

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2019
Annie Penn Hospital, Reidsville, Rockingham County

2018 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2018:	3,074
Patient Days in 2018:	13,806
Total Number of Beds:	53
Number of ICU Beds:	8
FTE* Infection Preventionists:	0.50
Number of FTEs* per 100 beds:	0.94

[*FTE = Full-time equivalent]



Commentary From Facility:

Cone Health is committed to preventing harm from Healthcare Associated Infections across our community. We have dedicated multi-disciplinary teams focused on process improvements to ensure improved outcomes for our patients. If you would like further information, please contact Cone Health Infection Prevention Department. Thank you.

Catheter-Associated Urinary Tract Infections (CAUTI)

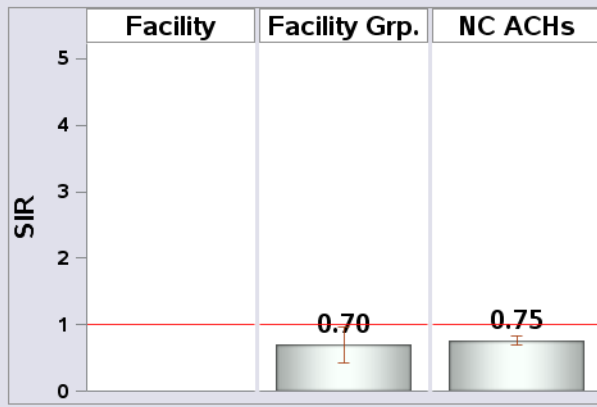


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2019.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2019.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	1	Less than 1.0	No Conclusion

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, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

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.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2019

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

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

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

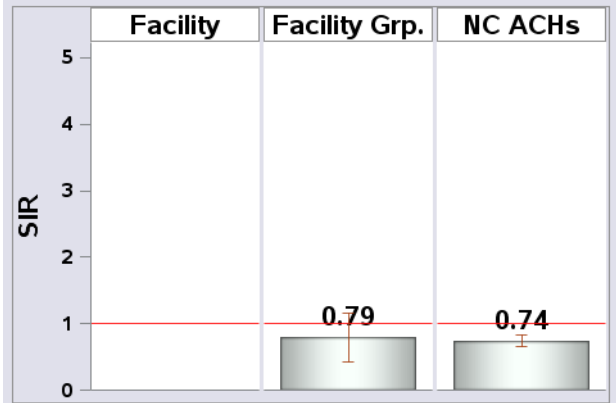


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2019.

Clostridioides 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 3. Number of Observed and Predicted CDIs, Jan-Dec 2019

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	4.8	Better
Facility-wide inpatient	0	Less than 1.0	No Conclusion
Facility-wide inpatient	0	Less than 1.0	No Conclusion

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

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

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

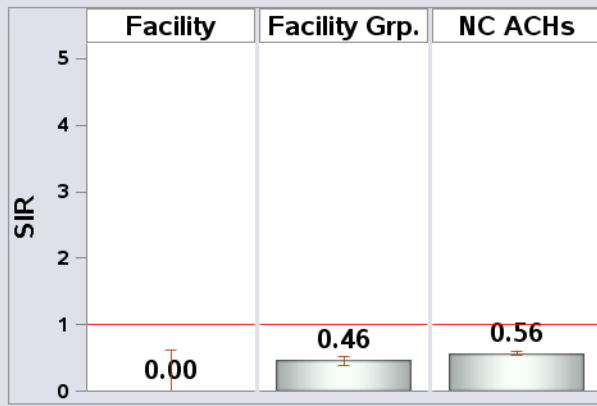


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2019.

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Central Line-Associated Bloodstream Infections (CLABSI)

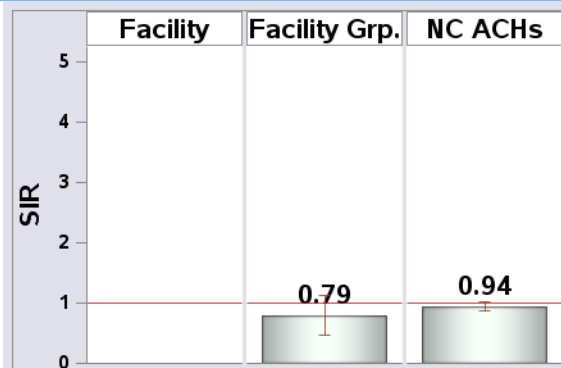


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2019

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

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, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2019.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2019.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

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

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

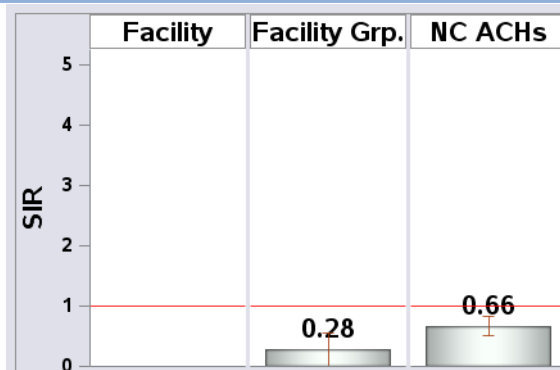


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2019.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2019.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	1.1	Same

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

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

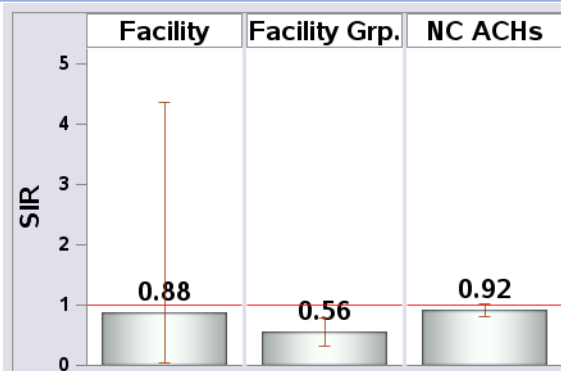


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2019.

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3