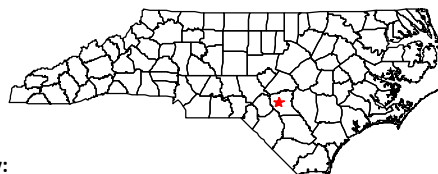


North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2019
Highsmith-Rainey Specialty Hospital, Fayetteville, Cumberland County

2018 Hospital Survey Information

Hospital Type: Long-term Acute Care Hospital
 Admissions in 2018: 342
 Patient Days in 2018: 20,669
 Total Number of Beds: 66
 FTE* Infection Preventionists: 0.63
 Number of FTEs* per 100 beds: 0.95

(*FTE = Full-time equivalent)



Commentary From Facility:

Starting with Q4 2018, LTACs are no longer required to report LabID MRSA bacteremia and VAE to CMS. Data presented in this report are accurate as of the date data were downloaded.

Catheter-Associated Urinary Tract Infections (CAUTI)

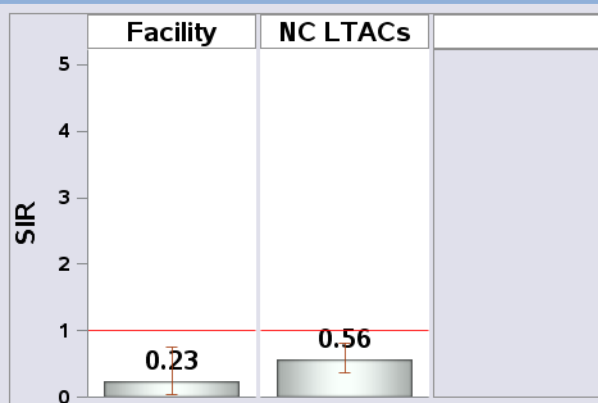


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2019.

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?
Reporting ICUs	0	1.2	Same
Reporting Wards	2	7.6	Better
All reporting units	2	8.8	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, 2015.

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.

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

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.

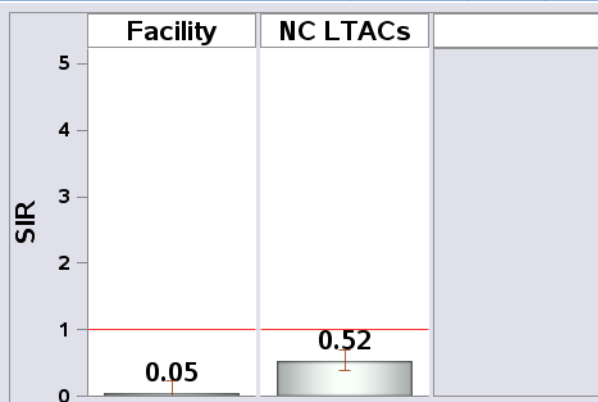


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2019.

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	1	21	Better

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

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Central Line-Associated Bloodstream Infections (CLABSI)

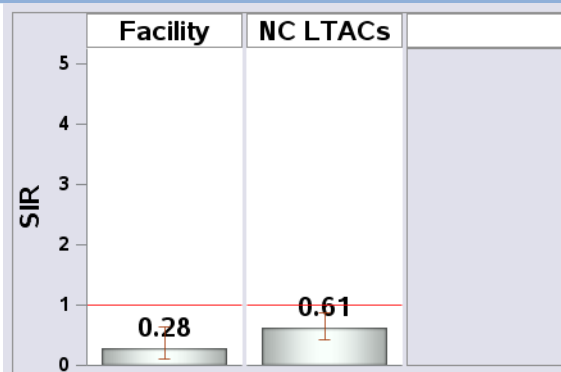


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2019

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Reporting ICUs	1	4.0	Same
Reporting Wards	4	14	Better
All reporting units	5	18	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, 2015.

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-Dec 2019.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

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

Surgical Site Infections (SSI) after Colon Surgeries

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

Ventilator-Associated Events (VAE)

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