

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30 2016
Lifecare Hospitals Of North Carolina, Rocky Mount, Nash County

2015 Hospital Survey Information

Hospital Type: Long-term Acute Care Hospital
Admissions in 2015: 473
Patient Days in 2015: 15,135
Total Number of Beds: 50
FTE* Infection Preventionists: 1.00
Number of FTEs* per 100 beds: 2.00

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

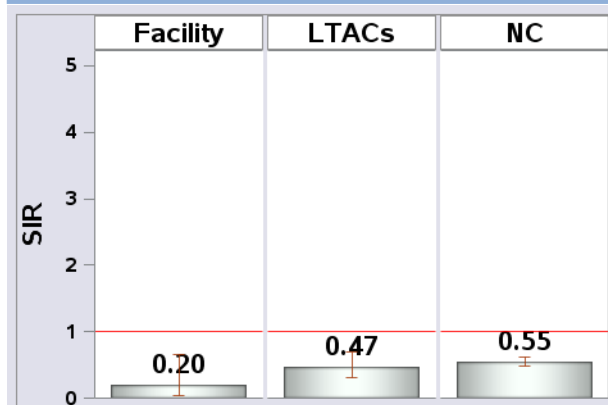


Figure 1: SIRs and 95% confidence intervals, Jan-Jun 2016.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Jun 2016.

| Unit Type | Observed Infections | Predicted Infections | How Does This Facility Compare to the National Experience? |
|---------------------|---------------------|----------------------|--|
| All reporting units | 2 | 10 | Better |

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2009.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

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. Events reported here may be higher than events based on clinically-defined illness.

Long-term Acute Care Facilities began reporting Laboratory identified MRSA in January 2015.
The data collected do not meet the minimum threshold to calculate an SIR at this time.
Laboratory identified MRSA data from this facility type will be included in future reports.

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.

Long-term Acute Care Facilities began reporting Laboratory identified CDI in January 2015.
The data collected do not meet the minimum threshold to calculate an SIR at this time.
Laboratory identified CDI data from this facility type will be included in future reports.

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Central Line-Associated Bloodstream Infections (CLABSI)

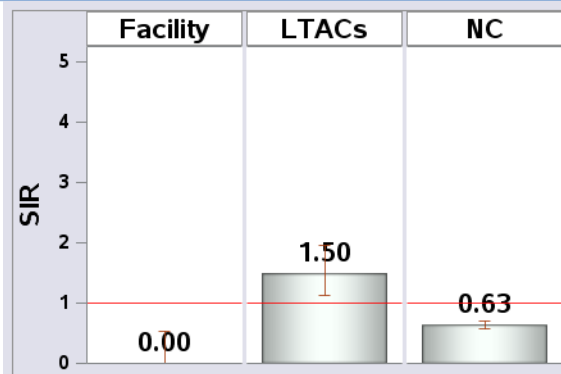


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Jun 2016

| Unit Type | Observed Infections | Predicted Infections | How Does This Facility Compare to the National Experience? |
|---------------------|---------------------|----------------------|--|
| All reporting units | 0 | 5.7 | Better |

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2006-2008.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

Figure 4: SIRs and 95% confidence intervals, Jan-Jun 2016.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: SSIs are not reportable at this facility type

Ventilator-Associated Events (VAE)

Long Term Acute Care Hospitals began reporting VAE in January 2016.
The data collected do not meet the minimum threshold to calculate an SIR at this time.
VAE data from these facility types will be included in future reports.