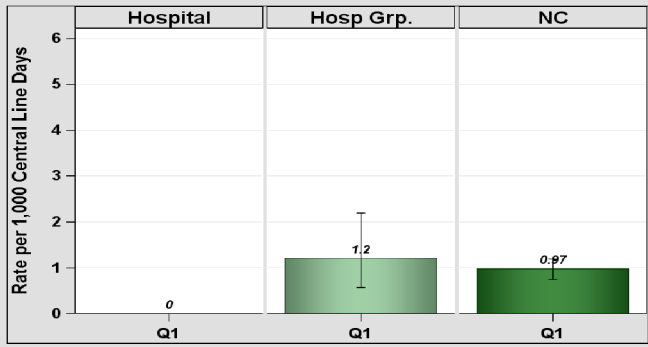


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	484	0	0.73	.		
Surgical cardiothoracic	0	98	0	0.14	.		
YTD Total for Reporting ICUs	0	582	0	0.86	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	15,546	0.06	0.74	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 patient days.

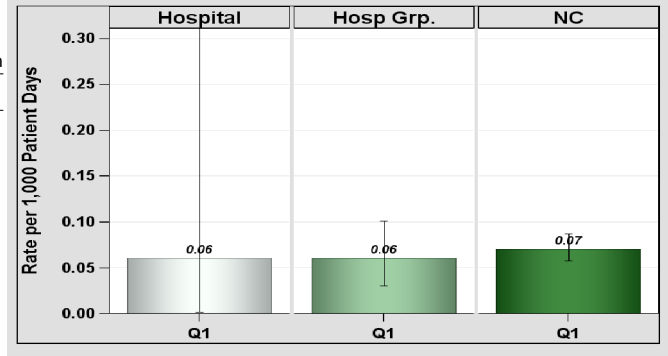


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

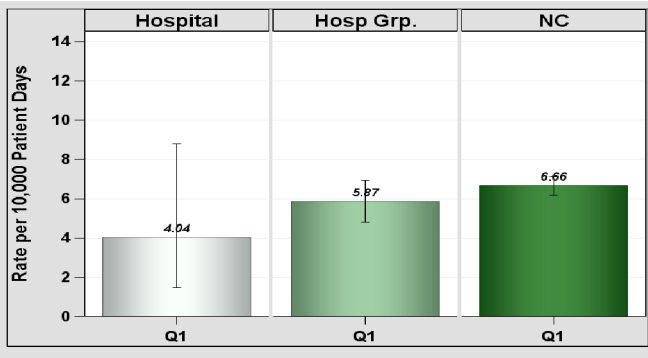


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	6	14,857	4.04	7.01	0.856	0.347, 1.781	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
 CarolinaEast Medical Center, New Bern, Craven County

**Catheter-Associated Urinary Tract Infections (CAUTI)**

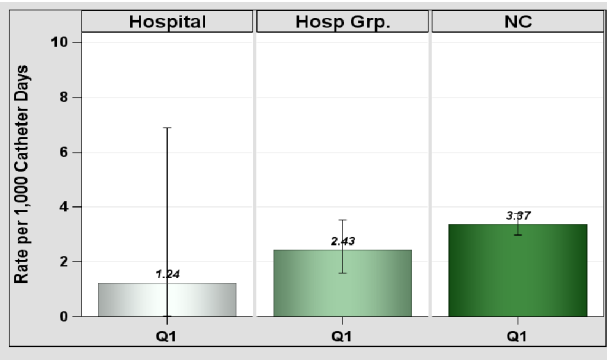


Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	660	1.52	0.79	.		
Rehabilitation	0	45	.	.	.		
Surgical cardiothoracic	0	104	0	0.18	.		
YTD Total for Reporting ICUs	1	809	1.24	1.14	0.877	0.044, 4.327	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	5	.	0.04	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

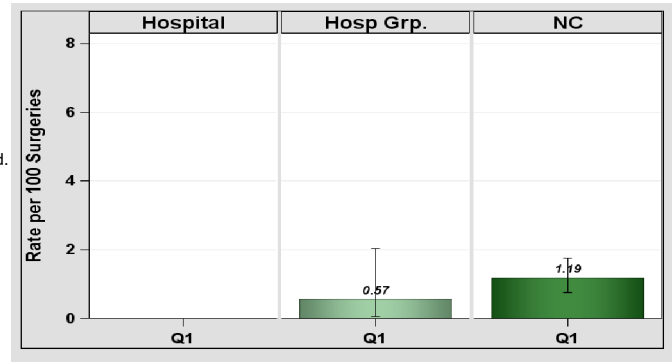


Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.

**Surgical Site Infections (SSI) after Colon Surgeries**

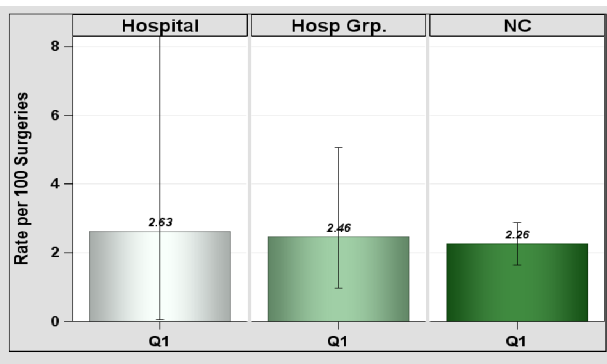


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.

Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	1	38	2.63	1.17	0.852	0.043, 4.201	Same

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Commentary from Hospitals:**  
 No comments provided.

# North Carolina Healthcare-Associated Infections Report

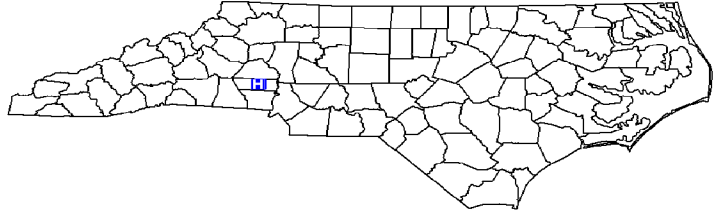
## Data from January 1 – March 31, 2014

### Carolinas Medical Center-Lincoln, Lincoln County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2013: 2,446  
 Patient Days in 2013: 16,081  
 Total Number of Beds: 101  
 Number of ICU Beds: 10  
 FTE\* Infection Preventionists: 0.50  
 Number of FTEs\* per 100 beds: 0.50

\*FTE = Full-time equivalent



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

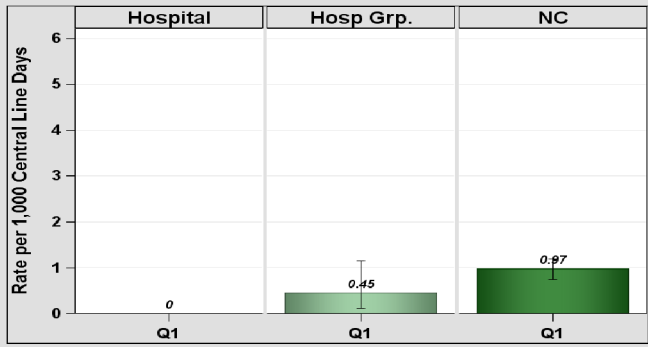


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	287	0	0.43	.		
YTD Total for Reporting ICUs	0	287	0	0.43	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	4,857	0	0.24	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 patient days.

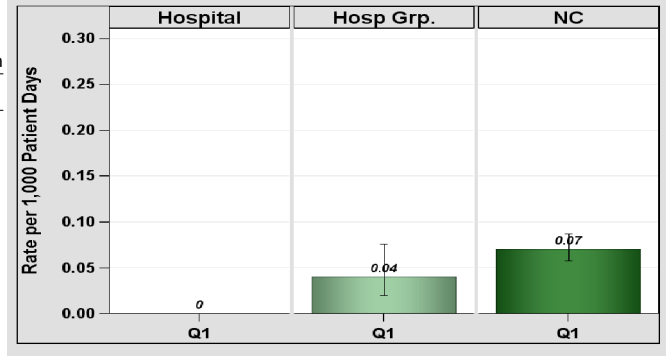


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

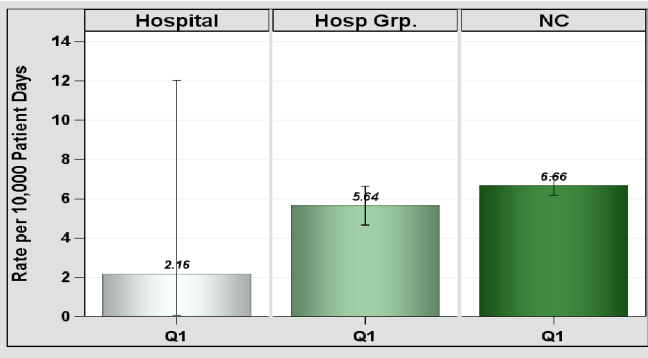


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

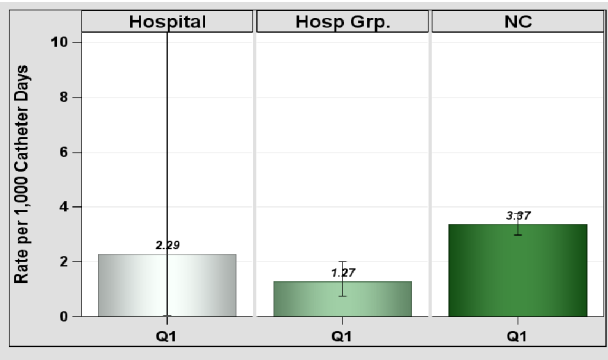
Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	4,625	2.16	2.26	0.442	0.022, 2.179	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
 Carolinas Medical Center-Lincoln, Lincoln County

**Catheter-Associated Urinary Tract Infections (CAUTI)**



**Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.**

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	436	2.29	0.57	.		
YTD Total for Reporting ICUs	1	436	2.29	0.57	.		

**Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.**

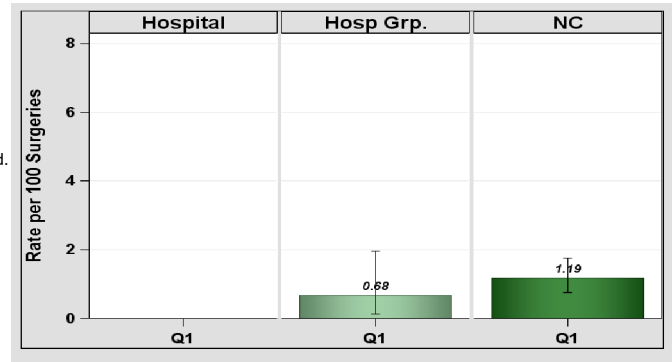
\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

**Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.**

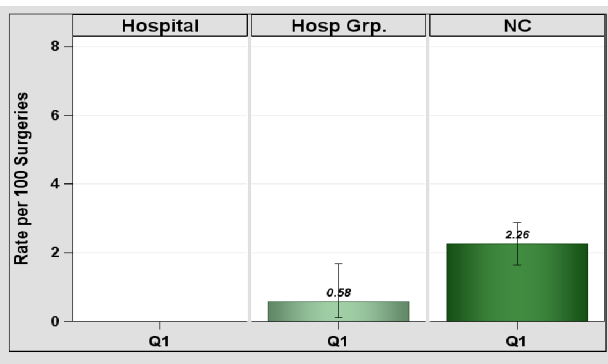
Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	2	.	0.02	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.



**Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.**

**Surgical Site Infections (SSI) after Colon Surgeries**



**Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.**

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	6	.	0.19	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.**

**Commentary from Hospitals:**

The prevention and reduction of healthcare associated infections is a top priority at Carolinas Healthcare System hospitals. To accomplish this, infection prevention strategies are continually assessed and measures implemented to decrease the risk for infection. These measures are based on evidence based practices and clinical guidelines. A comprehensive program is provided that encompasses patient care and patient safety.



# North Carolina Healthcare-Associated Infections Report

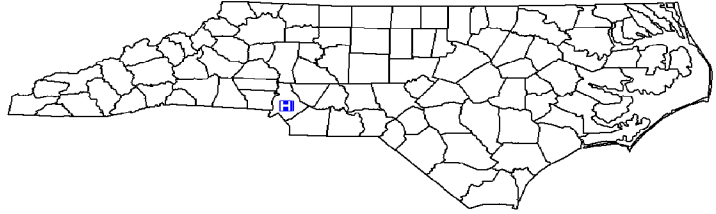
## Data from January 1 – March 31, 2014

### Carolinas Medical Center, Charlotte, Mecklenburg County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: Major  
 Profit Status: Not for Profit  
 Admissions in 2013: 51,118  
 Patient Days in 2013: 256,862  
 Total Number of Beds: 880  
 Number of ICU Beds: 218  
 FTE\* Infection Preventionists: 7.00  
 Number of FTEs\* per 100 beds: 0.80

\*FTE = Full-time equivalent



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

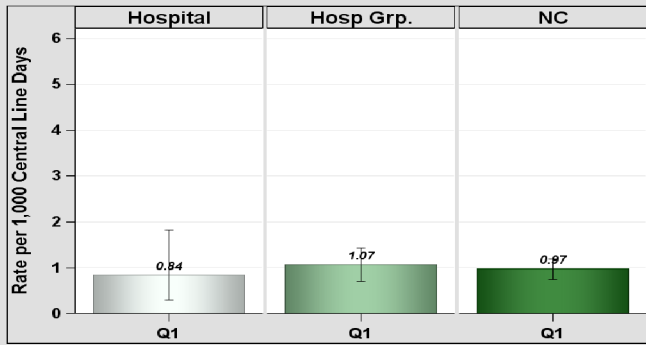


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	1,516	0	3.94	0	, 0.760	Lower
Medical cardiac	0	656	0	1.31	0	, 2.283	Same
Neonatal Level III	2	1,847	1.08	4.41	0.454	0.076, 1.499	Same
Neurosurgical	4	759	5.27	1.9	2.108	0.670, 5.085	Same
Pediatric medical/surgical	0	660	0	1.98	0	, 1.513	Same
Surgical cardiothoracic	0	528	0	0.74	.		
Trauma	0	1,193	0	4.29	0	, 0.698	Lower
YTD Total for Reporting ICUs	6	7,159	0.84	18.57	0.323	0.131, 0.672	Lower

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	9	64,226	0.14	7.18	1.253	0.611, 2.300	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 patient days.

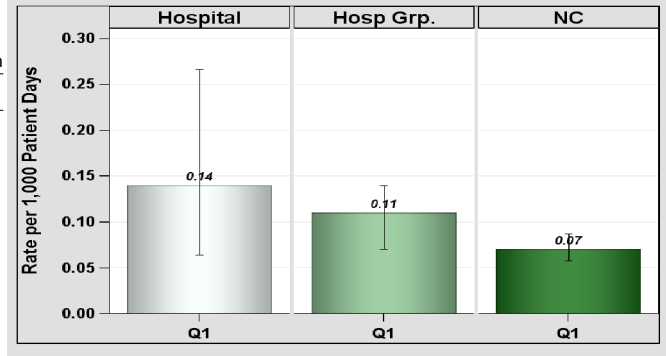


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

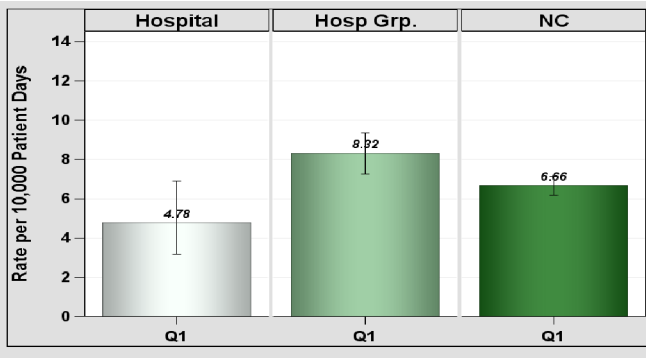


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	28	58,576	4.78	39.51	0.709	0.480, 1.011	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
 Carolinas Medical Center, Charlotte, Mecklenburg County

**Catheter-Associated Urinary Tract Infections (CAUTI)**

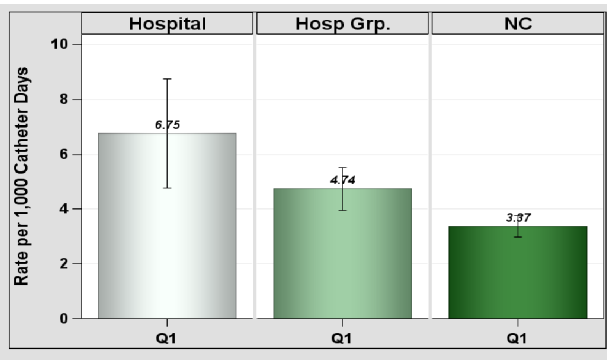


Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	15	1,866	8.04	4.29	3.495	2.031, 5.635	Higher
Medical cardiac	3	865	3.47	1.73	1.734	0.441, 4.720	Same
Neurosurgical	14	1,211	11.6	5.33	2.627	1.496, 4.304	Higher
Pediatric medical/surgical	3	294	10.2	0.82	.		
Pediatric rehabilitation	0	0	.	.	.		
Surgical cardiothoracic	0	469	0	0.8	.		
Trauma	9	1,809	4.98	6.15	1.463	0.714, 2.685	Same
YTD Total for Reporting ICUs	44	6,514	6.75	19.12	2.301	1.693, 3.061	Higher

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	2	161	1.24	1.53	1.307	0.219, 4.319	Same

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

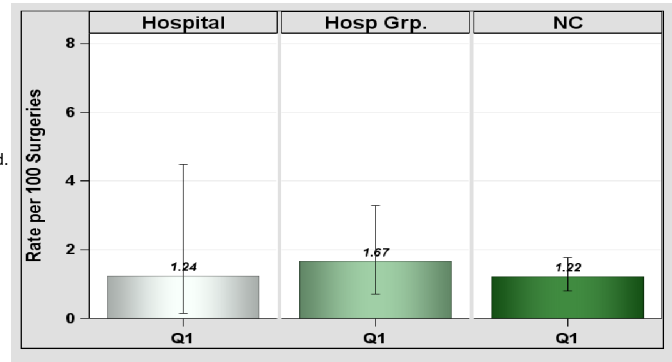


Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.

**Surgical Site Infections (SSI) after Colon Surgeries**

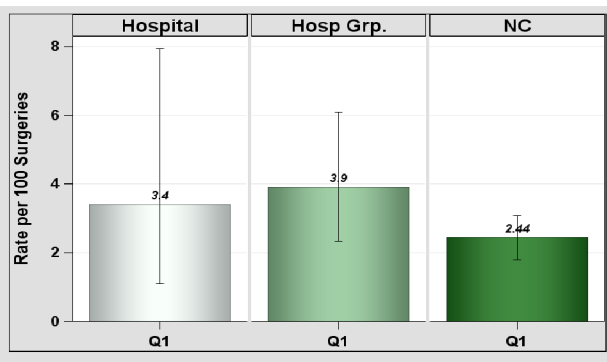


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.

Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	5	147	3.4	5.1	0.98	0.359, 2.173	Same

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Commentary from Hospitals:**

The prevention and reduction of healthcare associated infections is a top priority at Carolinas Healthcare System hospitals. To accomplish this, infection prevention strategies are continually assessed and measures implemented to decrease the risk for infection. These measures are based on evidence based practices and clinical guidelines. A comprehensive program is provided that encompasses patient care and patient safety.

# North Carolina Healthcare-Associated Infections Report

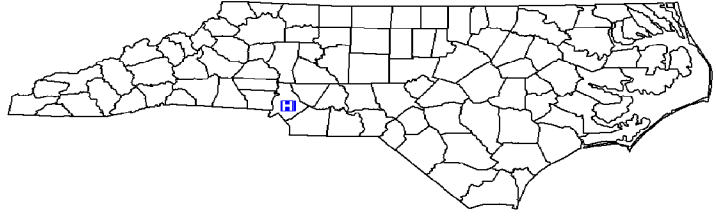
## Data from January 1 – March 31, 2014

### Carolinas Medical Center-Mercy, Charlotte, Mecklenburg County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: Graduate  
 Profit Status: Not for Profit  
 Admissions in 2013: 8,545  
 Patient Days in 2013: 33,867  
 Total Number of Beds: 162  
 Number of ICU Beds: 20  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 0.62

\*FTE = Full-time equivalent



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

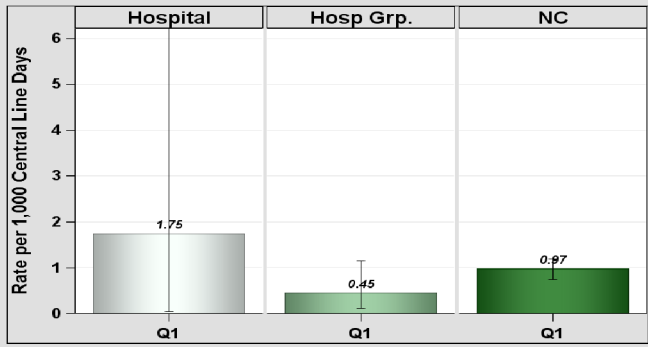


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	1	570	1.75	1.08	0.923	0.046, 4.554	Same
YTD Total for Reporting ICUs	1	570	1.75	1.08	0.923	0.046, 4.554	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	8,141	0.12	0.68			

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 patient days.

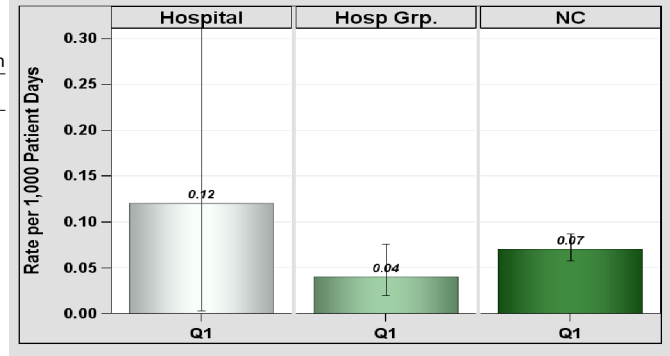


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

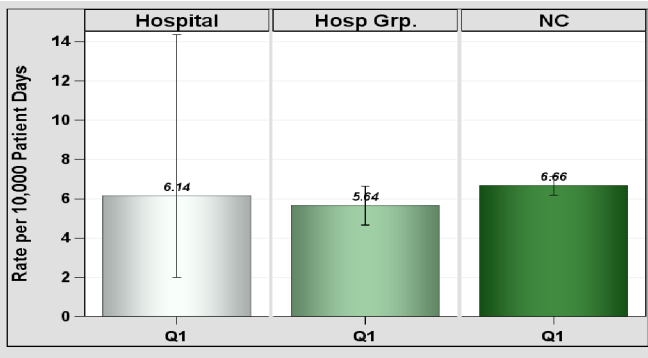


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	5	8,141	6.14	4.59	1.09	0.399, 2.417	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
 Carolinas Medical Center-Mercy, Charlotte, Mecklenburg County

**Catheter-Associated Urinary Tract Infections (CAUTI)**

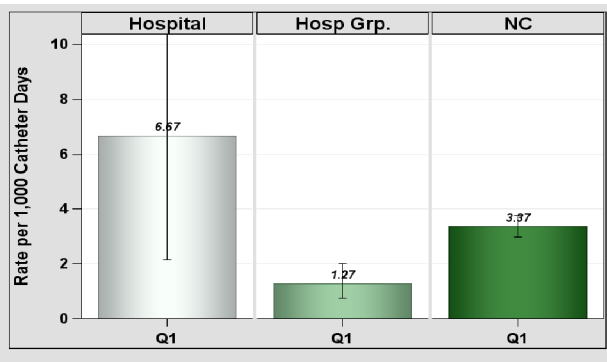


Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	5	750	6.67	1.5	3.333	1.221, 7.388	Higher
YTD Total for Reporting ICUs	5	750	6.67	1.5	3.333	1.221, 7.388	Higher

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	15	.	0.13	.		

Infections from deep incisional and/or organ space.

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

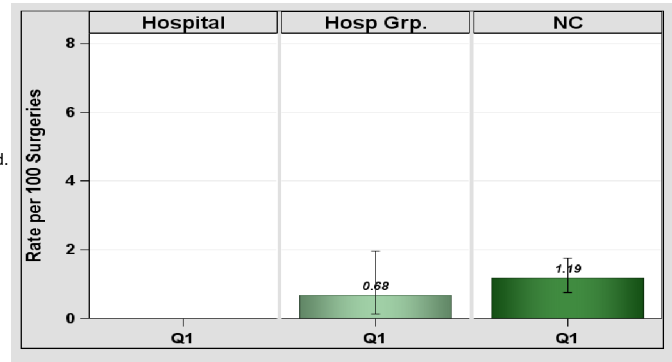


Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.

**Surgical Site Infections (SSI) after Colon Surgeries**

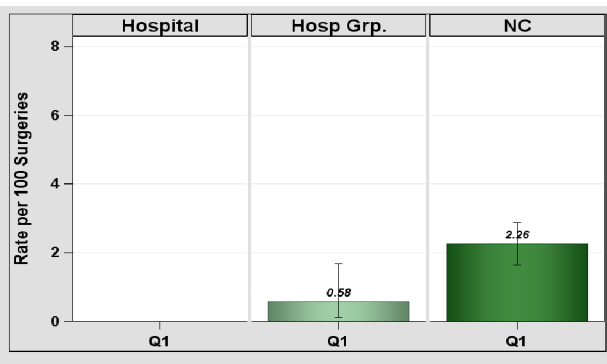


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.

Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	18	.	0.57	.		

Infections from deep incisional and/or organ space.

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Commentary from Hospitals:**

The prevention and reduction of healthcare associated infections is a top priority at Carolinas Healthcare System hospitals. To accomplish this, infection prevention strategies are continually assessed and measures implemented to decrease the risk for infection. These measures are based on evidence based practices and clinical guidelines. A comprehensive program is provided that encompasses patient care and patient safety.

# North Carolina Healthcare-Associated Infections Report

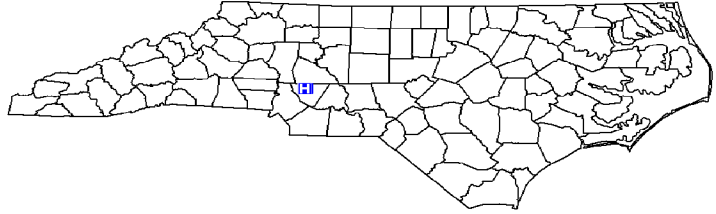
## Data from January 1 – March 31, 2014

### Carolinas Medical Center- Northeast, Concord, Cabarrus County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2013: 34,705  
 Patient Days in 2013: 107,841  
 Total Number of Beds: 457  
 Number of ICU Beds: 52  
 FTE\* Infection Preventionists: 3.00  
 Number of FTEs\* per 100 beds: 0.66

\*FTE = Full-time equivalent



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

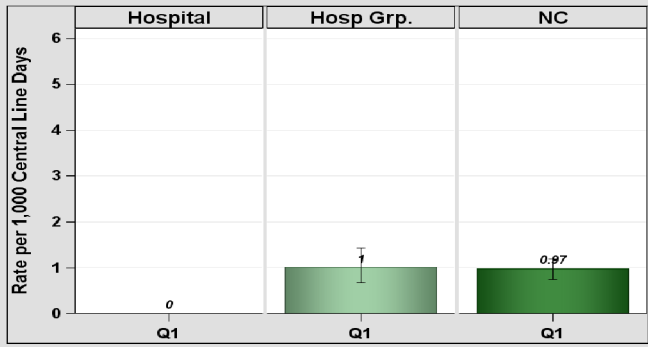


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	839	0	1.26	0	, 2.380	Same
Neonatal Level III	0	96	0	0.27	.		
Pediatric medical/surgical	0	19	.	.	.		
YTD Total for Reporting ICUs	0	954	0	1.59	0	, 1.887	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	3	28,112	0.11	1.89	1.584	0.403, 4.312	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 patient days.

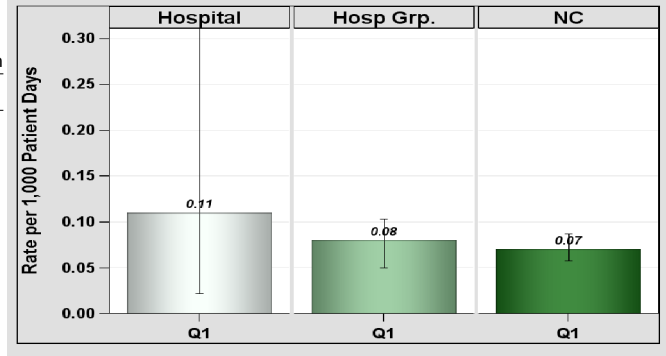


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

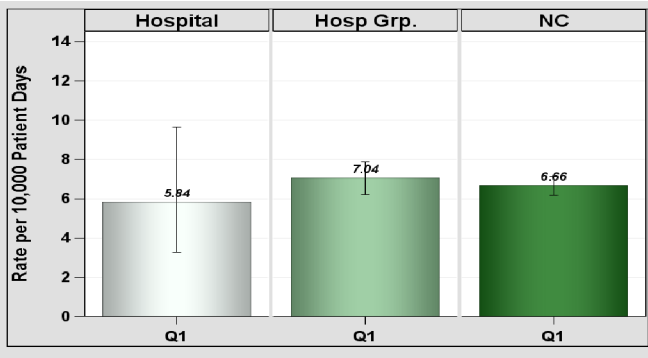


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

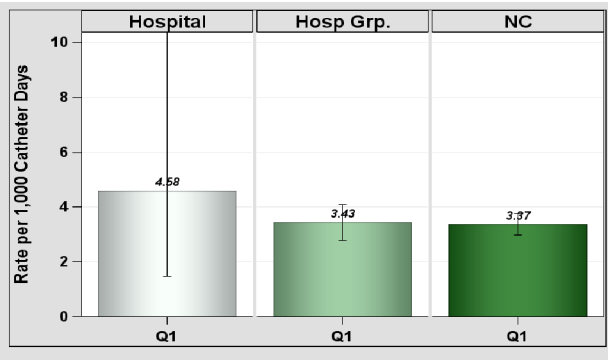
Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	15	25,679	5.84	12.93	1.16	0.674, 1.871	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
 Carolinas Medical Center- Northeast, Concord, Cabarrus County

**Catheter-Associated Urinary Tract Infections (CAUTI)**



**Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.**

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	5	1,066	4.69	1.39	3.608	1.322, 7.997	Higher
Pediatric medical/surgical	0	26	.	.	.		
YTD Total for Reporting ICUs	5	1,092	4.58	1.46	3.428	1.256, 7.598	Higher

**Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.**

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

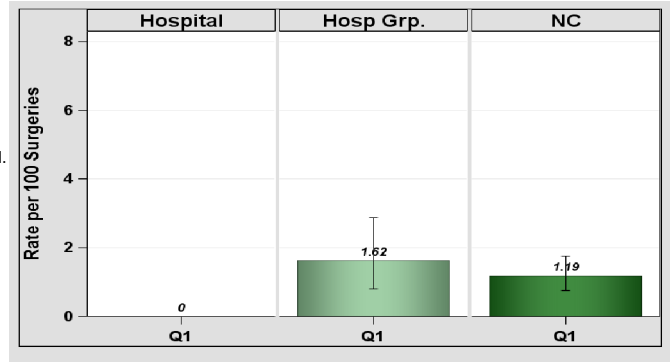
**Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.**

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	71	0	0.7	.		

Infections from deep incisional and/or organ space.

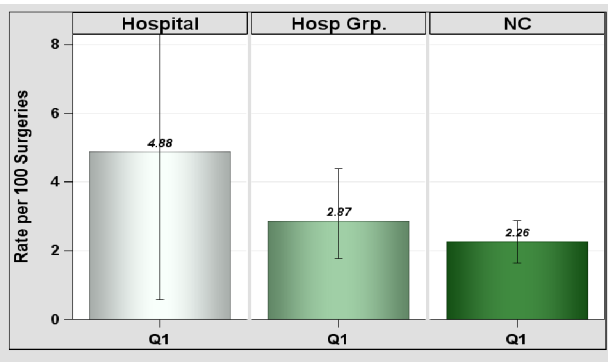
\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.



**Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.**

**Surgical Site Infections (SSI) after Colon Surgeries**



**Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.**

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	2	41	4.88	1.3	1.54	0.258, 5.087	Same

Infections from deep incisional and/or organ space.

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.**

**Commentary from Hospitals:**

The prevention and reduction of healthcare associated infections is a top priority at Carolinas Healthcare System hospitals. To accomplish this, infection prevention strategies are continually assessed and measures implemented to decrease the risk for infection. These measures are based on evidence based practices and clinical guidelines. A comprehensive program is provided that encompasses patient care and patient safety.

# North Carolina Healthcare-Associated Infections Report

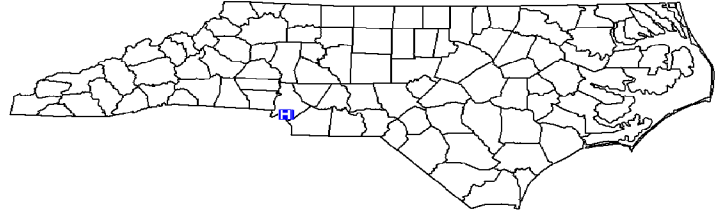
## Data from January 1 – March 31, 2014

### Carolinas Medical Center-Pineville, Charlotte, Mecklenburg County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2013: 14,811  
 Patient Days in 2013: 57,020  
 Total Number of Beds: 206  
 Number of ICU Beds: 40  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 0.49

\*FTE = Full-time equivalent



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

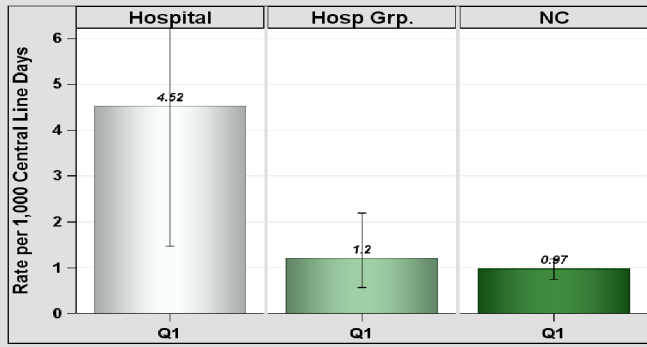


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	3	716	4.19	1.36	2.205	0.561, 6.002	Same
Medical/surgical	2	336	5.95	0.5	.		
Neonatal Level II/III	0	55	0	0.1	.		
YTD Total for Reporting ICUs	5	1,107	4.52	1.96	2.55	0.934, 5.653	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	16,953	0.06	0.8	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 patient days.

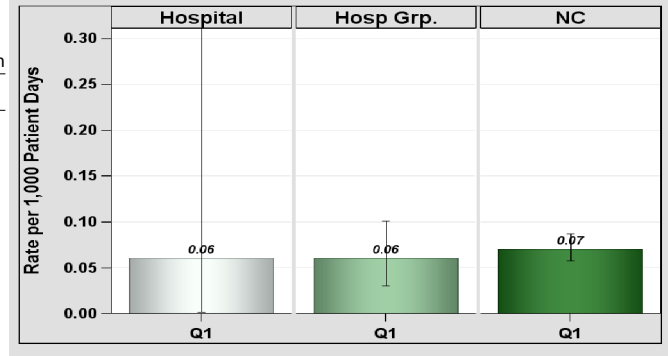


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

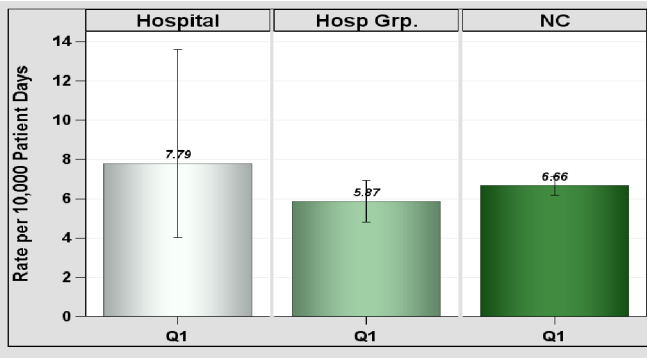


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	12	15,401	7.79	9.39	1.278	0.693, 2.173	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
 Carolinas Medical Center-Pineville, Charlotte, Mecklenburg County

**Catheter-Associated Urinary Tract Infections (CAUTI)**

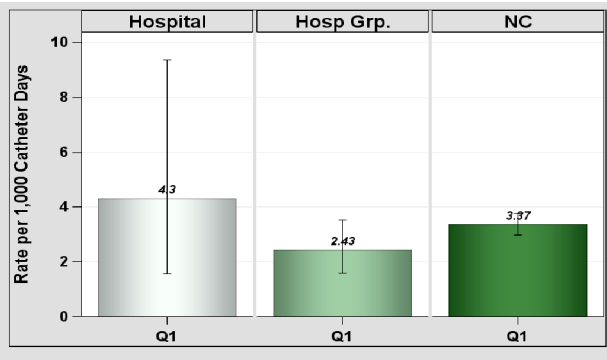


Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	5	872	5.73	1.74	2.867	1.050, 6.355	Higher
Medical/surgical	1	363	2.75	0.47	.		
Rehabilitation	0	159	0	0.6	.		
YTD Total for Reporting ICUs	6	1,394	4.3	2.82	2.128	0.862, 4.425	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	49	0	0.43	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

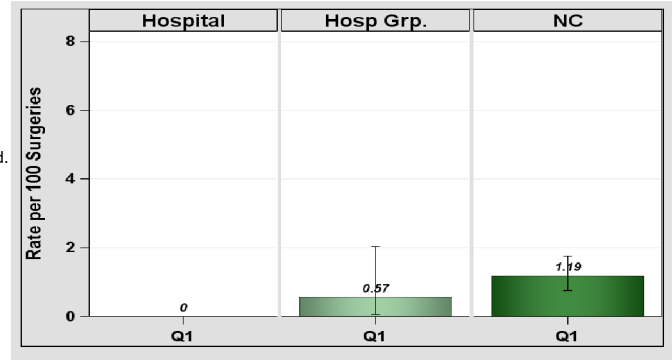


Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.

**Surgical Site Infections (SSI) after Colon Surgeries**

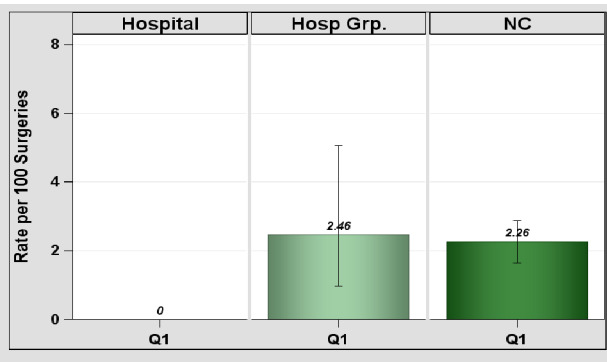


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.

Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	34	0	1.08	0	, 2.782	Same

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Commentary from Hospitals:**

The prevention and reduction of healthcare associated infections is a top priority at Carolinas Healthcare System hospitals. To accomplish this, infection prevention strategies are continually assessed and measures implemented to decrease the risk for infection. These measures are based on evidence based practices and clinical guidelines. A comprehensive program is provided that encompasses patient care and patient safety.



# North Carolina Healthcare-Associated Infections Report

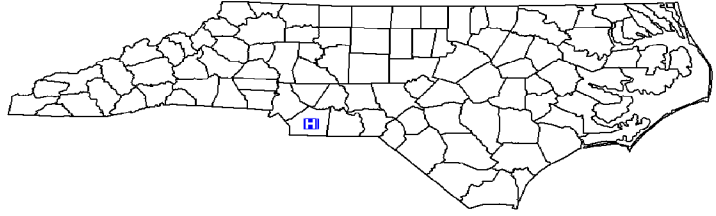
## Data from January 1 – March 31, 2014

### Carolinas Medical Center-Union, Monroe, Union County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2013: 0  
 Patient Days in 2013: 0  
 Total Number of Beds: 0  
 Number of ICU Beds: 0  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: .

\*FTE = Full-time equivalent



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

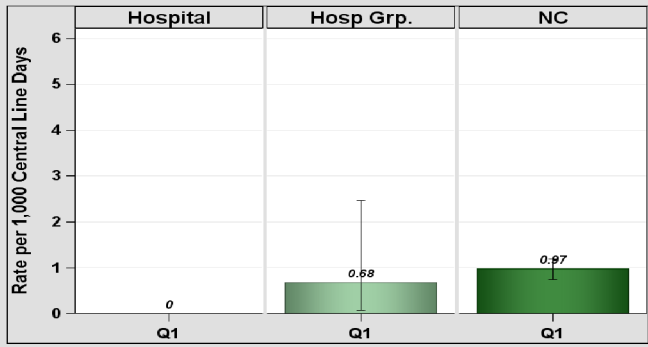


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	467	0	0.7	.		
YTD Total for Reporting ICUs	0	467	0	0.7	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	7,694	0	0.76	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 patient days.

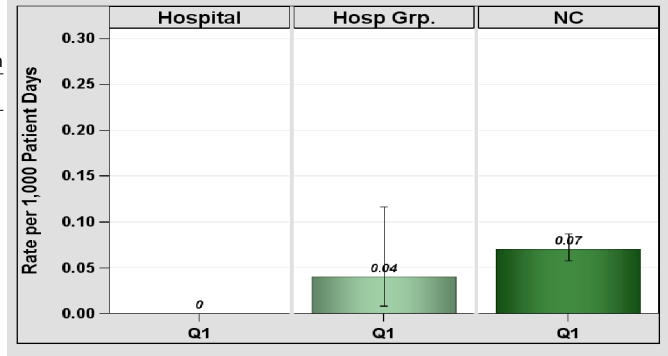


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

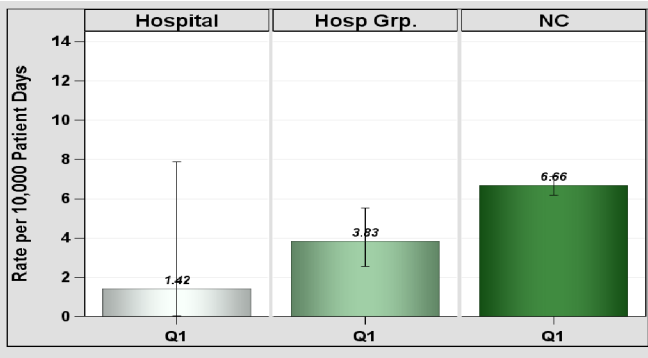


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	7,057	1.42	3.36	0.297	0.015, 1.467	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
 Carolinas Medical Center-Union, Monroe, Union County

**Catheter-Associated Urinary Tract Infections (CAUTI)**

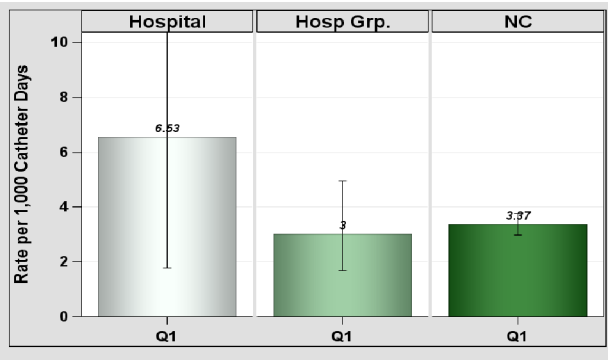


Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	4	613	6.53	0.8	.		
YTD Total for Reporting ICUs	4	613	6.53	0.8	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	6	.	0.06	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

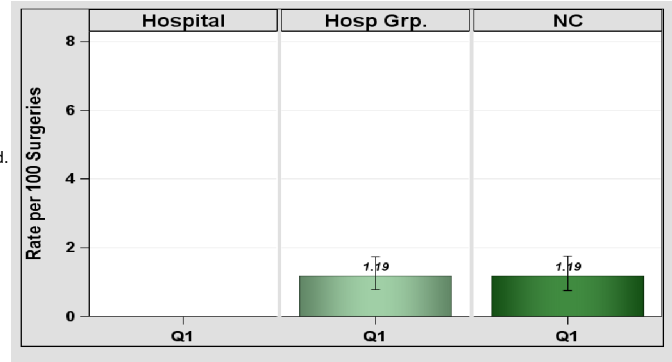


Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.

**Surgical Site Infections (SSI) after Colon Surgeries**

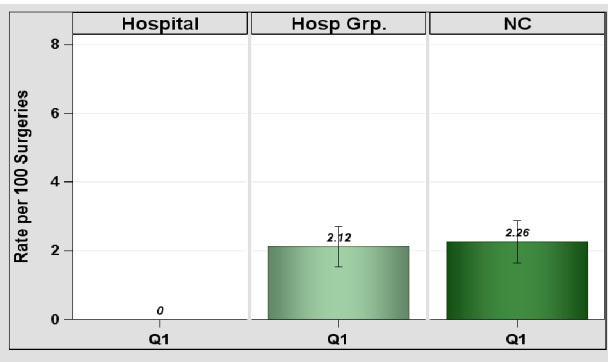


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.

Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	24	0	0.86	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Commentary from Hospitals:**

The prevention and reduction of healthcare associated infections is a top priority at Carolinas Healthcare System hospitals. To accomplish this, infection prevention strategies are continually assessed and measures implemented to decrease the risk for infection. These measures are based on evidence based practices and clinical guidelines. A comprehensive program is provided that encompasses patient care and patient safety.

# North Carolina Healthcare-Associated Infections Report

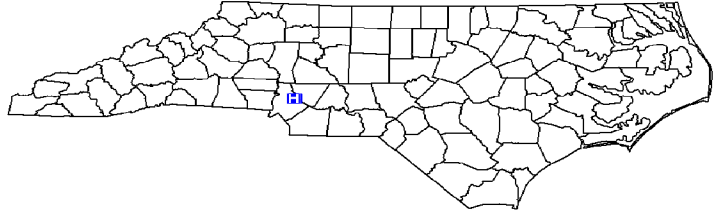
## Data from January 1 – March 31, 2014

### Carolinas Medical Center-University, Charlotte, Mecklenburg County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2013: 6,568  
 Patient Days in 2013: 23,911  
 Total Number of Beds: 94  
 Number of ICU Beds: 15  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 1.06

\*FTE = Full-time equivalent



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

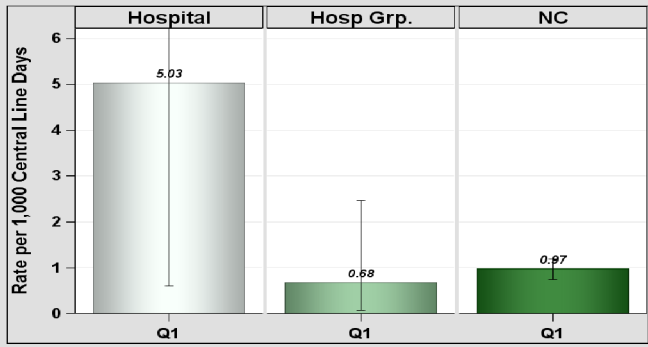


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	2	391	5.12	0.59	.		
Neonatal Level II/III	0	7	.	.	.		
YTD Total for Reporting ICUs	2	398	5.03	0.61	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	6,290	0	0.35	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 patient days.

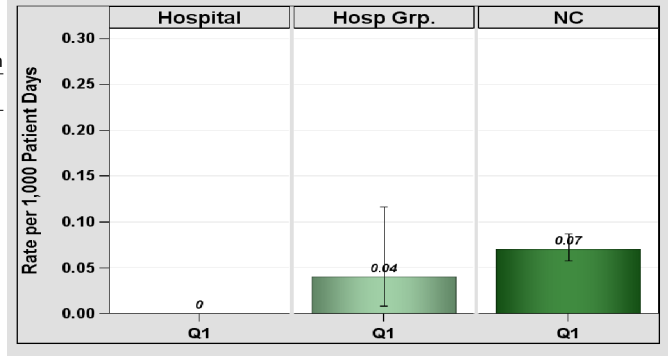


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

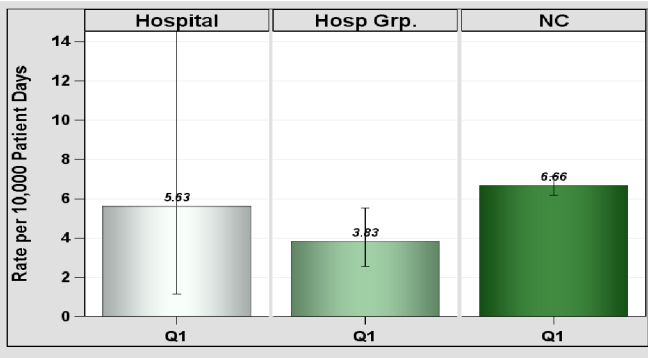


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	3	5,326	5.63	2.54	1.179	0.300, 3.209	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
 Carolinas Medical Center-University, Charlotte, Mecklenburg County

**Catheter-Associated Urinary Tract Infections (CAUTI)**

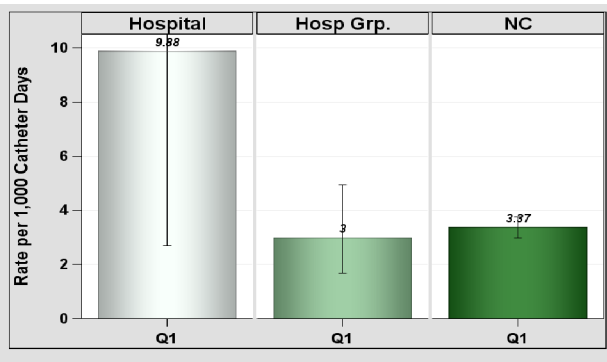


Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	4	405	9.88	0.53	.		
YTD Total for Reporting ICUs	4	405	9.88	0.53	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	1	40	2.5	0.39	.		

Infections from deep incisional and/or organ space.

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

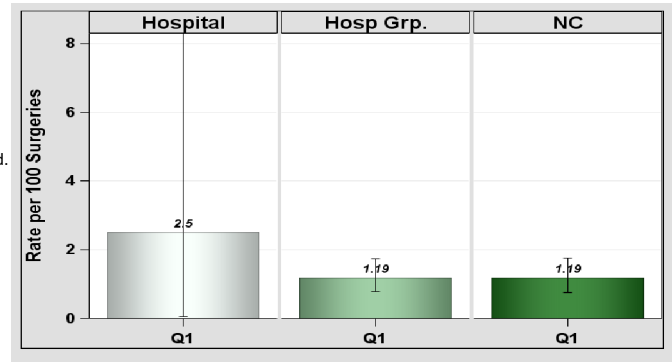


Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.

**Surgical Site Infections (SSI) after Colon Surgeries**

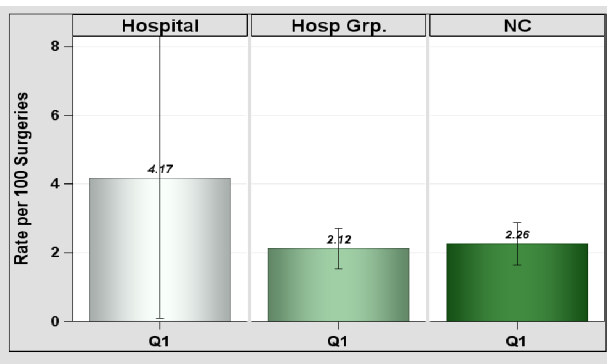


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.

Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	1	24	4.17	0.74	.		

Infections from deep incisional and/or organ space.

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

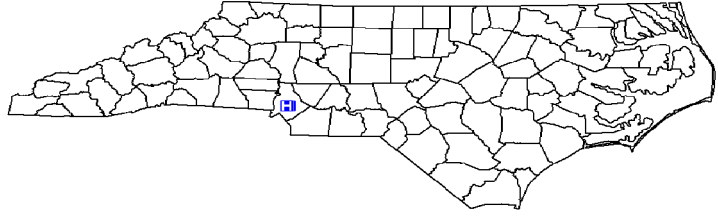
**Commentary from Hospitals:**

The prevention and reduction of healthcare associated infections is a top priority at Carolinas Healthcare System hospitals. To accomplish this, infection prevention strategies are continually assessed and measures implemented to decrease the risk for infection. These measures are based on evidence based practices and clinical guidelines. A comprehensive program is provided that encompasses patient care and patient safety.

**North Carolina Healthcare-Associated Infections Report  
Data from January 1 – March 31, 2014  
Carolinas Rehabilitation, Charlotte, Mecklenburg County**

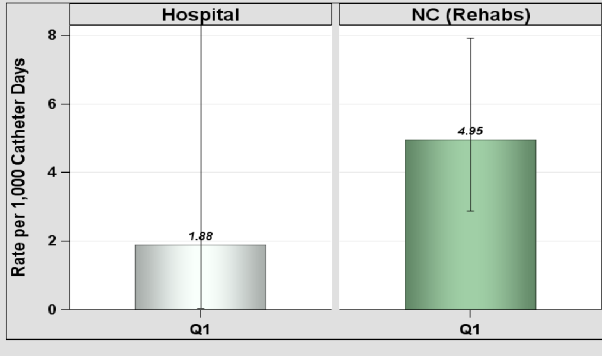
**2013 Hospital Survey Information**

Hospital Type:	Inpatient Rehabilitation Facility
Profit Status:	Not for Profit
Admissions in 2013:	2,850
Patient Days in 2013:	48,420
Total Number of Beds:	159
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.63



\*FTE = Full-time equivalent

**Catheter-Associated Urinary Tract Infections (CAUTI)**



**Table 1. Rates by Location, Jan-Mar 2014**

Type of Unit	Infections	Catheter Days	Rate
Adult rehabilitation ward	1	533	1.88
YTD Total for Reporting Wards	1	533	1.88

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

**Other Healthcare-Associated Infections (HAIs)**

**Inpatient rehabilitation facilities (IRFs) do not report CLABSIs, C. difficile LabID, MRSA Bacteremia LabID, or SSIs to the N.C. Division of Public Health.**

**Commentary from Hospitals:**

The prevention and reduction of healthcare associated infections is a top priority at Carolinas Healthcare System hospitals. To accomplish this, infection prevention strategies are continually assessed and measures implemented to decrease the risk for infection. These measures are based on evidence based practices and clinical guidelines. A comprehensive program is provided that encompasses patient care and patient safety.

Refer to the HAI in N.C. Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics ([epi.publichealth.nc.gov/cd/hai/figures.html](http://epi.publichealth.nc.gov/cd/hai/figures.html)).

Data as of June 26, 2014.

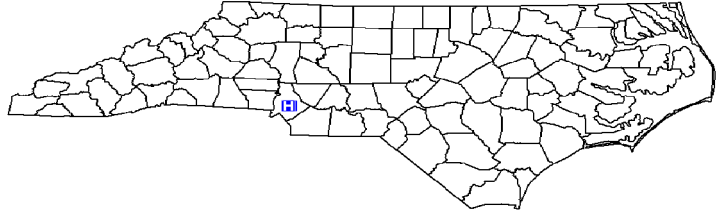
N.C. Division of Public Health, HAI Prevention Program

N.C. HAI Quarterly Report (Provider Version) - July 2014

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
 Carolinas Specialty Hospital, Charlotte, Mecklenburg County

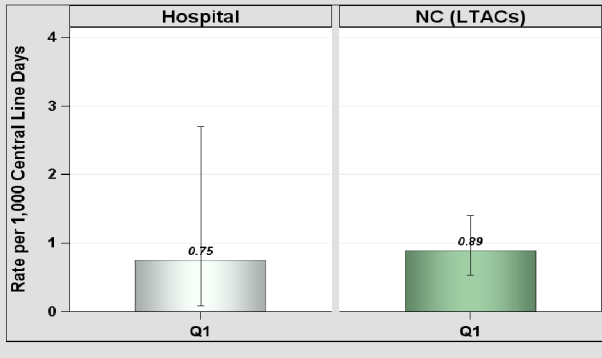
**2013 Hospital Survey Information**

Hospital Type: Long-term Acute Care Hospital  
 Profit Status: For Profit  
 Admissions in 2013: 471  
 Patient Days in 2013: 11,948  
 Total Number of Beds: 40  
 FTE\* Infection Preventionists: 1.25  
 Number of FTEs\* per 100 beds: 3.13



\*FTE = Full-time equivalent

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



**Table 1. Rates by Location, Jan-Mar 2014.**

Type of Unit	Infections	Line Days	Rate
Adult ward	2	2,684	0.75
YTD Total for Reporting Units	2	2,684	0.75

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

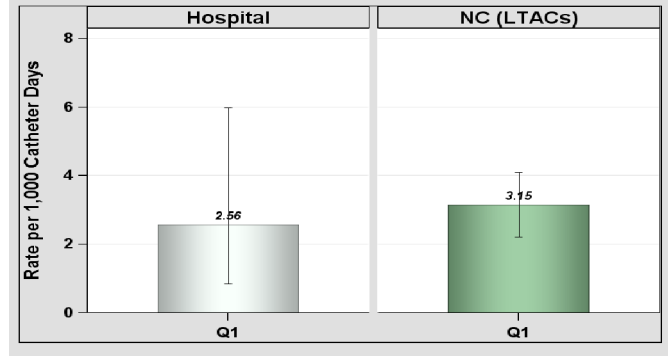
**Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.**

**Catheter-Associated Urinary Tract Infections (CAUTI)**

**Table 2. Rates by Location, Jan-Mar 2014**

Type of Unit	Infections	Catheter Days	Rate
Adult ward	5	1,951	2.56
YTD Total for Reporting Units	5	1,951	2.56

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.



**Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.**

**Other Healthcare-Associated Infections (HAIs)**

Long-term acute care hospitals (LTACs) do not report *C. difficile* LabID, MRSA Bacteremia LabID or SSIs to the N.C. Division of Public Health.

**Commentary from Hospitals:**  
 No comments provided.

Refer to the HAI in N.C. Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics ([epi.publichealth.nc.gov/cd/hai/figures.html](http://epi.publichealth.nc.gov/cd/hai/figures.html)).  
 Data as of June 26, 2014.

# North Carolina Healthcare-Associated Infections Report

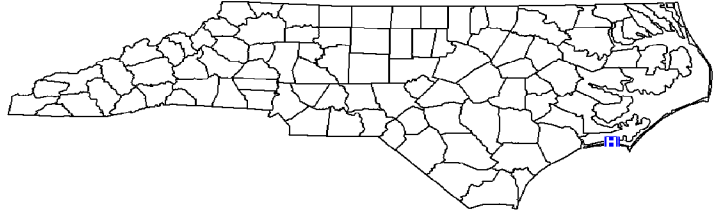
## Data from January 1 – March 31, 2014

### Carteret General Hospital, Morehead City, Carteret County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2013: 6,993  
 Patient Days in 2013: 25,707  
 Total Number of Beds: 135  
 Number of ICU Beds: 8  
 FTE\* Infection Preventionists: 1.50  
 Number of FTEs\* per 100 beds: 1.11

\*FTE = Full-time equivalent



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

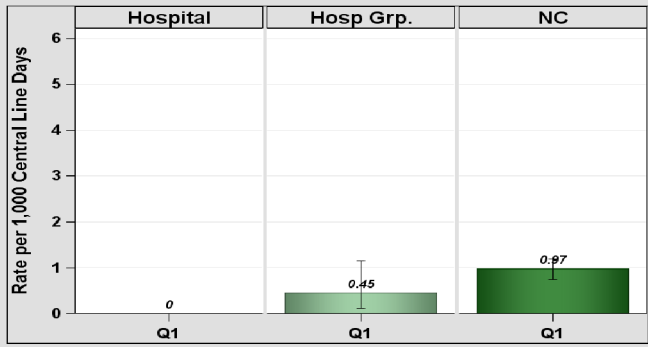


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	226	0	0.34	.		
YTD Total for Reporting ICUs	0	226	0	0.34	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
----------	------------	--------------	------	----------------------	------	---------	----------------

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 patient days.

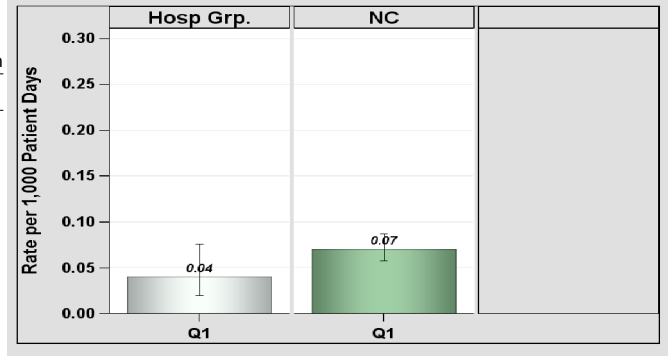


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

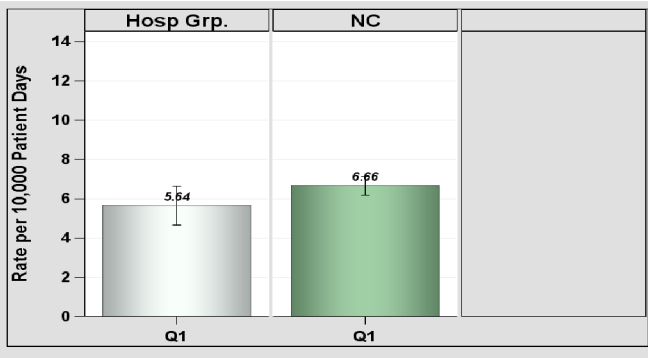


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
----------	------------	--------------	------	----------------------	------	---------	----------------

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
**Carteret General Hospital, Morehead City, Carteret County**

**Catheter-Associated Urinary Tract Infections (CAUTI)**

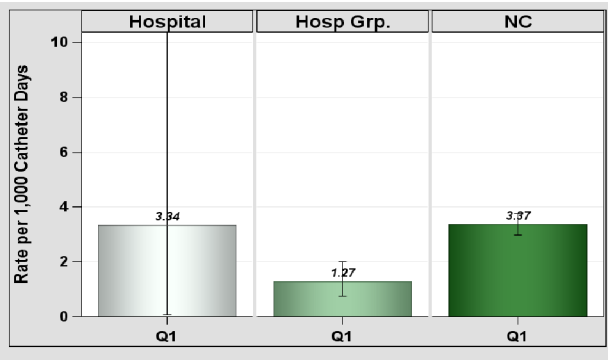


Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	299	3.34	0.39	.		
YTD Total for Reporting ICUs	1	299	3.34	0.39	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	10	.	0.08	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

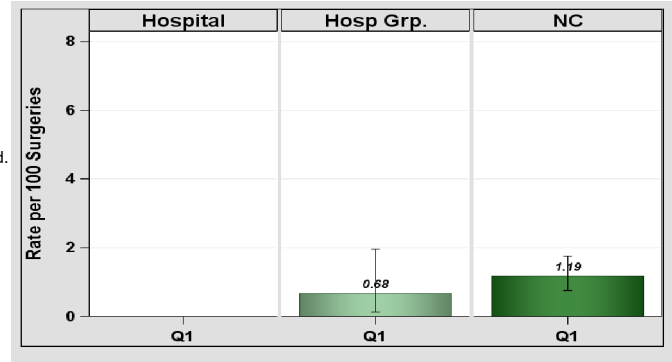


Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.

**Surgical Site Infections (SSI) after Colon Surgeries**

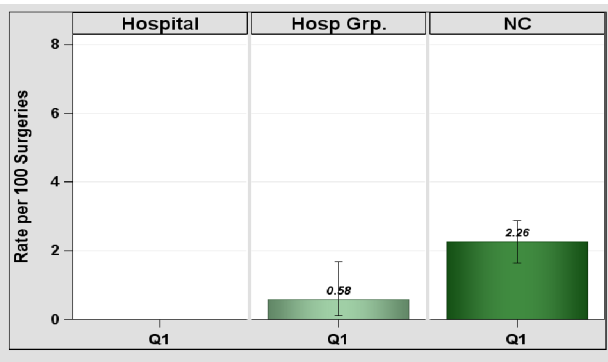


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.

Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	19	.	0.58	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Commentary from Hospitals:**  
 No comments provided.



# North Carolina Healthcare-Associated Infections Report

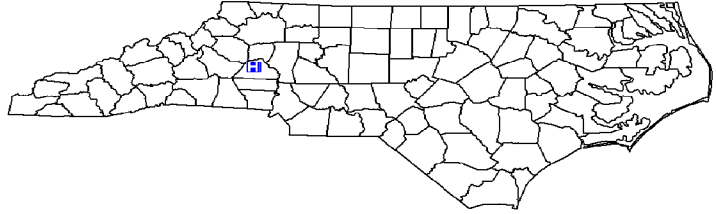
## Data from January 1 – March 31, 2014

### Catawba Valley Medical Center, Hickory, Catawba County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2013: 11,470  
 Patient Days in 2013: 53,916  
 Total Number of Beds: 190  
 Number of ICU Beds: 32  
 FTE\* Infection Preventionists: 2.00  
 Number of FTEs\* per 100 beds: 1.05

\*FTE = Full-time equivalent



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

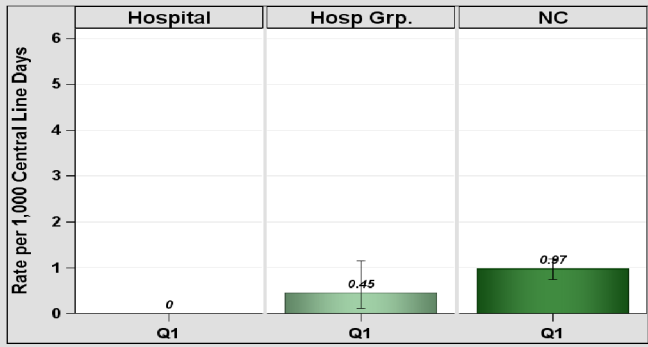


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	417	0	0.63	.		
Neonatal Level II/III	0	195	0	0.39	.		
YTD Total for Reporting ICUs	0	612	0	1.01	0	, 2.961	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	13,293	0	0.87	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 patient days.

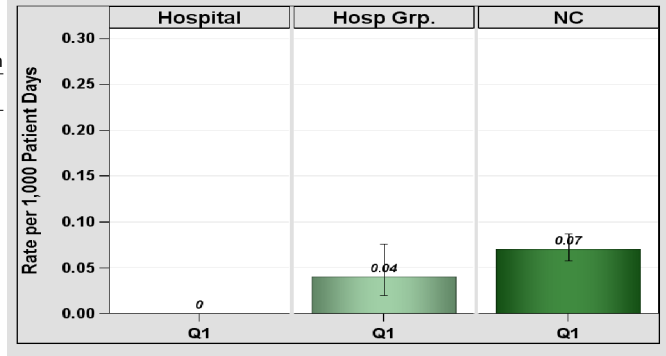


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

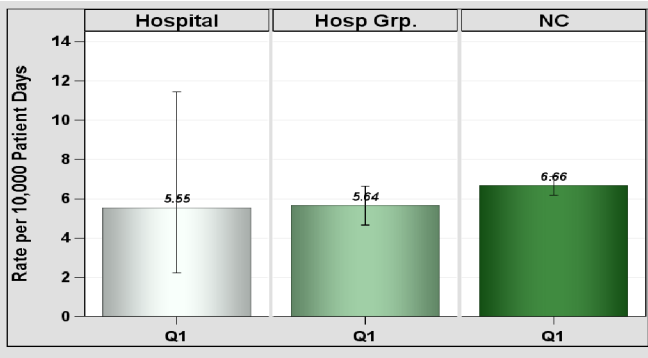


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	7	12,606	5.55	5.92	1.182	0.517, 2.338	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
 Catawba Valley Medical Center, Hickory, Catawba County

**Catheter-Associated Urinary Tract Infections (CAUTI)**

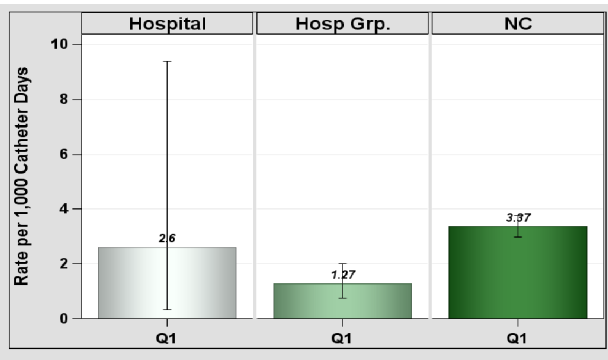


Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	2	758	2.64	0.91	.		
Rehabilitation	0	10	.	.	.		
YTD Total for Reporting ICUs	2	768	2.6	0.95	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	33	0	0.3	.		

Infections from deep incisional and/or organ space.

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

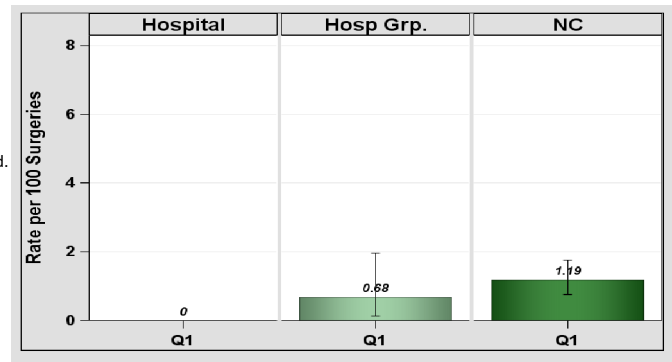


Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.

**Surgical Site Infections (SSI) after Colon Surgeries**

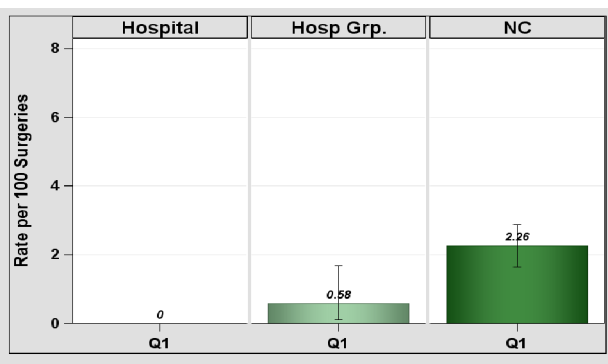


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.

Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	27	0	0.84	.		

Infections from deep incisional and/or organ space.

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Commentary from Hospitals:**

No comments provided.

# North Carolina Healthcare-Associated Infections Report

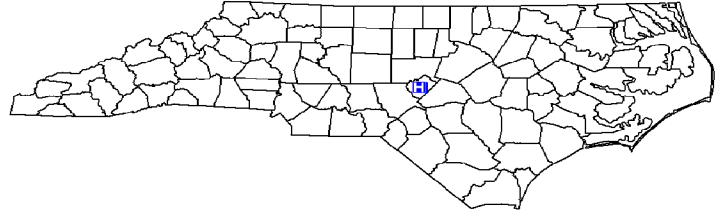
## Data from January 1 – March 31, 2014

### Central Carolina Hospital, Sanford, Lee County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: For Profit  
 Admissions in 2013: 5,062  
 Patient Days in 2013: 17,530  
 Total Number of Beds: 116  
 Number of ICU Beds: 8  
 FTE\* Infection Preventionists: 0.50  
 Number of FTEs\* per 100 beds: 0.43

\*FTE = Full-time equivalent



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

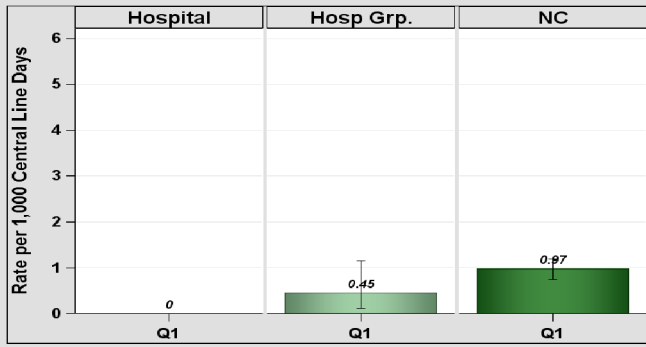


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	307	0	0.46	.		
YTD Total for Reporting ICUs	0	307	0	0.46	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	4,835	0	0.21	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 patient days.

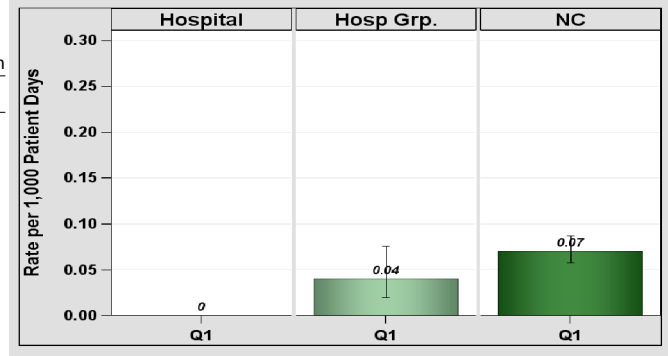


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

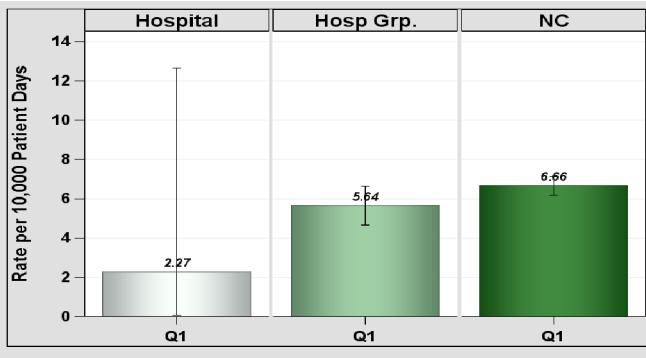


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

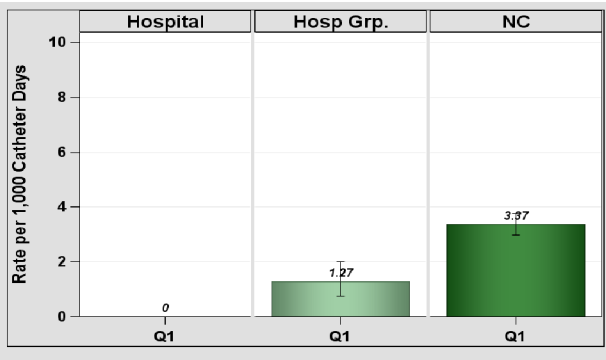
Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	4,404	2.27	2.09	0.477	0.024, 2.355	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
 Central Carolina Hospital, Sanford, Lee County

**Catheter-Associated Urinary Tract Infections (CAUTI)**



**Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.**

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	416	0	0.54	.		
YTD Total for Reporting ICUs	0	416	0	0.54	.		

**Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.**

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

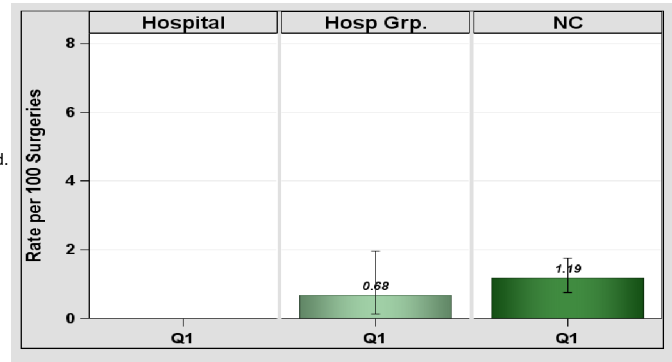
**Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.**

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	7	.	0.05	.		

Infections from deep incisional and/or organ space.

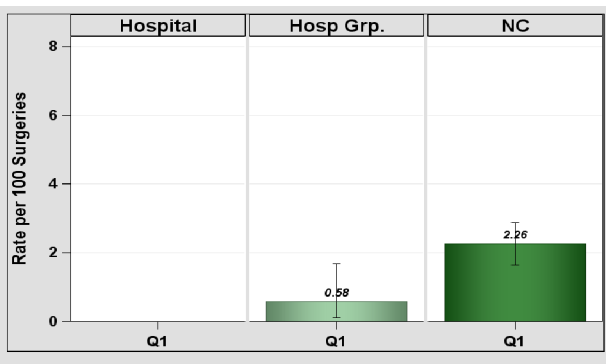
\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.



**Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.**

**Surgical Site Infections (SSI) after Colon Surgeries**



**Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.**

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	17	.	0.53	.		

Infections from deep incisional and/or organ space.

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.**

**Commentary from Hospitals:**

No comments provided.

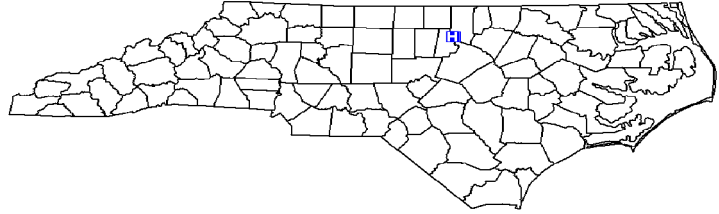
# North Carolina Healthcare-Associated Infections Report

## Data from January 1 – March 31, 2014

### Central Regional Hospital, Butner, Granville County

#### 2013 Hospital Survey Information

Hospital Type: Specialty Acute Care Hospital  
 Profit Status: Government  
 Admissions in 2013: 660  
 Patient Days in 2013: 65,927  
 Total Number of Beds: 405  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 0.25



\*FTE = Full-time equivalent

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID Bacteremia)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

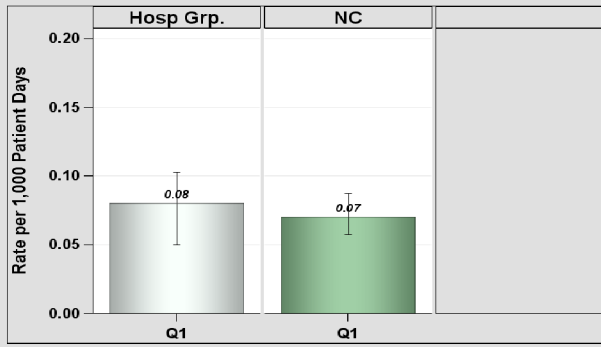


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
----------	------------	--------------	------	----------------------	------	---------	----------------

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 patient days.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
----------	------------	--------------	------	----------------------	------	---------	----------------

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 10,000 patient days.

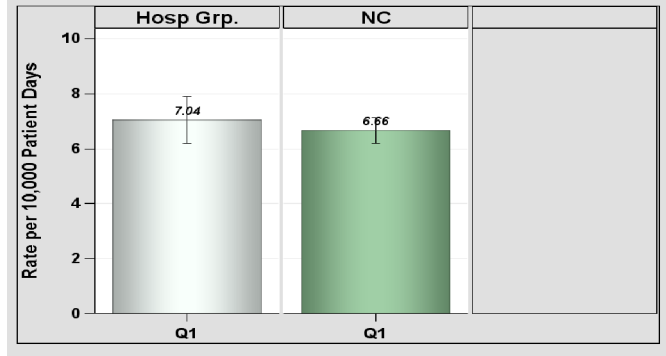


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Other Healthcare-Associated Infections (HAIs)

Specialty acute care hospitals do not report CLABSIs, CAUTIs, or SSIs to the N.C. Division of Public Health.

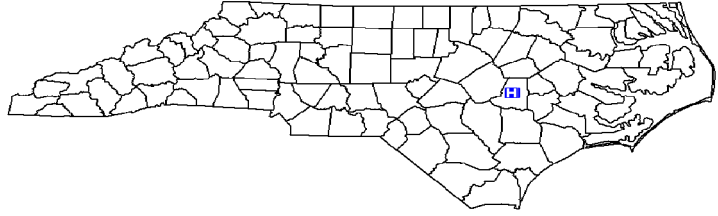
**Commentary from Hospitals:**  
 No comments provided.

Refer to the HAI in N.C. Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics ([epi.publichealth.nc.gov/cd/hai/figures.html](http://epi.publichealth.nc.gov/cd/hai/figures.html)).  
 Data as of June 26, 2014.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
**Cherry Hospital, Goldsboro, Wayne County**

**2013 Hospital Survey Information**

Hospital Type: Specialty Acute Care Hospital  
 Profit Status: Government  
 Admissions in 2013: 932  
 Patient Days in 2013: 66,357  
 Total Number of Beds: 241  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 0.41



\*FTE = Full-time equivalent

**Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID Bacteremia)**

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

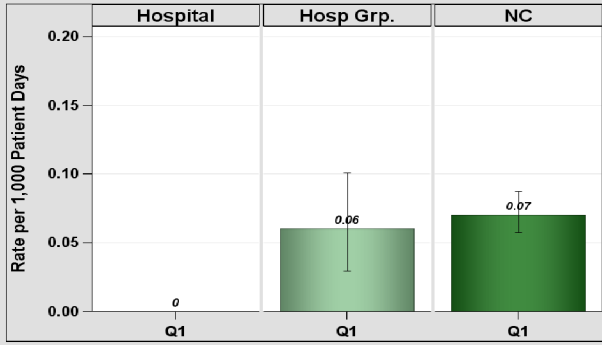


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	15,631	0	.	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 patient days.

**Clostridium difficile Laboratory-Identified Infections (CDI LabID)**

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	15,631	0	.	0	, 0.470	Lower

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 10,000 patient days.

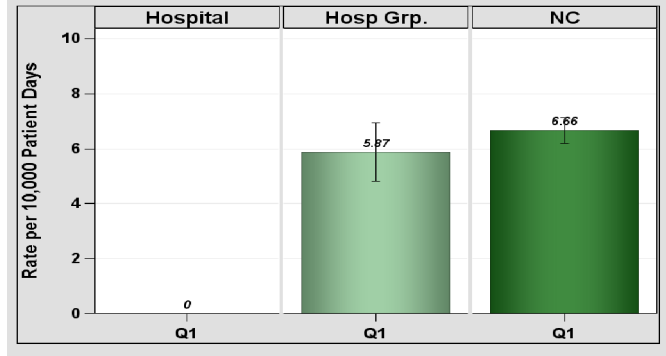


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

**Other Healthcare-Associated Infections (HAIs)**

Specialty acute care hospitals do not report CLABSIs, CAUTIs, or SSIs to the N.C. Division of Public Health.

**Commentary from Hospitals:**  
 No comments provided.

Refer to the HAI in N.C. Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics ([epi.publichealth.nc.gov/cd/hai/figures.html](http://epi.publichealth.nc.gov/cd/hai/figures.html)).  
 Data as of June 26, 2014.

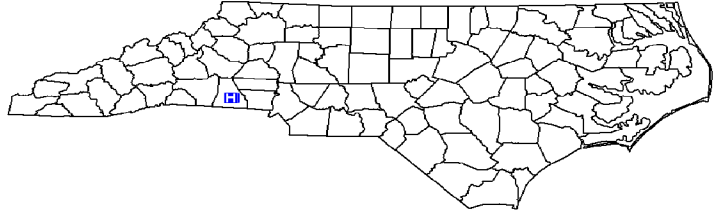
# North Carolina Healthcare-Associated Infections Report

## Data from January 1 – March 31, 2014

### Cleveland Regional Medical Center, Shelby, Cleveland County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2013: 9,198  
 Patient Days in 2013: 37,792  
 Total Number of Beds: 241  
 Number of ICU Beds: 18  
 FTE\* Infection Preventionists: 1.50  
 Number of FTEs\* per 100 beds: 0.62  
 \*FTE = Full-time equivalent



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

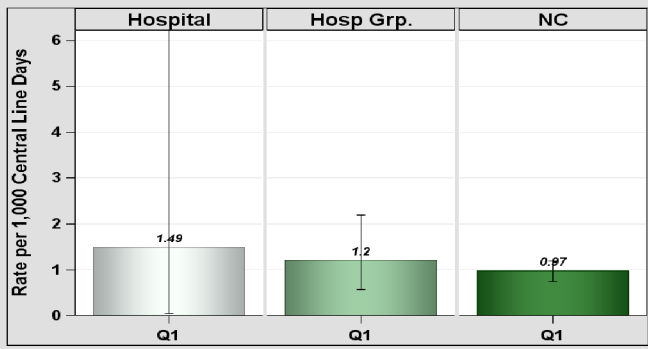


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	669	1.49	1	0.997	0.050, 4.915	Same
YTD Total for Reporting ICUs	1	669	1.49	1	0.997	0.050, 4.915	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	2	10,222	0.2	0.45			

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 patient days.

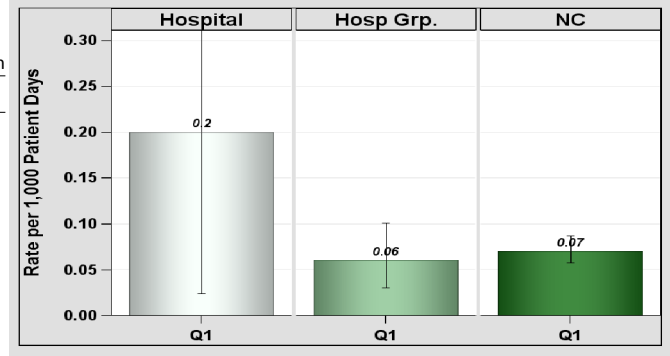


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

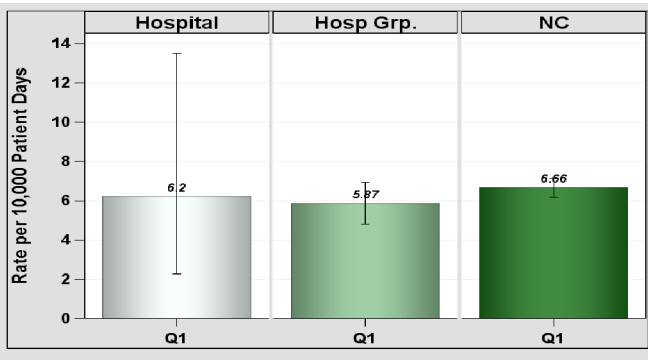


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	6	9,677	6.2	4.75	1.264	0.512, 2.629	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
 Cleveland Regional Medical Center, Shelby, Cleveland County

**Catheter-Associated Urinary Tract Infections (CAUTI)**

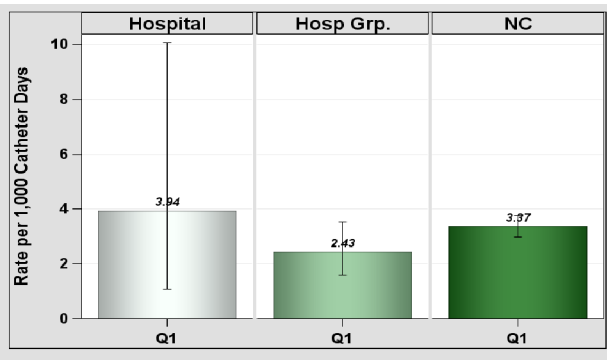


Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	4	1,016	3.94	1.22	3.281	1.042, 7.914	Higher
YTD Total for Reporting ICUs	4	1,016	3.94	1.22	3.281	1.042, 7.914	Higher

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	25	0	0.35	.		

Infections from deep incisional and/or organ space.

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

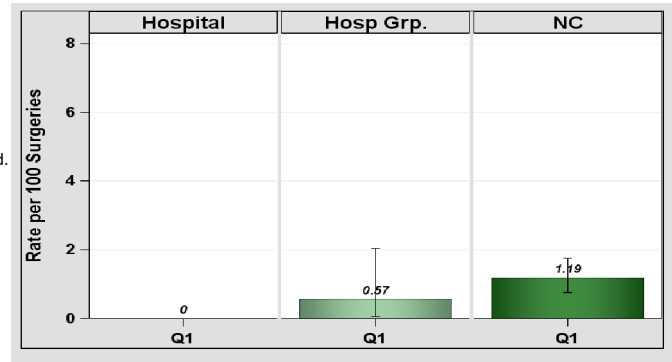


Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.

**Surgical Site Infections (SSI) after Colon Surgeries**

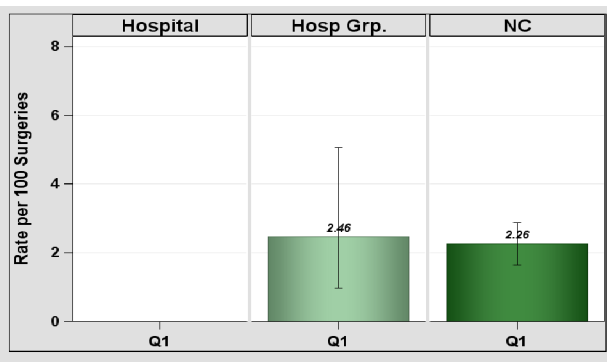


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.

Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	1	13	.	0.45	.		

Infections from deep incisional and/or organ space.

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Commentary from Hospitals:**

The prevention and reduction of healthcare associated infections is a top priority at Cleveland County Healthcare System hospitals. To accomplish this, infection prevention strategies are continually assessed and measures implemented to decrease the risk for infection. These measures are based on evidence based practices and clinical guidelines. A comprehensive program is provided that encompasses patient care and patient safety.



# North Carolina Healthcare-Associated Infections Report

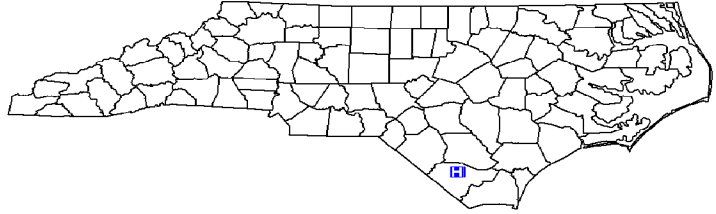
## Data from January 1 – March 31, 2014

### Columbus Regional Healthcare System, Whiteville, Columbus County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2013: 5,132  
 Patient Days in 2013: 20,225  
 Total Number of Beds: 86  
 Number of ICU Beds: 9  
 FTE\* Infection Preventionists: 1.05  
 Number of FTEs\* per 100 beds: 1.22

\*FTE = Full-time equivalent



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

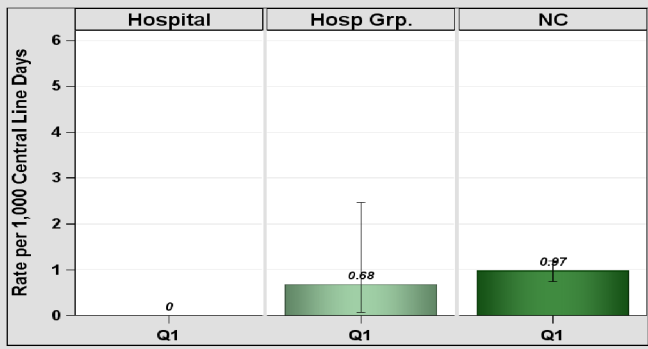


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	233	0	0.35	.		
YTD Total for Reporting ICUs	0	233	0	0.35	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	3,397	0.29	0.16	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 patient days.

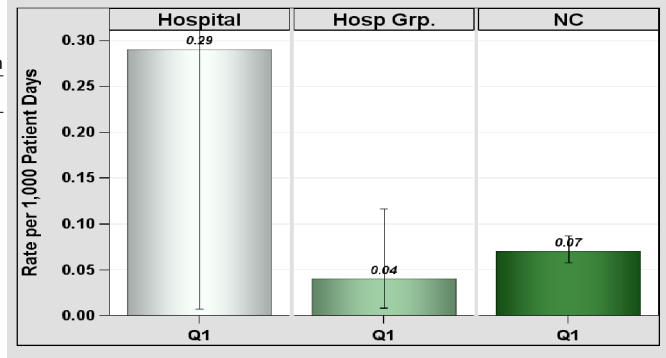


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

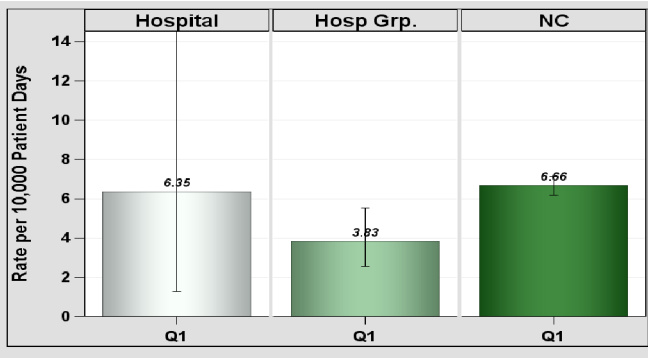


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	3	4,725	6.35	2.23	1.345	0.342, 3.660	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
**Columbus Regional Healthcare System, Whiteville, Columbus County**

**Catheter-Associated Urinary Tract Infections (CAUTI)**

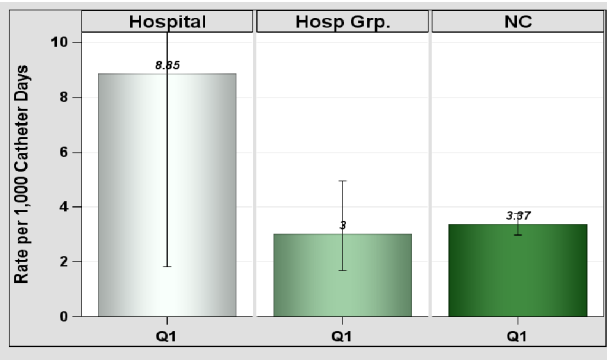


Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	3	339	8.85	0.44	.		
YTD Total for Reporting ICUs	3	339	8.85	0.44	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	22	0	0.29	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

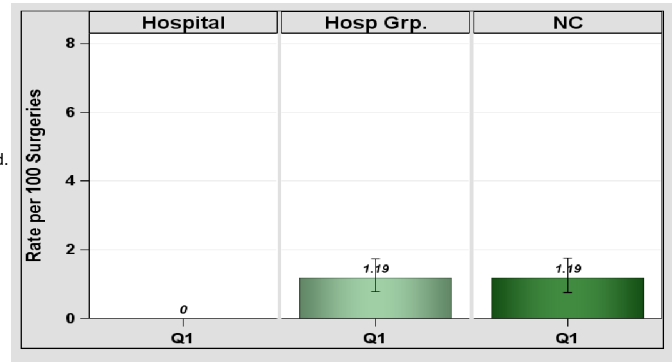


Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.

**Surgical Site Infections (SSI) after Colon Surgeries**

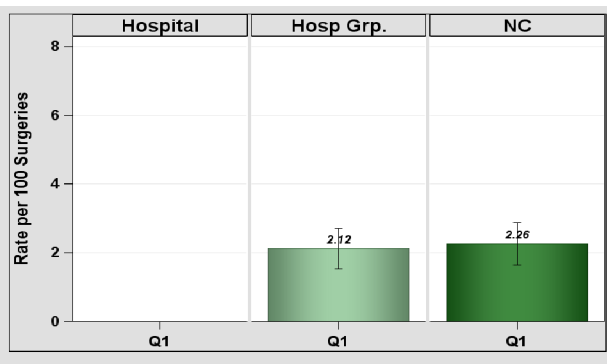


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.

Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	17	.	0.58	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Commentary from Hospitals:**

The prevention and reduction of healthcare associated infections is a top priority at Columbus Regional Healthcare System. To accomplish this, infection prevention strategies are continually assessed and measures implemented to decrease the risk for infection. These measures are based on evidence based practices and clinical guidelines. A comprehensive program is provided that encompasses patient care and patient safety.

# North Carolina Healthcare-Associated Infections Report

## Data from January 1 – March 31, 2014

### Crawley Memorial Hospital, Shelby, Cleveland County

#### 2013 Hospital Survey Information

Hospital Type: Long-term Acute Care Hospital  
 Profit Status: Not for Profit  
 Admissions in 2013: 120  
 Patient Days in 2013: 2,996  
 Total Number of Beds: 41  
 FTE\* Infection Preventionists: 0.25  
 Number of FTEs\* per 100 beds: 0.61



\*FTE = Full-time equivalent

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

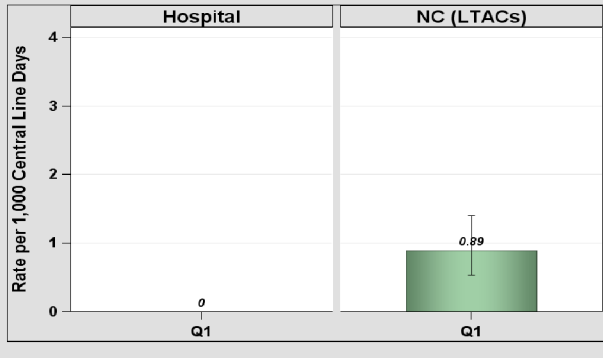


Table 1. Rates by Location, Jan-Mar 2014.

Type of Unit	Infections	Line Days	Rate
Adult ward	0	858	0.00
YTD Total for Reporting Units	0	858	0.00

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates by Location, Jan-Mar 2014

Type of Unit	Infections	Catheter Days	Rate
Adult ward	0	405	0.00
YTD Total for Reporting Units	0	405	0.00

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

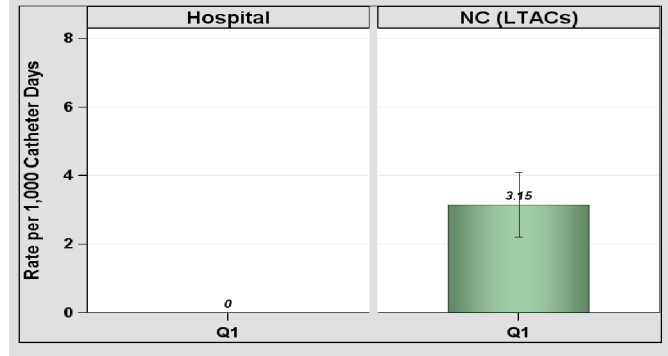


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Other Healthcare-Associated Infections (HAIs)

Long-term acute care hospitals (LTACs) do not report *C. difficile* LabID, MRSA Bacteremia LabID or SSIs to the N.C. Division of Public Health.

**Commentary from Hospitals:**  
 No comments provided.

Refer to the HAI in N.C. Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics ([epi.publichealth.nc.gov/cd/hai/figures.html](http://epi.publichealth.nc.gov/cd/hai/figures.html)).  
 Data as of June 26, 2014.

# North Carolina Healthcare-Associated Infections Report

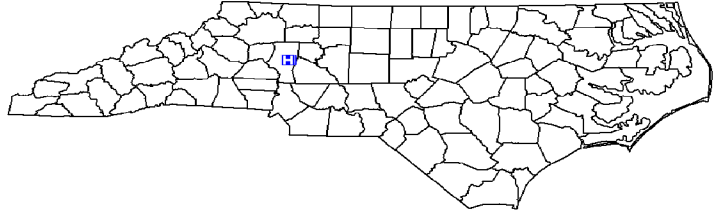
## Data from January 1 – March 31, 2014

### Davis Regional Medical Center, Statesville, Iredell County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: For Profit  
 Admissions in 2013: 4,000  
 Patient Days in 2013: 19,524  
 Total Number of Beds: 131  
 Number of ICU Beds: 8  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 0.76

\*FTE = Full-time equivalent



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

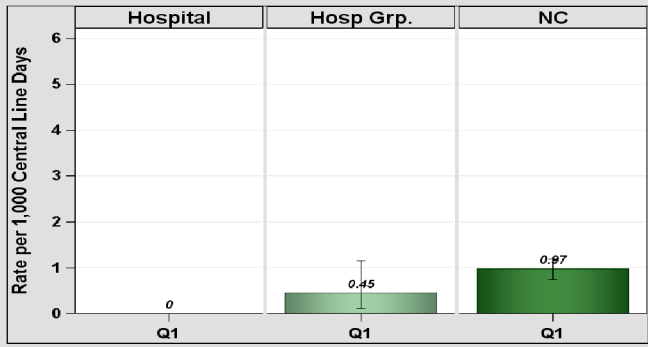


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	0	138	0	0.28	.		
YTD Total for Reporting ICUs	0	138	0	0.28	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	4,584	0	0.27	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 patient days.

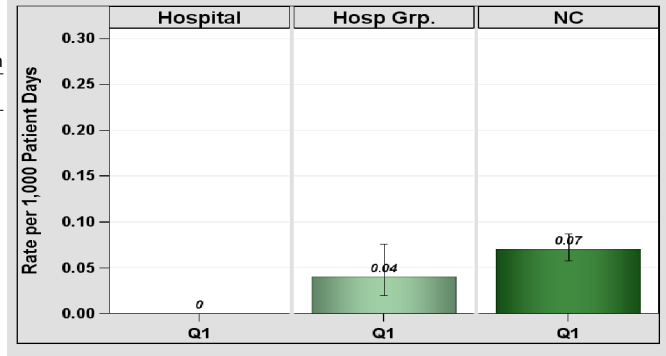


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

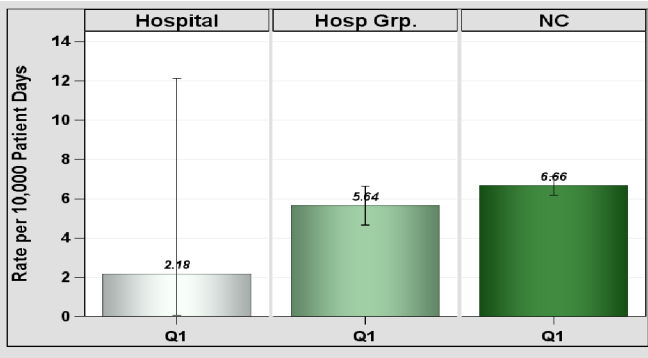


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	4,584	2.18	2.01	0.497	0.025, 2.450	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
 Davis Regional Medical Center, Statesville, Iredell County

**Catheter-Associated Urinary Tract Infections (CAUTI)**

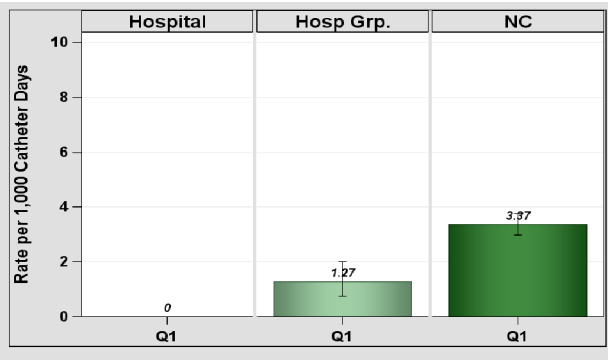


Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	0	278	0	0.56	.		
YTD Total for Reporting ICUs	0	278	0	0.56	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	1	.	0.01	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

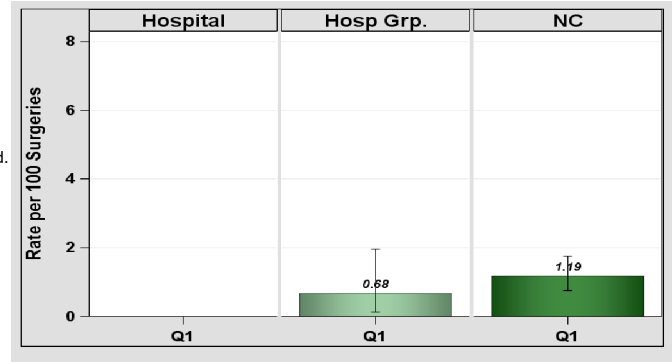


Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.

**Surgical Site Infections (SSI) after Colon Surgeries**

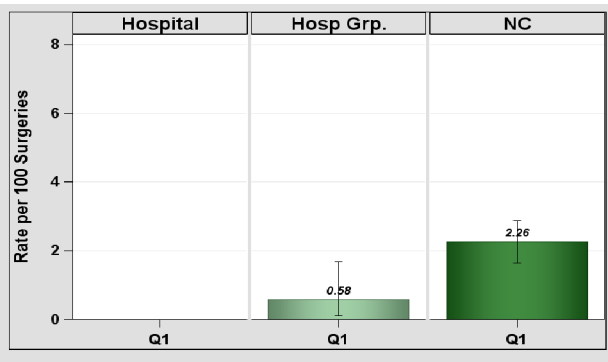


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.

Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	1	3	.	0.1	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Commentary from Hospitals:**  
 No comments provided.

# North Carolina Healthcare-Associated Infections Report

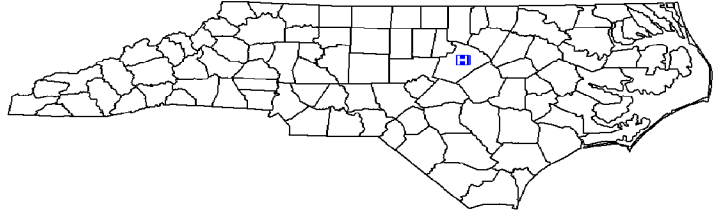
## Data from January 1 – March 31, 2014

### Duke Raleigh Hospital, Raleigh, Wake County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2013: 7,832  
 Patient Days in 2013: 39,088  
 Total Number of Beds: 148  
 Number of ICU Beds: 15  
 FTE\* Infection Preventionists: 2.00  
 Number of FTEs\* per 100 beds: 1.35

\*FTE = Full-time equivalent



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

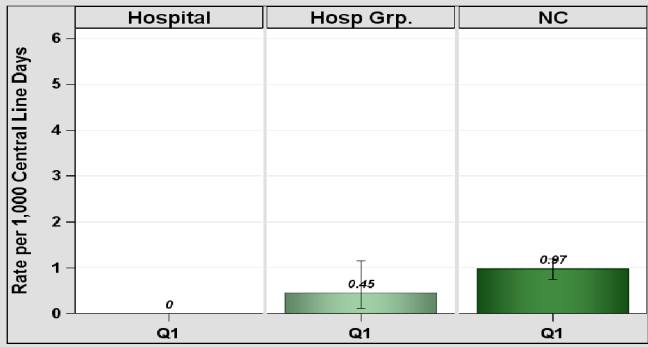


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	352	0	0.53	.		
YTD Total for Reporting ICUs	0	352	0	0.53	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	9,892	0	0.51	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 patient days.

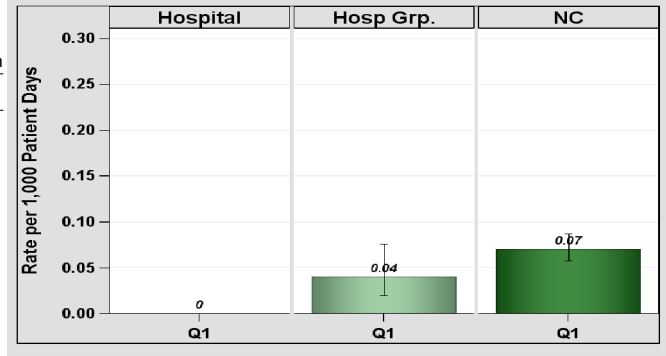


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

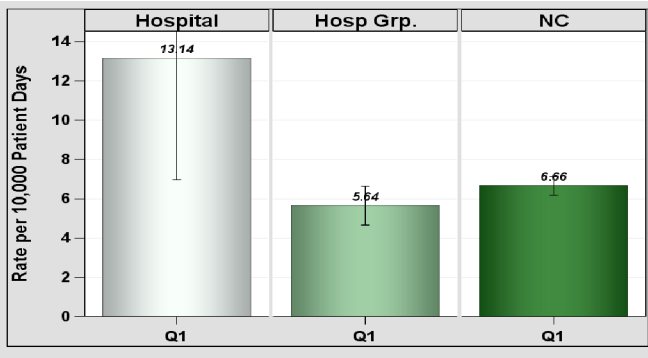


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	13	9,892	13.1	4.64	2.804	1.560, 4.675	Higher

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
**Duke Raleigh Hospital, Raleigh, Wake County**

**Catheter-Associated Urinary Tract Infections (CAUTI)**

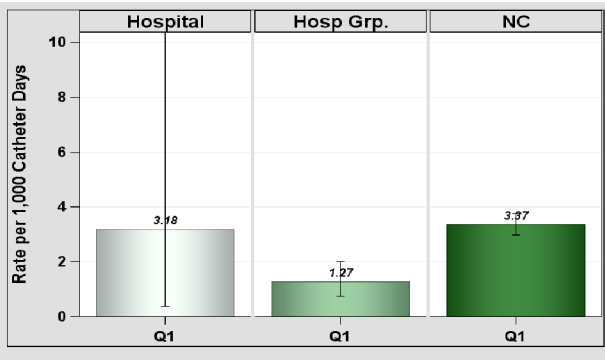


Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	2	628	3.18	0.82	.		
YTD Total for Reporting ICUs	2	628	3.18	0.82	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	20	0	0.17	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

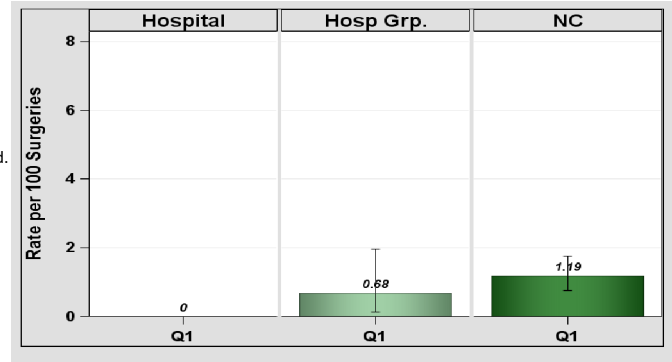


Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.

**Surgical Site Infections (SSI) after Colon Surgeries**

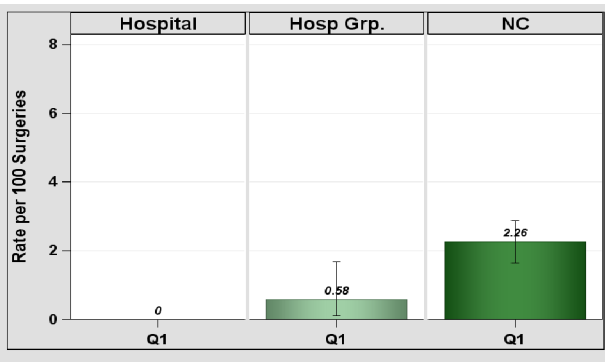


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.

Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	37	0	1.26	0	, 2.387	Same

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Commentary from Hospitals:**  
 No comments provided.

# North Carolina Healthcare-Associated Infections Report

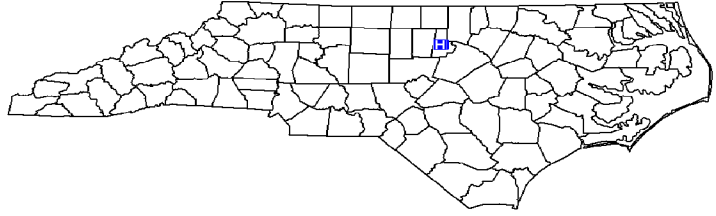
## Data from January 1 – March 31, 2014

### Duke Regional Hospital, Durham, Durham County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: Major  
 Profit Status: Not for Profit  
 Admissions in 2013: 15,973  
 Patient Days in 2013: 75,194  
 Total Number of Beds: 204  
 Number of ICU Beds: 22  
 FTE\* Infection Preventionists: 2.50  
 Number of FTEs\* per 100 beds: 1.23

\*FTE = Full-time equivalent



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

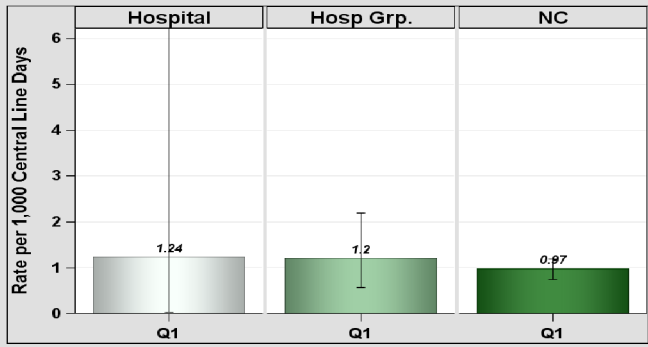


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	808	1.24	1.7	0.589	0.029, 2.907	Same
YTD Total for Reporting ICUs	1	808	1.24	1.7	0.589	0.029, 2.907	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	17,645	0.06	1.27	0.787	0.039, 3.882	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 patient days.

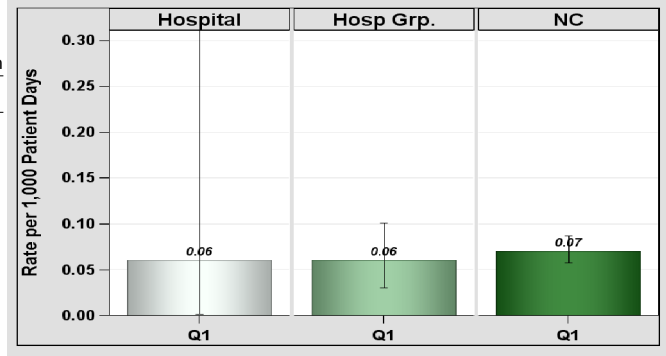


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

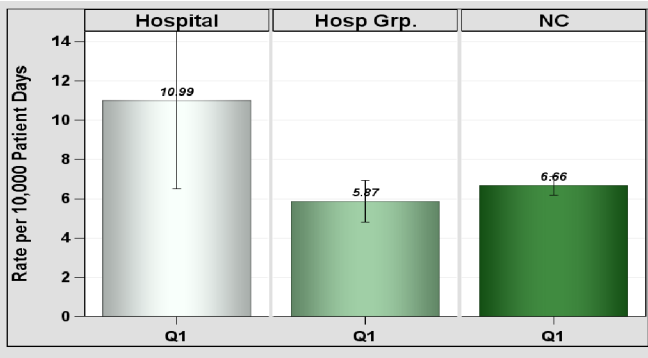


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	18	16,378	11	9.75	1.846	1.129, 2.862	Higher

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 10,000 patient days.



**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
 Duke Regional Hospital, Durham, Durham County

**Catheter-Associated Urinary Tract Infections (CAUTI)**

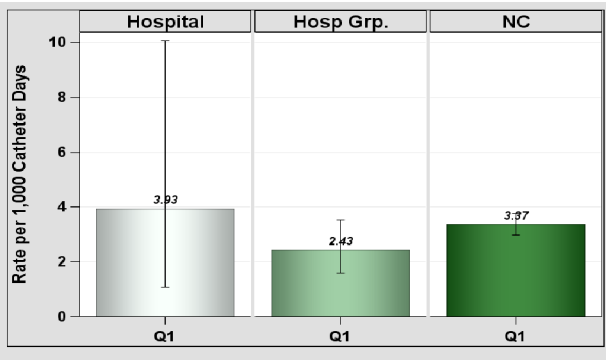


Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	4	926	4.32	2.13	1.878	0.597, 4.530	Same
Rehabilitation	0	91	0	0.35	.		
YTD Total for Reporting ICUs	4	1,017	3.93	2.48	1.616	0.513, 3.897	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	1	67	1.49	0.57	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

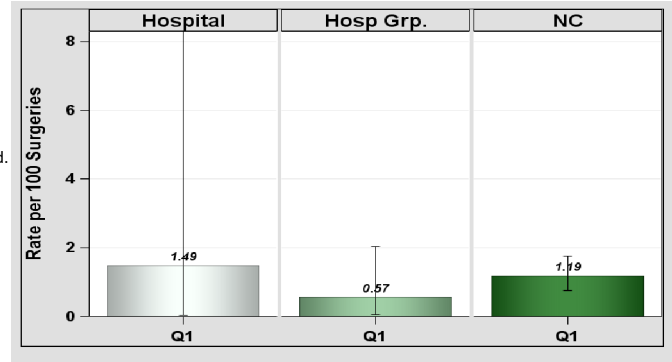


Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.

**Surgical Site Infections (SSI) after Colon Surgeries**

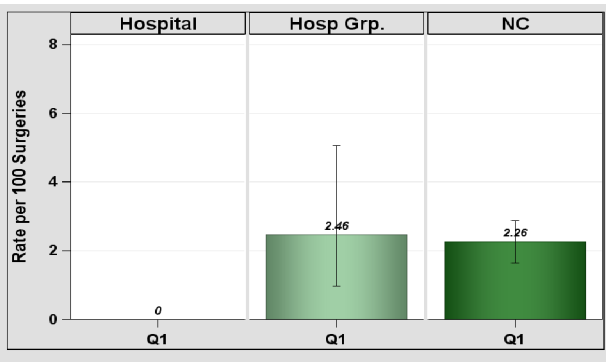


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.

Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	20	0	0.62	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Commentary from Hospitals:**  
 No comments provided.

# North Carolina Healthcare-Associated Infections Report

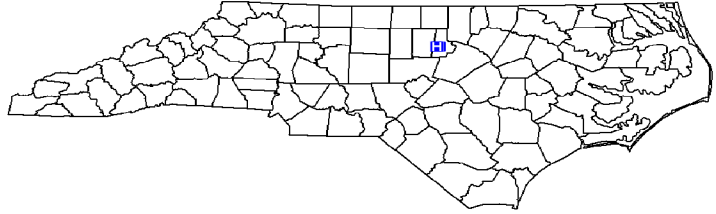
## Data from January 1 – March 31, 2014

### Duke University Hospital, Durham, Durham County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: Major  
 Profit Status: Not for Profit  
 Admissions in 2013: 41,812  
 Patient Days in 2013: 246,983  
 Total Number of Beds: 915  
 Number of ICU Beds: 226  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 0.11

\*FTE = Full-time equivalent



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

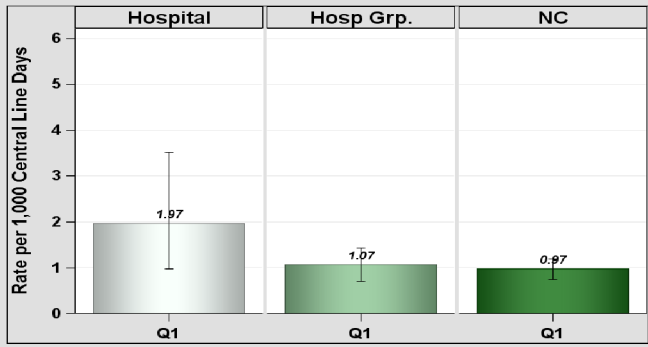


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	4	1,457	2.75	3.79	1.056	0.336, 2.547	Same
Medical cardiac	0	551	0	1.1	0	, 2.718	Same
Neonatal Level III	1	583	1.72	1.55	0.645	0.032, 3.182	Same
Neurologic	1	499	2	0.7	.		
Pediatric cardiothoracic	0	232	0	0.77	.		
Pediatric medical/surgical	0	575	0	1.72	0	, 1.737	Same
Surgical	4	889	4.5	2.04	1.956	0.622, 4.719	Same
Surgical cardiothoracic	1	797	1.25	1.12	0.896	0.045, 4.420	Same
YTD Total for Reporting ICUs	11	5,583	1.97	12.79	0.86	0.452, 1.495	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	7	79,028	0.09	8.7	0.805	0.352, 1.592	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 patient days.

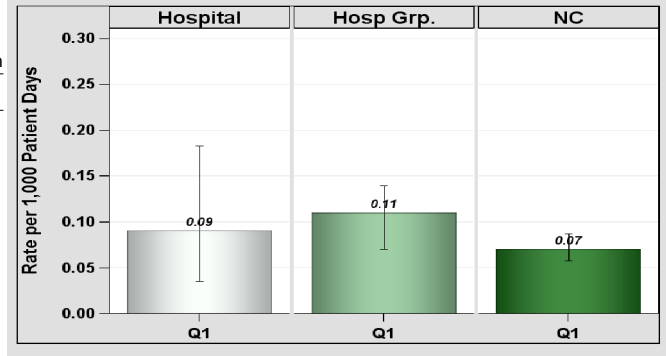


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

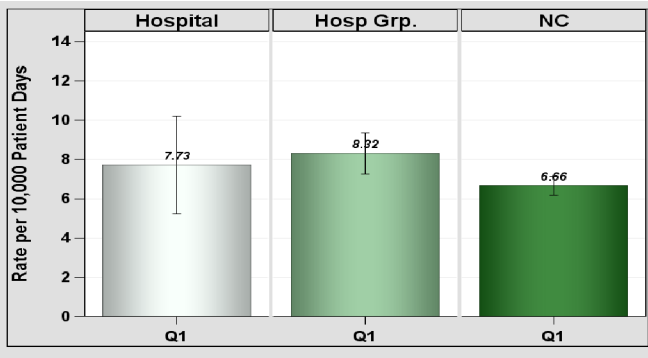


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	37	47,894	7.73	28.62	1.293	0.924, 1.763	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
**Duke University Hospital, Durham, Durham County**

**Catheter-Associated Urinary Tract Infections (CAUTI)**

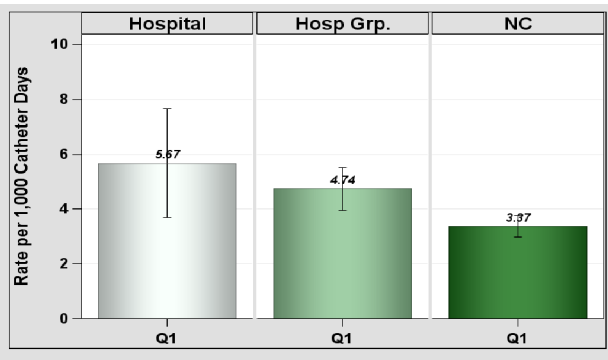


Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	9	1,305	6.9	3	2.999	1.462, 5.503	Higher
Medical cardiac	2	583	3.43	1.17	1.715	0.288, 5.667	Same
Neurologic	8	1,161	6.89	4.41	1.813	0.842, 3.443	Same
Pediatric cardiothoracic	1	79	12.7	0.21	.		
Pediatric medical/surgical	3	290	10.3	0.81	.		
Surgical	6	992	6.05	2.58	2.326	0.943, 4.839	Same
Surgical cardiothoracic	2	1,060	1.89	1.8	1.11	0.186, 3.667	Same
YTD Total for Reporting ICUs	31	5,470	5.67	13.99	2.217	1.533, 3.108	Higher

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	1	85	1.18	0.82	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

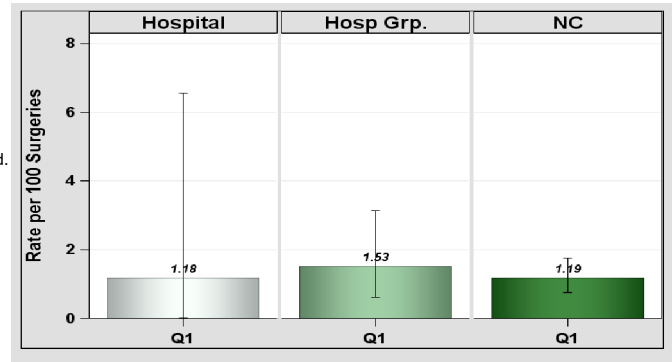


Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.

**Surgical Site Infections (SSI) after Colon Surgeries**

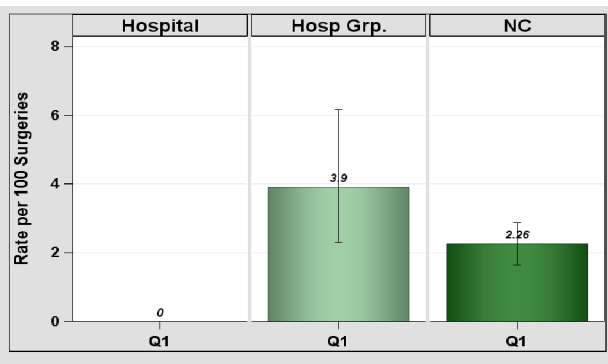


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.

Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	64	0	2.09	0	, 1.435	Same

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Commentary from Hospitals:**  
 No comments provided.

# North Carolina Healthcare-Associated Infections Report

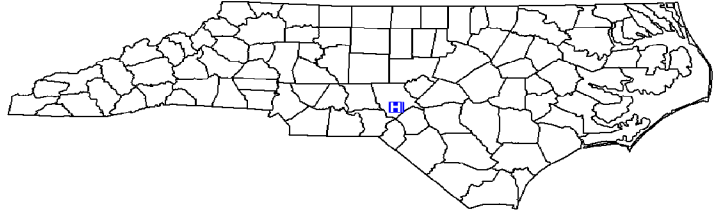
## Data from January 1 – March 31, 2014

### FirstHealth Moore Regional Hospital, Pinehurst, Moore County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2013: 26,666  
 Patient Days in 2013: 108,981  
 Total Number of Beds: 470  
 Number of ICU Beds: 62  
 FTE\* Infection Preventionists: 4.00  
 Number of FTEs\* per 100 beds: 0.85

\*FTE = Full-time equivalent



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

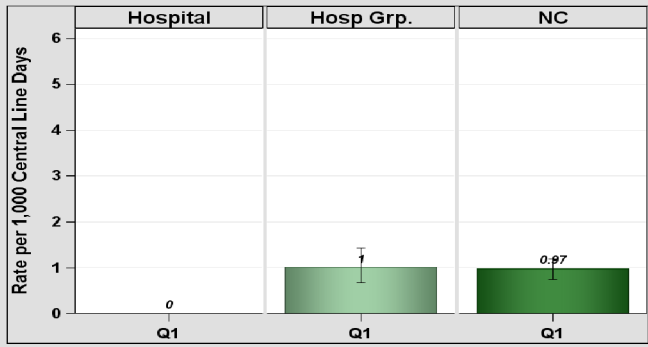


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	0	438	0	0.88	.		
Medical/surgical	0	708	0	1.06	0	, 2.821	Same
Neonatal Level III	0	28	.	.	.		
Surgical cardiothoracic	0	381	0	0.53	.		
YTD Total for Reporting ICUs	0	1,555	0	2.52	0	, 1.188	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	3	27,109	0.11	1.45	2.063	0.525, 5.615	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 patient days.

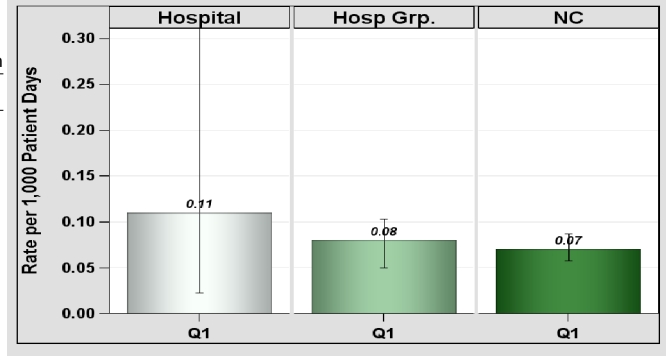


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

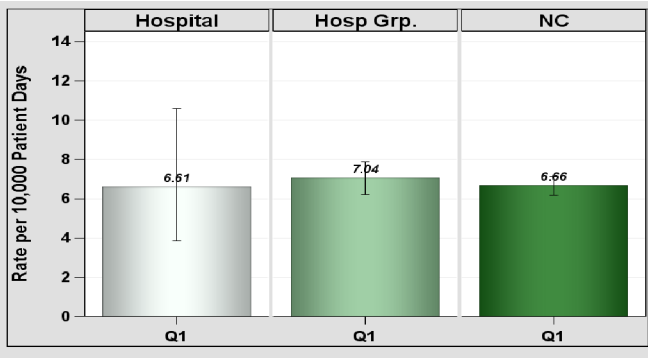


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	17	25,703	6.61	13.72	1.239	0.746, 1.943	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
**FirstHealth Moore Regional Hospital, Pinehurst, Moore County**

**Catheter-Associated Urinary Tract Infections (CAUTI)**

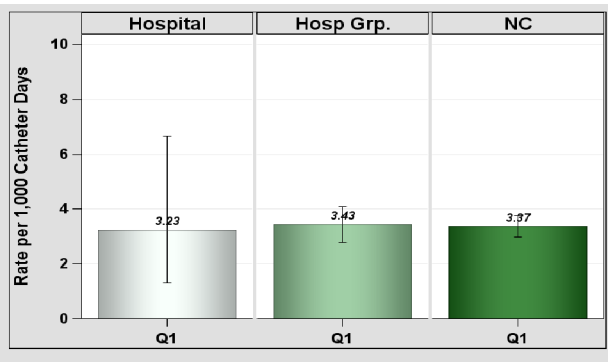


Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	3	624	4.81	1.25	2.404	0.611, 6.542	Same
Medical/surgical	3	1,001	3	1.21	2.476	0.630, 6.738	Same
Rehabilitation	0	51	0	0.19	.		
Surgical cardiothoracic	1	488	2.05	0.83	.		
YTD Total for Reporting ICUs	7	2,164	3.23	3.48	2.01	0.879, 3.975	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	19	.	0.15	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

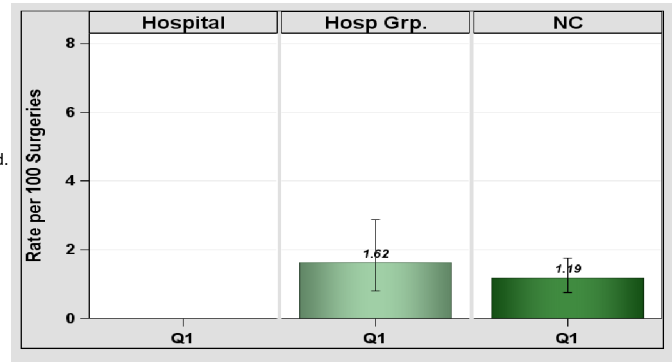


Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.

**Surgical Site Infections (SSI) after Colon Surgeries**

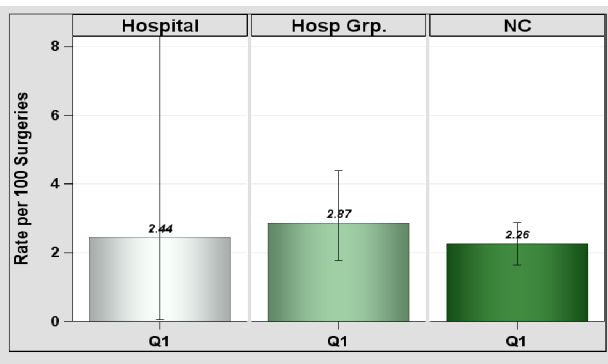


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.

Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	1	41	2.44	1.25	0.8	0.040, 3.946	Same

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Commentary from Hospitals:**

Over the past year, FirstHealth has strived to continue to reduce our infections by continuing to educate staff on infection prevention, emphasizing hand hygiene, and following all evidence based practices to reduce infections. We have worked to decrease use of urinary catheters and worked with our operating room to assure all measures are taken to prevent surgical site infections such as appropriate use of antibiotics. We are also participating in the Partnership for Patients Collaborative with the North Carolina Quality Center.

# North Carolina Healthcare-Associated Infections Report

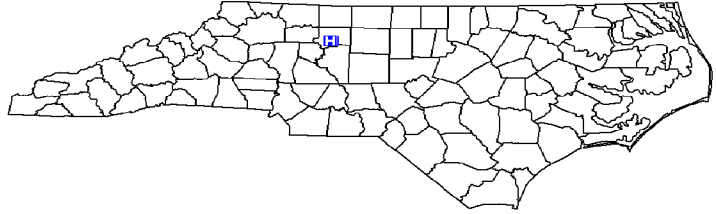
## Data from January 1 – March 31, 2014

### Forsyth Medical Center, Winston Salem, Forsyth County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2013: 41,421  
 Patient Days in 2013: 235,066  
 Total Number of Beds: 913  
 Number of ICU Beds: 132  
 FTE\* Infection Preventionists: 5.00  
 Number of FTEs\* per 100 beds: 0.55

\*FTE = Full-time equivalent



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

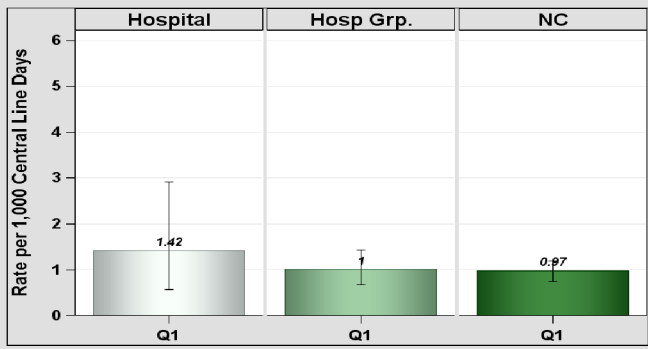


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	96	0	0.18	.		
Medical cardiac	3	1,181	2.54	2.36	1.27	0.323, 3.457	Same
Medical/surgical	1	2,245	0.45	3.37	0.297	0.015, 1.465	Same
Neonatal Level II/III	2	593	3.37	1.66	1.204	0.202, 3.977	Same
Neurosurgical	0	367	0	0.92	.		
Surgical cardiothoracic	1	451	2.22	0.63	.		
YTD Total for Reporting ICUs	7	4,933	1.42	9.12	0.767	0.336, 1.518	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	8	61,267	0.13	4.25	1.882	0.874, 3.574	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 patient days.

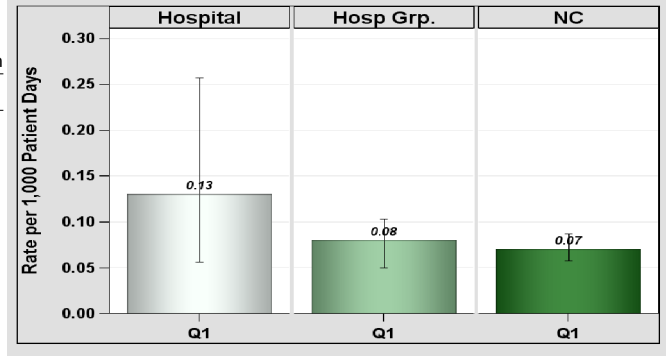


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

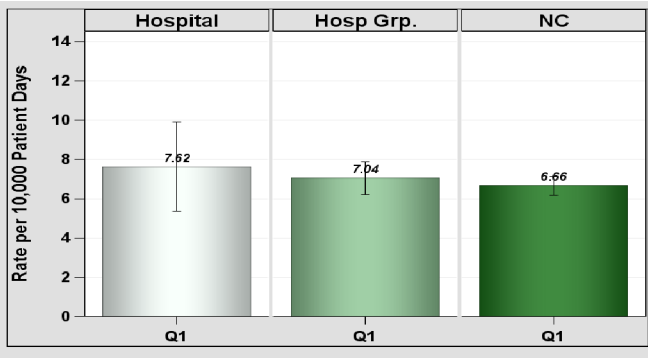


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

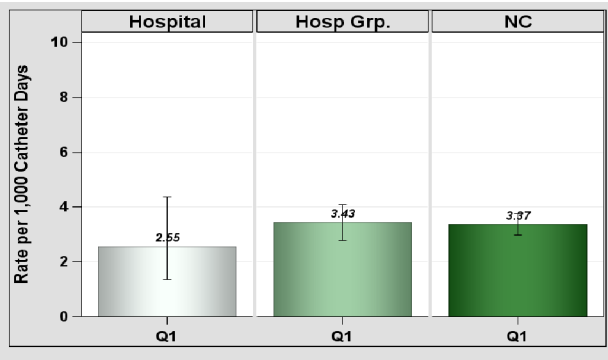
Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	44	57,714	7.62	31.51	1.396	1.027, 1.858	Higher

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
**Forsyth Medical Center, Winston Salem, Forsyth County**

**Catheter-Associated Urinary Tract Infections (CAUTI)**



**Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.**

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	171	0	0.34	.		
Medical cardiac	6	1,360	4.41	2.72	2.206	0.894, 4.588	Same
Medical/surgical	5	2,362	2.12	2.83	1.764	0.646, 3.910	Same
Neurosurgical	2	553	3.62	2.43	0.822	0.138, 2.716	Same
Pediatric rehabilitation	0	62	0	0.17	.		
Rehabilitation	0	174	0	0.66	.		
Surgical cardiothoracic	0	425	0	0.72	.		
YTD Total for Reporting ICUs	13	5,107	2.55	9.88	1.316	0.732, 2.193	Same

**Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.**

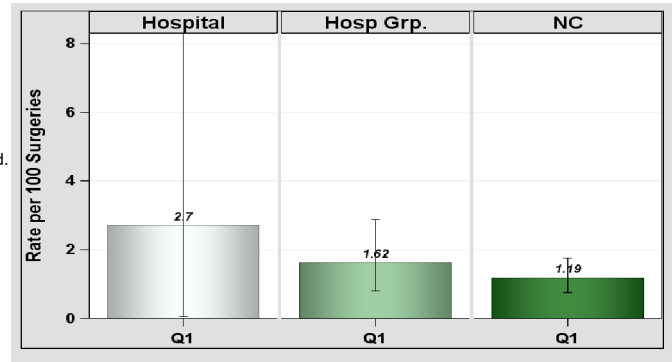
\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

**Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.**

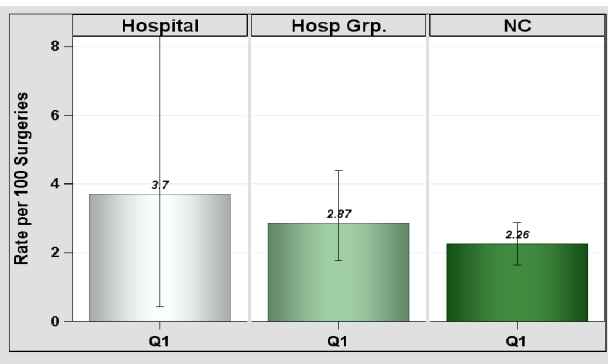
Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	1	37	2.7	0.35	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.



**Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.**

**Surgical Site Infections (SSI) after Colon Surgeries**



**Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.**

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	2	54	3.7	1.77	1.13	0.189, 3.733	Same

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.**

**Commentary from Hospitals:**

At Novant Health, the safety of our patients comes first. Our goal is to have the lowest possible infection rates and we continually monitor infection prevention tactics for improvement opportunities. We support transparency in reporting infection rates and make common infection data available on our website. More information can be found under "quality" on NovantHealth.org.

# North Carolina Healthcare-Associated Infections Report

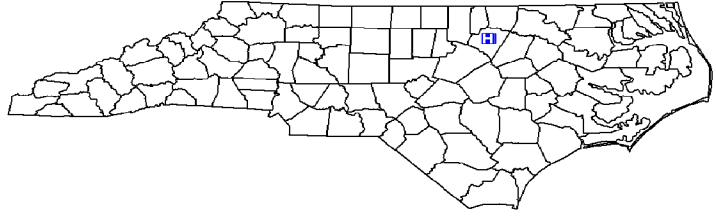
## Data from January 1 – March 31, 2014

### Franklin Regional Medical Center, Louisburg, Franklin County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2013: 1,387  
 Patient Days in 2013: 4,539  
 Total Number of Beds: 70  
 Number of ICU Beds: 6  
 FTE\* Infection Preventionists: 0.50  
 Number of FTEs\* per 100 beds: 0.71

\*FTE = Full-time equivalent



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

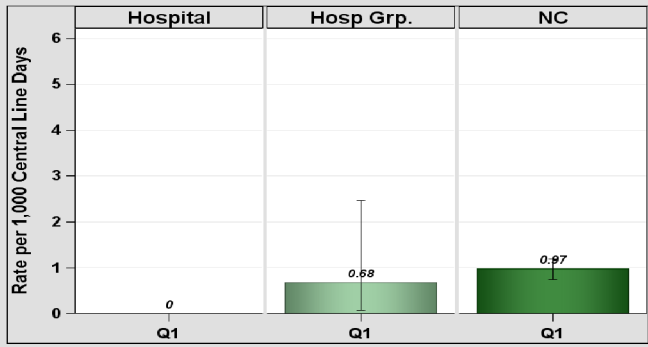


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	76	0	0.14	.		
YTD Total for Reporting ICUs	0	76	0	0.14	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	1,650	0	0.06	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 patient days.

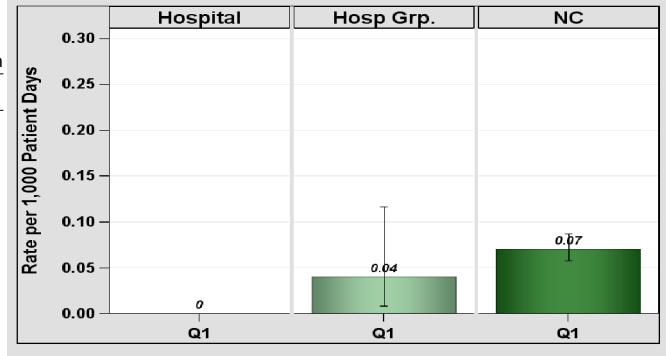


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

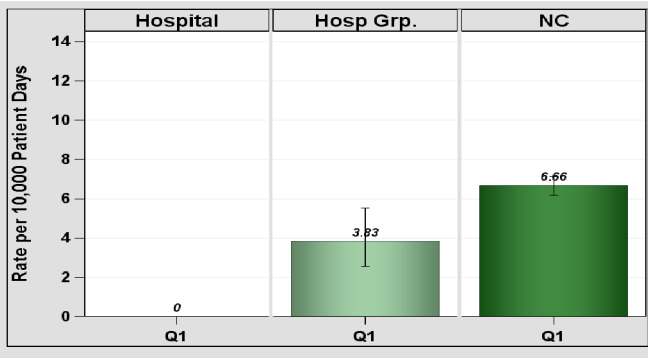


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	1,650	0	0.61	.		

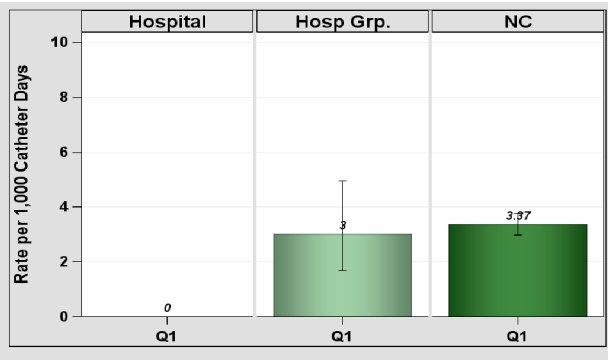
\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 10,000 patient days.



**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
 Franklin Regional Medical Center, Louisburg, Franklin County

**Catheter-Associated Urinary Tract Infections (CAUTI)**



**Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.**

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	104	0	0.21	.		
YTD Total for Reporting ICUs	0	104	0	0.21	.		

**Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.**

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

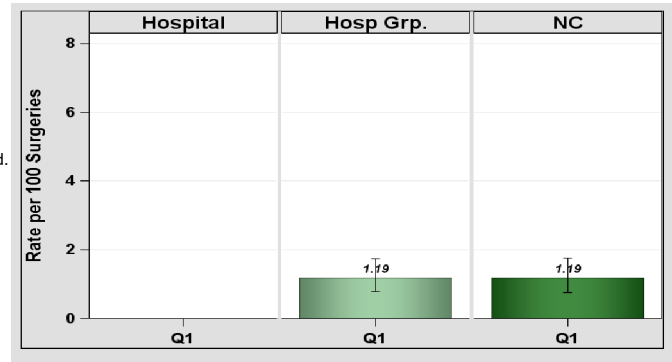
**Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.**

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	0	.	0	.		

Infections from deep incisional and/or organ space.

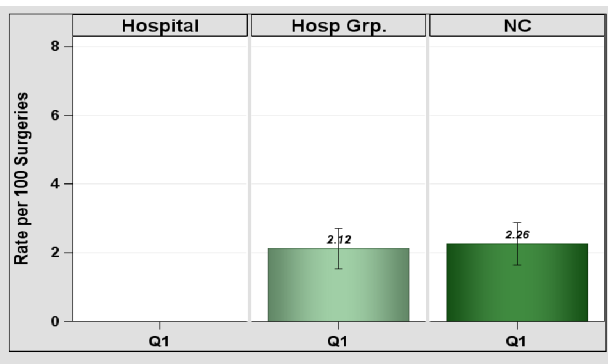
\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.



**Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.**

**Surgical Site Infections (SSI) after Colon Surgeries**



**Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.**

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	0	.	0	.		

Infections from deep incisional and/or organ space.

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.**

**Commentary from Hospitals:**

At Novant Health, the safety of our patients comes first. Our goal is to have the lowest possible infection rates and we continually monitor infection prevention tactics for improvement opportunities. We support transparency in reporting infection rates and make common infection data available on our website. More information can be found under "quality" on NovantHealth.org.

# North Carolina Healthcare-Associated Infections Report

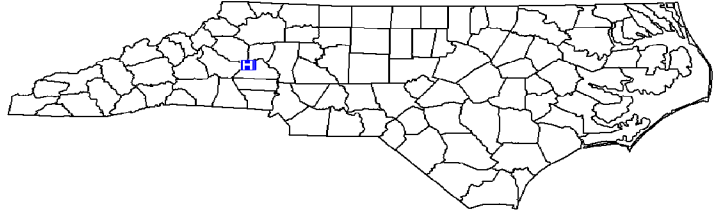
## Data from January 1 – March 31, 2014

### Frye Regional Medical Center, Hickory, Catawba County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: For Profit  
 Admissions in 2013: 9,096  
 Patient Days in 2013: 36,658  
 Total Number of Beds: 355  
 Number of ICU Beds: 24  
 FTE\* Infection Preventionists: 1.90  
 Number of FTEs\* per 100 beds: 0.54

\*FTE = Full-time equivalent



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

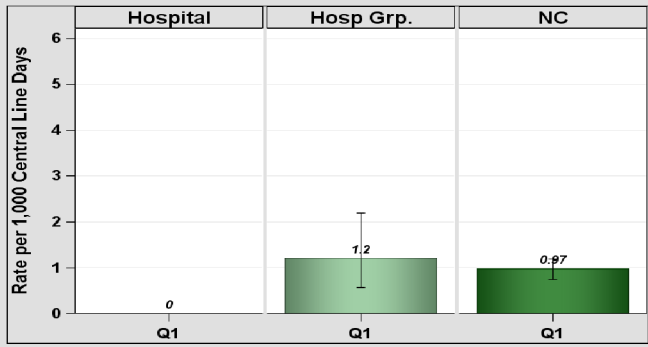


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	0	244	0	0.49	.		
Neurologic	0	265	0	0.37	.		
Surgical cardiothoracic	0	308	0	0.43	.		
YTD Total for Reporting ICUs	0	817	0	1.29	0	, 2.322	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	10,130	0	0.68	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 patient days.

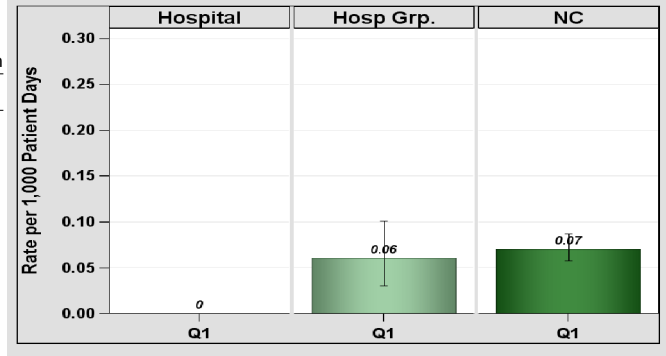


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

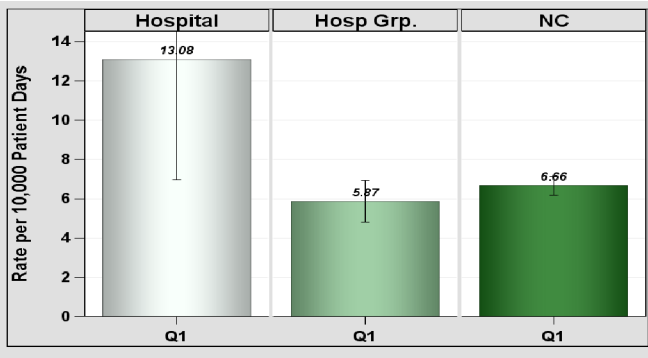


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	13	9,936	13.1	5.75	2.261	1.258, 3.770	Higher

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
 Frye Regional Medical Center, Hickory, Catawba County

**Catheter-Associated Urinary Tract Infections (CAUTI)**

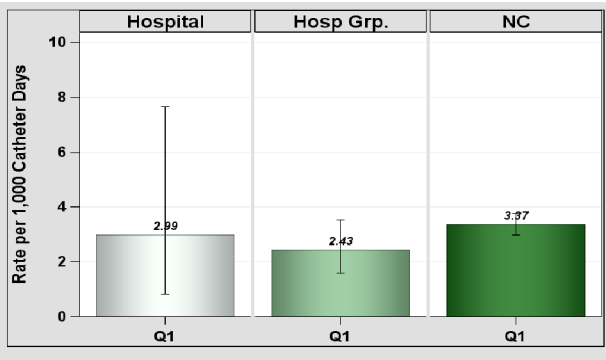


Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	0	394	0	0.79	.		
Neurologic	1	351	2.85	1.33	0.75	0.038, 3.698	Same
Rehabilitation	1	154	6.49	0.59	.		
Surgical cardiothoracic	2	437	4.58	0.74	.		
YTD Total for Reporting ICUs	4	1,336	2.99	3.45	1.159	0.368, 2.797	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	10	.	0.07	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

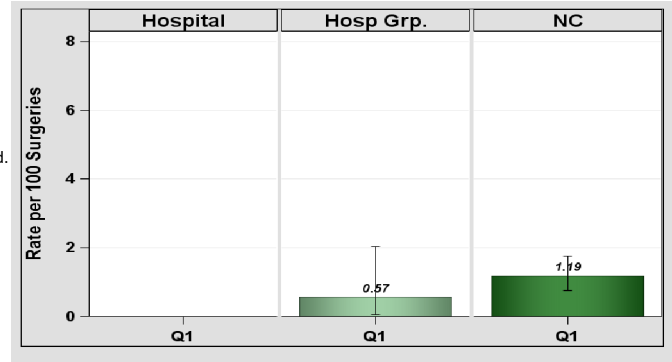


Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.

**Surgical Site Infections (SSI) after Colon Surgeries**

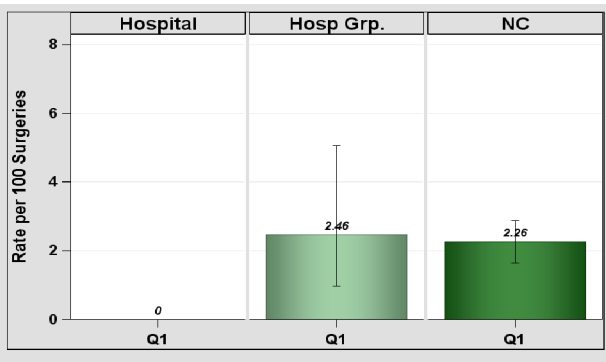


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.

Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	29	0	0.85	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Commentary from Hospitals:**

FRMC has zero central line blood stream infections. We implemented an alcohol impregnated port protector that guards against infection by keeping the needless valves of central lines protected and clean. Foley catheter related urinary tract infection is a challenge and we continue to work on removing the catheter when not necessary. Our commitment to the prevention of infections is a goal we take very seriously. Our commitment to our community to make certain our processes and policies are in line with achieving zero infections.

# North Carolina Healthcare-Associated Infections Report

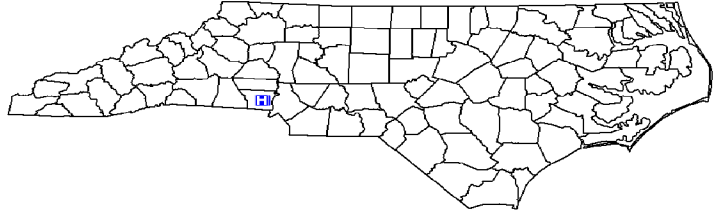
## Data from January 1 – March 31, 2014

### Gaston Memorial Hospital, Gastonia, Gaston County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2013: 20,495  
 Patient Days in 2013: 101,051  
 Total Number of Beds: 402  
 Number of ICU Beds: 44  
 FTE\* Infection Preventionists: 4.00  
 Number of FTEs\* per 100 beds: 1.00

\*FTE = Full-time equivalent



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

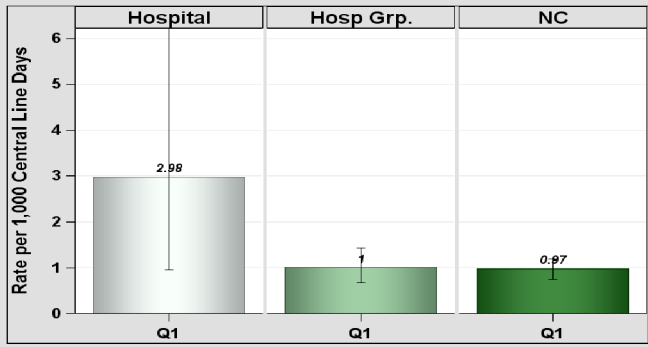


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	2	548	3.65	1.04	1.921	0.322, 6.346	Same
Medical cardiac	3	399	7.52	0.8	.		
Neonatal Level II/III	0	93	0	0.12	.		
Surgical	0	374	0	0.86	.		
Surgical cardiothoracic	0	266	0	0.37	.		
YTD Total for Reporting ICUs	5	1,680	2.98	3.2	1.565	0.573, 3.468	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	2	24,312	0.08	1.37	1.455	0.244, 4.808	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 patient days.

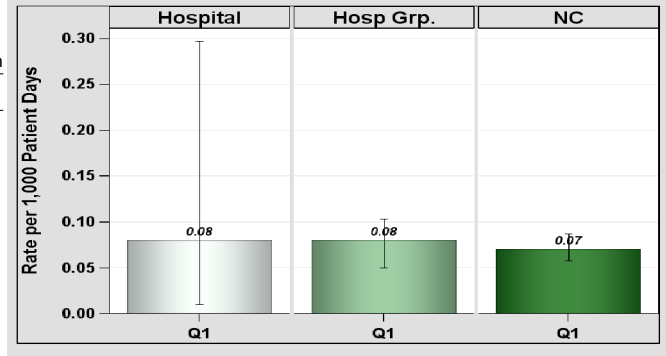


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

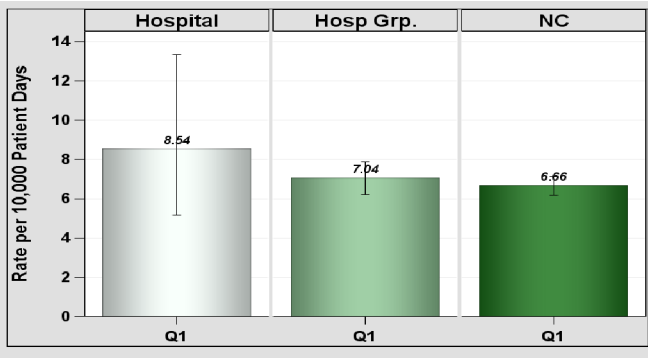


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	19	22,240	8.54	12.4	1.532	0.950, 2.348	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
**Gaston Memorial Hospital, Gastonia, Gaston County**

**Catheter-Associated Urinary Tract Infections (CAUTI)**

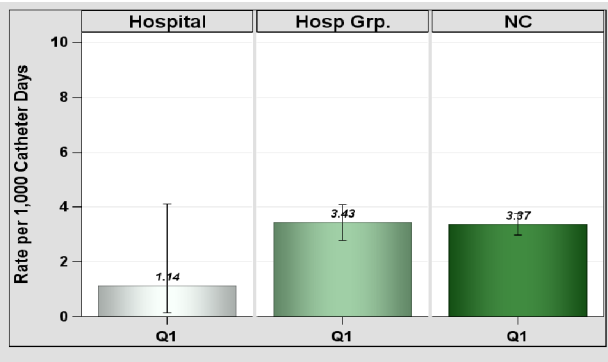


Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	1	593	1.69	1.19	0.843	0.042, 4.158	Same
Medical cardiac	1	453	2.21	0.91	.		
Surgical	0	418	0	1.09	0	, 2.756	Same
Surgical cardiothoracic	0	290	0	0.49	.		
YTD Total for Reporting ICUs	2	1,754	1.14	3.67	0.545	0.091, 1.800	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	22	0	0.24	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

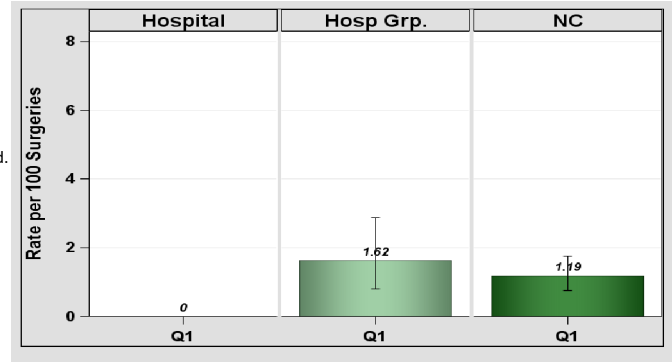


Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.

**Surgical Site Infections (SSI) after Colon Surgeries**

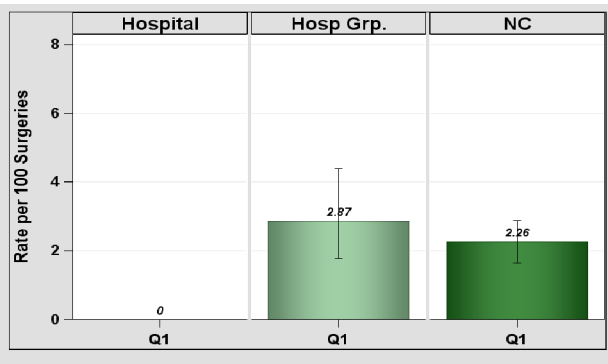


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.

Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	40	0	1.33	0	, 2.249	Same

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Commentary from Hospitals:**  
 No comments provided.

# North Carolina Healthcare-Associated Infections Report

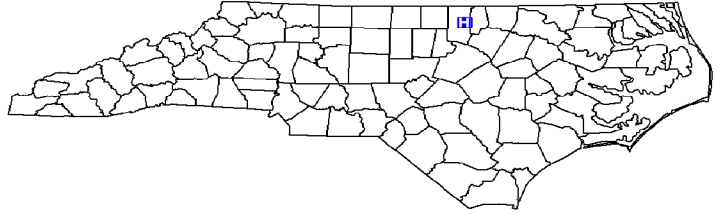
## Data from January 1 – March 31, 2014

### Granville Medical Center, Oxford, Granville County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Government  
 Admissions in 2013: 4,210  
 Patient Days in 2013: 12,345  
 Total Number of Beds: 62  
 Number of ICU Beds: 6  
 FTE\* Infection Preventionists: 0.50  
 Number of FTEs\* per 100 beds: 0.81

\*FTE = Full-time equivalent



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

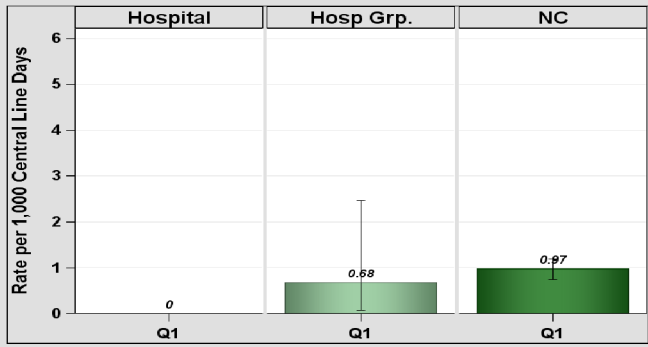


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	136	0	0.2	.		
YTD Total for Reporting ICUs	0	136	0	0.2	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	2,203	0	0.08	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 patient days.

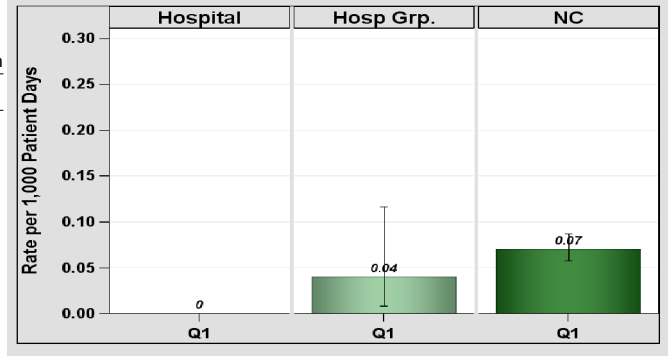


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

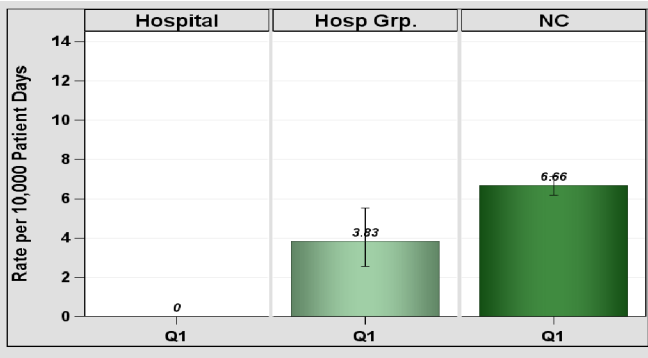


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	2,047	0	0.76	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
**Granville Medical Center, Oxford, Granville County**

**Catheter-Associated Urinary Tract Infections (CAUTI)**

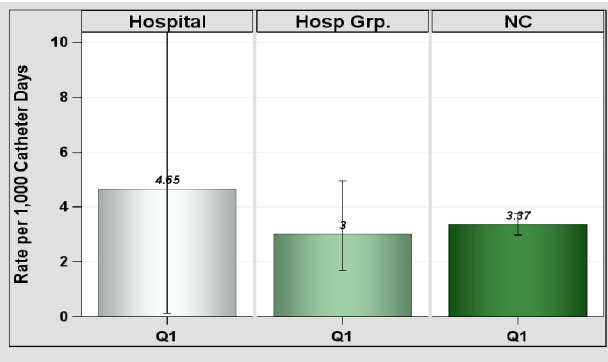


Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	215	4.65	0.28	.		
YTD Total for Reporting ICUs	1	215	4.65	0.28	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	1	.	0.01	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

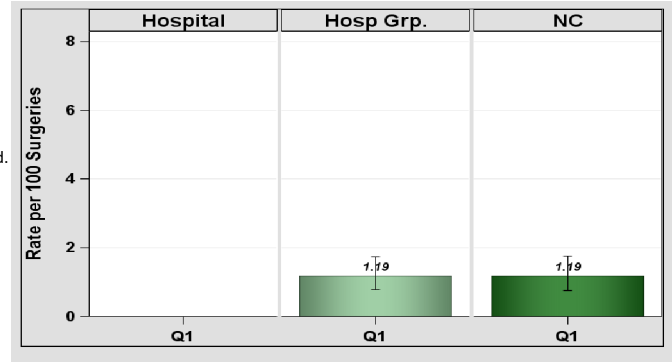


Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.

**Surgical Site Infections (SSI) after Colon Surgeries**

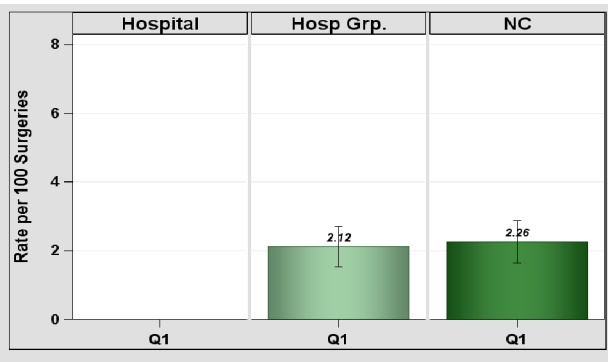


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.

Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	5	.	0.16	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Commentary from Hospitals:**  
 No comments provided.

# North Carolina Healthcare-Associated Infections Report

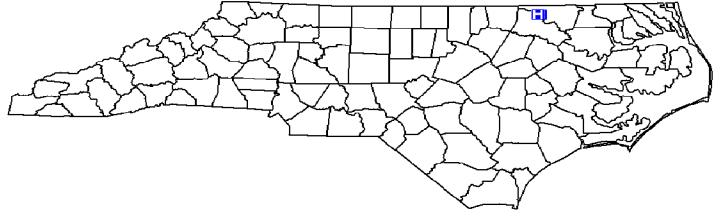
## Data from January 1 – March 31, 2014

### Halifax Regional Medical Center, Roanoke Rapids, Halifax County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2013: 5,414  
 Patient Days in 2013: 26,620  
 Total Number of Beds: 114  
 Number of ICU Beds: 10  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 0.88

\*FTE = Full-time equivalent



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

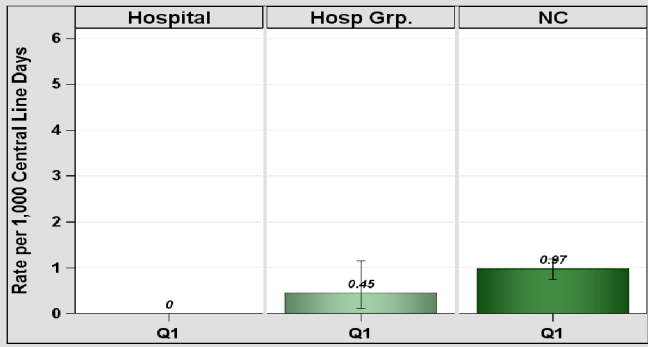


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	157	0	0.24	.		
YTD Total for Reporting ICUs	0	157	0	0.24	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	5,694	0	0.28	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 patient days.

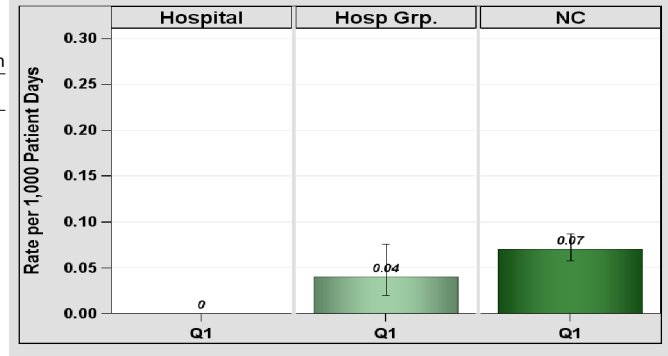


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

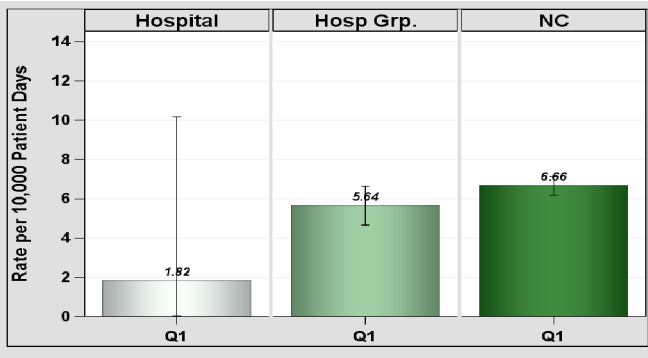


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	5,484	1.82	2.55	0.391	0.020, 1.930	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 10,000 patient days.



**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
 Halifax Regional Medical Center, Roanoke Rapids, Halifax County

**Catheter-Associated Urinary Tract Infections (CAUTI)**

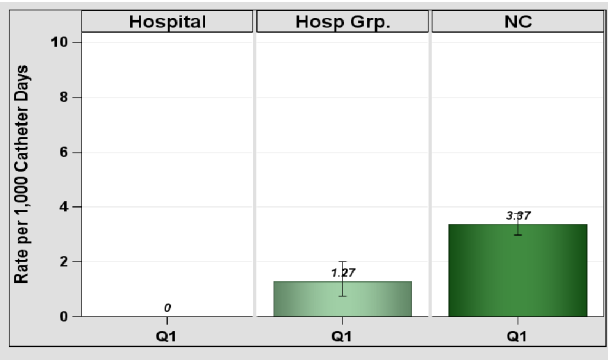


Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	281	0	0.37	.		
YTD Total for Reporting ICUs	0	281	0	0.37	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	14	.	0.12	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

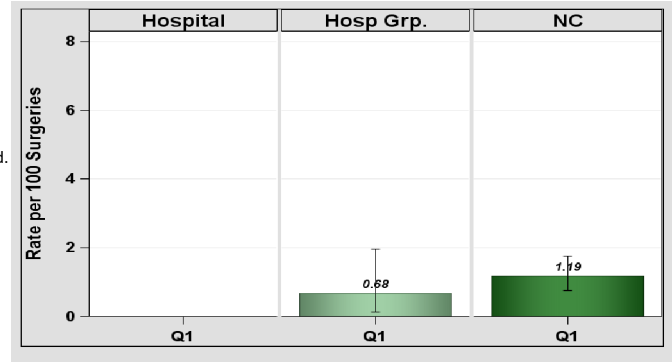


Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.

**Surgical Site Infections (SSI) after Colon Surgeries**

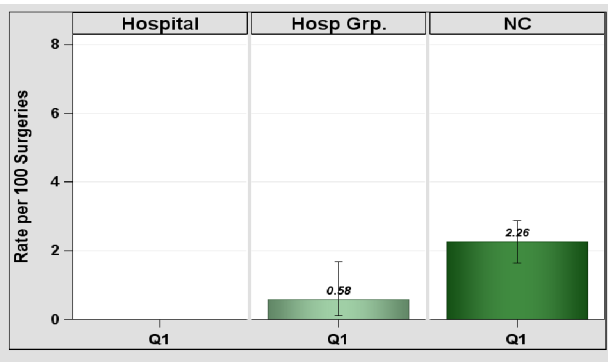


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.

Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	13	.	0.38	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Commentary from Hospitals:**  
 No comments provided.

# North Carolina Healthcare-Associated Infections Report

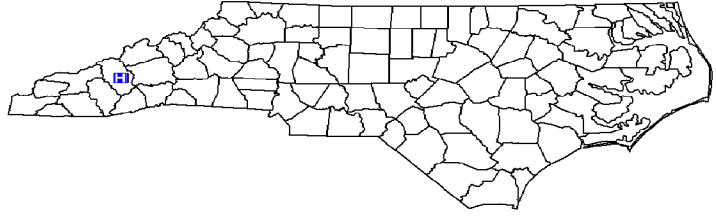
## Data from January 1 – March 31, 2014

### Haywood Regional Medical Center, Clyde, Haywood County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2013: 5,936  
 Patient Days in 2013: 21,523  
 Total Number of Beds: 100  
 Number of ICU Beds: 12  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 1.00

\*FTE = Full-time equivalent



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

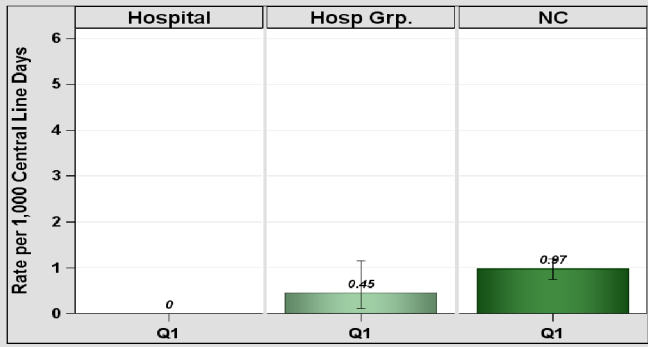


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	113	0	0.17	.		
YTD Total for Reporting ICUs	0	113	0	0.17	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	5,818	0	0.25	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 patient days.

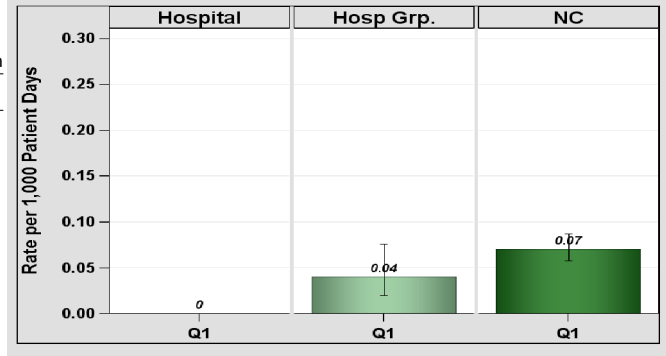


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

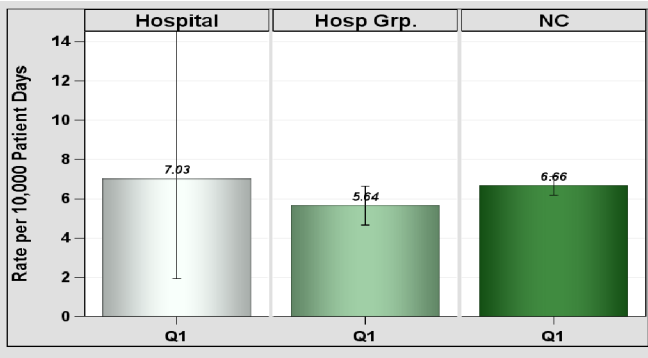


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	4	5,693	7.03	2.52	1.587	0.504, 3.829	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
**Haywood Regional Medical Center, Clyde, Haywood County**

**Catheter-Associated Urinary Tract Infections (CAUTI)**

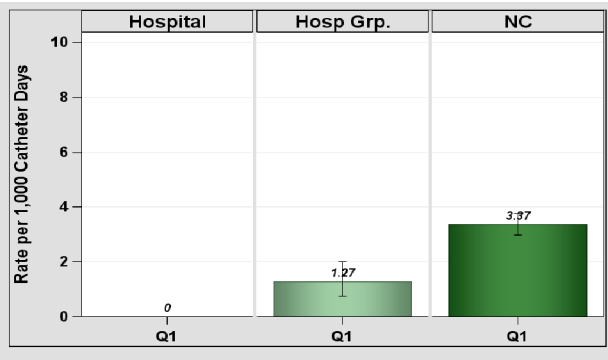


Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	238	0	0.31	.		
YTD Total for Reporting ICUs	0	238	0	0.31	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	7	.	0.05	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

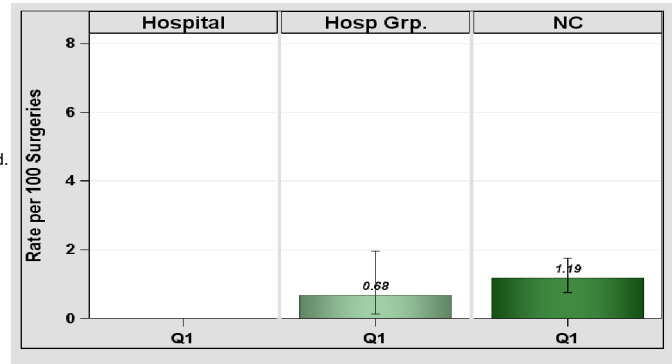


Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.

**Surgical Site Infections (SSI) after Colon Surgeries**

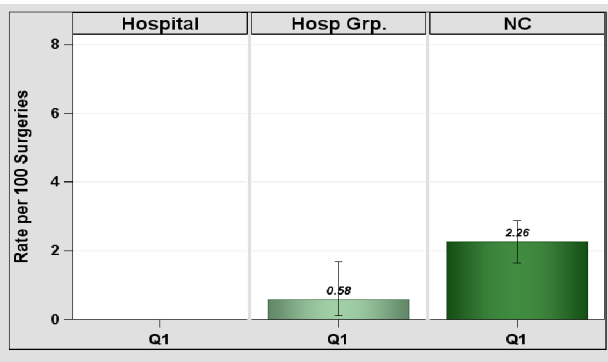


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.

Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	17	.	0.55	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Commentary from Hospitals:**

The prevention and reduction of healthcare associated infections is a top priority at MedWest-Haywood. To accomplish this, infection prevention strategies are continually assessed and measures implemented to decrease the risk for infection. These measures are based on evidence based practices and clinical guidelines. A comprehensive program is provided that encompasses patient care and patient safety.

# North Carolina Healthcare-Associated Infections Report

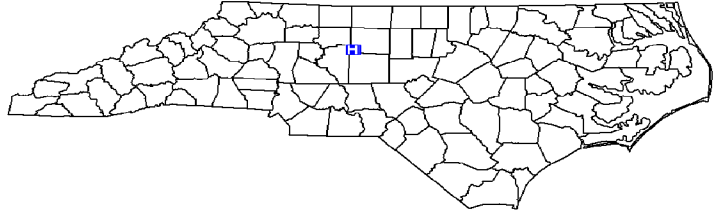
## Data from January 1 – March 31, 2014

### High Point Regional Health System, High Point, Guilford County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2013: 17,129  
 Patient Days in 2013: 69,091  
 Total Number of Beds: 355  
 Number of ICU Beds: 20  
 FTE\* Infection Preventionists: 2.00  
 Number of FTEs\* per 100 beds: 0.56

\*FTE = Full-time equivalent



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

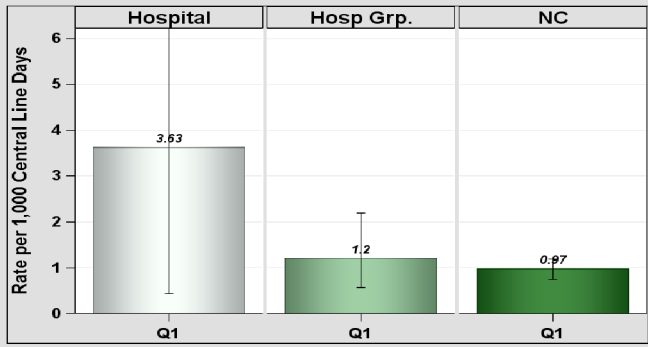


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	1	192	5.21	0.38	.		
Medical/surgical	1	359	2.79	0.54	.		
Surgical cardiothoracic	0	0	.	.	.		
YTD Total for Reporting ICUs	2	551	3.63	0.92	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	19,230	0	1.1	0	, 2.715	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 patient days.

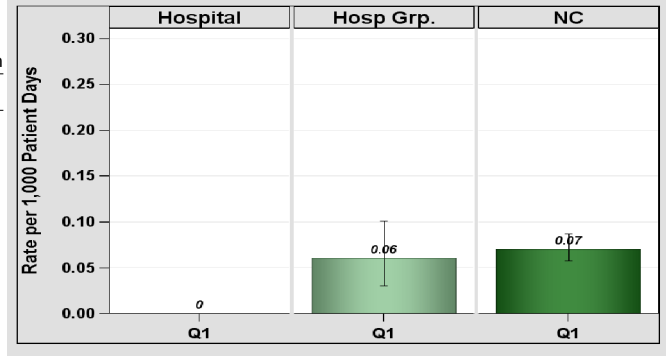


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

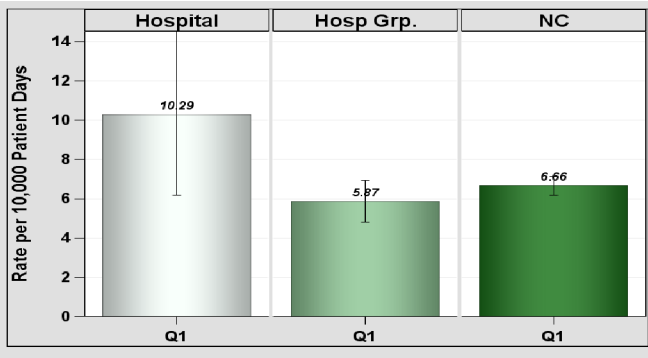


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	19	18,473	10.3	10.4	1.826	1.132, 2.799	Higher

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
 High Point Regional Health System, High Point, Guilford County

**Catheter-Associated Urinary Tract Infections (CAUTI)**

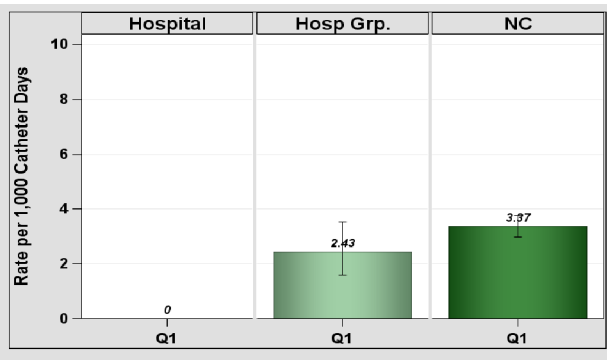


Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	0	264	0	0.53	.		
Medical/surgical	0	527	0	0.69	.		
Rehabilitation	0	74	0	0.28	.		
Surgical cardiothoracic	0	4	.	.	.		
YTD Total for Reporting ICUs	0	869	0	1.5	0	, 1.996	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	38	0	0.44	.		

Infections from deep incisional and/or organ space.

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

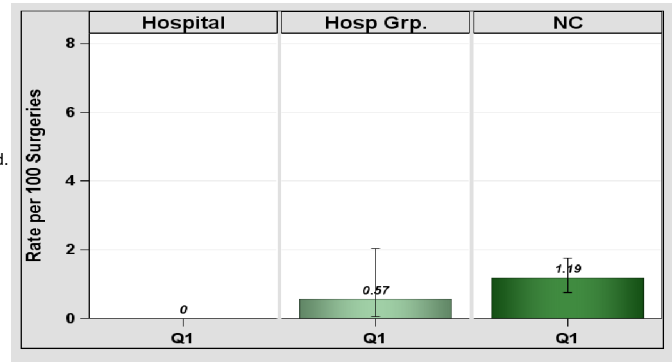


Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.

**Surgical Site Infections (SSI) after Colon Surgeries**

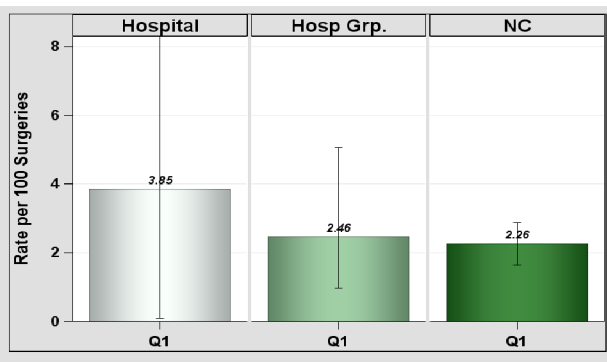


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.

Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	1	26	3.85	0.89	.		

Infections from deep incisional and/or organ space.

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Commentary from Hospitals:**  
 No comments provided.

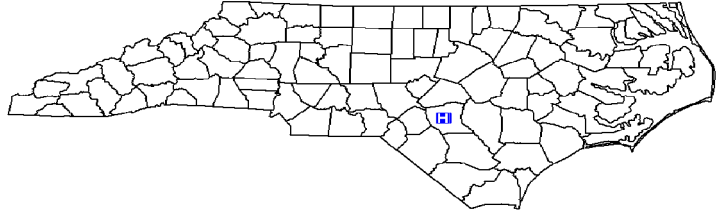
# North Carolina Healthcare-Associated Infections Report

## Data from January 1 – March 31, 2014

### Highsmith Rainey Specialty Hospital, Fayetteville, Cumberland County

#### 2013 Hospital Survey Information

Hospital Type: Long-term Acute Care Hospital  
 Profit Status: Not for Profit  
 Admissions in 2013: 336  
 Patient Days in 2013: 20,373  
 Total Number of Beds: 66  
 FTE\* Infection Preventionists: 0.50  
 Number of FTEs\* per 100 beds: 0.76



\*FTE = Full-time equivalent

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

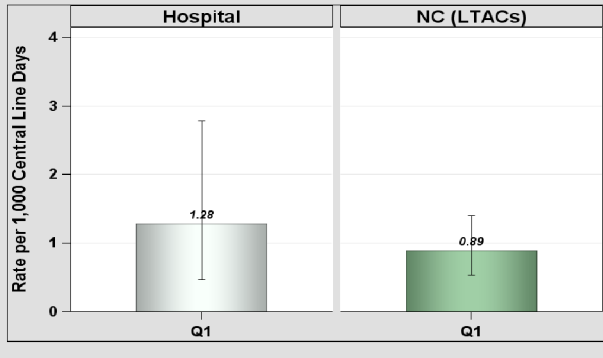


Table 1. Rates by Location, Jan-Mar 2014.

Type of Unit	Infections	Line Days	Rate
Adult intensive care unit	0	622	0.00
Adult ward	6	4,060	1.48
YTD Total for Reporting Units	6	4,682	1.28

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates by Location, Jan-Mar 2014

Type of Unit	Infections	Catheter Days	Rate
Adult intensive care unit	3	541	5.55
Adult ward	20	1,533	13
YTD Total for Reporting Units	23	2,074	11.1

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

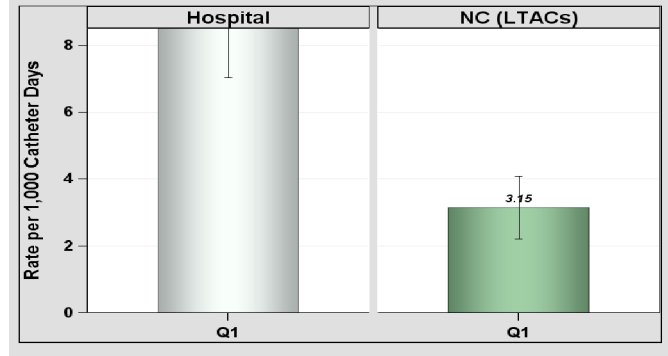


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Other Healthcare-Associated Infections (HAIs)

Long-term acute care hospitals (LTACs) do not report *C. difficile* LabID, MRSA Bacteremia LabID or SSIs to the N.C. Division of Public Health.

**Commentary from Hospitals:**  
 No comments provided.

Refer to the HAI in N.C. Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics ([epi.publichealth.nc.gov/cd/hai/figures.html](http://epi.publichealth.nc.gov/cd/hai/figures.html)).  
 Data as of June 26, 2014.

# North Carolina Healthcare-Associated Infections Report

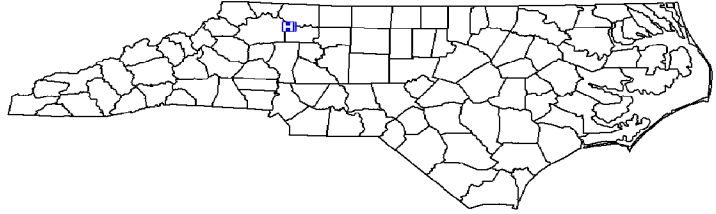
## Data from January 1 – March 31, 2014

### Hugh Chatham Memorial Hospital, Elkin, Surry County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2013: 4,329  
 Patient Days in 2013: 13,405  
 Total Number of Beds: 81  
 Number of ICU Beds: 8  
 FTE\* Infection Preventionists: 0.75  
 Number of FTEs\* per 100 beds: 0.93

\*FTE = Full-time equivalent



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

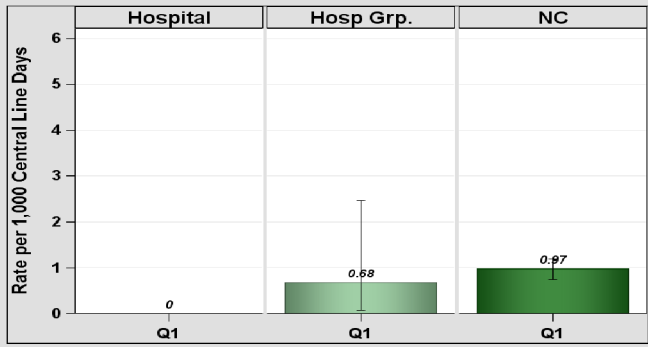


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	81	0	0.12	.		
YTD Total for Reporting ICUs	0	81	0	0.12	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	3,820	0	.	.	.	.

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 patient days.

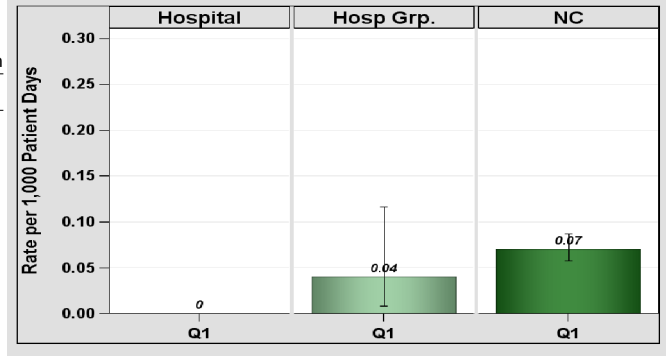


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

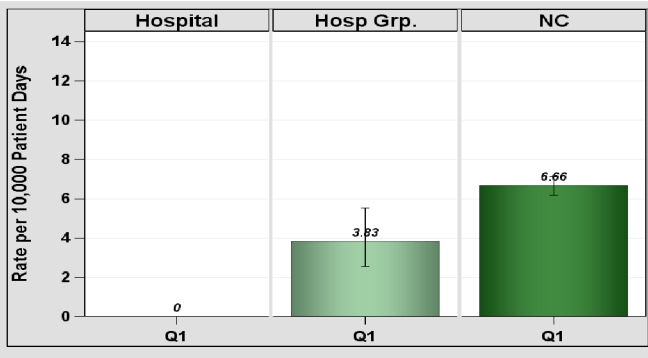


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

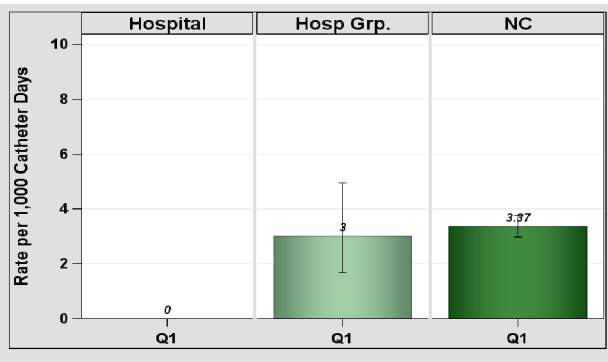
Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	3,268	0	1.21	0	,2.468	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
**Hugh Chatham Memorial Hospital, Elkin, Surry County**

**Catheter-Associated Urinary Tract Infections (CAUTI)**



**Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.**

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	170	0	0.22	.		
YTD Total for Reporting ICUs	0	170	0	0.22	.		

**Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.**

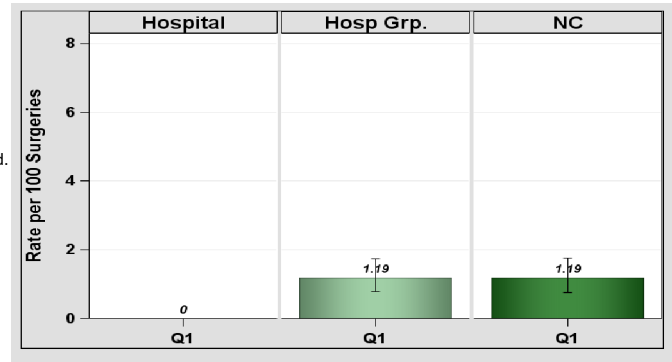
\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

**Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.**

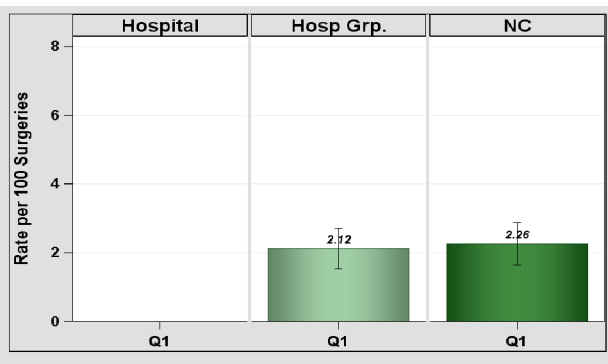
Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	20	0	0.2	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.



**Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.**

**Surgical Site Infections (SSI) after Colon Surgeries**



**Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.**

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	9	.	0.3	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.**

**Commentary from Hospitals:**  
 No comments provided.



# North Carolina Healthcare-Associated Infections Report

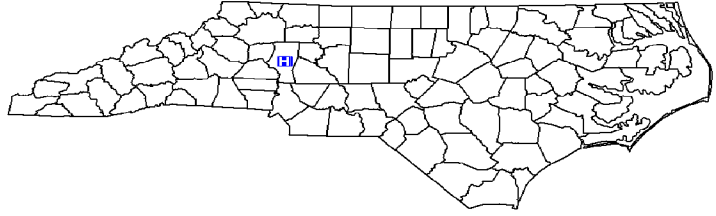
## Data from January 1 – March 31, 2014

### Iredell Memorial Hospital, Statesville, Iredell County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2013: 11,050  
 Patient Days in 2013: 41,539  
 Total Number of Beds: 199  
 Number of ICU Beds: 16  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 0.50

\*FTE = Full-time equivalent



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

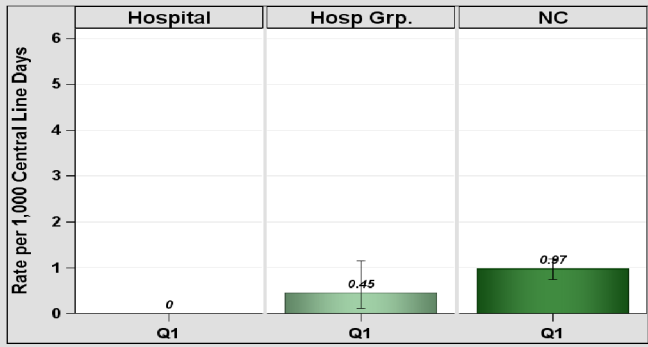


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	361	0	0.54	.		
YTD Total for Reporting ICUs	0	361	0	0.54	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	10,567	0	0.49	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 patient days.

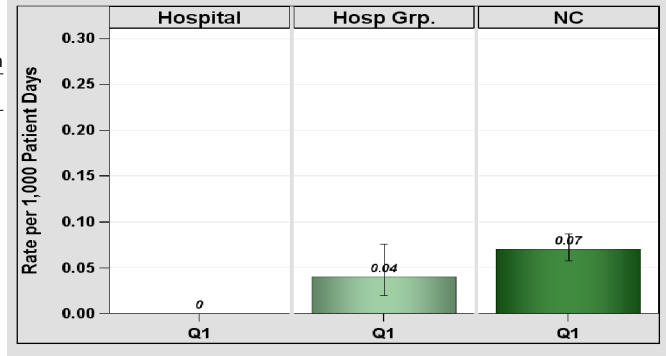


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

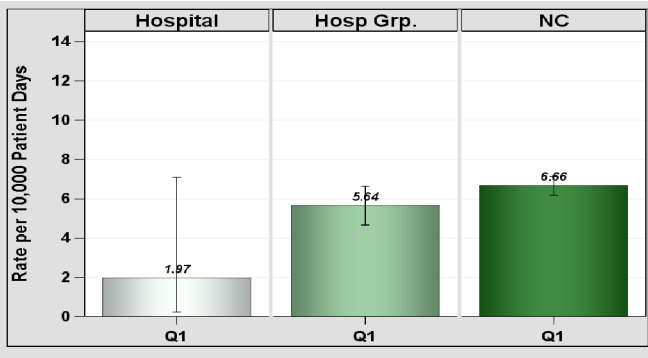


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	2	10,171	1.97	4.42	0.452	0.076, 1.493	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
**Iredell Memorial Hospital, Statesville, Iredell County**

**Catheter-Associated Urinary Tract Infections (CAUTI)**

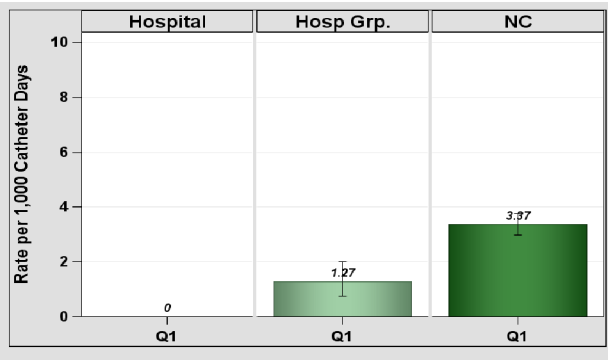


Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	637	0	0.76	.		
YTD Total for Reporting ICUs	0	637	0	0.76	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	34	0	0.41	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

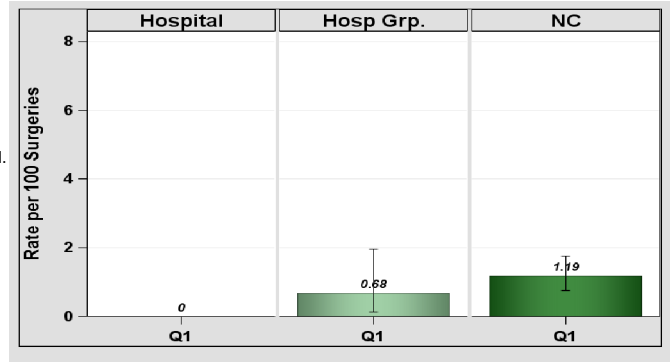


Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.

**Surgical Site Infections (SSI) after Colon Surgeries**

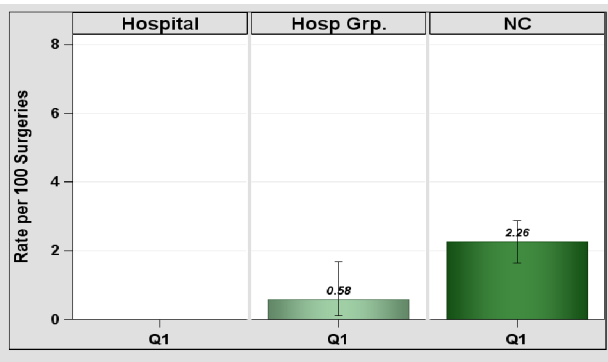


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.

Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	19	.	0.62	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Commentary from Hospitals:**  
 No comments provided.

# North Carolina Healthcare-Associated Infections Report

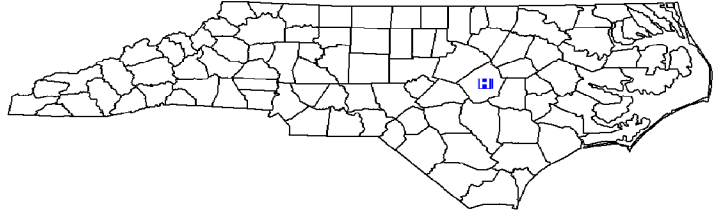
## Data from January 1 – March 31, 2014

### Johnston Health, Smithfield, Johnston County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2013: 9,843  
 Patient Days in 2013: 36,794  
 Total Number of Beds: 199  
 Number of ICU Beds: 16  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 0.50

\*FTE = Full-time equivalent



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

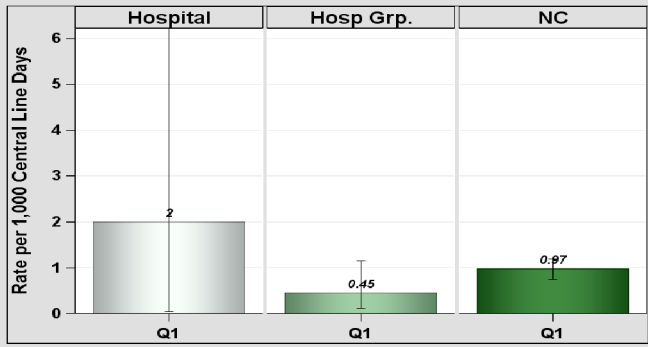


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	1	499	2	0.95	.		
YTD Total for Reporting ICUs	1	499	2	0.95	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	9,641	0.1	0.56	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 patient days.

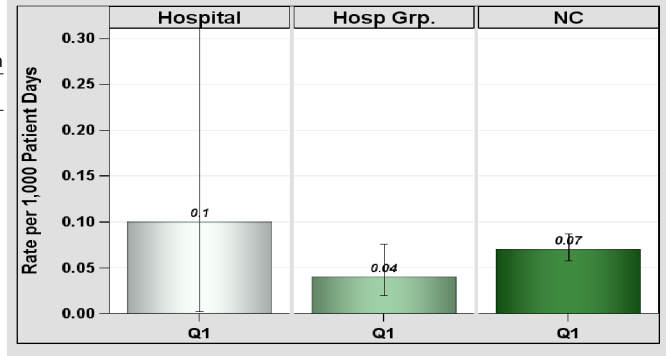


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

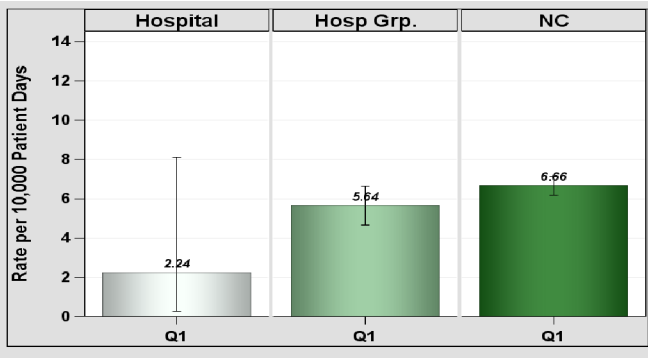


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	2	8,923	2.24	3.76	0.532	0.089, 1.758	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
**Johnston Health, Smithfield, Johnston County**

**Catheter-Associated Urinary Tract Infections (CAUTI)**

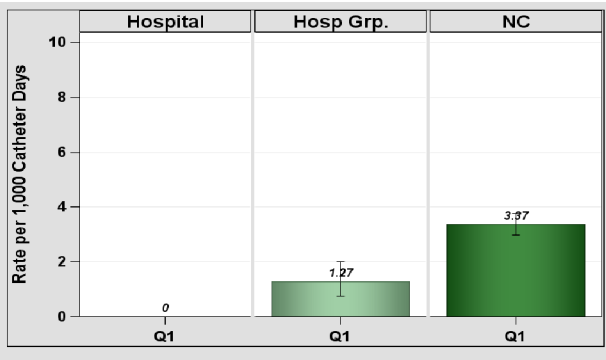


Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	680	0	1.36	0	, 2.203	Same
YTD Total for Reporting ICUs	0	680	0	1.36	0	, 2.203	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	22	0	0.18	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

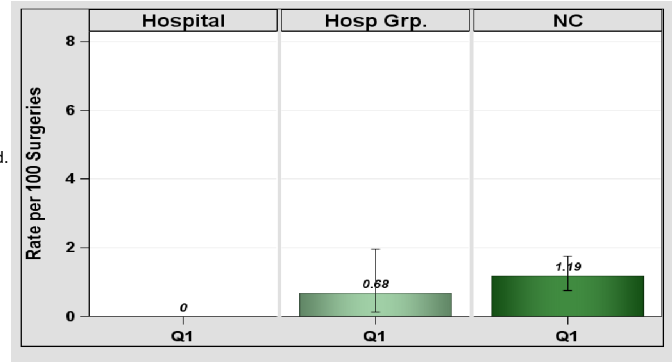


Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.

**Surgical Site Infections (SSI) after Colon Surgeries**

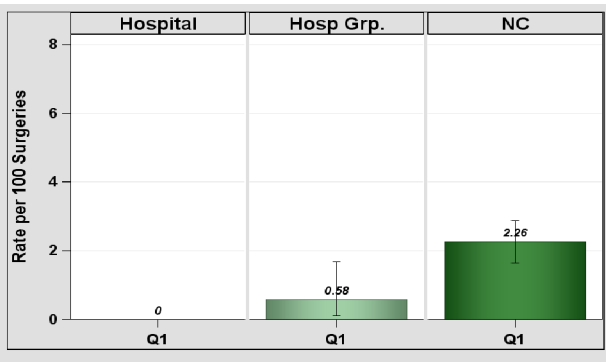


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.

Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	21	0	0.52	.		

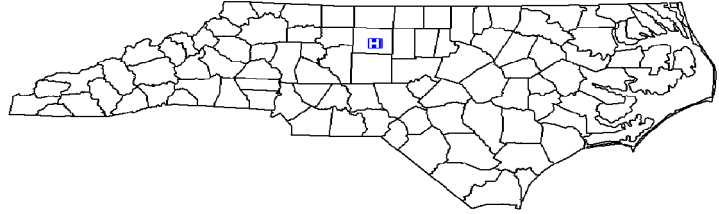
Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Commentary from Hospitals:**  
 No comments provided.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
**Kindred Hospital-Greensboro, Greensboro, Guilford County**

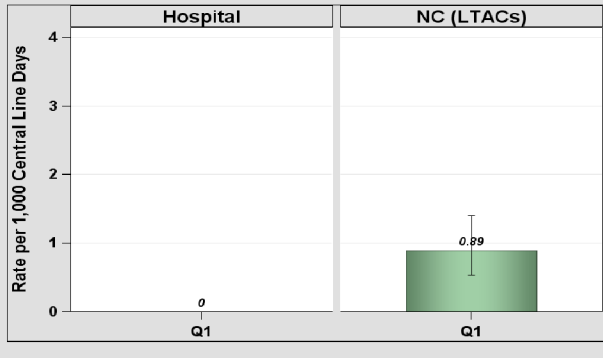
**2013 Hospital Survey Information**

Hospital Type: Long-term Acute Care Hospital  
 Profit Status: For Profit  
 Admissions in 2013: 521  
 Patient Days in 2013: 17,637  
 Total Number of Beds: 101  
 FTE\* Infection Preventionists: 0.50  
 Number of FTEs\* per 100 beds: 0.50



\*FTE = Full-time equivalent

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



**Table 1. Rates by Location, Jan-Mar 2014.**

Type of Unit	Infections	Line Days	Rate
Adult ward	0	3,255	0.00
YTD Total for Reporting Units	0	3,255	0.00

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

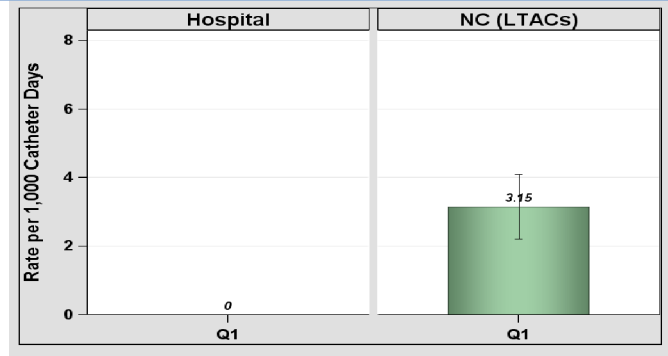
**Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.**

**Catheter-Associated Urinary Tract Infections (CAUTI)**

**Table 2. Rates by Location, Jan-Mar 2014**

Type of Unit	Infections	Catheter Days	Rate
Adult ward	0	2,628	0.00
YTD Total for Reporting Units	0	2,628	0.00

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.



**Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.**

**Other Healthcare-Associated Infections (HAIs)**

Long-term acute care hospitals (LTACs) do not report *C. difficile* LabID, MRSA Bacteremia LabID or SSIs to the N.C. Division of Public Health.

**Commentary from Hospitals:**  
 No comments provided.

Refer to the HAI in N.C. Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics ([epi.publichealth.nc.gov/cd/hai/figures.html](http://epi.publichealth.nc.gov/cd/hai/figures.html)).  
 Data as of June 26, 2014.

# North Carolina Healthcare-Associated Infections Report

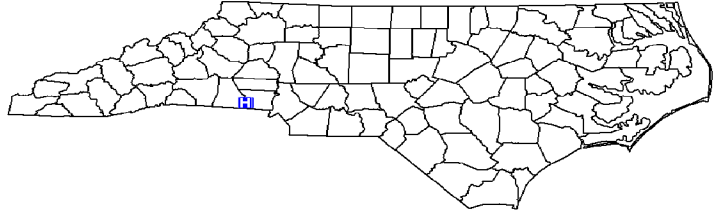
## Data from January 1 – March 31, 2014

### Kings Mountain Hospital, Kings Mountain, Cleveland County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2013: 2,640  
 Patient Days in 2013: 13,305  
 Total Number of Beds: 59  
 Number of ICU Beds: 6  
 FTE\* Infection Preventionists: 0.50  
 Number of FTEs\* per 100 beds: 0.85

\*FTE = Full-time equivalent



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

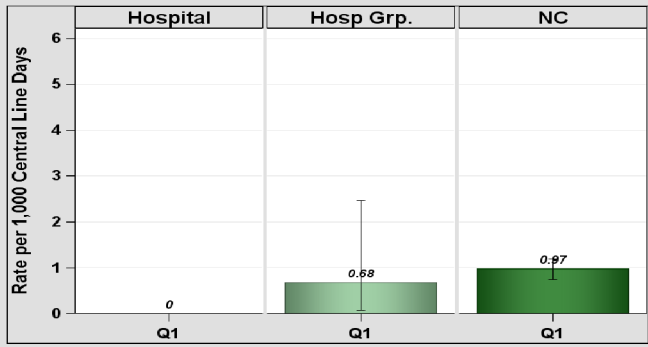


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	70	0	0.13	.		
YTD Total for Reporting ICUs	0	70	0	0.13	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	3,585	0	0.13	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 patient days.

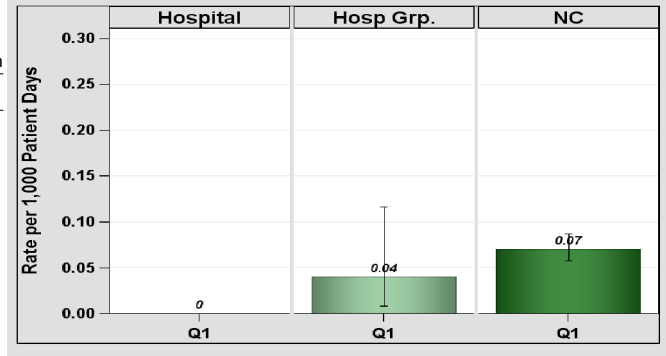


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

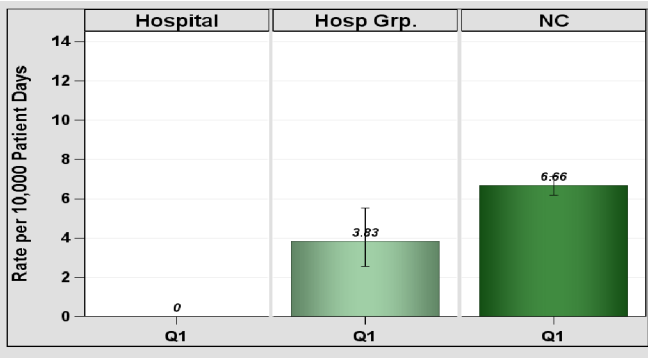


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	3,585	0	1.33	0	, 2.250	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
**Kings Mountain Hospital, Kings Mountain, Cleveland County**

**Catheter-Associated Urinary Tract Infections (CAUTI)**

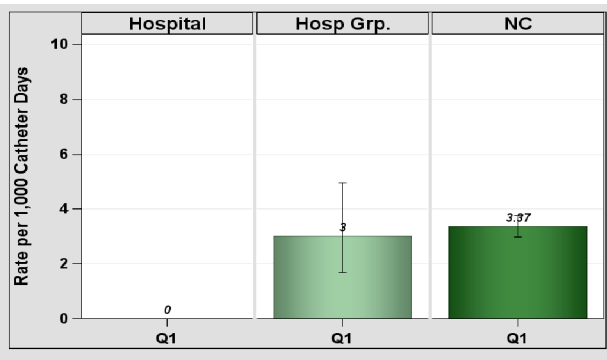


Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	230	0	0.46	.		
YTD Total for Reporting ICUs	0	230	0	0.46	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	0	.	0	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

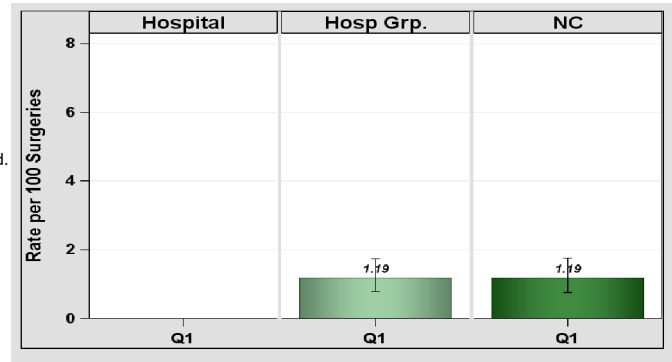


Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.

**Surgical Site Infections (SSI) after Colon Surgeries**

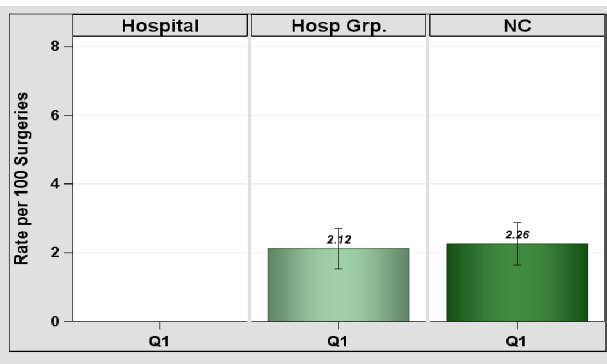


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.

Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	4	.	0.13	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Commentary from Hospitals:**

The prevention and reduction of healthcare associated infections is a top priority at Cleveland County Healthcare System hospitals. To accomplish this, infection prevention strategies are continually assessed and measures implemented to decrease the risk for infection. These measures are based on evidence based practices and clinical guidelines. A comprehensive program is provided that encompasses patient care and patient safety.

# North Carolina Healthcare-Associated Infections Report

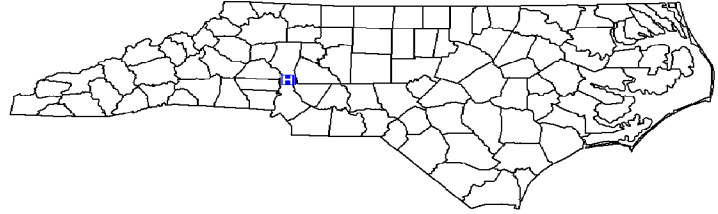
## Data from January 1 – March 31, 2014

### Lake Norman Regional Medical Center, Mooresville, Iredell County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: For Profit  
 Admissions in 2013: 4,136  
 Patient Days in 2013: 15,015  
 Total Number of Beds: 123  
 Number of ICU Beds: 12  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 0.81

\*FTE = Full-time equivalent



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

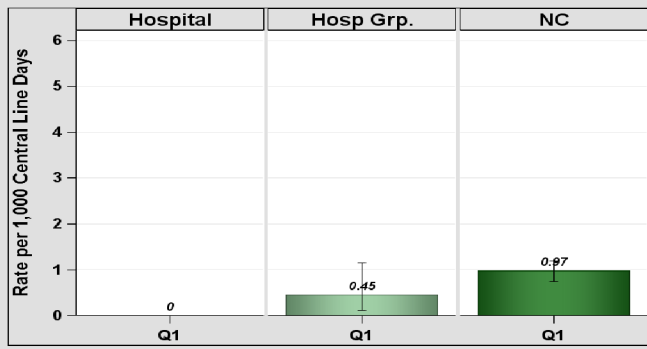


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	275	0	0.52	.		
YTD Total for Reporting ICUs	0	275	0	0.52	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	4,341	0	0.23	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 patient days.

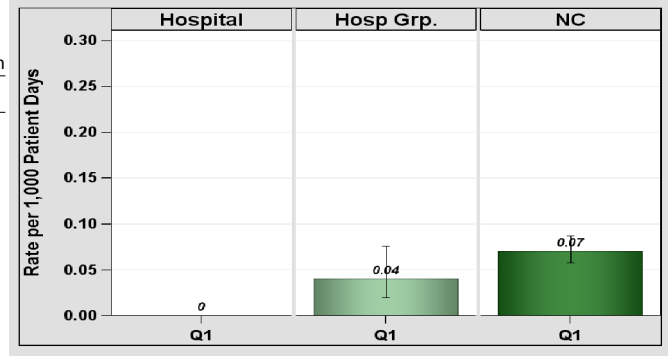


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

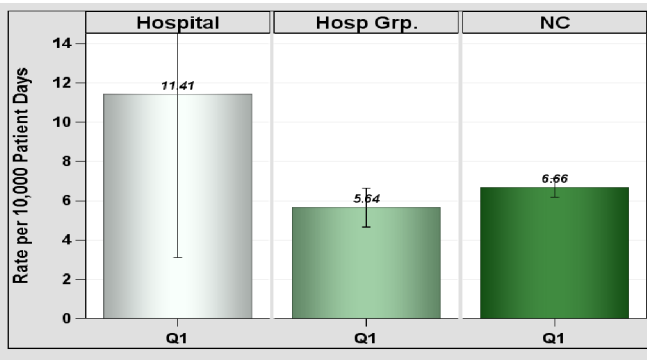


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	4	3,506	11.4	1.54	2.6	0.826, 6.271	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 10,000 patient days.



**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
 Lake Norman Regional Medical Center, Mooresville, Iredell County

**Catheter-Associated Urinary Tract Infections (CAUTI)**

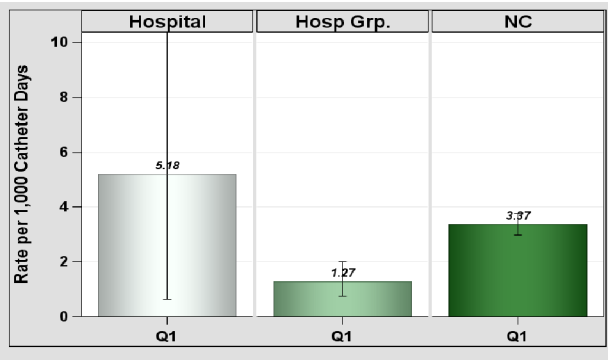


Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	2	386	5.18	0.77	.		
YTD Total for Reporting ICUs	2	386	5.18	0.77	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	21	0	0.15	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

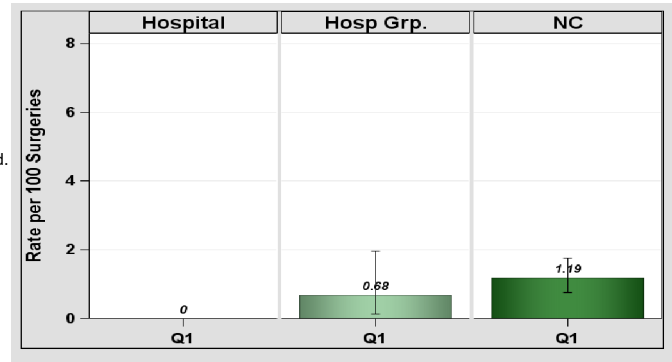


Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.

**Surgical Site Infections (SSI) after Colon Surgeries**

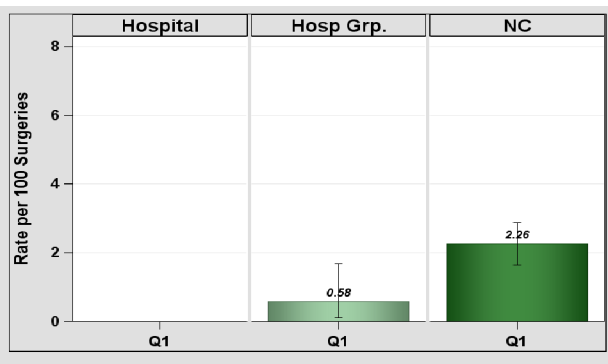


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.

Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	15	.	0.48	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Commentary from Hospitals:**  
 No comments provided.

# North Carolina Healthcare-Associated Infections Report

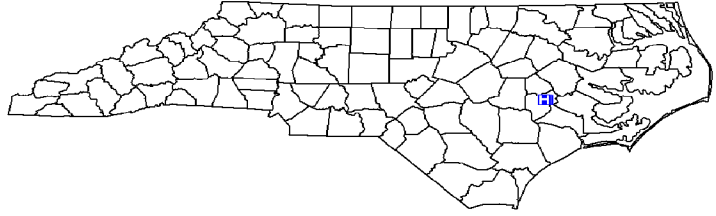
## Data from January 1 – March 31, 2014

### Lenoir Memorial Hospital, Kinston, Lenoir County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2013: 6,610  
 Patient Days in 2013: 32,111  
 Total Number of Beds: 235  
 Number of ICU Beds: 14  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 0.43

\*FTE = Full-time equivalent



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

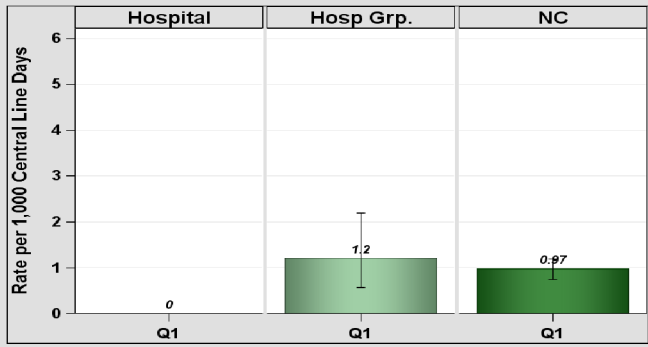


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	366	0	0.55	.		
YTD Total for Reporting ICUs	0	366	0	0.55	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	7,988	0	0.84	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 patient days.

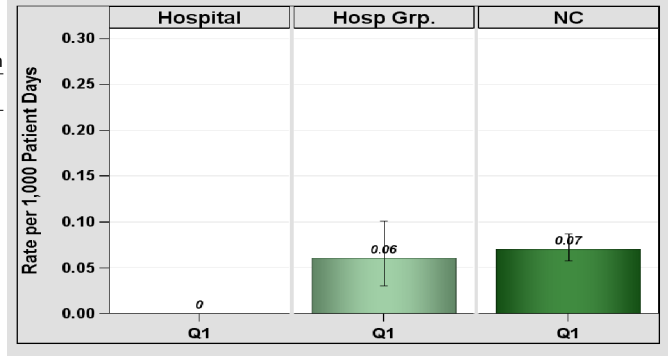


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

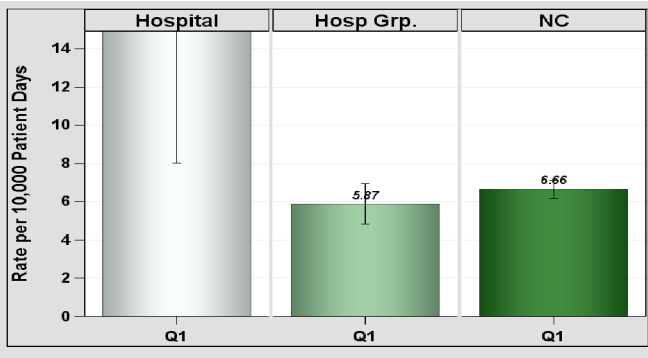


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	12	7,722	15.5	3.83	3.136	1.699, 5.331	Higher

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
**Lenoir Memorial Hospital, Kinston, Lenoir County**

**Catheter-Associated Urinary Tract Infections (CAUTI)**

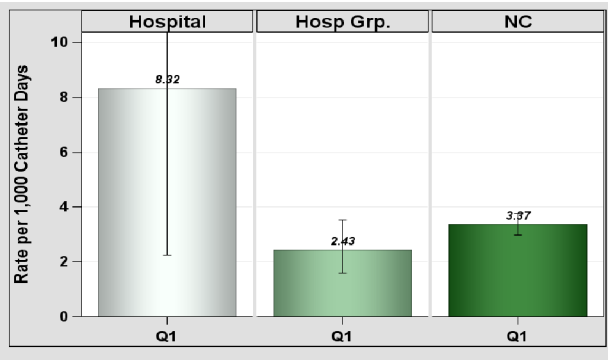


Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	4	476	8.4	0.62	.		
Rehabilitation	0	5	.	.	.		
YTD Total for Reporting ICUs	4	481	8.32	0.64	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	8	.	0.08	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

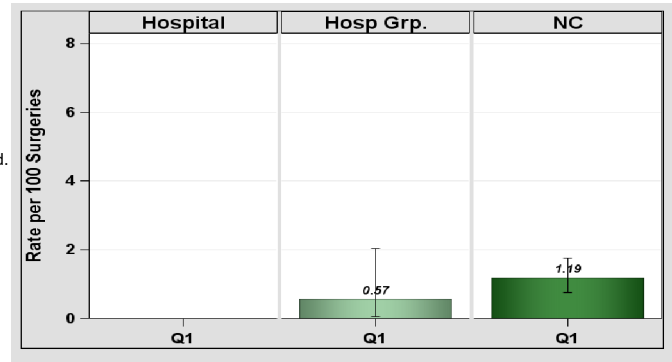


Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.

**Surgical Site Infections (SSI) after Colon Surgeries**

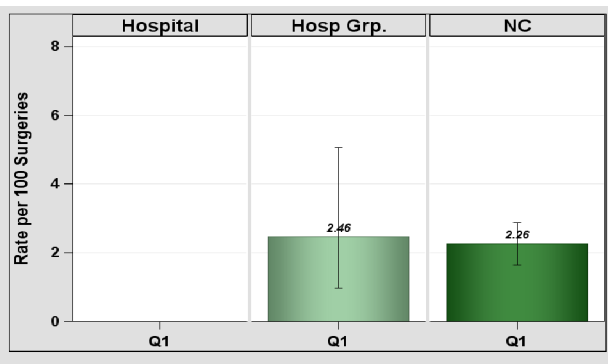


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.

Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	1	11	.	0.36	.		

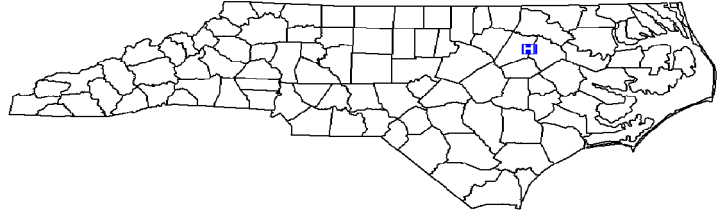
Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Commentary from Hospitals:**  
 No comments provided.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
**Lifecare Hospitals Of North Carolina, Rocky Mount, Nash County**

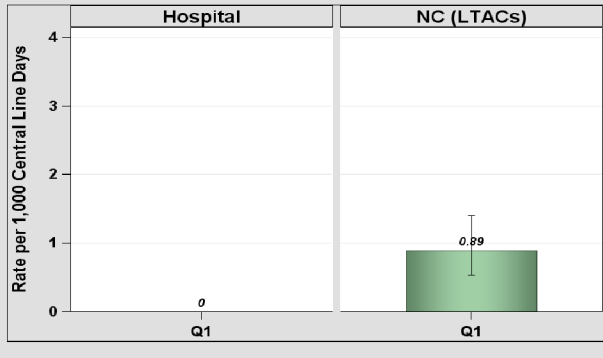
**2013 Hospital Survey Information**

Hospital Type: Long-term Acute Care Hospital  
 Profit Status: For Profit  
 Admissions in 2013: 505  
 Patient Days in 2013: 14,040  
 Total Number of Beds: 50  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 2.00



\*FTE = Full-time equivalent

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



**Table 1. Rates by Location, Jan-Mar 2014.**

Type of Unit	Infections	Line Days	Rate
Adult ward	0	2,697	0.00
YTD Total for Reporting Units	0	2,697	0.00

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

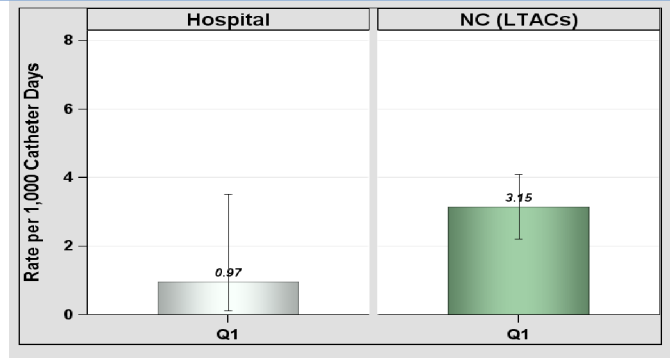
**Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.**

**Catheter-Associated Urinary Tract Infections (CAUTI)**

**Table 2. Rates by Location, Jan-Mar 2014**

Type of Unit	Infections	Catheter Days	Rate
Adult ward	2	2,056	0.97
YTD Total for Reporting Units	2	2,056	0.97

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.



**Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.**

**Other Healthcare-Associated Infections (HAIs)**

Long-term acute care hospitals (LTACs) do not report *C. difficile* LabID, MRSA Bacteremia LabID or SSIs to the N.C. Division of Public Health.

**Commentary from Hospitals:**  
 No comments provided.

Refer to the HAI in N.C. Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics ([epi.publichealth.nc.gov/cd/hai/figures.html](http://epi.publichealth.nc.gov/cd/hai/figures.html)).  
 Data as of June 26, 2014.

# North Carolina Healthcare-Associated Infections Report

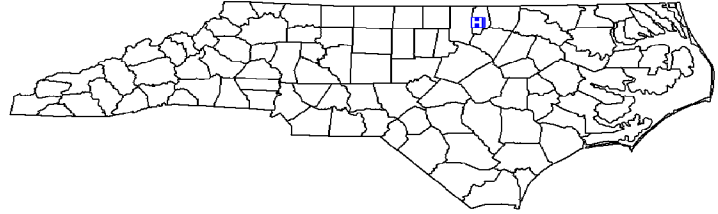
## Data from January 1 – March 31, 2014

### Maria Parham Medical Center, Henderson, Vance County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: For Profit  
 Admissions in 2013: 5,839  
 Patient Days in 2013: 24,552  
 Total Number of Beds: 102  
 Number of ICU Beds: 8  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 0.98

\*FTE = Full-time equivalent



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

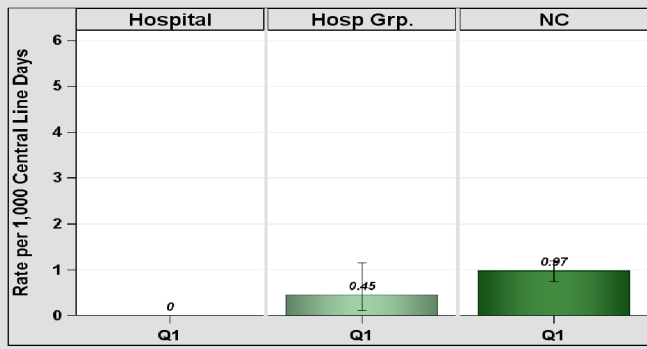


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	417	0	0.63	.		
YTD Total for Reporting ICUs	0	417	0	0.63	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	6,628	0.15	0.32	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 patient days.

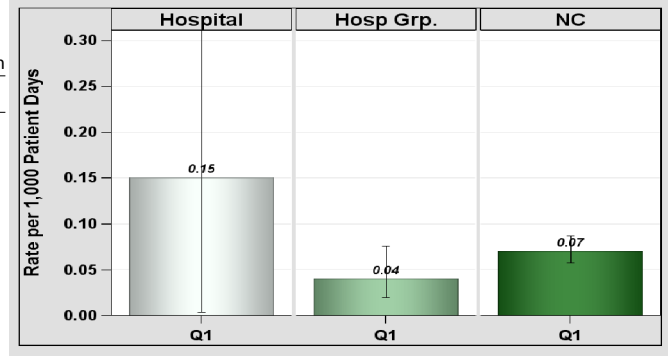


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

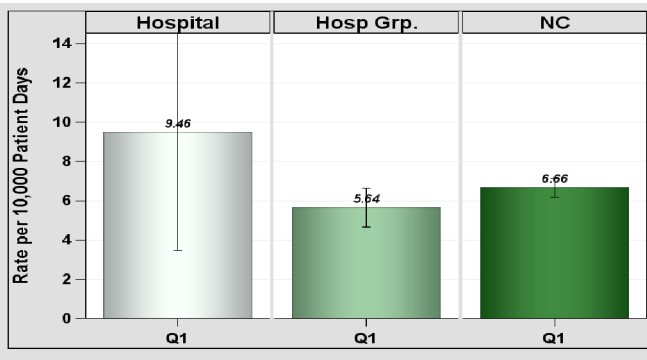


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

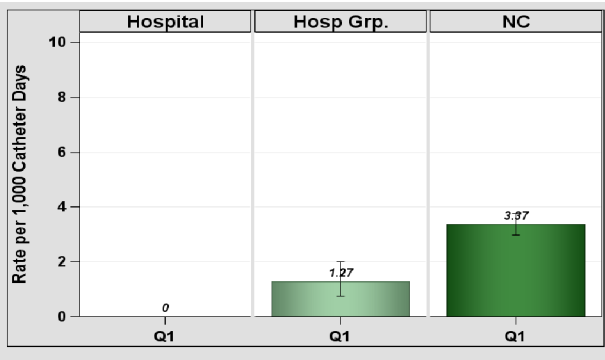
Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	6	6,345	9.46	3.01	1.996	0.809, 4.152	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
 Maria Parham Medical Center, Henderson, Vance County

**Catheter-Associated Urinary Tract Infections (CAUTI)**



**Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.**

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	489	0	0.64	.		
Rehabilitation	0	17	.	.	.		
YTD Total for Reporting ICUs	0	506	0	0.7	.		

**Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.**

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

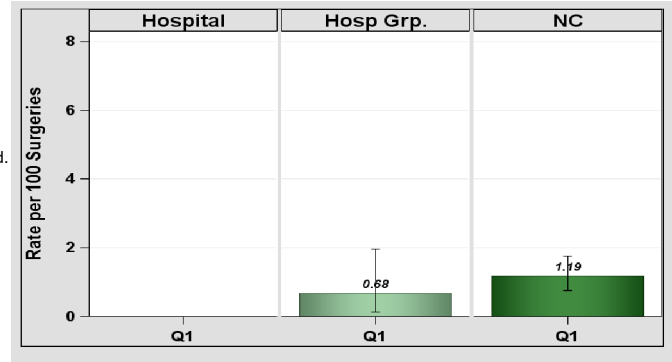
**Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.**

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	8	.	0.11	.		

Infections from deep incisional and/or organ space.

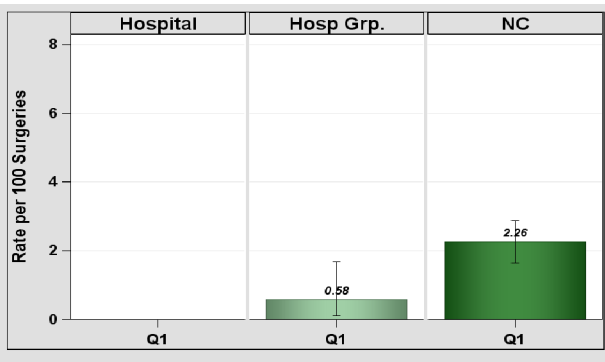
\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.



**Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.**

**Surgical Site Infections (SSI) after Colon Surgeries**



**Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.**

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	3	.	0.1	.		

Infections from deep incisional and/or organ space.

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.**

**Commentary from Hospitals:**  
 No comments provided.

# North Carolina Healthcare-Associated Infections Report

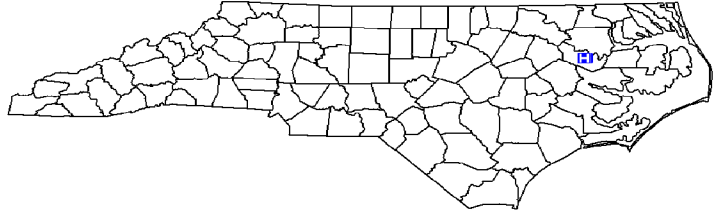
## Data from January 1 – March 31, 2014

### Martin General Hospital, Williamston, Martin County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: Graduate  
 Profit Status: For Profit  
 Admissions in 2013: 4,476  
 Patient Days in 2013: 6,262  
 Total Number of Beds: 45  
 Number of ICU Beds: 6  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 2.22

\*FTE = Full-time equivalent



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

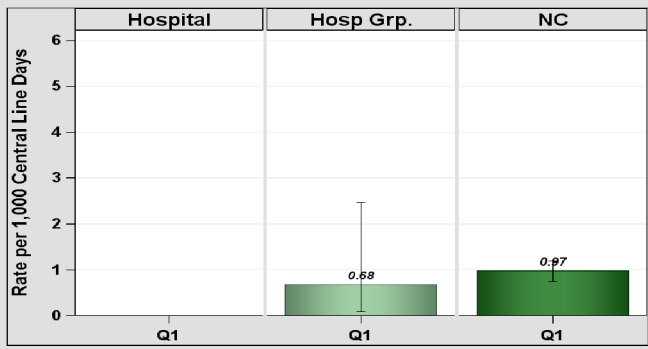


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	29	.	.	.		
YTD Total for Reporting ICUs	0	29	.	.	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	2,740	0	0.14	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 patient days.

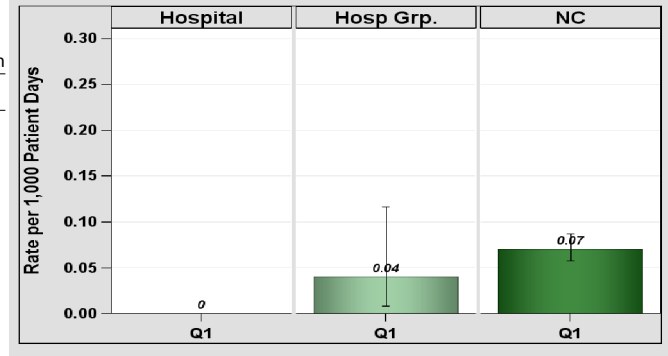


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

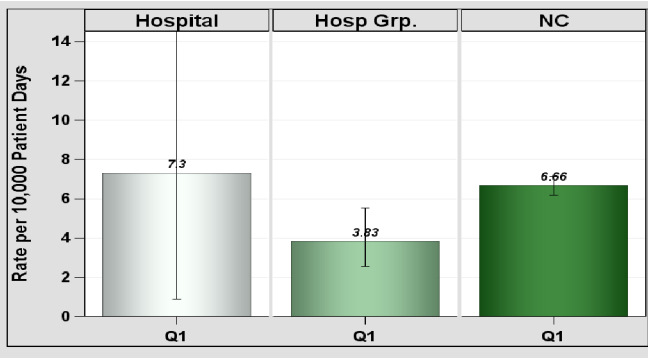


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

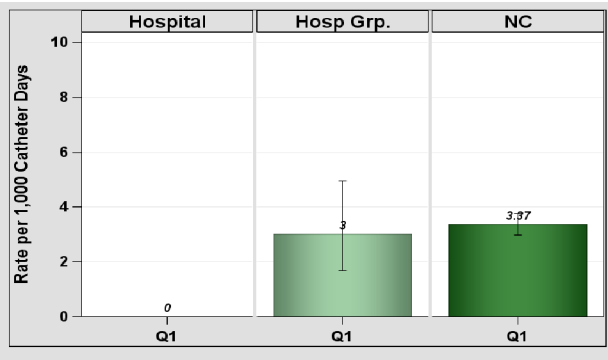
Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	2	2,740	7.3	1.12	1.793	0.301, 5.924	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
**Martin General Hospital, Williamston, Martin County**

**Catheter-Associated Urinary Tract Infections (CAUTI)**



**Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.**

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	123	0	0.16	.		
YTD Total for Reporting ICUs	0	123	0	0.16	.		

**Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.**

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

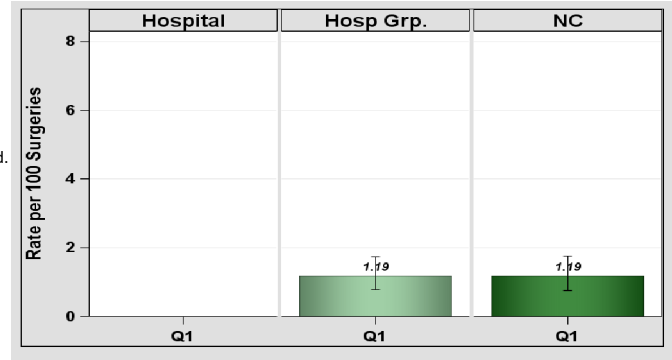
**Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.**

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	1	.	0	.		

Infections from deep incisional and/or organ space.

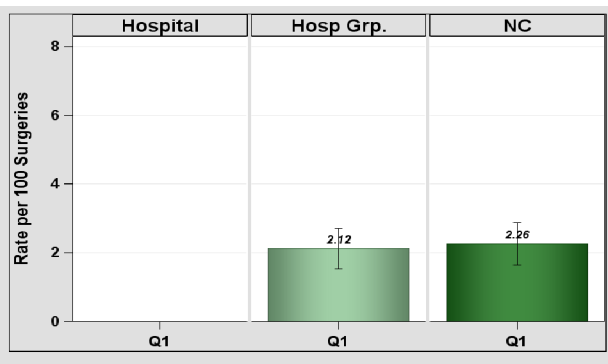
\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.



**Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.**

**Surgical Site Infections (SSI) after Colon Surgeries**



**Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.**

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	0	.	0	.		

Infections from deep incisional and/or organ space.

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.**

**Commentary from Hospitals:**  
 No comments provided.



# North Carolina Healthcare-Associated Infections Report

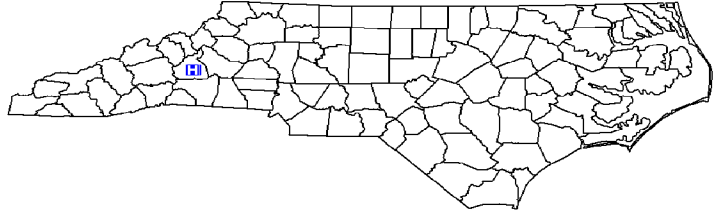
## Data from January 1 – March 31, 2014

### McDowell Hospital, Marion, McDowell County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2013: 2,947  
 Patient Days in 2013: 7,688  
 Total Number of Beds: 49  
 Number of ICU Beds: 10  
 FTE\* Infection Preventionists: 0.38  
 Number of FTEs\* per 100 beds: 0.77

\*FTE = Full-time equivalent



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

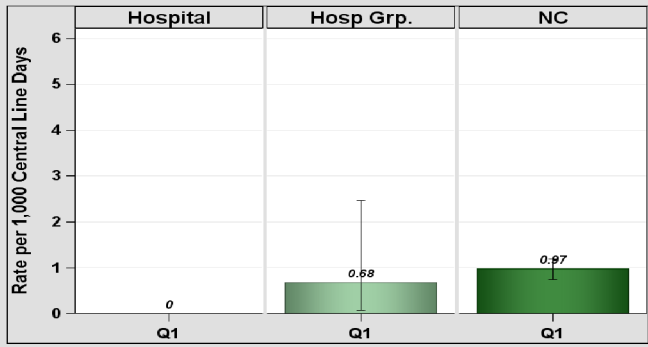


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	105	0	0.16	.		
YTD Total for Reporting ICUs	0	105	0	0.16	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	1,870	0	0.07	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 patient days.

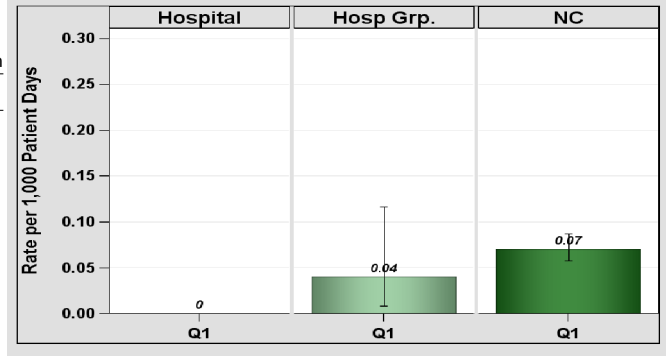


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

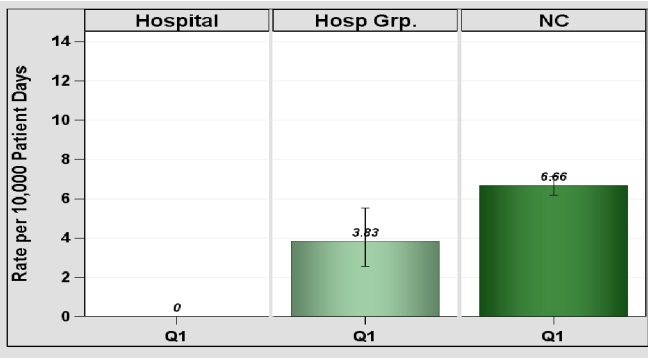


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

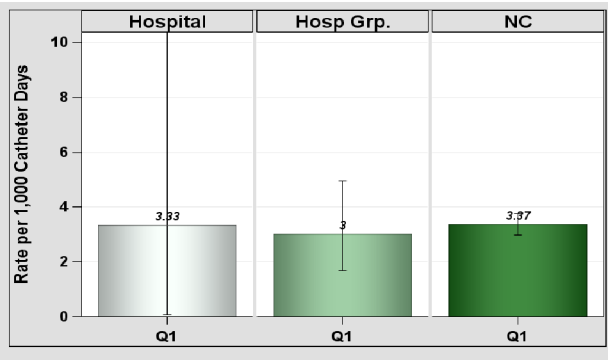
Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	1,852	0	0.82	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
 McDowell Hospital, Marion, McDowell County

**Catheter-Associated Urinary Tract Infections (CAUTI)**



**Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.**

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	300	3.33	0.39	.		
YTD Total for Reporting ICUs	1	300	3.33	0.39	.		

**Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.**

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

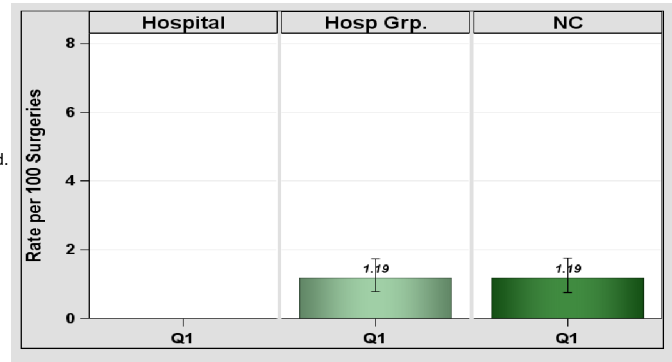
**Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.**

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	4	.	0.03	.		

Infections from deep incisional and/or organ space.

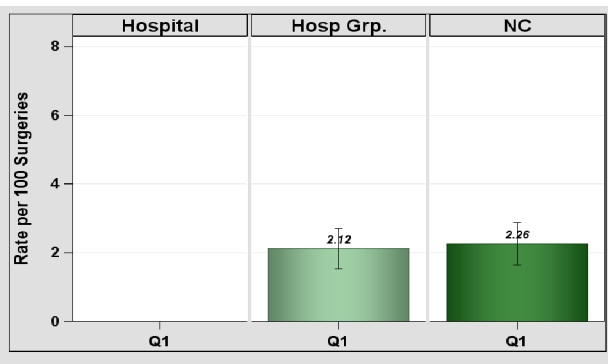
\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.



**Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.**

**Surgical Site Infections (SSI) after Colon Surgeries**



**Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.**

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	3	.	0.09	.		

Infections from deep incisional and/or organ space.

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.**

**Commentary from Hospitals:**  
 No comments provided.

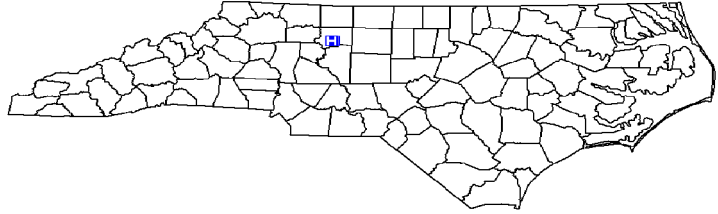
# North Carolina Healthcare-Associated Infections Report

## Data from January 1 – March 31, 2014

### Medical Park Hospital, Winston Salem, Forsyth County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2013: 782  
 Patient Days in 2013: 2,766  
 Total Number of Beds: 22  
 Number of ICU Beds: 0 - Does not report CLABSIs or CAUTIs  
 FTE\* Infection Preventionists: 0.50  
 Number of FTEs\* per 100 beds: 2.27  
 \*FTE = Full-time equivalent



#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

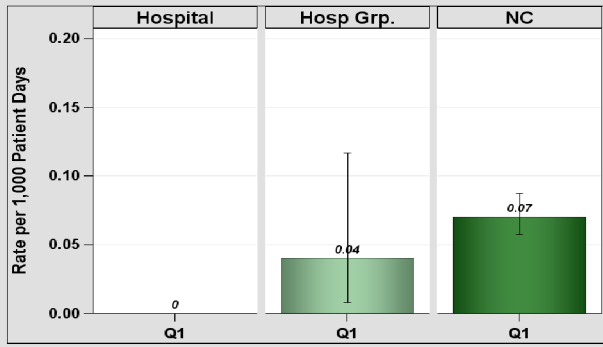


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	666	0	0.02	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 patient days.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	666	0	0.25	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 10,000 patient days.

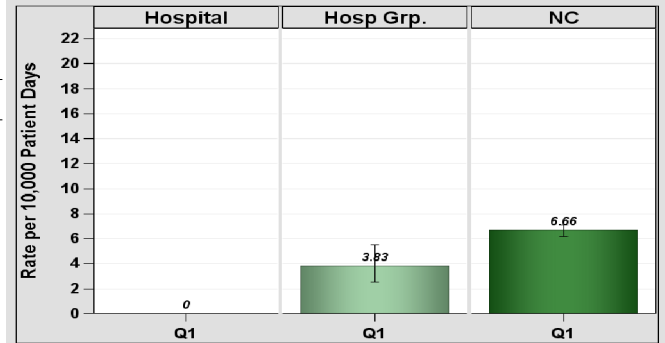


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Surgical Site Infections (SSI)

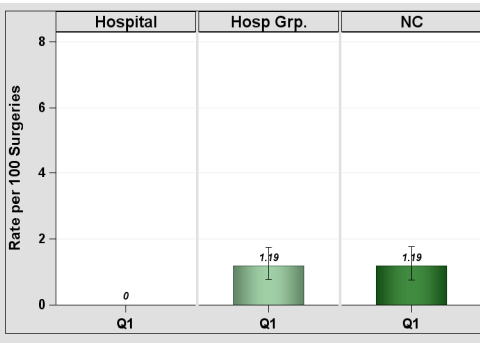


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Mar 2014.

Table 3. Rates and SIRs by Surgery, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	21	54
Rate	0	0
	0.18	1.71
SIR**	.	0
95% CI**		, 1.750
Interpretation		Same

\*Infections from deep incisional and/or organ space.  
 \*\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries were performed and SIR not presented.

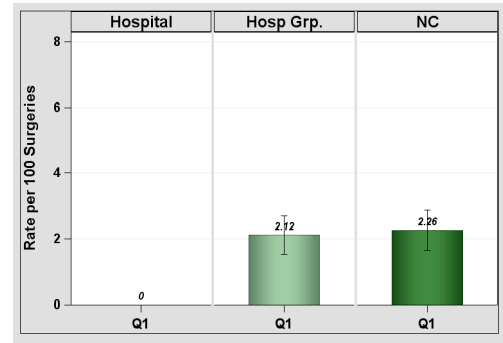


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.

#### Commentary from Hospitals:

At Novant Health, the safety of our patients comes first. Our goal is to have the lowest possible infection rates and we continually monitor infection prevention tactics for improvement opportunities. We support transparency in reporting infection rates and make common infection data available on our website. More information can be found under "quality" on NovantHealth.org.

Refer to the HAI in N.C. Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics ([epi.publichealth.nc.gov/cd/hai/figures.html](http://epi.publichealth.nc.gov/cd/hai/figures.html)).

Data as of June 26, 2014

N.C. Division of Public Health, HAI Prevention Program

N.C. HAI Quarterly Report (Provider Version) - July 2014

# North Carolina Healthcare-Associated Infections Report

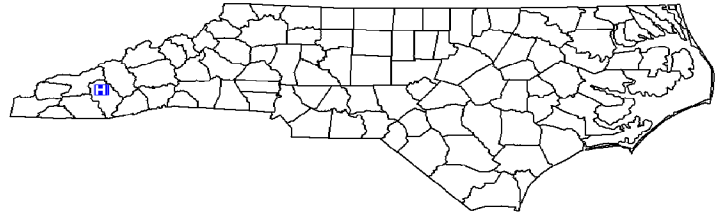
## Data from January 1 – March 31, 2014

### Westcare - Harris Regional Hospital, Sylva, Jackson County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2013: 3,975  
 Patient Days in 2013: 13,842  
 Total Number of Beds: 94  
 Number of ICU Beds: 8  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 1.06

\*FTE = Full-time equivalent



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

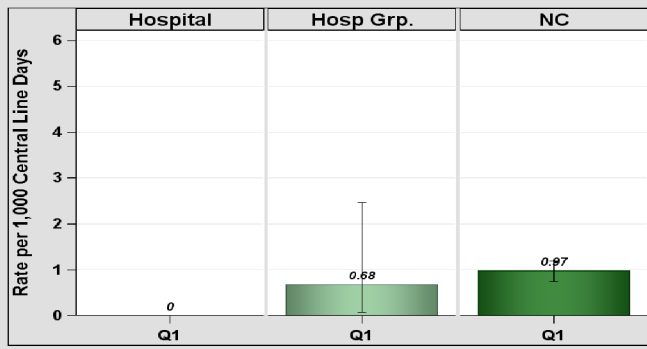


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	164	0	0.25	.		
YTD Total for Reporting ICUs	0	164	0	0.25	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	3,629	0	.	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 patient days.

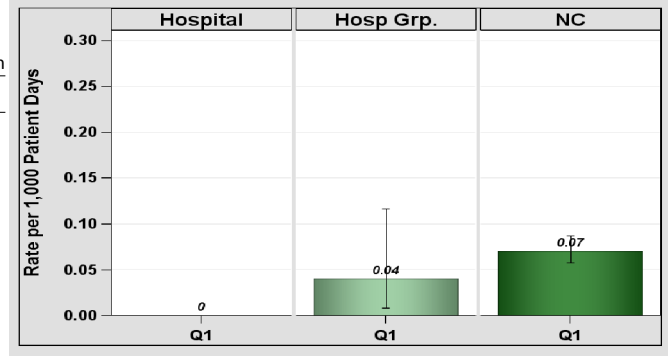


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

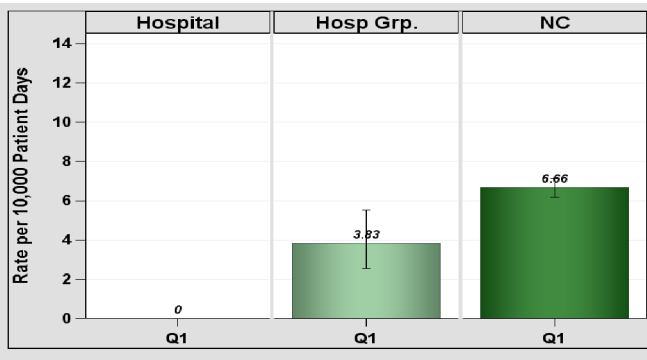


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

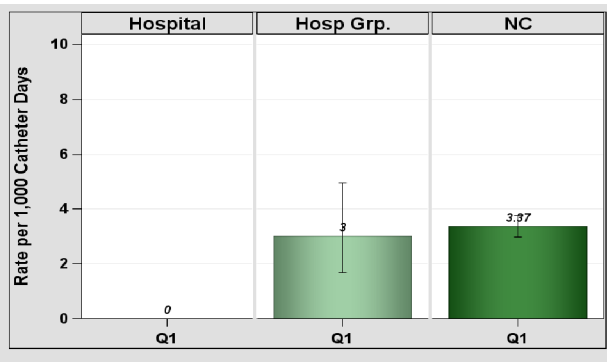
Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	3,611	0	1.53	0	,1.963	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
 Westcare - Harris Regional Hospital, Sylva, Jackson County

**Catheter-Associated Urinary Tract Infections (CAUTI)**



**Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.**

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	321	0	0.42	.		
YTD Total for Reporting ICUs	0	321	0	0.42	.		

**Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.**

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

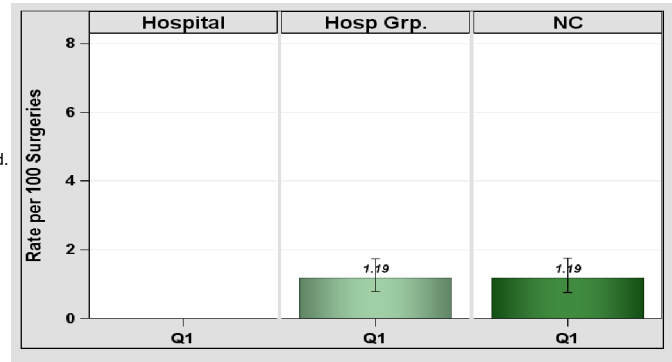
**Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.**

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	1	3	.	0.03	.		

Infections from deep incisional and/or organ space.

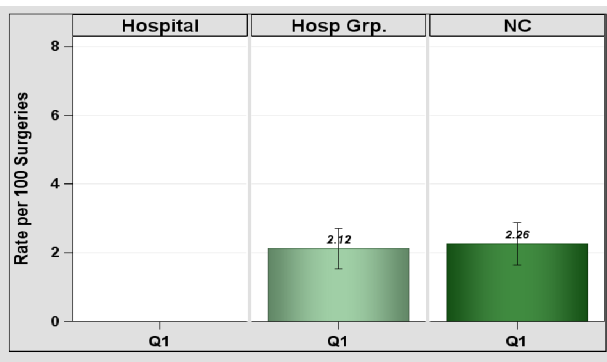
\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.



**Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.**

**Surgical Site Infections (SSI) after Colon Surgeries**



**Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.**

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	2	.	0.07	.		

Infections from deep incisional and/or organ space.

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.**

**Commentary from Hospitals:**

No comments provided.

# North Carolina Healthcare-Associated Infections Report

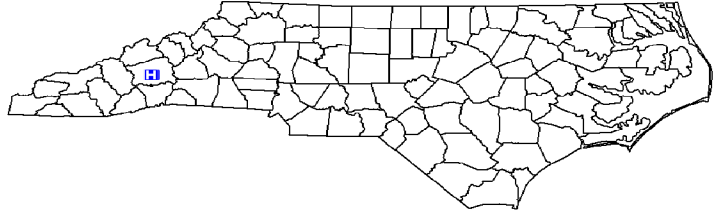
## Data from January 1 – March 31, 2014

### Mission Hospital, Asheville, Buncombe County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: Graduate  
 Profit Status: Not for Profit  
 Admissions in 2013: 27,483  
 Patient Days in 2013: 209,622  
 Total Number of Beds: 739  
 Number of ICU Beds: 131  
 FTE\* Infection Preventionists: 6.80  
 Number of FTEs\* per 100 beds: 0.92

\*FTE = Full-time equivalent



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

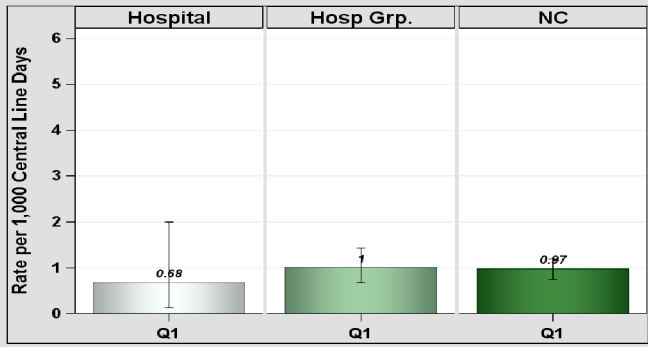


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	0	303	0	0.61	.		
Medical/surgical	3	1,496	2.01	2.24	1.337	0.340, 3.638	Same
Neonatal Level II/III	0	895	0	2.14	0	, 1,398	Same
Neurosurgical	0	711	0	1.78	0	, 1,685	Same
Pediatric medical/surgical	0	271	0	0.81	.		
Surgical cardiothoracic	0	721	0	1.01	0	, 2,968	Same
YTD Total for Reporting ICUs	3	4,397	0.68	8.59	0.349	0.089, 0.950	Lower

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	51,024	0.02	4.28	0.234	0.012, 1.153	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 patient days.

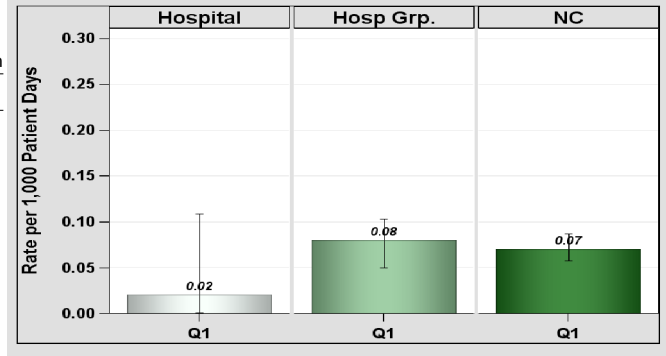


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

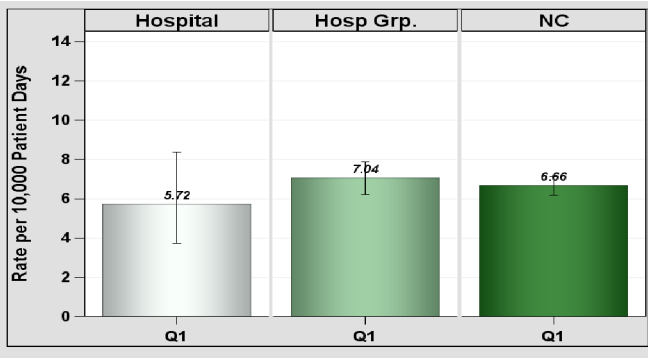


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	26	45,475	5.72	26.57	0.979	0.653, 1.413	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
**Mission Hospital, Asheville, Buncombe County**

**Catheter-Associated Urinary Tract Infections (CAUTI)**

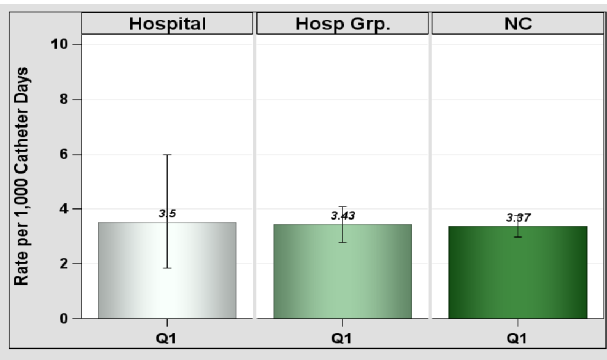


Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	3	364	8.24	0.73	.		
Medical/surgical	5	1,698	2.94	2.21	2.265	0.830, 5.021	Same
Neurosurgical	5	904	5.53	3.98	1.257	0.461, 2.786	Same
Pediatric medical/surgical	0	16	.	.	.		
Surgical cardiothoracic	0	732	0	1.24	0	, 2.407	Same
YTD Total for Reporting ICUs	13	3,714	3.5	8.2	1.585	0.882, 2.642	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	2	102	1.96	1.01	1.986	0.333, 6.562	Same

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

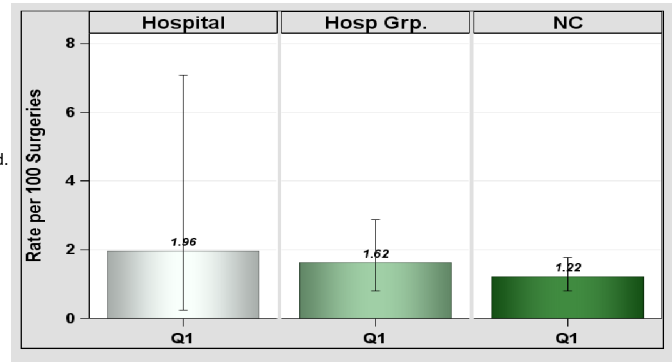


Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.

**Surgical Site Infections (SSI) after Colon Surgeries**

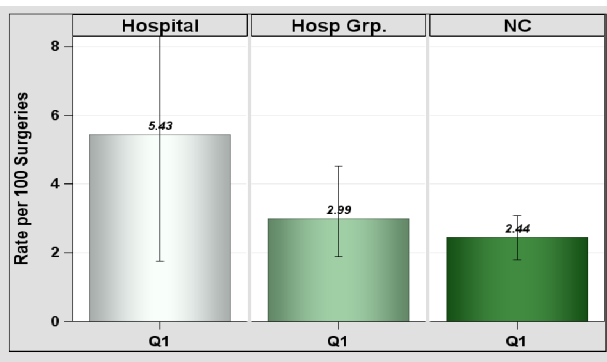


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.

Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	5	92	5.43	2.98	1.678	0.615, 3.720	Same

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Commentary from Hospitals:**

Mission Health strives to improve the quality and safety of the care we give our patients each and every day. The prevention of infections is one of our highest priorities. By continuously and thoughtfully reviewing processes, procedures and events, we identify opportunities for improvement and address them immediately and appropriately, and share that knowledge internally to avert further issues.

# North Carolina Healthcare-Associated Infections Report

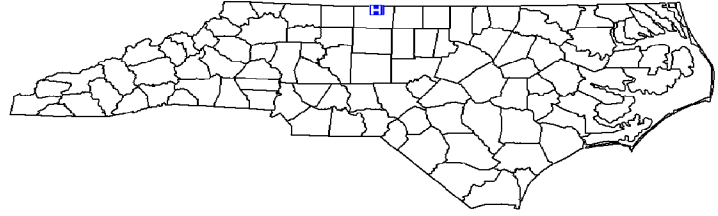
## Data from January 1 – March 31, 2014

### Morehead Memorial Hospital, Eden, Rockingham County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2013: 4,380  
 Patient Days in 2013: 17,153  
 Total Number of Beds: 108  
 Number of ICU Beds: 9  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 0.93

\*FTE = Full-time equivalent



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

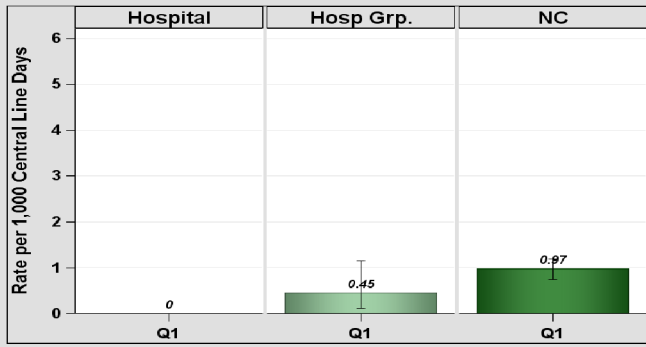


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	64	0	0.1	.		
YTD Total for Reporting ICUs	0	64	0	0.1	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	4,361	0	0.85	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 patient days.

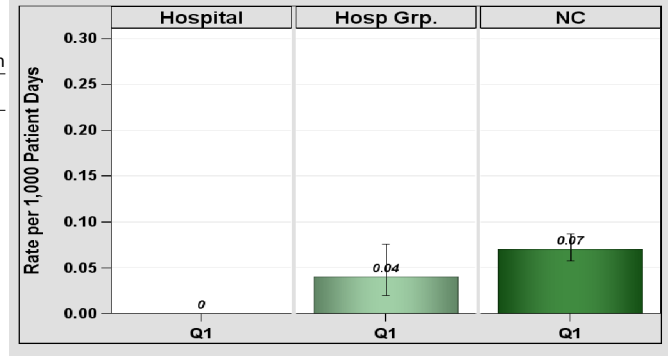


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

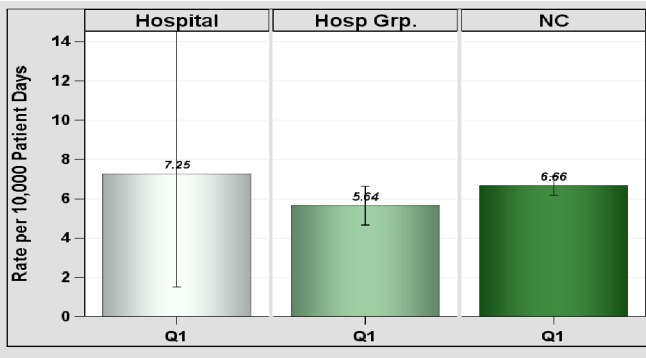


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	3	4,138	7.25	1.98	1.512	0.385, 4.114	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 10,000 patient days.



**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
**Morehead Memorial Hospital, Eden, Rockingham County**

**Catheter-Associated Urinary Tract Infections (CAUTI)**

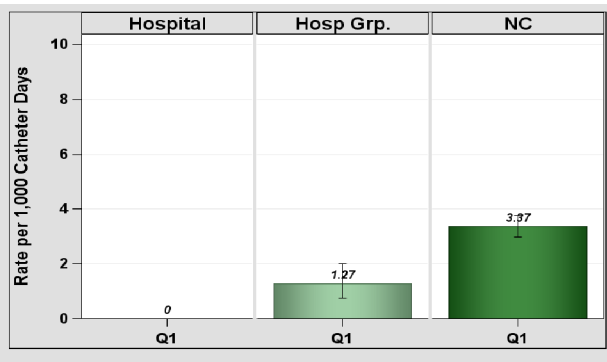


Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	249	0	0.32	.		
YTD Total for Reporting ICUs	0	249	0	0.32	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	4	.	0.05	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

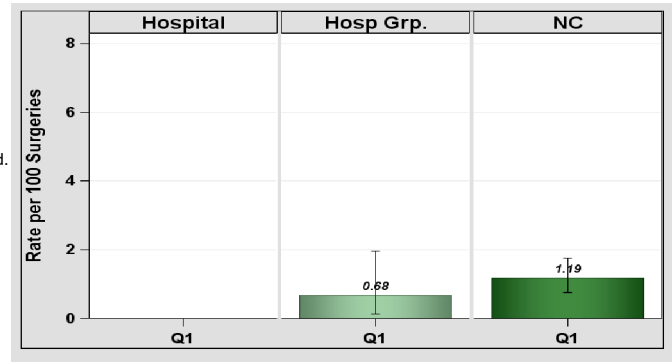


Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.

**Surgical Site Infections (SSI) after Colon Surgeries**

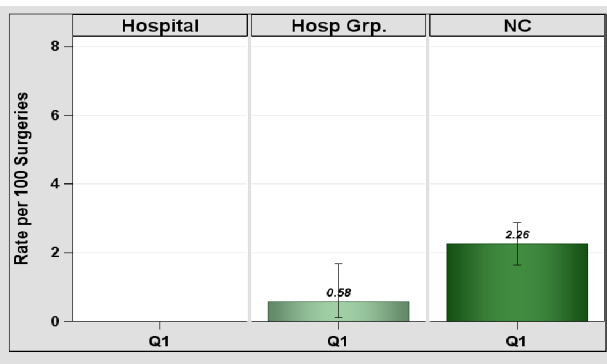


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.

Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	6	.	0.2	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Commentary from Hospitals:**  
 No comments provided.

# North Carolina Healthcare-Associated Infections Report

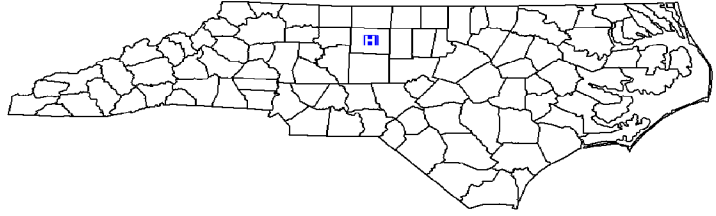
## Data from January 1 – March 31, 2014

### Moses Cone Hospital, Greensboro, Guilford County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2013: 24,700  
 Patient Days in 2013: 109,525  
 Total Number of Beds: 536  
 Number of ICU Beds: 66  
 FTE\* Infection Preventionists: 2.00  
 Number of FTEs\* per 100 beds: 0.37

\*FTE = Full-time equivalent



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

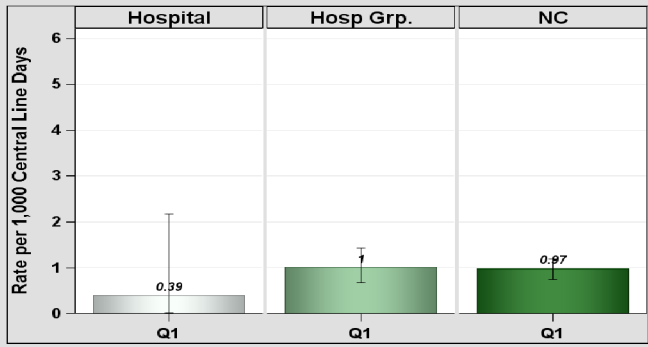


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	0	810	0	1.62	0	, 1.849	Same
Medical/surgical	0	761	0	1.14	0	, 2.624	Same
Neurosurgical	1	300	3.33	0.75	.		
Pediatric medical/surgical	0	6	.	.	.		
Surgical cardiothoracic	0	673	0	0.94	.		
YTD Total for Reporting ICUs	1	2,550	0.39	4.47	0.224	0.011, 1.103	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	30,866	0.03	2.32	0.43	0.022, 2.122	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 patient days.

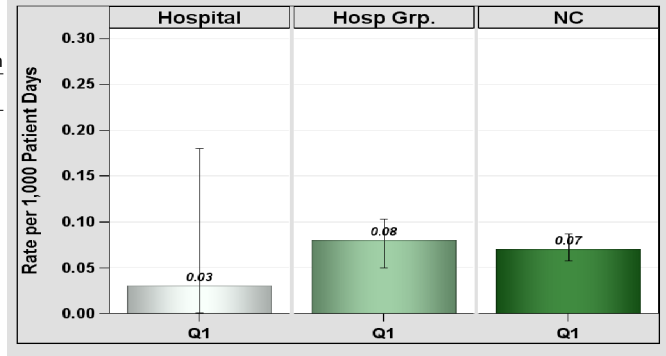


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

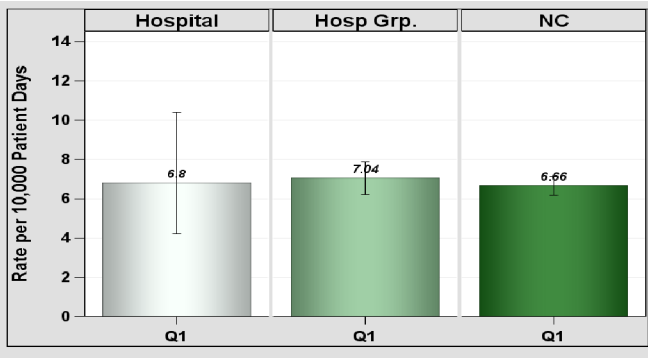


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	21	30,866	6.8	16.33	1.286	0.817, 1.932	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
**Moses Cone Hospital, Greensboro, Guilford County**

**Catheter-Associated Urinary Tract Infections (CAUTI)**

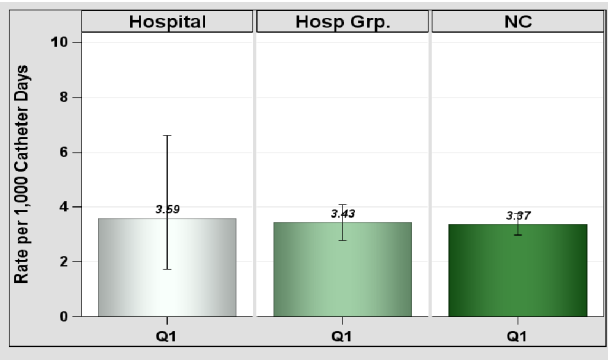


Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	3	712	4.21	1.42	2.107	0.536, 5.734	Same
Medical/surgical	3	770	3.9	0.92	.		
Neurosurgical	3	519	5.78	2.28	1.314	0.334, 3.575	Same
Pediatric medical/surgical	0	13	.	.	.		
Rehabilitation	0	141	0	0.54	.		
Surgical cardiothoracic	1	627	1.59	1.07	0.938	0.047, 4.627	Same
YTD Total for Reporting ICUs	10	2,782	3.59	6.27	1.595	0.810, 2.843	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	2	.	0.02	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

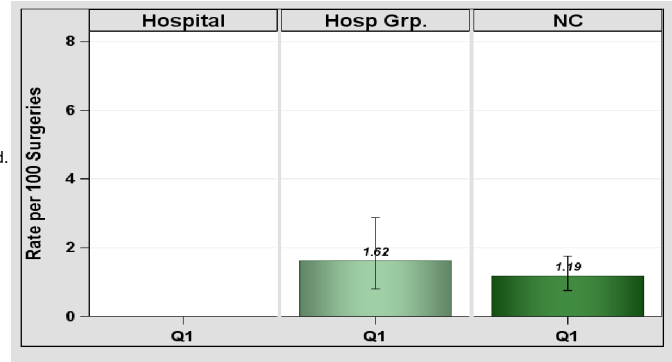


Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.

**Surgical Site Infections (SSI) after Colon Surgeries**

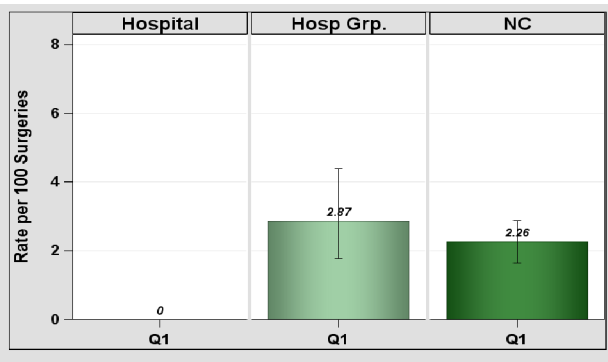


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.

Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	38	0	1.25	0	, 2.395	Same

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Commentary from Hospitals:**

Cone Health is committed to preventing Healthcare Associated Infections. We have dedicated teams of experts focused on process improvements to improve our patient outcomes. Please contact Cone Health Infection Prevention if you would like further information.

# North Carolina Healthcare-Associated Infections Report

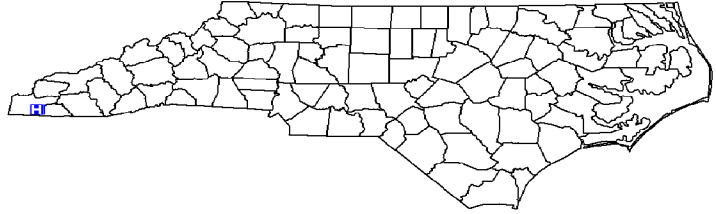
## Data from January 1 – March 31, 2014

### Murphy Medical Center, Murphy, Cherokee County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2013: 2,179  
 Patient Days in 2013: 7,563  
 Total Number of Beds: 43  
 Number of ICU Beds: 6  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 2.33

\*FTE = Full-time equivalent



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

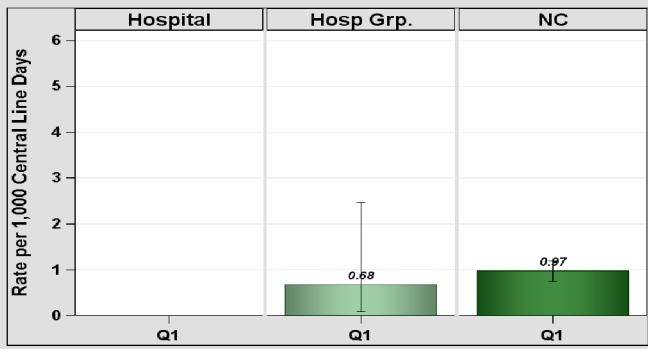


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	36	.	.	.		
YTD Total for Reporting ICUs	0	36	.	.	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	1,847	0	.	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 patient days.

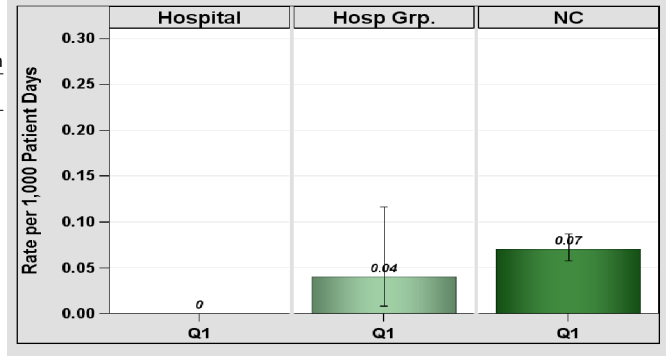


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

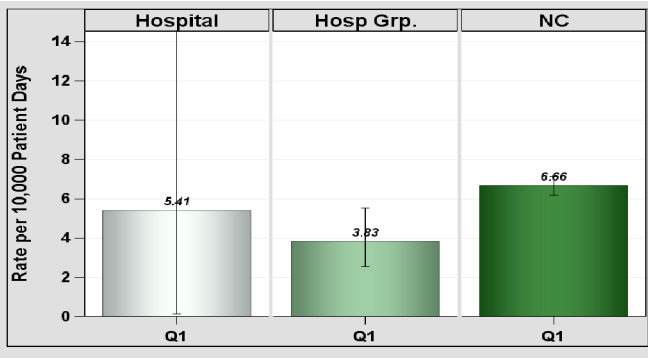


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	1,847	5.41	0.69	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
**Murphy Medical Center, Murphy, Cherokee County**

**Catheter-Associated Urinary Tract Infections (CAUTI)**

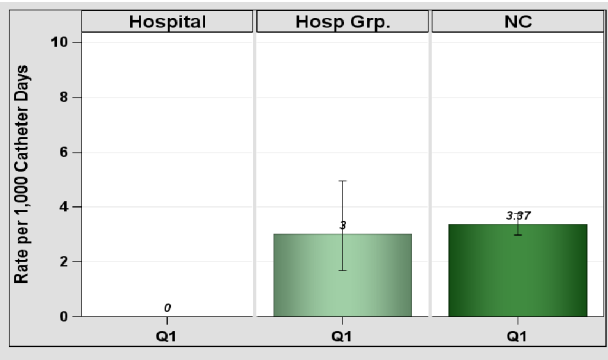


Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	150	0	0.2	.		
YTD Total for Reporting ICUs	0	150	0	0.2	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	2	.	0.01	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

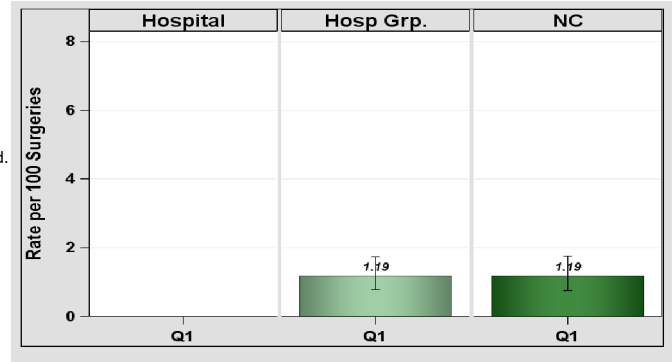


Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.

**Surgical Site Infections (SSI) after Colon Surgeries**

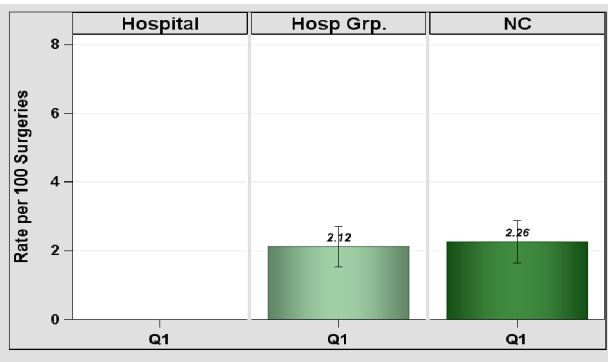


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.

Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	3	.	0.11	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Commentary from Hospitals:**  
 No comments provided.

# North Carolina Healthcare-Associated Infections Report

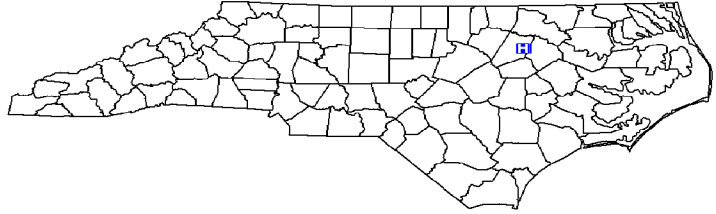
## Data from January 1 – March 31, 2014

### Nash Health Care Systems, Rocky Mount, Nash County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2013: 11,657  
 Patient Days in 2013: 52,810  
 Total Number of Beds: 237  
 Number of ICU Beds: 30  
 FTE\* Infection Preventionists: 2.00  
 Number of FTEs\* per 100 beds: 0.84

\*FTE = Full-time equivalent



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

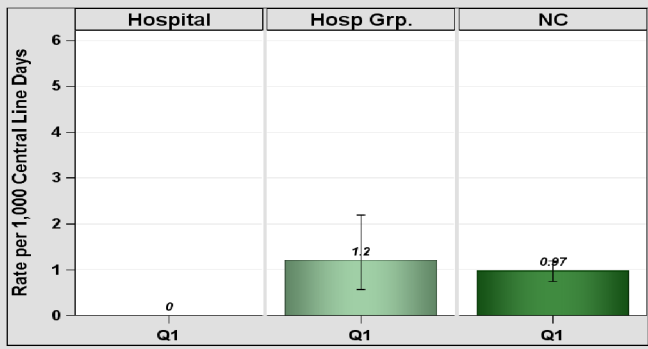


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	600	0	0.9	.		
Neonatal Level II/III	0	16	.	.	.		
YTD Total for Reporting ICUs	0	616	0	0.92	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	13,046	0	0.69	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 patient days.

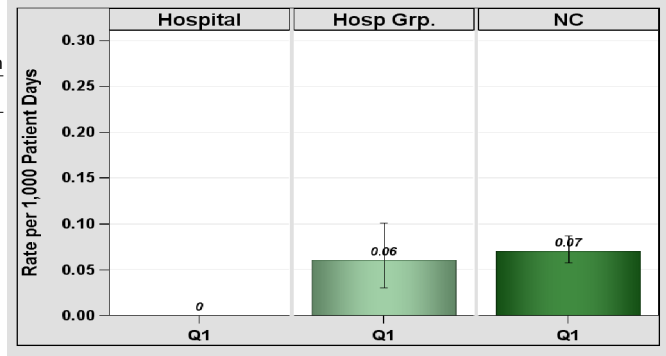


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

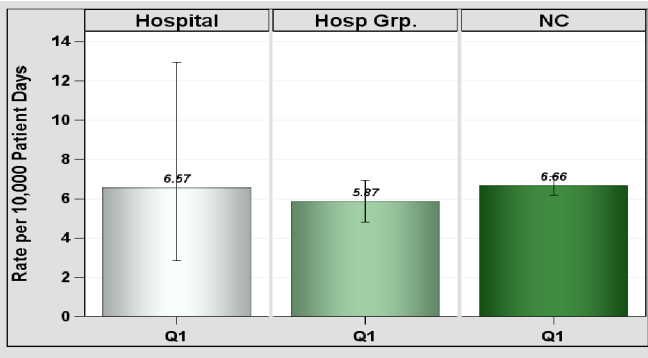


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	8	12,183	6.57	5.36	1.492	0.693, 2.834	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
 Nash Health Care Systems, Rocky Mount, Nash County

**Catheter-Associated Urinary Tract Infections (CAUTI)**

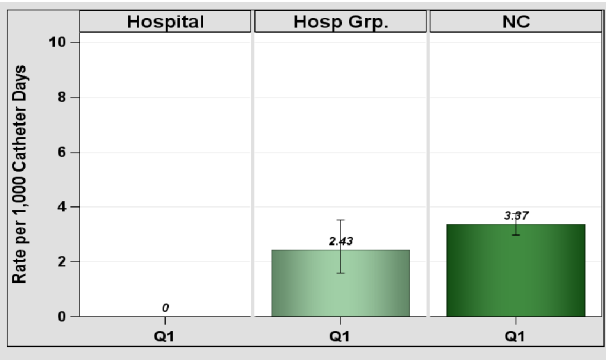


Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	702	0	0.84	.		
Rehabilitation	0	122	0	0.46	.		
YTD Total for Reporting ICUs	0	824	0	1.31	0	, 2.294	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	1	33	3.03	0.34	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

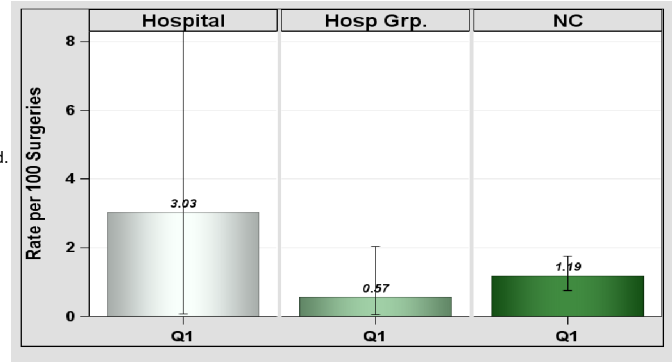


Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.

**Surgical Site Infections (SSI) after Colon Surgeries**

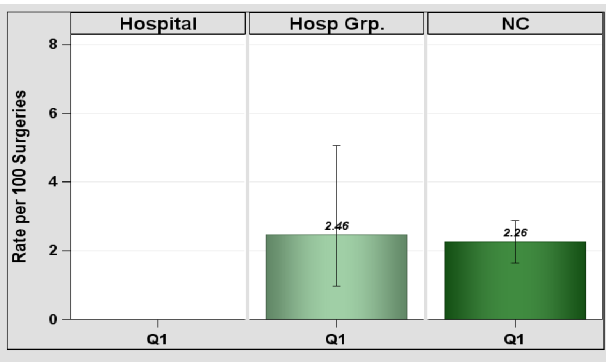


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.

Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	19	.	0.65	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Commentary from Hospitals:**  
 No comments provided.

# North Carolina Healthcare-Associated Infections Report

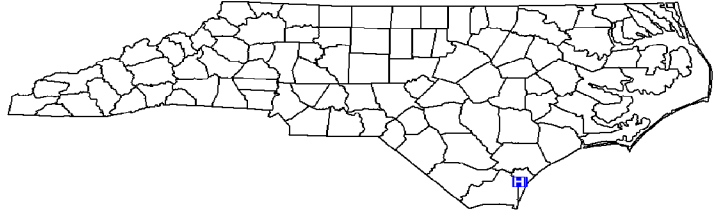
## Data from January 1 – March 31, 2014

### New Hanover Regional Medical Center, Wilmington, New Hanover County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: Major  
 Profit Status: Not for Profit  
 Admissions in 2013: 36,520  
 Patient Days in 2013: 175,142  
 Total Number of Beds: 579  
 Number of ICU Beds: 112  
 FTE\* Infection Preventionists: 4.00  
 Number of FTEs\* per 100 beds: 0.69

\*FTE = Full-time equivalent



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

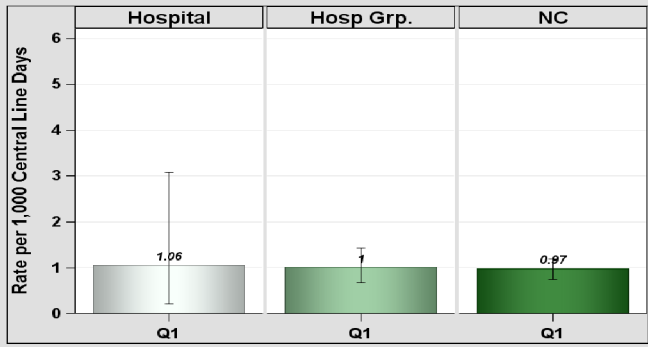


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	488	0	1.27	0	, 2.361	Same
Medical cardiac	2	687	2.91	1.37	1.456	0.244, 4.809	Same
Medical/surgical	0	10	.	.	.		
Neonatal Level II/III	0	519	0	0.97	.		
Pediatric medical/surgical	0	53	0	0.16	.		
Surgical	1	583	1.72	1.34	0.746	0.037, 3.678	Same
Surgical cardiothoracic	0	499	0	0.7	.		
YTD Total for Reporting ICUs	3	2,839	1.06	5.84	0.514	0.131, 1.399	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	2	44,520	0.04	5.58	0.359	0.060, 1.185	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 patient days.

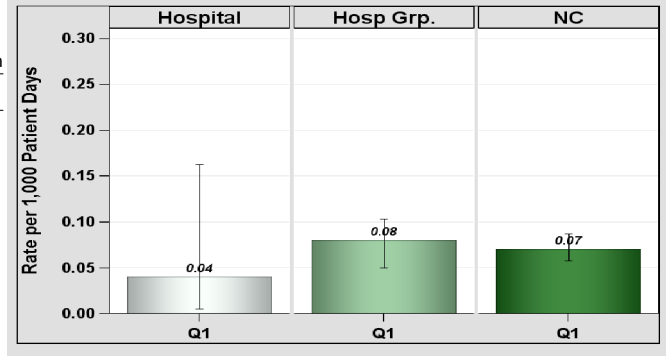


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

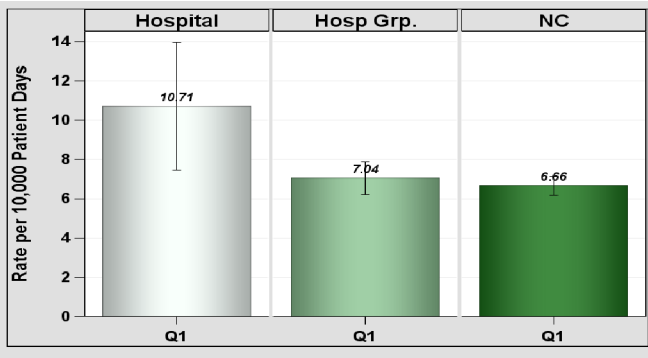


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	42	39,211	10.7	25.47	1.649	1.204, 2.208	Higher

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 10,000 patient days.



**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
**New Hanover Regional Medical Center, Wilmington, New Hanover County**

**Catheter-Associated Urinary Tract Infections (CAUTI)**

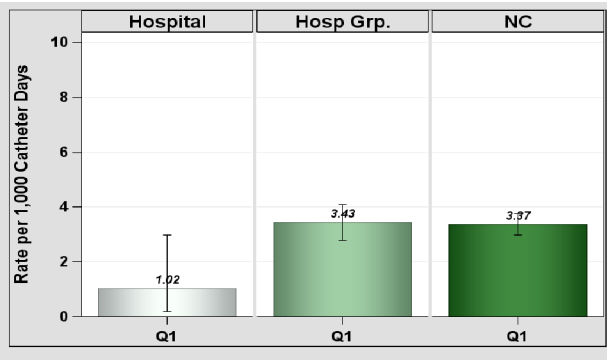


Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	1	517	1.93	1.19	0.841	0.042, 4.148	Same
Medical cardiac	1	939	1.06	1.88	0.532	0.027, 2.626	Same
Medical/surgical	0	66	0	0.15	.		
Pediatric medical/surgical	0	25	.	.	.		
Rehabilitation	0	119	0	0.45	.		
Surgical	1	836	1.2	2.17	0.46	0.023, 2.269	Same
Surgical cardiothoracic	0	426	0	0.72	.		
YTD Total for Reporting ICUs	3	2,928	1.02	6.64	0.452	0.115, 1.230	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	2	120	1.67	1.18	1.696	0.284, 5.605	Same

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

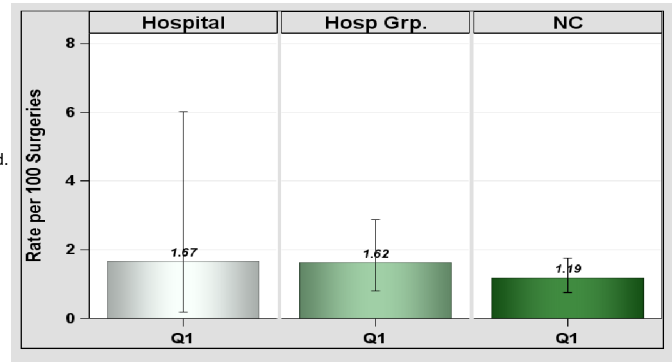


Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.

**Surgical Site Infections (SSI) after Colon Surgeries**

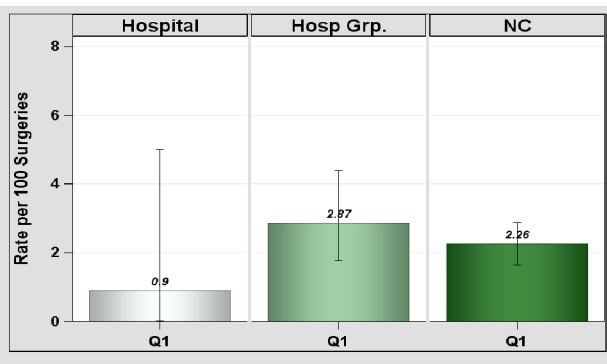


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.

Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	1	111	0.9	3.57	0.28	0.014, 1.383	Same

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Commentary from Hospitals:**

At New Hanover Regional Medical Center we take patient safety and quality care extremely seriously. We implement the latest science-based protocols to prevent hospital-acquired infection. We study and adopt best practices, evidence-based medicine and recommendations from national agencies to deliver the best possible outcomes for our patients. We encourage patients and their families to take an active role in helping prevent infections. Our team of infection preventionists works with all staff to ensure they are focused on delivering the highest quality of care possible. We are proud of our success and our ongoing quest to keep preventable infections to an absolute minimum.

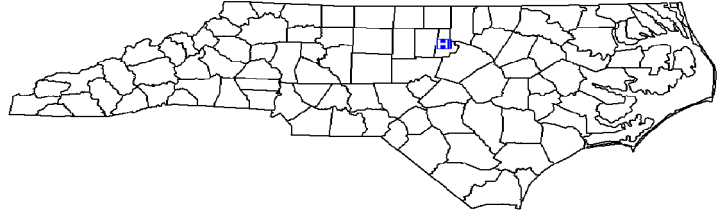
# North Carolina Healthcare-Associated Infections Report

## Data from January 1 – March 31, 2014

### North Carolina Specialty Hospital, Durham, Durham County

#### 2013 Hospital Survey Information

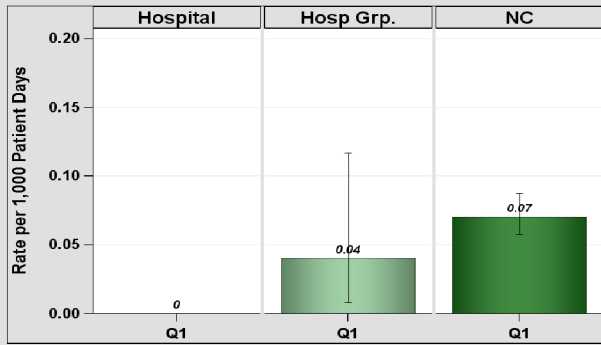
Hospital Type: Acute Care Hospital  
 Profit Status: Physician-owned  
 Admissions in 2013: 2,041  
 Patient Days in 2013: 3,573  
 Total Number of Beds: 18  
 FTE\* Infection Preventionists: 0.70  
 Number of FTEs\* per 100 beds: 3.89



\*FTE = Full-time equivalent

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID Bacteremia)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*



**Table 1. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.**

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	959	0	.	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 patient days.

**Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.**

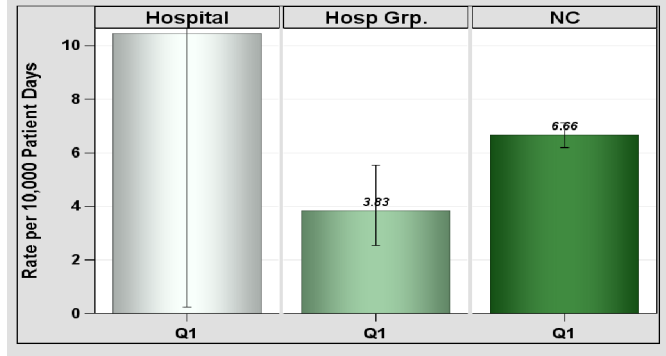
#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

**Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.**

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	959	10.4	.	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 10,000 patient days.



**Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.**

#### Other Healthcare-Associated Infections (HAIs)

Specialty acute care hospitals do not report CLABSIs, CAUTIs, or SSIs to the N.C. Division of Public Health.

**Commentary from Hospitals:**  
 No comments provided.

Refer to the HAI in N.C. Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics ([epi.publichealth.nc.gov/cd/hai/figures.html](http://epi.publichealth.nc.gov/cd/hai/figures.html)).  
 Data as of June 26, 2014.

# North Carolina Healthcare-Associated Infections Report

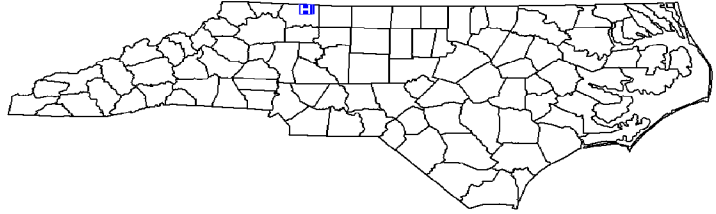
## Data from January 1 – March 31, 2014

### Northern Hospital Of Surry County, Mount Airy, Surry County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2013: 4,138  
 Patient Days in 2013: 13,398  
 Total Number of Beds: 100  
 Number of ICU Beds: 10  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 1.00

\*FTE = Full-time equivalent



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

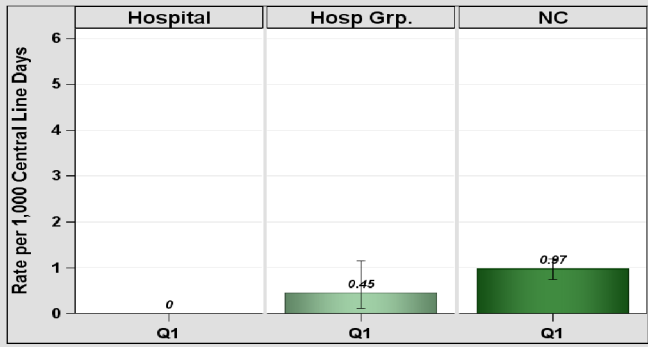


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	103	0	0.15	.		
YTD Total for Reporting ICUs	0	103	0	0.15	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	4,025	0	0.31	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 patient days.

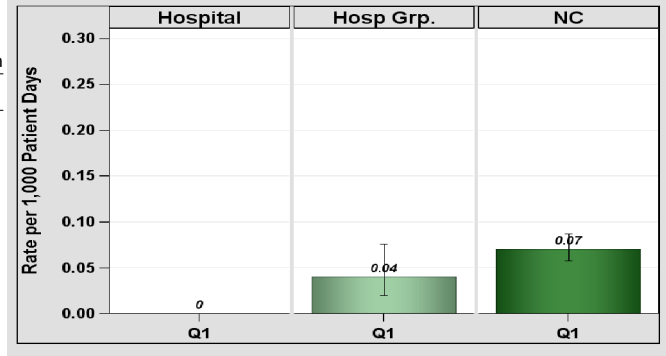


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

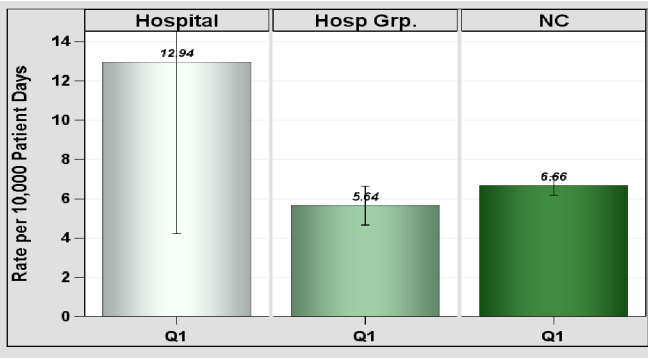


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

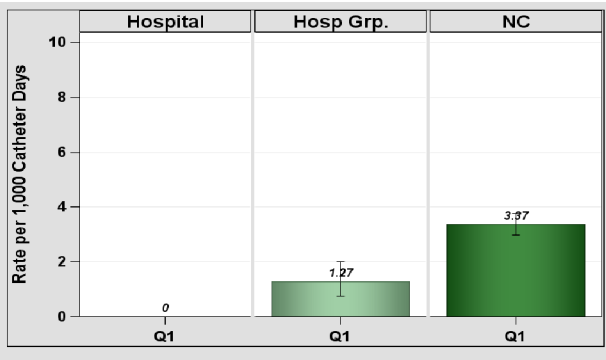
Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	5	3,865	12.9	1.7	2.934	1.075, 6.504	Higher

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
 Northern Hospital Of Surry County, Mount Airy, Surry County

**Catheter-Associated Urinary Tract Infections (CAUTI)**



**Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.**

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	231	0	0.3	.		
YTD Total for Reporting ICUs	0	231	0	0.3	.		

**Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.**

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

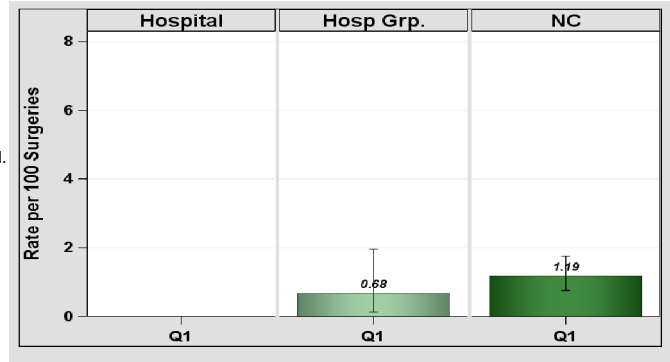
**Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.**

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	13	.	0.11	.		

Infections from deep incisional and/or organ space.

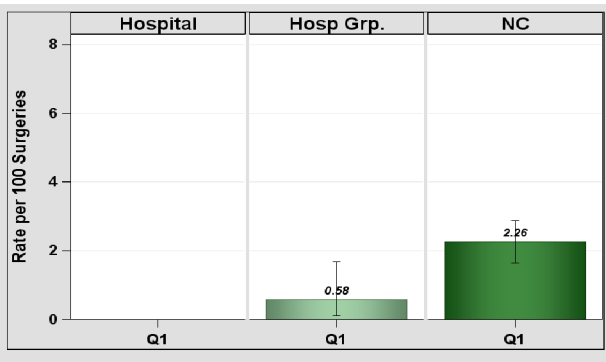
\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.



**Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.**

**Surgical Site Infections (SSI) after Colon Surgeries**



**Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.**

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	1	9	.	0.26	.		

Infections from deep incisional and/or organ space.

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.**

**Commentary from Hospitals:**  
 No comments provided.

# North Carolina Healthcare-Associated Infections Report

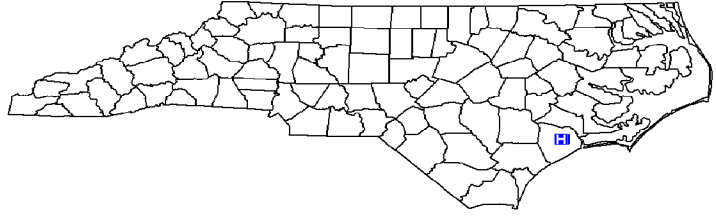
## Data from January 1 – March 31, 2014

### Onslow Memorial Hospital, Jacksonville, Onslow County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2013: 9,351  
 Patient Days in 2013: 34,322  
 Total Number of Beds: 162  
 Number of ICU Beds: 30  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 0.62

\*FTE = Full-time equivalent



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

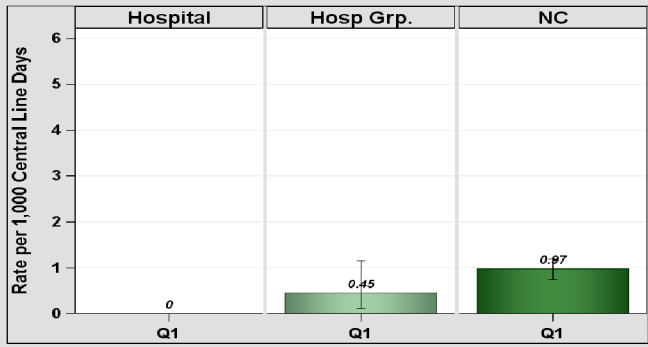


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	273	0	0.41	.		
YTD Total for Reporting ICUs	0	273	0	0.41	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	8,459	0	0.52	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 patient days.

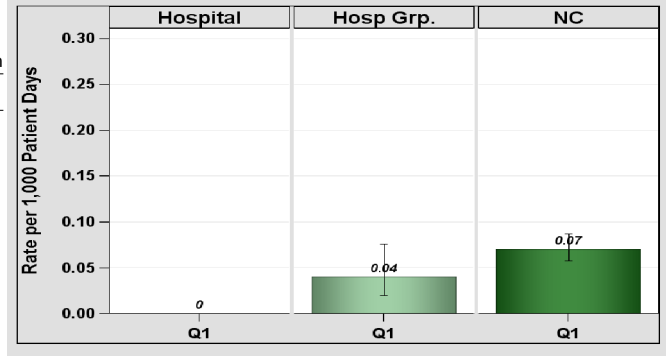


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

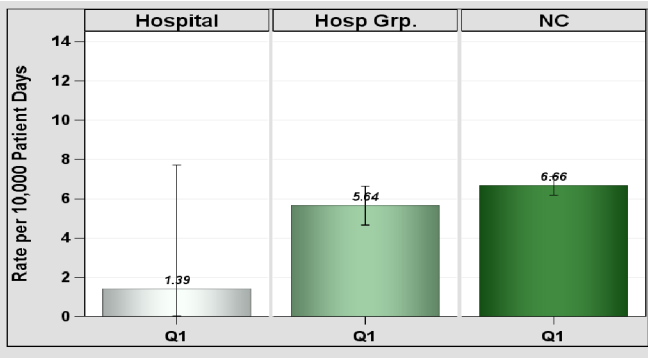


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	7,215	1.39	3.8	0.263	0.013, 1.299	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
**Onslow Memorial Hospital, Jacksonville, Onslow County**

**Catheter-Associated Urinary Tract Infections (CAUTI)**

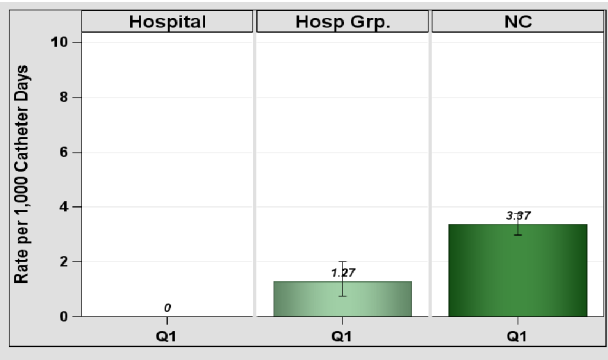


Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	565	0	0.73	.		
YTD Total for Reporting ICUs	0	565	0	0.73	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	4	.	0.04	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

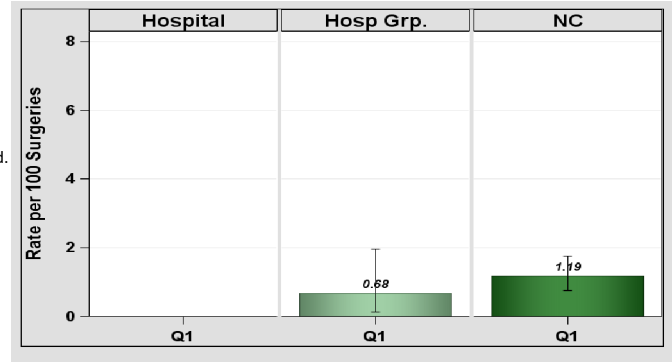


Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.

**Surgical Site Infections (SSI) after Colon Surgeries**

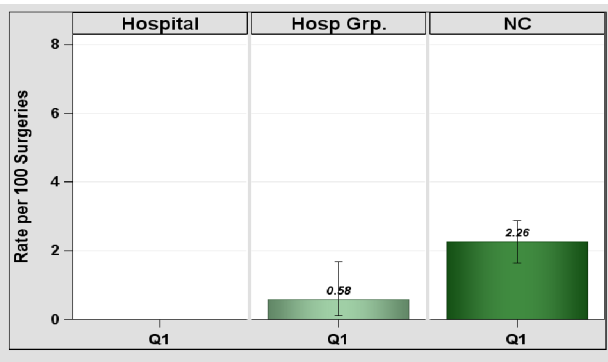


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.

Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	7	.	0.19	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Commentary from Hospitals:**  
 No comments provided.

# North Carolina Healthcare-Associated Infections Report

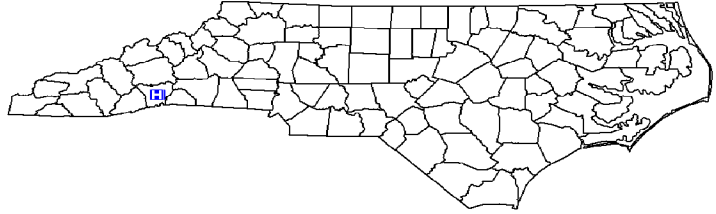
## Data from January 1 – March 31, 2014

### Pardee Hospital, Hendersonville, Henderson County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: Graduate  
 Profit Status: Not for Profit  
 Admissions in 2013: 7,242  
 Patient Days in 2013: 30,116  
 Total Number of Beds: 138  
 Number of ICU Beds: 8  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 0.72

\*FTE = Full-time equivalent



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

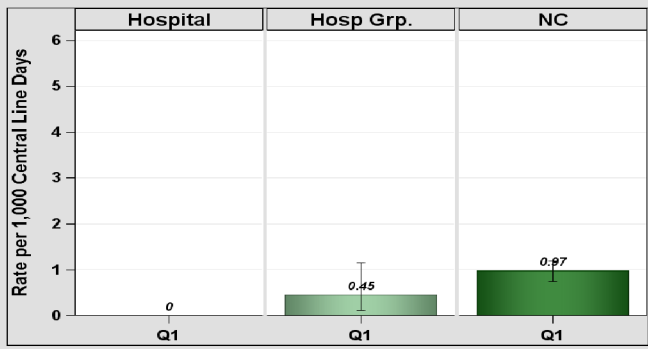


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	57	0	0.09	.		
YTD Total for Reporting ICUs	0	57	0	0.09	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	7,239	0	0.34	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 patient days.

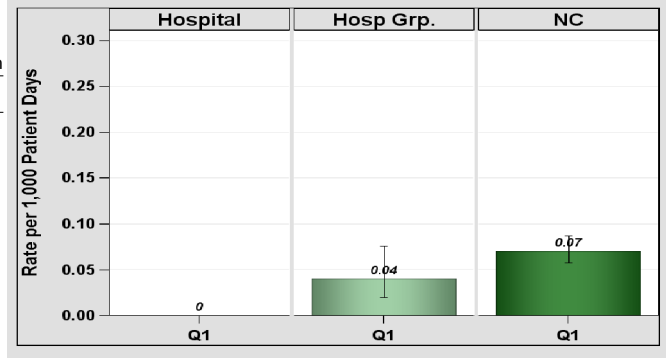


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

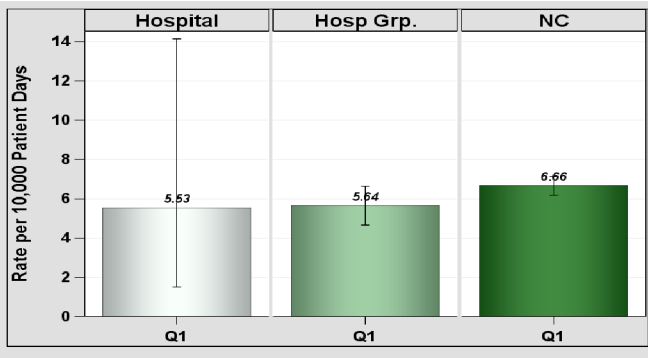


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	4	7,239	5.53	3.92	1.021	0.325, 2.464	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
**Pardee Hospital, Hendersonville, Henderson County**

**Catheter-Associated Urinary Tract Infections (CAUTI)**

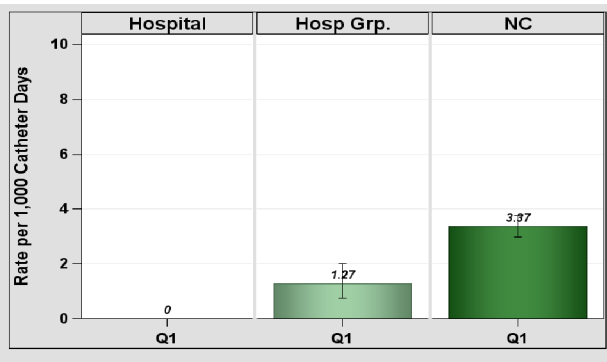


Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	327	0	0.43	.		
YTD Total for Reporting ICUs	0	327	0	0.43	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	11	.	0.13	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

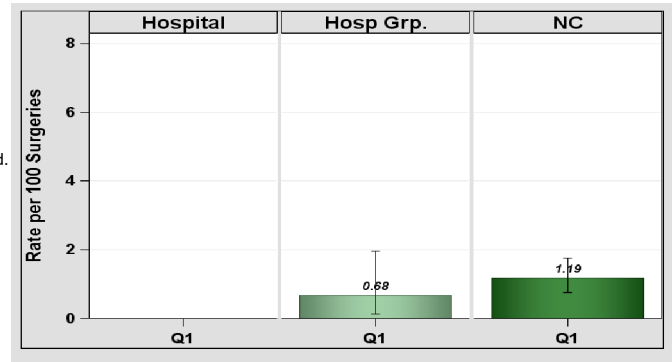


Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.

**Surgical Site Infections (SSI) after Colon Surgeries**

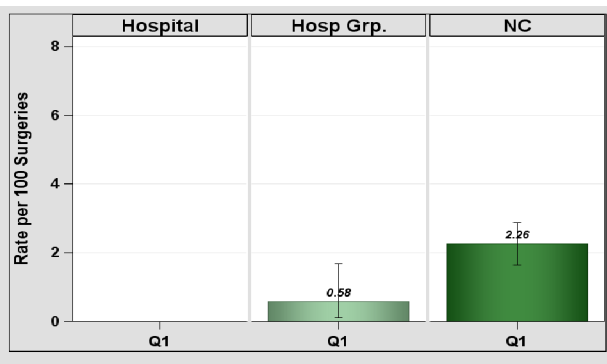


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.

Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	0	.	0	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Commentary from Hospitals:**  
 No comments provided.



# North Carolina Healthcare-Associated Infections Report

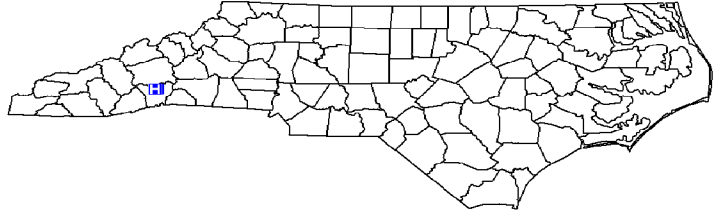
## Data from January 1 – March 31, 2014

### Park Ridge Health, Hendersonville, Henderson County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2013: 8,345  
 Patient Days in 2013: 22,934  
 Total Number of Beds: 103  
 Number of ICU Beds: 6  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 0.97

\*FTE = Full-time equivalent



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

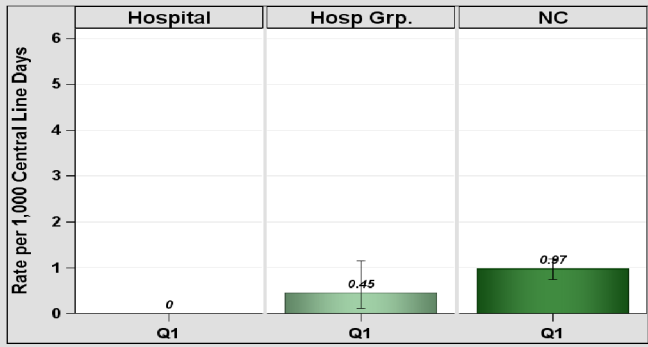


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	168	0	0.32	.		
YTD Total for Reporting ICUs	0	168	0	0.32	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	5,488	0	0.2	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 patient days.

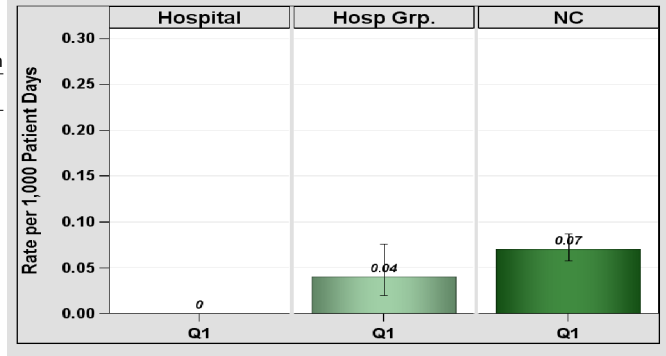


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

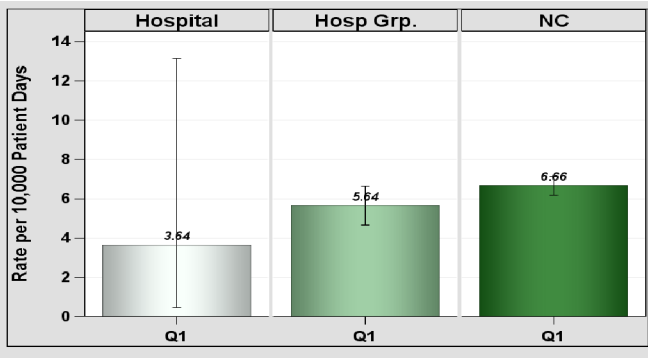


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

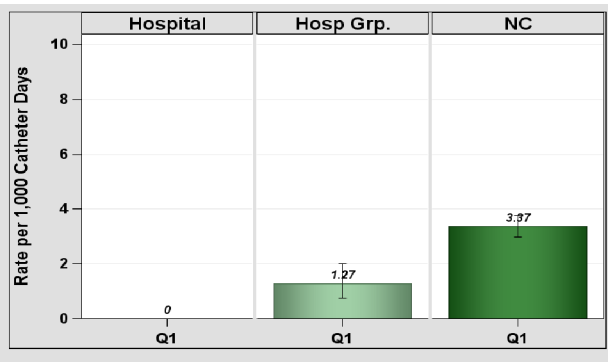
Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	2	5,488	3.64	2.28	0.879	0.147, 2.903	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
 Park Ridge Health, Hendersonville, Henderson County

**Catheter-Associated Urinary Tract Infections (CAUTI)**



**Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.**

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	237	0	0.47	.		
YTD Total for Reporting ICUs	0	237	0	0.47	.		

**Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.**

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

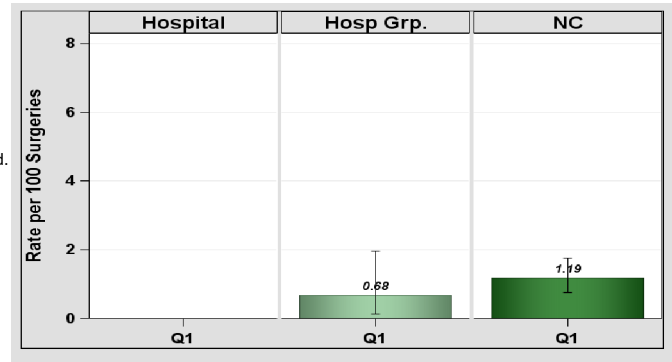
**Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.**

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	17	.	0.19	.		

Infections from deep incisional and/or organ space.

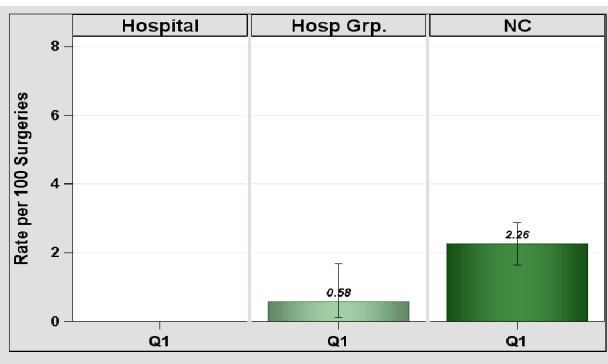
\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.



**Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.**

**Surgical Site Infections (SSI) after Colon Surgeries**



**Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.**

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	9	.	0.33	.		

Infections from deep incisional and/or organ space.

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.**

**Commentary from Hospitals:**  
 No comments provided.

# North Carolina Healthcare-Associated Infections Report

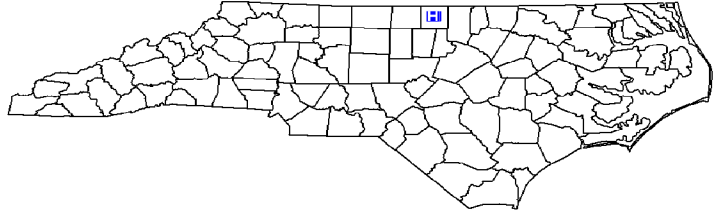
## Data from January 1 – March 31, 2014

### Person Memorial Hospital, Roxboro, Person County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: For Profit  
 Admissions in 2013: 1,645  
 Patient Days in 2013: 6,010  
 Total Number of Beds: 38  
 Number of ICU Beds: 6  
 FTE\* Infection Preventionists: 0.40  
 Number of FTEs\* per 100 beds: 1.05

\*FTE = Full-time equivalent



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

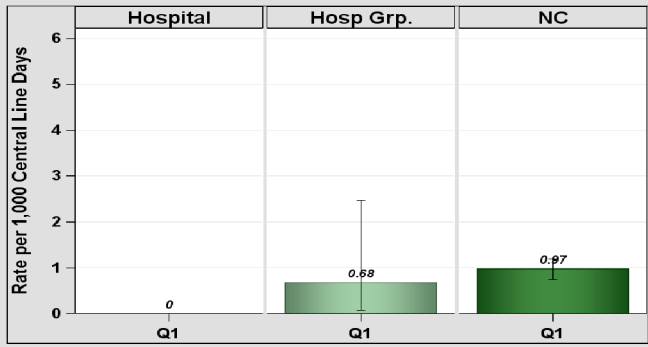


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	51	0	0.08	.		
YTD Total for Reporting ICUs	0	51	0	0.08	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	1,527	0	0.1	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 patient days.

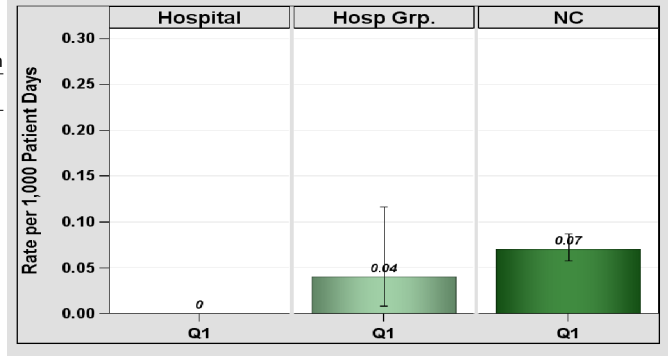


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

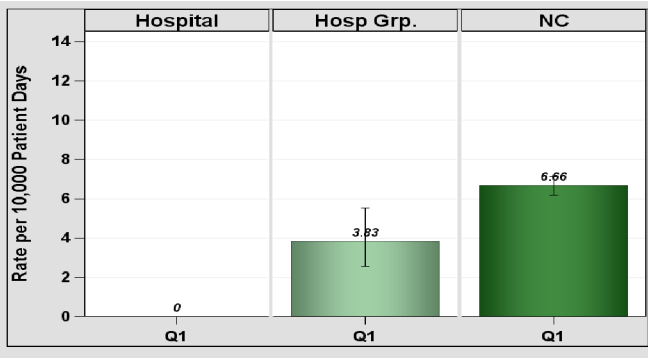


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

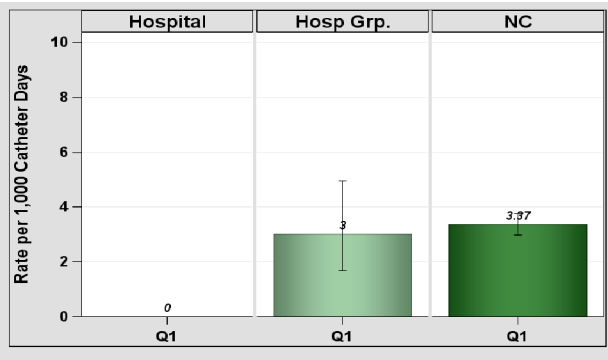
Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	1,527	0	0.73	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
**Person Memorial Hospital, Roxboro, Person County**

**Catheter-Associated Urinary Tract Infections (CAUTI)**



**Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.**

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	182	0	0.24	.		
YTD Total for Reporting ICUs	0	182	0	0.24	.		

**Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.**

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

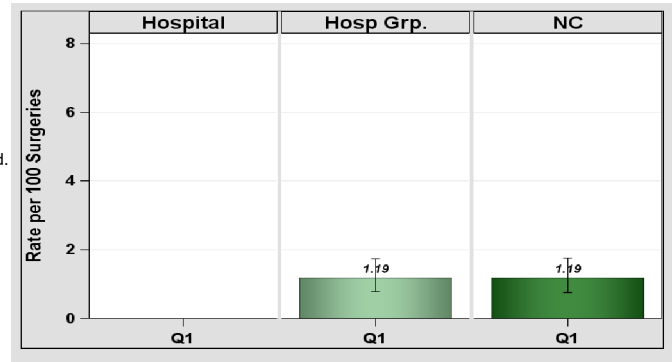
**Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.**

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	0	.	0	.		

Infections from deep incisional and/or organ space.

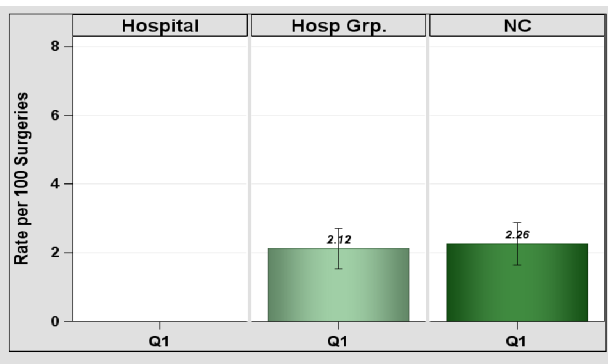
\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.



**Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.**

**Surgical Site Infections (SSI) after Colon Surgeries**



**Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.**

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	5	.	0.18	.		

Infections from deep incisional and/or organ space.

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.**

**Commentary from Hospitals:**  
 No comments provided.

# North Carolina Healthcare-Associated Infections Report

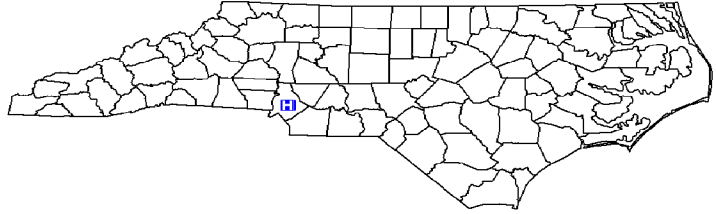
## Data from January 1 – March 31, 2014

### Presbyterian Hospital-Charlotte, Charlotte, Mecklenburg County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2013: 26,818  
 Patient Days in 2013: 152,525  
 Total Number of Beds: 609  
 Number of ICU Beds: 86  
 FTE\* Infection Preventionists: 4.50  
 Number of FTEs\* per 100 beds: 0.74

\*FTE = Full-time equivalent



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

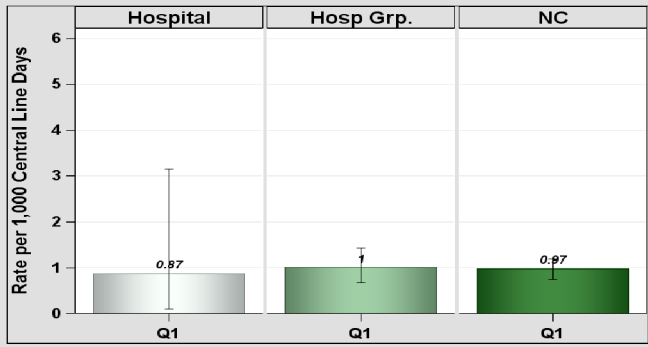


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	1	546	1.83	1.09	0.916	0.046, 4.516	Same
Medical/surgical	0	821	0	1.23	0	, 2.433	Same
Neonatal Level III	1	509	1.96	1.24	0.809	0.040, 3.990	Same
Neurosurgical	0	195	0	0.49	.		
Pediatric medical/surgical	0	99	0	0.3	.		
Surgical cardiothoracic	0	122	0	0.17	.		
YTD Total for Reporting ICUs	2	2,292	0.87	4.51	0.443	0.074, 1.464	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	37,182	0.03	1.92	0.52	0.026, 2.564	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 patient days.

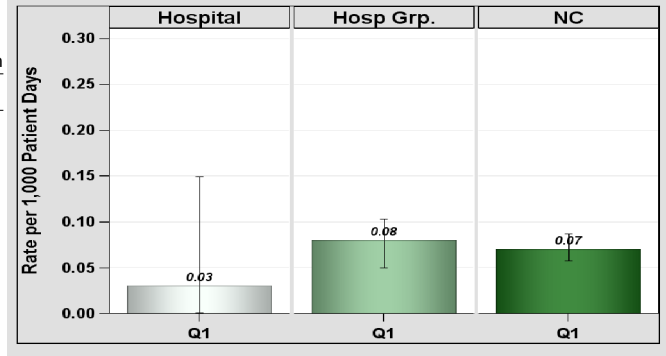


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

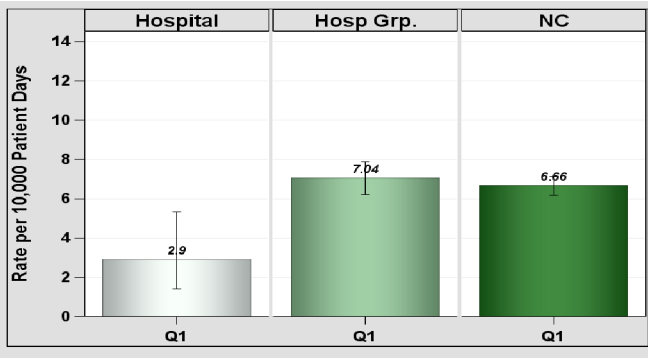


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	10	34,521	2.9	16.19	0.618	0.314, 1.101	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
 Presbyterian Hospital-Charlotte, Charlotte, Mecklenburg County

**Catheter-Associated Urinary Tract Infections (CAUTI)**

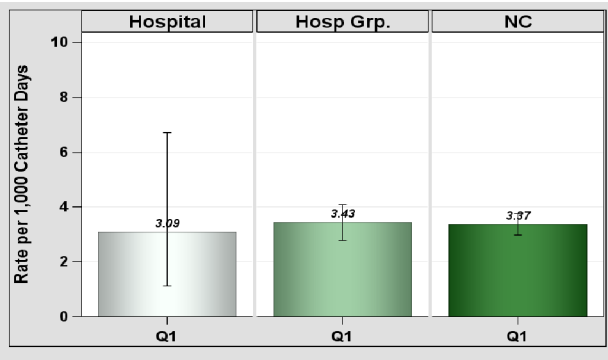


Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	3	604	4.97	1.21	2.483	0.632, 6.759	Same
Medical/surgical	2	747	2.68	0.97	.		
Neurosurgical	1	364	2.75	1.6	0.624	0.031, 3.079	Same
Pediatric medical/surgical	0	55	0	0.15	.		
Surgical cardiothoracic	0	172	0	0.29	.		
YTD Total for Reporting ICUs	6	1,942	3.09	4.23	1.419	0.575, 2.952	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	62	0	0.6	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

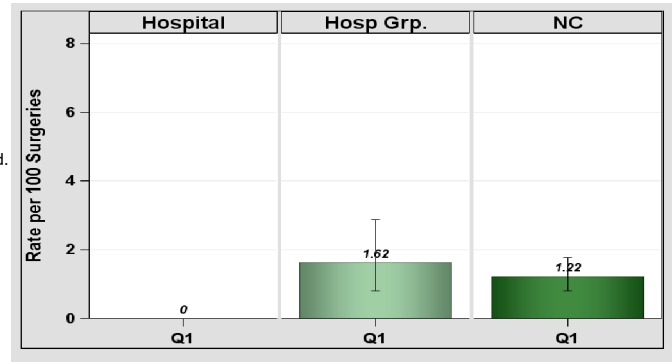


Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.

**Surgical Site Infections (SSI) after Colon Surgeries**

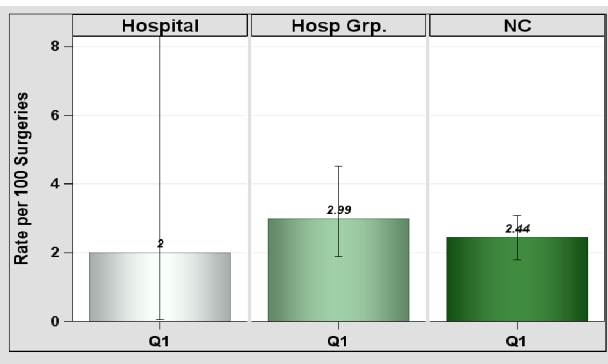


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.

Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	1	50	2	1.55	0.645	0.032, 3.180	Same

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Commentary from Hospitals:**

At Novant Health, the safety of our patients comes first. Our goal is to have the lowest possible infection rates and we continually monitor infection prevention tactics for improvement opportunities. We support transparency in reporting infection rates and make common infection data available on our website. More information can be found under "quality" on NovantHealth.org.

# North Carolina Healthcare-Associated Infections Report

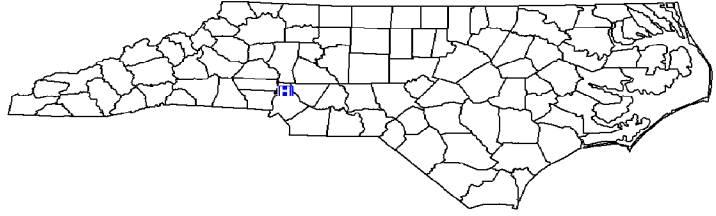
## Data from January 1 – March 31, 2014

### Presbyterian Hospital-Huntersville, Huntersville, Mecklenburg County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2013: 6,035  
 Patient Days in 2013: 21,139  
 Total Number of Beds: 75  
 Number of ICU Beds: 8  
 FTE\* Infection Preventionists: 0.80  
 Number of FTEs\* per 100 beds: 1.07

\*FTE = Full-time equivalent



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

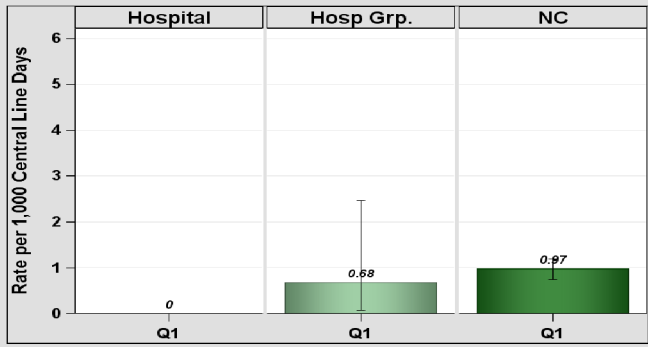


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	216	0	0.32	.		
Neonatal Level II/III	0	6	.	.	.		
YTD Total for Reporting ICUs	0	222	0	0.34	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	5,722	0	0.24	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 patient days.

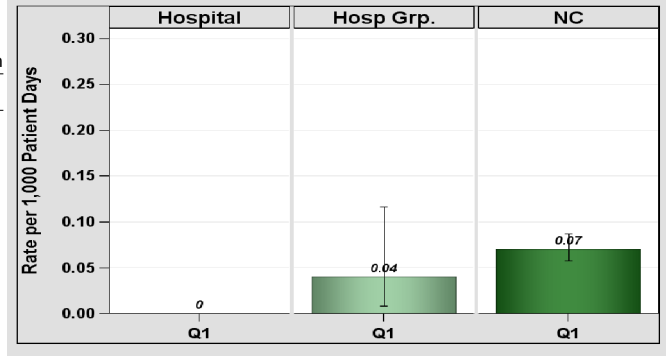


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

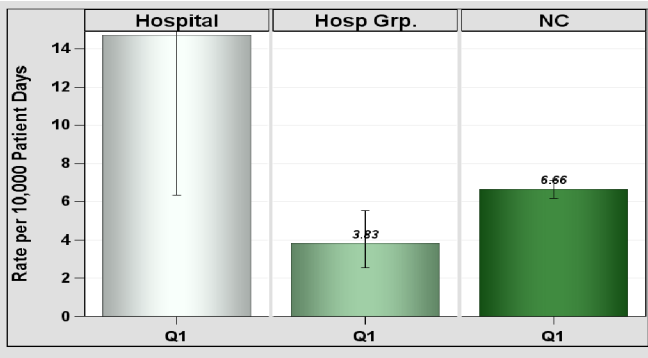


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

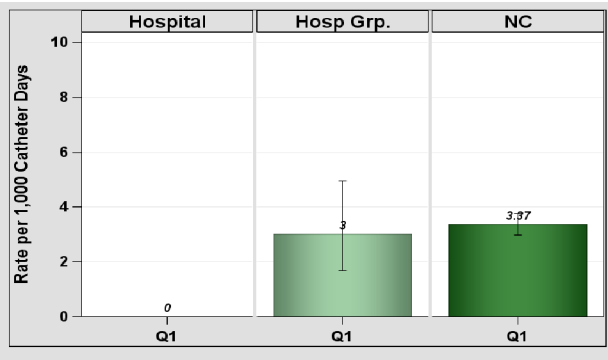
Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	8	5,455	14.7	2.4	3.339	1.551, 6.340	Higher

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
 Presbyterian Hospital-Huntersville, Huntersville, Mecklenburg County

**Catheter-Associated Urinary Tract Infections (CAUTI)**



**Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.**

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	319	0	0.41	.		
YTD Total for Reporting ICUs	0	319	0	0.41	.		

**Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.**

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

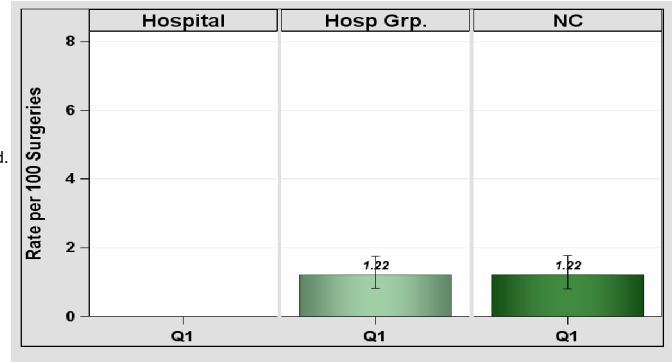
**Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.**

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	5	.	0.03	.		

Infections from deep incisional and/or organ space.

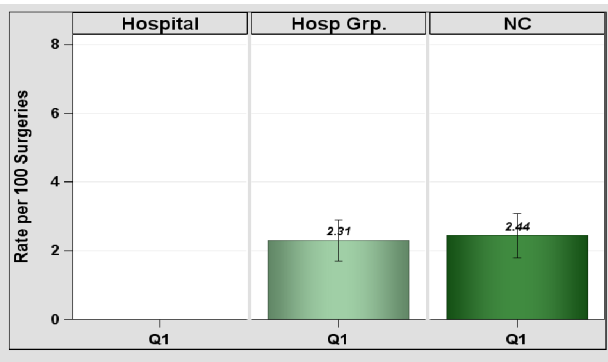
\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.



**Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.**

**Surgical Site Infections (SSI) after Colon Surgeries**



**Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.**

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	13	.	0.37	.		

Infections from deep incisional and/or organ space.

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.**

**Commentary from Hospitals:**

At Novant Health, the safety of our patients comes first. Our goal is to have the lowest possible infection rates and we continually monitor infection prevention tactics for improvement opportunities. We support transparency in reporting infection rates and make common infection data available on our website. More information can be found under "quality" on NovantHealth.org.



# North Carolina Healthcare-Associated Infections Report

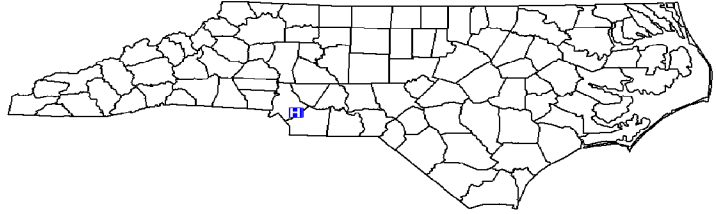
## Data from January 1 – March 31, 2014

### Novant Health Matthews Medical Center, Matthews, Mecklenburg County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2013: 7,733  
 Patient Days in 2013: 29,476  
 Total Number of Beds: 137  
 Number of ICU Beds: 18  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 0.73

\*FTE = Full-time equivalent



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

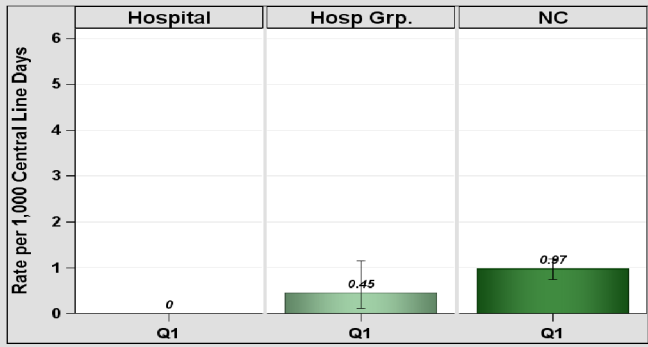


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	257	0	0.39	.		
Neonatal Level II/III	0	18	.	.	.		
YTD Total for Reporting ICUs	0	275	0	0.41	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	8,314	0	0.38	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 patient days.

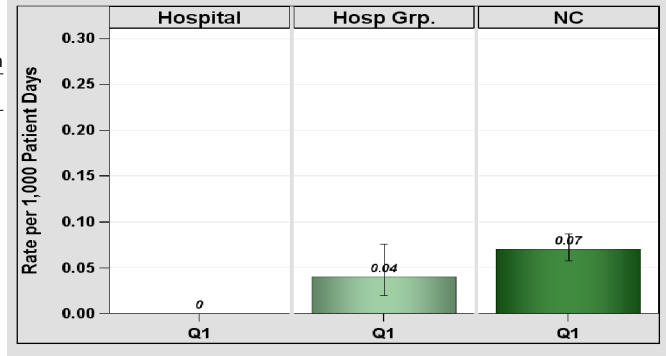


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

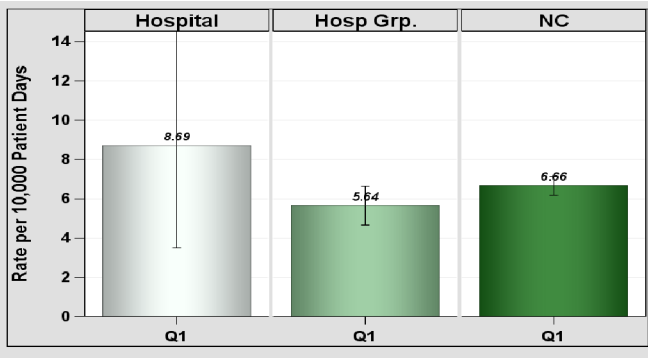


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	7	8,055	8.69	4.24	1.653	0.723, 3.269	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
 Novant Health Matthews Medical Center, Matthews, Mecklenburg County

**Catheter-Associated Urinary Tract Infections (CAUTI)**

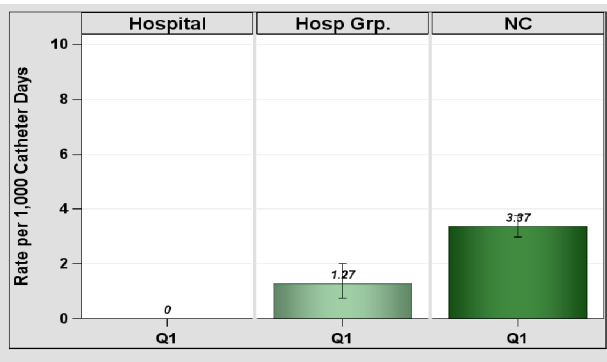


Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	203	0	0.26	.		
YTD Total for Reporting ICUs	0	203	0	0.26	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	11	.	0.11	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

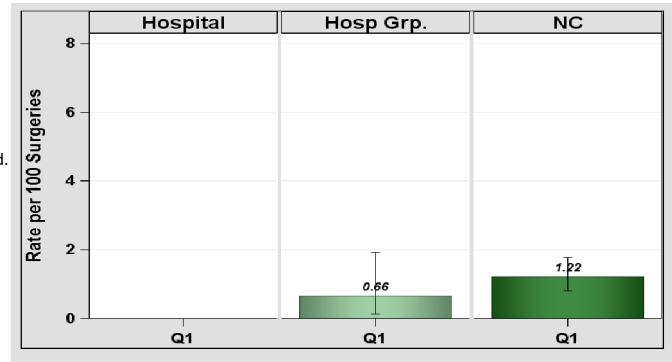


Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.

**Surgical Site Infections (SSI) after Colon Surgeries**

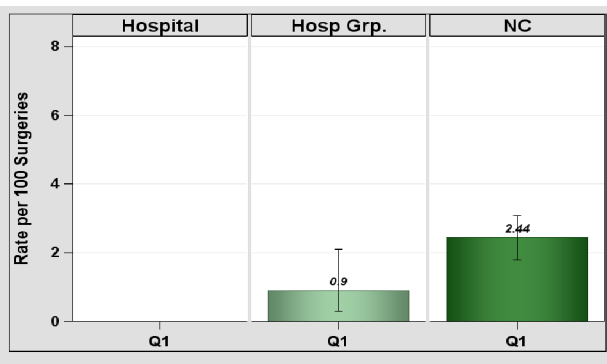


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.

Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	1	19	.	0.59	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

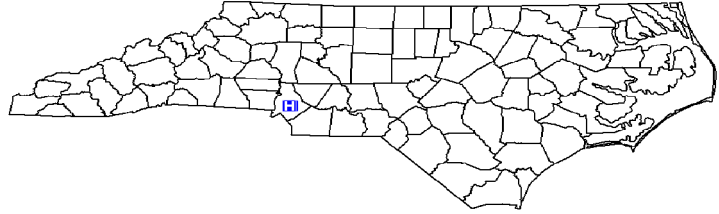
**Commentary from Hospitals:**

At Novant Health, the safety of our patients comes first. Our goal is to have the lowest possible infection rates and we continually monitor infection prevention tactics for improvement opportunities. We support transparency in reporting infection rates and make common infection data available on our website. More information can be found under "quality" on NovantHealth.org.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
 Presbyterian Orthopaedic Hospital, Charlotte, Mecklenburg County

**2013 Hospital Survey Information**

Hospital Type: Specialty Acute Care Hospital  
 Profit Status: Not for Profit  
 Admissions in 2013: 3,731  
 Patient Days in 2013: 14,269  
 Total Number of Beds: 80  
 FTE\* Infection Preventionists: 0.50  
 Number of FTEs\* per 100 beds: 0.63



\*FTE = Full-time equivalent

**Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID Bacteremia)**

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

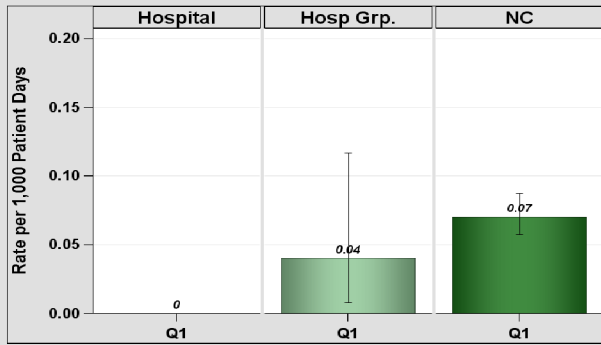


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	3,028	0	.	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 patient days.

**Clostridium difficile Laboratory-Identified Infections (CDI LabID)**

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	3,028	0	.	0	, 2.664	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 10,000 patient days.

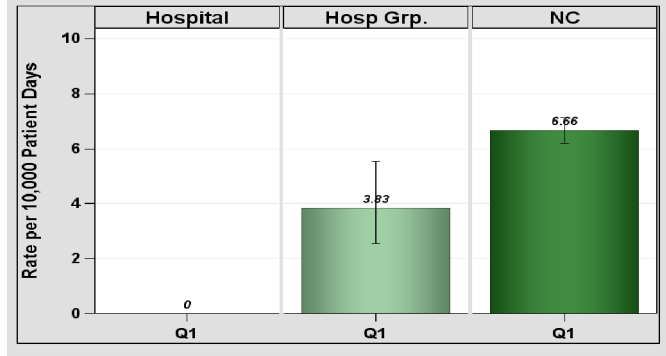


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

**Other Healthcare-Associated Infections (HAIs)**

Specialty acute care hospitals do not report CLABSIs, CAUTIs, or SSIs to the N.C. Division of Public Health.

**Commentary from Hospitals:**  
 No comments provided.

Refer to the HAI in N.C. Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics ([epi.publichealth.nc.gov/cd/hai/figures.html](http://epi.publichealth.nc.gov/cd/hai/figures.html)).  
 Data as of June 26, 2014.

# North Carolina Healthcare-Associated Infections Report

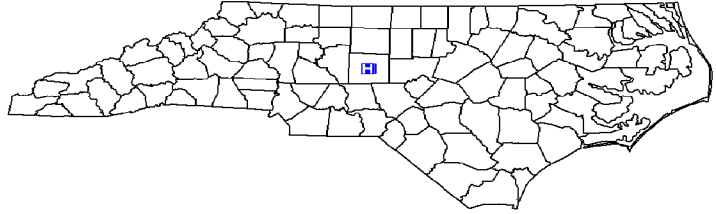
## Data from January 1 – March 31, 2014

### Randolph Hospital, Asheboro, Randolph County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2013: 5,433  
 Patient Days in 2013: 21,208  
 Total Number of Beds: 102  
 Number of ICU Beds: 9  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 0.98

\*FTE = Full-time equivalent



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

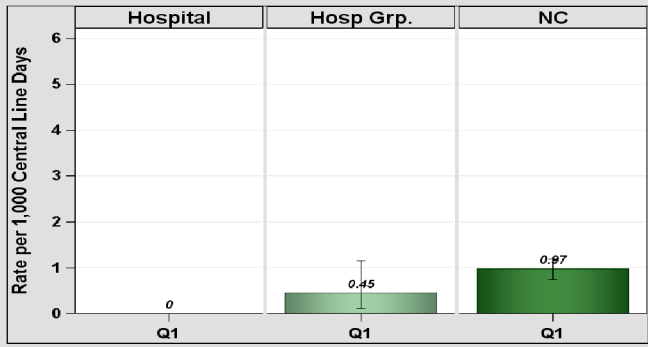


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	292	0	0.44	.		
YTD Total for Reporting ICUs	0	292	0	0.44	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	5,429	0	0.32	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 patient days.

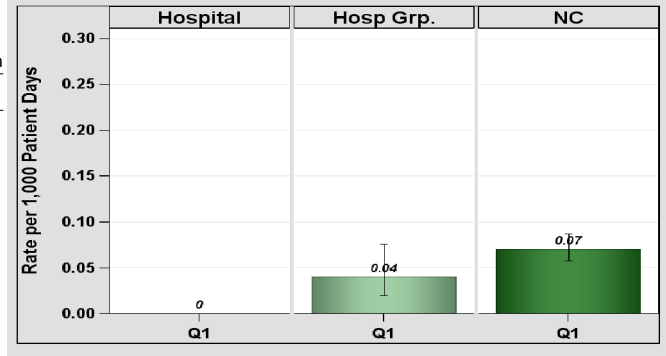


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

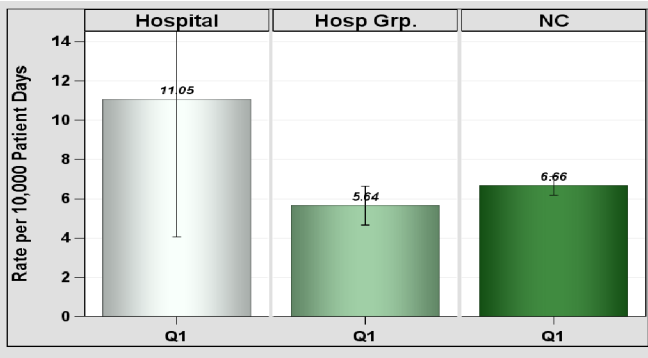


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	6	5,429	11.1	2.7	2.22	0.900, 4.617	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
**Randolph Hospital, Asheboro, Randolph County**

**Catheter-Associated Urinary Tract Infections (CAUTI)**

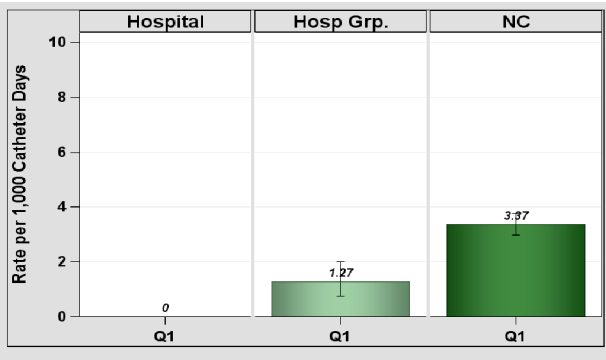


Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	416	0	0.54	.		
YTD Total for Reporting ICUs	0	416	0	0.54	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	14	.	0.16	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

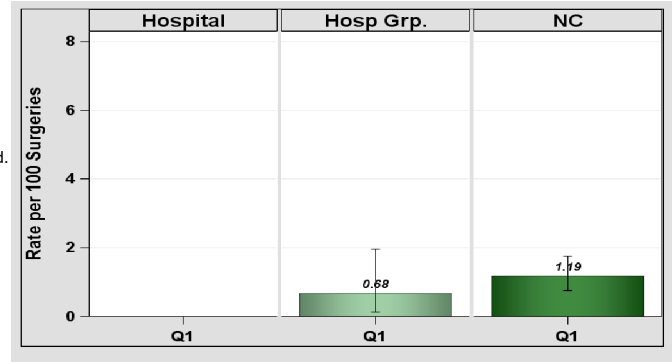


Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.

**Surgical Site Infections (SSI) after Colon Surgeries**

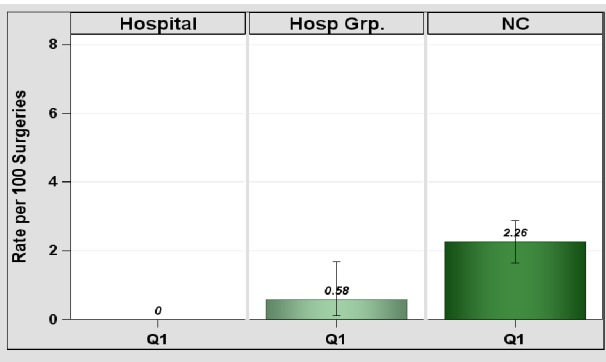


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.

Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	31	0	1.01	0	, 2.969	Same

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Commentary from Hospitals:**  
 No comments provided.

# North Carolina Healthcare-Associated Infections Report

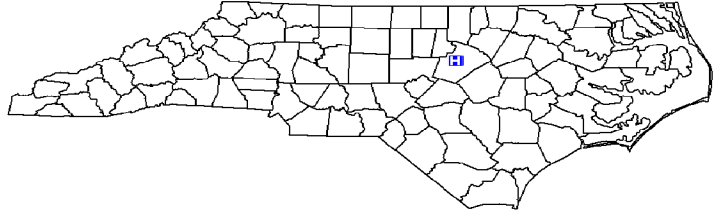
## Data from January 1 – March 31, 2014

### Rex Healthcare, Raleigh, Wake County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2013: 31,134  
 Patient Days in 2013: 121,583  
 Total Number of Beds: 479  
 Number of ICU Beds: 38  
 FTE\* Infection Preventionists: 4.00  
 Number of FTEs\* per 100 beds: 0.84

\*FTE = Full-time equivalent



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

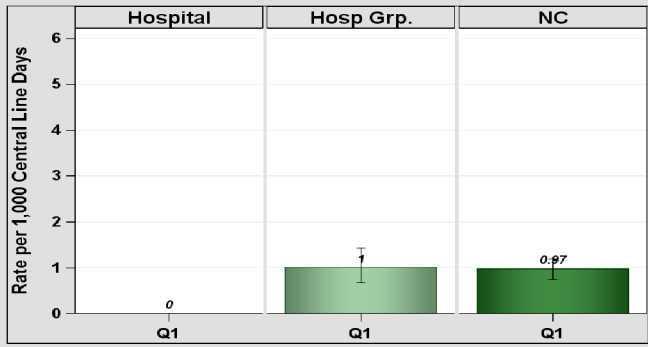


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	0	264	0	0.53	.		
Medical/surgical	0	592	0	0.89	.		
Surgical cardiothoracic	0	251	0	0.35	.		
YTD Total for Reporting ICUs	0	1,107	0	1.77	0	, 1.695	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	2	31,138	0.06	2.32	0.863	0.145, 2.851	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 patient days.

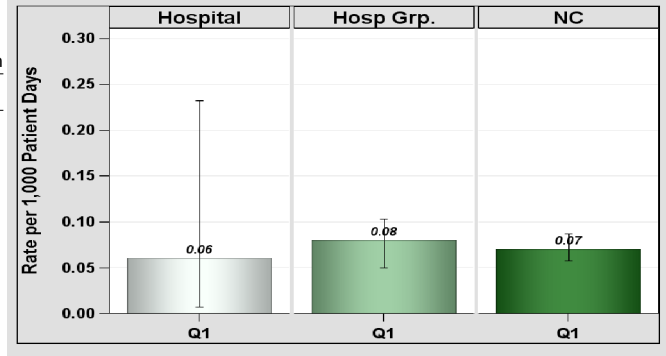


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

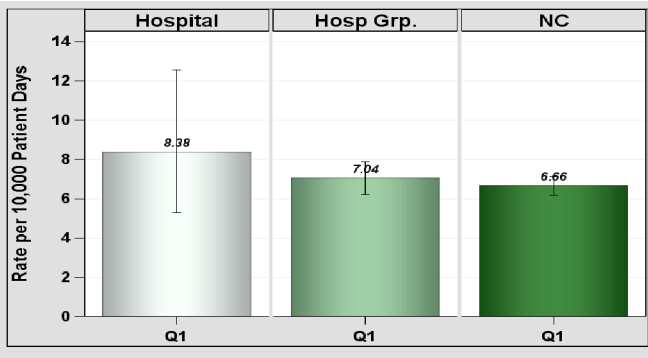


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	23	27,453	8.38	15.12	1.521	0.987, 2.246	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
 Rex Healthcare, Raleigh, Wake County

**Catheter-Associated Urinary Tract Infections (CAUTI)**

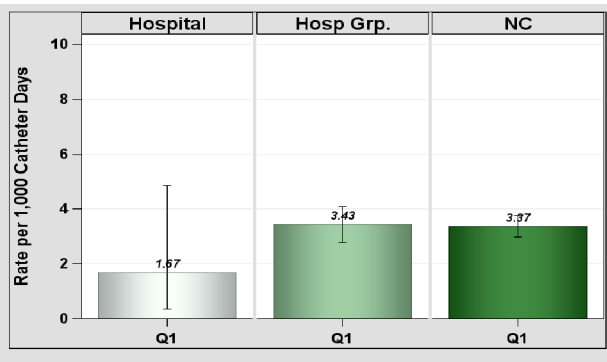


Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	1	430	2.33	0.86	.		
Medical/surgical	2	997	2.01	1.2	1.672	0.280, 5.523	Same
Surgical cardiothoracic	0	374	0	0.64	.		
YTD Total for Reporting ICUs	3	1,801	1.67	2.69	1.114	0.283, 3.033	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	2	104	1.92	0.93	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

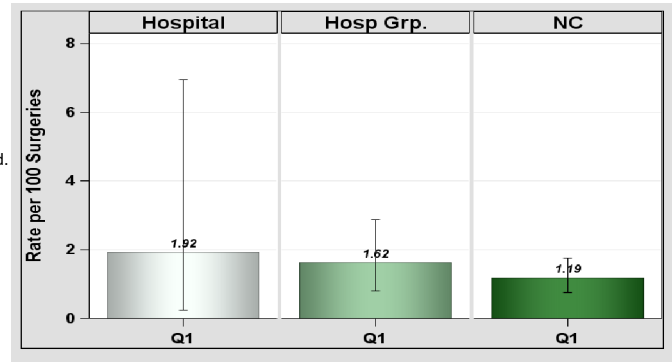


Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.

**Surgical Site Infections (SSI) after Colon Surgeries**

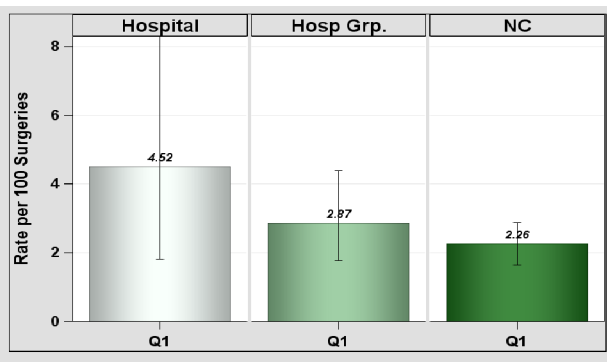


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.

Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	7	155	4.52	5.13	1.365	0.597, 2.700	Same

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Commentary from Hospitals:**  
 No comments provided.

# North Carolina Healthcare-Associated Infections Report

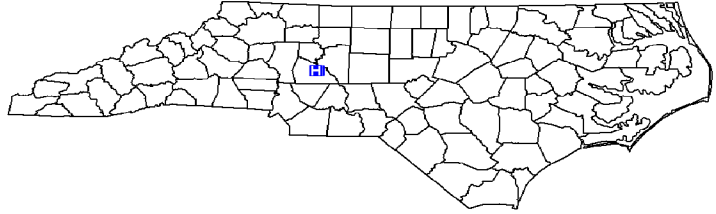
## Data from January 1 – March 31, 2014

### Rowan Regional Medical Center, Salisbury, Rowan County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2013: 9,724  
 Patient Days in 2013: 47,499  
 Total Number of Beds: 268  
 Number of ICU Beds: 12  
 FTE\* Infection Preventionists: 0.75  
 Number of FTEs\* per 100 beds: 0.28

\*FTE = Full-time equivalent



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

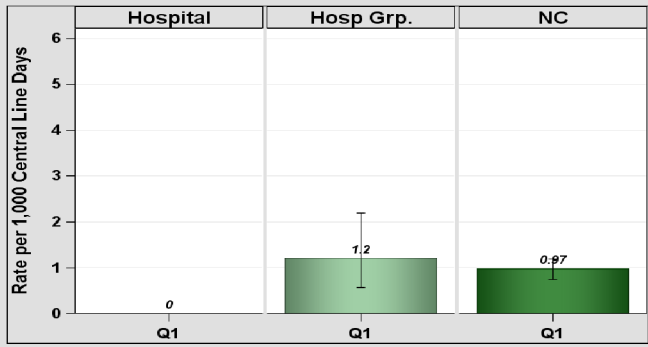


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	663	0	0.99	.		
YTD Total for Reporting ICUs	0	663	0	0.99	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	4	12,790	0.31	0.66	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 patient days.

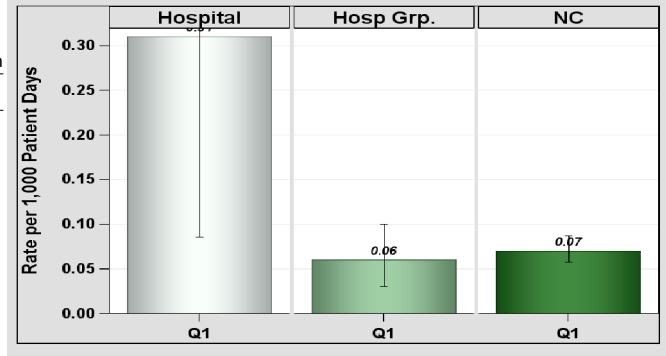


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

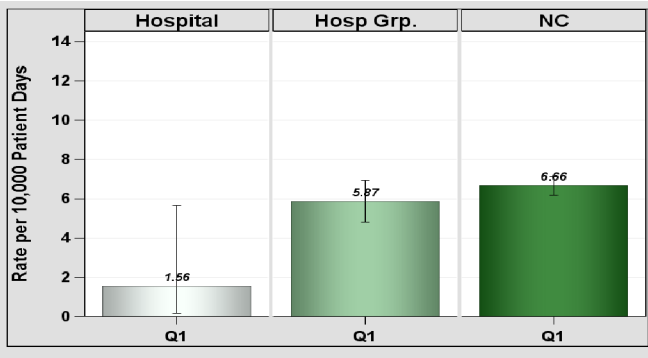


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	2	12,790	1.56	6.23	0.321	0.054, 1.061	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 10,000 patient days.



**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
 Rowan Regional Medical Center, Salisbury, Rowan County

**Catheter-Associated Urinary Tract Infections (CAUTI)**

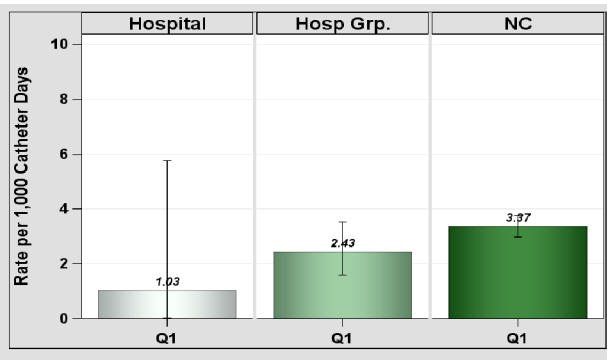


Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	879	1.14	1.14	0.875	0.044, 4.316	Same
Rehabilitation	0	88	0	0.33	.		
YTD Total for Reporting ICUs	1	967	1.03	1.48	0.677	0.034, 3.339	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	9	.	0.1	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

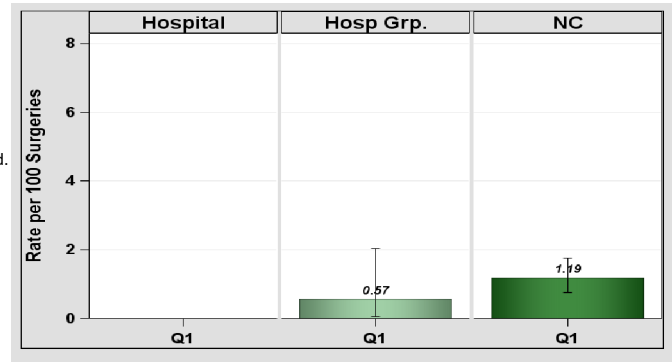


Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.

**Surgical Site Infections (SSI) after Colon Surgeries**

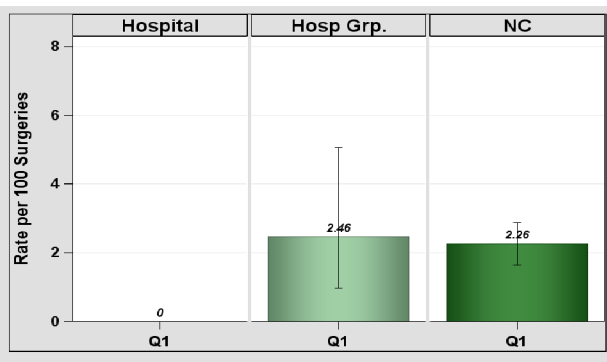


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.

Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	20	0	0.7	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Commentary from Hospitals:**

At Novant Health, the safety of our patients comes first. Our goal is to have the lowest possible infection rates and we continually monitor infection prevention tactics for improvement opportunities. We support transparency in reporting infection rates and make common infection data available on our website. More information can be found under "quality" on NovantHealth.org.

# North Carolina Healthcare-Associated Infections Report

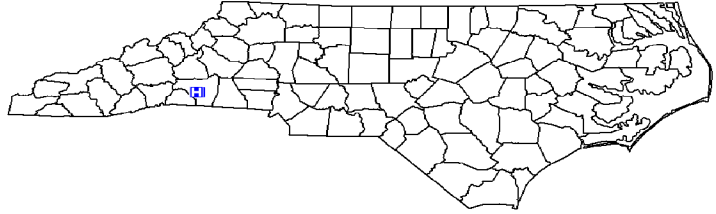
## Data from January 1 – March 31, 2014

### Rutherford Regional Medical Center, Rutherfordton, Rutherford County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2013: 6,599  
 Patient Days in 2013: 24,343  
 Total Number of Beds: 120  
 Number of ICU Beds: 10  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 0.83

\*FTE = Full-time equivalent



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

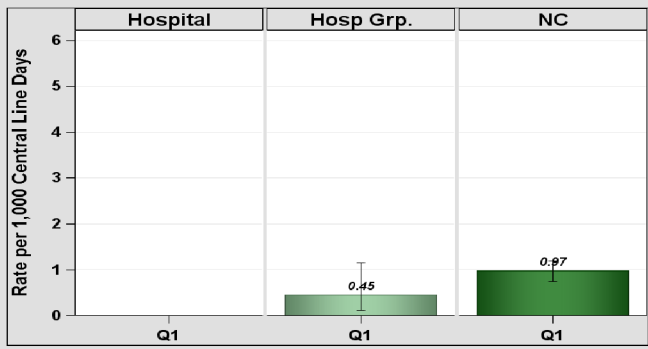


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	48	.	.	.		
YTD Total for Reporting ICUs	0	48	.	.	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	2	4,958	0.4	0.3	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 patient days.

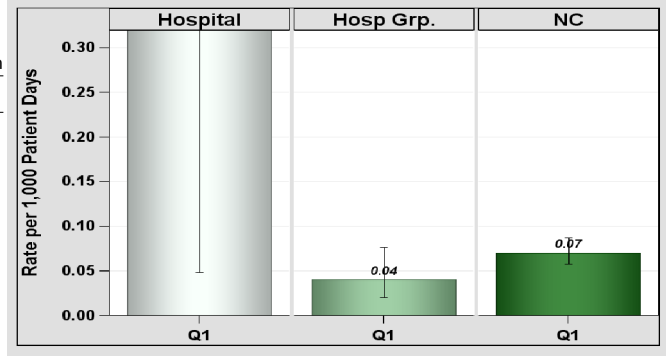


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

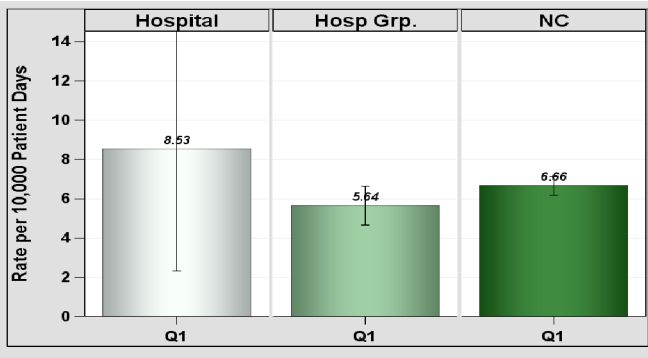


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

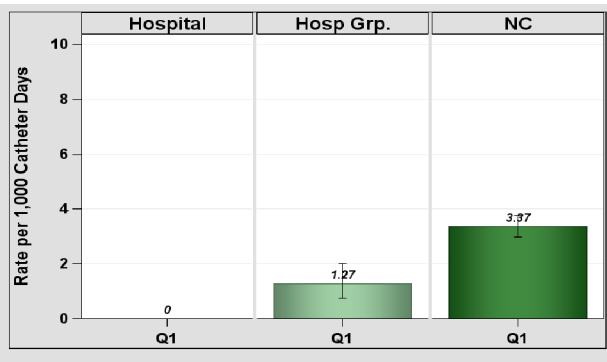
Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	4	4,688	8.53	2.53	1.579	0.502, 3.809	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
**Rutherford Regional Medical Center, Rutherfordton, Rutherford County**

**Catheter-Associated Urinary Tract Infections (CAUTI)**



**Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.**

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	330	0	0.43	.		
YTD Total for Reporting ICUs	0	330	0	0.43	.		

**Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.**

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

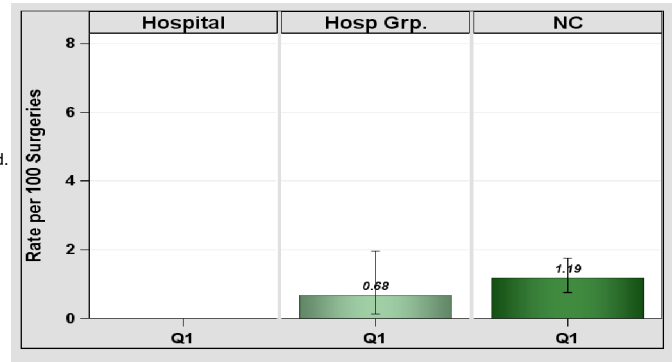
**Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.**

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	1	11	.	0.12	.		

Infections from deep incisional and/or organ space.

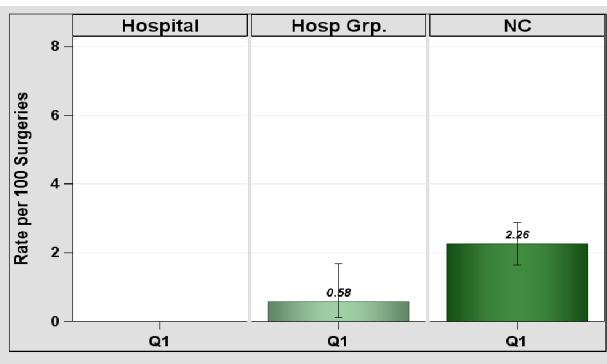
\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.



**Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.**

**Surgical Site Infections (SSI) after Colon Surgeries**



**Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.**

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	1	7	.	0.25	.		

Infections from deep incisional and/or organ space.

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.**

**Commentary from Hospitals:**  
 No comments provided.

# North Carolina Healthcare-Associated Infections Report

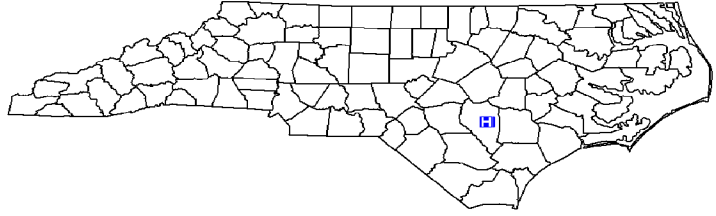
## Data from January 1 – March 31, 2014

### Sampson Regional Medical Center, Clinton, Sampson County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2013: 4,464  
 Patient Days in 2013: 15,521  
 Total Number of Beds: 116  
 Number of ICU Beds: 8  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 0.86

\*FTE = Full-time equivalent



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

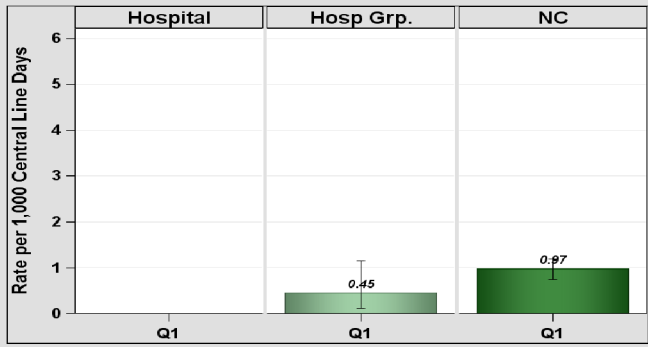


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	38	.	.	.		
YTD Total for Reporting ICUs	0	38	.	.	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	2,748	0	0.1	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 patient days.

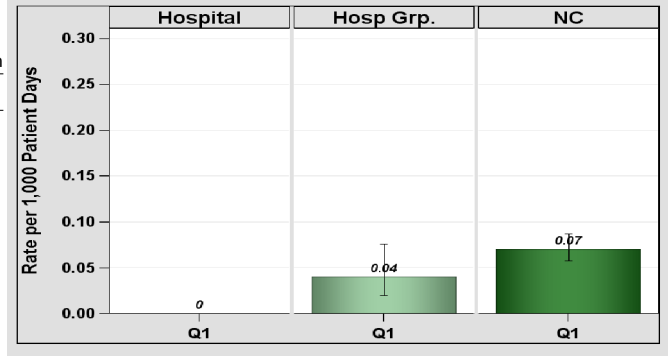


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

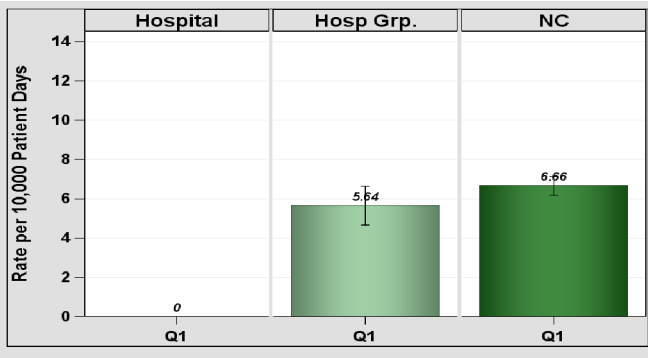


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	2,611	0	1.06	0	,2.814	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
**Sampson Regional Medical Center, Clinton, Sampson County**

**Catheter-Associated Urinary Tract Infections (CAUTI)**

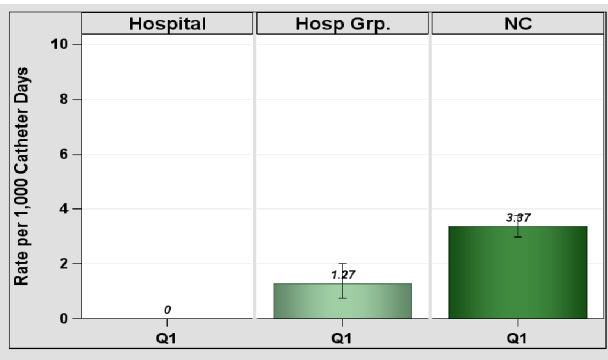


Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	223	0	0.29	.		
YTD Total for Reporting ICUs	0	223	0	0.29	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	0	.	0	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

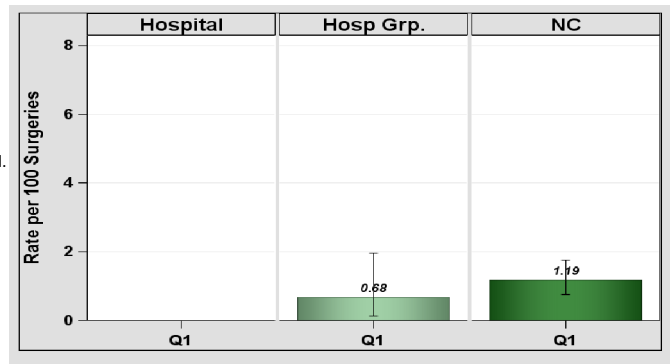


Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.

**Surgical Site Infections (SSI) after Colon Surgeries**

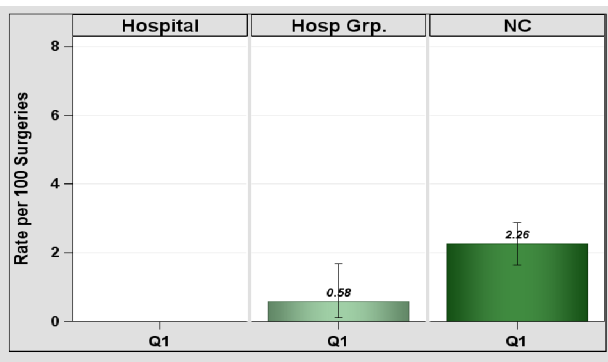


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.

Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	6	.	0.19	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Commentary from Hospitals:**  
 No comments provided.

# North Carolina Healthcare-Associated Infections Report

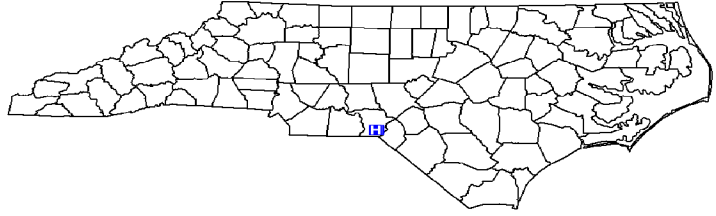
## Data from January 1 – March 31, 2014

### Sandhills Regional Medical Center, Hamlet, Richmond County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: For Profit  
 Admissions in 2013: 2,332  
 Patient Days in 2013: 9,469  
 Total Number of Beds: 66  
 Number of ICU Beds: 6  
 FTE\* Infection Preventionists: 0.85  
 Number of FTEs\* per 100 beds: 1.29

\*FTE = Full-time equivalent



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

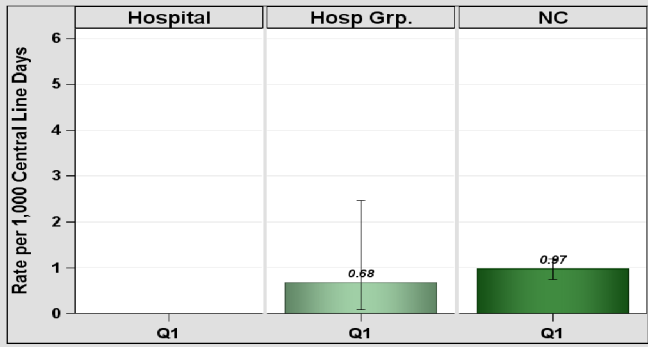


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	27	.	.	.		
YTD Total for Reporting ICUs	0	27	.	.	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	2,181	0	0.08	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 patient days.

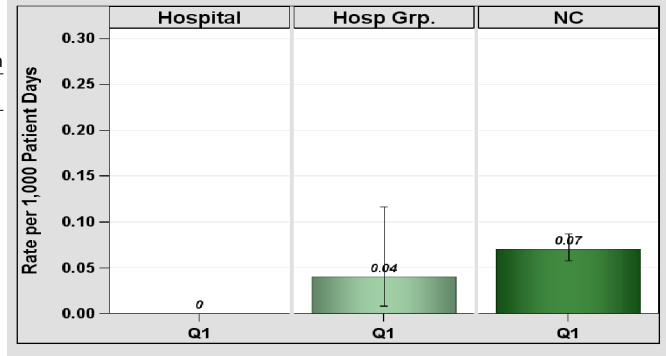


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

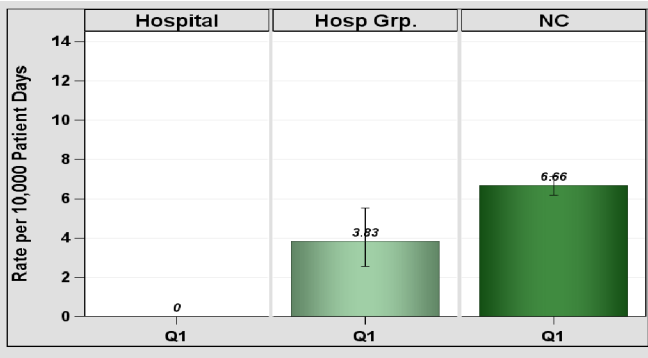


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	2,181	0	0.81	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
**Sandhills Regional Medical Center, Hamlet, Richmond County**

**Catheter-Associated Urinary Tract Infections (CAUTI)**

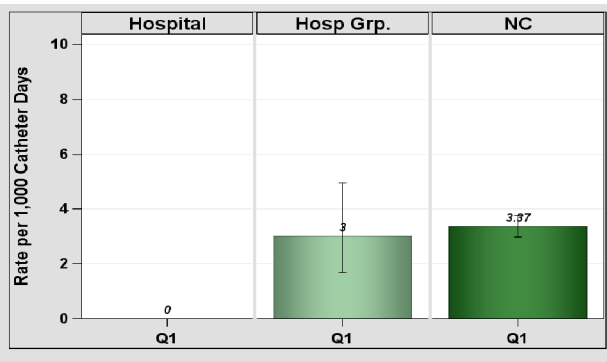


Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	107	0	0.21	.		
YTD Total for Reporting ICUs	0	107	0	0.21	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	9	.	0.08	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

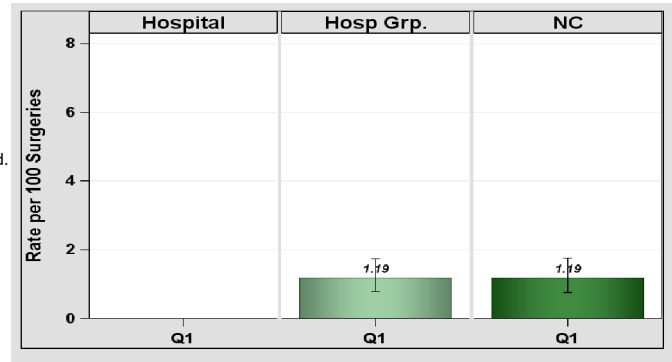


Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.

**Surgical Site Infections (SSI) after Colon Surgeries**

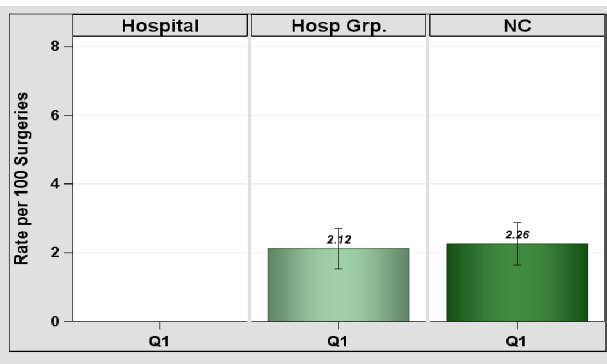


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.

Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	0	.	0	.		

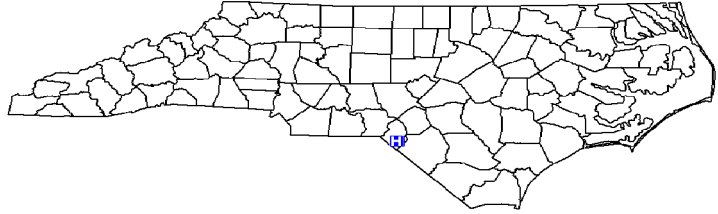
Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Commentary from Hospitals:**  
 No comments provided.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
 Scotland Memorial Hospital, Laurinburg, Scotland County

**2013 Hospital Survey Information**

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2013: 6,074  
 Patient Days in 2013: 21,154  
 Total Number of Beds: 104  
 Number of ICU Beds: 0  
 FTE\* Infection Preventionists: 0.80  
 Number of FTEs\* per 100 beds: 0.77  
 \*FTE = Full-time equivalent



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

**As of January 2014, Scotland Memorial no longer has an ICU unit. As a result, there will be no CLABSI reporting from this facility.**

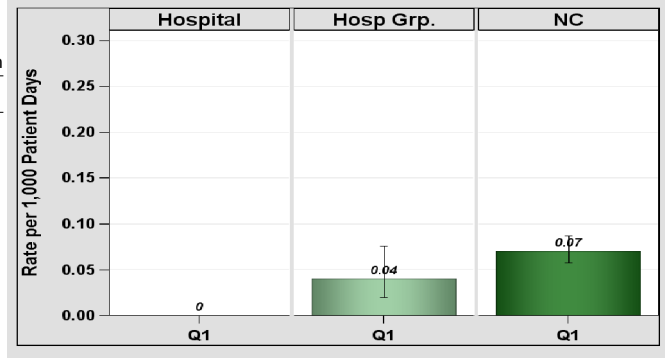
**Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)**

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

**Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.**

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	5,023	0	0.3	.		

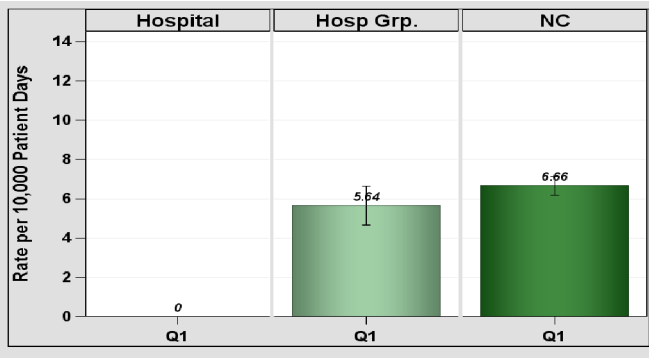
\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 patient days.



**Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.**

**Clostridium difficile Laboratory-Identified Infections (CDI LabID)**

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*



**Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.**

**Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.**

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	4,634	0	2	0	, 1.500	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 10,000 patient days.



**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
 Scotland Memorial Hospital, Laurinburg, Scotland County

**Catheter-Associated Urinary Tract Infections (CAUTI)**

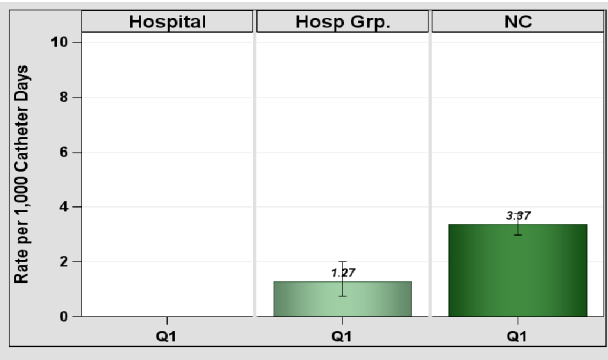


Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Rehabilitation	0	2	.	.	.		
YTD Total for Reporting ICUs	0	2	.	.	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	9	.	0.09	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

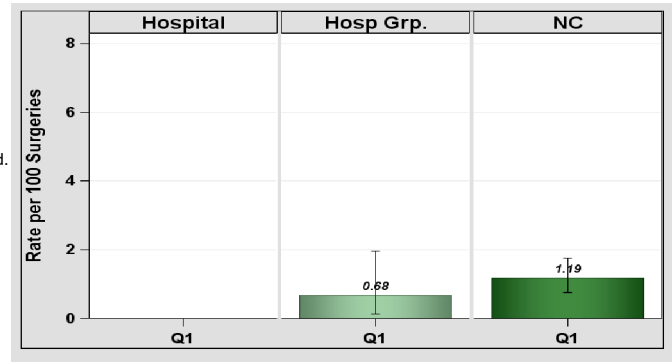


Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.

**Surgical Site Infections (SSI) after Colon Surgeries**

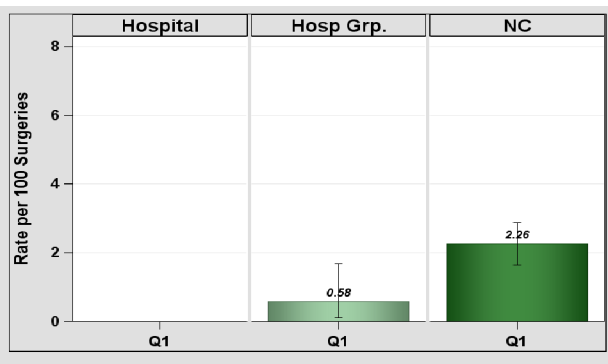


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.

Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	9	.	0.27	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Commentary from Hospitals:**  
 No comments provided.

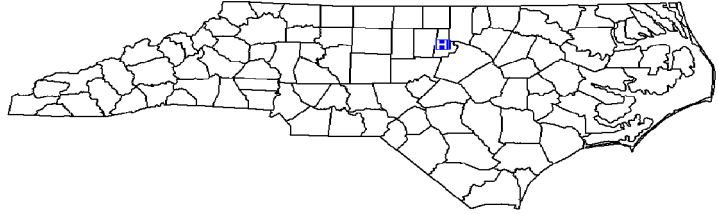
# North Carolina Healthcare-Associated Infections Report

## Data from January 1 – March 31, 2014

### Select Specialty Hospital-Durham, Durham, Durham County

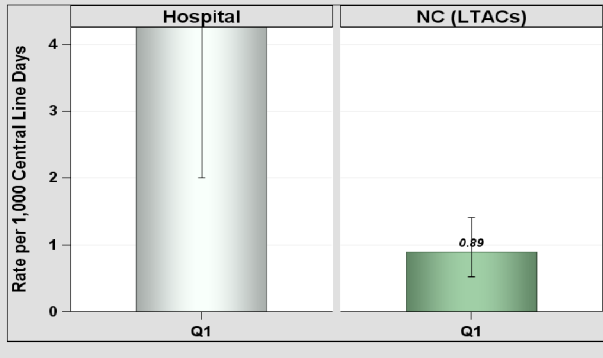
#### 2013 Hospital Survey Information

Hospital Type: Long-term Acute Care Hospital  
 Profit Status: For Profit  
 Admissions in 2013: 307  
 Patient Days in 2013: 8,732  
 Total Number of Beds: 30  
 FTE\* Infection Preventionists: 0.25  
 Number of FTEs\* per 100 beds: 0.83



\*FTE = Full-time equivalent

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



**Table 1. Rates by Location, Jan-Mar 2014.**

Type of Unit	Infections	Line Days	Rate
Adult ward	6	1,098	5.46
YTD Total for Reporting Units	6	1,098	5.46

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

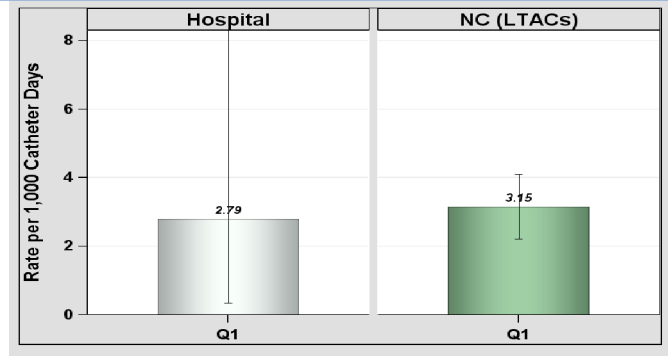
**Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.**

#### Catheter-Associated Urinary Tract Infections (CAUTI)

**Table 2. Rates by Location, Jan-Mar 2014**

Type of Unit	Infections	Catheter Days	Rate
Adult ward	2	718	2.79
YTD Total for Reporting Units	2	718	2.79

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.



**Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.**

#### Other Healthcare-Associated Infections (HAIs)

Long-term acute care hospitals (LTACs) do not report *C. difficile* LabID, MRSA Bacteremia LabID or SSIs to the N.C. Division of Public Health.

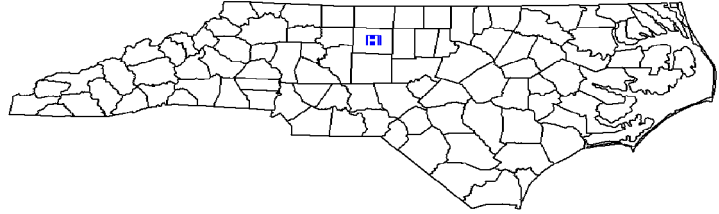
**Commentary from Hospitals:**  
 No comments provided.

Refer to the HAI in N.C. Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics ([epi.publichealth.nc.gov/cd/hai/figures.html](http://epi.publichealth.nc.gov/cd/hai/figures.html)).  
 Data as of June 26, 2014.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
**Select Specialty Hospital-Greensboro, Greensboro, Guilford County**

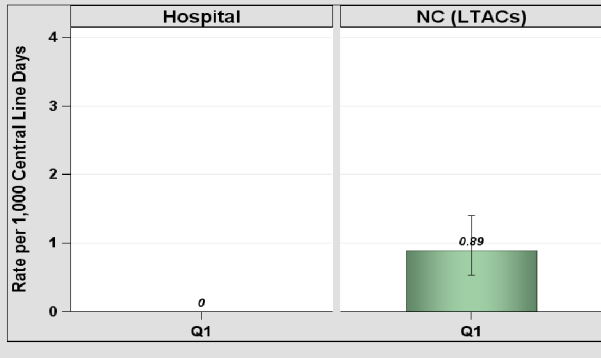
**2013 Hospital Survey Information**

Hospital Type: Long-term Acute Care Hospital  
 Profit Status: For Profit  
 Admissions in 2013: 345  
 Patient Days in 2013: 9,146  
 Total Number of Beds: 30  
 FTE\* Infection Preventionists: 0.45  
 Number of FTEs\* per 100 beds: 1.50



\*FTE = Full-time equivalent

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



**Table 1. Rates by Location, Jan-Mar 2014.**

Type of Unit	Infections	Line Days	Rate
Adult ward	0	1,366	0.00
YTD Total for Reporting Units	0	1,366	0.00

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

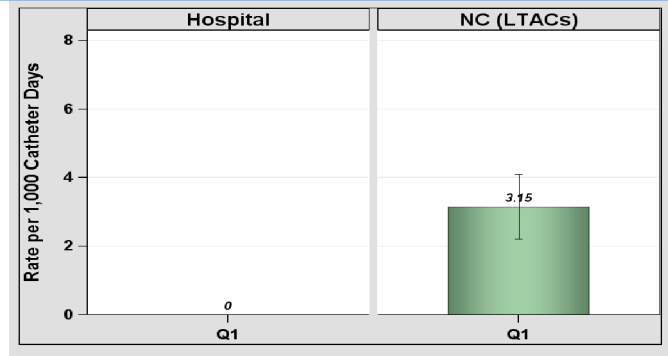
**Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.**

**Catheter-Associated Urinary Tract Infections (CAUTI)**

**Table 2. Rates by Location, Jan-Mar 2014**

Type of Unit	Infections	Catheter Days	Rate
Adult ward	0	1,111	0.00
YTD Total for Reporting Units	0	1,111	0.00

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.



**Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.**

**Other Healthcare-Associated Infections (HAIs)**

Long-term acute care hospitals (LTACs) do not report *C. difficile* LabID, MRSA Bacteremia LabID or SSIs to the N.C. Division of Public Health.

**Commentary from Hospitals:**  
 No comments provided.

Refer to the HAI in N.C. Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics ([epi.publichealth.nc.gov/cd/hai/figures.html](http://epi.publichealth.nc.gov/cd/hai/figures.html)).  
 Data as of June 26, 2014.

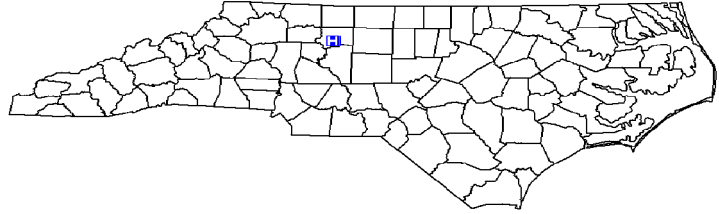
# North Carolina Healthcare-Associated Infections Report

## Data from January 1 – March 31, 2014

### Select Specialty Hospital-Winston Salem, Winston Salem, Forsyth County

#### 2013 Hospital Survey Information

Hospital Type: Long-term Acute Care Hospital  
 Profit Status: For Profit  
 Admissions in 2013: 410  
 Patient Days in 2013: 10,529  
 Total Number of Beds: 42  
 FTE\* Infection Preventionists: 0.35  
 Number of FTEs\* per 100 beds: 0.83



\*FTE = Full-time equivalent

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

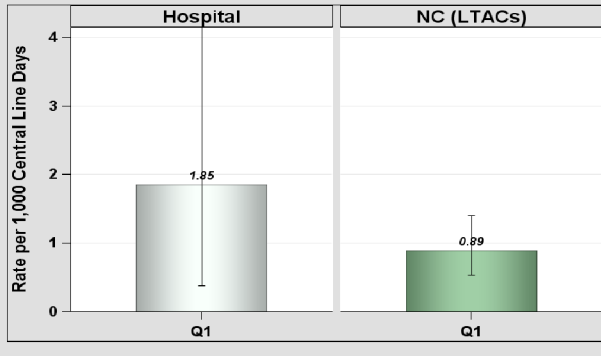


Table 1. Rates by Location, Jan-Mar 2014.

Type of Unit	Infections	Line Days	Rate
Adult ward	3	1,623	1.85
YTD Total for Reporting Units	3	1,623	1.85

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates by Location, Jan-Mar 2014

Type of Unit	Infections	Catheter Days	Rate
Adult ward	11	1,886	5.83
YTD Total for Reporting Units	11	1,886	5.83

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

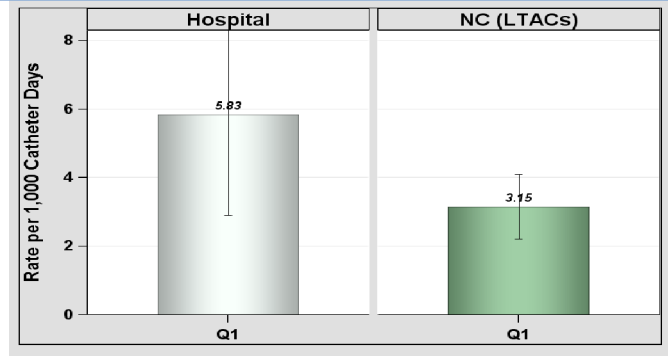


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Other Healthcare-Associated Infections (HAIs)

Long-term acute care hospitals (LTACs) do not report *C. difficile* LabID, MRSA Bacteremia LabID or SSIs to the N.C. Division of Public Health.

**Commentary from Hospitals:**  
 No comments provided.

Refer to the HAI in N.C. Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics ([epi.publichealth.nc.gov/cd/hai/figures.html](http://epi.publichealth.nc.gov/cd/hai/figures.html)).  
 Data as of June 26, 2014.

# North Carolina Healthcare-Associated Infections Report

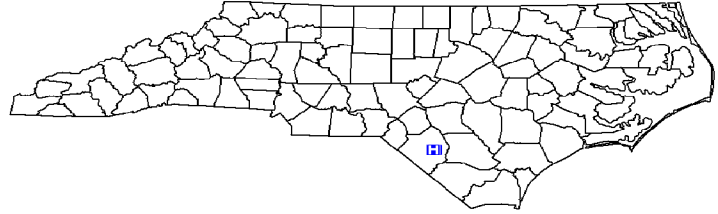
## Data from January 1 – March 31, 2014

### Southeastern Regional Medical Center, Lumberton, Robeson County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2013: 16,793  
 Patient Days in 2013: 77,437  
 Total Number of Beds: 319  
 Number of ICU Beds: 18  
 FTE\* Infection Preventionists: 2.00  
 Number of FTEs\* per 100 beds: 0.63

\*FTE = Full-time equivalent



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

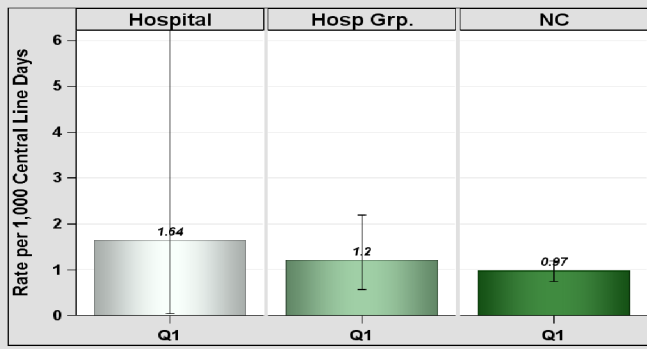


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	557	1.8	0.84	.		
Surgical cardiothoracic	0	52	0	0.07	.		
YTD Total for Reporting ICUs	1	609	1.64	0.91	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	19,454	0.05	0.7	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 patient days.

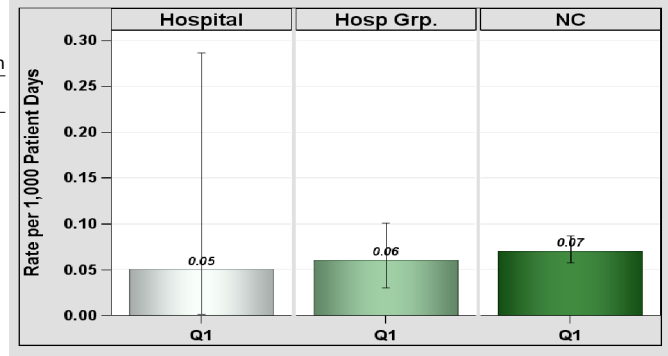


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

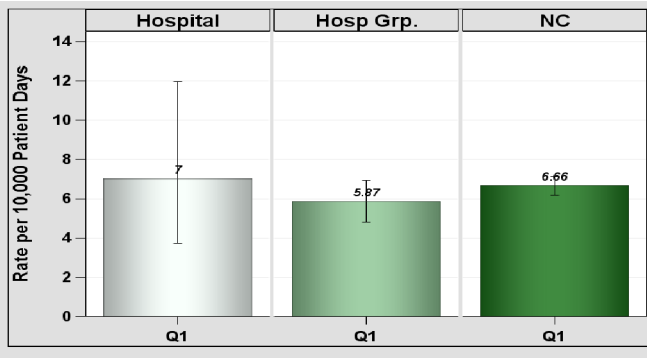


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	13	18,580	7	9.59	1.355	0.754, 2.259	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
 Southeastern Regional Medical Center, Lumberton, Robeson County

**Catheter-Associated Urinary Tract Infections (CAUTI)**

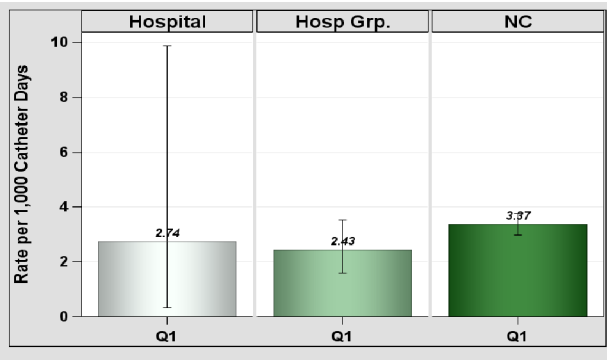


Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	2	655	3.05	0.85	.		
Surgical cardiothoracic	0	76	0	0.13	.		
YTD Total for Reporting ICUs	2	731	2.74	0.98	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	35	0	0.36	.		

Infections from deep incisional and/or organ space.

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

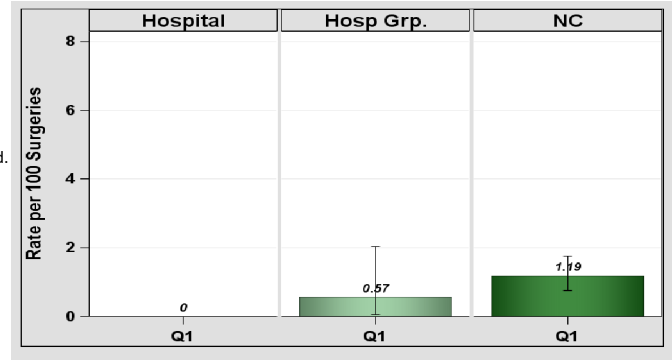


Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.

**Surgical Site Infections (SSI) after Colon Surgeries**

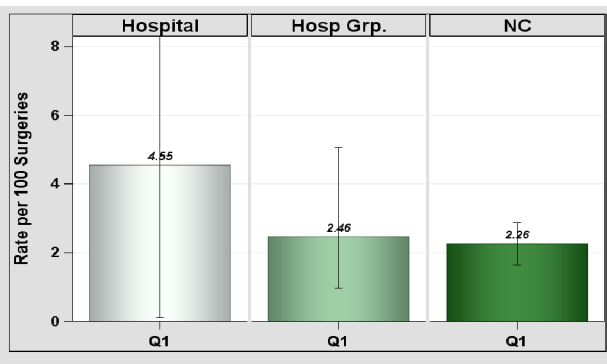


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.

Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	1	22	4.55	0.77	.		

Infections from deep incisional and/or organ space.

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Commentary from Hospitals:**  
 No comments provided.

# North Carolina Healthcare-Associated Infections Report

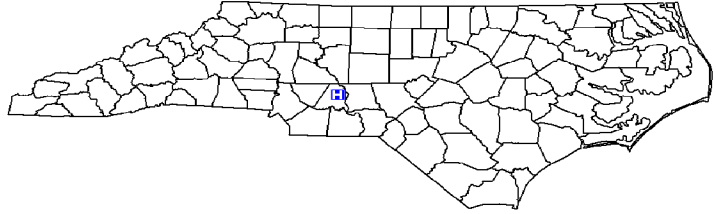
## Data from January 1 – March 31, 2014

### Stanly Regional Medical Center, Albemarle, Stanly County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2013: 4,568  
 Patient Days in 2013: 16,001  
 Total Number of Beds: 119  
 Number of ICU Beds: 10  
 FTE\* Infection Preventionists: 0.88  
 Number of FTEs\* per 100 beds: 0.74

\*FTE = Full-time equivalent



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

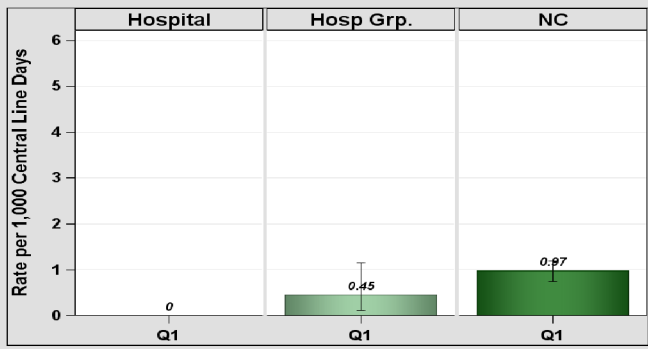


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	0	222	0	0.44	.		
YTD Total for Reporting ICUs	0	222	0	0.44	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	3,835	0	0.17	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 patient days.

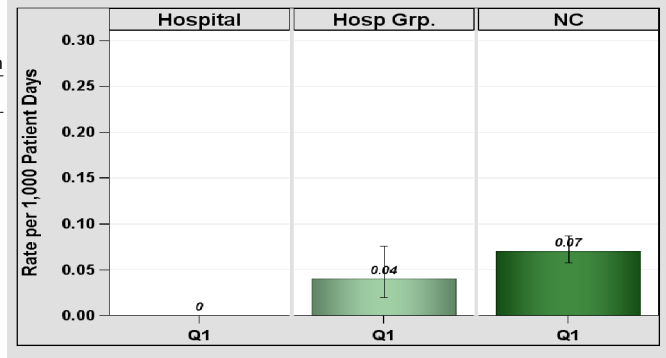


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

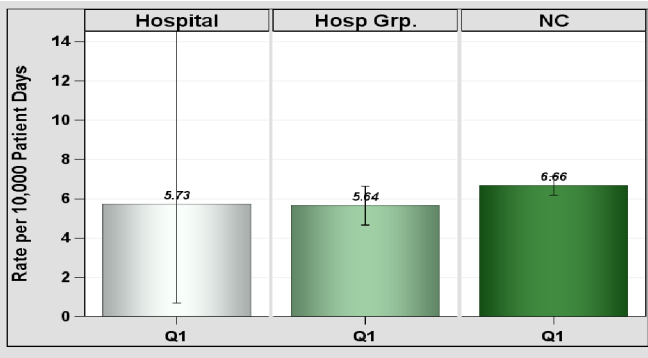


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	2	3,490	5.73	1.65	1.215	0.204, 4.014	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
Stanly Regional Medical Center, Albemarle, Stanly County

**Catheter-Associated Urinary Tract Infections (CAUTI)**

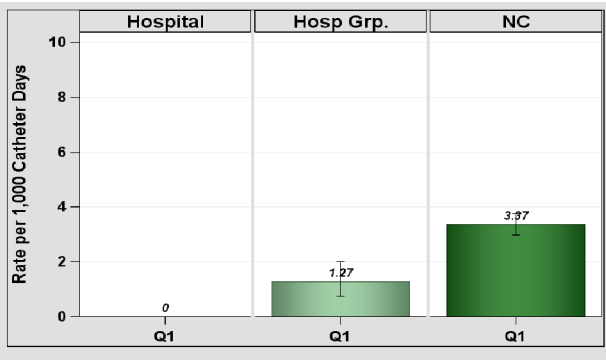


Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	0	409	0	0.82	.		
YTD Total for Reporting ICUs	0	409	0	0.82	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	3	.	0.02	.		

Infections from deep incisional and/or organ space.  
\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

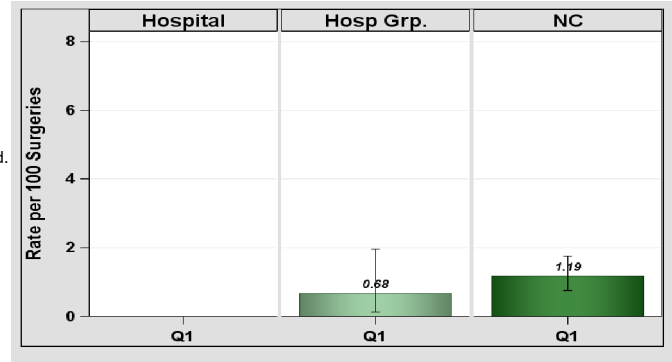


Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.

**Surgical Site Infections (SSI) after Colon Surgeries**

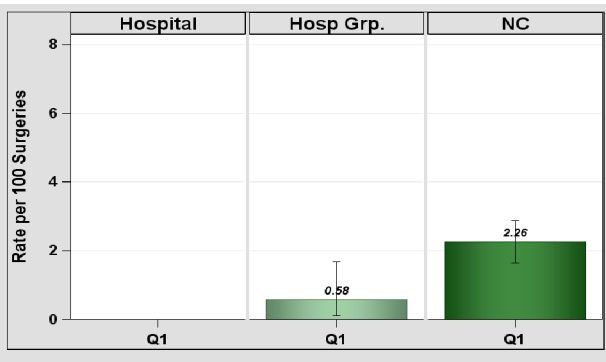


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.

Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	2	.	0.07	.		

Infections from deep incisional and/or organ space.  
\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Commentary from Hospitals:**  
No comments provided.



# North Carolina Healthcare-Associated Infections Report

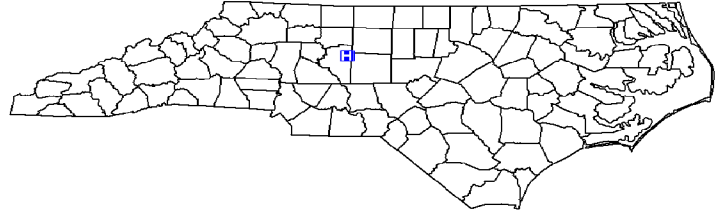
## Data from January 1 – March 31, 2014

### Thomasville Medical Center, Thomasville, Davidson County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2013: 4,209  
 Patient Days in 2013: 24,331  
 Total Number of Beds: 149  
 Number of ICU Beds: 11  
 FTE\* Infection Preventionists: 0.50  
 Number of FTEs\* per 100 beds: 0.34

\*FTE = Full-time equivalent



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

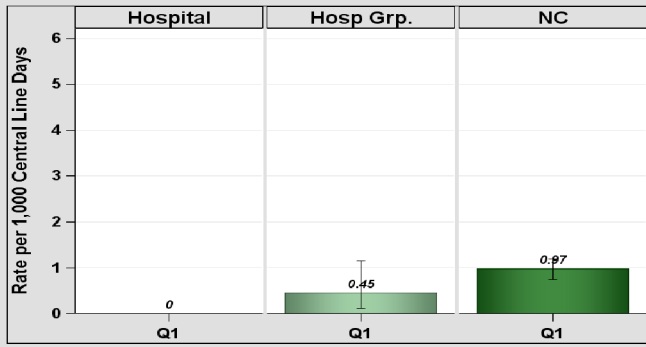


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	78	0	0.12	.		
YTD Total for Reporting ICUs	0	78	0	0.12	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	6,328	0.16	0.7	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 patient days.

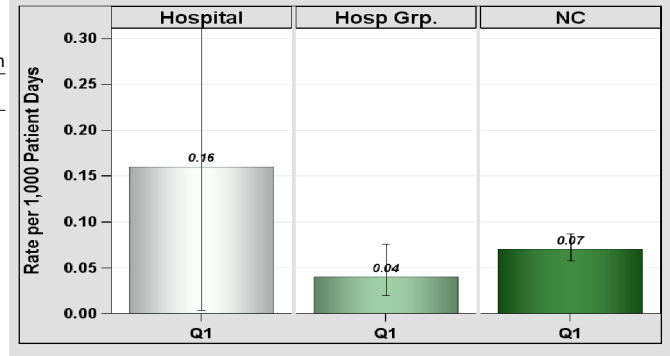


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

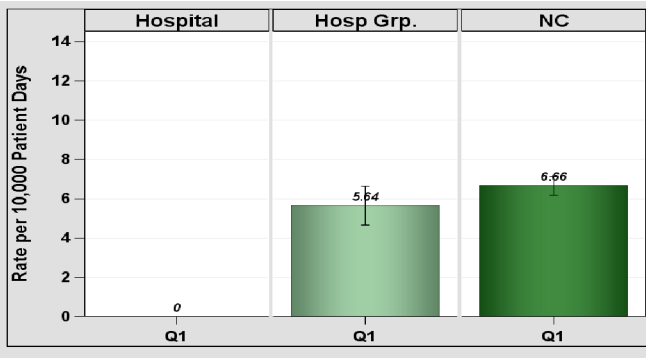


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	6,328	0	2.67	0	, 1.123	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
 Thomasville Medical Center, Thomasville, Davidson County

**Catheter-Associated Urinary Tract Infections (CAUTI)**

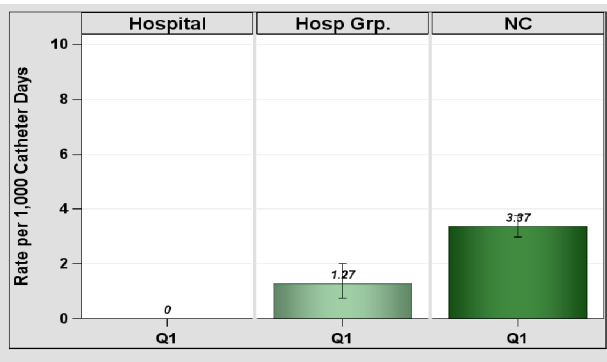


Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	335	0	0.44	.		
YTD Total for Reporting ICUs	0	335	0	0.44	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	4	.	0.02	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

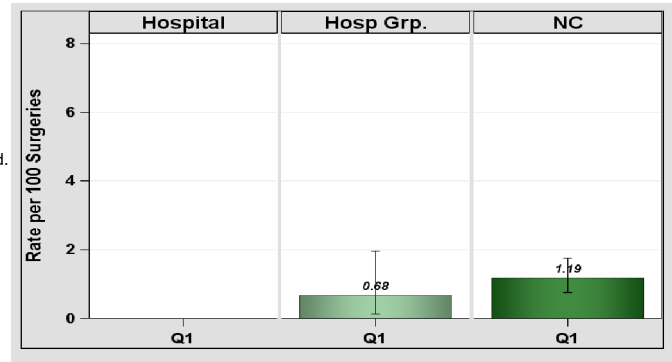


Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.

**Surgical Site Infections (SSI) after Colon Surgeries**

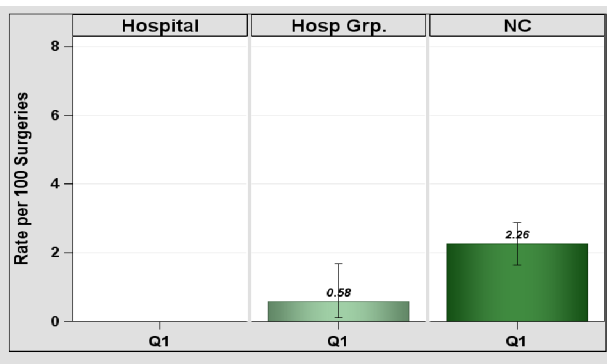


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.

Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	11	.	0.34	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Commentary from Hospitals:**

At Novant Health, the safety of our patients comes first. Our goal is to have the lowest possible infection rates and we continually monitor infection prevention tactics for improvement opportunities. We support transparency in reporting infection rates and make common infection data available on our website. More information can be found under "quality" on NovantHealth.org.

# North Carolina Healthcare-Associated Infections Report

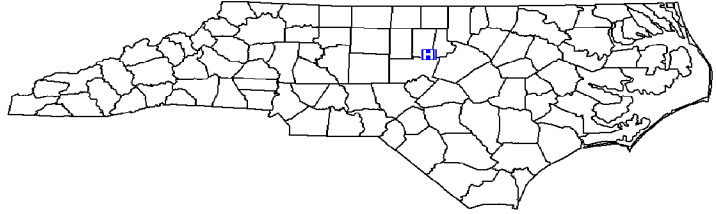
## Data from January 1 – March 31, 2014

### UNC Health Care, Chapel Hill, Orange County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: Major  
 Profit Status: Government  
 Admissions in 2013: 40,872  
 Patient Days in 2013: 254,256  
 Total Number of Beds: 848  
 Number of ICU Beds: 171  
 FTE\* Infection Preventionists: 5.50  
 Number of FTEs\* per 100 beds: 0.65

\*FTE = Full-time equivalent



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

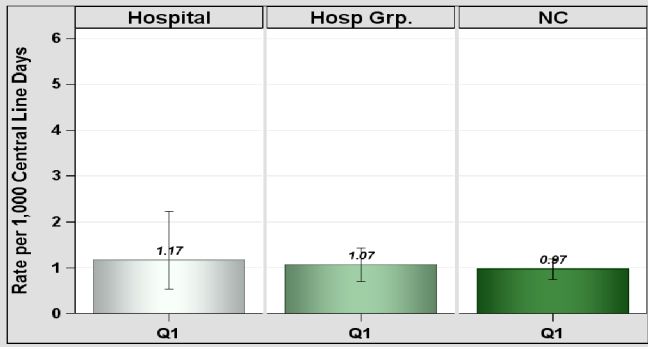


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Burn	0	893	0	4.91	0	, 0.610	Lower
Medical	3	1,305	2.3	3.39	0.884	0.225, 2.406	Same
Medical cardiac	2	878	2.28	1.76	1.139	0.191, 3.763	Same
Neonatal Level III	0	1,368	0	3.33	0	, 0.898	Lower
Neurosurgical	0	692	0	1.73	0	, 1.732	Same
Pediatric medical/surgical	2	903	2.21	2.71	0.738	0.124, 2.439	Same
Surgical	2	873	2.29	2.01	0.996	0.167, 3.291	Same
Surgical cardiothoracic	0	791	0	1.11	0	, 2.705	Same
YTD Total for Reporting ICUs	9	7,703	1.17	20.95	0.43	0.210, 0.788	Lower

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	6	65,023	0.09	5.7	1.053	0.427, 2.190	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 patient days.

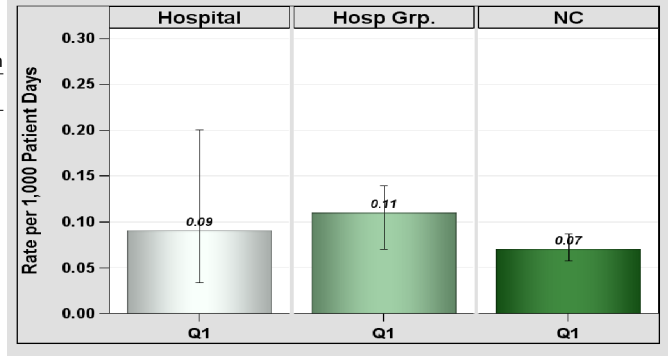


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

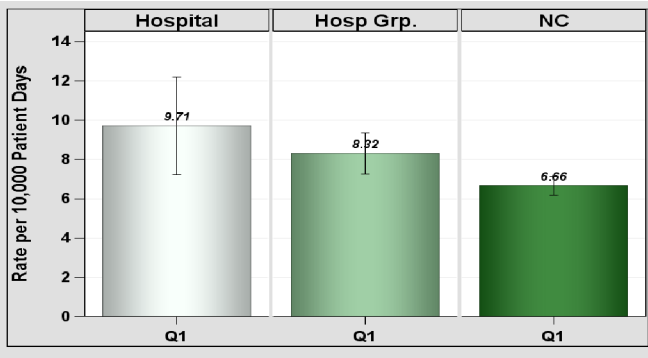


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	58	59,731	9.71	37.7	1.539	1.179, 1.975	Higher

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
 UNC Health Care, Chapel Hill, Orange County

**Catheter-Associated Urinary Tract Infections (CAUTI)**

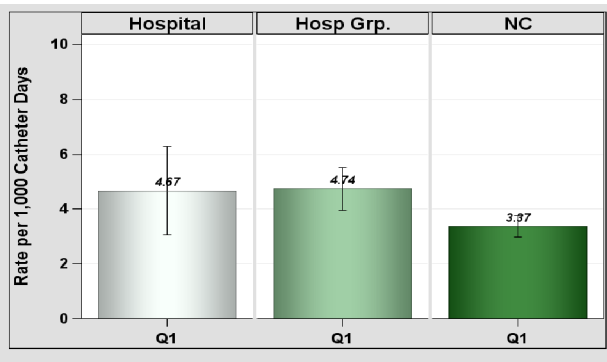


Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Burn	9	1,375	6.55	6.05	1.488	0.725, 2.730	Same
Medical	7	1,256	5.57	2.89	2.423	1.060, 4.793	Higher
Medical cardiac	3	637	4.71	1.27	2.355	0.599, 6.409	Same
Neurosurgical	7	1,031	6.79	4.54	1.543	0.675, 3.052	Same
Pediatric medical/surgical	1	429	2.33	1.2	0.833	0.042, 4.106	Same
Rehabilitation	0	182	0	0.69	.		
Surgical	4	1,143	3.5	2.97	1.346	0.428, 3.247	Same
Surgical cardiothoracic	1	795	1.26	1.35	0.74	0.037, 3.649	Same
YTD Total for Reporting ICUs	32	6,848	4.67	20.97	1.526	1.062, 2.129	Higher

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	4	122	3.28	1.48	2.712	0.862, 6.541	Same

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

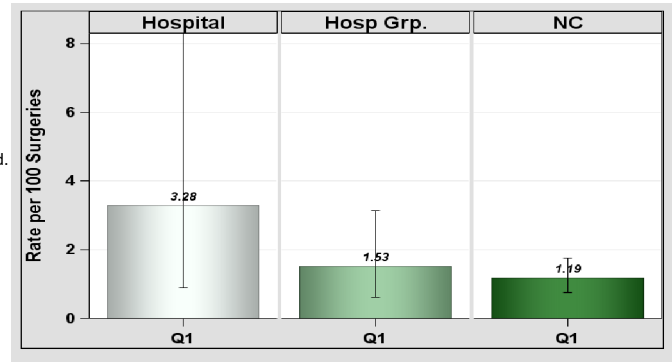


Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.

**Surgical Site Infections (SSI) after Colon Surgeries**

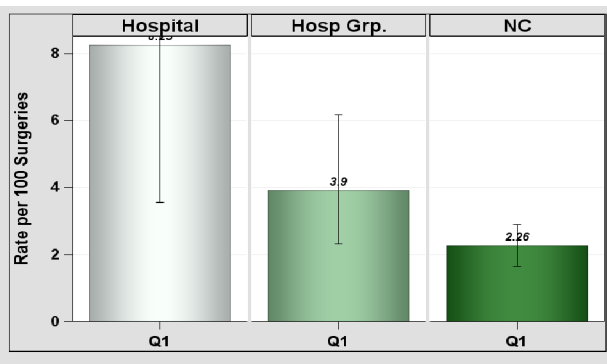


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.

Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	8	97	8.25	3.67	2.182	1.013, 4.143	Higher

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Commentary from Hospitals:**

UNC Health Care is pleased that our rates of all reported healthcare-associated infections are statistically similar to similarly-sized hospitals despite care in a tertiary referral hospital for highly vulnerable populations (e.g., organ transplant, HIV infected, cancer, severely burned, and very premature infants). NC residents should be aware that the reported information is NOT corrected for the severity of illness of the hospital's patients. UNC Health Care supports the need for the data presented in this report to be validated (i.e., demonstration by independent monitors that the submitted data is correct).

# North Carolina Healthcare-Associated Infections Report

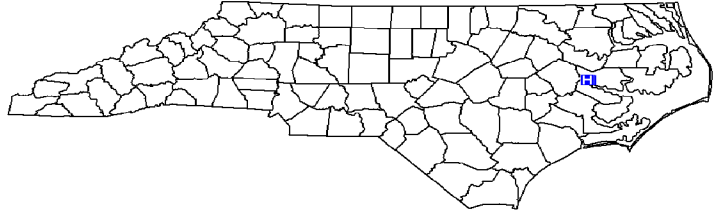
## Data from January 1 – March 31, 2014

### Vidant Beaufort Hospital, Washington, Beaufort County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2013: 3,387  
 Patient Days in 2013: 15,957  
 Total Number of Beds: 83  
 Number of ICU Beds: 8  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 1.20

\*FTE = Full-time equivalent



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

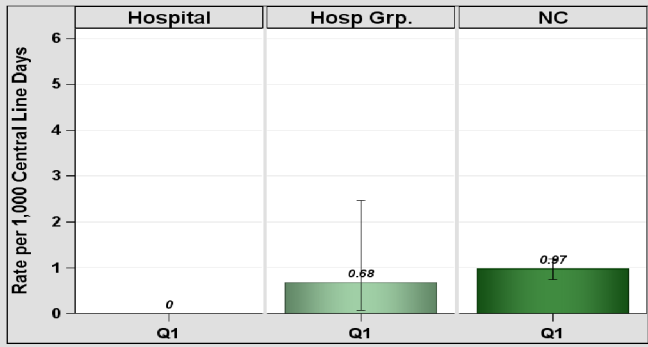


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	87	0	0.13	.		
YTD Total for Reporting ICUs	0	87	0	0.13	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	3,741	0	0.17	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 patient days.

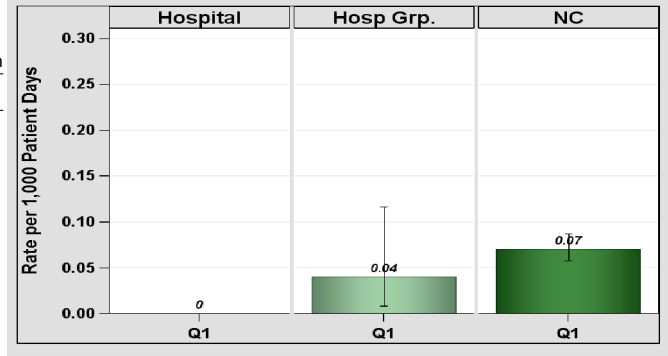


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

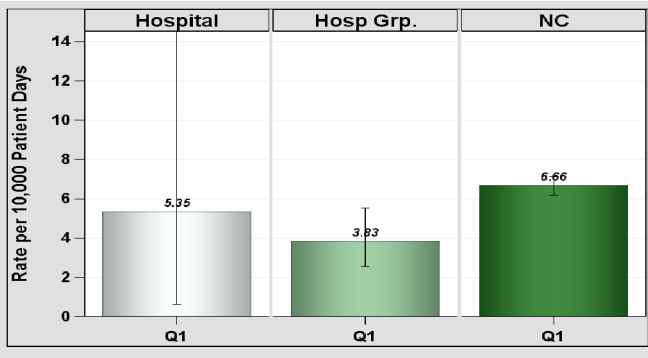


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

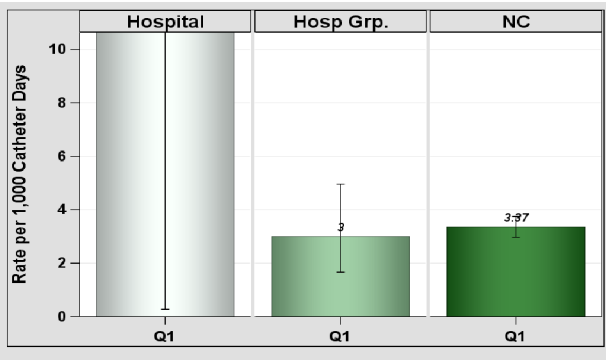
Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	2	3,741	5.35	1.44	1.385	0.232, 4.575	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
**Vidant Beaufort Hospital, Washington, Beaufort County**

**Catheter-Associated Urinary Tract Infections (CAUTI)**



**Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.**

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	86	11.6	0.11	.		
YTD Total for Reporting ICUs	1	86	11.6	0.11	.		

**Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.**

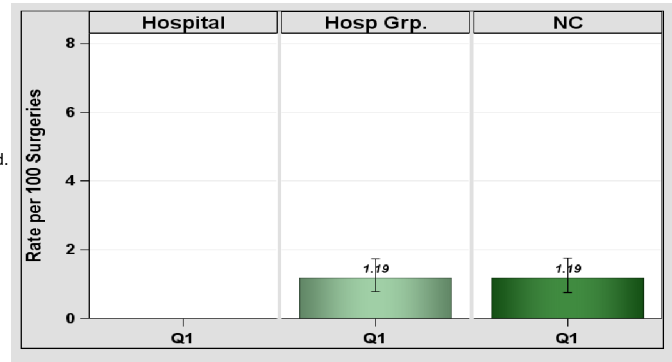
\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

**Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.**

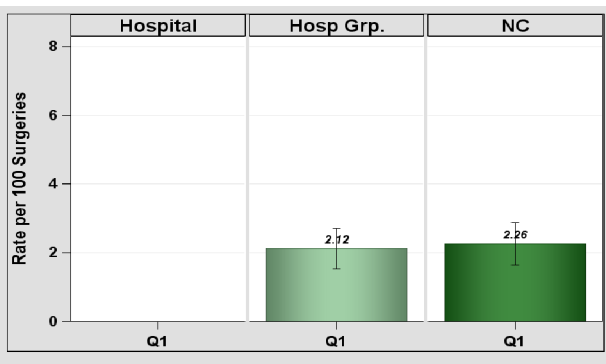
Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	0	.	0	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.



**Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.**

**Surgical Site Infections (SSI) after Colon Surgeries**



**Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.**

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	5	.	0.17	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.**

**Commentary from Hospitals:**  
 No comments provided.

# North Carolina Healthcare-Associated Infections Report

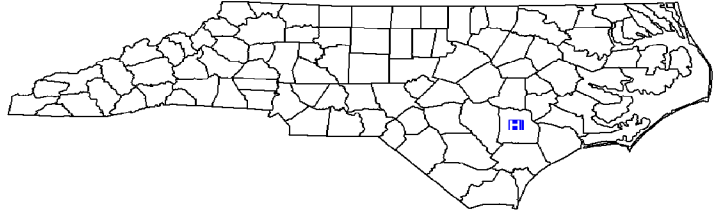
## Data from January 1 – March 31, 2014

### Vidant Duplin Hospital, Kenansville, Duplin County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2013: 2,975  
 Patient Days in 2013: 15,950  
 Total Number of Beds: 79  
 Number of ICU Beds: 9  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 1.27

\*FTE = Full-time equivalent



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

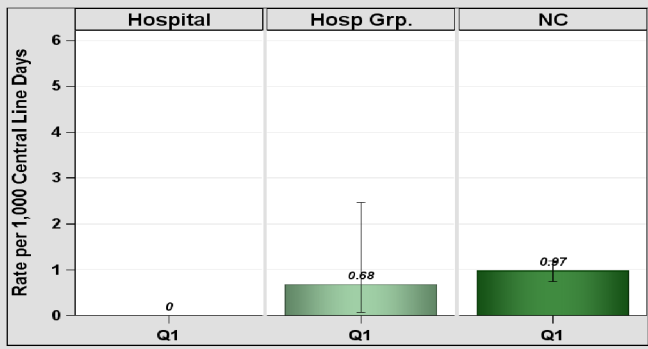


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	65	0	0.1	.		
YTD Total for Reporting ICUs	0	65	0	0.1	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	3,868	0	0.18	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 patient days.

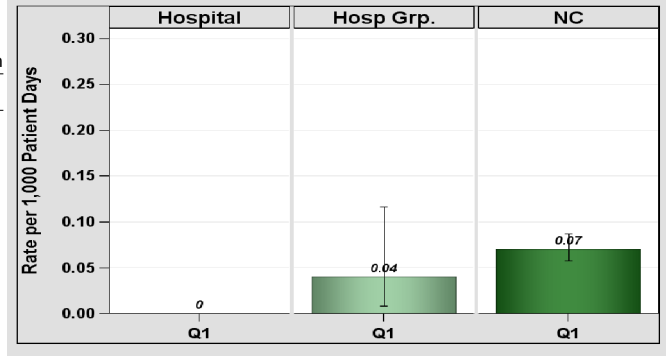


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

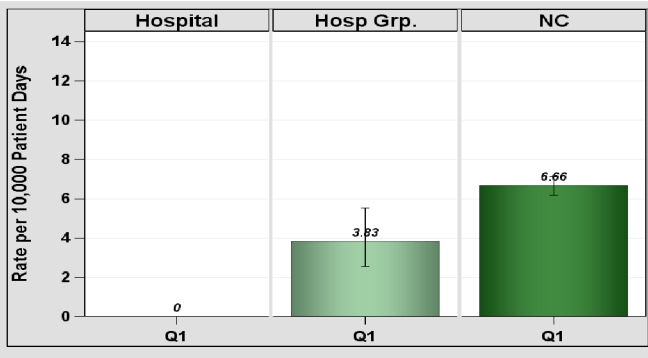


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	3,868	0	1.56	0	, 1.922	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
**Vidant Duplin Hospital, Kenansville, Duplin County**

**Catheter-Associated Urinary Tract Infections (CAUTI)**

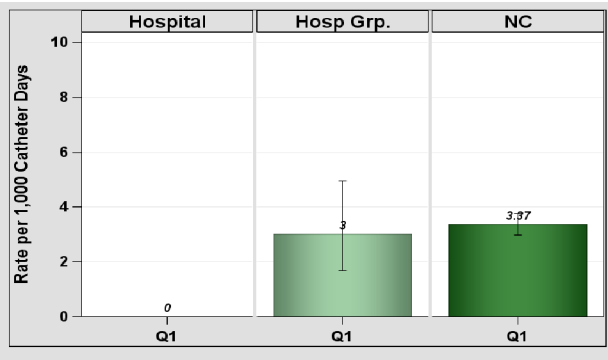


Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	87	0	0.11	.		
YTD Total for Reporting ICUs	0	87	0	0.11	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	2	.	0.02	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

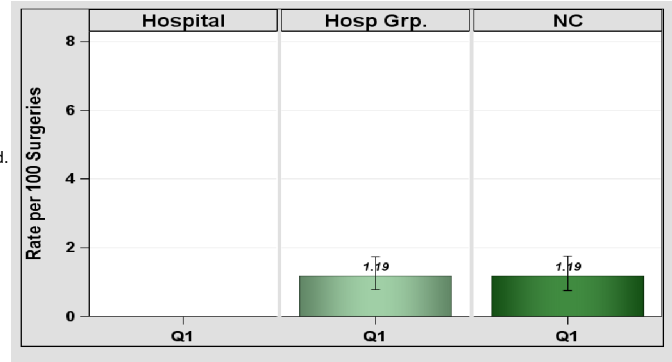


Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.

**Surgical Site Infections (SSI) after Colon Surgeries**

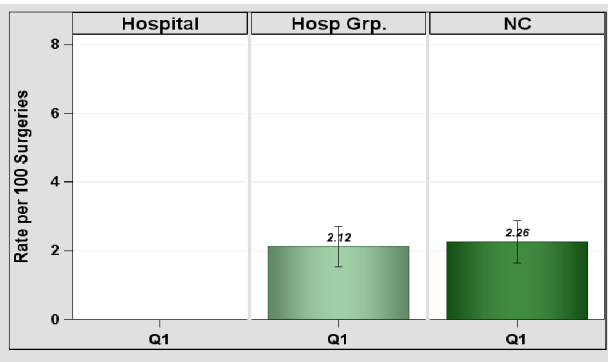


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.

Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	0	.	0	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Commentary from Hospitals:**  
 No comments provided.



# North Carolina Healthcare-Associated Infections Report

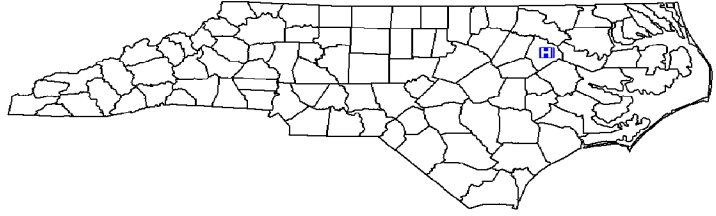
## Data from January 1 – March 31, 2014

### Vidant Edgecombe Hospital, Tarboro, Edgecombe County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: Major  
 Profit Status: Not for Profit  
 Admissions in 2013: 4,240  
 Patient Days in 2013: 17,071  
 Total Number of Beds: 117  
 Number of ICU Beds: 8  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 0.85

\*FTE = Full-time equivalent



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

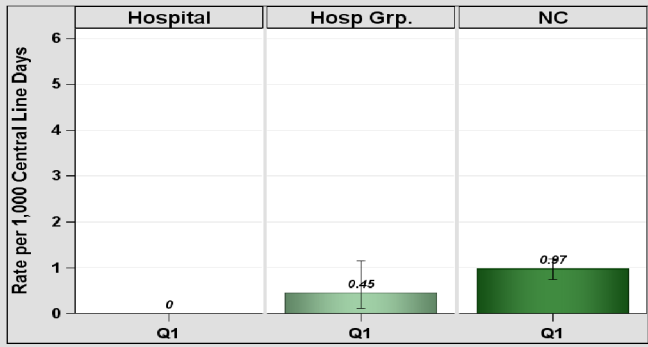


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	351	0	0.74	.		
YTD Total for Reporting ICUs	0	351	0	0.74	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	4,268	0	0.21	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 patient days.

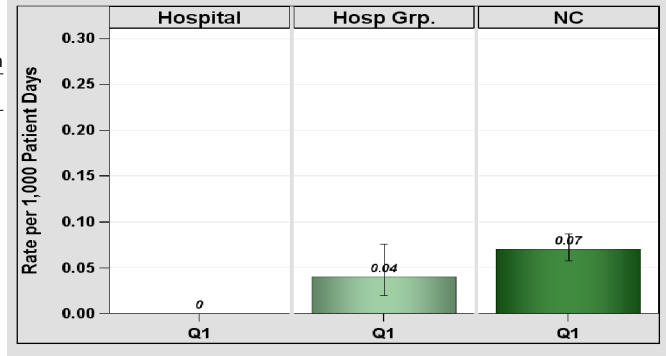


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

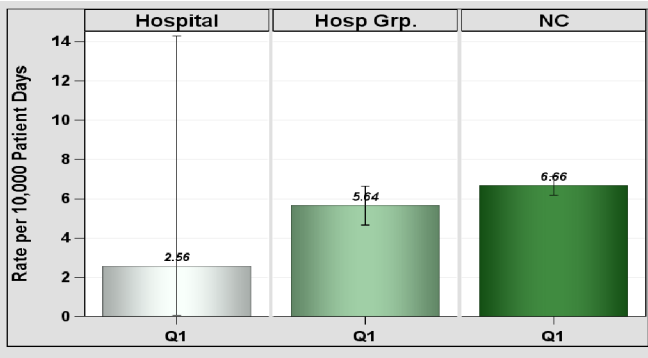


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	3,902	2.56	2.23	0.448	0.022, 2.210	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
**Vidant Edgecombe Hospital, Tarboro, Edgecombe County**

**Catheter-Associated Urinary Tract Infections (CAUTI)**

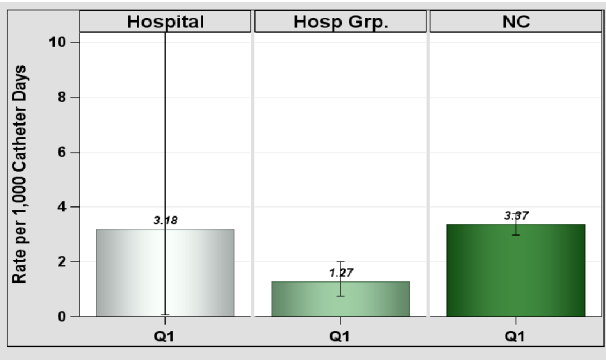


Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	307	3.26	0.71	.		
Rehabilitation	0	7	.	.	.		
YTD Total for Reporting ICUs	1	314	3.18	0.73	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	7	.	0.1	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

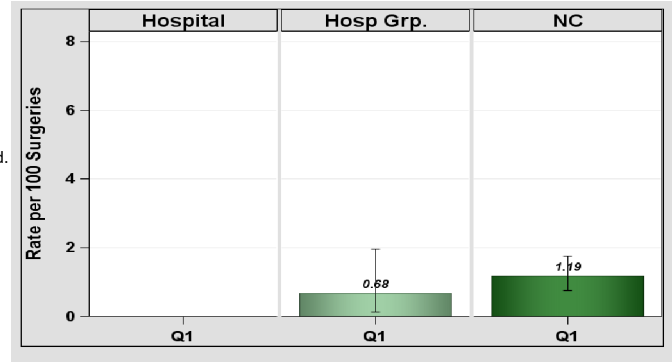


Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.

**Surgical Site Infections (SSI) after Colon Surgeries**

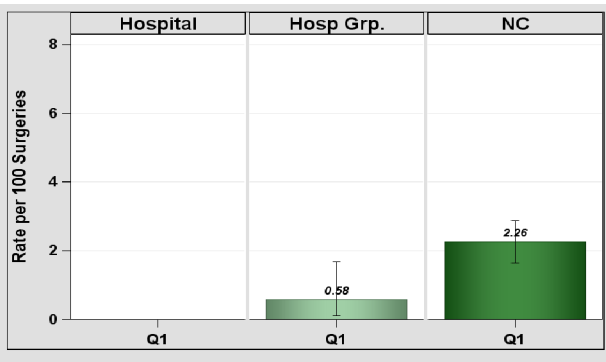


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.

Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	9	.	0.28	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Commentary from Hospitals:**  
 No comments provided.

# North Carolina Healthcare-Associated Infections Report

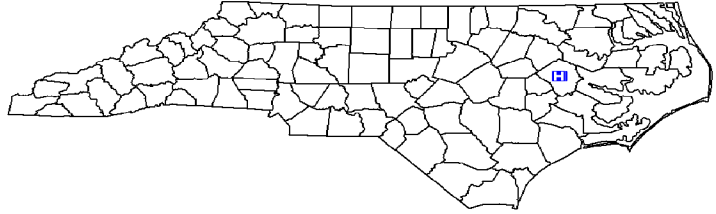
## Data from January 1 – March 31, 2014

### Vidant Medical Center, Greenville, Pitt County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: Major  
 Profit Status: Not for Profit  
 Admissions in 2013: 46,203  
 Patient Days in 2013: 266,285  
 Total Number of Beds: 909  
 Number of ICU Beds: 164  
 FTE\* Infection Preventionists: 8.00  
 Number of FTEs\* per 100 beds: 0.88

\*FTE = Full-time equivalent



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

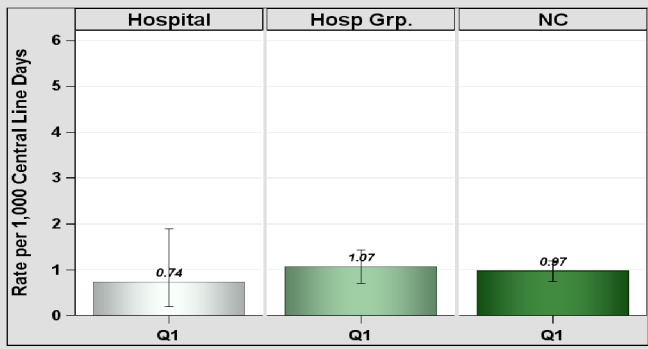


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	1,165	0	3.03	0	, 0.989	Lower
Medical cardiac	0	975	0	1.95	0	, 1.536	Same
Neonatal Level III	2	580	3.45	1.53	1.304	0.219, 4.309	Same
Neurosurgical	0	126	0	0.31	.		
Pediatric medical/surgical	2	425	4.71	1.27	1.569	0.263, 5.183	Same
Surgical	0	918	0	2.11	0	, 1.419	Same
Surgical cardiothoracic	0	1,225	0	1.71	0	, 1.747	Same
YTD Total for Reporting ICUs	4	5,414	0.74	11.93	0.335	0.107, 0.809	Lower

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	5	67,376	0.07	6.22	0.804	0.294, 1.781	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 patient days.

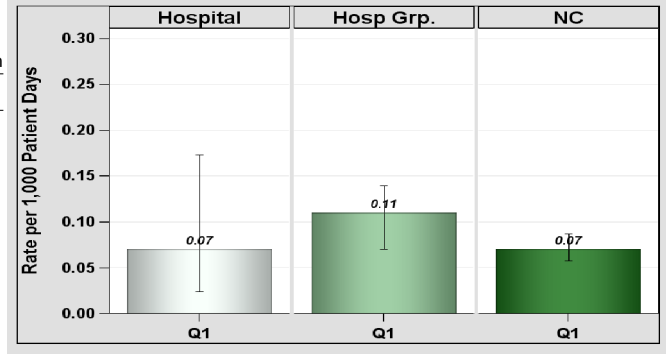


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

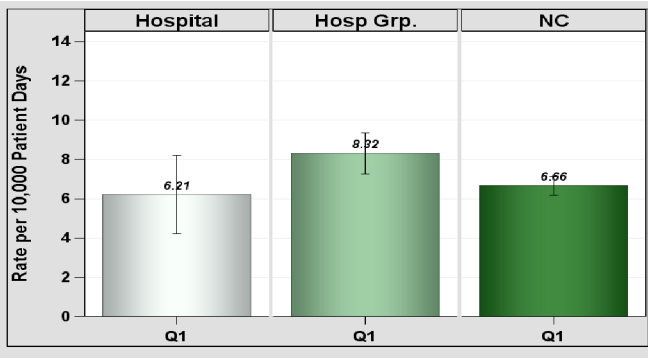


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	37	59,546	6.21	34.63	1.068	0.763, 1.457	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
**Vidant Medical Center, Greenville, Pitt County**

**Catheter-Associated Urinary Tract Infections (CAUTI)**

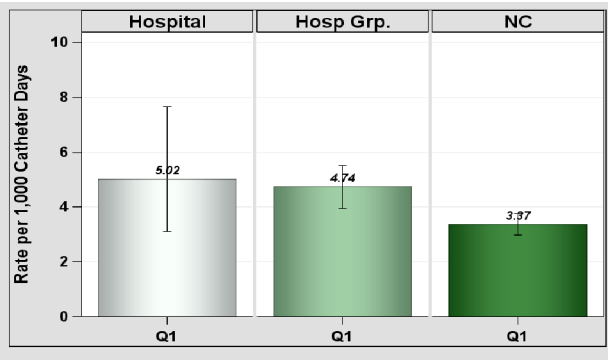


Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	9	1,167	7.71	2.68	3.353	1.635, 6.153	Higher
Medical cardiac	2	975	2.05	1.95	1.026	0.172, 3.389	Same
Neurosurgical	2	152	13.2	0.67	.		
Pediatric medical/surgical	0	150	0	0.42	.		
Rehabilitation	1	200	5	0.76	.		
Surgical	6	898	6.68	2.33	2.57	1.042, 5.345	Higher
Surgical cardiothoracic	1	639	1.56	1.09	0.921	0.046, 4.540	Same
YTD Total for Reporting ICUs	21	4,181	5.02	9.9	2.12	1.348, 3.186	Higher

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	1	67	1.49	0.63	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

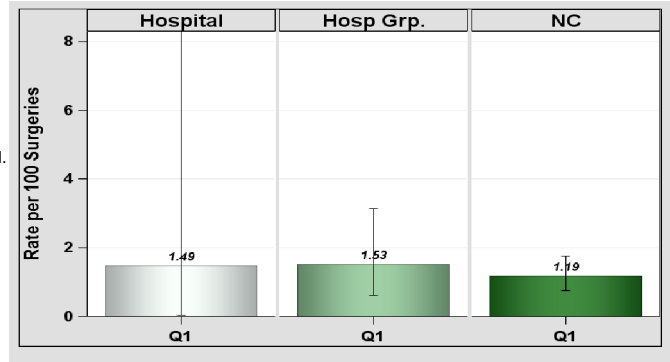


Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.

**Surgical Site Infections (SSI) after Colon Surgeries**

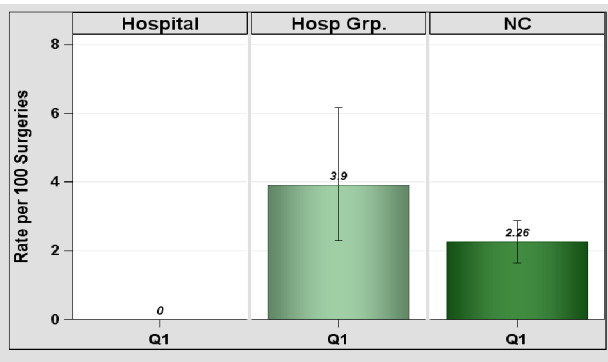


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.

Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	109	0	3.64	0	, 0.823	Lower

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Commentary from Hospitals:**

The infection rates above reflect our initiatives to make patient care at Vidant Medical Center safe for all of our patients, and those efforts are ongoing.

# North Carolina Healthcare-Associated Infections Report

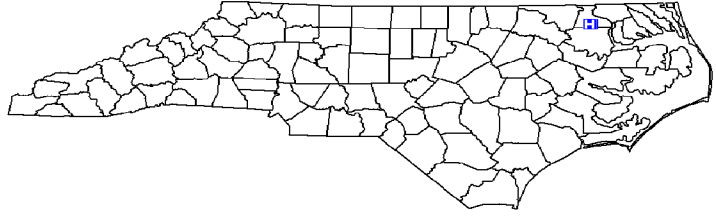
## Data from January 1 – March 31, 2014

### Vidant Roanoke Chowan Hospital, Ahoskie, Hertford County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2013: 4,595  
 Patient Days in 2013: 20,596  
 Total Number of Beds: 144  
 Number of ICU Beds: 10  
 FTE\* Infection Preventionists: 0.75  
 Number of FTEs\* per 100 beds: 0.52

\*FTE = Full-time equivalent



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

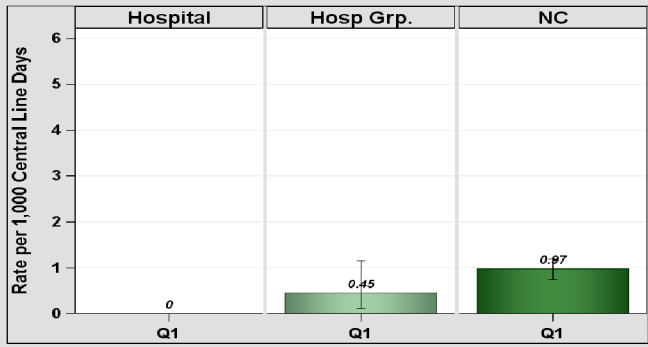


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	109	0	0.16	.		
YTD Total for Reporting ICUs	0	109	0	0.16	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	4,732	0	.	.	.	.

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 patient days.

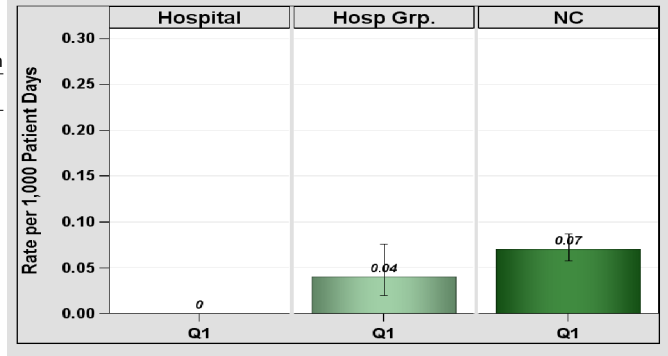


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

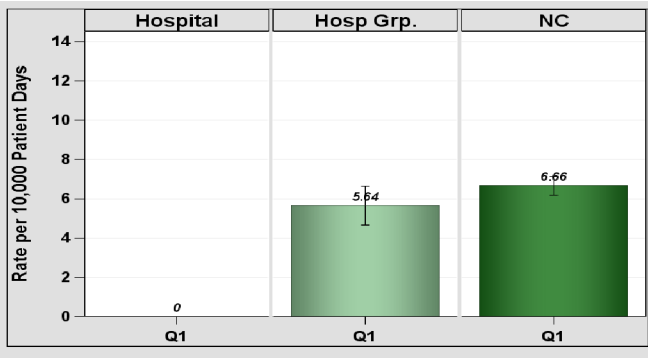


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	4,541	0	1.98	0	, 1.512	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
**Vidant Roanoke Chowan Hospital, Ahoskie, Hertford County**

**Catheter-Associated Urinary Tract Infections (CAUTI)**

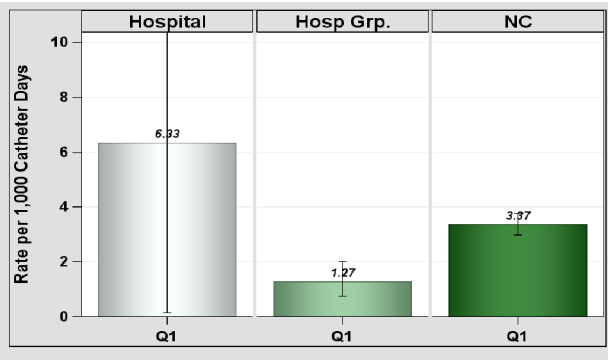


Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	158	6.33	0.21	.		
YTD Total for Reporting ICUs	1	158	6.33	0.21	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	7	.	0.08	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

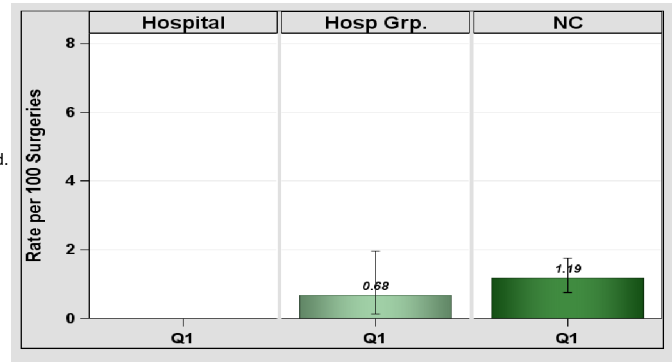


Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.

**Surgical Site Infections (SSI) after Colon Surgeries**

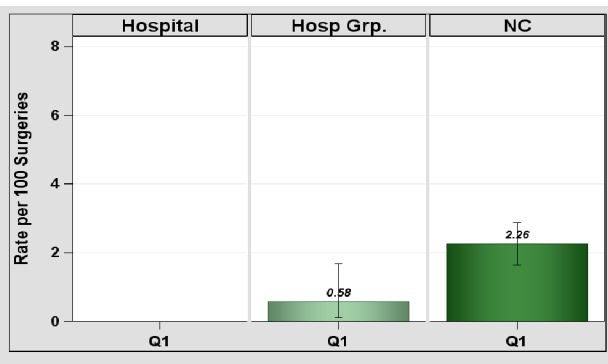


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.

Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	5	.	0.13	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Commentary from Hospitals:**  
 No comments provided.

# North Carolina Healthcare-Associated Infections Report

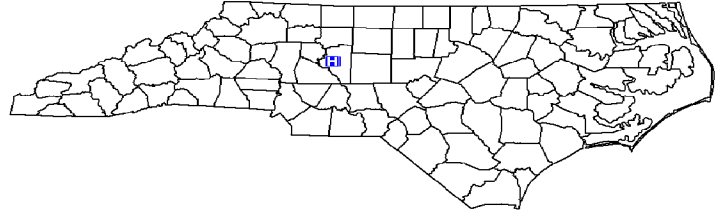
## Data from January 1 – March 31, 2014

### Wake Forest Baptist Health-Lexington Medical Center, Lexington, Davidson County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2013: 3,820  
 Patient Days in 2013: 10,692  
 Total Number of Beds: 85  
 Number of ICU Beds: 21  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 1.18

\*FTE = Full-time equivalent



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

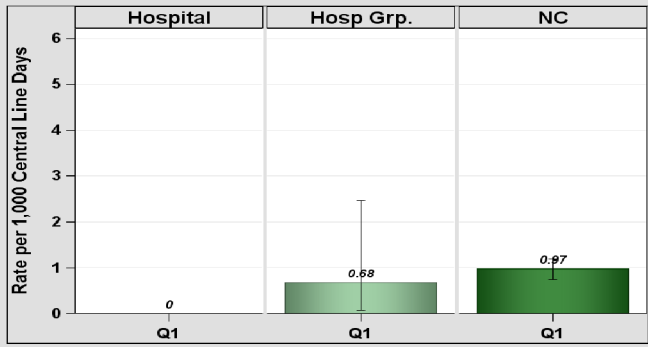


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	129	0	0.19	.		
YTD Total for Reporting ICUs	0	129	0	0.19	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	2,959	0.34	0.13	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 patient days.

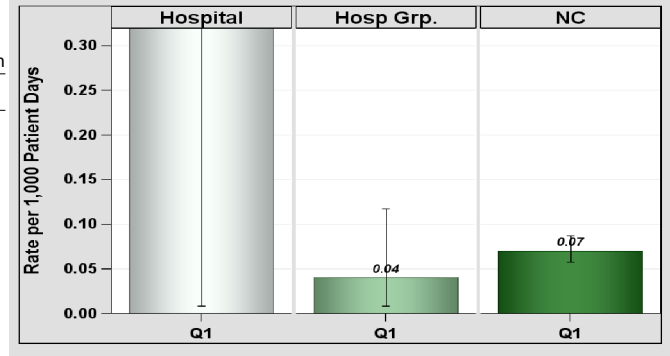


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

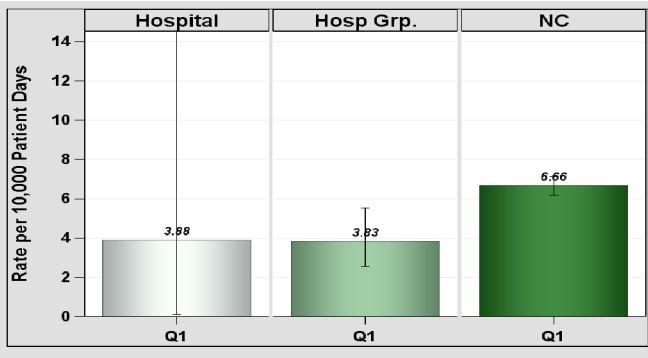


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	2,577	3.88	1.04	0.962	0.048, 4.745	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
 Wake Forest Baptist Health-Lexington Medical Center, Lexington, Davidson County

**Catheter-Associated Urinary Tract Infections (CAUTI)**

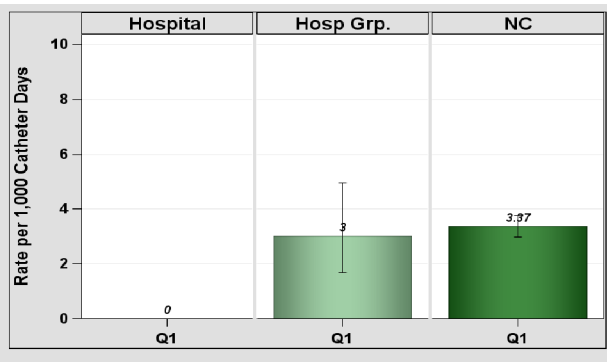


Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	331	0	0.4	.		
YTD Total for Reporting ICUs	0	331	0	0.4	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	9	.	0.07	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

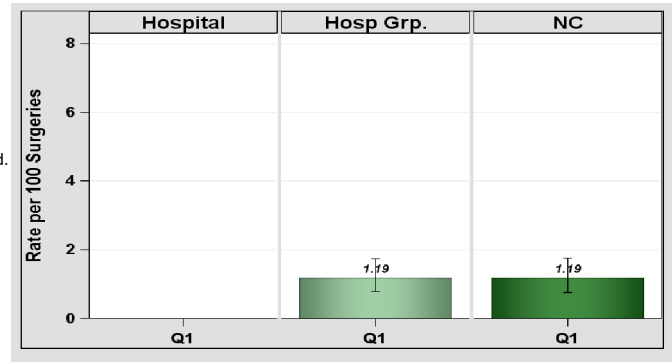


Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.

**Surgical Site Infections (SSI) after Colon Surgeries**

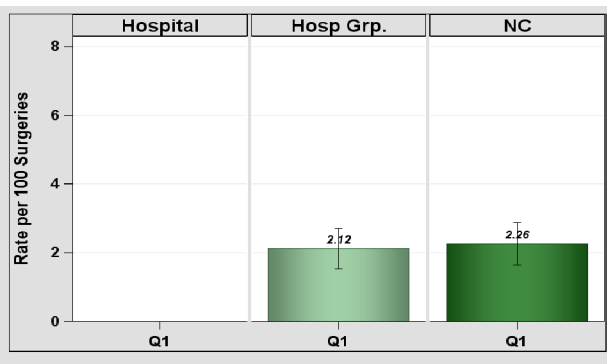


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.

Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	6	.	0.2	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Commentary from Hospitals:**  
 No comments provided.



# North Carolina Healthcare-Associated Infections Report

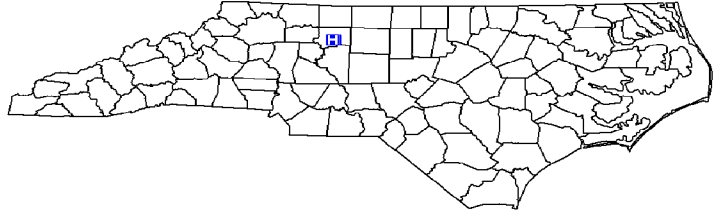
## Data from January 1 – March 31, 2014

### Wake Forest University Baptist Medical Center, Winston-Salem, Forsyth County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: Major  
 Profit Status: Not for Profit  
 Admissions in 2013: 37,505  
 Patient Days in 2013: 230,320  
 Total Number of Beds: 885  
 Number of ICU Beds: 176  
 FTE\* Infection Preventionists: 6.00  
 Number of FTEs\* per 100 beds: 0.68

\*FTE = Full-time equivalent



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

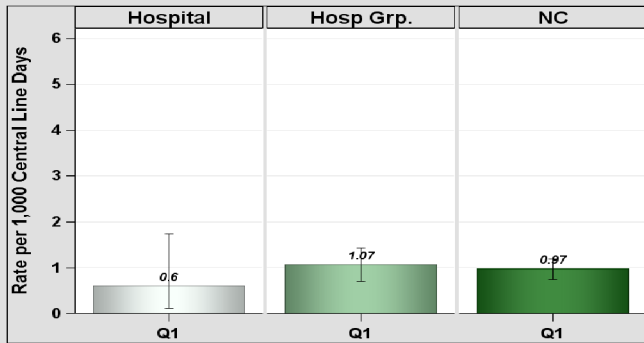


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Burn	1	166	6.02	0.91	.		
Medical	0	1,350	0	3.51	0	, 0.853	Lower
Medical cardiac	0	444	0	0.89	.		
Medical/surgical	0	287	0	0.6	.		
Neonatal Level II/III	1	1,019	0.98	2.55	0.392	0.020, 1.933	Same
Neurosurgical	0	351	0	0.88	.		
Pediatric medical/surgical	0	282	0	0.85	.		
Surgical	0	315	0	0.72	.		
Surgical cardiothoracic	1	642	1.56	0.9	.		
Trauma	0	185	0	0.67	.		
YTD Total for Reporting ICUs	3	5,041	0.6	12.48	0.24	0.061, 0.654	Lower

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	8	57,339	0.14	8.41	0.952	0.442, 1.807	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 patient days.

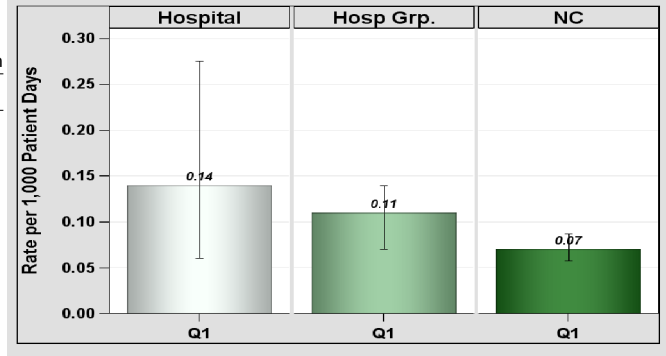


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

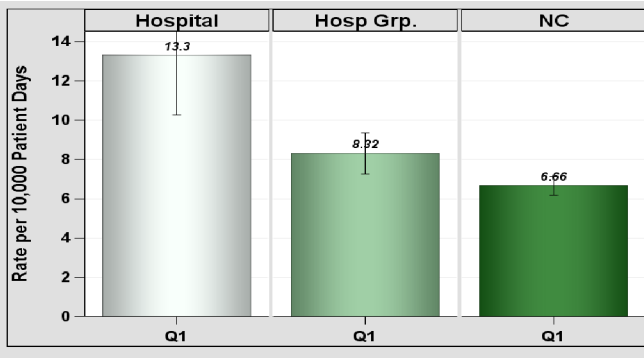


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	74	55,621	13.3	44.39	1.667	1.319, 2.081	Higher

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
**Wake Forest University Baptist Medical Center, Winston-Salem, Forsyth County**

**Catheter-Associated Urinary Tract Infections (CAUTI)**

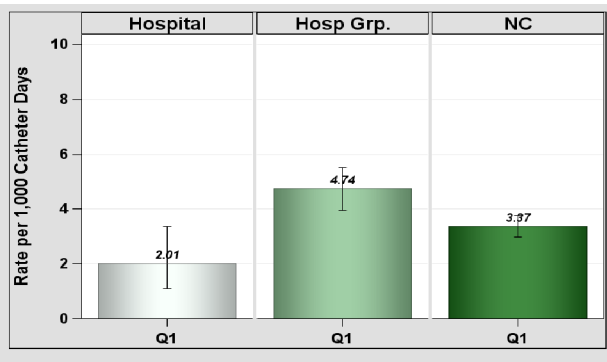


Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Burn	1	449	2.23	1.98	0.506	0.025, 2.496	Same
Medical	2	2,373	0.84	5.46	0.366	0.061, 1.211	Same
Medical cardiac	2	589	3.4	1.18	1.698	0.285, 5.609	Same
Medical/surgical	0	463	0	1.06	0	, 2.813	Same
Neurosurgical	2	700	2.86	3.08	0.649	0.109, 2.145	Same
Pediatric medical/surgical	2	212	9.43	0.59	.		
Rehabilitation	2	221	9.05	0.84	.		
Surgical	0	573	0	1.49	0	, 2.011	Same
Surgical cardiothoracic	3	701	4.28	1.19	2.517	0.640, 6.851	Same
Trauma	0	688	0	2.34	0	, 1.281	Same
YTD Total for Reporting ICUs	14	6,969	2.01	19.21	0.729	0.415, 1.194	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	43	0	0.5	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

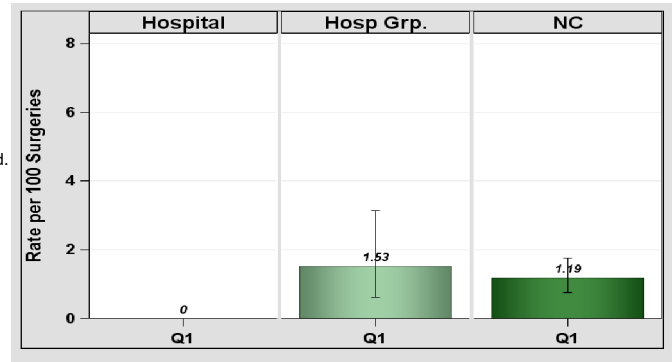


Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.

**Surgical Site Infections (SSI) after Colon Surgeries**

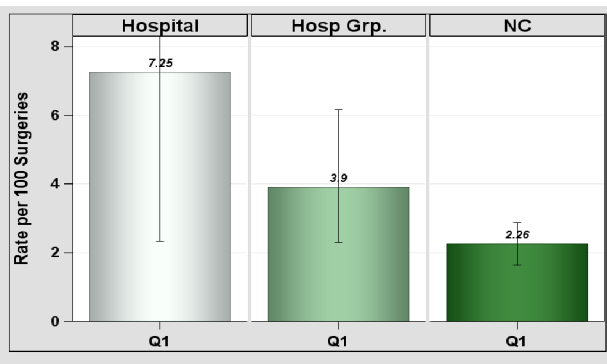


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.

Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	5	69	7.25	2.45	2.041	0.748, 4.524	Same

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Commentary from Hospitals:**

Wake Forest Baptist Health continually strives to provide a safe environment for patients, their families and our community. In response to the C. difficile rate (CDI LabID), Wake Forest Baptist Health is reinforcing appropriate infection prevention measures to help decrease the numbers (e.g., proper hand hygiene, environmental cleaning, and appropriate isolation of patients).

# North Carolina Healthcare-Associated Infections Report

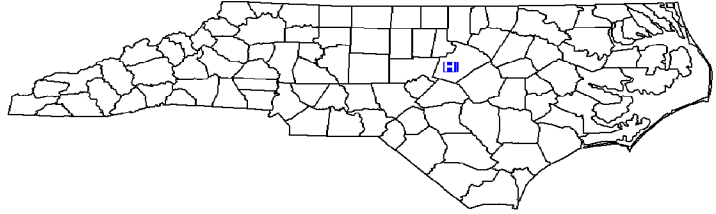
## Data from January 1 – March 31, 2014

### WakeMed Cary Hospital, Cary, Wake County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2013: 17,522  
 Patient Days in 2013: 53,188  
 Total Number of Beds: 182  
 Number of ICU Beds: 12  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 0.55

\*FTE = Full-time equivalent



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

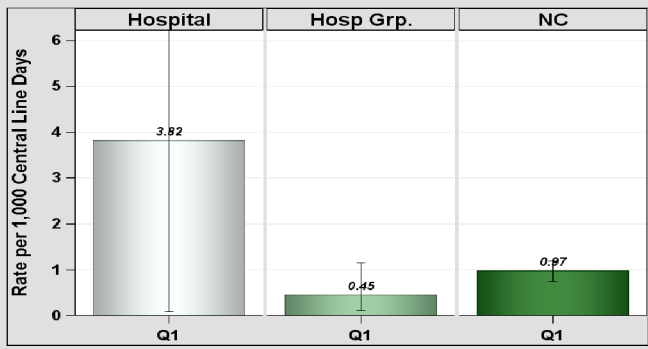


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	262	3.82	0.39	.		
YTD Total for Reporting ICUs	1	262	3.82	0.39	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	11,722	0.09	0.49	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 patient days.

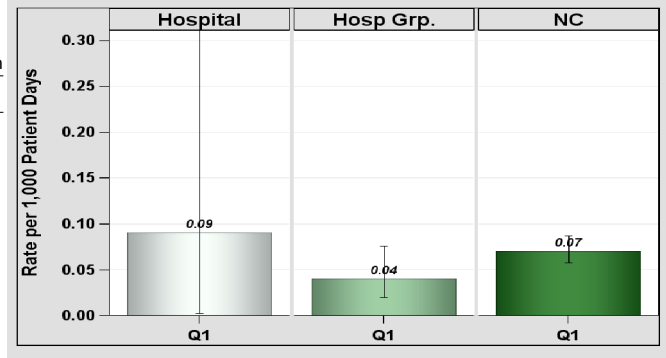


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

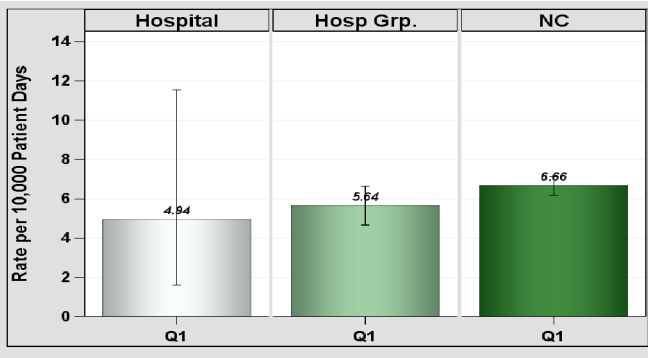


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

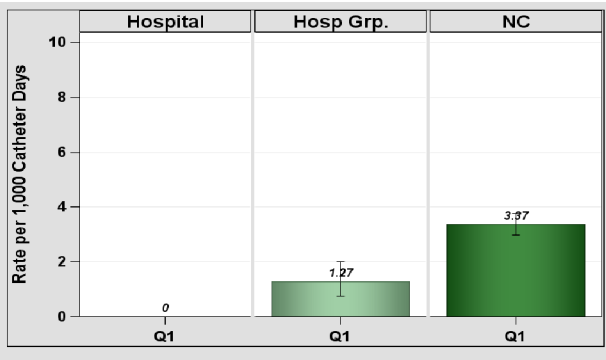
Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	5	10,121	4.94	5.1	0.98	0.359, 2.172	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
 WakeMed Cary Hospital, Cary, Wake County

**Catheter-Associated Urinary Tract Infections (CAUTI)**



**Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.**

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	377	0	0.49	.		
YTD Total for Reporting ICUs	0	377	0	0.49	.		

**Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.**

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

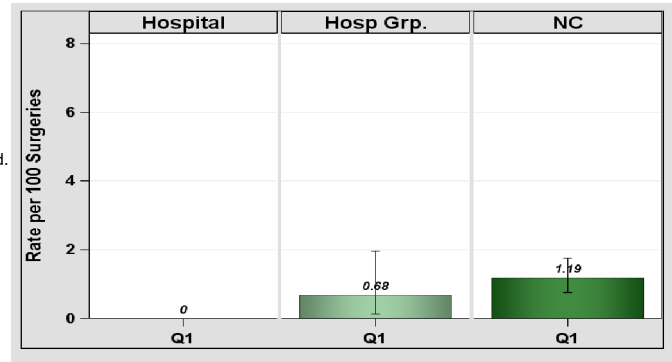
**Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.**

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	32	0	0.3	.		

Infections from deep incisional and/or organ space.

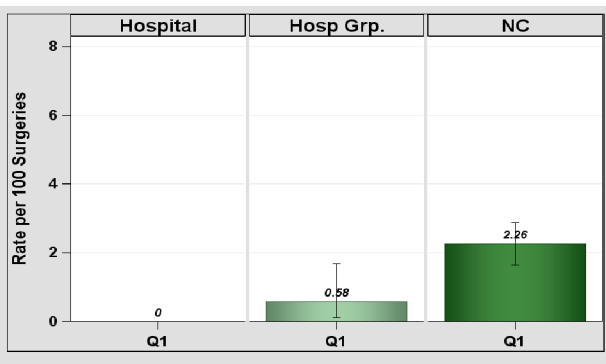
\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.



**Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.**

**Surgical Site Infections (SSI) after Colon Surgeries**



**Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.**

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	52	0	1.62	0	, 1.848	Same

Infections from deep incisional and/or organ space.

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.**

**Commentary from Hospitals:**  
 No comments provided.

# North Carolina Healthcare-Associated Infections Report

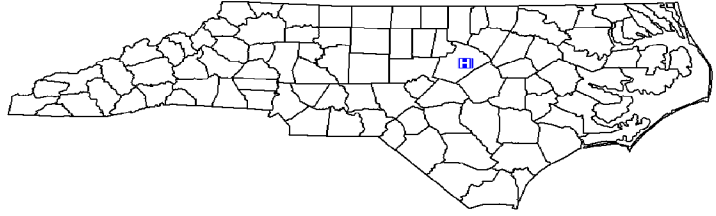
## Data from January 1 – March 31, 2014

### WakeMed, Raleigh, Wake County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: Major  
 Profit Status: Not for Profit  
 Admissions in 2013: 58,791  
 Patient Days in 2013: 210,639  
 Total Number of Beds: 614  
 Number of ICU Beds: 122  
 FTE\* Infection Preventionists: 7.50  
 Number of FTEs\* per 100 beds: 1.22

\*FTE = Full-time equivalent



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

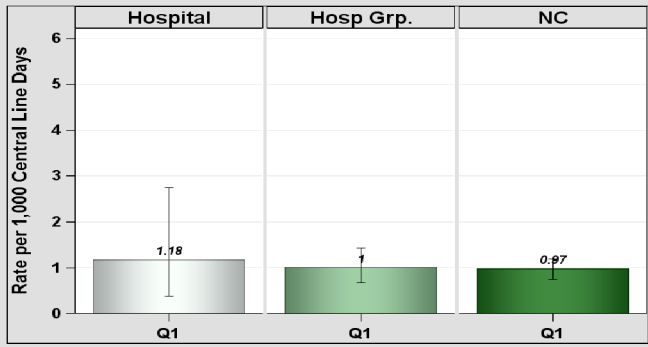


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	2	511	3.91	1.33	1.505	0.252, 4.973	Same
Medical cardiac	1	1,444	0.69	2.89	0.346	0.017, 1.708	Same
Neonatal Level II/III	0	688	0	1.56	0	, 1.918	Same
Pediatric medical/surgical	1	208	4.81	0.62	.	.	
Surgical cardiothoracic	0	556	0	0.78	.	.	
Trauma	1	829	1.21	2.98	0.335	0.017, 1.653	Same
YTD Total for Reporting ICUs	5	4,236	1.18	10.17	0.492	0.180, 1.090	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	3	45,278	0.07	3.84	0.78	0.199, 2.124	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 patient days.

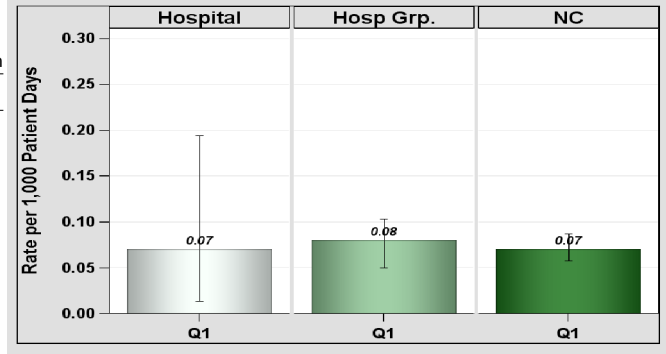


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

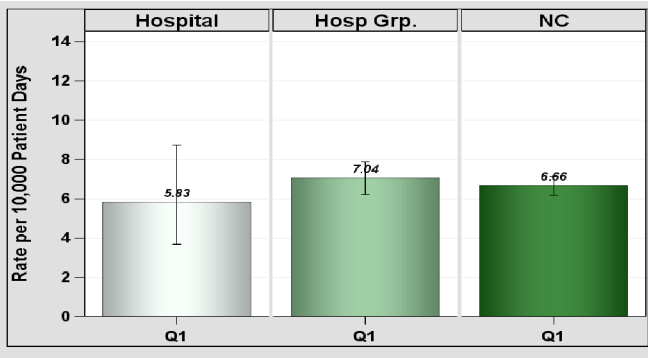


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	23	39,449	5.83	23.97	0.959	0.623, 1.417	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 10,000 patient days.

# North Carolina Healthcare-Associated Infections Report

## Data from January 1 – March 31, 2014

### WakeMed, Raleigh, Wake County

#### Catheter-Associated Urinary Tract Infections (CAUTI)

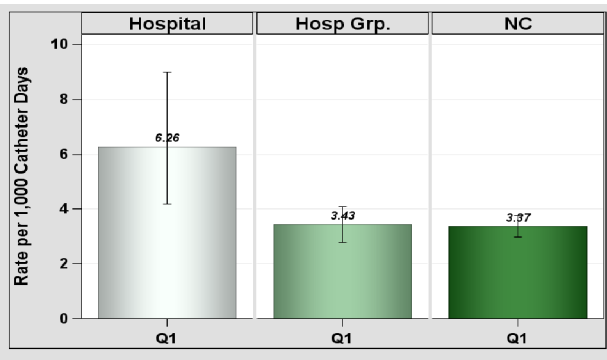


Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	3	564	5.32	1.3	2.313	0.588, 6.294	Same
Medical cardiac	11	1,669	6.59	3.34	3.295	1.733, 5.728	Higher
Pediatric medical/surgical	0	132	0	0.37	.		
Rehabilitation	6	673	8.92	2.56	2.346	0.951, 4.880	Same
Surgical cardiothoracic	3	589	5.09	1	2.996	0.762, 8.154	Same
Trauma	6	1,004	5.98	3.41	1.758	0.712, 3.656	Same
YTD Total for Reporting ICUs	29	4,631	6.26	11.98	2.421	1.652, 3.432	Higher

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

#### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	1	80	1.25	0.82	.		

Infections from deep incisional and/or organ space.

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

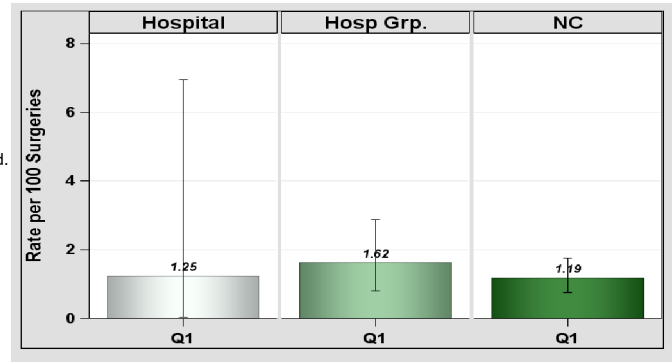


Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Surgical Site Infections (SSI) after Colon Surgeries

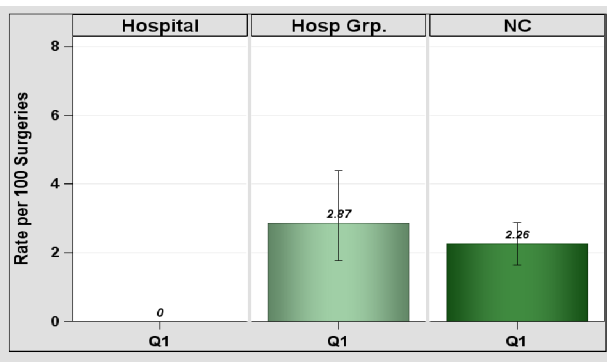


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.

Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	45	0	1.5	0	, 2.000	Same

Infections from deep incisional and/or organ space.

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

#### Commentary from Hospitals:

No comments provided.

# North Carolina Healthcare-Associated Infections Report

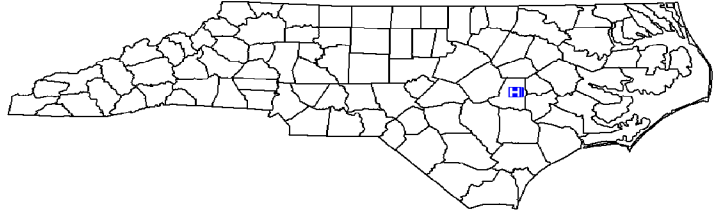
## Data from January 1 – March 31, 2014

### Wayne Memorial Hospital, Goldsboro, Wayne County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2013: 12,083  
 Patient Days in 2013: 53,049  
 Total Number of Beds: 306  
 Number of ICU Beds: 16  
 FTE\* Infection Preventionists: 2.13  
 Number of FTEs\* per 100 beds: 0.69

\*FTE = Full-time equivalent



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

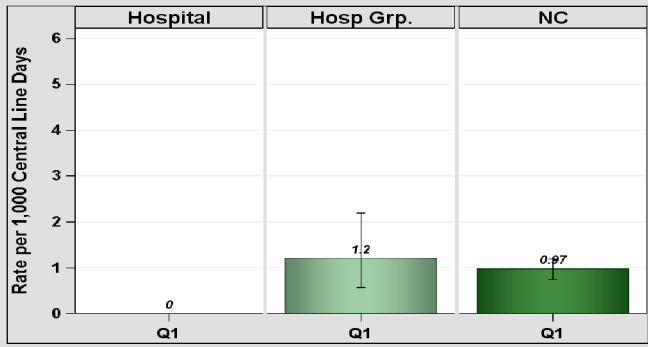


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	908	0	1.36	0	, 2.200	Same
YTD Total for Reporting ICUs	0	908	0	1.36	0	, 2.200	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	2	14,175	0.14	1.06	1.892	0.317, 6.252	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 patient days.

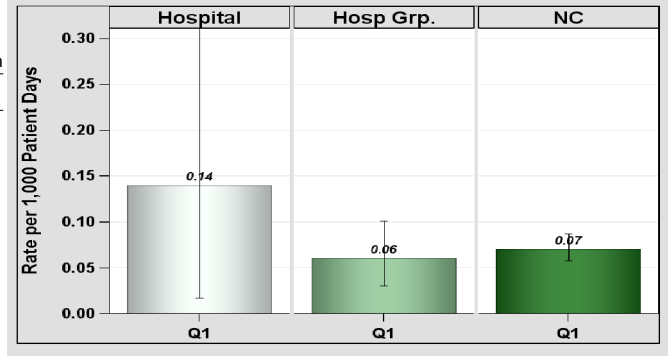


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

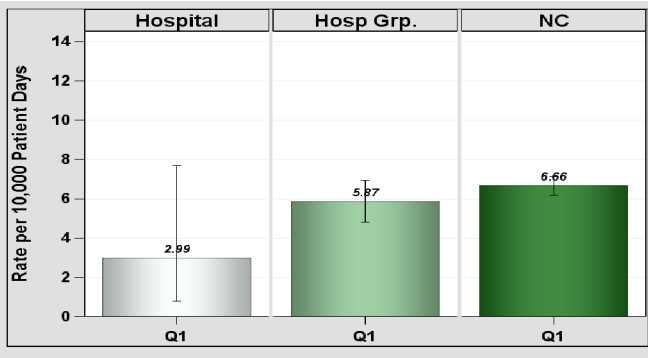


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	4	13,359	2.99	8.42	0.475	0.151, 1.145	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
**Wayne Memorial Hospital, Goldsboro, Wayne County**

**Catheter-Associated Urinary Tract Infections (CAUTI)**

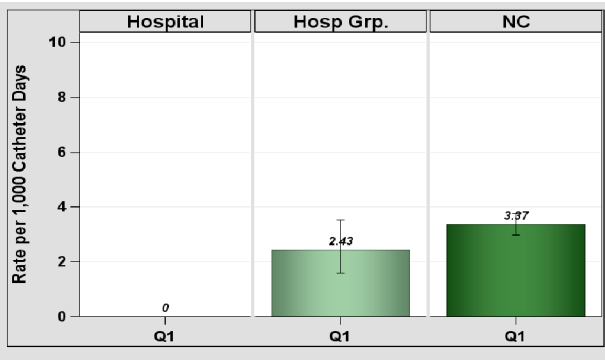


Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	952	0	1.14	0	, 2.622	Same
YTD Total for Reporting ICUs	0	952	0	1.14	0	, 2.622	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	35	0	0.37	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

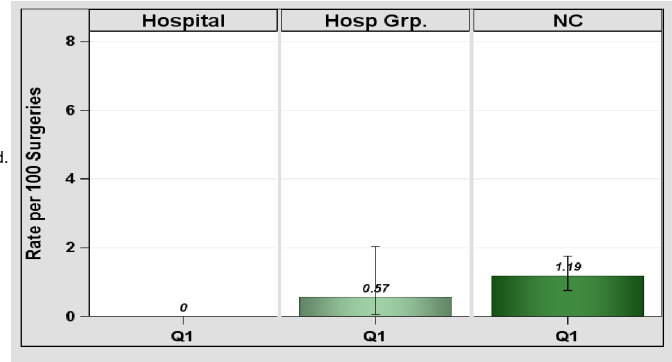


Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.

**Surgical Site Infections (SSI) after Colon Surgeries**

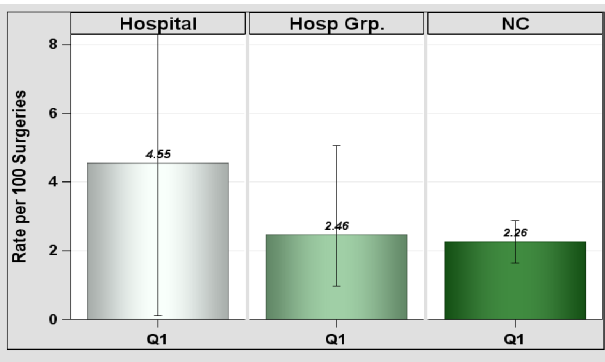


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.

Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	1	22	4.55	0.78	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Commentary from Hospitals:**  
 No comments provided.



# North Carolina Healthcare-Associated Infections Report

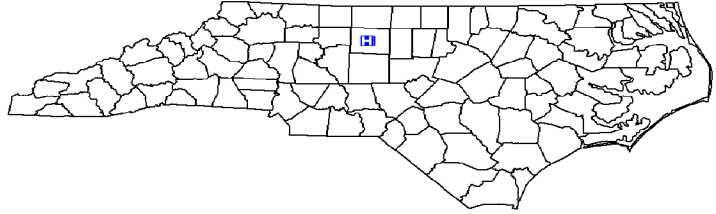
## Data from January 1 – March 31, 2014

### Wesley Long Hospital, Greensboro, Guilford County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2013: 10,319  
 Patient Days in 2013: 45,242  
 Total Number of Beds: 175  
 Number of ICU Beds: 20  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 0.57

\*FTE = Full-time equivalent



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

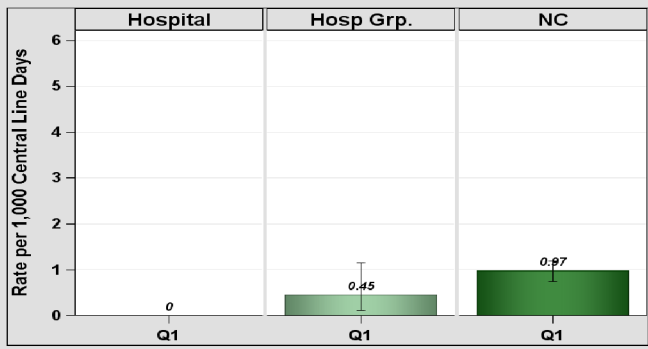


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	518	0	0.78	.		
YTD Total for Reporting ICUs	0	518	0	0.78	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	11,044	0.09	0.69	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 patient days.

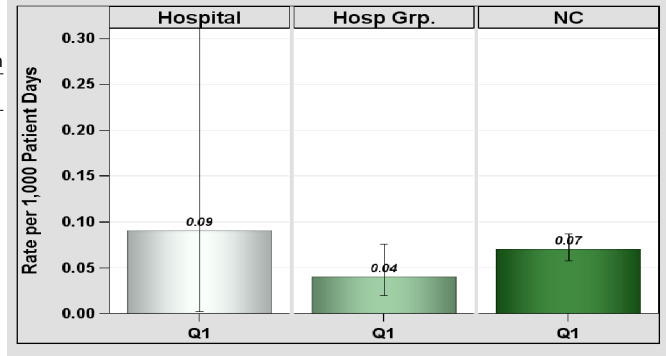


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

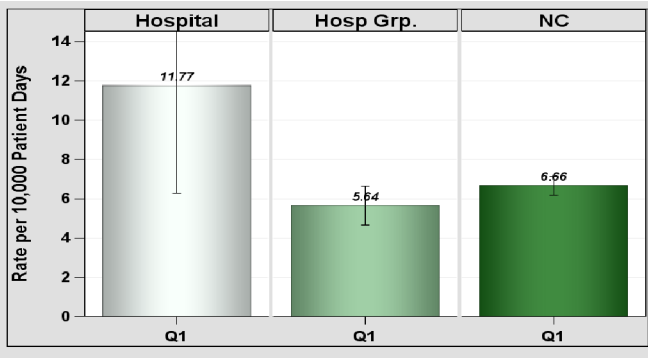


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	13	11,044	11.8	5.91	2.2	1.224, 3.667	Higher

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 10,000 patient days.

# North Carolina Healthcare-Associated Infections Report

## Data from January 1 – March 31, 2014

### Wesley Long Hospital, Greensboro, Guilford County

#### Catheter-Associated Urinary Tract Infections (CAUTI)

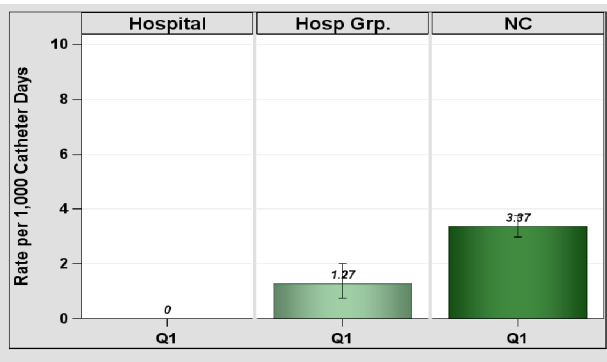


Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	738	0	0.89	.		
YTD Total for Reporting ICUs	0	738	0	0.89	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

#### Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	1	17	.	0.16	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

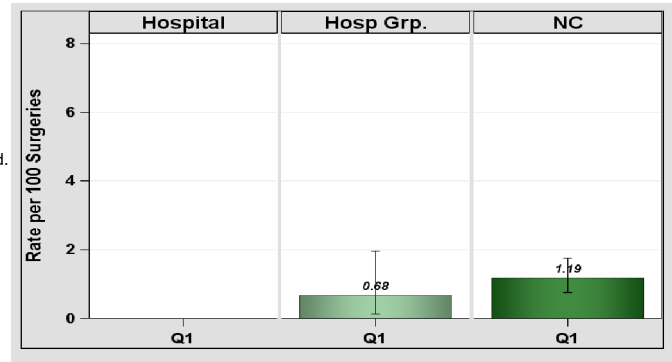


Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Surgical Site Infections (SSI) after Colon Surgeries

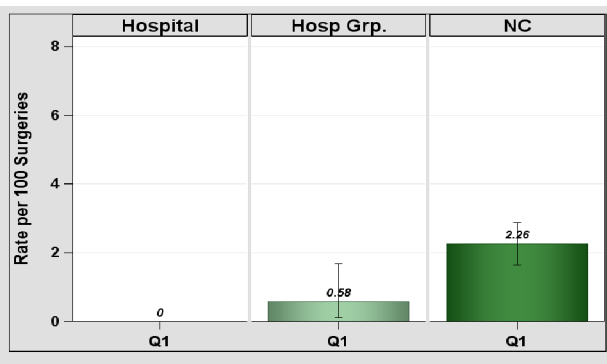


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.

Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	57	0	1.74	0	, 1.724	Same

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

#### Commentary from Hospitals:

Cone Health is committed to preventing Healthcare Associated Infections. We have dedicated teams of experts focused on process improvements to improve our patient outcomes. Please contact Cone Health Infection Prevention if you would like further information.

# North Carolina Healthcare-Associated Infections Report

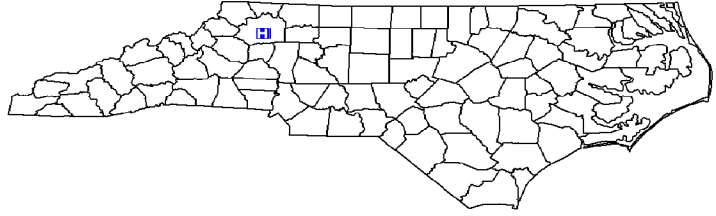
## Data from January 1 – March 31, 2014

### Wilkes Regional Medical Center, North Wilkesboro, Wilkes County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2013: 4,744  
 Patient Days in 2013: 20,845  
 Total Number of Beds: 130  
 Number of ICU Beds: 8  
 FTE\* Infection Preventionists: 0.38  
 Number of FTEs\* per 100 beds: 0.29

\*FTE = Full-time equivalent



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

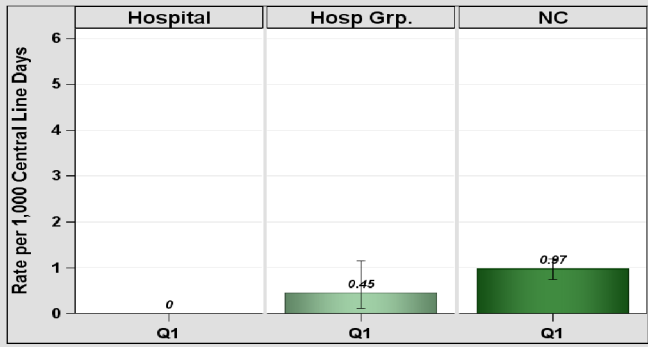


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	96	0	0.14	.		
YTD Total for Reporting ICUs	0	96	0	0.14	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	5,181	0	0.34	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 patient days.

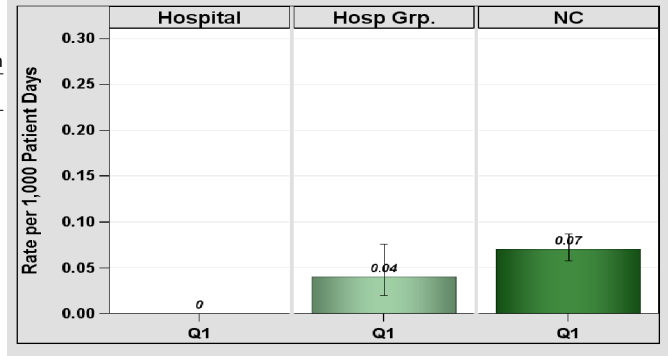


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

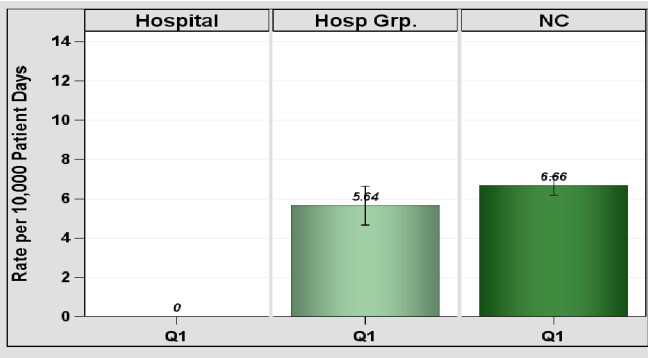


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	4,853	0	2.19	0	, 1.369	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
 Wilkes Regional Medical Center, North Wilkesboro, Wilkes County

**Catheter-Associated Urinary Tract Infections (CAUTI)**

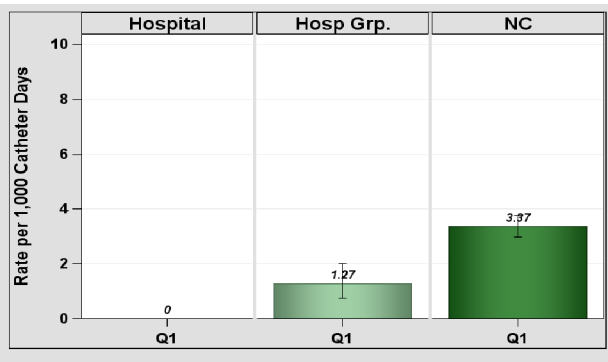


Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	273	0	0.35	.		
YTD Total for Reporting ICUs	0	273	0	0.35	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	0	.	0	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

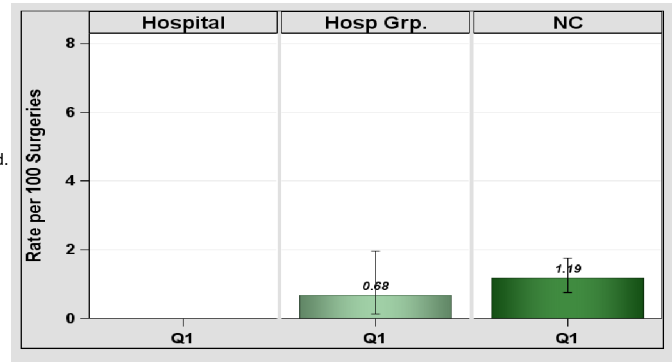


Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.

**Surgical Site Infections (SSI) after Colon Surgeries**

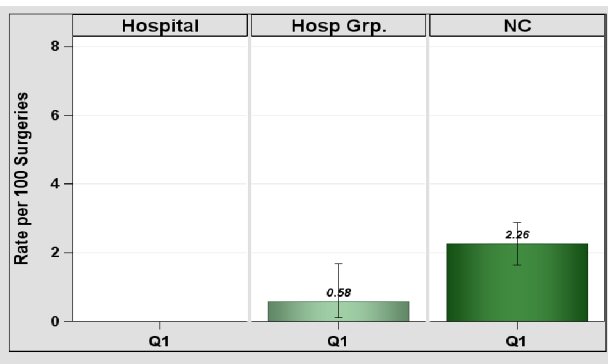


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.

Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	3	.	0.1	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Commentary from Hospitals:**

The prevention and reduction of healthcare associated infections is a top priority at Wilkes Regional Medical Center. To accomplish this, infection prevention strategies are continually assessed and measures implemented to decrease the risk for infection. These measures are based on evidence based practices and clinical guidelines. A comprehensive program is provided that encompasses patient care and patient safety.

# North Carolina Healthcare-Associated Infections Report

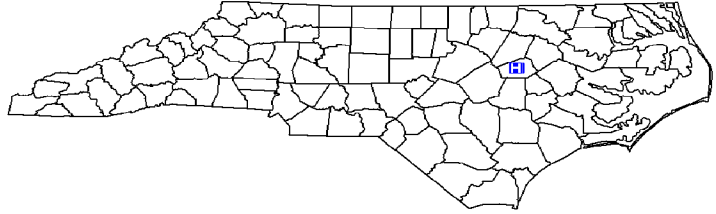
## Data from January 1 – March 31, 2014

### Wilson Medical Center, Wilson, Wilson County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2013: 7,755  
 Patient Days in 2013: 33,194  
 Total Number of Beds: 193  
 Number of ICU Beds: 14  
 FTE\* Infection Preventionists: 1.50  
 Number of FTEs\* per 100 beds: 0.78

\*FTE = Full-time equivalent



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

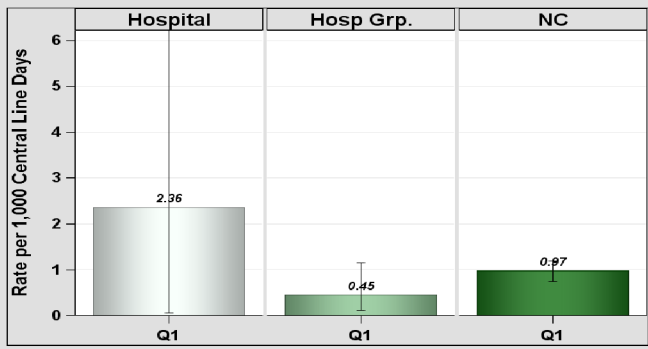


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	424	2.36	0.64	.		
YTD Total for Reporting ICUs	1	424	2.36	0.64	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	8,646	0	0.48	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 1,000 patient days.

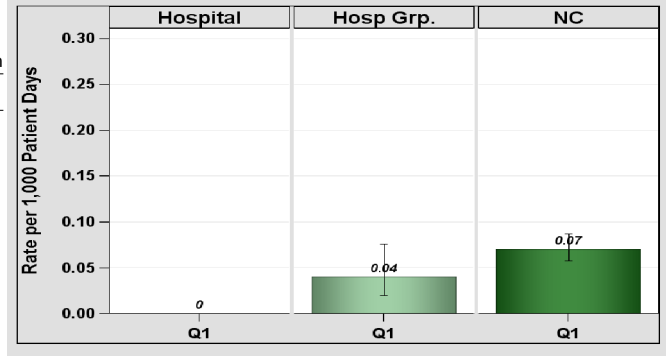


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

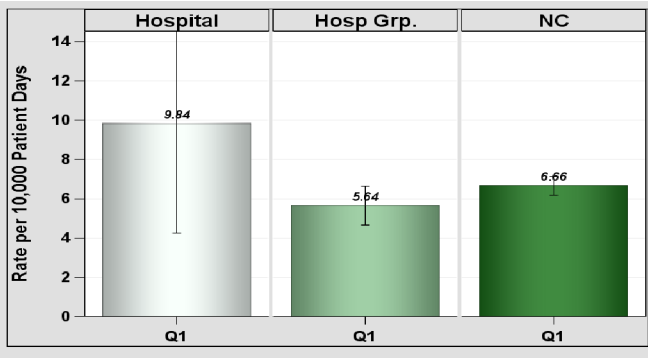


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	8	8,128	9.84	4.39	1.822	0.846, 3.460	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.

Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
Wilson Medical Center, Wilson, Wilson County

**Catheter-Associated Urinary Tract Infections (CAUTI)**

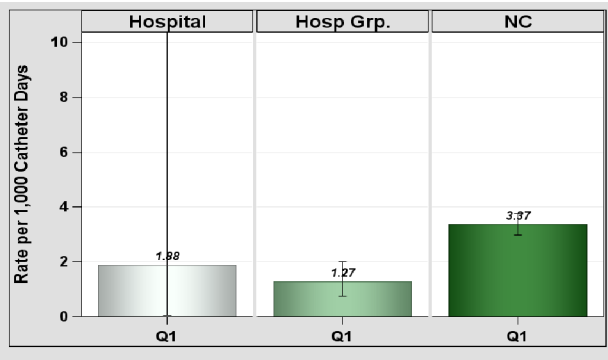


Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	533	1.88	0.69	.		
YTD Total for Reporting ICUs	1	533	1.88	0.69	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	1	23	4.35	0.2	.		

Infections from deep incisional and/or organ space.  
\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

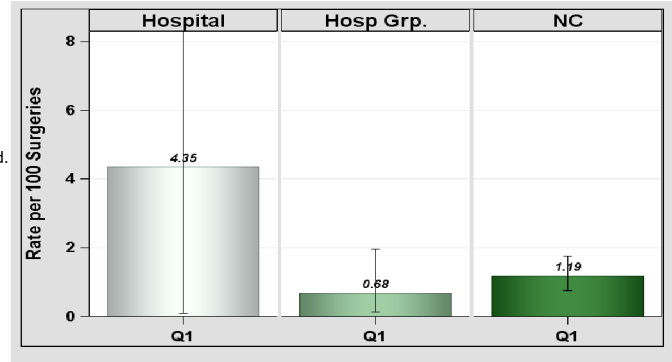


Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.

**Surgical Site Infections (SSI) after Colon Surgeries**

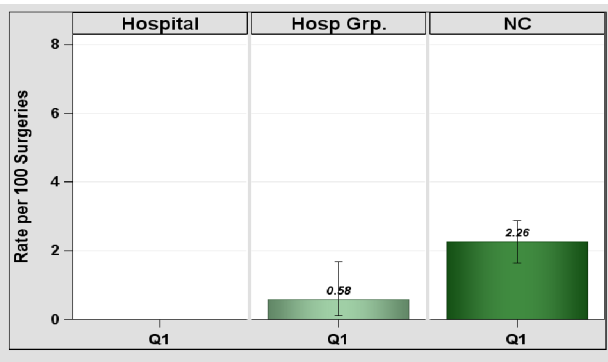


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.

Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	10	.	0.3	.		

Infections from deep incisional and/or organ space.  
\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Commentary from Hospitals:**

In 2013, Wilson Medical Center changed the laboratory method for testing C. difficile to a more sensitive molecular test. As expected, the increase in sensitivity of this test resulted in more positive C. difficile reported in 2013. Not all hospitals have converted to this advanced testing method.

# North Carolina Healthcare-Associated Infections Report

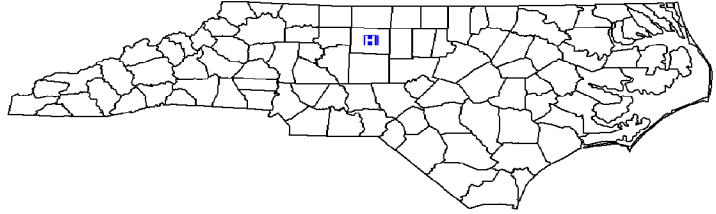
## Data from January 1 – March 31, 2014

### Women's Hospital, Greensboro, Guilford County

#### 2013 Hospital Survey Information

Hospital Type: Acute Care Hospital - Women's  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2013: 7,818  
 Patient Days in 2013: 42,248  
 Total Number of Beds: 134  
 Number of ICU Beds: 40  
 FTE\* Infection Preventionists: 0.50  
 Number of FTEs\* per 100 beds: 0.37

\*FTE = Full-time equivalent



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

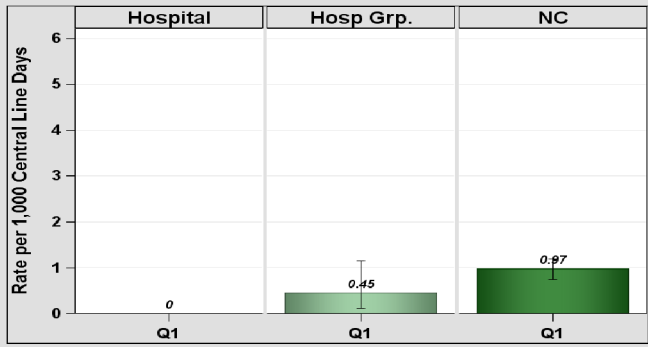


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	0	.	.	.	.	.
Neonatal Level II/III	0	308	0	0.62	.	.	.
YTD Total for Reporting ICUs	0	308	0	0.62	.	.	.

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

#### Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

Table 2. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	10,116	0	0.36	.	.	.

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 patient days.

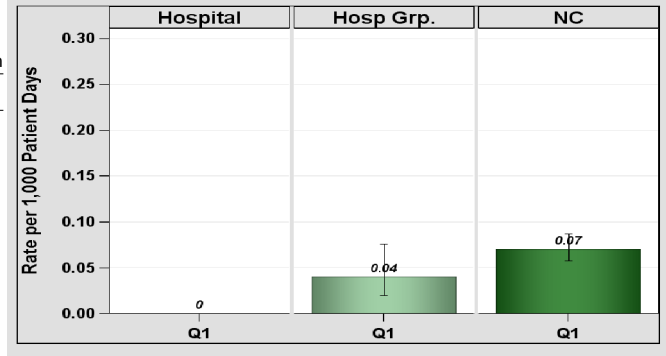


Figure 2. Rates and 95% Confidence Intervals, Jan-Mar 2014.

#### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

*Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.*

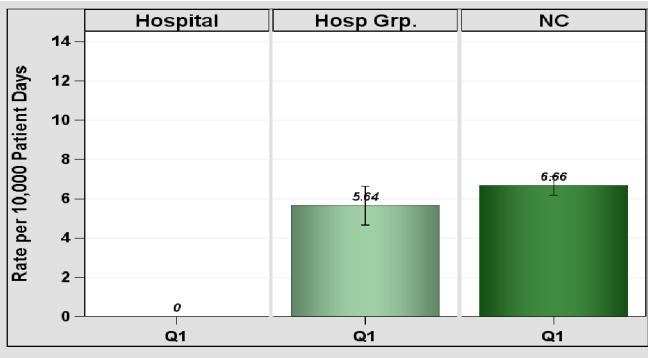


Figure 3. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 3. Rate and SIR, Jan-Mar 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	5,144	0	2.1	0	, 1.428	Same

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 10,000 patient days.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2014**  
**Women's Hospital, Greensboro, Guilford County**

**Catheter-Associated Urinary Tract Infections (CAUTI)**

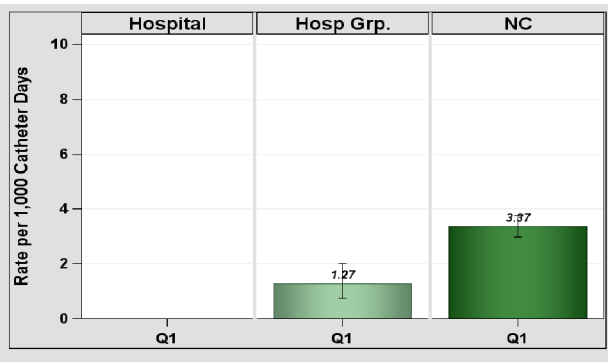


Figure 4. Rates and 95% Confidence Intervals, Jan-Mar 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Mar 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	37	.	.	.		
YTD Total for Reporting ICUs	0	37	.	.	.		

\*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

Table 5. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	33	0	0.37	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

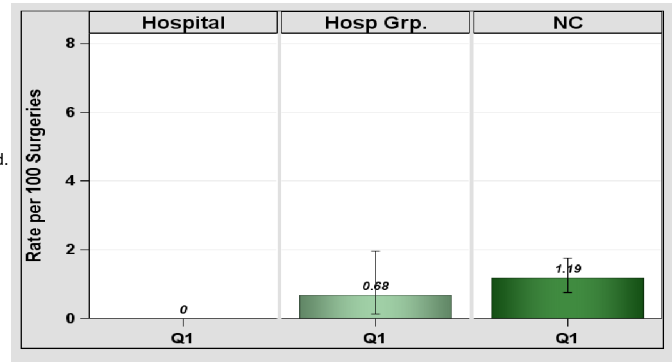


Figure 5. Rates and 95% Confidence Intervals, Jan-Mar 2014.

**Surgical Site Infections (SSI) after Colon Surgeries**

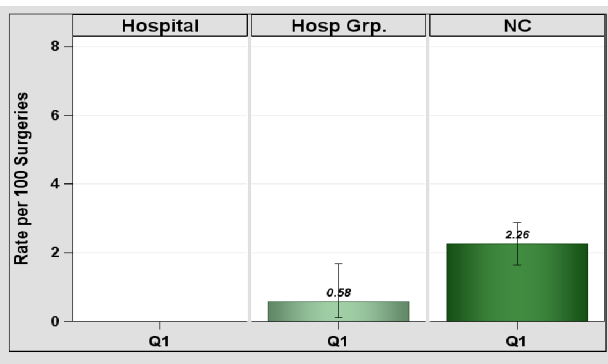


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Mar 2014.

Table 6. Rates and SIRs, Jan-Mar 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	0	.	0	.		

Infections from deep incisional and/or organ space.  
 \*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.  
 Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

**Commentary from Hospitals:**

Cone Health is committed to preventing Healthcare Associated Infections. We have dedicated teams of experts focused on process improvements to improve our patient outcomes. Please contact Cone Health Infection Prevention if you would like further information.



## **APPENDICES**

## APPENDIX A. Definitions

<b><u>Term</u></b>	<b><u>Definition</u></b>
Acute care hospital	A hospital that provides acute medical care due to illness, injury or following surgery to patients hospitalized for a brief period of time.
ASA Class	Anesthesiologist's pre-operative assessment of the patient's physical condition, using the American Society of Anesthesiologists' (ASA) Classification of Physical Status. 1. Normally healthy patient 2. Patient with mild systemic disease 3. Patient with severe systemic disease that is not incapacitating 4. Patient with an incapacitating systemic disease, constant threat to life 5. Patient not expected to survive for 24 hours with or without the operation
Bacteremia	Bloodstream infection (BSI).
Beds	The number of staffed beds in a facility or patient care location. This may be different from licensed beds.
Catheter days	A daily count of the number of patients with an indwelling urinary catheter. For example, one patient with an indwelling catheter in place for two days or two patients with indwelling catheters in place for one day each would both result in two catheter days. This number is used when presenting rates of catheter-associated urinary tract infections.
Catheter-associated urinary tract infection	Urinary tract infection (UTI) that occurs in a patient who had an indwelling urinary catheter in place within the 48-hour period before the onset of the UTI.
Central line	A catheter (tube) that doctors place in a large vein in the neck, chest, or groin that ends near the heart. It is used to give medication or fluids or to collect blood for medical tests. Also known as a central venous catheter.
Central line-associated bloodstream infection	A bloodstream infection (BSI) that occurs in a patient who had a central line within the 48-hour period before the onset of the BSI and is not related to an infection at another site.
Central line days	A daily count of the number of patients with a central line. For example, one patient with a central line in place for two days or two patients with central lines in place for one day each would both result in two central line days. This number is used when presenting rates of central line-associated bloodstream infections.
Device days	A daily count of the number of patients with a specific device ( <i>e.g.</i> , central line, umbilical catheter, ventilator, or urinary catheter) in the patient care location. For example, one patient with a device in place for two days or two patients with devices in place for one day each would both result in two device days. This number is used when presenting rates of infections associated with devices.
Full-time equivalent	The equivalent of one person working full time for one year: 8 hour per day at 5 days per week for 52 weeks per year = 2080 hours per year
Hand hygiene	A general term that applies to routine hand washing, antiseptic hand wash, antiseptic hand rub, or surgical hand antisepsis.  <i>Routine hand washing</i> is the use of clean water and non-antimicrobial soap to remove germs, soil and other debris from the hands.  <i>Antiseptic hand washing</i> is the use of water and antimicrobial soap to remove or kill germs on the hands.

<b><u>Term</u></b>	<b><u>Definition</u></b>
Hand hygiene (cont)	<p><i>Antiseptic hand rub</i> is the use of alcohol-based hand rubs to remove or destroy susceptible germs from the hands. Antiseptic hand rubs are less effective when hands are visibly dirty and against some viruses.</p> <p><i>Surgical hand antisepsis</i> is the use of water, antimicrobial soap, and a brush to remove or kill germs and takes 2-6 minutes to complete as both hands and forearms are cleaned. Water and non-antimicrobial soap can also be used but must be followed with an alcohol-based surgical hand scrub.</p>
Healthcare-associated infections	Healthcare-associated infections (HAI) are infections caused by a wide variety of common and unusual bacteria, fungi, and viruses that occur during the course of receiving medical care.
Inpatient rehabilitation facility	A facility that provides rehabilitation services after injury, illness, or surgery. These may be free-standing facilities or specialized units within a hospital.
Intensive care unit	A nursing care area that provides intensive observation, diagnosis, and therapeutic procedures for adults and/or children who are critically ill. Also referred to as critical care unit.
Laboratory-identified <i>Clostridium difficile</i>	A positive laboratory test result for <i>Clostridium difficile</i> .
Laboratory-identified Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) bacteremia	<i>Staphylococcus aureus</i> cultured from blood specimens that is oxacillin-resistant, ceftazidime-resistant, or methicillin-resistant by standard susceptibility testing methods, or by a laboratory test that is FDA-approved for MRSA detection from isolated colonies.
Long term acute care hospital	A hospital that provides acute medical care due to illness, injury or following surgery but the average length of patient stay is greater than 25 days.
Medical affiliation	<p>Affiliation with a medical school. There are four categories:</p> <p><i>Major</i> - Facility has a program for medical students and post-graduate medical training.</p> <p><i>Graduate</i> - Facility has a program for post-graduate medical training (i.e., residency and/or fellowships).</p> <p><i>Undergraduate</i> - Facility has a program for medical students only.</p> <p><i>No</i> – Hospital not affiliated with a medical school.</p>
Patient days	A daily count of the number of patients in the patient care location during a specified time period.
Rate	Describes the speed with which disease or events occur. The number of diseases or events per unit of time.
Standardized infection ratio	A ratio of observed to expected (or predicted) numbers of events that is adjusted for selected risk factors.
Surgical site infection	Infection that occurs after surgery, in the part of the body where the surgery took place.
Umbilical catheter	Long, thin plastic tubes that travel from the stump of a newborn baby's umbilical cord into the large vessels near the heart.
Urinary catheter	A drainage tube that is inserted into the urinary bladder through the urethra, is left in place, and is connected to a closed collection system.

<b><u>Term</u></b>	<b><u>Definition</u></b>
Validity (data)	The extent to which reported cases of a disease or event correspond accurately to cases of a disease or event that actually occurred.

## **APPENDIX B. Acronyms**

ACH	Acute care hospital (short-term)
ASA	American Society of Anesthesiologists
CAUTI	Catheter-associated urinary tract infection
CCME	Carolinas Center for Medical Excellence
CCU	Critical care unit
CDB	Communicable Disease Branch
CDC	Centers for Disease Control and Prevention
CDI, <i>C. diff</i>	<i>Clostridium difficile</i>
CI	Confidence interval
CMS	Centers for Medicare and Medicaid Services
CLABSI	Central line-associated bloodstream infection
CRE	Carbapenem-resistant Enterobacteriaceae
DHHS	Department of Health and Human Services
DPH	Division of Public Health
HAI	Healthcare-associated Infections
ICU	Intensive care unit
IPs	Infection preventionists
IRF	Inpatient rehabilitation facility
LTAC	Long-term acute care hospital
MRSA	Methicillin resistant <i>Staphylococcus aureus</i>
NCHA	North Carolina Hospital Association
NHSN	National Healthcare Safety Network
NICU	Neonatal intensive (critical) care unit
SIR	Standardized infection ratio
SSI	Surgical site infection
VRE	Vancomycin-resistant <i>Enterococcus</i>

## APPENDIX C. Healthcare-Associated Infections Prevention Tips

### Appendix C1. Catheter (Central Line)-Associated Bloodstream Infections

# FAQs

(frequently asked questions)

about

## “Catheter-Associated Bloodstream Infections”

(also known as “Central Line-Associated Bloodstream Infections”)

#### What is a catheter-associated bloodstream infection?

A “central line” or “central catheter” is a tube that is placed into a patient’s large vein, usually in the neck, chest, arm, or groin. The catheter is often used to draw blood, or give fluids or medications. It may be left in place for several weeks. A bloodstream infection can occur when bacteria or other germs travel down a “central line” and enter the blood. If you develop a catheter-associated bloodstream infection you may become ill with fevers and chills or the skin around the catheter may become sore and red.

#### Can a catheter-related bloodstream infection be treated?

A catheter-associated bloodstream infection is serious, but often can be successfully treated with antibiotics. The catheter might need to be removed if you develop an infection.

#### What are some of the things that hospitals are doing to prevent catheter-associated bloodstream infections?

To prevent catheter-associated bloodstream infections doctors and nurses will:

- Choose a vein where the catheter can be safely inserted and where the risk for infection is small.
- Clean their hands with soap and water or an alcohol-based hand rub before putting in the catheter.
- Wear a mask, cap, sterile gown, and sterile gloves when putting in the catheter to keep it sterile. The patient will be covered with a sterile sheet.
- Clean the patient’s skin with an antiseptic cleanser before putting in the catheter.
- Clean their hands, wear gloves, and clean the catheter opening with an antiseptic solution before using the catheter to draw blood or give medications. Healthcare providers also clean their hands and wear gloves when changing the bandage that covers the area where the catheter enters the skin.
- Decide every day if the patient still needs to have the catheter. The catheter will be removed as soon as it is no longer needed.
- Carefully handle medications and fluids that are given through the catheter.

#### What can I do to help prevent a catheter-associated bloodstream infection?

- Ask your doctors and nurses to explain why you need the catheter and how long you will have it.

- Ask your doctors and nurses if they will be using all of the prevention methods discussed above.
- Make sure that all doctors and nurses caring for you clean their hands with soap and water or an alcohol-based hand rub before and after caring for you.

If you do not see your providers clean their hands, please ask them to do so.

- If the bandage comes off or becomes wet or dirty, tell your nurse or doctor immediately.
- Inform your nurse or doctor if the area around your catheter is sore or red.
- Do not let family and friends who visit touch the catheter or the tubing.
- Make sure family and friends clean their hands with soap and water or an alcohol-based hand rub before and after visiting you.

#### What do I need to do when I go home from the hospital?

Some patients are sent home from the hospital with a catheter in order to continue their treatment. If you go home with a catheter, your doctors and nurses will explain everything you need to know about taking care of your catheter.

- Make sure you understand how to care for the catheter before leaving the hospital. For example, ask for instructions on showering or bathing with the catheter and how to change the catheter dressing.
- Make sure you know who to contact if you have questions or problems after you get home.
- Make sure you wash your hands with soap and water or an alcohol-based hand rub before handling your catheter.
- Watch for the signs and symptoms of catheter-associated bloodstream infection, such as soreness or redness at the catheter site or fever, and call your healthcare provider immediately if any occur.

If you have additional questions, please ask your doctor or nurse.

Co-sponsored by:



## Appendix C2. Catheter-Associated Urinary Tract Infections

# FAQs

(frequently asked questions)

## about "Catheter-Associated Urinary Tract Infection"

### What is "catheter-associated urinary tract infection"?

A urinary tract infection (also called "UTI") is an infection in the urinary system, which includes the bladder (which stores the urine) and the kidneys (which filter the blood to make urine). Germs (for example, bacteria or yeasts) do not normally live in these areas; but if germs are introduced, an infection can occur.

If you have a urinary catheter, germs can travel along the catheter and cause an infection in your bladder or your kidney; in that case it is called a catheter-associated urinary tract infection (or "CA-UTI").

### What is a urinary catheter?

A urinary catheter is a thin tube placed in the bladder to drain urine. Urine drains through the tube into a bag that collects the urine. A urinary catheter may be used:

- If you are not able to urinate on your own
- To measure the amount of urine that you make, for example, during intensive care
- During and after some types of surgery
- During some tests of the kidneys and bladder

People with urinary catheters have a much higher chance of getting a urinary tract infection than people who don't have a catheter.

### How do I get a catheter-associated urinary tract infection (CA-UTI)?

If germs enter the urinary tract, they may cause an infection. Many of the germs that cause a catheter-associated urinary tract infection are common germs found in your intestines that do not usually cause an infection there. Germs can enter the urinary tract when the catheter is being put in or while the catheter remains in the bladder.

### What are the symptoms of a urinary tract infection?

Some of the common symptoms of a urinary tract infection are:

- Burning or pain in the lower abdomen (that is, below the stomach)
- Fever
- Bloody urine may be a sign of infection, but is also caused by other problems
- Burning during urination or an increase in the frequency of urination after the catheter is removed.

Sometimes people with catheter-associated urinary tract infections do not have these symptoms of infection.

### Can catheter-associated urinary tract infections be treated?

Yes, most catheter-associated urinary tract infections can be treated with antibiotics and removal or change of the catheter. Your doctor will determine which antibiotic is best for you.

### What are some of the things that hospitals are doing to prevent catheter-associated urinary tract infections?

To prevent urinary tract infections, doctors and nurses take the following actions.

### Catheter insertion

- o Catheters are put in only when necessary and they are removed as soon as possible.
- o Only properly trained persons insert catheters using sterile ("clean") technique.
- o The skin in the area where the catheter will be inserted is cleaned before inserting the catheter.
- o Other methods to drain the urine are sometimes used, such as
- External catheters in men (these look like condoms and are placed over the penis rather than into the penis)
- Putting a temporary catheter in to drain the urine and removing it right away. This is called intermittent urethral catheterization.

### Catheter care

- o Healthcare providers clean their hands by washing them with soap and water or using an alcohol-based hand rub before and after touching your catheter.

**If you do not see your providers clean their hands, please ask them to do so.**

- o Avoid disconnecting the catheter and drain tube. This helps to prevent germs from getting into the catheter tube.
- o The catheter is secured to the leg to prevent pulling on the catheter.
- o Avoid twisting or kinking the catheter.
- o Keep the bag lower than the bladder to prevent urine from backflowing to the bladder.
- o Empty the bag regularly. The drainage spout should not touch anything while emptying the bag.

### What can I do to help prevent catheter-associated urinary tract infections if I have a catheter?

- Always clean your hands before and after doing catheter care.
- Always keep your urine bag below the level of your bladder.
- Do not tug or pull on the tubing.
- Do not twist or kink the catheter tubing.
- Ask your healthcare provider each day if you still need the catheter.

### What do I need to do when I go home from the hospital?

- If you will be going home with a catheter, your doctor or nurse should explain everything you need to know about taking care of the catheter. Make sure you understand how to care for it before you leave the hospital.
- If you develop any of the symptoms of a urinary tract infection, such as burning or pain in the lower abdomen, fever, or an increase in the frequency of urination, contact your doctor or nurse immediately.
- Before you go home, make sure you know who to contact if you have questions or problems after you get home.

If you have questions, please ask your doctor or nurse.

Co-sponsored by:



# FAQs

(frequently asked questions)

## about "Surgical Site Infections"

### What is a Surgical Site Infection (SSI)?

A surgical site infection is an infection that occurs after surgery in the part of the body where the surgery took place. Most patients who have surgery do not develop an infection. However, infections develop in about 1 to 3 out of every 100 patients who have surgery.

Some of the common symptoms of a surgical site infection are:

- Redness and pain around the area where you had surgery
- Drainage of cloudy fluid from your surgical wound
- Fever

### Can SSIs be treated?

Yes. Most surgical site infections can be treated with antibiotics. The antibiotic given to you depends on the bacteria (germs) causing the infection. Sometimes patients with SSIs also need another surgery to treat the infection.

### What are some of the things that hospitals are doing to prevent SSIs?

To prevent SSIs, doctors, nurses, and other healthcare providers:

- Clean their hands and arms up to their elbows with an antiseptic agent just before the surgery.
- Clean their hands with soap and water or an alcohol-based hand rub before and after caring for each patient.
- May remove some of your hair immediately before your surgery using electric clippers if the hair is in the same area where the procedure will occur. They should not shave you with a razor.
- Wear special hair covers, masks, gowns, and gloves during surgery to keep the surgery area clean.
- Give you antibiotics before your surgery starts. In most cases, you should get antibiotics within 60 minutes before the surgery starts and the antibiotics should be stopped within 24 hours after surgery.
- Clean the skin at the site of your surgery with a special soap that kills germs.

### What can I do to help prevent SSIs?

#### Before your surgery:

- Tell your doctor about other medical problems you may have. Health problems such as allergies, diabetes, and obesity could affect your surgery and your treatment.

- Quit smoking. Patients who smoke get more infections. Talk to your doctor about how you can quit before your surgery.
- Do not shave near where you will have surgery. Shaving with a razor can irritate your skin and make it easier to develop an infection.

#### At the time of your surgery:

- Speak up if someone tries to shave you with a razor before surgery. Ask why you need to be shaved and talk with your surgeon if you have any concerns.
- Ask if you will get antibiotics before surgery.

#### After your surgery:

- Make sure that your healthcare providers clean their hands before examining you, either with soap and water or an alcohol-based hand rub.

**If you do not see your providers clean their hands, please ask them to do so.**

- Family and friends who visit you should not touch the surgical wound or dressings.
- Family and friends should clean their hands with soap and water or an alcohol-based hand rub before and after visiting you. If you do not see them clean their hands, ask them to clean their hands.

#### What do I need to do when I go home from the hospital?

- Before you go home, your doctor or nurse should explain everything you need to know about taking care of your wound. Make sure you understand how to care for your wound before you leave the hospital.
- Always clean your hands before and after caring for your wound.
- Before you go home, make sure you know who to contact if you have questions or problems after you get home.
- If you have any symptoms of an infection, such as redness and pain at the surgery site, drainage, or fever, call your doctor immediately.

**If you have additional questions, please ask your doctor or nurse.**

Co-sponsored by:



## Appendix C4. Methicillin Resistant *Staphylococcus aureus*

# FAQs

(frequently asked questions)

## about "MRSA" (Methicillin-Resistant *Staphylococcus aureus*)

### What is MRSA?

*Staphylococcus aureus* (pronounced staff-ill-oh-KOK-us AW-ree-us), or "Staph" is a very common germ that about 1 out of every 3 people have on their skin or in their nose. This germ does not cause any problems for most people who have it on their skin. But sometimes it can cause serious infections such as skin or wound infections, pneumonia, or infections of the blood.

Antibiotics are given to kill Staph germs when they cause infections. Some Staph are resistant, meaning they cannot be killed by some antibiotics. "Methicillin-resistant *Staphylococcus aureus*" or "MRSA" is a type of Staph that is resistant to some of the antibiotics that are often used to treat Staph infections.

### Who is most likely to get an MRSA infection?

In the hospital, people who are more likely to get an MRSA infection are people who:

- have other health conditions making them sick
- have been in the hospital or a nursing home
- have been treated with antibiotics.

People who are healthy and who have not been in the hospital or a nursing home can also get MRSA infections. These infections usually involve the skin. More information about this type of MRSA infection, known as "community-associated MRSA" infection, is available from the Centers for Disease Control and Prevention (CDC). <http://www.cdc.gov/mrsa>

### How do I get an MRSA infection?

People who have MRSA germs on their skin or who are infected with MRSA may be able to spread the germ to other people. MRSA can be passed on to bed linens, bed rails, bathroom fixtures, and medical equipment. It can spread to other people on contaminated equipment and on the hands of doctors, nurses, other healthcare providers and visitors.

### Can MRSA infections be treated?

Yes, there are antibiotics that can kill MRSA germs. Some patients with MRSA abscesses may need surgery to drain the infection. Your healthcare provider will determine which treatments are best for you.

### What are some of the things that hospitals are doing to prevent MRSA infections?

To prevent MRSA infections, doctors, nurses, and other healthcare providers:

- Clean their hands with soap and water or an alcohol-based hand rub before and after caring for every patient.
- Carefully clean hospital rooms and medical equipment.
- Use Contact Precautions when caring for patients with MRSA. Contact Precautions mean:
  - o Whenever possible, patients with MRSA will have a single room or will share a room only with someone else who also has MRSA.
  - o Healthcare providers will put on gloves and wear a gown over their clothing while taking care of patients with MRSA.

- o Visitors may also be asked to wear a gown and gloves.
  - o When leaving the room, hospital providers and visitors remove their gown and gloves and clean their hands.
  - o Patients on Contact Precautions are asked to stay in their hospital rooms as much as possible. They should not go to common areas, such as the gift shop or cafeteria. They may go to other areas of the hospital for treatments and tests.
- May test some patients to see if they have MRSA on their skin. This test involves rubbing a cotton-tipped swab in the patient's nostrils or on the skin.

### What can I do to help prevent MRSA infections?

#### In the hospital

- Make sure that all doctors, nurses, and other healthcare providers clean their hands with soap and water or an alcohol-based hand rub before and after caring for you.

**If you do not see your providers clean their hands, please ask them to do so.**

#### When you go home

- If you have wounds or an intravascular device (such as a catheter or dialysis port) make sure that you know how to take care of them.

### Can my friends and family get MRSA when they visit me?

The chance of getting MRSA while visiting a person who has MRSA is very low. To decrease the chance of getting MRSA your family and friends should:

- Clean their hands before they enter your room and when they leave.
- Ask a healthcare provider if they need to wear protective gowns and gloves when they visit you.

### What do I need to do when I go home from the hospital?

To prevent another MRSA infection and to prevent spreading MRSA to others:

- Keep taking any antibiotics prescribed by your doctor. Don't take half-doses or stop before you complete your prescribed course.
- Clean your hands often, especially before and after changing your wound dressing or bandage.
- People who live with you should clean their hands often as well.
- Keep any wounds clean and change bandages as instructed until healed.
- Avoid sharing personal items such as towels or razors.
- Wash and dry your clothes and bed linens in the warmest temperatures recommended on the labels.
- Tell your healthcare providers that you have MRSA. This includes home health nurses and aides, therapists, and personnel in doctors' offices.
- Your doctor may have more instructions for you.

**If you have questions, please ask your doctor or nurse.**

Co-sponsored by:





# FAQs

(frequently asked questions)

## about “*Clostridium Difficile*”

### What is *Clostridium difficile* infection?

*Clostridium difficile* [pronounced Klo-STRID-ee-um dif-uh-SEEL], also known as “*C. diff*” [See-dif], is a germ that can cause diarrhea. Most cases of *C. diff* infection occur in patients taking antibiotics. The most common symptoms of a *C. diff* infection include:

- Watery diarrhea
- Fever
- Loss of appetite
- Nausea
- Belly pain and tenderness

### Who is most likely to get *C. diff* infection?

The elderly and people with certain medical problems have the greatest chance of getting *C. diff*. *C. diff* spores can live outside the human body for a very long time and may be found on things in the environment such as bed linens, bed rails, bathroom fixtures, and medical equipment. *C. diff* infection can spread from person-to-person on contaminated equipment and on the hands of doctors, nurses, other healthcare providers and visitors.

### Can *C. diff* infection be treated?

Yes, there are antibiotics that can be used to treat *C. diff*. In some severe cases, a person might have to have surgery to remove the infected part of the intestines. This surgery is needed in only 1 or 2 out of every 100 persons with *C. diff*.

### What are some of the things that hospitals are doing to prevent *C. diff* infections?

To prevent *C. diff* infections, doctors, nurses, and other healthcare providers:

- Clean their hands with soap and water or an alcohol-based hand rub before and after caring for every patient. This can prevent *C. diff* and other germs from being passed from one patient to another on their hands.
- Carefully clean hospital rooms and medical equipment that have been used for patients with *C. diff*.
- Use Contact Precautions to prevent *C. diff* from spreading to other patients. Contact Precautions mean:
  - Whenever possible, patients with *C. diff* will have a single room or share a room only with someone else who also has *C. diff*.
  - Healthcare providers will put on gloves and wear a gown over their clothing while taking care of patients with *C. diff*.
  - Visitors may also be asked to wear a gown and gloves.
  - When leaving the room, hospital providers and visitors remove their gown and gloves and clean their hands.

- Patients on Contact Precautions are asked to stay in their hospital rooms as much as possible. They should not go to common areas, such as the gift shop or cafeteria. They can go to other areas of the hospital for treatments and tests.
- Only give patients antibiotics when it is necessary.

### What can I do to help prevent *C. diff* infections?

- Make sure that all doctors, nurses, and other healthcare providers clean their hands with soap and water or an alcohol-based hand rub before and after caring for you.

**If you do not see your providers clean their hands, please ask them to do so.**

- Only take antibiotics as prescribed by your doctor.
- Be sure to clean your own hands often, especially after using the bathroom and before eating.

### Can my friends and family get *C. diff* when they visit me?

*C. diff* infection usually does not occur in persons who are not taking antibiotics. Visitors are not likely to get *C. diff*. Still, to make it safer for visitors, they should:

- Clean their hands before they enter your room and as they leave your room
- Ask the nurse if they need to wear protective gowns and gloves when they visit you.

### What do I need to do when I go home from the hospital?

Once you are back at home, you can return to your normal routine. Often, the diarrhea will be better or completely gone before you go home. This makes giving *C. diff* to other people much less likely. There are a few things you should do, however, to lower the chances of developing *C. diff* infection again or of spreading it to others.

- If you are given a prescription to treat *C. diff*, take the medicine exactly as prescribed by your doctor and pharmacist. Do not take half-doses or stop before you run out.
- Wash your hands often, especially after going to the bathroom and before preparing food.
- People who live with you should wash their hands often as well.
- If you develop more diarrhea after you get home, tell your doctor immediately.
- Your doctor may give you additional instructions.

If you have questions, please ask your doctor or nurse.

Co-sponsored by:



The Science and Healthcare Epidemiology of America



## APPENDIX D. Healthcare-Associated Infections (HAI) Advisory Group, July 2013

**Deverick Anderson, MD, MPH**

Duke Infection Control Outreach Network  
Duke University Medical Center

**Margaret A. Comin, RN, BSN, MPA**

Division of Medical Assistance

**Evelyn Cook, RN, CIC**

APIC – N.C.  
Duke Infection Control Outreach Network

**Megan Davies, MD (Chair)**

N.C. Division of Public Health

**Chris DeRienzo, MD, MPP**

Duke University Medical Center  
Durham-Orange County Medical Society

**Evelyn Foust, MPH, CPM**

N.C. Division of Public Health

**Robert M. Gabel, MD, MSc, FACOEM**

Womack Army Medical Center

**Teresa M. Gilbert, MT (AMT), CIC**

Womack Army Medical Center

**Dorothea Handron, APRN, EdD**

Consumer/patient advocate

**Millie R. Harding, CPA**

North Carolina Hospital Association

**Debbie S. Holloman, CSSBB**

Consumer/patient advocate

**G. Mark Holmes, PhD**

UNC Gillings School of Global Public Health

**Kirk Huslage, RN, BSN, MSPH, CIC**

N.C. Statewide Program for Infection Control and  
Epidemiology

**Representative Verla Insko (Orange County)**

N.C. House of Representatives

**Carol Koeble, MD, MS, CPE**

N.C. Center for Hospital Quality and Patient Safety

**James Lederer, MD**

Novant Health Systems

**Jennifer MacFarquhar, RN, MPH, CIC**

N.C. Division of Public Health

**Jean-Marie Maillard, MD, MSc**

N.C. Division of Public Health

**MJ McCaffrey, MD, CAPT USN (Ret)**

Perinatal Quality Collaborative of North Carolina  
UNC School of Medicine

**Catherine Moore, RN, MSN**

North Carolina Nurses Association

**Zack Moore, MD, MPH**

N.C. Division of Public Health

**Tammra Morrison, RN BSN**

N.C. Division of Public Health

**John Morrow, MD**

N.C. Association of Local Health Directors  
Pitt County Health Department

**Vivek Nanda**

Blue Cross and Blue Shield of North Carolina

**Katie Passaretti, MD**

Carolinas Metro Facilities

**Sylvia I. Pegg, RN, BSN, CIC**

Wake Forest Baptist Health

**Charles Riddick, CEO**

The Carolinas Center for Medical Excellence

**William A. Rutala, PhD, MPH**

N.C. Statewide Program in Infection Control and Epidemiology  
UNC Health Care System

**Megan Sanza, MPH**

N.C. Division of Public Health

**Robert L. Sautter, PhD, HCLD (ABB)**

N.C. Laboratory Response Forum  
Carolinas Pathology Group

**Daniel J. Sexton, MD**

Duke Infection Control Outreach Network  
Duke University Health System

**Michael E. Toedt, MD, FAFAP**

Cherokee Indian Hospital

**Christopher W. Woods, MD, MPH**

Duke University Health System  
Durham VAMC

**APPENDIX E. Healthcare Facility Groupings, 2013 National Healthcare Safety Network Annual Hospital Survey**

**Appendix E1. Healthcare Facility Group: Short-term Acute Care Hospitals**

Hospital Groups	Hospital Name	Number of Beds
1-99 beds	Anson Community Hospital	30
	Blue Ridge Regional Hospital	46
	Brunswick Novant Medical Center	74
	Caldwell Memorial Hospital	82
	Carolinas Medical Center-Union	0
	Carolinas Medical Center-University	94
	Columbus Regional Healthcare System	86
	Franklin Regional Medical Center	70
	Granville Medical Center	62
	Hugh Chatham Memorial Hospital	81
	Kings Mountain Hospital	59
	Martin General Hospital	45
	McDowell Hospital	52
	Medical Park Hospital	22
	Murphy Medical Center	43
	North Carolina Specialty Hospital	18
	Person Memorial Hospital	38
	Presbyterian Hospital-Huntersville	75
	Presbyterian Orthopaedic Hospital	80
	Sandhills Regional Medical Center	66
	Vidant Beaufort Hospital	83
	Vidant Duplin Hospital	79
	Wake Forest Baptist Health-Lexington MC	85
	Westcare - Harris Regional Hospital	94
100-199 beds	ARHS-Watauga Medical Center	110
	Albemarle Health Authority	135
	Annie Penn Hospital	110
	Betsy Johnson Regional	135
	Blue Ridge Healthcare Hospitals-Morganton	184
	Blue Ridge Healthcare Hospitals-Valdese	131
	Carolinas Medical Center-Lincoln	101
	Carolinas Medical Center-Mercy	162
	Carteret General Hospital	135
	Catawba Valley Medical Center	190
	Central Carolina Hospital	108
	Davis Regional Medical Center	131
	Duke Raleigh Hospital	148
	Halifax Regional Medical Center	114
	Haywood Regional Medical Center	100
	Iredell Memorial Hospital	199
	Johnston Health	199
	Lake Norman Regional Medical Center	123
	Maria Parham Medical Center	102
	Morehead Memorial Hospital	108
	Northern Hospital Of Surry County	100
	Novant Health Matthews Medical Center	137

**APPENDIX E. Healthcare Facility Groupings, 2013 National Healthcare Safety Network Annual Hospital Survey**

**Appendix E1. Healthcare Facility Group: Short-term Acute Care Hospitals**

Hospital Groups	Hospital Name	Number of Beds
	Onslow Memorial Hospital	162
	Pardee Hospital	138
	Park Ridge Health	103
	Randolph Hospital	102
	Rutherford Regional Medical Center	120
	Sampson Regional Medical Center	116
	Scotland Memorial Hospital	104
	Stanly Regional Medical Center	119
	Thomasville Medical Center	149
	Vidant Edgecombe Hospital	117
	Vidant Roanoke Chowan Hospital	144
	WakeMed Cary Hospital	182
	Wesley Long Hospital	175
	Wilkes Regional Medical Center	130
	Wilson Medical Center	193
	Women's Hospital	134
200-399 beds	Alamance Regional Medical Center	202
	Broughton Hospital	278
	CarolinaEast Medical Center	350
	Carolinas Medical Center-Pineville	206
	Cherry Hospital	241
	Cleveland Regional Medical Center	241
	Duke Regional Hospital	204
	Frye Regional Medical Center	355
	High Point Regional Health System	355
	Lenoir Memorial Hospital	216
	Nash Health Care Systems	237
	Rowan Regional Medical Center	268
	Southeastern Regional Medical Center	319
	Wayne Memorial Hospital	306
400+ beds	Cape Fear Valley Health System	602
	Carolinas Medical Center-Northeast	457
	Central Regional Hospital	405
	FirstHealth Moore Regional Hospital	470
	Forsyth Medical Center	913
	Gaston Memorial Hospital	402
	Mission Hospital	739
	Moses Cone Hospital	536
	New Hanover Regional Medical Center	579
	Presbyterian Hospital-Charlotte	609
	Rex Healthcare	479
	WakeMed	614
Primary Medical School Affiliation	Carolinas Medical Center	880
	Duke University Hospital	915
	UNC Health Care	848

**APPENDIX E. Healthcare Facility Groupings, 2013 National Healthcare Safety Network Annual Hospital Survey**

**Appendix E1. Healthcare Facility Group: Short-term Acute Care Hospitals**

<u>Hospital Groups</u>	<u>Hospital Name</u>	<u>Number of Beds</u>
	Vidant Medical Center	909
	Wake Forest University Baptist MC	885

**APPENDIX E. Healthcare Facility Groupings, 2013 National Healthcare Safety Network Annual Hospital Survey**

**Appendix E2. Healthcare Facility Group: Long-term Acute Care Hospitals**

Hospital Name

Asheville Specialty Hospital

Carolinas Specialty Hospital

Crawley Memorial Hospital

Highsmith Rainey Specialty Hospital

Kindred Hospital-Greensboro

Lifecare Hospitals Of North Carolina

Select Specialty Hospital-Durham

Select Specialty Hospital-Greensboro

Select Specialty Hospital-Winston Salem

**APPENDIX E. Healthcare Facility Groupings, 2013 National Healthcare Safety Network Annual Hospital Survey****Appendix E3. Healthcare Facility Group: Inpatient Rehabilitation Facilities & Wards**

<u>Hospital Name</u>	<u>Rehabilitation Facility or Ward</u>
Cape Fear Valley Health System	Adult rehabilitation ward
CarePartners Health Services	Inpatient Rehabilitation Facility
CarolinaEast Medical Center	Adult rehabilitation ward
Carolinas Medical Center	Pediatric rehabilitation ward
Carolinas Rehabilitation	Inpatient Rehabilitation Facility
Catawba Valley Medical Center	Adult rehabilitation ward
Duke Regional Hospital	Adult rehabilitation ward
FirstHealth Moore Regional Hospital	Adult rehabilitation ward
Forsyth Medical Center	Adult rehabilitation ward
	Pediatric rehabilitation ward
Frye Regional Medical Center	Adult rehabilitation ward
High Point Regional Health System	Adult rehabilitation ward
Lenoir Memorial Hospital	Adult rehabilitation ward
Maria Parham Medical Center	Adult rehabilitation ward
Moses Cone Hospital	Adult rehabilitation ward
Nash Health Care Systems	Adult rehabilitation ward
New Hanover Regional Medical Center	Adult rehabilitation ward
Rowan Regional Medical Center	Adult rehabilitation ward
Scotland Memorial Hospital	Adult rehabilitation ward
Stanly Regional Medical Center	Adult rehabilitation ward
UNC Health Care	Adult rehabilitation ward
Vidant Edgecombe Hospital	Adult rehabilitation ward
Vidant Medical Center	Adult rehabilitation ward
Wake Forest University Baptist Medical Center	Adult rehabilitation ward
WakeMed	Adult rehabilitation ward