

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – September 30, 2020**  
**Select Specialty Hospital-Greensboro, Greensboro, Guilford County**

**2019 Hospital Survey Information**

Hospital Type: Long-term Acute Care Hospital  
 Admissions in 2019: 320  
 Patient Days in 2019: 9,545  
 Total Number of Beds: 30  
 FTE\* Infection Preventionists: .  
 Number of FTEs\* per 100 beds: .

(\*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)**

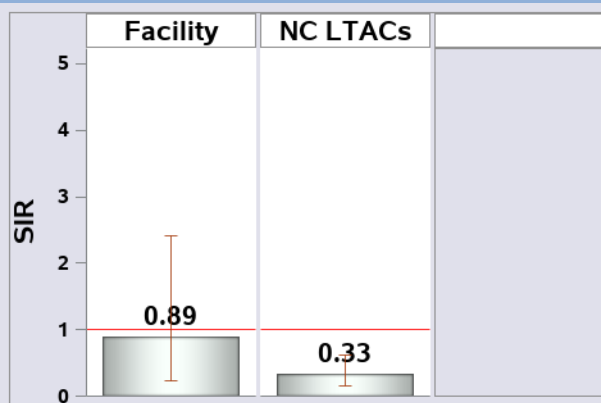


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2020.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2020.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Reporting Wards	3	3.4	Same
All reporting units	3	3.4	Same

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?**

= Same: About the same number of infections as 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.

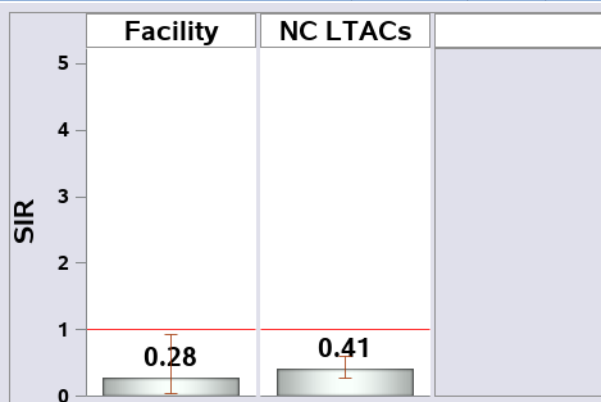


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2020.

Table 3. Number of Observed and Predicted CDIs, Jan-Sep 2020

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	7.2	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)**

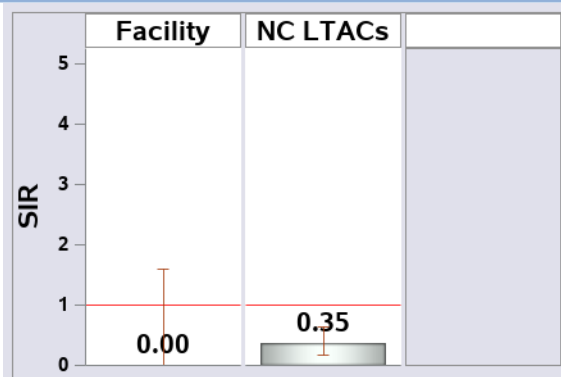


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2020.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2020

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Reporting Wards	0	1.9	Same
All reporting units	0	1.9	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**

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