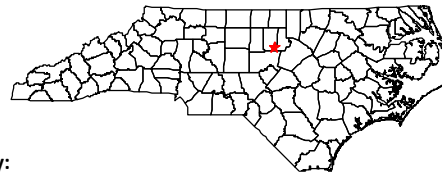


North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2019
UNC Health Care, Chapel Hill, Orange County

2018 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2018:	44,215
Patient Days in 2018:	300,258
Total Number of Beds:	914
Number of ICU Beds:	201
FTE* Infection Preventionists:	7.50
Number of FTEs* per 100 beds:	0.82

[*FTE = Full-time equivalent]



Commentary From Facility:

UNC Health Care is pleased that rates of all reported healthcare-associated infections are statistically similar or better than 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 entirely adjusted 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).

Catheter-Associated Urinary Tract Infections (CAUTI)

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	21	38	Better
Adult/Ped Wards	13	12	Same
All reporting units	34	50	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

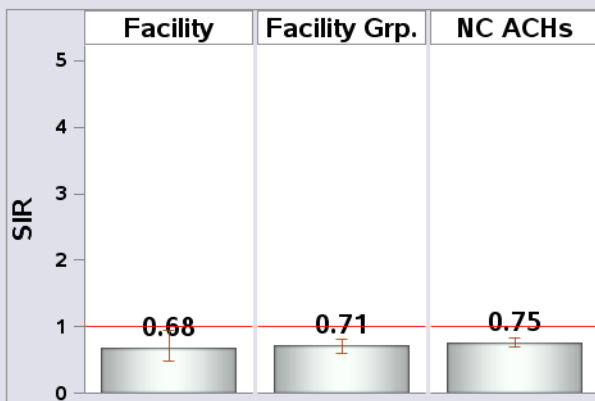


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2019.

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	10	29	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

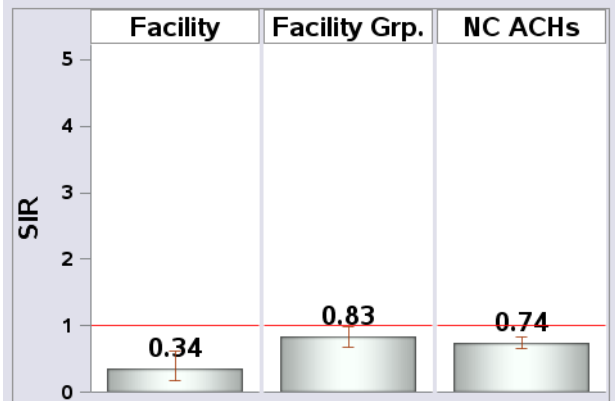


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2019.

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	131	206	Better
Facility-wide inpatient	0	5.9	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

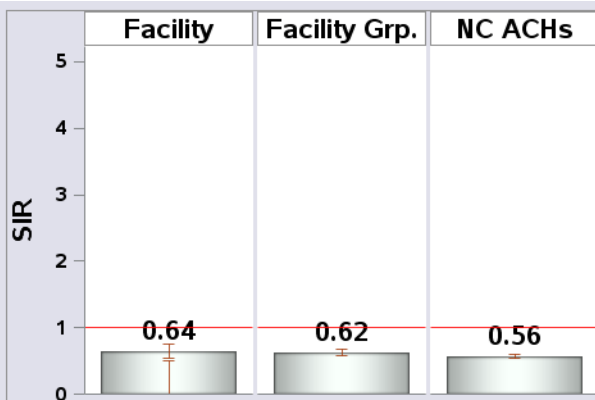


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2019.

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Central Line-Associated Bloodstream Infections (CLABSI)

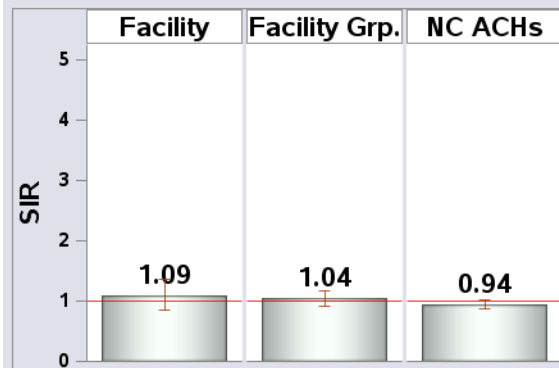


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2019.

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	40	35	Same
Adult/Ped Wards	23	24	Same
Neonatal Units	8	5.8	Same
All reporting units	71	65	Same

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?

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

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	8	6.6	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

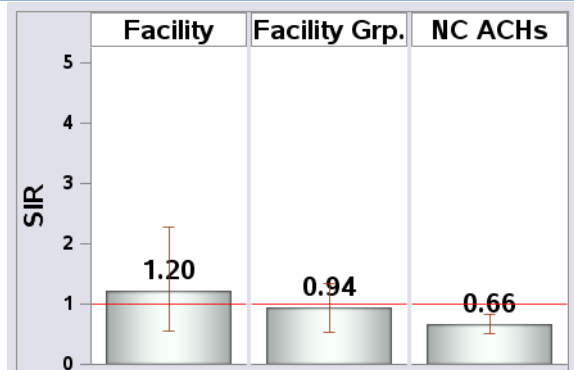


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2019.

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	32	21	Worse

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?

× **Worse:** More infections than predicted by the national baseline experience

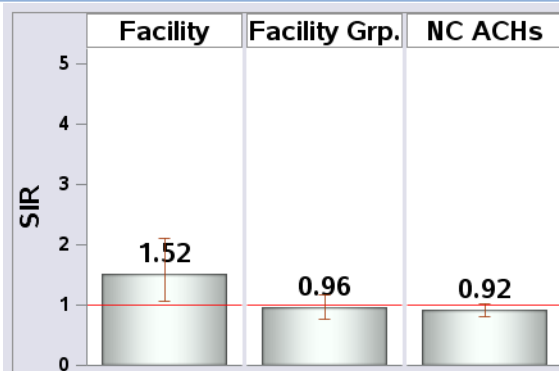


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2019.

Ventilator-Associated Events (VAE)

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