

2023

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Healthcare-Associated Infections in North Carolina

Reporting Period:

January 1, 2022—September 30, 2022

Product of:

NC Surveillance for Healthcare-Associated and Resistant Pathogens Patient Safety
(SHARPPS) Program

Communicable Disease Branch

Division of Public Health

NC Department of Health and Human Services

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NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Public Health

Introduction

The prevention of healthcare-associated infections is a public health priority in North Carolina and is a collaborative effort among the healthcare and public health communities. This healthcare-associated infections report is an important product of this collaboration. Included in this report is information about infections occurring in North Carolina short-term acute care hospitals, long-term acute care hospitals, and inpatient rehabilitation facilities from January 1 through September 30, 2022. Data included in this report are preliminary and therefore subject to change.

This report focuses on six important types of healthcare-associated infections that may occur while patients are hospitalized: central line-associated bloodstream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), surgical site infections (SSI) following abdominal hysterectomies or colon surgeries, MRSA laboratory-identified bacteremias (MRSA LabID), *Clostridioides difficile* laboratory-identified infections (CDI LabID) and ventilator-associated events (VAE). These infections account for a large proportion of infections and deaths attributed to healthcare, but they do not represent the full spectrum of healthcare-associated infections.

This report was prepared by the North Carolina Surveillance for Healthcare-Associated and Resistant Pathogens Patient Safety (SHARPPS) Program located in the Communicable Disease Branch of the Epidemiology Section of the North Carolina Division of Public Health. The NC SHARPPS Program works to eliminate preventable infections in healthcare settings by:

1. Conducting statewide surveillance for selected healthcare-associated infections in alliance with Centers for Medicare & Medicaid Services (CMS) reporting rules;
2. Providing useful, unbiased information to healthcare providers and consumers;
3. Promoting and coordinating prevention efforts; and
4. Responding to outbreaks in healthcare settings.

We hope that the information in this report will be useful to healthcare providers and consumers. Data are intended to provide an understanding of the burden of healthcare-associated infections in North Carolina and an opportunity to evaluate infection rates across the state. Prevention tips are also provided so readers can take steps to minimize their risk of acquiring a healthcare-associated infection (Appendix C). We welcome your feedback to improve the usefulness of future reports (nchai@dhhs.nc.gov).

For more information on healthcare-associated infections and the NC SHARPPS Program, please visit <http://epi.publichealth.nc.gov/cd/diseases/hai.html>.

Acknowledgements

The NC SHARPPS Program would like to acknowledge and thank hospital infection preventionists across the state, who work tirelessly to protect patients from infection. These preventionists provided the data used to create this report and worked with their hospital colleagues to identify and reconcile any potential problems with the data. These acknowledgements and gratitude extend to the hospitals. While reporting of healthcare-associated infections is required, their support for healthcare-associated infections reporting and efforts to assure accurate reporting of infections is appreciated. The recent successes in fighting healthcare-associated infections would not have been possible without the continuing efforts, dedication, and collaboration of hospitals and hospital infection preventionists.

The NC SHARPPS Program would also like to recognize the contributions of the Healthcare-Associated Infections Advisory Group members listed in Appendix D.

Finally, the program would like to acknowledge its partners, who have been important leaders and strong supporters of surveillance and prevention programs for healthcare-associated infections in North Carolina. These include the North Carolina Healthcare Association, the North Carolina Statewide Program for Infection Control and Epidemiology, the North Carolina Chapter of the Association for Professionals in Infection Control and Epidemiology, Alliant Quality, and the Adult Care Licensure Section and Nursing Home Licensure and Certification Section of the North Carolina Division of Health Service Regulation.

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I. Surveillance for Healthcare-Associated Infections in North Carolina

Healthcare-associated infections (HAIs) are infections caused by a variety of organisms – including bacteria, viruses, and fungi – while people are receiving medical care. As part of the effort to reduce such types of infections, hospitals report specific types of HAIs to the NC Division of Public Health (DPH) as required by law (General Statute 130A-150). Since 2012, they have been reporting central line-associated bloodstream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) occurring after inpatient abdominal hysterectomies or colon surgeries. Beginning in January 2013, short-term acute care hospitals began reporting laboratory-confirmed (LabID) bloodstream infections caused by methicillin-resistant *Staphylococcus aureus* (MRSA) and infections caused by *Clostridioides difficile*. In January 2016, ventilator-associated events (VAE) became reportable in long-term acute care hospitals. MRSA is no longer reportable in long-term acute care hospitals or inpatient rehabilitation facilities as of Q3 2018.

By North Carolina law, hospital reporting requirements are based on the reporting requirements established by the Centers for Medicare & Medicaid Services (CMS). HAI information is entered into the CDC web-based surveillance system called the National Healthcare Safety Network (NHSN). The NC SHARPPS Program works with hospitals on a monthly basis to ensure their data are accurate and timely. All data in NHSN are entered and modified by hospitals; the NC SHARPPS Program cannot enter or change data in NHSN.

To learn more about CLABSIs, CAUTIs, SSIs, MRSA, *C. difficile* and other HAIs, please visit the NC SHARPPS Program website at <http://epi.publichealth.nc.gov/cd/diseases/hai.html>. More information on HAIs can be found in Appendix C. In addition to information about specific infections, there is a link to the “Facts and Figures” webpage (<http://epi.publichealth.nc.gov/cd/hai/figures.html>), which includes current and previous reports. The Healthcare-Associated Infections in North Carolina - Reference Document, issued in October 2012 and revised in October 2019, contains background information on HAIs, HAI surveillance in North Carolina, and detailed information on statistics commonly used to describe and summarize HAIs. Subsequent reports, published quarterly, cover timely state-level and facility-specific data on the incidence of HAIs in hospitals across the state, as well as information on the creation and progress of various initiatives to reduce HAIs.

North Carolina Administrative Code rule 10A NCAC 41A .0106 requires hospitals to report the HAIs listed in the CMS Inpatient Prospective Payment System Rule.

II. Hospital-Specific Summary Reports

A. Explanation of the Hospital-Specific Summary Reports

Each hospital-specific summary report contains up to eight sections: 1) general hospital information, 2) central line-associated bloodstream infections (CLABSI), 3) catheter-associated urinary tract infections (CAUTI), 4) surgical site infections (SSI) after abdominal hysterectomies and colon surgeries, 5) MRSA laboratory-identified bacteremias (MRSA LabID), 6) *C. difficile* laboratory-identified events (CDI LabID), 7) ventilator-associated events (VAE) and 8) commentary from the hospital. These sections are described below.

These reports cover January 1 through September 30, 2022 and data were downloaded from NHSN on March 27, 2023 unless otherwise indicated; any changes made to the data after the provided date are not reflected in this report.

Before reviewing this report, a few clarifications about the data need to be made:

- I. **The data within this report are preliminary.** Although efforts were made by hospitals and the NC SHARPPS Program to ensure that the data were accurate and complete, the data are self-reported and have not been formally “double checked” or validated. Unless data validation is completed, numbers should be interpreted with caution.
- II. **There may be differences in reporting practices among hospitals.** Hospitals with more infection control personnel and resources may be able to identify and report more infections compared to a hospital with fewer infection control resources.
- III. **There may be differences between results published by the NC SHARPPS Program and results published elsewhere** (i.e., CMS). Results may differ due to using data from different time periods, different facility types, different patient populations, and/or different methods of analysis.
- IV. **The NC SHARPPS Program chose not to present some data** for individual hospital units, procedures or hospitals that did not meet a threshold (minimum value) for the reporting period. The minimum threshold numbers are based on CDC recommendations for reporting healthcare-associated infection data:
 - Central line-associated bloodstream infections: 50 central line days;
 - Catheter-associated urinary tract infections: 50 catheter days; and
 - Surgical site infections: 20 surgeries.
- V. **The NC SHARPPS Program does not calculate an SIR when the number of predicted infections is less than 1.** In these situations, the “How Does this Facility Compare to the National Experience” text states “No conclusion.” This does not mean that hospitals failed to report data, or that hospitals did not report all necessary data; it only means that the number of patients, devices (central lines or urinary catheters), and/or procedures that were seen during this time period did not meet the established threshold (minimum value) for calculating an SIR. This minimum threshold is based on CDC recommendations. In other words, there is not enough information to make a reliable conclusion about the hospital’s or the state’s performance on this measure.
- VI. **Laboratory-Identified Events (LabID):** Methicillin-resistant *Staphylococcus aureus* (MRSA) bacteremia (blood infection) and *C. difficile* infections (CDI) LabID events rely on laboratory data. Patients did not have to be ill to have a positive result, and a positive result can be determined without requiring clinical information about the patient. This allows for a much less labor-intensive means to track CDI and MRSA infections. Only those LabID events that are acquired in the hospital are displayed in this report. The sensitivity of various testing types may vary, particularly for CDI, so hospitals that use more sensitive tests might report more LabID events than hospitals that use less sensitive tests. NHSN makes risk adjustments to account for these differences when calculating SIRs for LabID CDI events.
- VII. **Changes in surveillance definitions impact the number of observed and predicted events:** In 2015, there were a number of notable changes to surveillance definitions and reporting requirements that should be considered when looking at this report. First, in acute care hospitals, CLABSI and CAUTI reporting was expanded to include the reporting of observed CLABSI and CAUTI infections in adult and pediatric medical, surgical, and medical/surgical ward locations in addition to ongoing ICU reporting. Secondly, the CAUTI surveillance definition was restricted to include only urine cultures with a colony count of at least 100,000 colony forming units per milliliter (CFU/ml) for at least one type of bacteria and to exclude pathogen results with only yeast, mold, dimorphic fungi, or parasites.

1. General Hospital Information

This section contains general information about the hospital and includes a map of where the hospital (red star icon) is located in North Carolina. Data in this section are from the NHSN 2021 Annual Hospital Survey. If a 2021 survey had not been completed by the date of report, data from the NHSN 2020 Annual Hospital Survey were used.

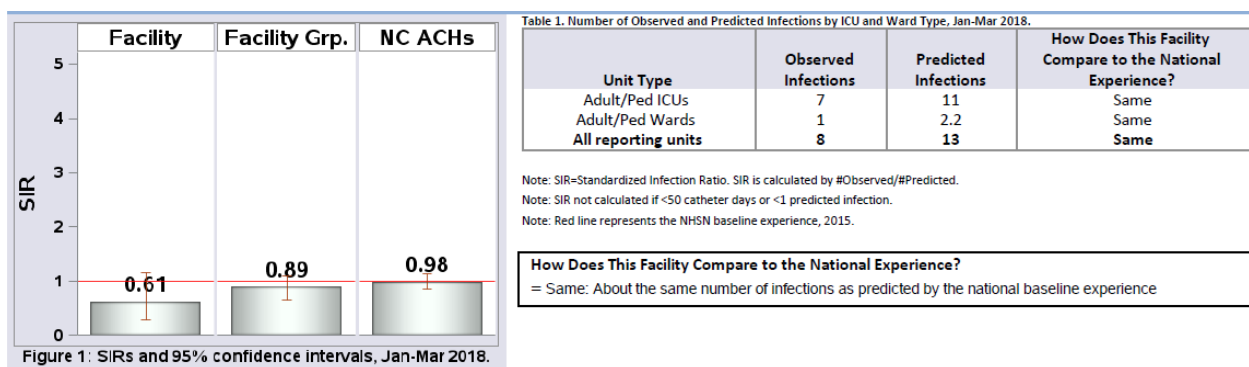
2. HAI Information

A list of reporting hospitals by facility category can be found in Appendix E.

a) Below is a list of all variables shown in the data tables and figures:

- **Title:** The title of the table gives you information about the infection type, time period, and facility unit(s)/group(s) included in the table.
- **Procedure Type:** This is the specific type of surgery for which the surgical site infection (SSI) data are presented (e.g., abdominal hysterectomy, colon surgery).
- **Unit/Unit Type:** This is the specific unit/type of unit in the hospital from which the data was collected. There may be more than one reporting unit for a given facility HAI (specifically for CLABSI and CAUTI), such as multiple intensive care units. The hospital-specific report tables will summarize the year-to-date total across all reporting units in the hospital.
- **Observed Infections (or Observed Events):** This is the number of infections (or events, for LabID measures) reported by the facility.
- **Predicted Infections (or Predicted Events):** This is a calculated value that reflects the number of infections (or events, for LabID measures) that we have “predicted” to occur in this facility, based on the national experience.
- **“How Does the Facility Compare to the National Experience?”** Colors and symbols are used to help you quickly understand and interpret the hospital’s data. This is the “take-home message” about healthcare-associated infections in this facility.
 - ★ Indicates the facility had fewer infections than were predicted (better than the national experience)
 - = Indicates the facility had about the same number of infections as were predicted (same as the national experience)
 - ✘ Indicates the facility had more infections than were predicted (worse than the national experience)
- **No Conclusion:** Indicates that the facility reported data, but there was not enough information to make a reliable comparison to the national experience (# of predicted infections was less than 1).
- **Facility Group:** Short-term acute care hospitals are grouped with similarly-sized facilities, and inpatient rehabilitation facilities and long-term acute care hospitals are grouped together. This allows readers to compare a facility’s SIR to the SIR of similarly-sized facilities within North Carolina.
- **Note:** Footnotes are included in the report in order to bring important data caveats to the reader’s attention.

Figure 1. Example of Hospital-Specific Report Table and Figure



b) SIR - Represented by the bars in each graph.

- SIR = number of *observed* infections / numbers of *predicted* infections based on the national baseline experience
- SIR is calculated for each HAI at each facility
- The SIR is considered a “best guess” or estimate of observed infections compared to those predicted during January 1, 2022 – September 30, 2022

c) 95% confidence intervals for the SIR – Represented by the skinny, vertical red lines in each figure.

Data in this section represent a lower and a higher limit around the SIR; together these limits create an interval. It means we are statistically 95% confident the SIR estimate falls within this interval. Wider bars indicate less confidence in the SIR estimate.

How to understand the 95% confidence intervals:

- If the value of 1.0 is included between the lower and upper limit, there is NO statistically significant difference between the number of observed and predicted infections.
- If the value of 1.0 is NOT included between the lower and upper limit, there IS a statistically significant difference between the number of observed and predicted infections.

d) **NHSN Baseline (i.e., national experience)** – Represented by the solid, horizontal red line in each figure.

- The NHSN baseline is the number of predicted infections based on the national experience
- The NHSN baseline year is 2015 for all HAIs.

3. Commentary from Hospital

This section includes hospital comments on their HAI data and current infection control activities. Hospitals can provide a link to their hospital website to provide lengthier comments.

Statistics

For a detailed explanation of statistics included in the HAI reports, see the Healthcare-Associated Infections in North Carolina - Reference Document which was revised October 2019 (<http://epi.publichealth.nc.gov/cd/hai/figures.html>). Explanations on concepts such as statistical significance and computation of measures including rates and standardized infection ratios (SIRs) are provided.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Advent Health Hendersonville, Hendersonville, Henderson County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2021:	3,910
Patient Days in 2021:	18,140
Total Number of Beds:	103
Number of ICU Beds:	6
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.97

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

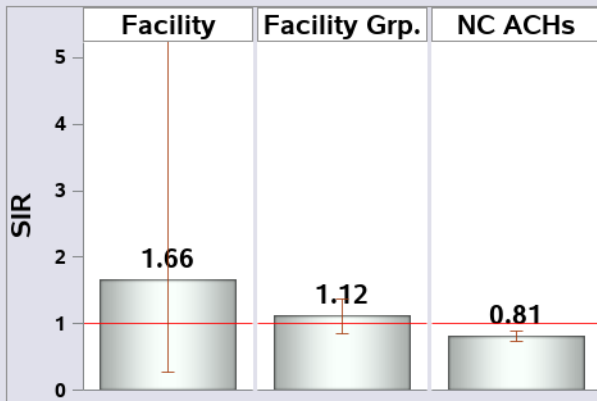


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

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	1	Less than 1.0	No Conclusion
All reporting units	2	1.2	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.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sep 2022

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

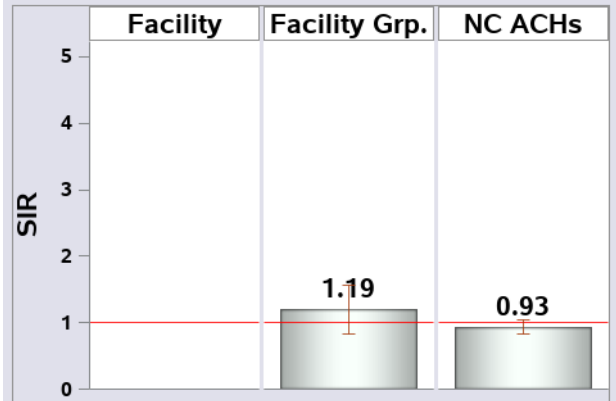


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	3.2	Same

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?

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

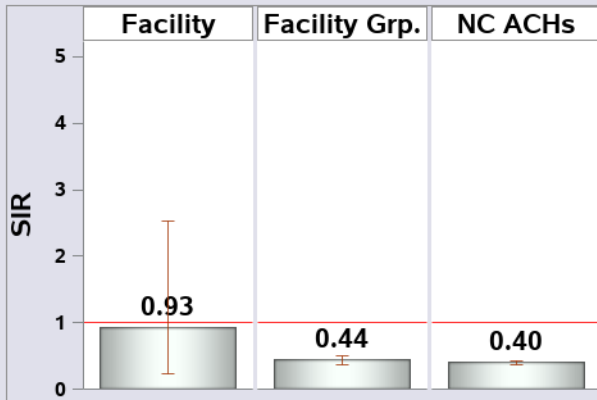


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Advent Health Hendersonville, Hendersonville, Henderson County

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	3	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	3	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

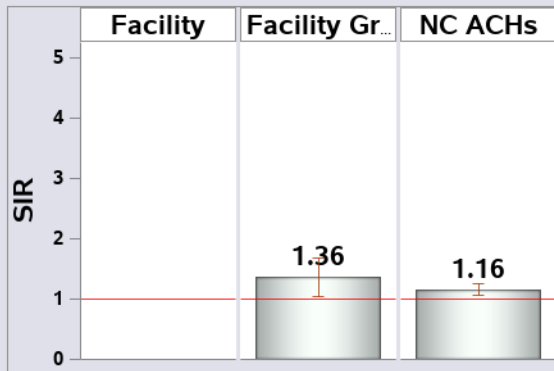


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sep 2022.

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

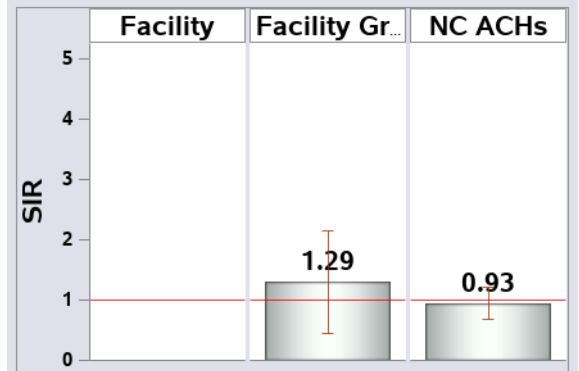


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

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

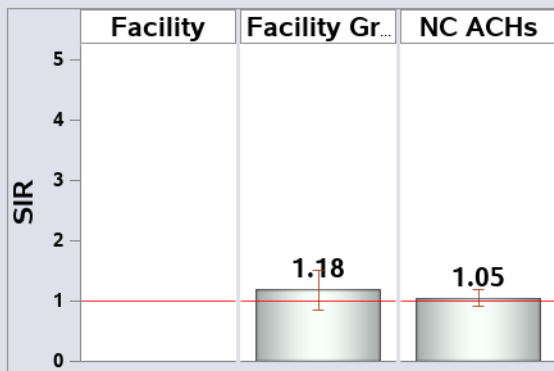


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Alamance Regional Medical Center, Burlington, Alamance County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2021:	12,355
Patient Days in 2021:	51,676
Total Number of Beds:	238
Number of ICU Beds:	32
FTE* Infection Preventionists:	1.50
Number of FTEs* per 100 beds:	0.63

*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)

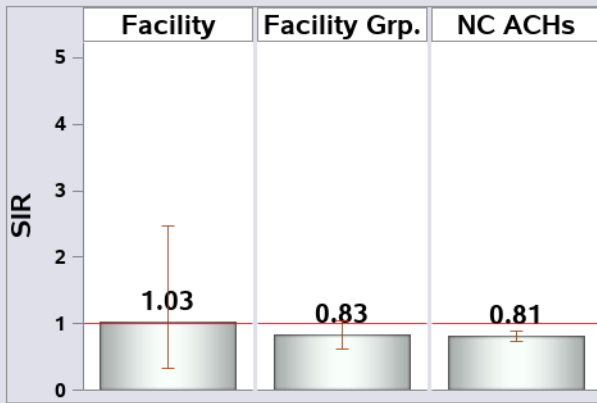


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	3	2.5	Same
Adult/Ped Wards	1	1.4	Same
All reporting units	4	3.9	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.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.9	Same

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?

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

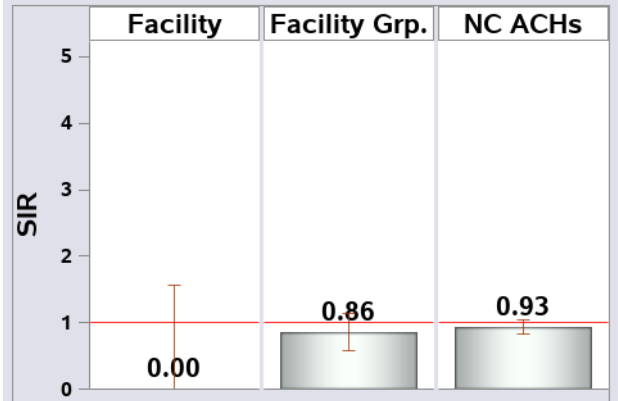


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	20	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

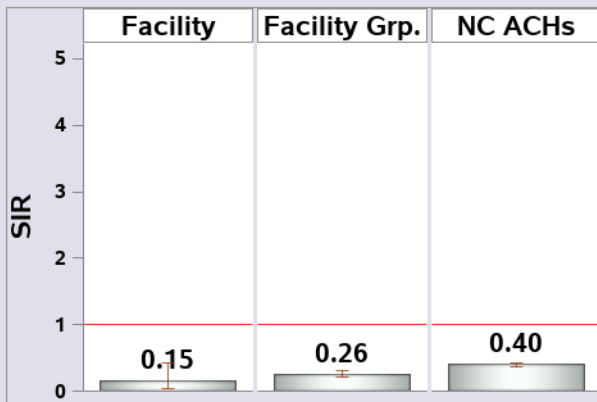


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Alamance Regional Medical Center, Burlington, Alamance County

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	2.0	Same
Adult/Ped Wards	0	1.1	Same
Neonatal Units	0	Less than 1.0	No Conclusion
All reporting units	0	3.1	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

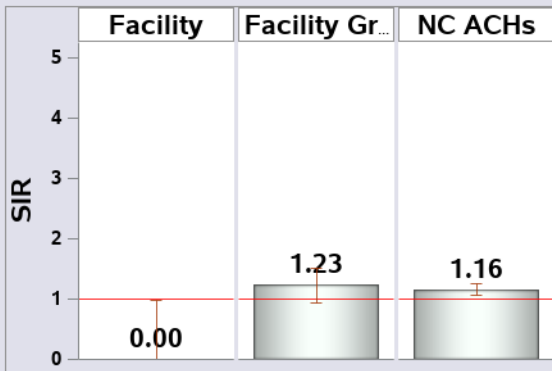


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sep 2022.

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

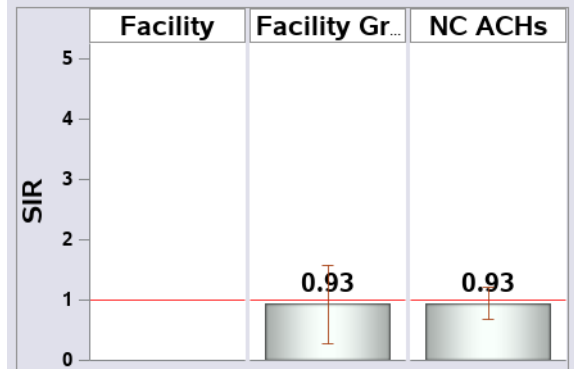


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	1.4	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

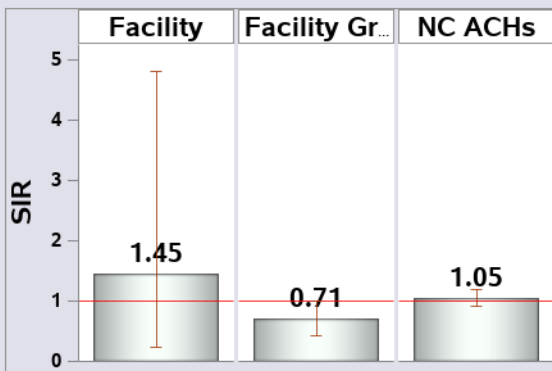


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Annie Penn Hospital, Reidsville, Rockingham County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2021:	3,633
Patient Days in 2021:	14,040
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)

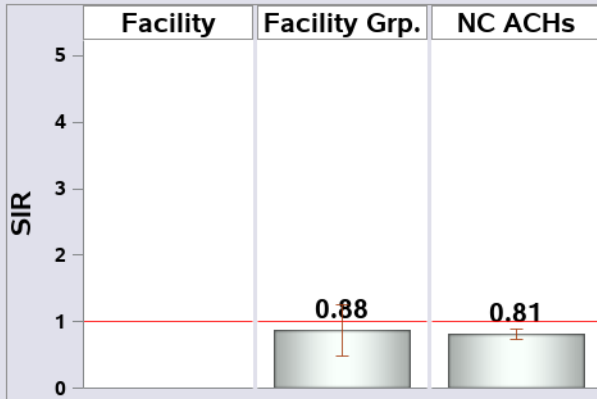


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	2	Less than 1.0	No Conclusion
Adult/Ped Wards	1	Less than 1.0	No Conclusion
All reporting units	3	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-Sep 2022

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

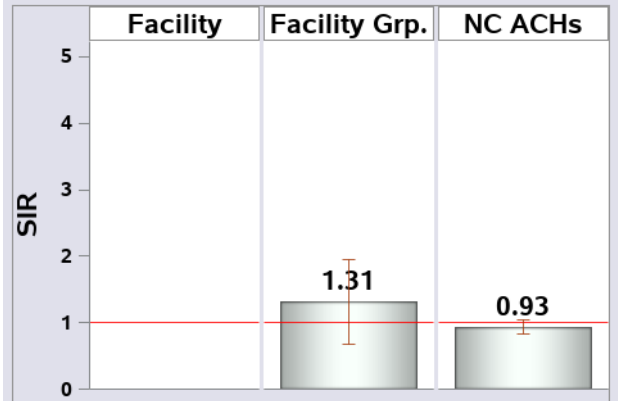


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	5.4	Same

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?

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

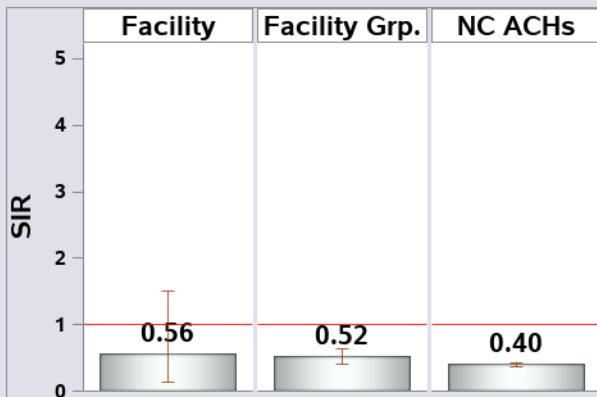


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Annie Penn Hospital, Reidsville, Rockingham County

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

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	1	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 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

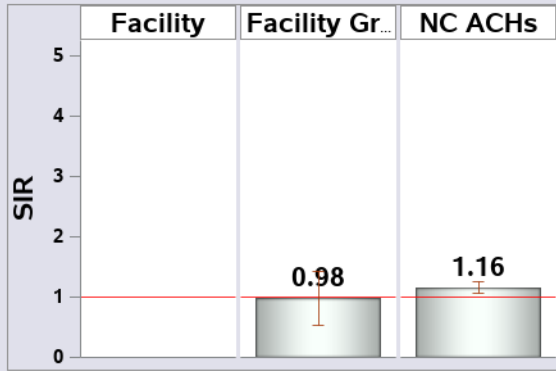


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sep 2022.

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

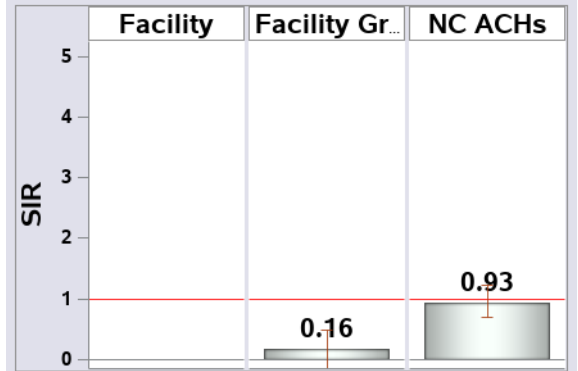


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

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

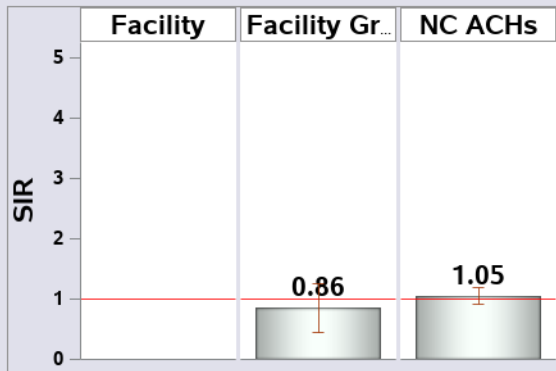


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

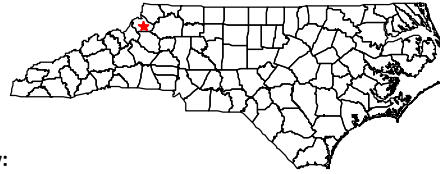
Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
ARHS-Watauga Medical Center, Boone, Watauga County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2021:	6,701
Patient Days in 2021:	21,457
Total Number of Beds:	117
Number of ICU Beds:	10
FTE* Infection Preventionists:	2.00
Number of FTEs* per 100 beds:	1.71

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

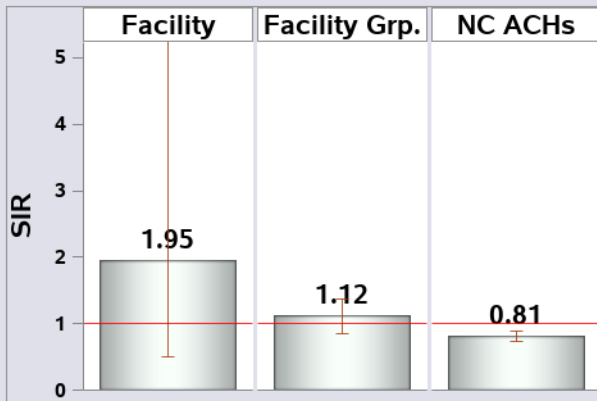


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	3	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	3	1.5	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.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.0	Same

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

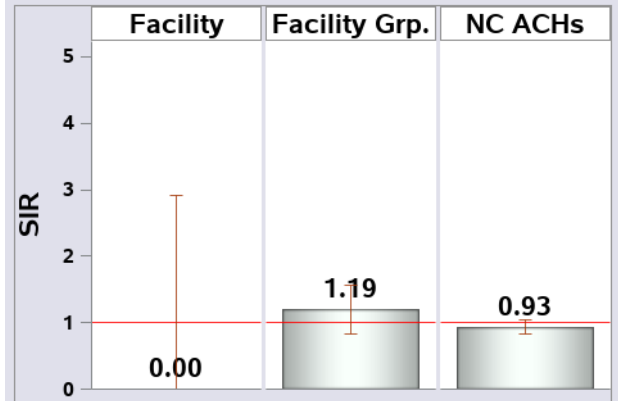


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	8.6	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

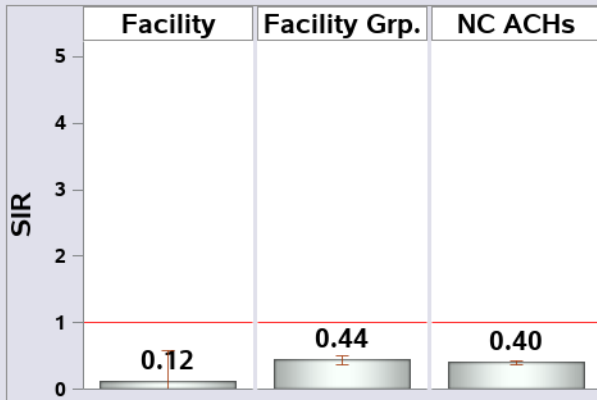


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
ARHS-Watauga Medical Center, Boone, Watauga County

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	2	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	2	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

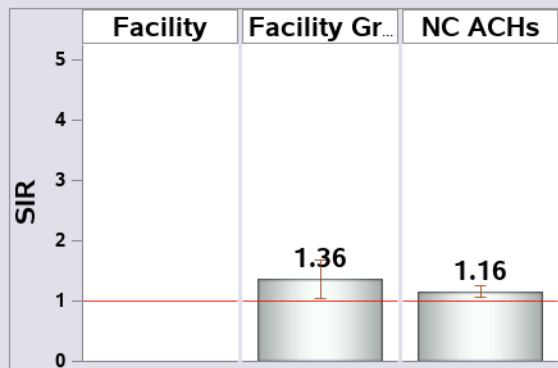


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sep 2022.

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

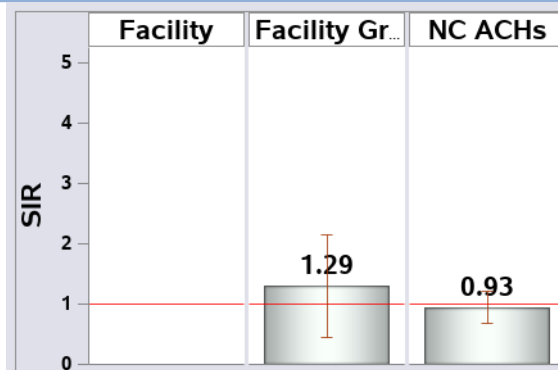


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

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

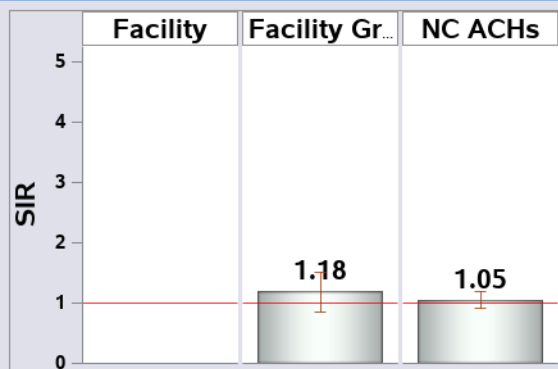


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Asheville Specialty Hospital, Asheville, Buncombe County

2021 Hospital Survey Information

Hospital Type: Long-term Acute Care Hospital
 Admissions in 2021: 306
 Patient Days in 2021: 9,068
 Total Number of Beds: 34
 FTE* Infection Preventionists: 0.63
 Number of FTEs* per 100 beds: 1.84

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

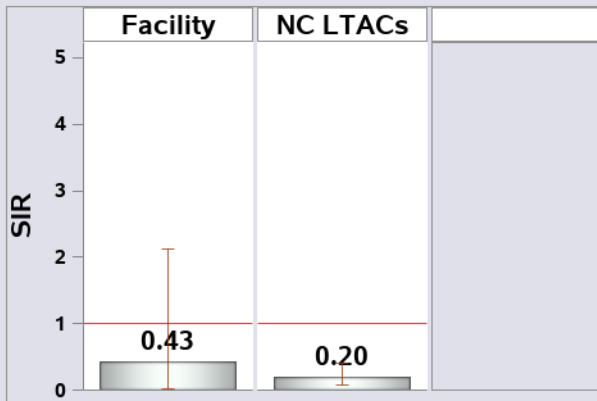


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Reporting ICUs	0	1.2	Same
Reporting Wards	1	1.2	Same
All reporting units	1	2.3	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.

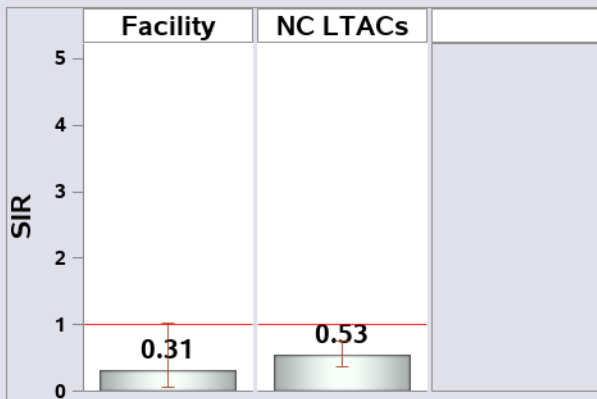


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Table 3. Number of Observed and Predicted CDIs, Jan-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	6.5	Same

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?

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

**North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Asheville Specialty Hospital, Asheville, Buncombe County**

Central Line-Associated Bloodstream Infections (CLABSI)

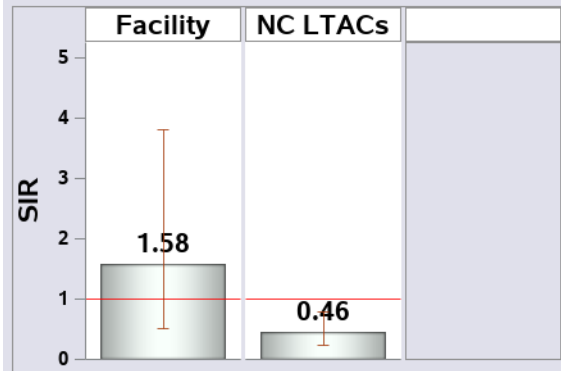


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Reporting ICUs	2	1.2	Same
Reporting Wards	2	1.3	Same
All reporting units	4	2.5	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Atrium Health Cabarrus, Concord, Cabarrus County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Admissions in 2021:	24,775
Patient Days in 2021:	150,368
Total Number of Beds:	457
Number of ICU Beds:	74
FTE* Infection Preventionists:	3.00
Number of FTEs* per 100 beds:	0.66

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

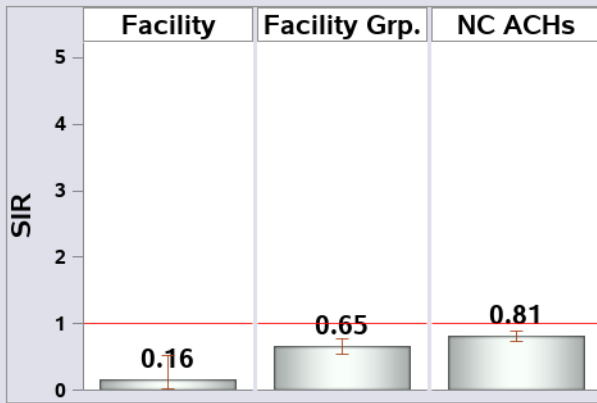


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	6.1	Better
Adult/Ped Wards	1	6.4	Better
All reporting units	2	13	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.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	7	8.9	Same

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?

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

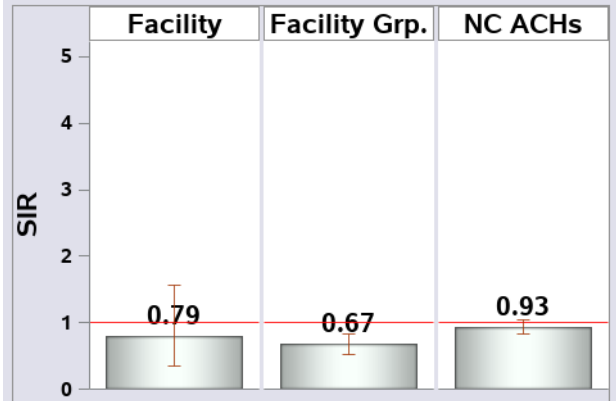


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	15	67	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

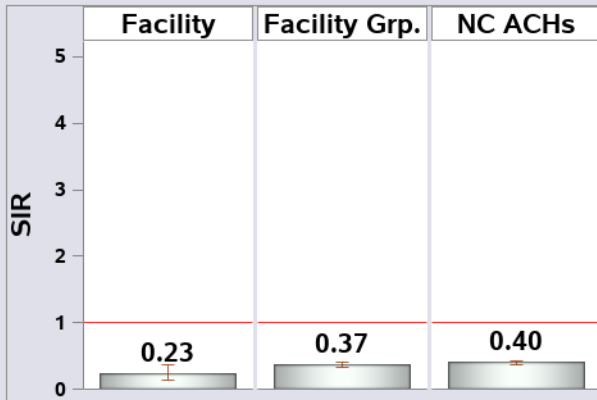


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Atrium Health Cabarrus, Concord, Cabarrus County

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	9	4.3	Worse
Adult/Ped Wards	7	5.7	Same
Neonatal Units	0	Less than 1.0	No Conclusion
All reporting units	16	10	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

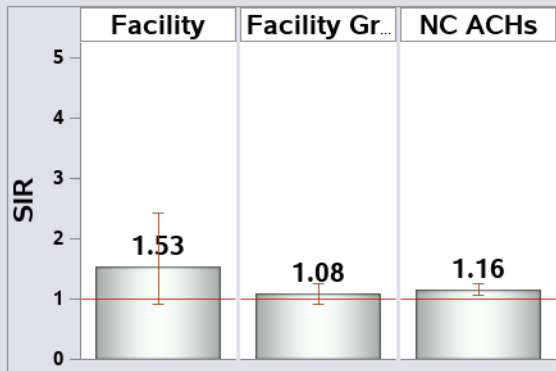


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sep 2022.

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

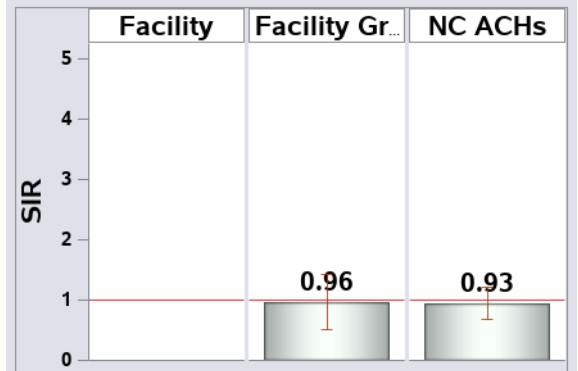


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	7	5.4	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

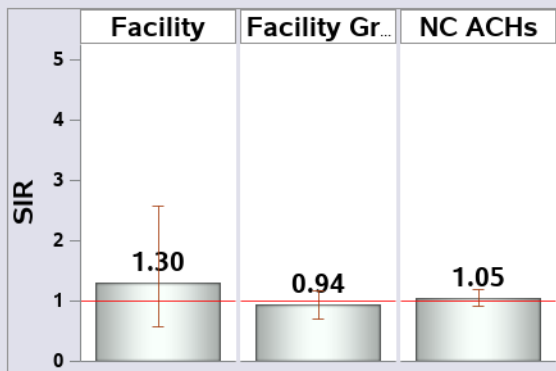


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Atrium Health Lincoln, Lincolnton, Lincoln County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2021:	5,635
Patient Days in 2021:	24,683
Total Number of Beds:	101
Number of ICU Beds:	10
FTE* Infection Preventionists:	0.75
Number of FTEs* per 100 beds:	0.74

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

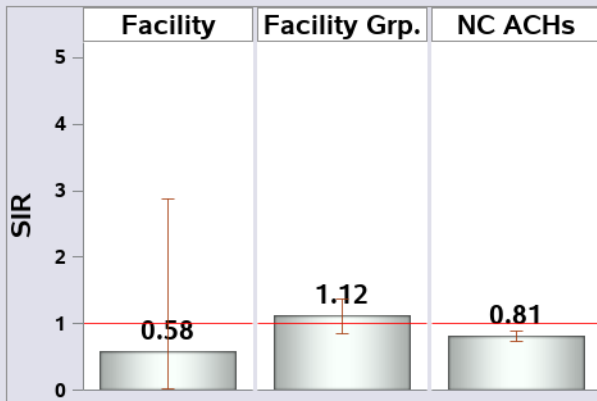


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

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	1.7	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.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sep 2022

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

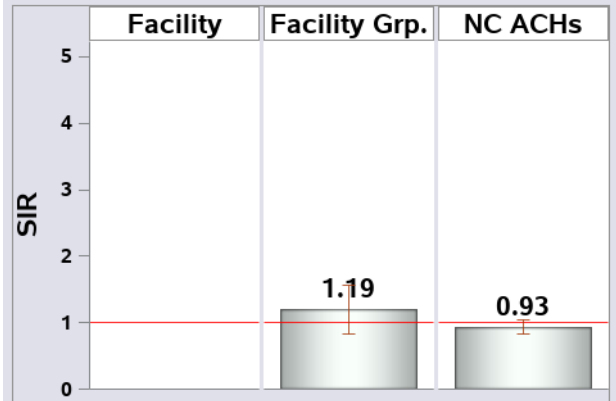


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	9.1	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

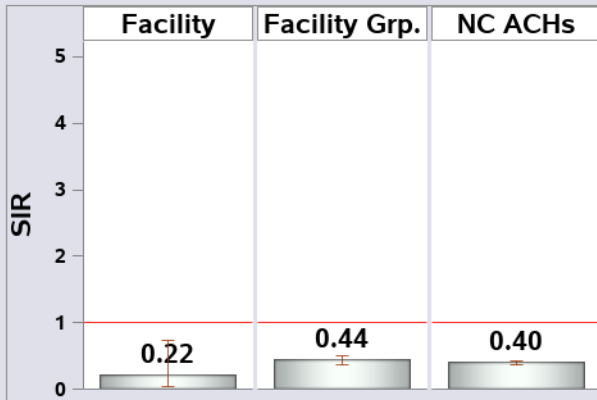


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Atrium Health Lincoln, Lincolnton, Lincoln County

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

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

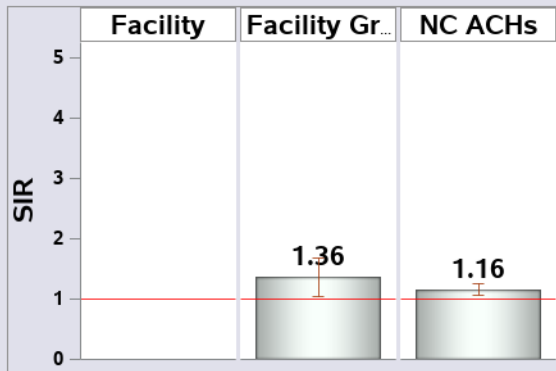


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sep 2022.

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

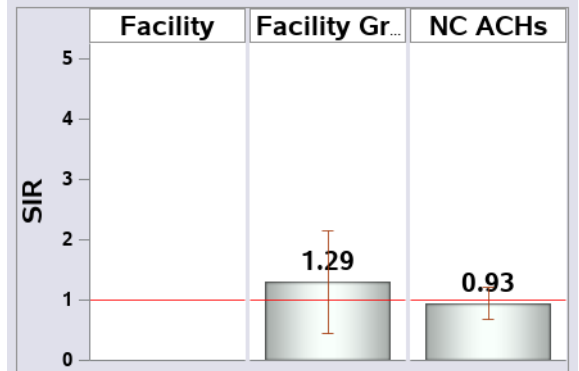


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	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

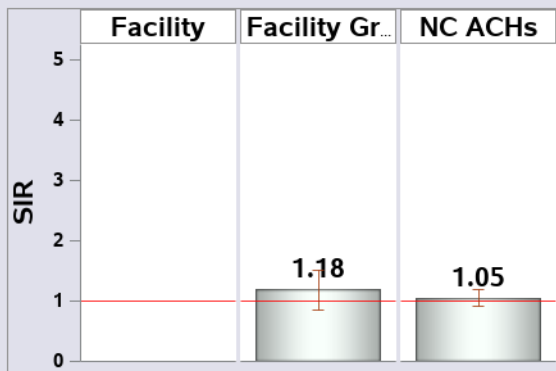


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Atrium Health Stanly, Albemarle, Stanly County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2021:	4,300
Patient Days in 2021:	21,434
Total Number of Beds:	109
Number of ICU Beds:	10
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.92

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

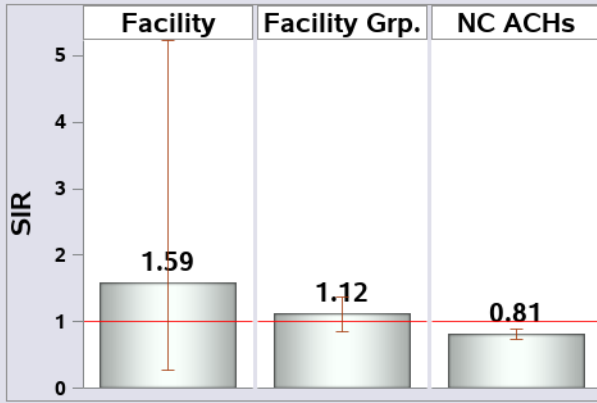


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

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	2	Less than 1.0	No Conclusion
All reporting units	2	1.3	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.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sep 2022

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

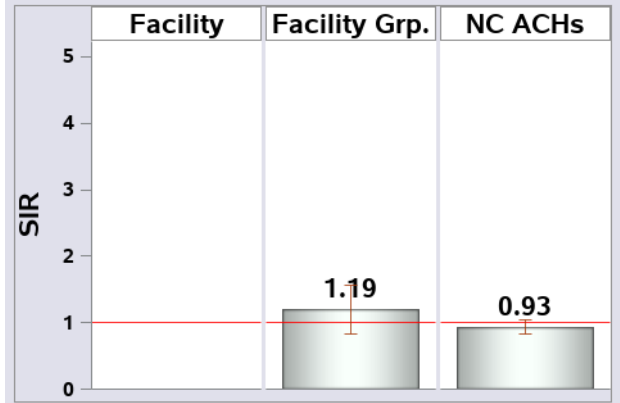


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	6.4	Same

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

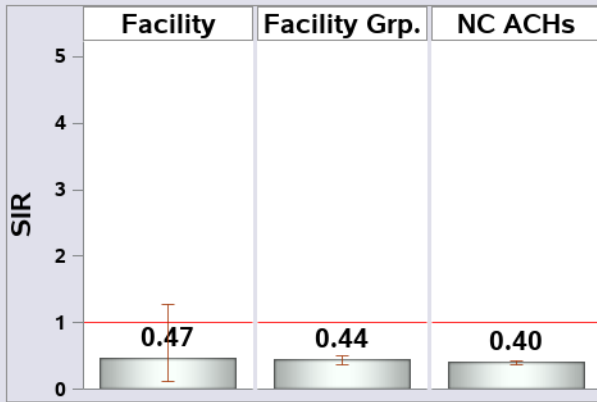


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Atrium Health Stanly, Albemarle, Stanly County

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

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

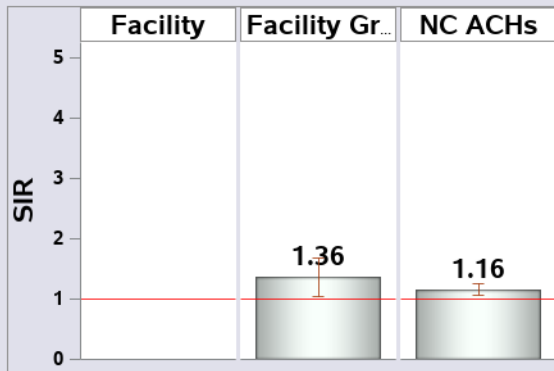


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sep 2022.

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

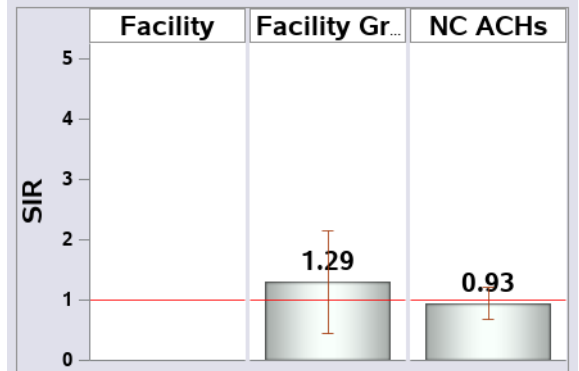


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

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

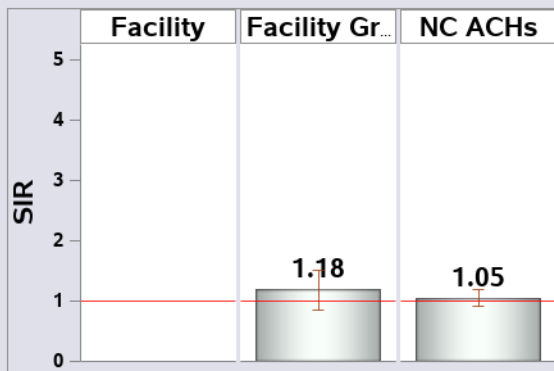


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Atrium Health University City, Charlotte, Mecklenburg County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Admissions in 2021:	8,625
Patient Days in 2021:	37,096
Total Number of Beds:	100
Number of ICU Beds:	15
FTE* Infection Preventionists:	0.75
Number of FTEs* per 100 beds:	0.75

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

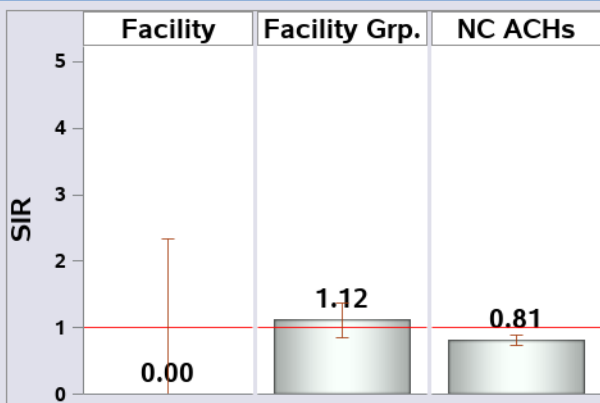


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

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	1.3	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.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	1.0	Same

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

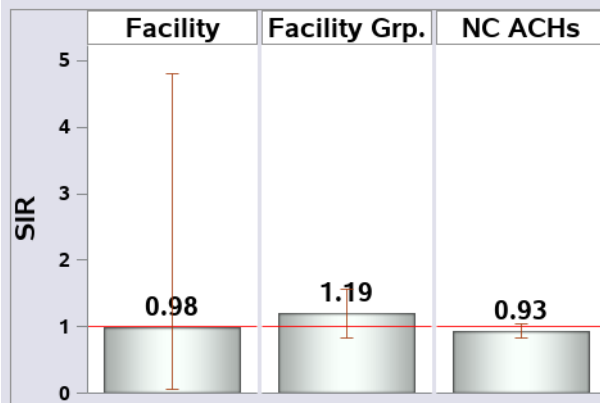


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	6	13	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

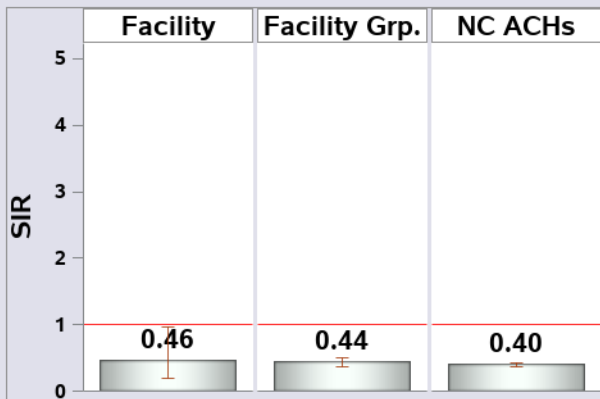


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Atrium Health University City, Charlotte, Mecklenburg County

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	2	Less than 1.0	No Conclusion
Adult/Ped Wards	1	Less than 1.0	No Conclusion
Neonatal Units	0	Less than 1.0	No Conclusion
All reporting units	3	1.3	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

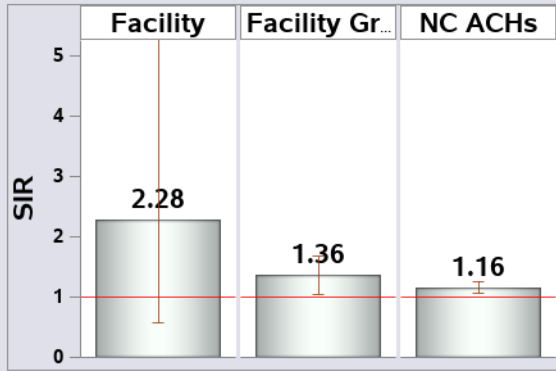


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	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

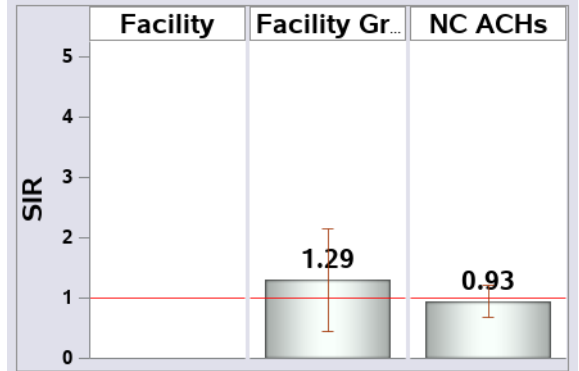


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.3	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

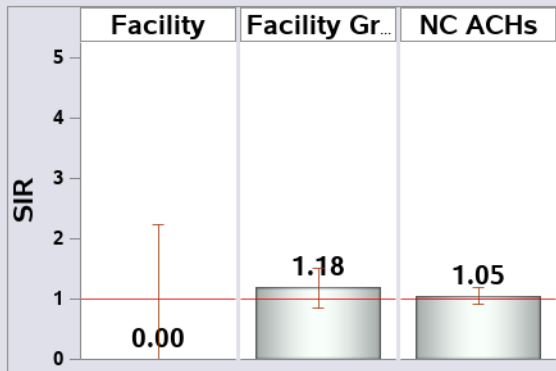


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Betsy Johnson Hospital, Dunn, Harnett County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Admissions in 2021:	3,659
Patient Days in 2021:	17,082
Total Number of Beds:	87
Number of ICU Beds:	6
FTE* Infection Preventionists:	1.50
Number of FTEs* per 100 beds:	1.72

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

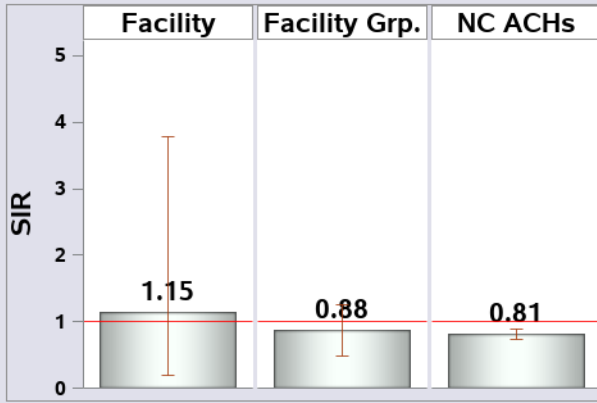


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

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	1	1.0	Same
All reporting units	2	1.7	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.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sep 2022

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

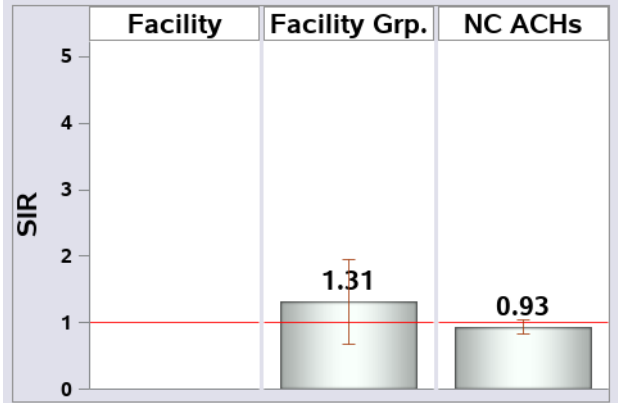


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	6	5.7	Same

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?

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

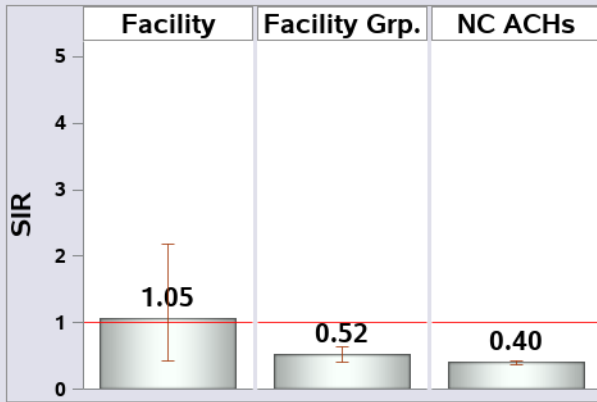


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Betsy Johnson Hospital, Dunn, Harnett County

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

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	1.5	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

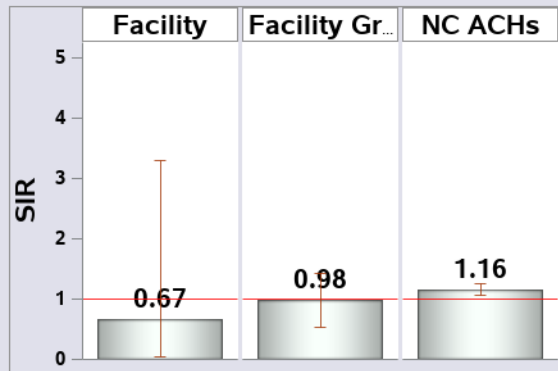


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sep 2022.

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

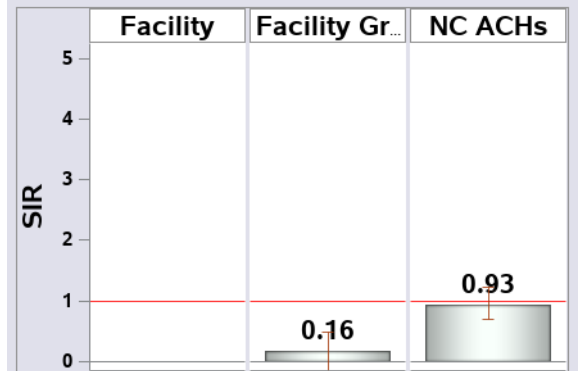


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

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

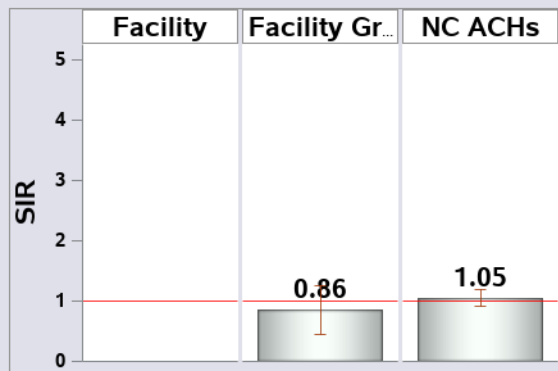


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Broughton Hospital, Morganton, Burke County

2021 Hospital Survey Information

Hospital Type:	Specialty Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2021:	203
Patient Days in 2021:	79,667
Total Number of Beds:	265
Number of ICU Beds:	0
FTE* Infection Preventionists:	2.50
Number of FTEs* per 100 beds:	0.94

*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

Note from N.C. Division of Public Health: This facility did not have locations required to report CAUTI during this time period

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.0	Same

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?

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

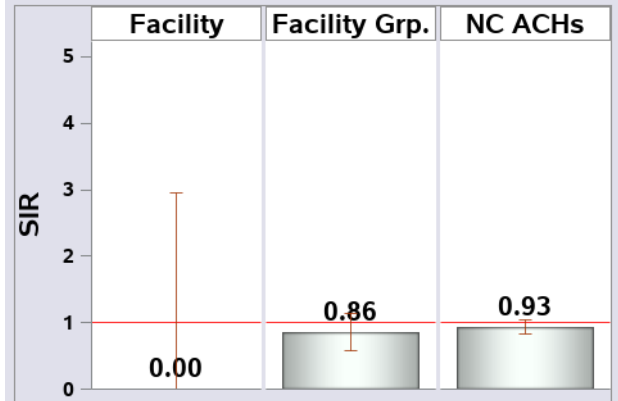


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	8.6	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

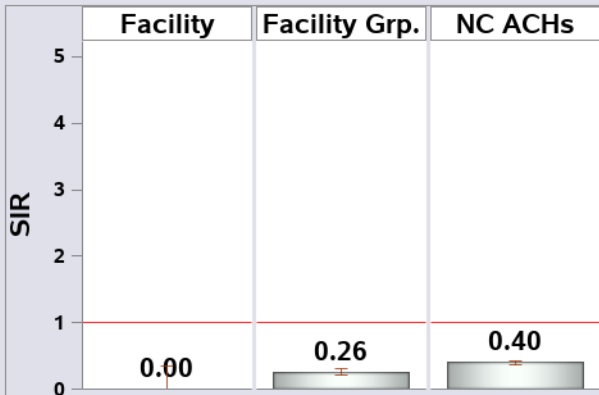


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Broughton Hospital, Morganton, Burke County

Central Line-Associated Bloodstream Infections (CLABSI)

Note from N.C. Division of Public Health: This facility did not have locations required to report CLABSI during this time period

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: This facility did not have locations required to report SSI during this time period

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: This facility did not have locations required to report SSI during this time period

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Bryant T. Aldridge Rehabilitation Center, Rocky Mount, Nash County

2021 Hospital Survey Information

Hospital Type: Inpatient Rehabilitation Facility
 Admissions in 2021: 477
 Patient Days in 2021: 6,344
 Total Number of Beds: 23
 FTE* Infection Preventionists: 0.20
 Number of FTEs* per 100 beds: 0.87

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

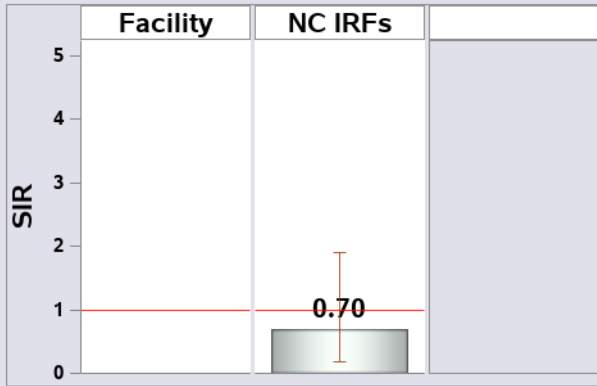


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
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 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.

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.

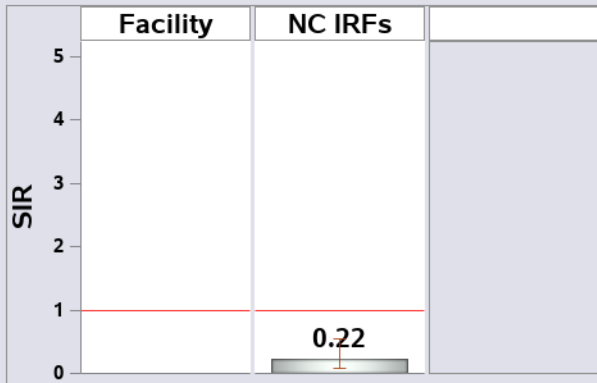


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Table 3. Number of Observed and Predicted CDIs, Jan-Sep 2022

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Bryant T. Aldridge Rehabilitation Center, Rocky Mount, Nash County

Central Line-Associated Bloodstream Infections (CLABSI)

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

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Caldwell Memorial Hospital, Lenoir, Caldwell County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2021:	3,996
Patient Days in 2021:	22,657
Total Number of Beds:	136
Number of ICU Beds:	12
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.74

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

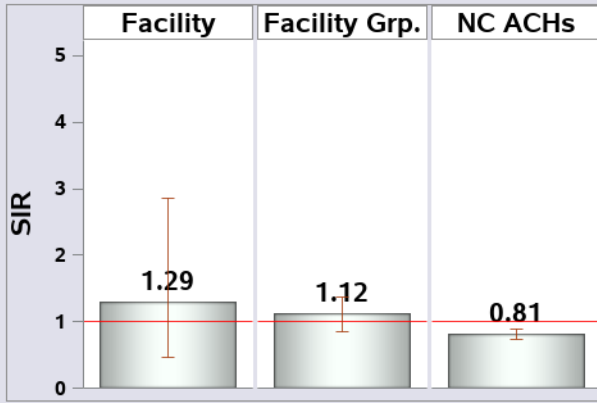


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	1.4	Same
Adult/Ped Wards	5	2.4	Same
All reporting units	5	3.9	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.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	1.1	Same

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?

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

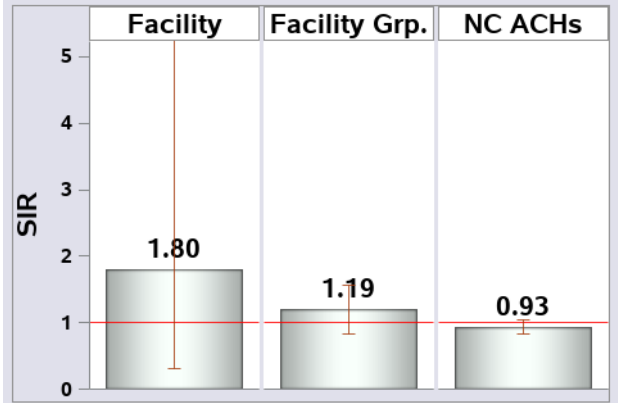


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	8.4	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

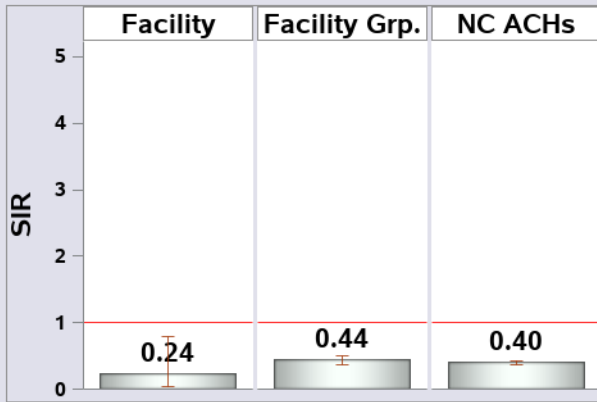


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Caldwell Memorial Hospital, Lenoir, Caldwell County

Central Line-Associated Bloodstream Infections (CLABSI)

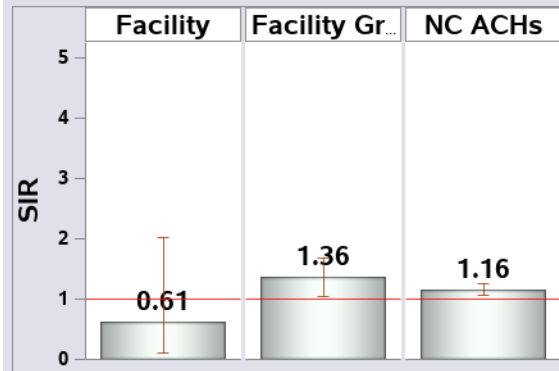


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	1.3	Same
Adult/Ped Wards	1	2.0	Same
All reporting units	2	3.3	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-Sep 2022.

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

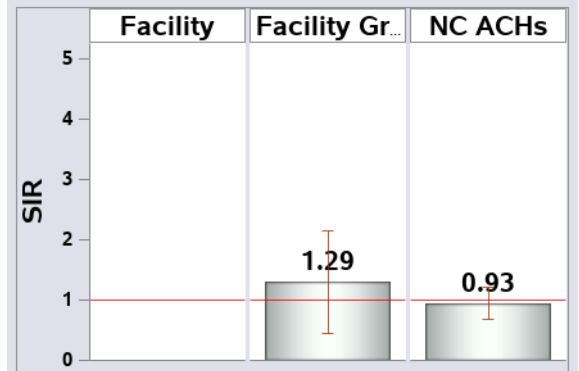


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

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

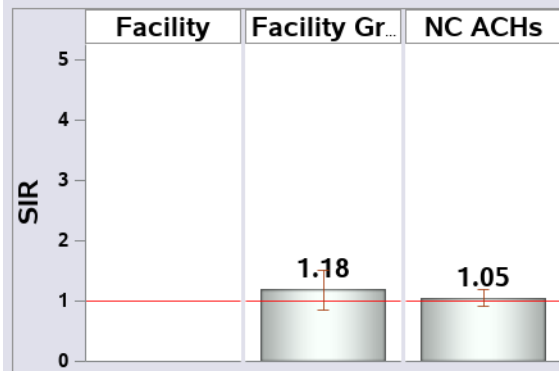


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Cape Fear Valley Health System, Fayetteville, Cumberland County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2021:	38,472
Patient Days in 2021:	177,495
Total Number of Beds:	775
Number of ICU Beds:	69
FTE* Infection Preventionists:	5.50
Number of FTEs* per 100 beds:	0.71

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

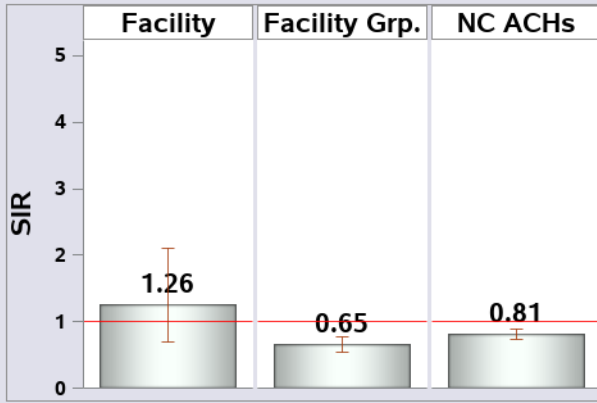


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	7	7.0	Same
Adult/Ped Wards	6	3.4	Same
All reporting units	13	10	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.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	7	7.2	Same

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?

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

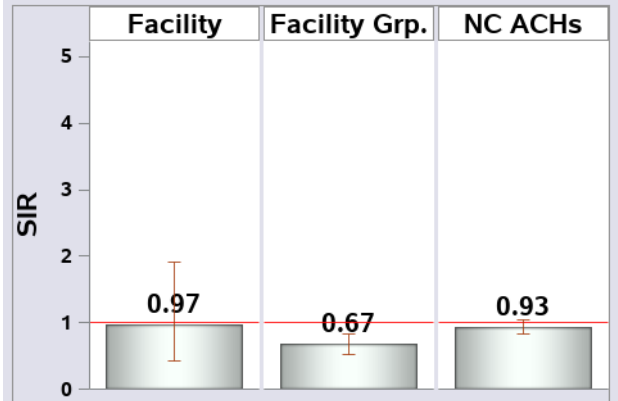


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Cape Fear Valley Health System, Fayetteville, Cumberland County

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	8	7.8	Same
Adult/Ped Wards	2	4.2	Same
Neonatal Units	1	Less than 1.0	No Conclusion
All reporting units	11	12	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

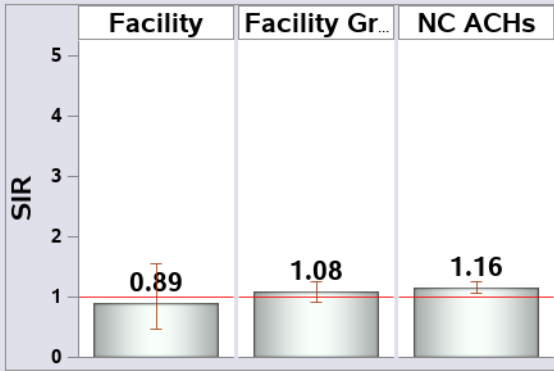


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	1.1	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

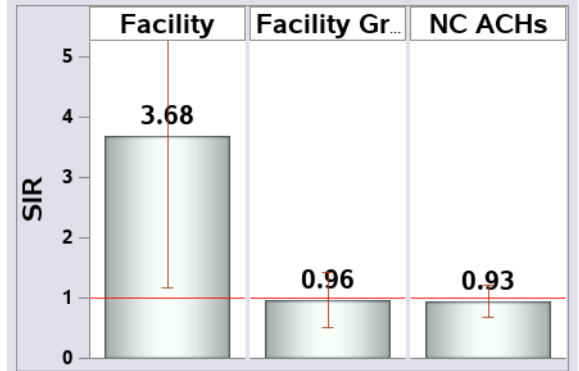


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	2.9	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

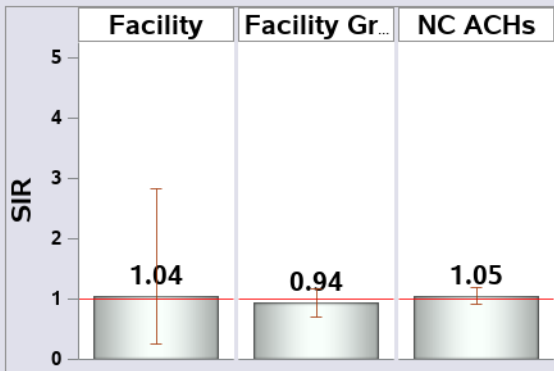


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Cape Fear Valley Hoke Hospital, Raeford, Hoke County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2021:	1,277
Patient Days in 2021:	3,305
Total Number of Beds:	49
Number of ICU Beds:	4
FTE* Infection Preventionists:	0.08
Number of FTEs* per 100 beds:	0.15

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

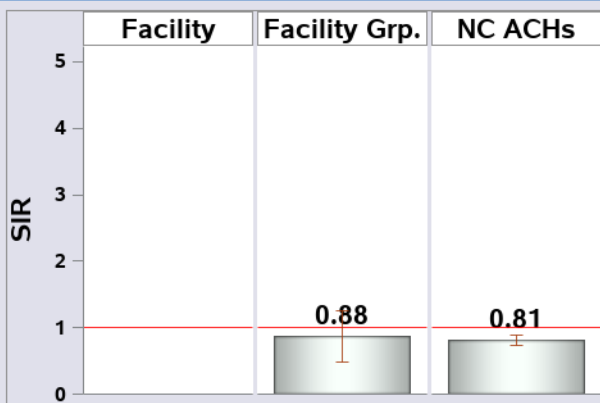


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

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-Sep 2022

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

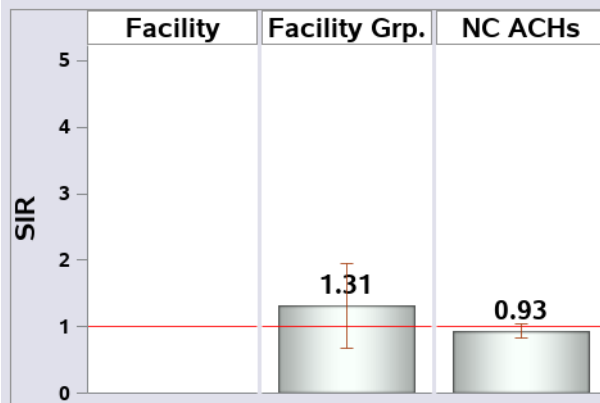


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

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

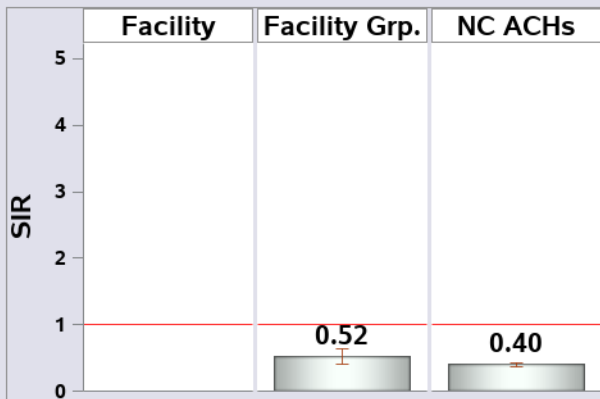


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

**North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Cape Fear Valley Hoke Hospital, Raeford, Hoke County**

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

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

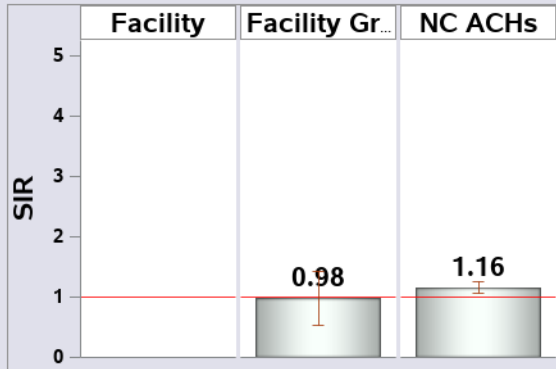


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Cape Fear Valley Rehabilitation Center, Fayetteville, Cumberland County

2021 Hospital Survey Information

Hospital Type:	Inpatient Rehabilitation Facility
Admissions in 2021:	1,113
Patient Days in 2021:	15,482
Total Number of Beds:	78
FTE* Infection Preventionists:	0.50
Number of FTEs* per 100 beds:	0.64

*FTE = Full-time equivalent



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

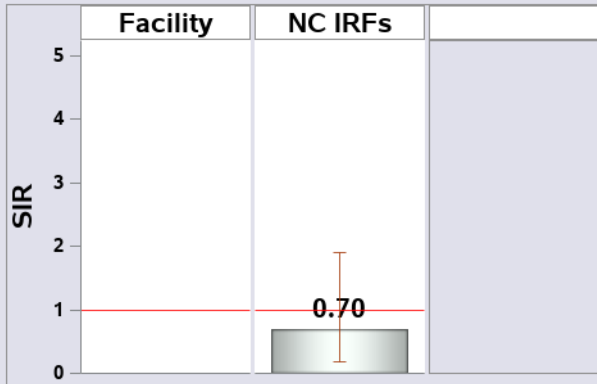


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
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 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.

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.

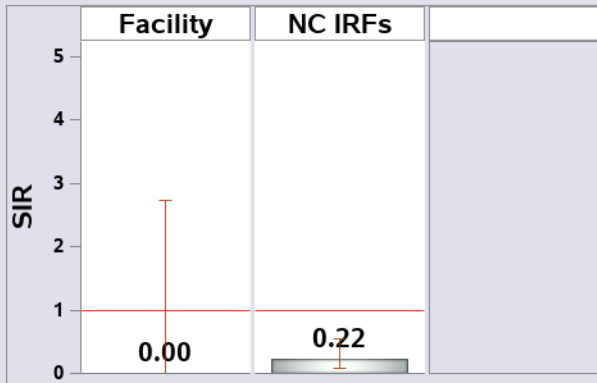


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Table 3. Number of Observed and Predicted CDIs, Jan-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.1	Same

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Cape Fear Valley Rehabilitation Center, Fayetteville, Cumberland County

Central Line-Associated Bloodstream Infections (CLABSI)

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

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
CarePartners Health Services, Asheville, Buncombe County

2021 Hospital Survey Information

Hospital Type:	Inpatient Rehabilitation Facility
Admissions in 2021:	1,533
Patient Days in 2021:	1,533
Total Number of Beds:	80
FTE* Infection Preventionists:	0.75
Number of FTEs* per 100 beds:	0.94

[*FTE = Full-time equivalent]



Commentary From Facility:

Mission Health strives to improve the quality and safety of the care we give our patients each and every day. The prevention of infections is one of our highest priorities. By continuously and thoughtfully reviewing processes, procedures and events, we identify opportunities for improvement and address them immediately and appropriately, and share that knowledge internally to avert further issues.

Catheter-Associated Urinary Tract Infections (CAUTI)

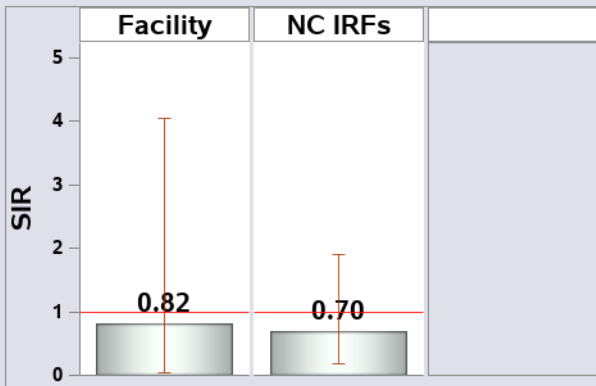


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	1	1.2	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.

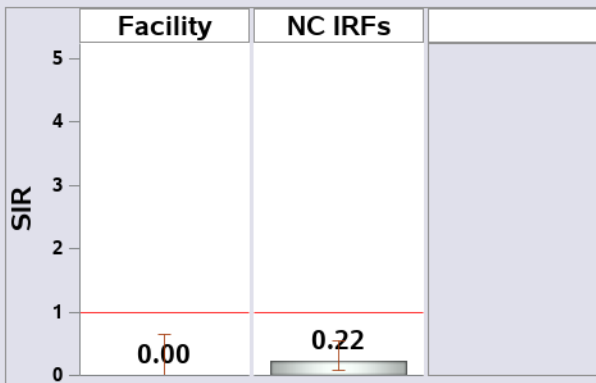


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Table 3. Number of Observed and Predicted CDIs, Jan-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	4.6	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
CarePartners Health Services, Asheville, Buncombe County

Central Line-Associated Bloodstream Infections (CLABSI)

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

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
CarolinaEast Medical Center, New Bern, Craven County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2021:	14,119
Patient Days in 2021:	71,175
Total Number of Beds:	350
Number of ICU Beds:	33
FTE* Infection Preventionists:	3.00
Number of FTEs* per 100 beds:	0.86

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

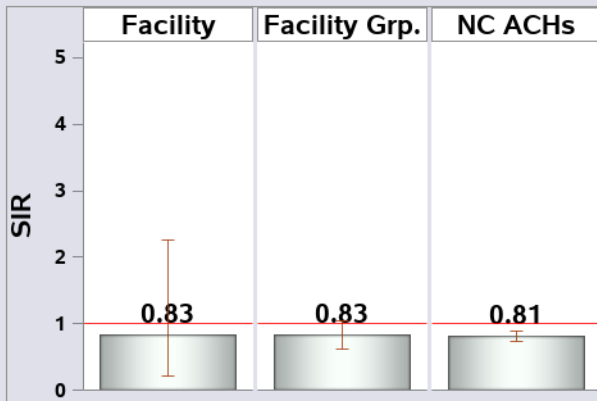


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	1.9	Same
Adult/Ped Wards	2	1.7	Same
All reporting units	3	3.6	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.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	5	2.1	Same

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?

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

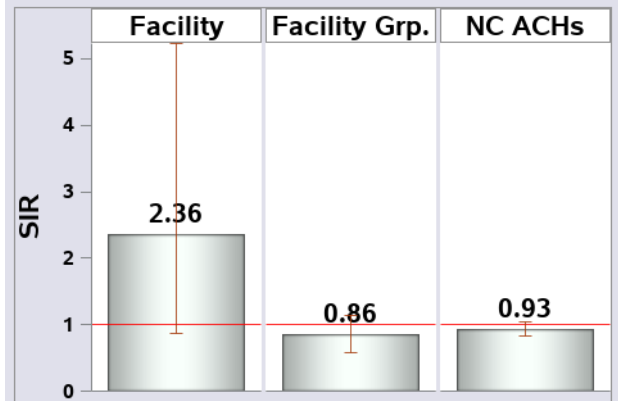


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	9	24	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

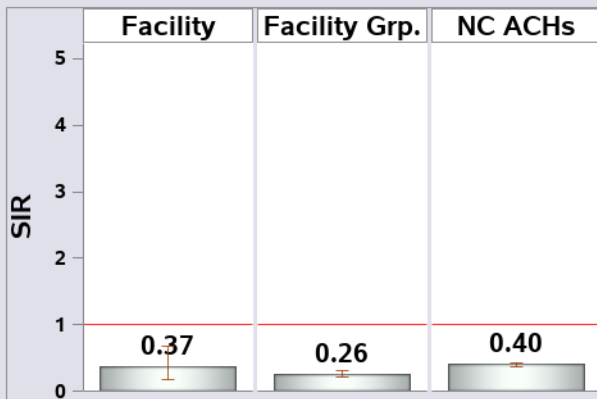


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
CarolinaEast Medical Center, New Bern, Craven County

Central Line-Associated Bloodstream Infections (CLABSI)

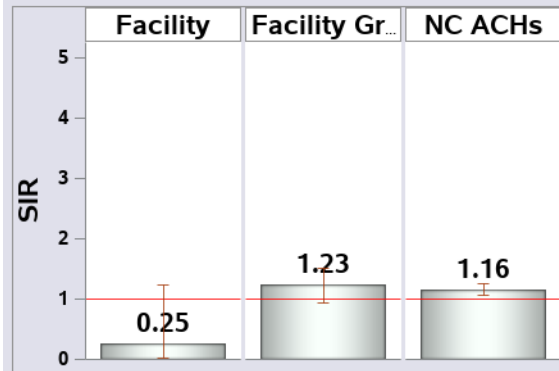


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	1.7	Same
Adult/Ped Wards	1	2.3	Same
All reporting units	1	4.0	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-Sep 2022.

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

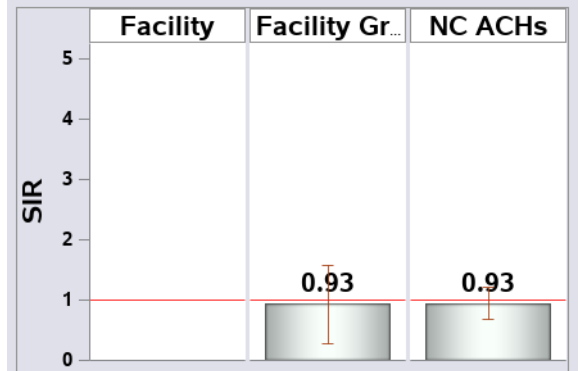


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	2.3	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

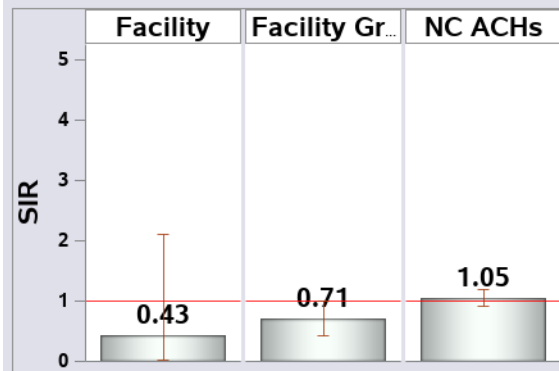


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Carolinas Healthcare System Anson, Wadesboro, Anson County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2021:	603
Patient Days in 2021:	1,864
Total Number of Beds:	15
Number of ICU Beds:	0
FTE* Infection Preventionists:	0.20
Number of FTEs* per 100 beds:	1.33

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

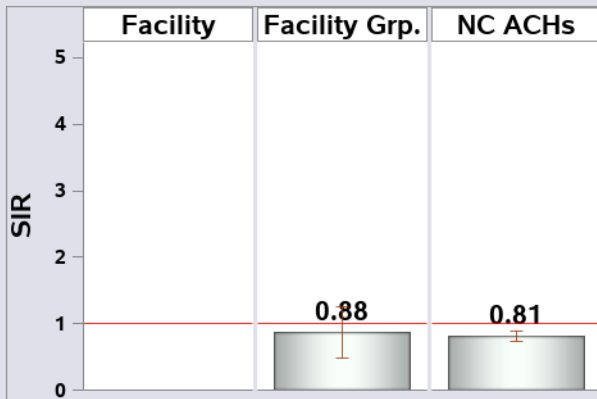


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
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 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-Sep 2022

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

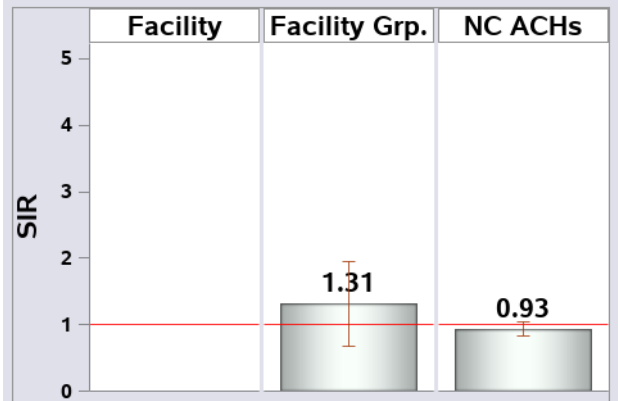


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

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

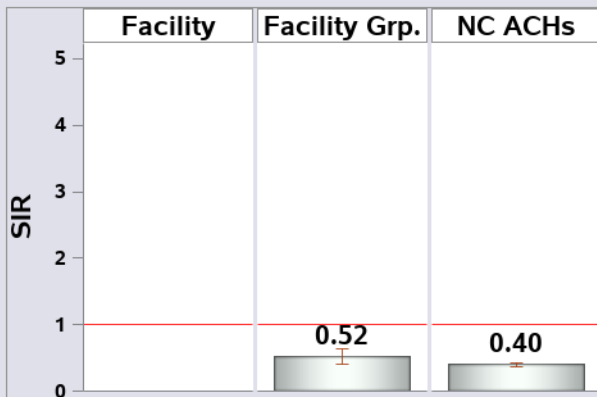


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Carolinas Healthcare System Anson, Wadesboro, Anson County

Central Line-Associated Bloodstream Infections (CLABSI)

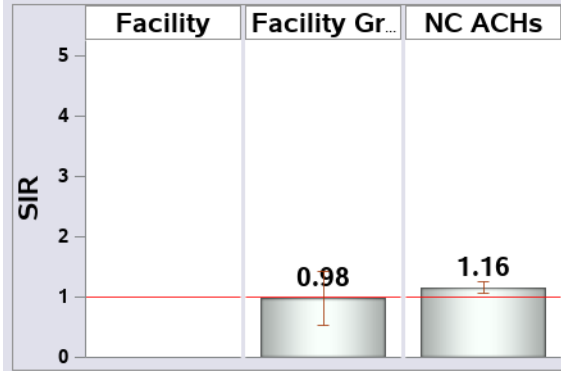


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
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

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Carolinas Healthcare System Cleveland, Shelby, Cleveland County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2021:	10,456
Patient Days in 2021:	53,903
Total Number of Beds:	241
Number of ICU Beds:	18
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.41

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

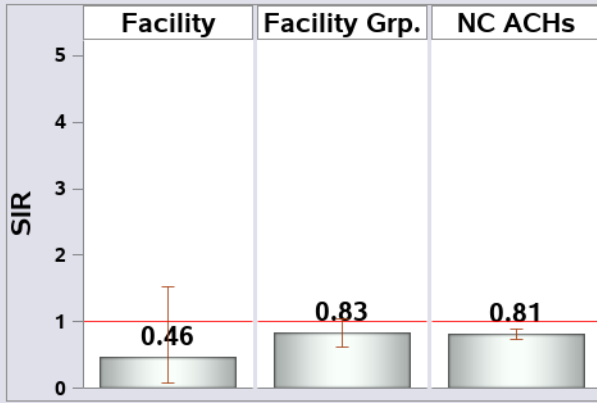


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	2.8	Same
Adult/Ped Wards	1	1.6	Same
All reporting units	2	4.3	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.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	6	2.9	Same

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?

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

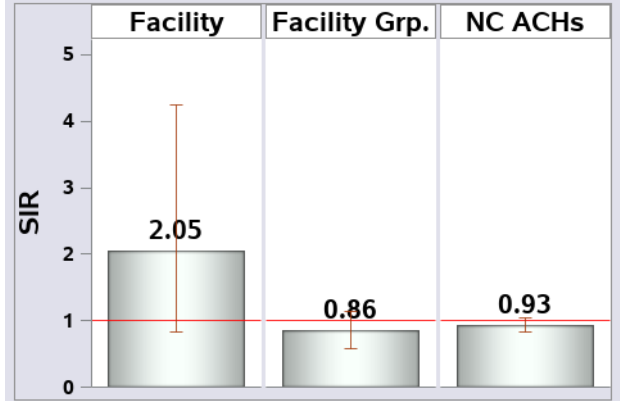


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	6	23	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

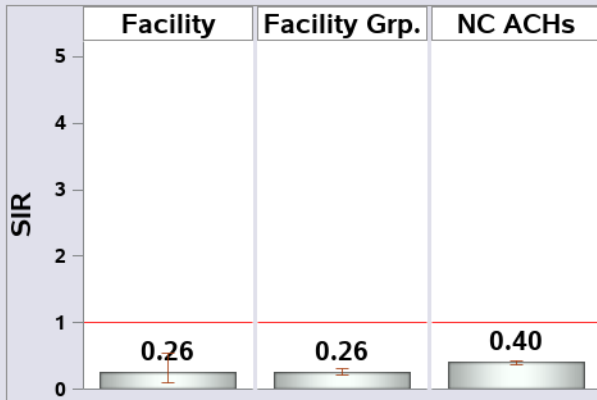


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Carolinas Healthcare System Cleveland, Shelby, Cleveland County

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	4	1.6	Same
Adult/Ped Wards	2	Less than 1.0	No Conclusion
All reporting units	6	2.3	Worse

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

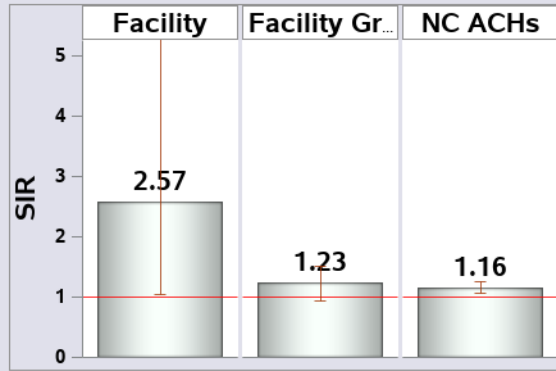


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sep 2022.

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

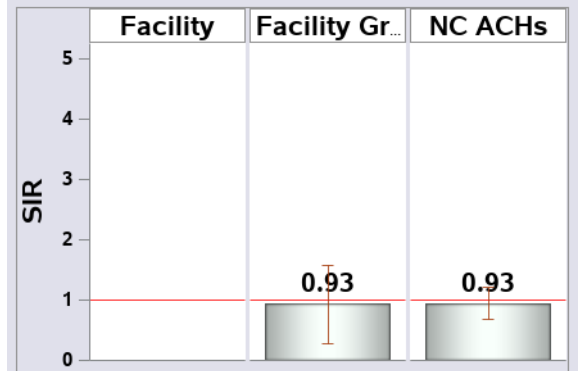


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	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

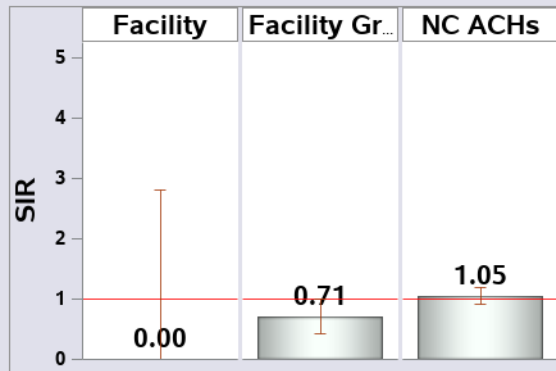


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Carolinas Medical Center, Charlotte, Mecklenburg County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Admissions in 2021:	40,424
Patient Days in 2021:	298,298
Total Number of Beds:	872
Number of ICU Beds:	219
FTE* Infection Preventionists:	7.50
Number of FTEs* per 100 beds:	0.86

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

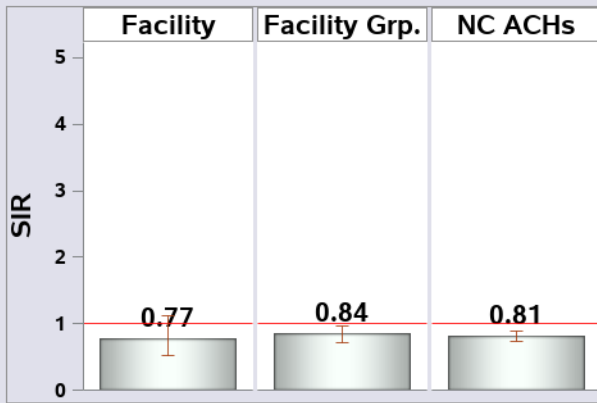


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	20	27	Same
Adult/Ped Wards	6	6.5	Same
All reporting units	26	34	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.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	17	21	Same

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

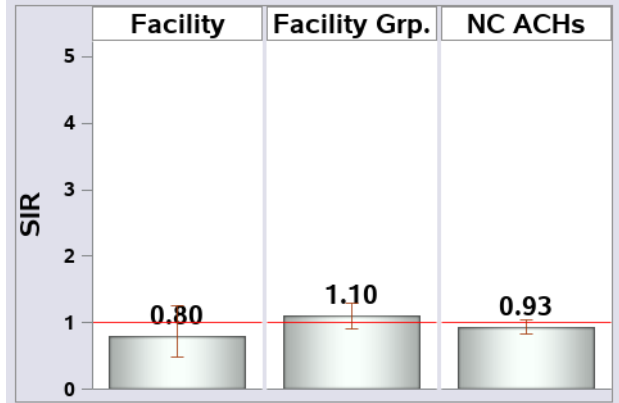


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	55	164	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

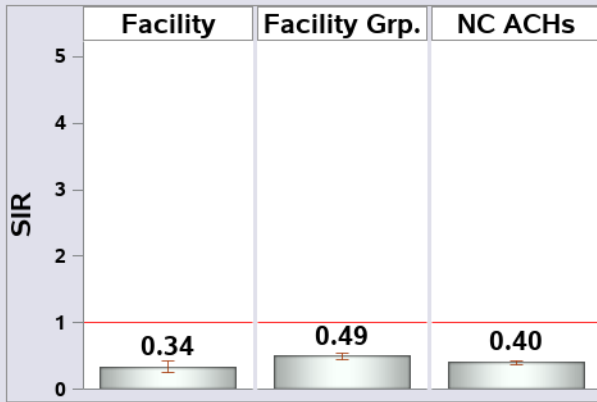


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Carolinas Medical Center, Charlotte, Mecklenburg County

Central Line-Associated Bloodstream Infections (CLABSI)

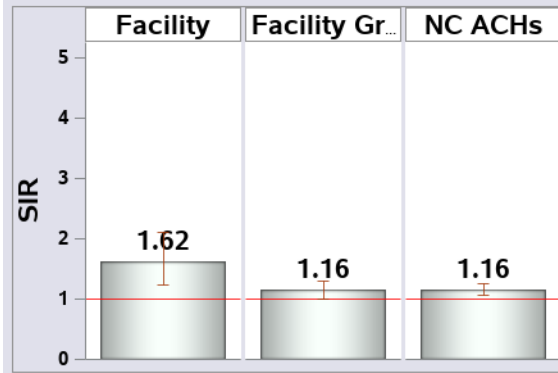


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	35	18	Worse
Adult/Ped Wards	13	8.6	Same
Neonatal Units	4	5.8	Same
All reporting units	52	32	Worse

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?

× **Worse:** More infections than 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-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	7	2.6	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

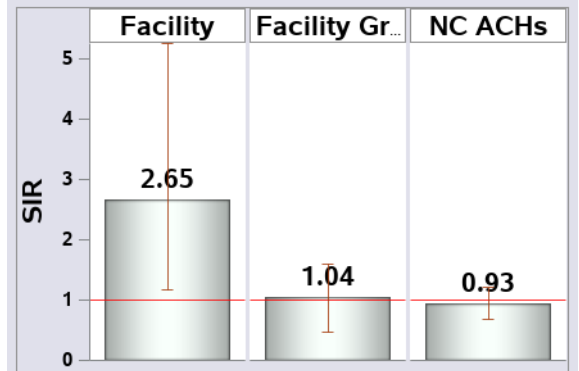


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	7	11	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

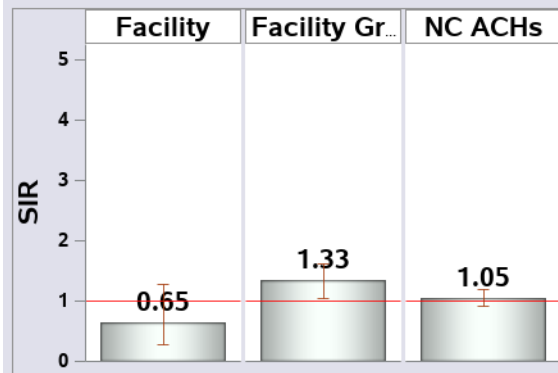


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Carolinas Medical Center-Mercy, Charlotte, Mecklenburg County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Admissions in 2021:	10,868
Patient Days in 2021:	56,350
Total Number of Beds:	207
Number of ICU Beds:	20
FTE* Infection Preventionists:	2.00
Number of FTEs* per 100 beds:	0.97

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

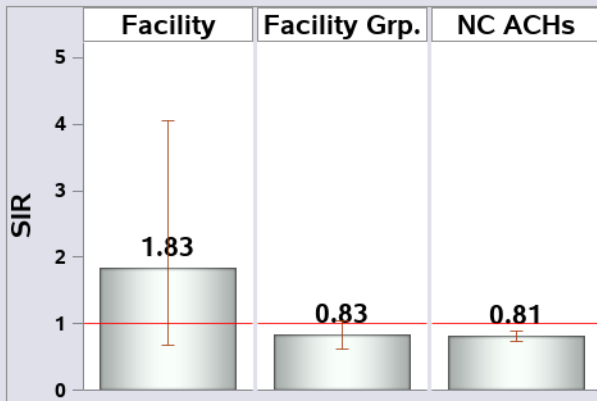


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	3	1.7	Same
Adult/Ped Wards	2	1.0	Same
All reporting units	5	2.7	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.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	3.6	Same

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?

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

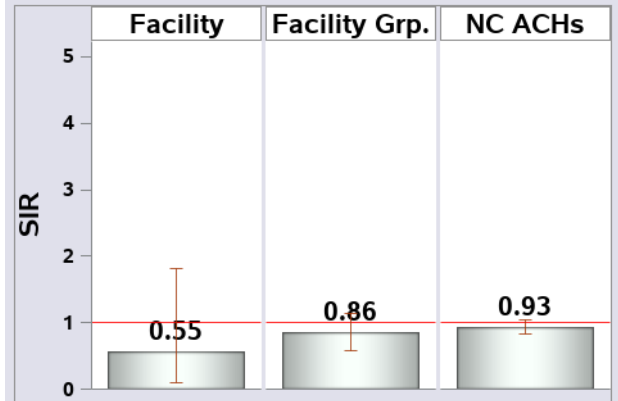


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	11	30	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

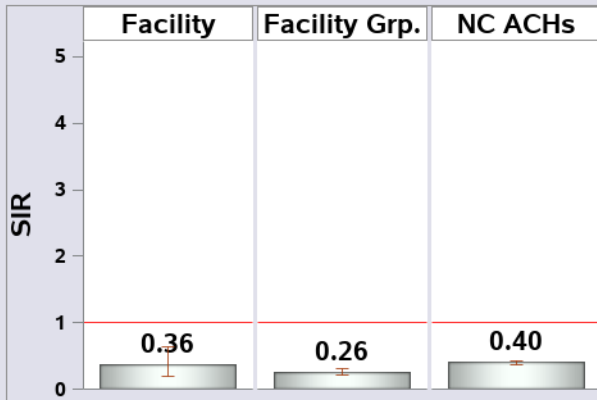


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Carolinas Medical Center-Mercy, Charlotte, Mecklenburg County

Central Line-Associated Bloodstream Infections (CLABSI)

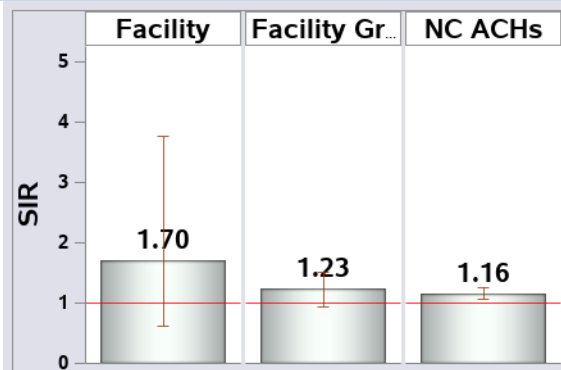


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	1.3	Same
Adult/Ped Wards	4	1.7	Same
All reporting units	5	2.9	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: Data are unavailable for this time period.

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Carolinas Medical Center-Pineville, Charlotte, Mecklenburg County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Admissions in 2021:	18,762
Patient Days in 2021:	82,232
Total Number of Beds:	252
Number of ICU Beds:	40
FTE* Infection Preventionists:	2.00
Number of FTEs* per 100 beds:	0.79

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

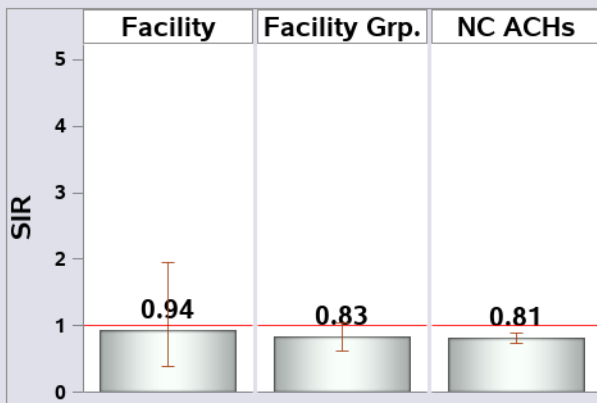


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	3	3.0	Same
Adult/Ped Wards	3	3.4	Same
All reporting units	6	6.4	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.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	5	4.3	Same

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?

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

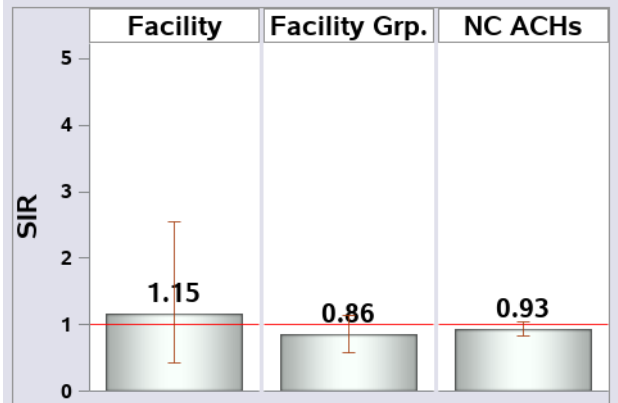


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	14	40	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

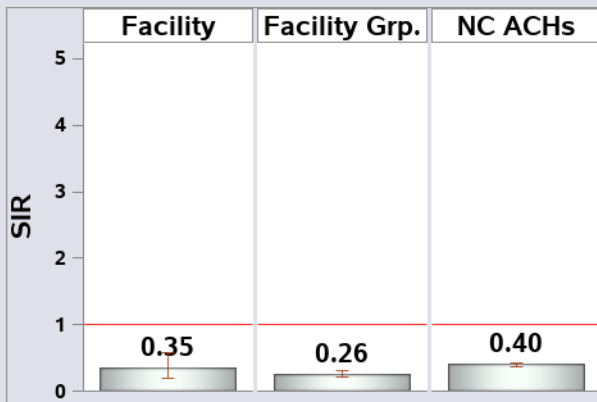


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Carolinas Medical Center-Pineville, Charlotte, Mecklenburg County

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	3	2.2	Same
Adult/Ped Wards	1	2.5	Same
Neonatal Units	0	Less than 1.0	No Conclusion
All reporting units	4	4.8	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

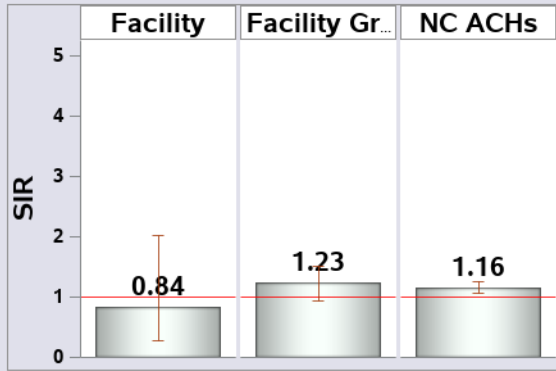


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sep 2022.

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

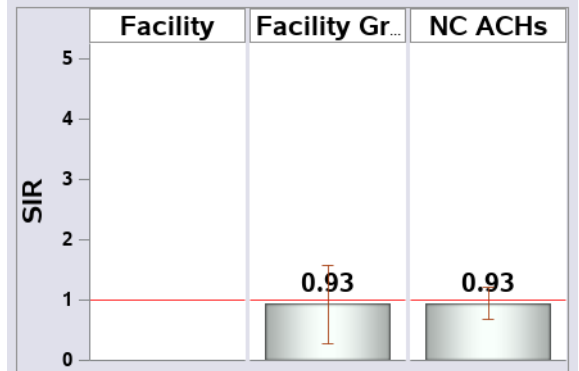


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	5.4	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

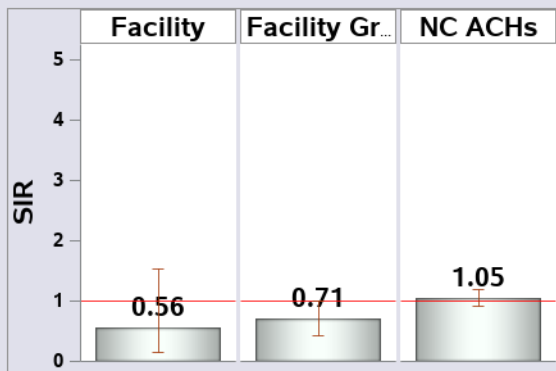


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Carolinas Medical Center-Union, Monroe, Union County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2021:	8,503
Patient Days in 2021:	45,906
Total Number of Beds:	182
Number of ICU Beds:	14
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.55

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

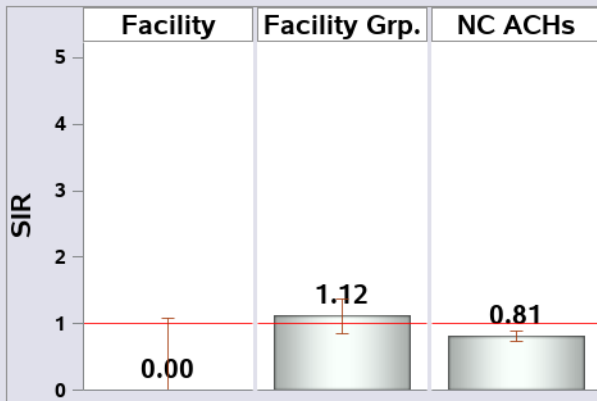


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	1.7	Same
Adult/Ped Wards	0	1.1	Same
All reporting units	0	2.8	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.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	2.3	Same

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?

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

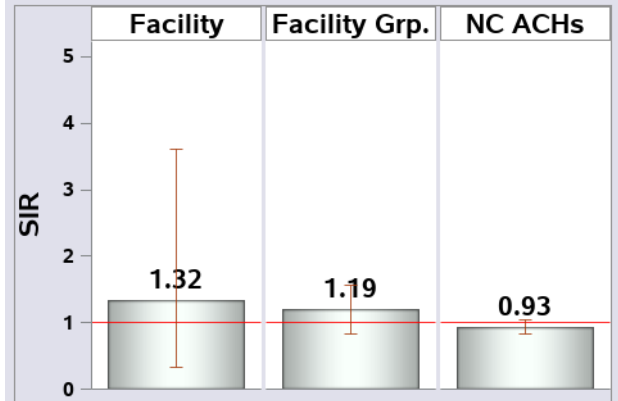


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	9	20	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

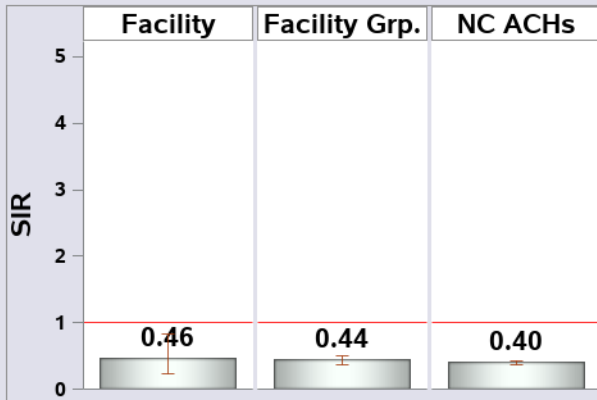


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Carolinas Medical Center-Union, Monroe, Union County

Central Line-Associated Bloodstream Infections (CLABSI)

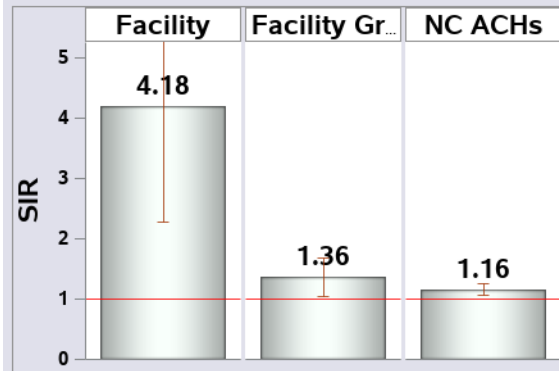


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	8	1.5	Worse
Adult/Ped Wards	4	1.3	Same
All reporting units	12	2.9	Worse

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?

✗ **Worse:** More infections than 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-Sep 2022.

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

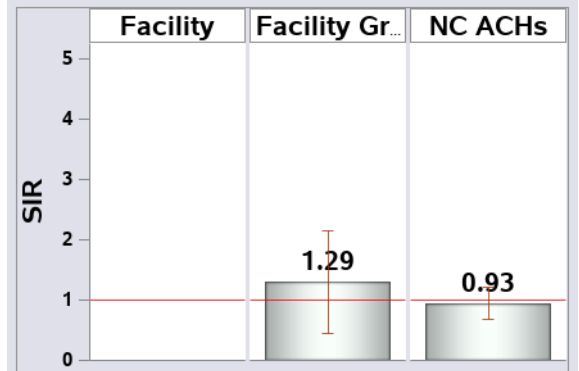


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	1.5	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

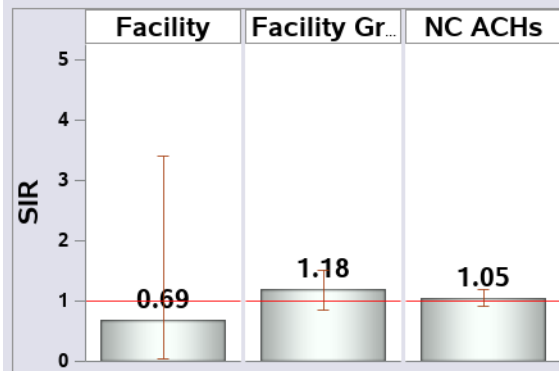


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Carolinas Rehabilitation, Charlotte, Mecklenburg County

2021 Hospital Survey Information

Hospital Type:	Inpatient Rehabilitation Facility
Admissions in 2021:	1,260
Patient Days in 2021:	19,117
Total Number of Beds:	70
FTE* Infection Preventionists:	0.08
Number of FTEs* per 100 beds:	0.11

*FTE = Full-time equivalent



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

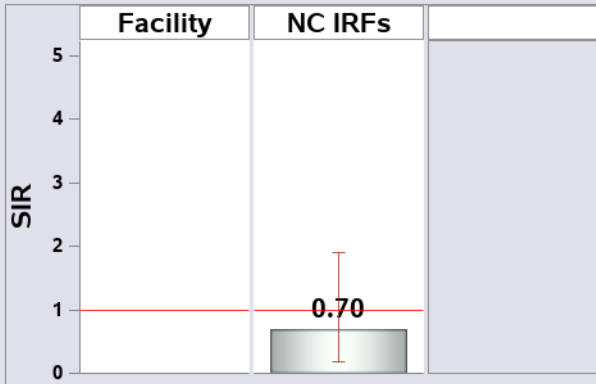


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
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.

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.

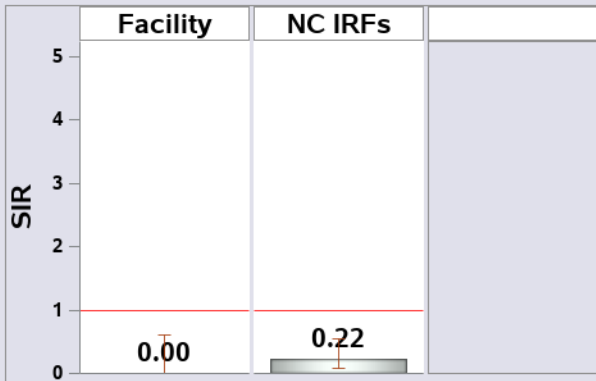


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Table 3. Number of Observed and Predicted CDIs, Jan-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	4.9	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Carolinas Rehabilitation, Charlotte, Mecklenburg County

Central Line-Associated Bloodstream Infections (CLABSI)

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

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Carolinas Rehabilitation Mount Holly, Belmont, Gaston County

2021 Hospital Survey Information

Hospital Type: Inpatient Rehabilitation Facility
 Admissions in 2021: 779
 Patient Days in 2021: 10,747
 Total Number of Beds: 40
 FTE* Infection Preventionists: 0.10
 Number of FTEs* per 100 beds: 0.25

*FTE = Full-time equivalent



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

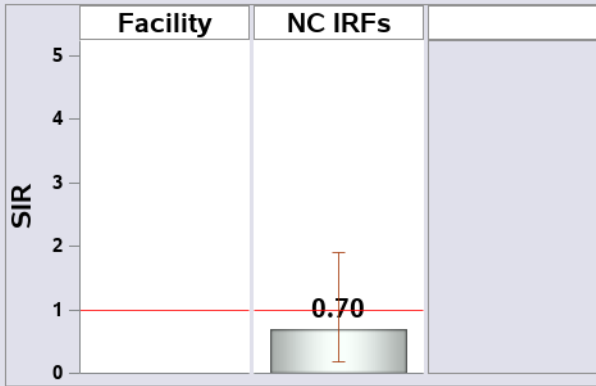


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
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 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.

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.

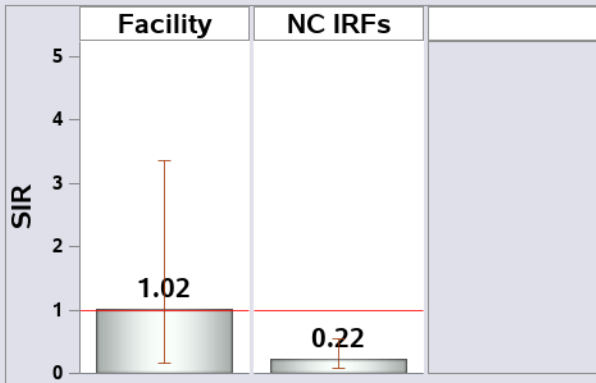


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Table 3. Number of Observed and Predicted CDIs, Jan-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	2.0	Same

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Carolinas Rehabilitation Mount Holly, Belmont, Gaston County

Central Line-Associated Bloodstream Infections (CLABSI)

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

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Carolinas Rehabilitation North East, Concord, Cabarrus County

2021 Hospital Survey Information

Hospital Type: Inpatient Rehabilitation Facility
 Admissions in 2021: 733
 Patient Days in 2021: 10,457
 Total Number of Beds: 40
 FTE* Infection Preventionists: 0.08
 Number of FTEs* per 100 beds: 0.19

*FTE = Full-time equivalent



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

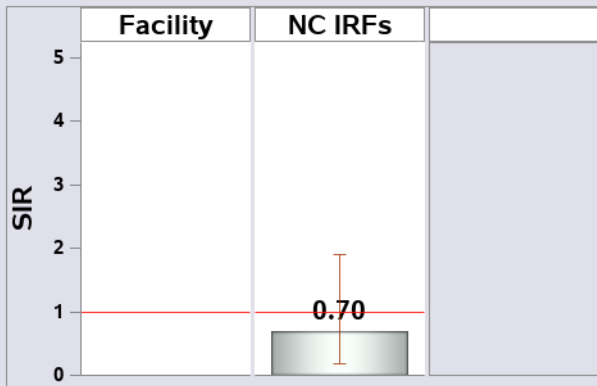


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
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.

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.

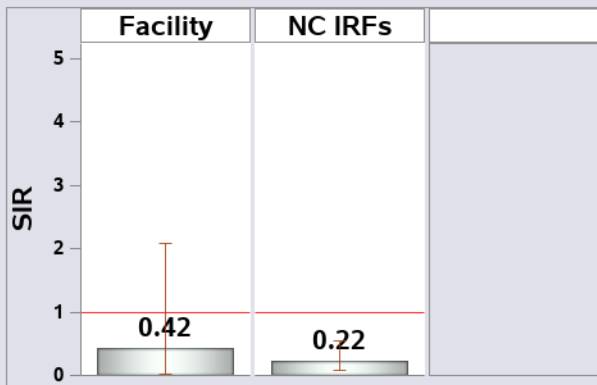


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Table 3. Number of Observed and Predicted CDIs, Jan-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	2.4	Same

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Carolinas Rehabilitation North East, Concord, Cabarrus County

Central Line-Associated Bloodstream Infections (CLABSI)

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

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Carolinas Specialty Hospital, Charlotte, Mecklenburg County

2021 Hospital Survey Information

Hospital Type: Long-term Acute Care Hospital
 Admissions in 2021: 357
 Patient Days in 2021: 10,280
 Total Number of Beds: 40
 FTE* Infection Preventionists: 0.75
 Number of FTEs* per 100 beds: 1.88

*FTE = Full-time equivalent



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

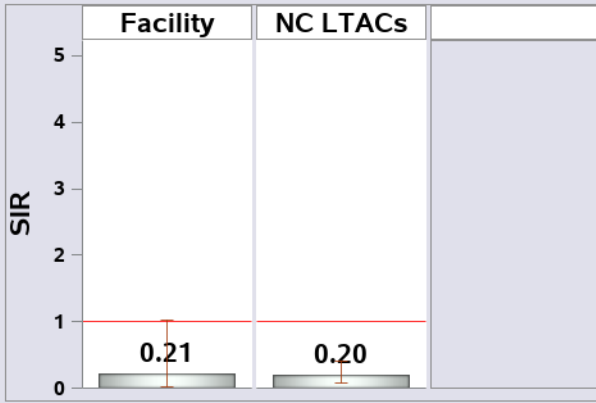


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Reporting Wards	1	4.8	Same
All reporting units	1	4.8	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.

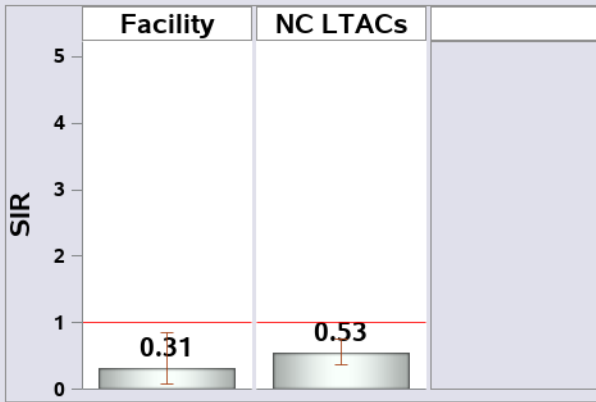


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Table 3. Number of Observed and Predicted CDIs, Jan-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	9.6	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

**North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Carolinas Specialty Hospital, Charlotte, Mecklenburg County**

Central Line-Associated Bloodstream Infections (CLABSI)

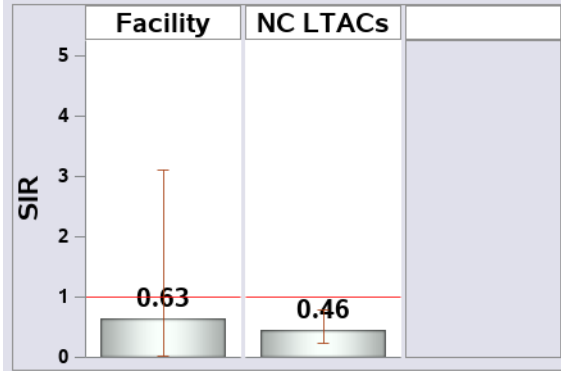


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Reporting Wards	1	1.6	Same
All reporting units	1	1.6	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Carteret General Hospital, Morehead City, Carteret County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2021:	6,652
Patient Days in 2021:	26,068
Total Number of Beds:	76
Number of ICU Beds:	0
FTE* Infection Preventionists:	1.50
Number of FTEs* per 100 beds:	1.97

*FTE = Full-time equivalent



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

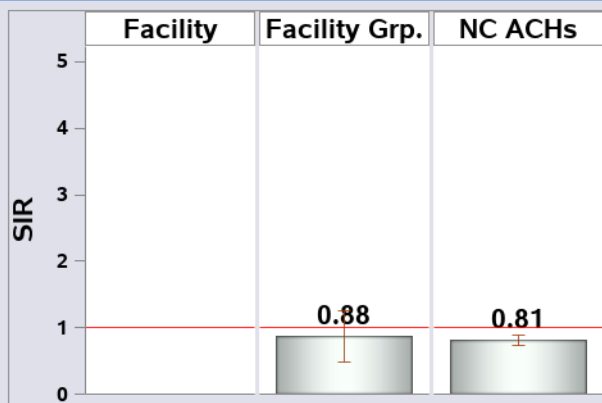


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	1	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-Sep 2022

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

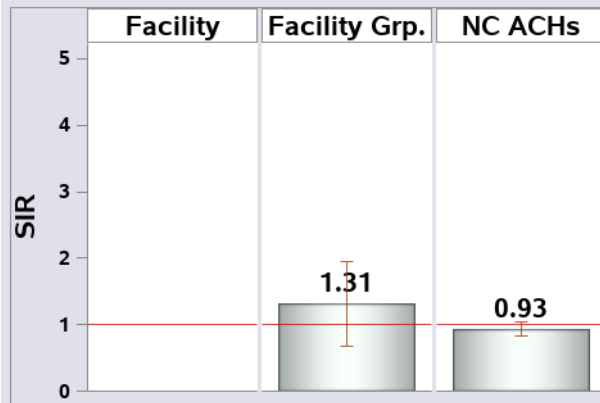


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	6.4	Same

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

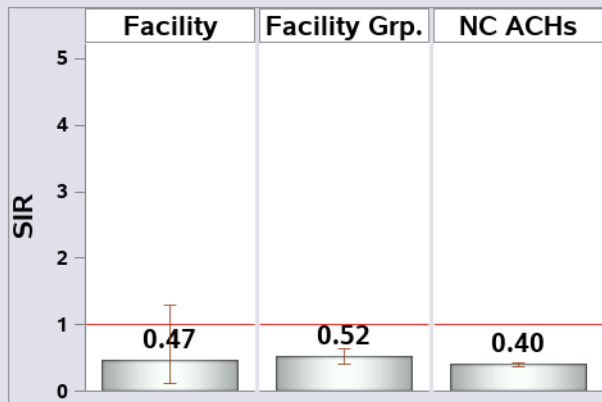


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Carteret General Hospital, Morehead City, Carteret County

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	1	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 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

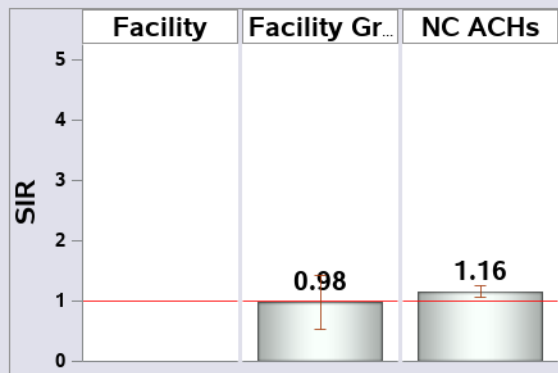


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sep 2022.

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

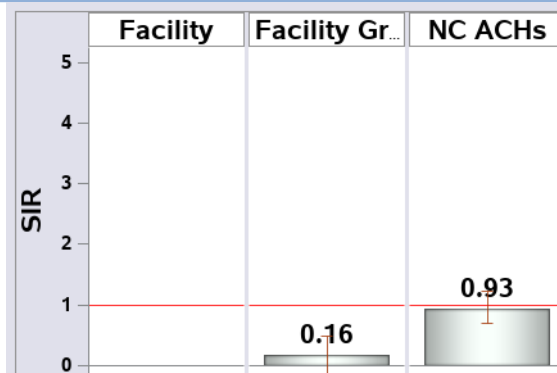


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	1.3	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

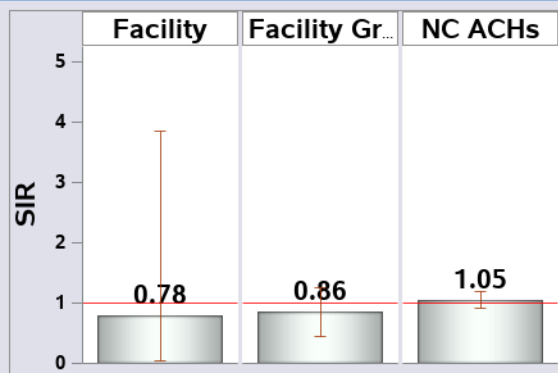


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Catawba Valley Medical Center, Hickory, Catawba County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2021:	13,207
Patient Days in 2021:	58,632
Total Number of Beds:	253
Number of ICU Beds:	36
FTE* Infection Preventionists:	2.00
Number of FTEs* per 100 beds:	0.79

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

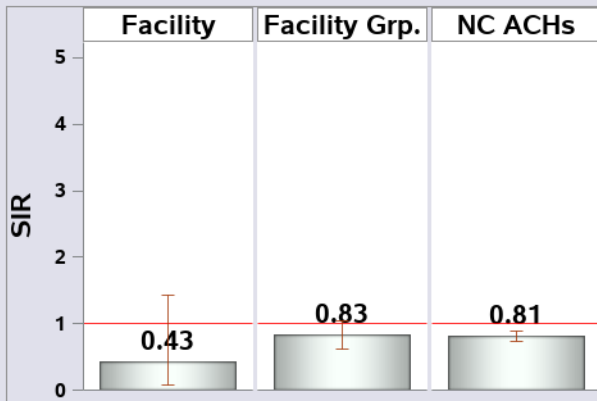


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	2.1	Same
Adult/Ped Wards	1	2.5	Same
All reporting units	2	4.6	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.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	1.9	Same

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?

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

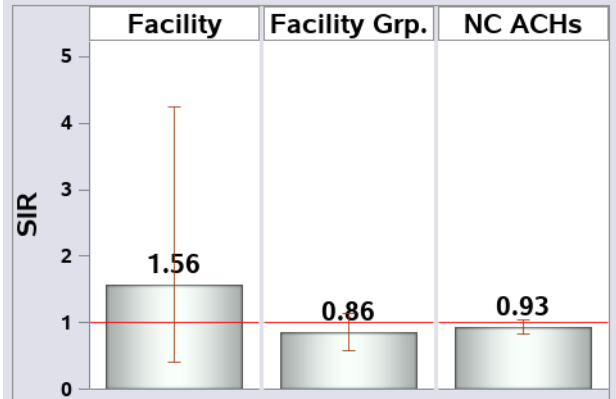


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	20	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

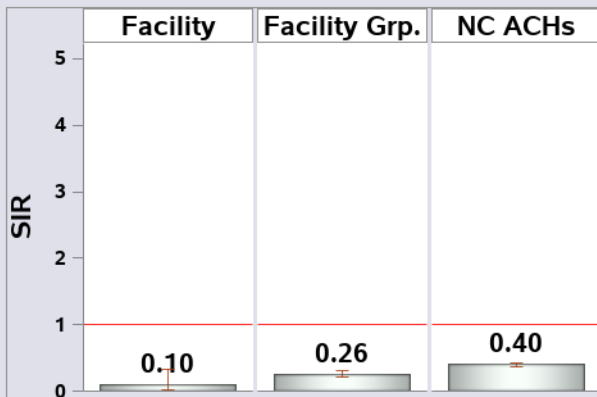


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Catawba Valley Medical Center, Hickory, Catawba County

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	5	1.9	Same
Adult/Ped Wards	0	2.2	Same
Neonatal Units	0	Less than 1.0	No Conclusion
All reporting units	5	4.6	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

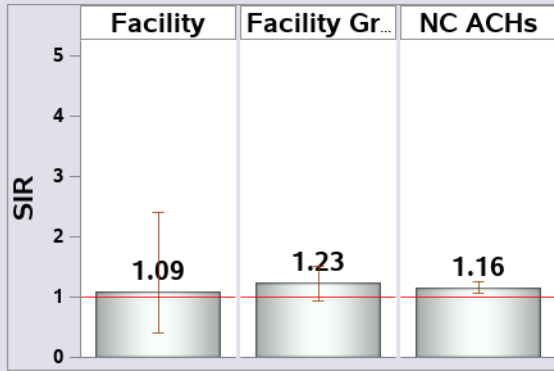


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sep 2022.

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

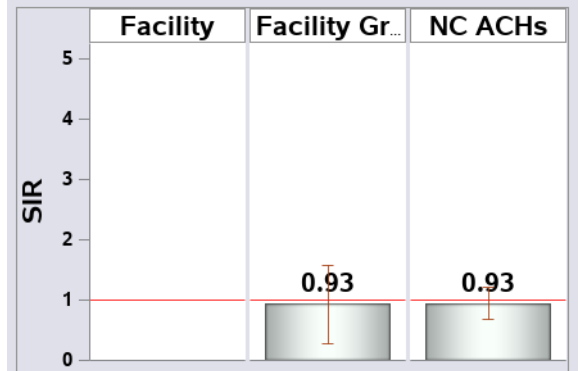


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

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

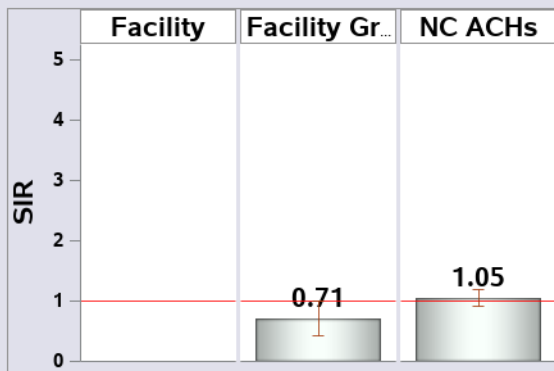


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

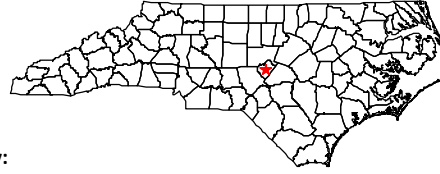
Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Central Carolina Hospital, Sanford, Lee County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2021:	3,260
Patient Days in 2021:	13,933
Total Number of Beds:	89
Number of ICU Beds:	9
FTE* Infection Preventionists:	0.25
Number of FTEs* per 100 beds:	0.28

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

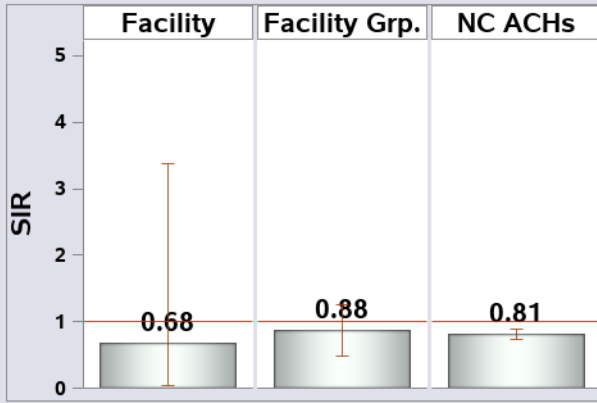


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

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	1.5	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.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sep 2022

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

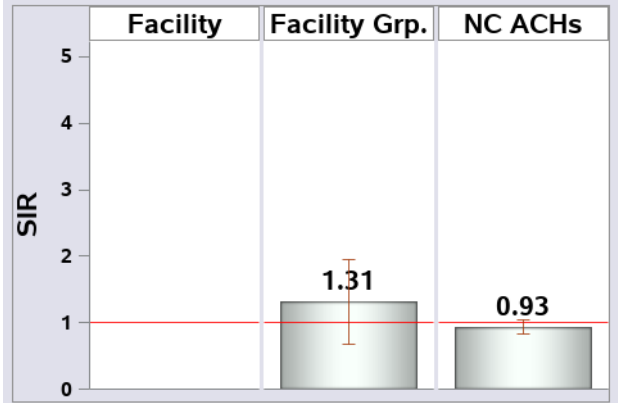


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	4.0	Same

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?

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

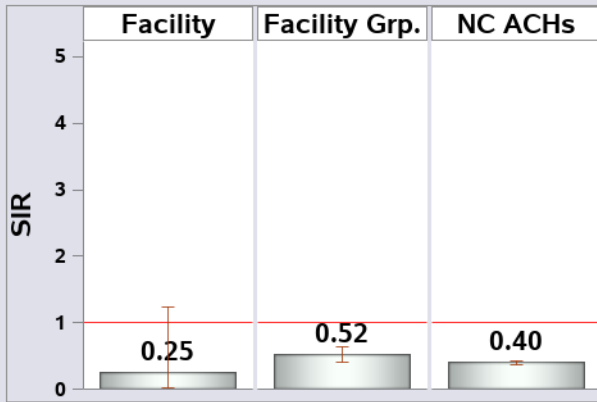


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Central Carolina Hospital, Sanford, Lee County

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

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	1	Less than 1.0	No Conclusion
All reporting units	1	1.0	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

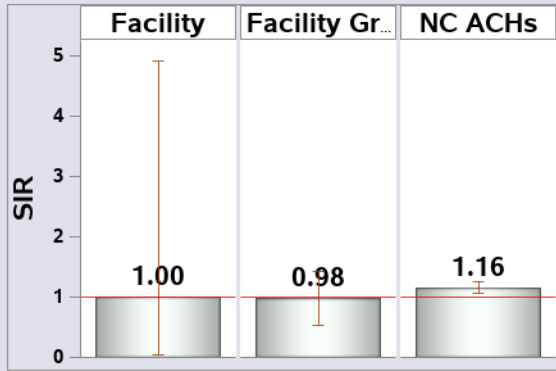


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sep 2022.

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

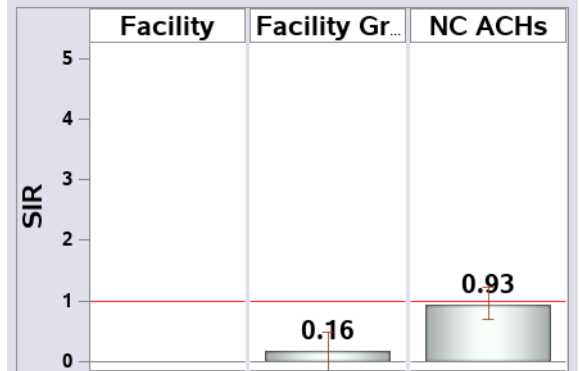


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

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

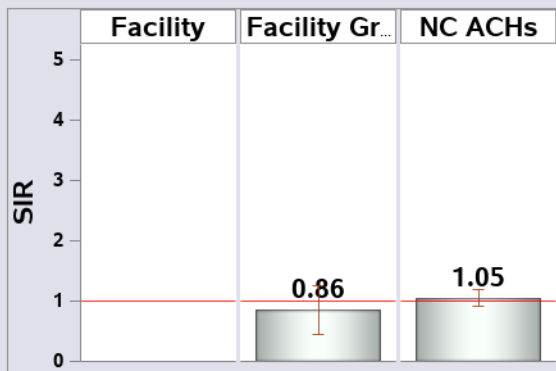


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Central Harnett Hospital, Lillington, Harnett County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Admissions in 2021:	2,070
Patient Days in 2021:	9,269
Total Number of Beds:	44
Number of ICU Beds:	8
FTE* Infection Preventionists:	0.70
Number of FTEs* per 100 beds:	1.59

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

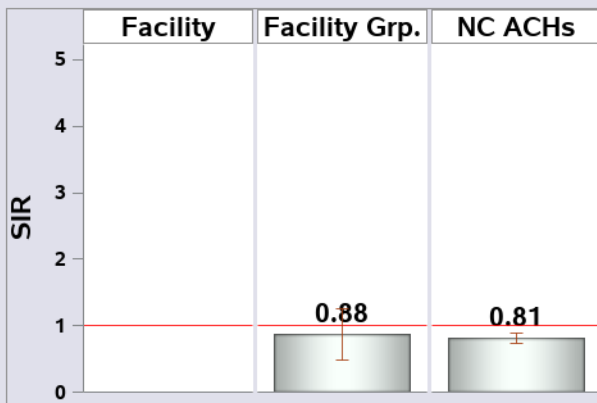


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

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	1	Less than 1.0	No Conclusion
All reporting units	2	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-Sep 2022

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

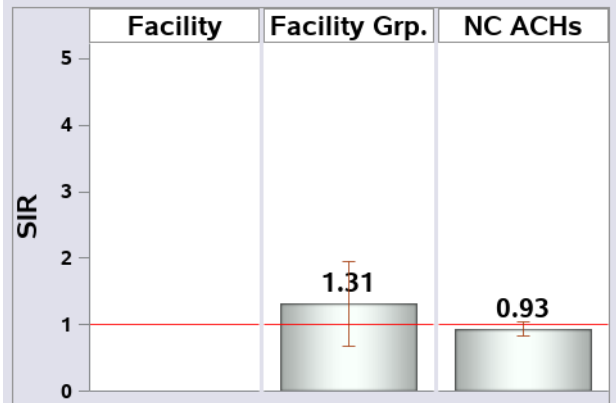


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	5	2.8	Same

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?

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

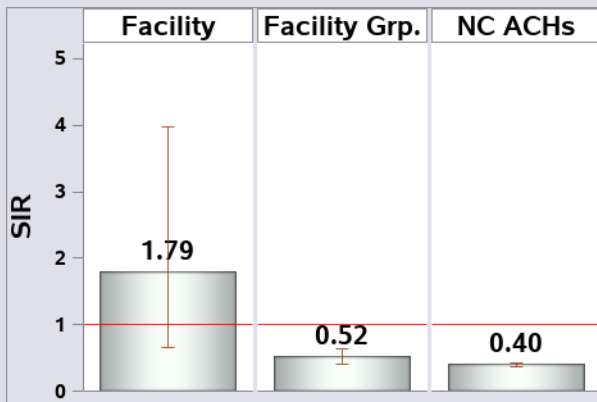


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

**North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Central Harnett Hospital, Lillington, Harnett County**

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

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 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

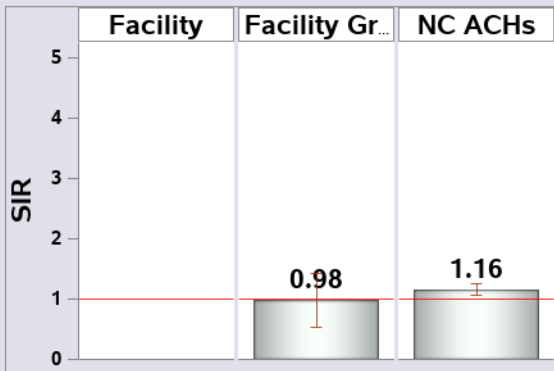


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Central Regional Hospital, Butner, Granville County

2021 Hospital Survey Information

Hospital Type:	Specialty Acute Care Hospital
Medical Affiliation:	Graduate
Admissions in 2021:	583
Patient Days in 2021:	113,739
Total Number of Beds:	405
Number of ICU Beds:	0
FTE* Infection Preventionists:	2.00
Number of FTEs* per 100 beds:	0.49

*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

Note from N.C. Division of Public Health: This facility did not have locations required to report CAUTI during this time period

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.3	Same

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?

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

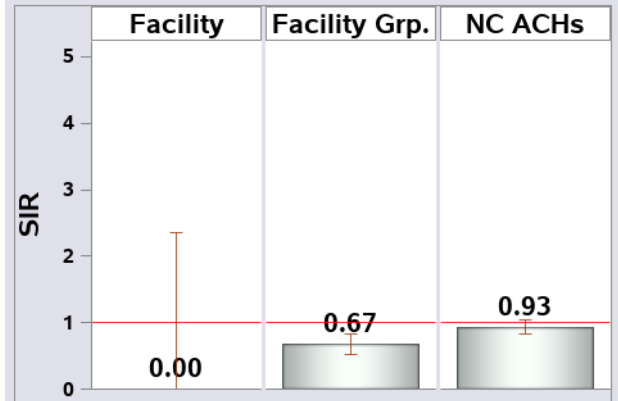


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	12	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

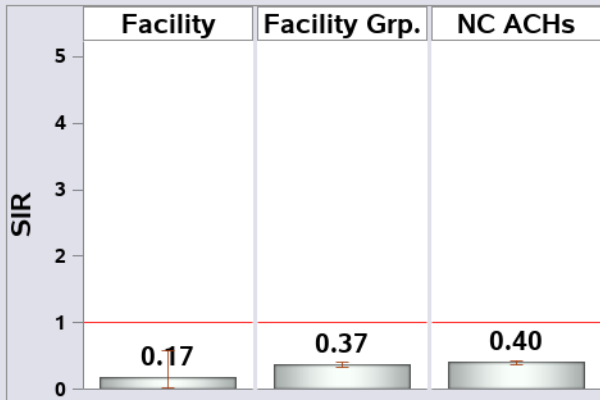


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Central Regional Hospital, Butner, Granville County

Central Line-Associated Bloodstream Infections (CLABSI)

Note from N.C. Division of Public Health: This facility did not have locations required to report CLABSI during this time period

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: This facility did not have locations required to report SSI during this time period

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: This facility did not have locations required to report SSI during this time period

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Cherokee Indian Hospital, Cherokee, Swain County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2021:	469
Patient Days in 2021:	4,141
Total Number of Beds:	18
Number of ICU Beds:	0
FTE* Infection Preventionists:	2.00
Number of FTEs* per 100 beds:	11.1

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

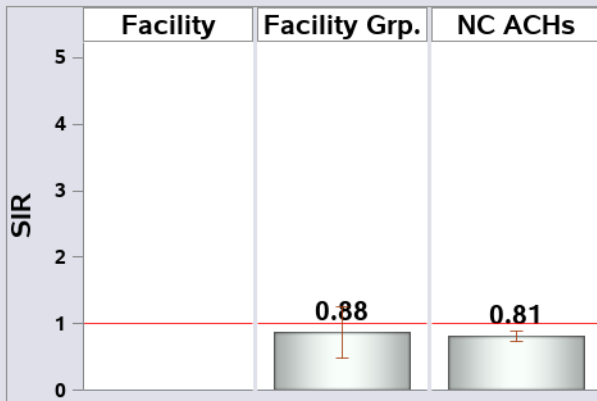


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
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 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-Sep 2022

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

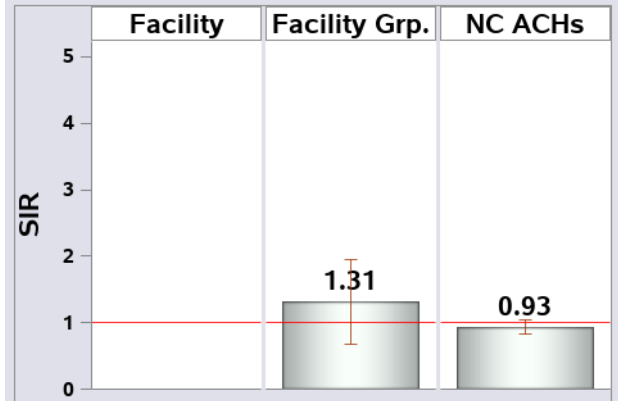


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.0	Same

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

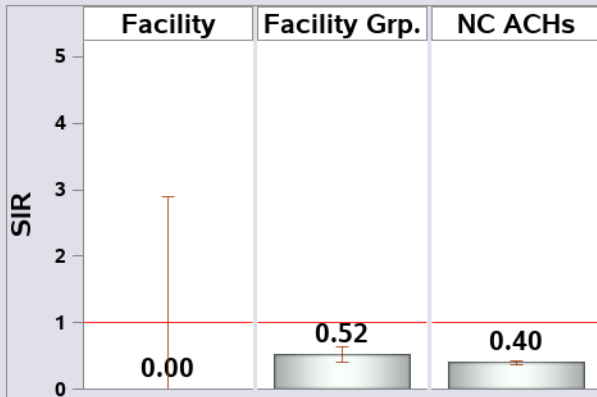


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

**North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Cherokee Indian Hospital, Cherokee, Swain County**

Central Line-Associated Bloodstream Infections (CLABSI)

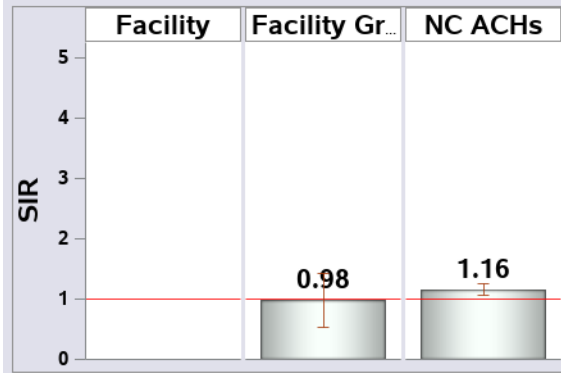


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
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

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Cherry Hospital, Goldsboro, Wayne County

2021 Hospital Survey Information

Hospital Type:	Specialty Acute Care Hospital
Medical Affiliation:	No
Admissions in 2021:	414
Patient Days in 2021:	70,294
Total Number of Beds:	259
Number of ICU Beds:	0
FTE* Infection Preventionists:	2.00
Number of FTEs* per 100 beds:	0.77

*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

Note from N.C. Division of Public Health: This facility did not have locations required to report CAUTI during this time period

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-Sep 2022

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

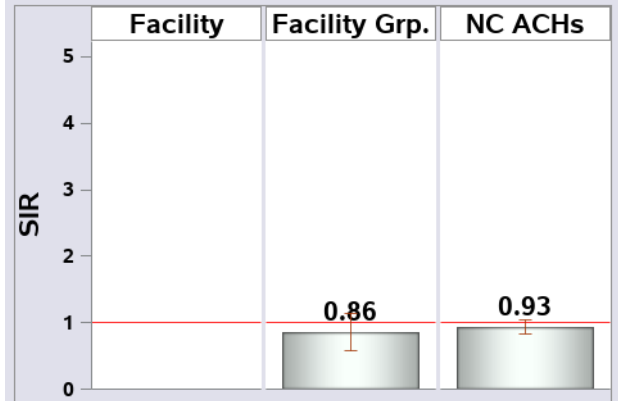


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	6.8	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

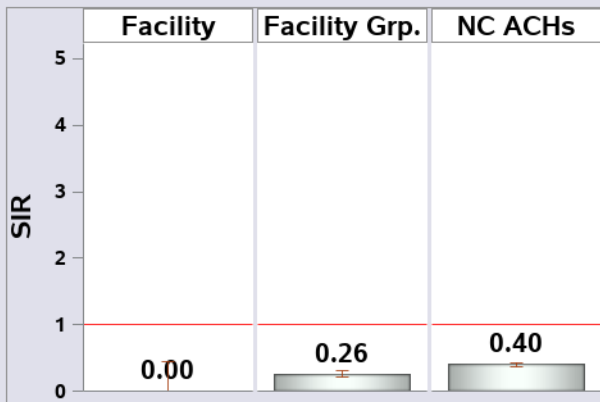


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Cherry Hospital, Goldsboro, Wayne County

Central Line-Associated Bloodstream Infections (CLABSI)

Note from N.C. Division of Public Health: This facility did not have locations required to report CLABSI during this time period

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: This facility did not have locations required to report SSI during this time period

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: This facility did not have locations required to report SSI during this time period

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
CHS Pineville Rehabilitation, Charlotte, Mecklenburg County

2021 Hospital Survey Information

Hospital Type: Inpatient Rehabilitation Facility
 Admissions in 2021: 668
 Patient Days in 2021: 9,318
 Total Number of Beds: 29
 FTE* Infection Preventionists: 0.08
 Number of FTEs* per 100 beds: 0.26

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

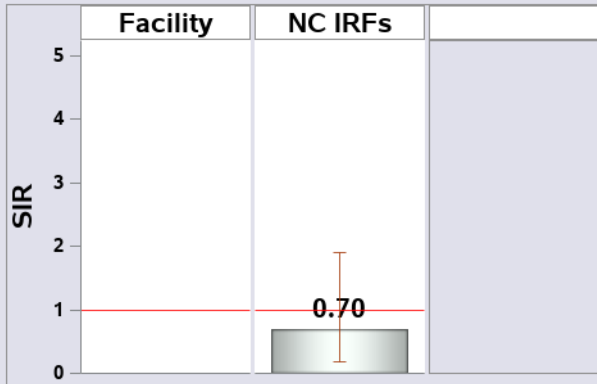


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
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 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.

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.

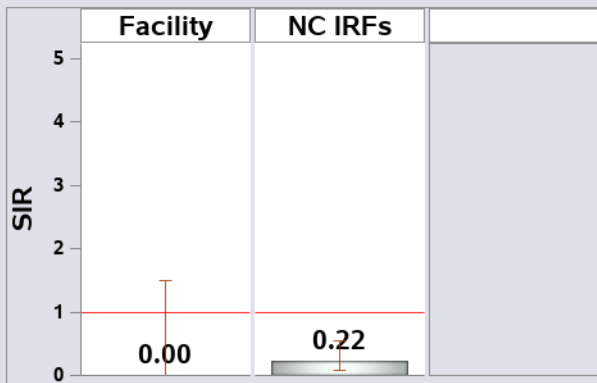


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Table 3. Number of Observed and Predicted CDIs, Jan-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	2.0	Same

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
CHS Pineville Rehabilitation, Charlotte, Mecklenburg County

Central Line-Associated Bloodstream Infections (CLABSI)

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

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Columbus Regional Healthcare System, Whiteville, Columbus County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2021:	3,989
Patient Days in 2021:	22,733
Total Number of Beds:	70
Number of ICU Beds:	9
FTE* Infection Preventionists:	0.90
Number of FTEs* per 100 beds:	1.29

*FTE = Full-time equivalent



Commentary From Facility:

The prevention and reduction of healthcare associated infections is a top priority at Columbus Regional Healthcare System. To accomplish this, infection prevention strategies are continually assessed and measures implemented to decrease the risk for infection. These measures are based on evidence based practices and clinical guidelines. A comprehensive program is provided that encompasses patient care and patient safety.

Catheter-Associated Urinary Tract Infections (CAUTI)

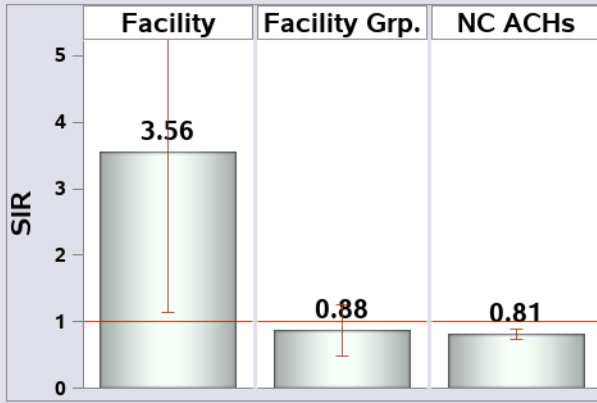


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

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	3	Less than 1.0	No Conclusion
All reporting units	4	1.1	Worse

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?

× **Worse:** More 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.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	1.1	Same

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?

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

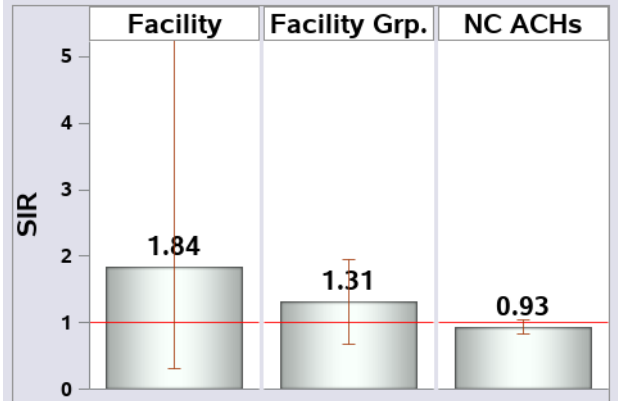


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	7	8.5	Same

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?

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

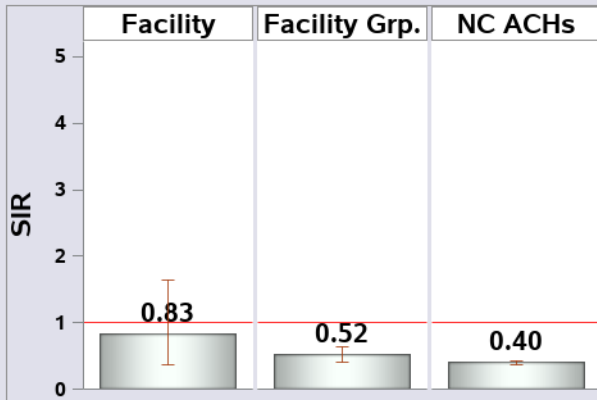


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Columbus Regional Healthcare System, Whiteville, Columbus County

Central Line-Associated Bloodstream Infections (CLABSI)

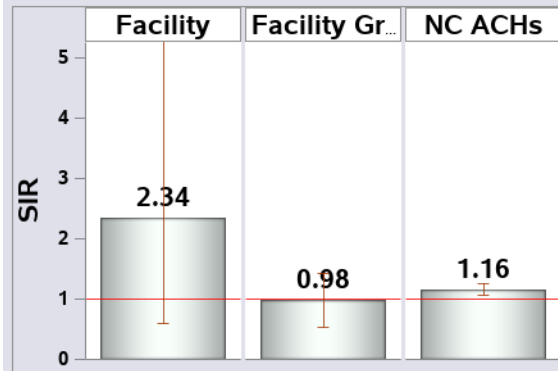


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

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	2	Less than 1.0	No Conclusion
All reporting units	3	1.3	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-Sep 2022.

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

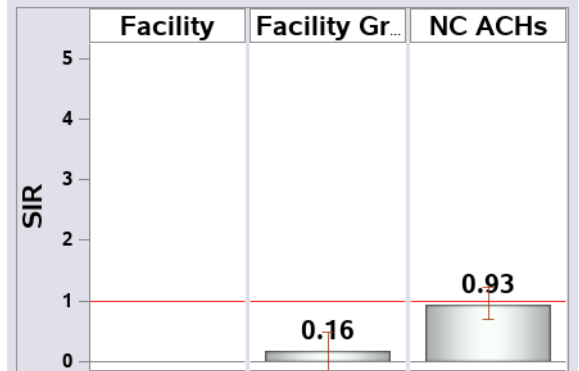


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

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

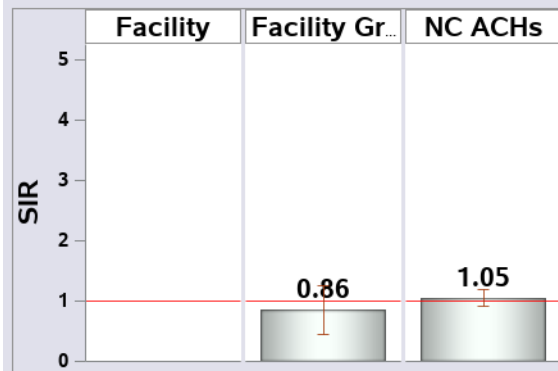


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Davis Regional Medical Center, Statesville, Iredell County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2021:	3,306
Patient Days in 2021:	17,902
Total Number of Beds:	93
Number of ICU Beds:	8
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	1.08

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

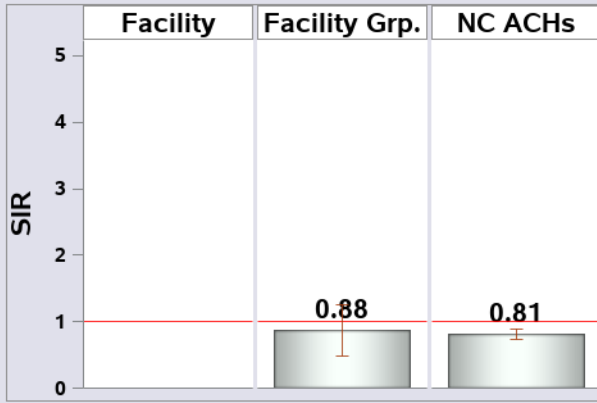


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

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 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-Sep 2022

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

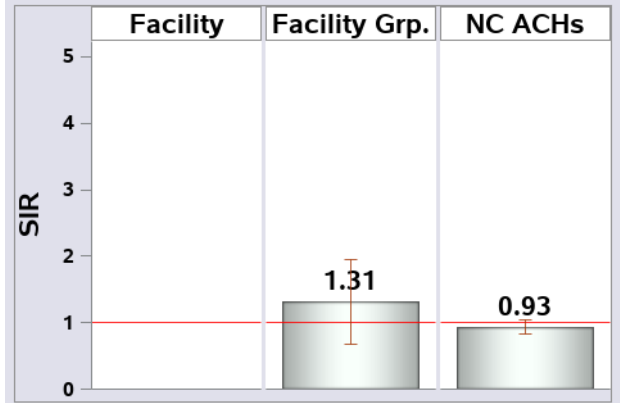


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	2.0	Same

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

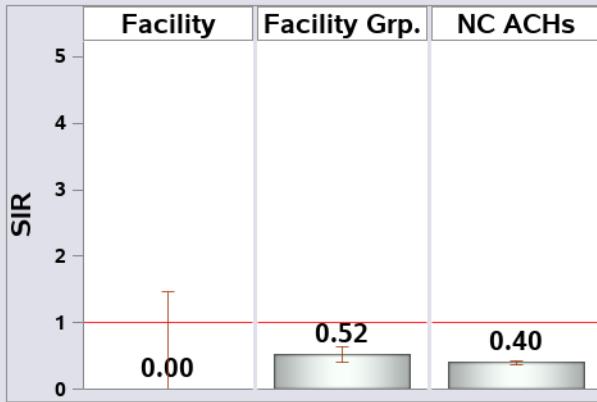


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Davis Regional Medical Center, Statesville, Iredell County

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	2	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	2	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

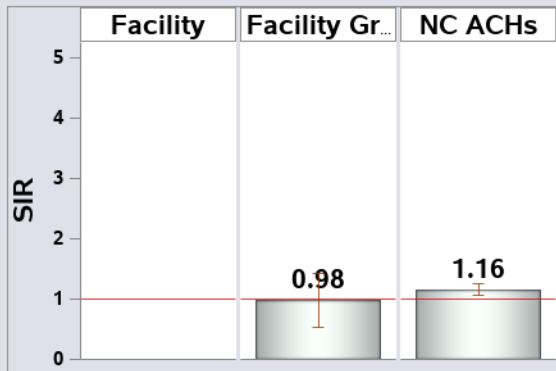


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sep 2022.

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

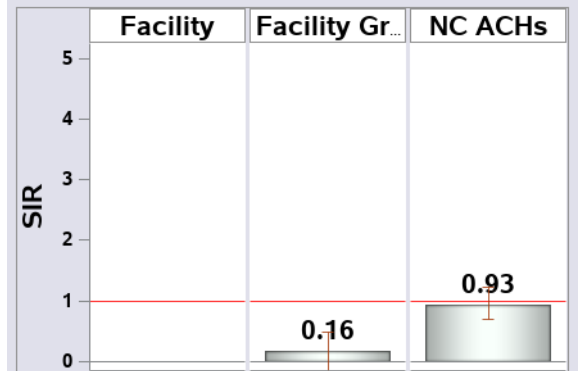


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

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

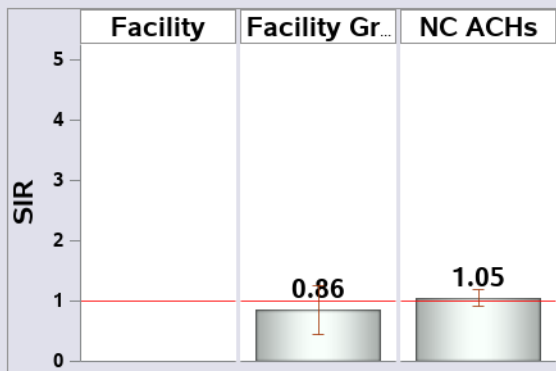


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Dlp - Harris Regional Hospital, Sylva, Jackson County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2021:	3,669
Patient Days in 2021:	14,237
Total Number of Beds:	78
Number of ICU Beds:	13
FTE* Infection Preventionists:	0.80
Number of FTEs* per 100 beds:	1.03

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

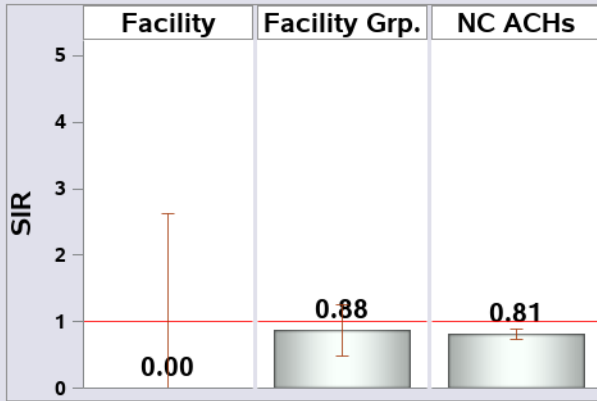


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

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	1.1	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.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sep 2022

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

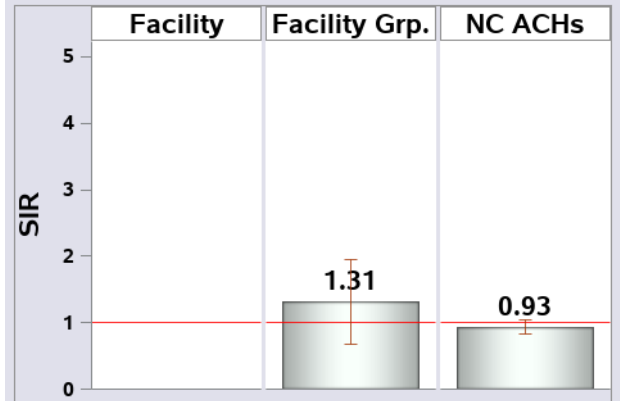


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	4.4	Same

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

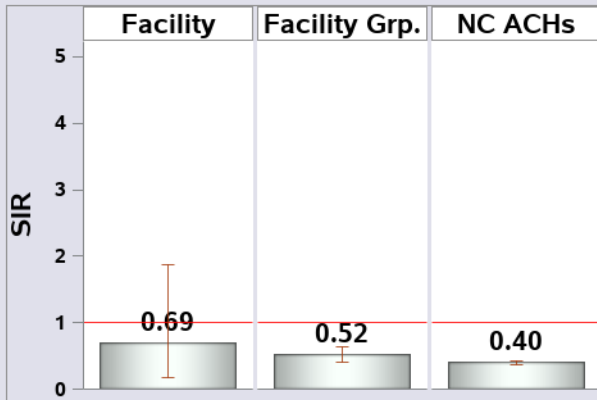


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Dlp - Harris Regional Hospital, Sylva, Jackson County

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

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	1.3	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

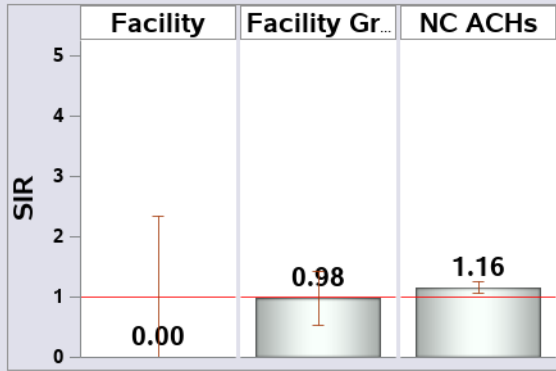


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

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

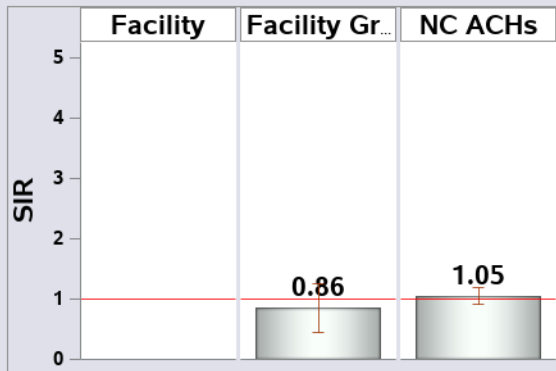


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Duke Raleigh Hospital, Raleigh, Wake County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2021:	13,896
Patient Days in 2021:	56,944
Total Number of Beds:	186
Number of ICU Beds:	28
FTE* Infection Preventionists:	2.50
Number of FTEs* per 100 beds:	1.34

*FTE = Full-time equivalent



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

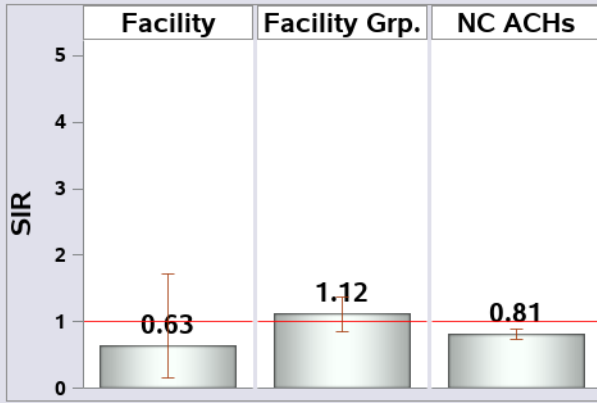


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	2	2.0	Same
Adult/Ped Wards	1	2.7	Same
All reporting units	3	4.8	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.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	2.1	Same

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?

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

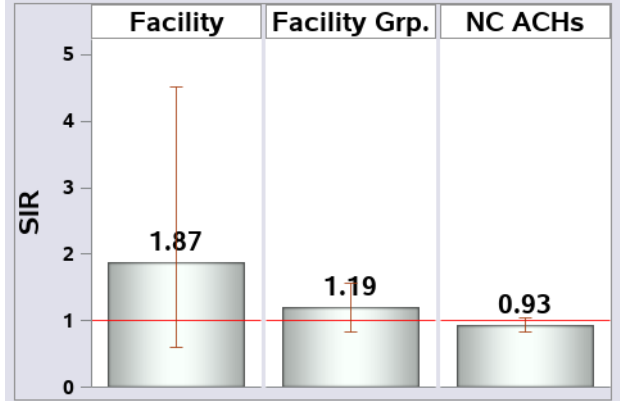


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	20	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

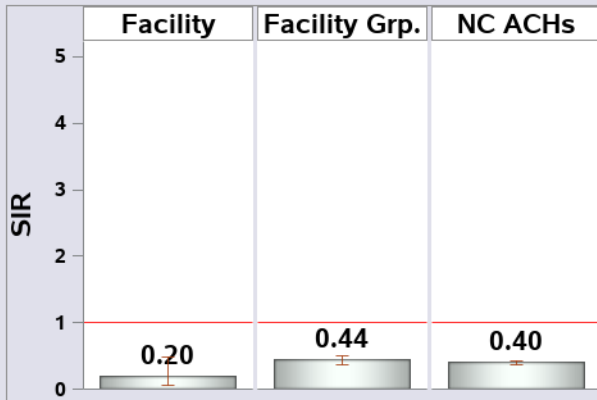


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Duke Raleigh Hospital, Raleigh, Wake County

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	1.4	Same
Adult/Ped Wards	0	4.9	Better
All reporting units	1	6.3	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

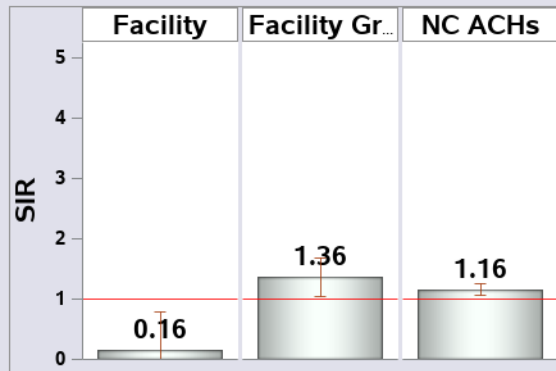


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sep 2022.

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

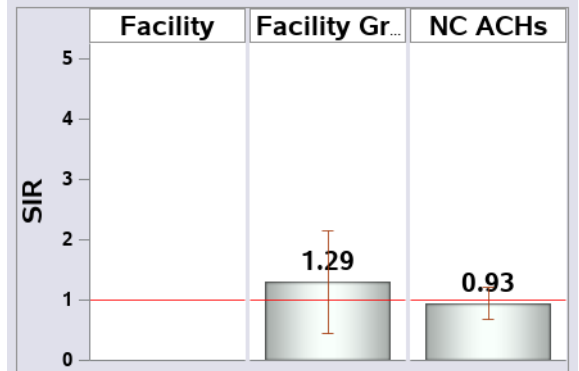


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	3.7	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

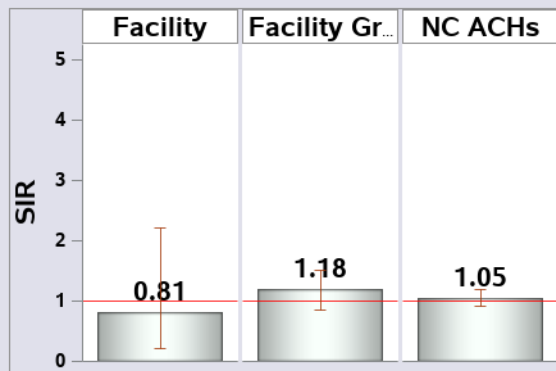


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Duke Regional Hospital, Durham, Durham County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2021:	23,528
Patient Days in 2021:	98,145
Total Number of Beds:	252
Number of ICU Beds:	31
FTE* Infection Preventionists:	4.00
Number of FTEs* per 100 beds:	1.59

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

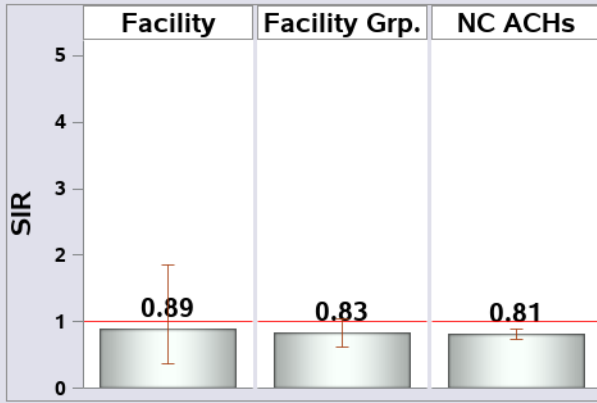


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	2	3.1	Same
Adult/Ped Wards	4	3.6	Same
All reporting units	6	6.8	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.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	4.2	Same

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

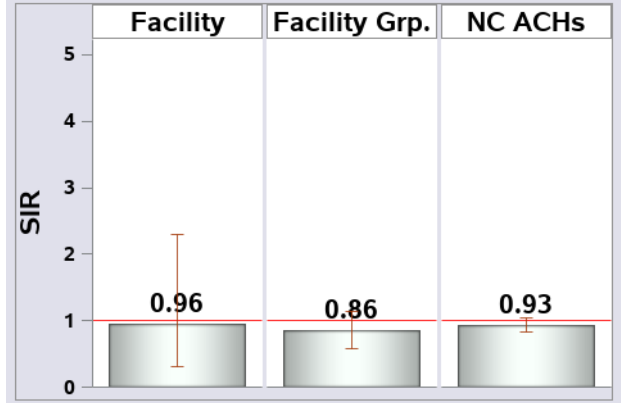


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	27	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

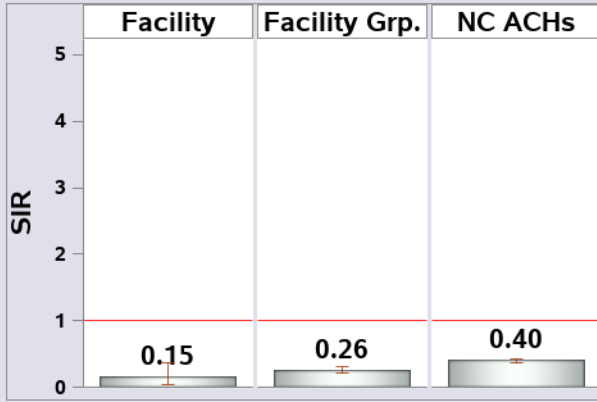


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Duke Regional Hospital, Durham, Durham County

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	2	2.8	Same
Adult/Ped Wards	5	4.7	Same
All reporting units	7	7.5	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

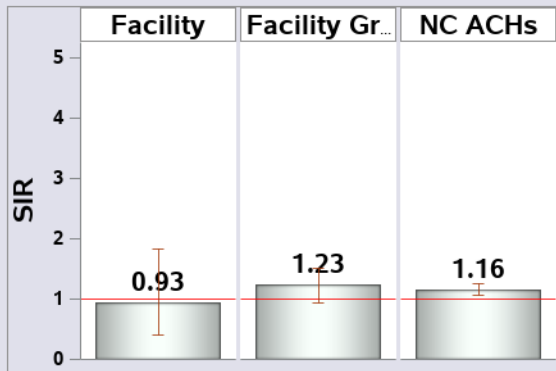


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sep 2022.

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

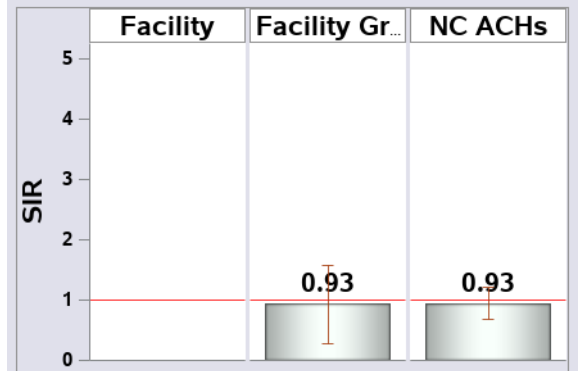


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	2.2	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

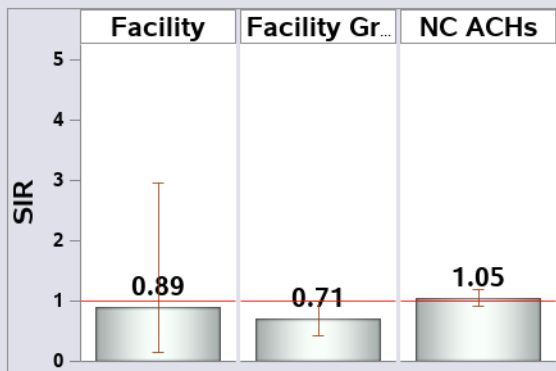


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Duke University Hospital, Durham, Durham County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2021:	48,255
Patient Days in 2021:	330,206
Total Number of Beds:	1,048
Number of ICU Beds:	264
FTE* Infection Preventionists:	13.9
Number of FTEs* per 100 beds:	1.32

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

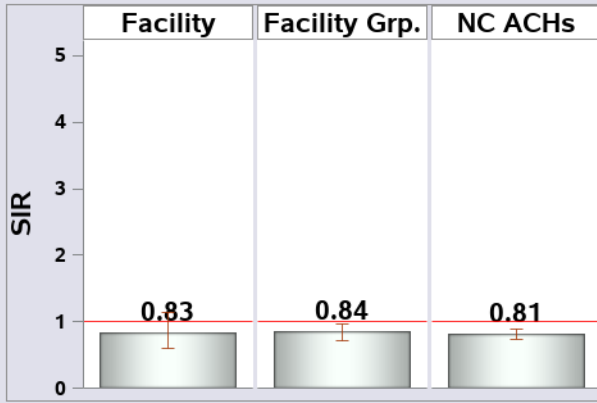


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	23	34	Same
Adult/Ped Wards	15	12	Same
All reporting units	38	46	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.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	27	27	Same

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?

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

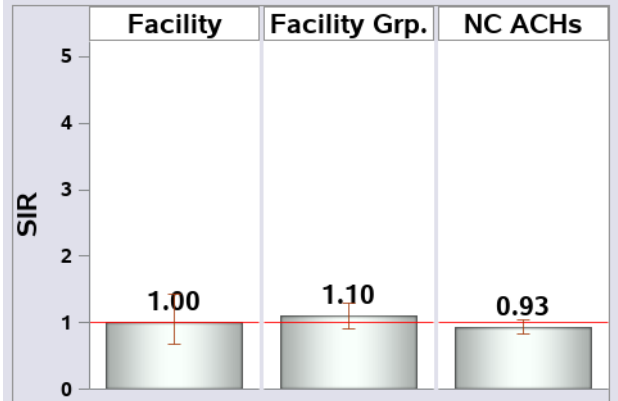


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	55	130	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

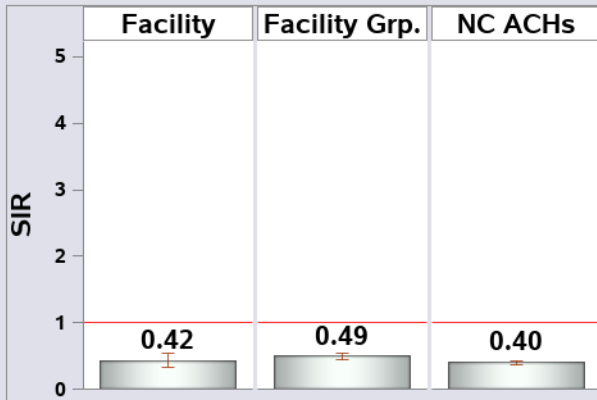


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Duke University Hospital, Durham, Durham County

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	39	33	Same
Adult/Ped Wards	21	26	Same
Neonatal Units	0	7.2	Better
All reporting units	60	66	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

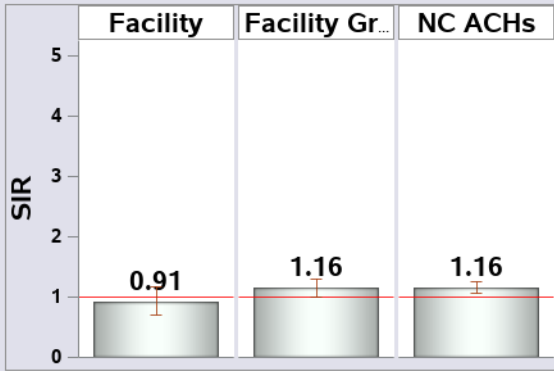


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	2.4	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

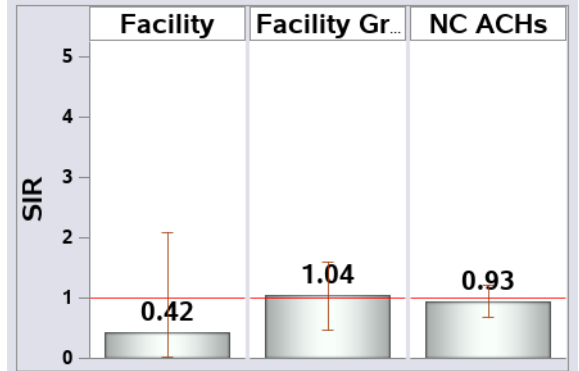


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	24	15	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?
 X Worse: More infections than predicted by the national baseline experience

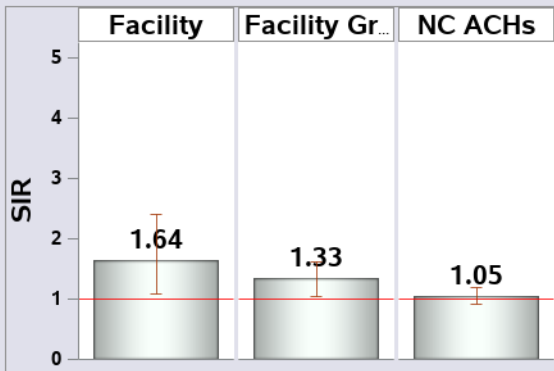


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
ECU Health Beaufort Hospital, Washington, Beaufort County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2021:	3,655
Patient Days in 2021:	15,124
Total Number of Beds:	77
Number of ICU Beds:	11
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	1.30

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

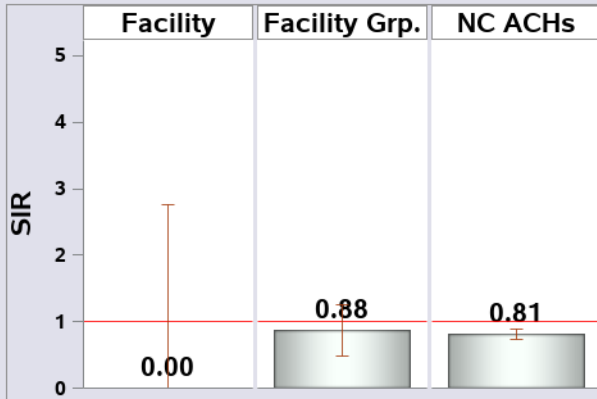


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

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	1.1	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.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sep 2022

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

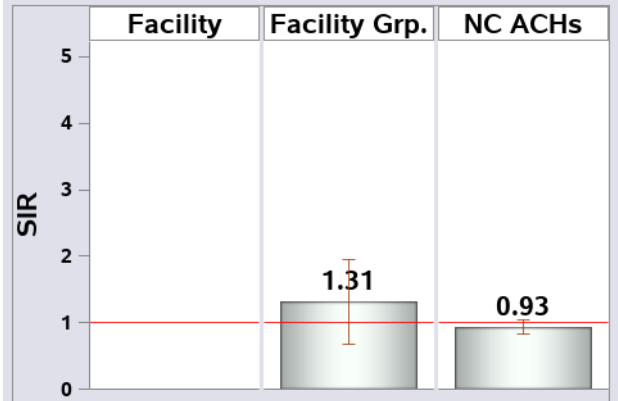


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	5.4	Same

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?

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

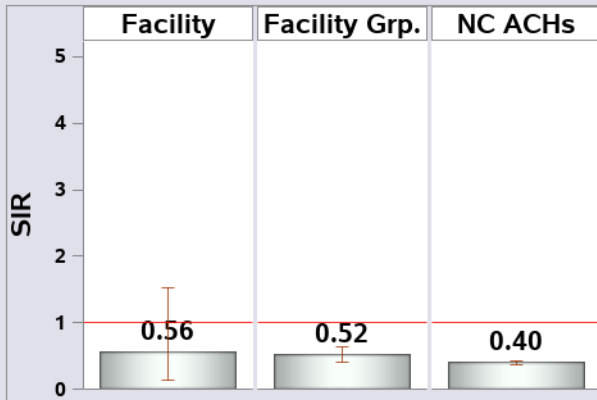


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
ECU Health Beaufort Hospital, Washington, Beaufort County

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

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	1	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 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

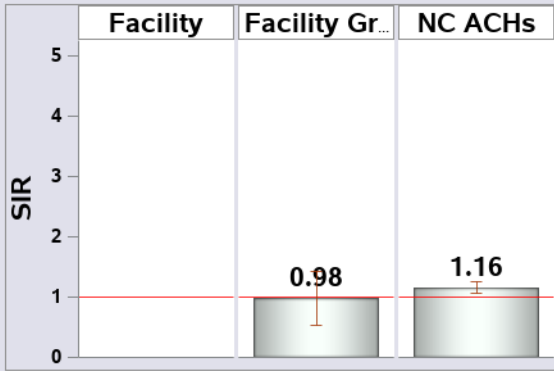


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sep 2022.

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

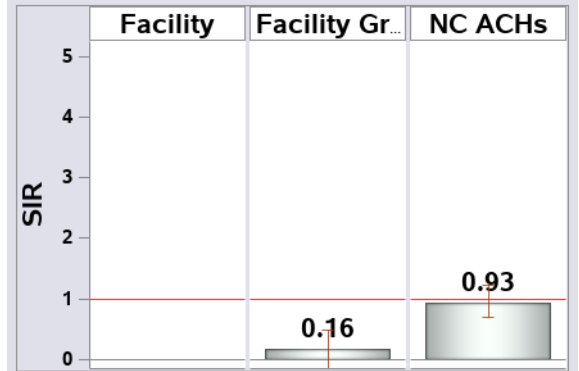


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

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

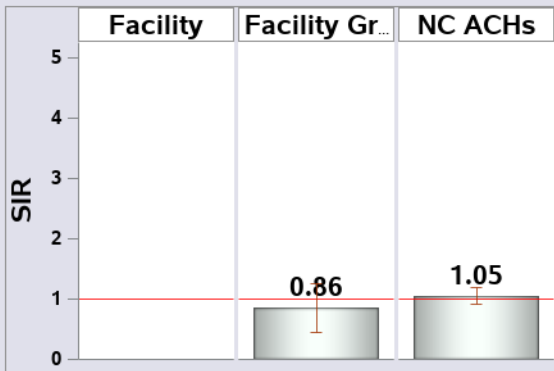


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
ECU Health Duplin Hospital, Kenansville, Duplin County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Admissions in 2021:	295
Patient Days in 2021:	1,334
Total Number of Beds:	89
Number of ICU Beds:	9
FTE* Infection Preventionists:	1.13
Number of FTEs* per 100 beds:	1.26

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

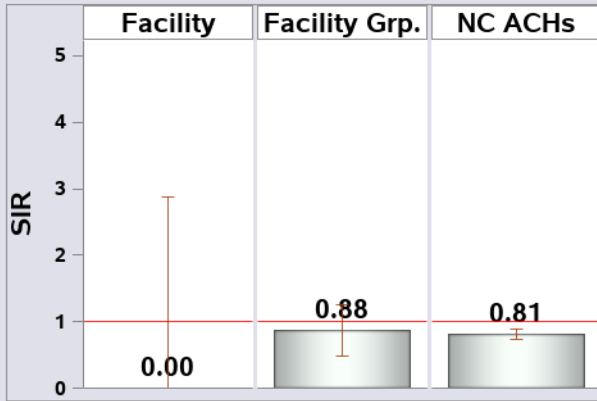


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

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	1.0	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.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sep 2022

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

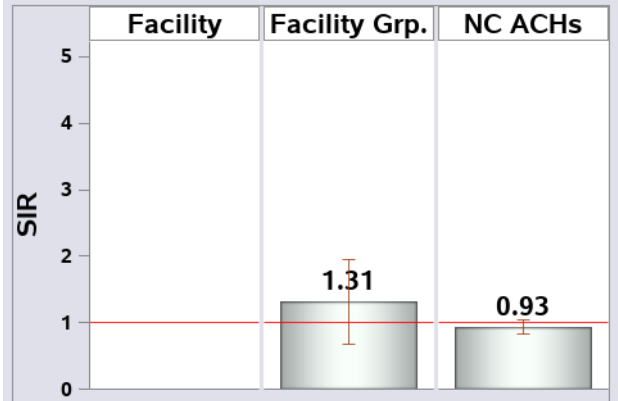


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	3.4	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

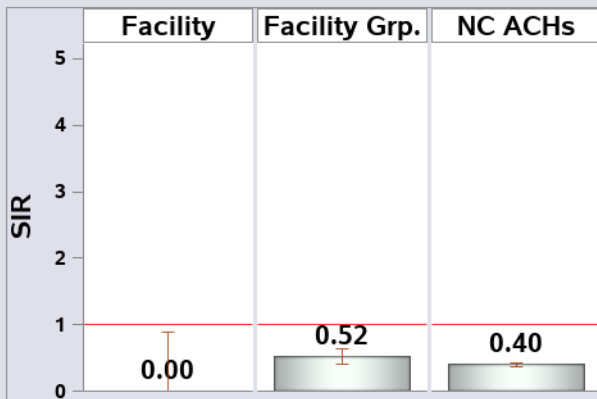


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
ECU Health Duplin Hospital, Kenansville, Duplin County

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

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 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

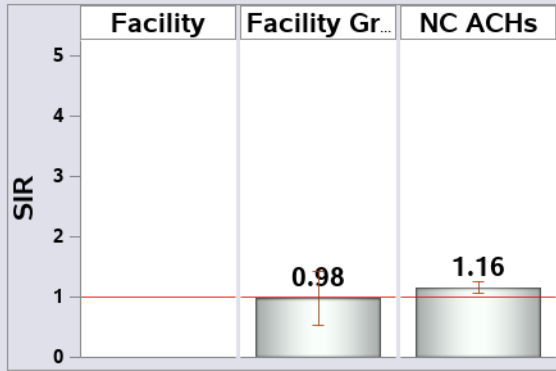


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sep 2022.

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

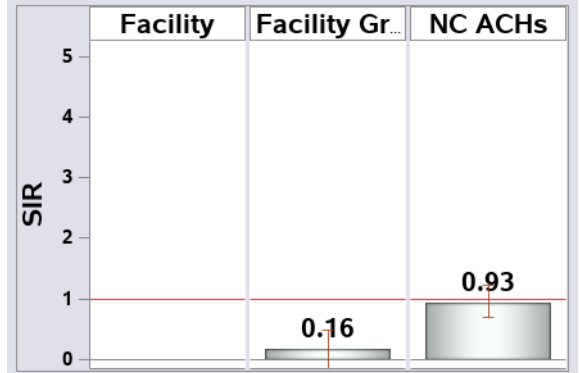


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
ECU Health Edgecombe Hospital, Tarboro, Edgecombe County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2021:	3,516
Patient Days in 2021:	14,011
Total Number of Beds:	111
Number of ICU Beds:	8
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.90

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

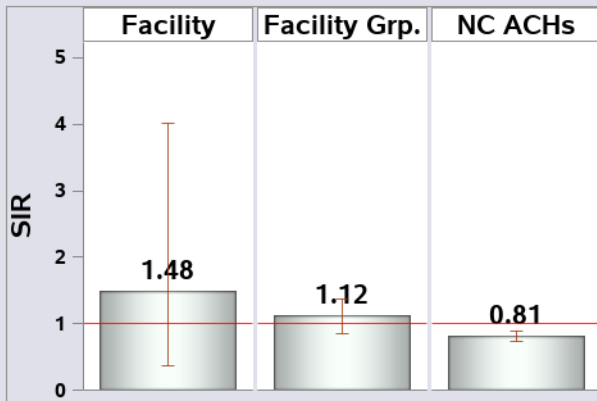


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	2	1.0	Same
Adult/Ped Wards	1	1.0	Same
All reporting units	3	2.0	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.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sep 2022

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

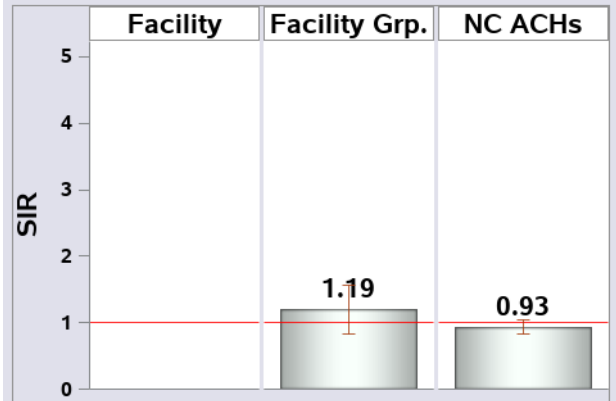


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	2.9	Same

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?

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

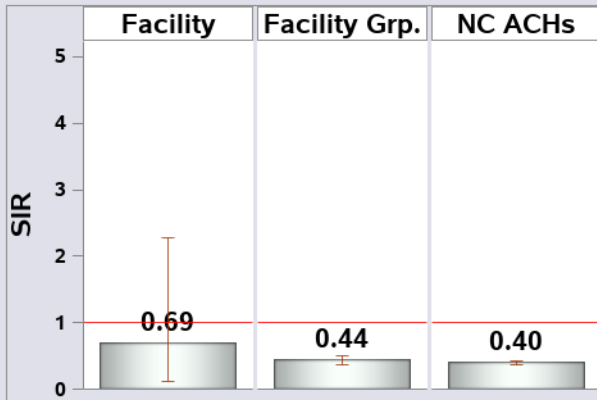


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
ECU Health Edgecombe Hospital, Tarboro, Edgecombe County

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	1.1	Same
Adult/Ped Wards	0	1.0	Same
All reporting units	1	2.2	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

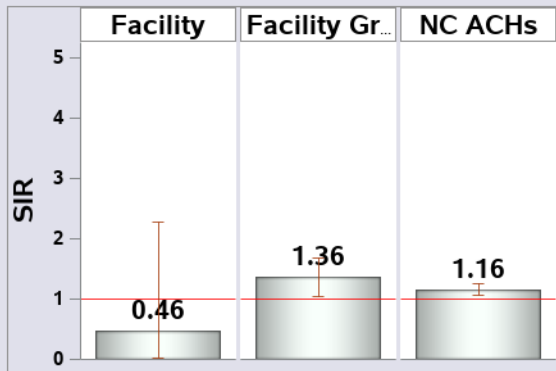


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sep 2022.

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

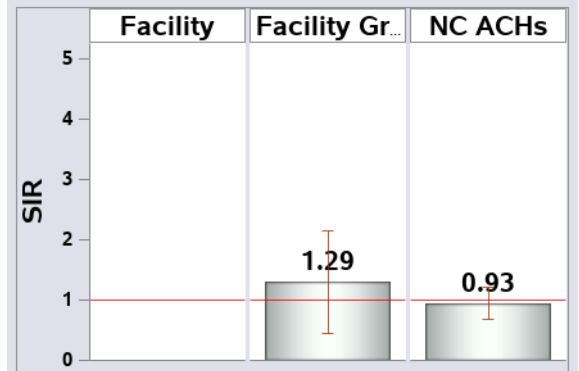


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

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

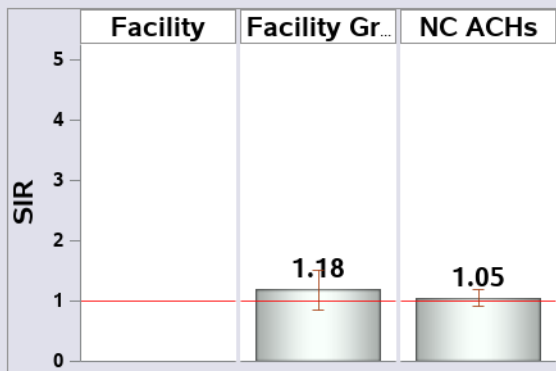


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
ECU Health Medical Center, Greenville, Pitt County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2021:	43,100
Patient Days in 2021:	263,644
Total Number of Beds:	1,039
Number of ICU Beds:	190
FTE* Infection Preventionists:	7.50
Number of FTEs* per 100 beds:	0.72

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

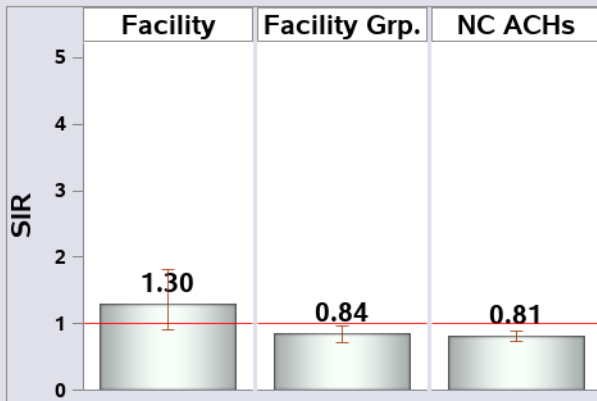


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	19	18	Same
Adult/Ped Wards	14	7.6	Worse
All reporting units	33	25	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.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	19	21	Same

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?

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

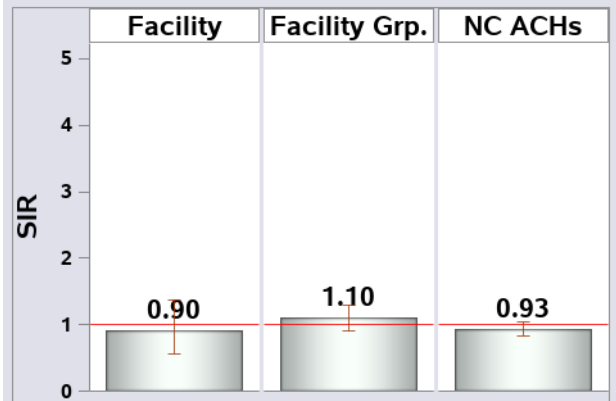


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	50	102	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

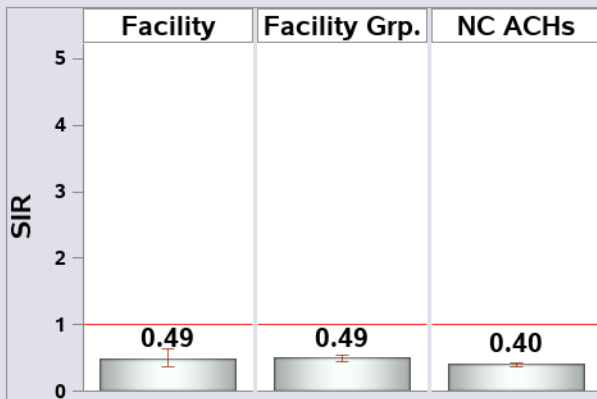


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
ECU Health Medical Center, Greenville, Pitt County

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	16	14	Same
Adult/Ped Wards	15	14	Same
Neonatal Units	3	2.8	Same
All reporting units	34	31	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

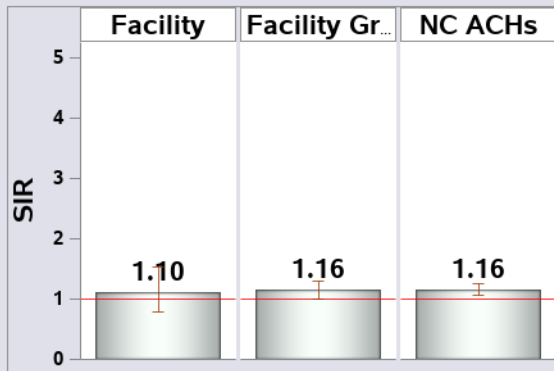


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	2.5	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

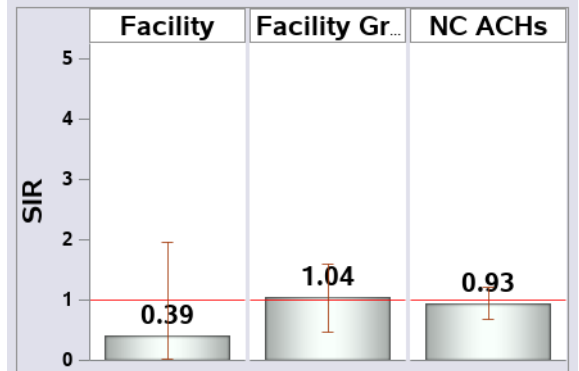


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	18	10	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?

X Worse: More infections than predicted by the national baseline experience

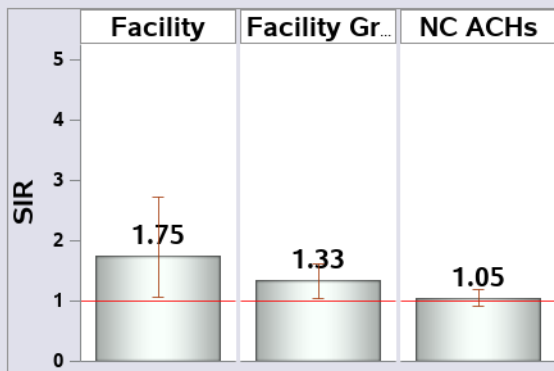


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
ECU Health North Hospital, Roanoke Rapids, Halifax County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2021:	4,958
Patient Days in 2021:	27,425
Total Number of Beds:	96
Number of ICU Beds:	7
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	1.04

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

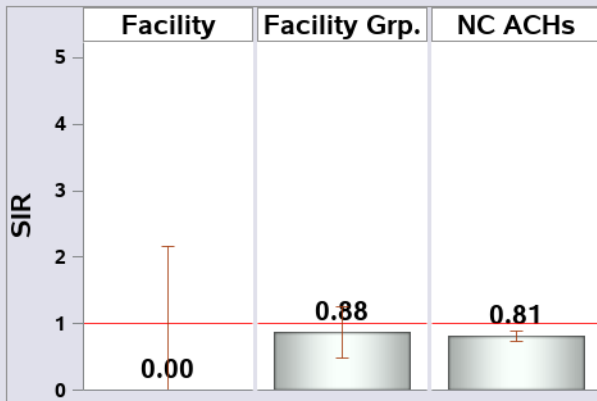


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

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	1.4	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.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.1	Same

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?

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

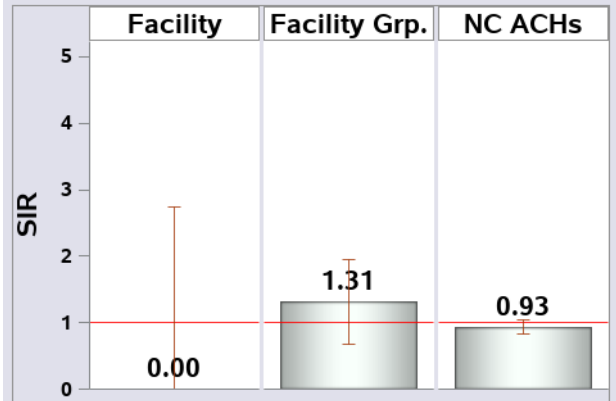


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	7	5.4	Same

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?

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

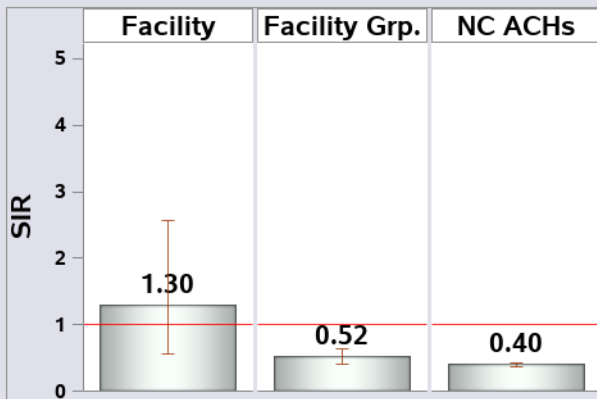


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
ECU Health North Hospital, Roanoke Rapids, Halifax County

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

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	1	1.1	Same
All reporting units	2	1.6	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

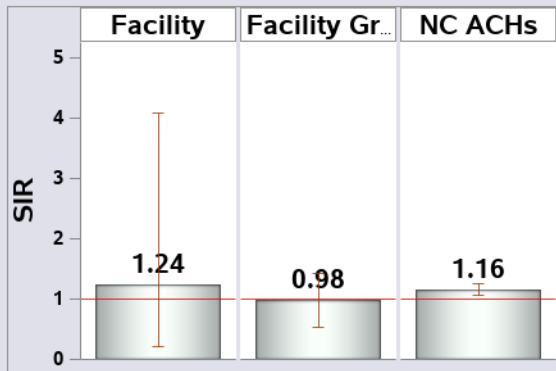


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sep 2022.

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

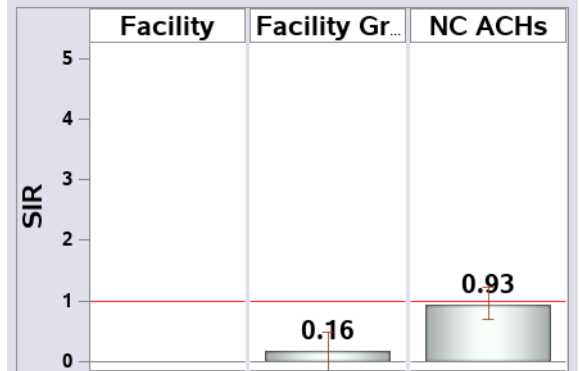


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

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

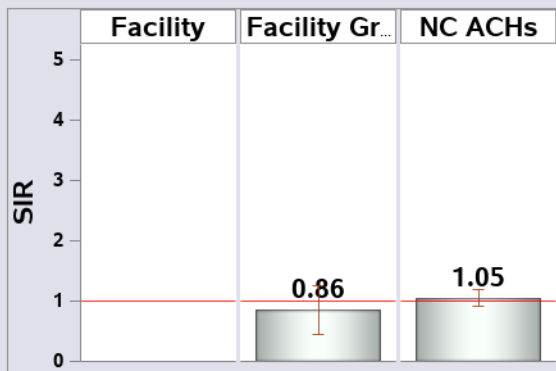


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
ECU Health Roanoke-Chowan Hospital, Ahoskie, Hertford County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2021:	4,888
Patient Days in 2021:	24,005
Total Number of Beds:	114
Number of ICU Beds:	10
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.88

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

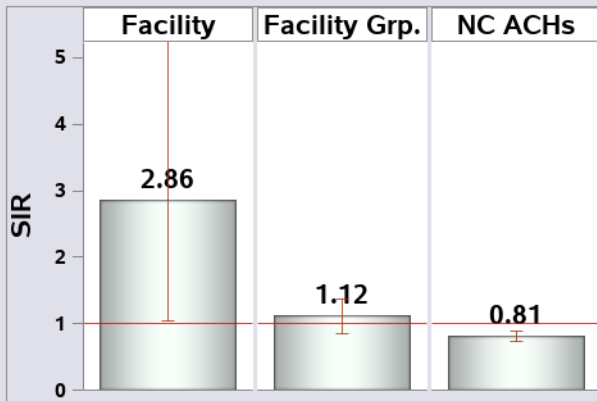


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	4	Less than 1.0	No Conclusion
Adult/Ped Wards	1	1.1	Same
All reporting units	5	1.7	Worse

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?

✗ **Worse:** More 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.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sep 2022

Unit Type	Observed Events	Predicted Events	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: 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

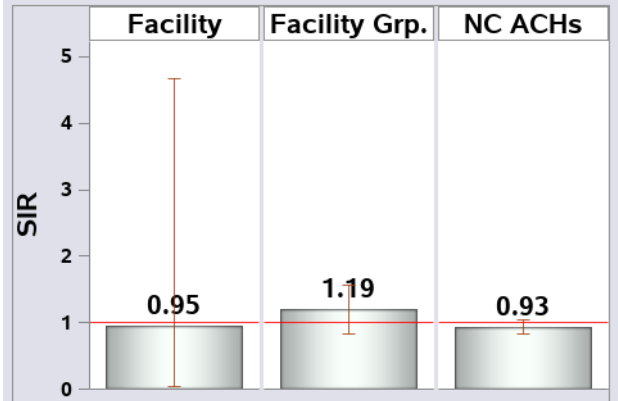


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	6.8	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

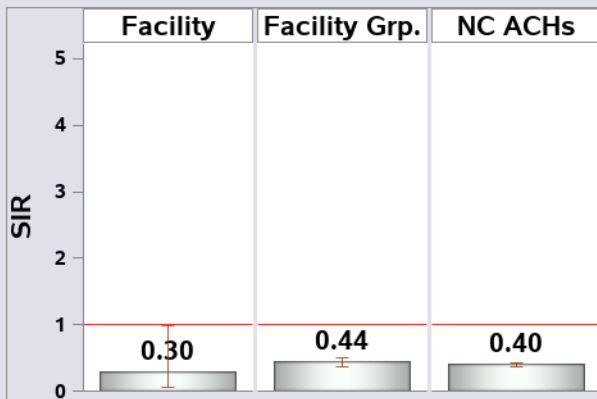


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
ECU Health Roanoke-Chowan Hospital, Ahoskie, Hertford County

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

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	1	Less than 1.0	No Conclusion
All reporting units	2	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

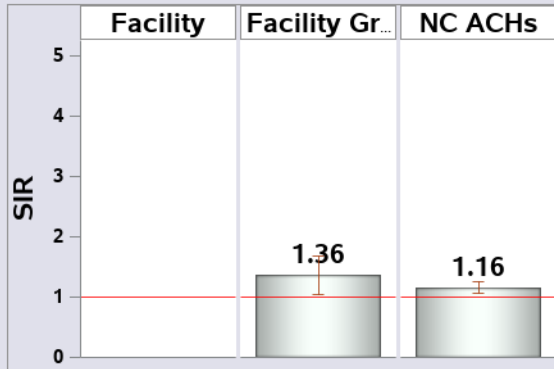


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sep 2022.

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

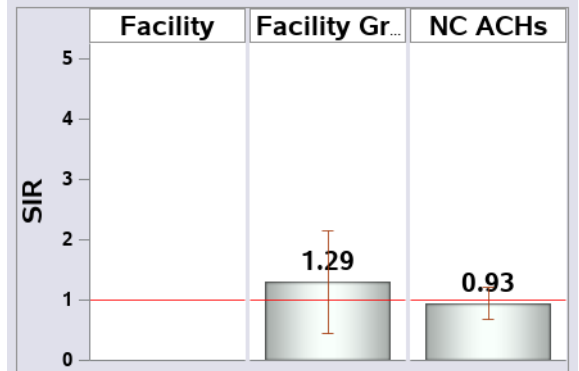


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

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

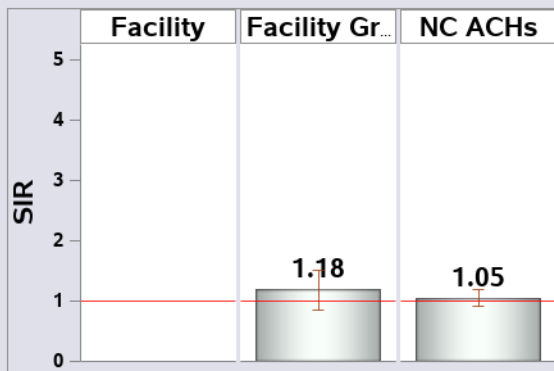


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
FirstHealth Moore Regional Hospital, Pinehurst, Moore County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2021:	22,479
Patient Days in 2021:	104,347
Total Number of Beds:	362
Number of ICU Beds:	57
FTE* Infection Preventionists:	3.50
Number of FTEs* per 100 beds:	0.97

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

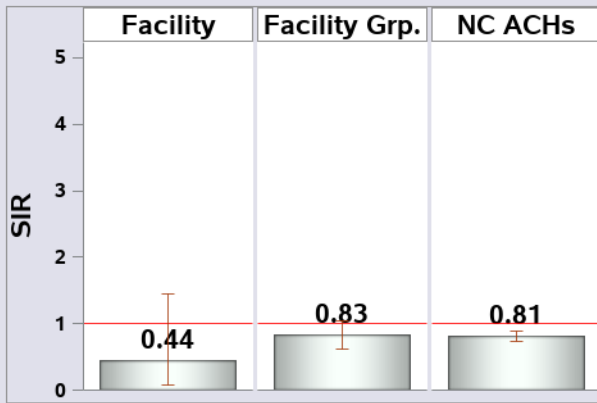


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	1.1	Same
Adult/Ped Wards	2	3.4	Same
All reporting units	2	4.5	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.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	5.6	Same

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?

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

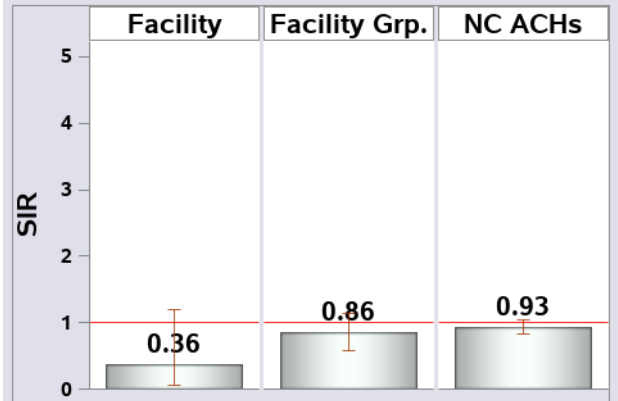


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	8	30	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

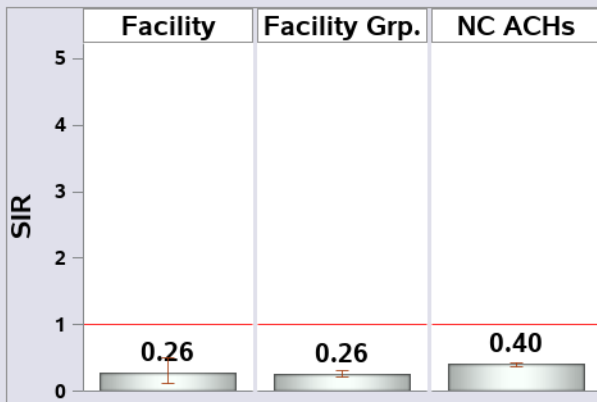


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
FirstHealth Moore Regional Hospital, Pinehurst, Moore County

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	2	1.3	Same
Adult/Ped Wards	3	4.1	Same
Neonatal Units	0	Less than 1.0	No Conclusion
All reporting units	5	5.6	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

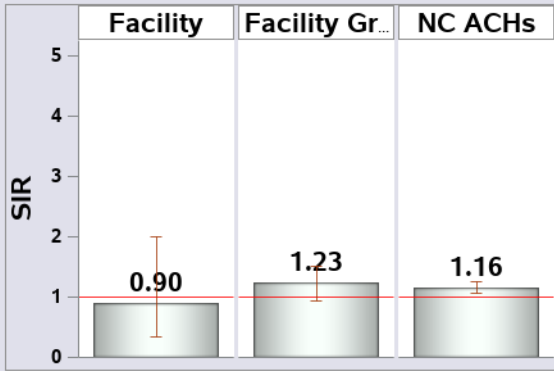


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	1.0	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

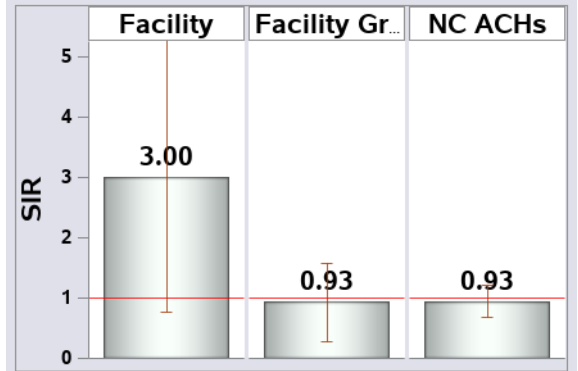


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	3.3	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

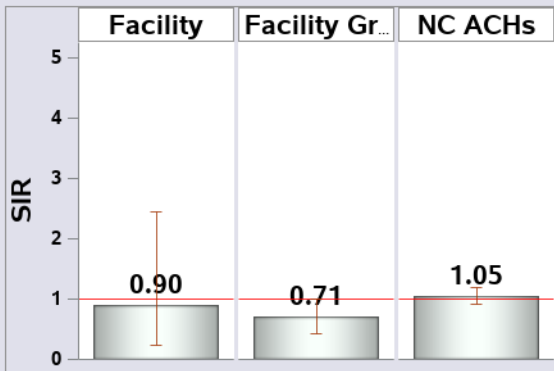


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Firsthealth Moore Regional Hospital - Hoke Campus, Raeford, Hoke County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2021:	671
Patient Days in 2021:	1,623
Total Number of Beds:	8
Number of ICU Beds:	0
FTE* Infection Preventionists:	0.20
Number of FTEs* per 100 beds:	2.50

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

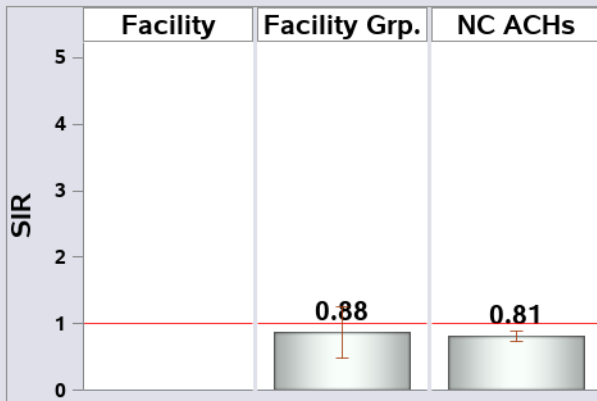


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
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 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-Sep 2022

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

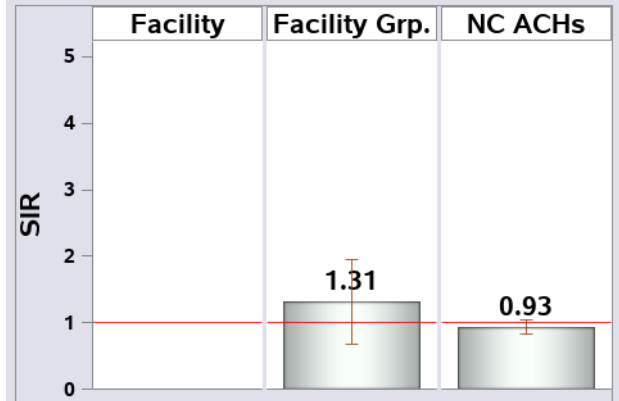


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

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

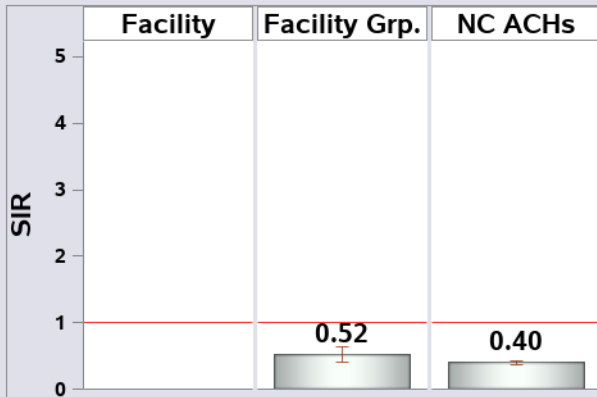


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Firsthealth Moore Regional Hospital - Hoke Campus, Raeford, Hoke County

Central Line-Associated Bloodstream Infections (CLABSI)

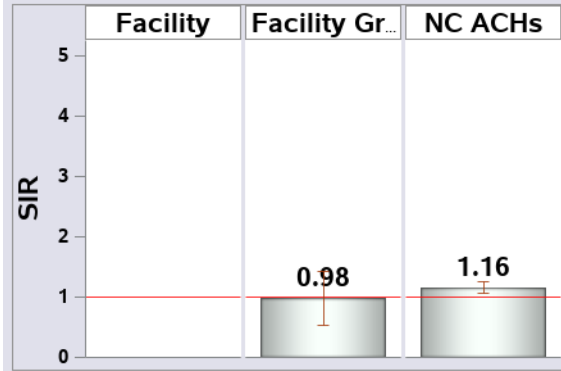


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
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

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Firsthealth Moore Regional Hospital - Richmond Campus, Rockingham, Richmond County

2021 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: Undergraduate
 Admissions in 2021: 2,503
 Patient Days in 2021: 8,721
 Total Number of Beds: 79
 Number of ICU Beds: 12
 FTE* Infection Preventionists: 0.50
 Number of FTEs* per 100 beds: 0.63

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

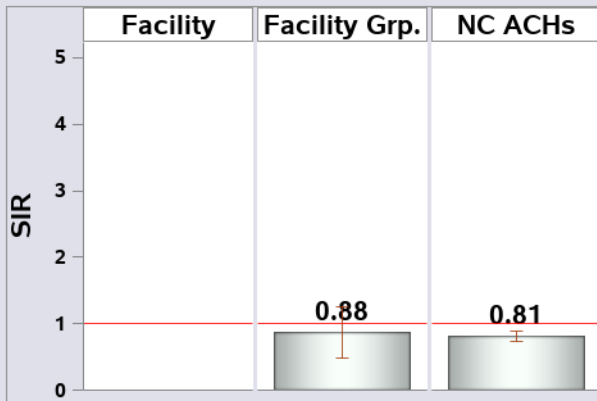


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

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 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-Sep 2022

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

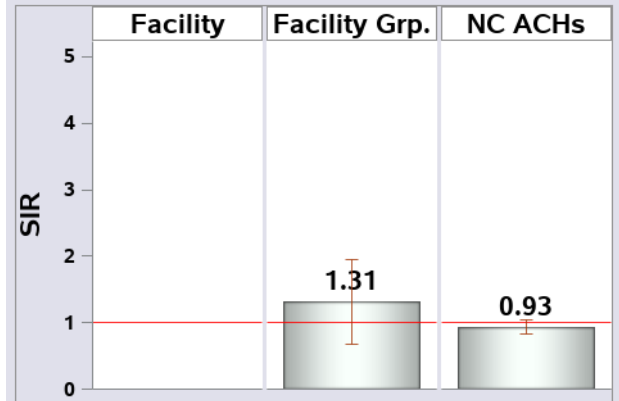


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	2.8	Same

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

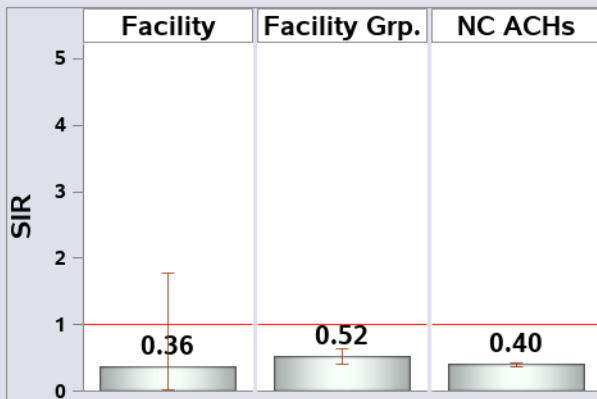


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Firsthealth Moore Regional Hospital - Richmond Campus, Rockingham, Richmond County

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

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

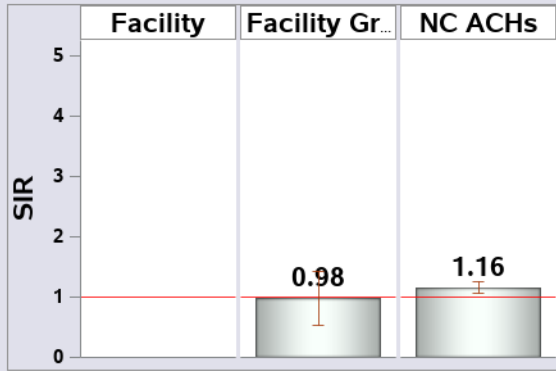


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sep 2022.

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

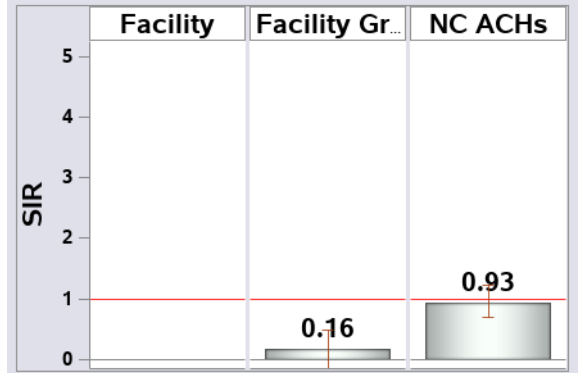


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Frye Regional Medical Center, Hickory, Catawba County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2021:	7,185
Patient Days in 2021:	36,019
Total Number of Beds:	190
Number of ICU Beds:	32
FTE* Infection Preventionists:	1.50
Number of FTEs* per 100 beds:	0.79

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

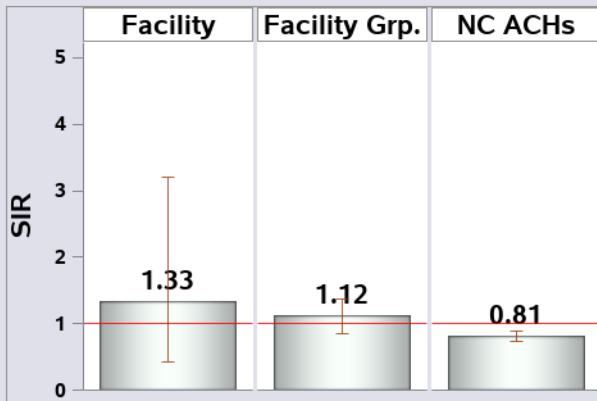


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	2	2.0	Same
Adult/Ped Wards	2	Less than 1.0	No Conclusion
All reporting units	4	3.0	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.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	5	1.5	Worse

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?

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

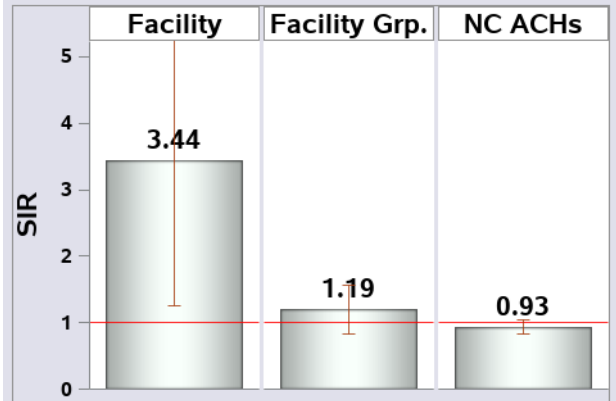


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	5	16	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

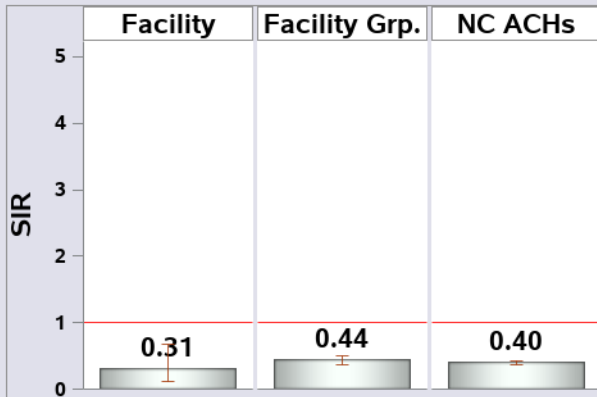


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Frye Regional Medical Center, Hickory, Catawba County

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	3	1.5	Same
Adult/Ped Wards	1	Less than 1.0	No Conclusion
All reporting units	4	2.1	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

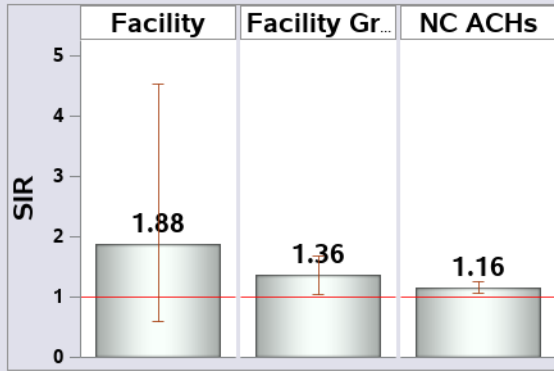


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sep 2022.

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

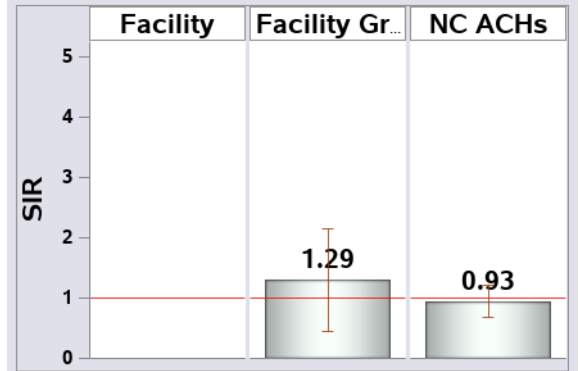


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	1.0	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

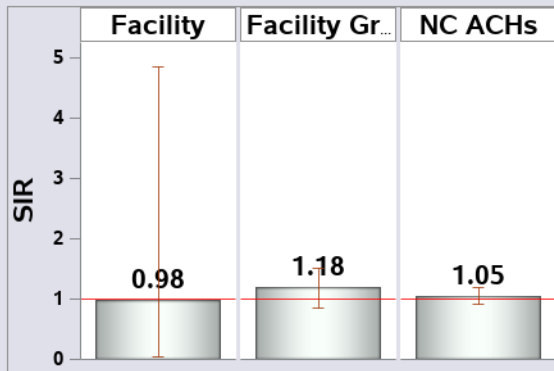


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Gaston Memorial Hospital, Gastonia, Gaston County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2021:	24,082
Patient Days in 2021:	125,995
Total Number of Beds:	435
Number of ICU Beds:	43
FTE* Infection Preventionists:	4.00
Number of FTEs* per 100 beds:	0.92

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

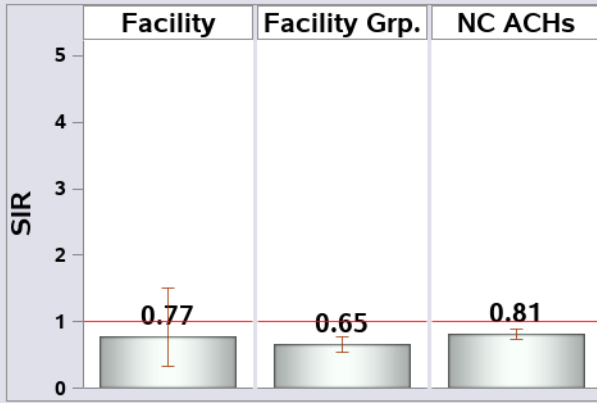


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	5	4.5	Same
Adult/Ped Wards	2	4.6	Same
All reporting units	7	9.1	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.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	7	7.5	Same

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?

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

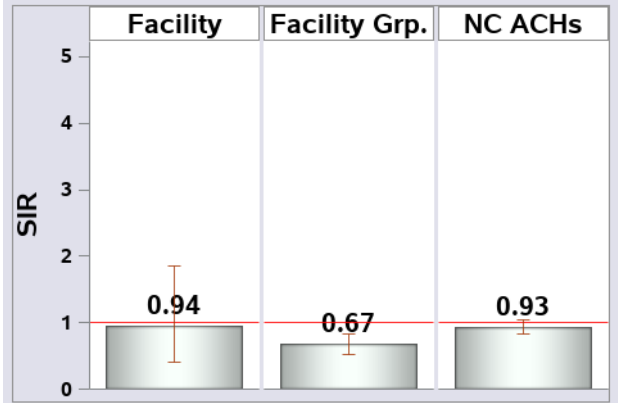


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	14	79	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

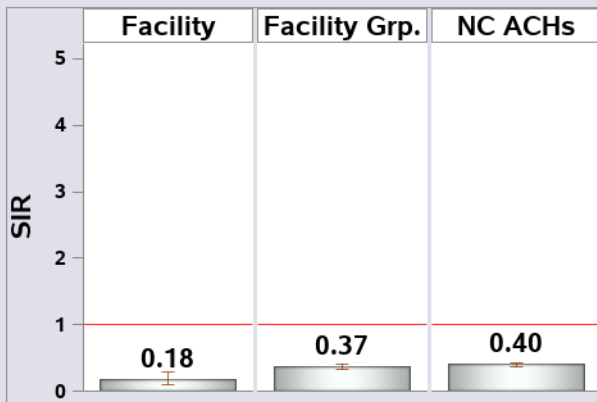


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Gaston Memorial Hospital, Gastonia, Gaston County

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	4	3.0	Same
Adult/Ped Wards	1	2.3	Same
Neonatal Units	0	Less than 1.0	No Conclusion
All reporting units	5	5.4	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

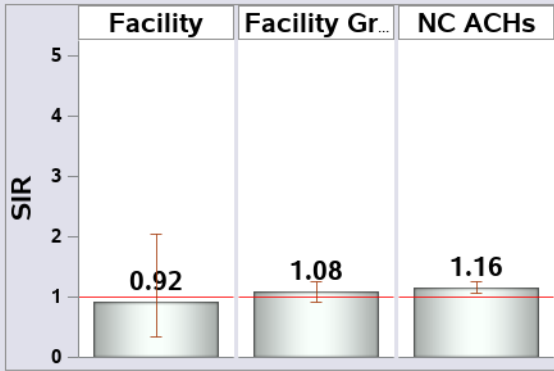


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sep 2022.

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

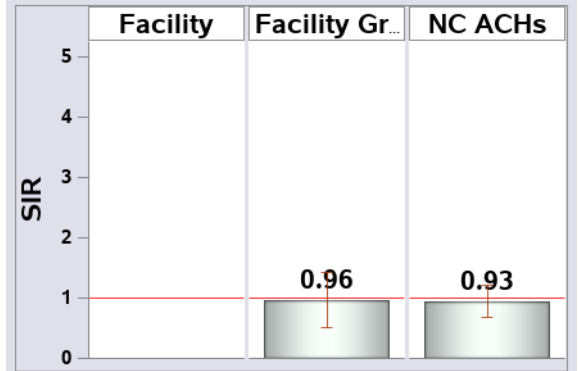


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	5.1	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

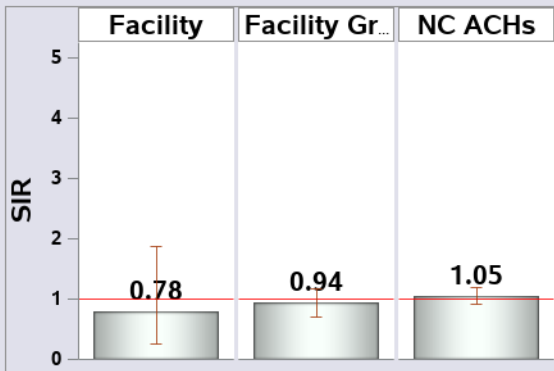


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Granville Medical Center, Oxford, Granville County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2021:	1,921
Patient Days in 2021:	9,425
Total Number of Beds:	62
Number of ICU Beds:	6
FTE* Infection Preventionists:	0.75
Number of FTEs* per 100 beds:	1.21

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

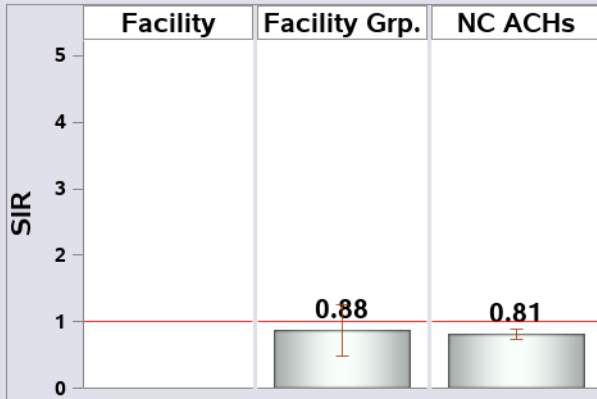


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

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 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-Sep 2022

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

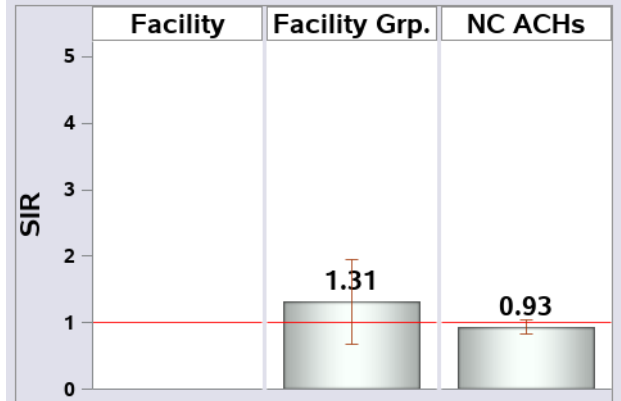


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	3.4	Same

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

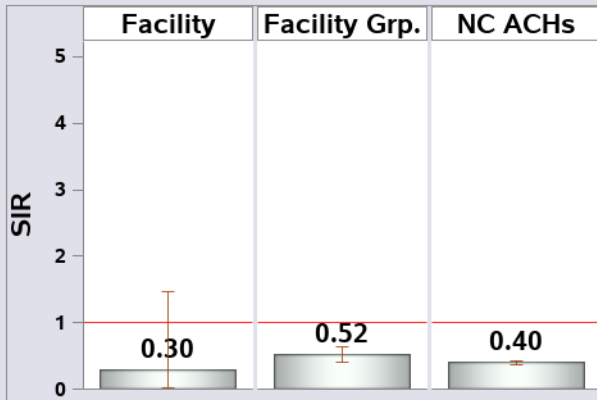


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

**North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Granville Medical Center, Oxford, Granville County**

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

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

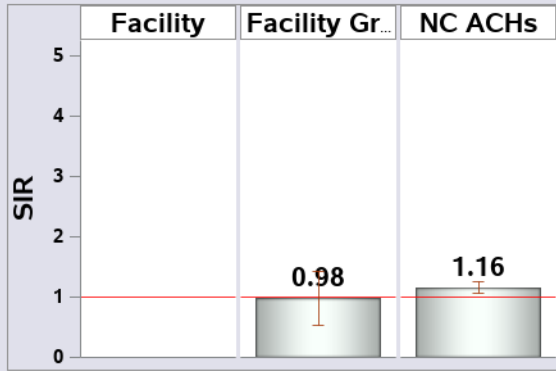


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

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

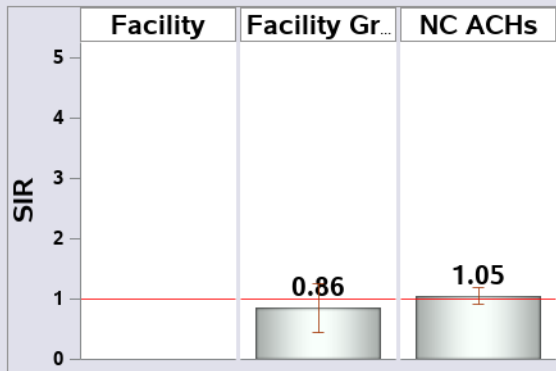


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Haywood Regional Medical Center, Clyde, Haywood County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2021:	4,532
Patient Days in 2021:	20,823
Total Number of Beds:	100
Number of ICU Beds:	10
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	1.00

*FTE = Full-time equivalent



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

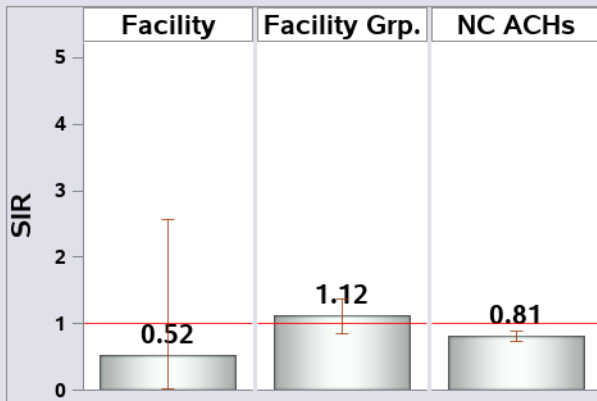


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

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	1.9	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.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sep 2022

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

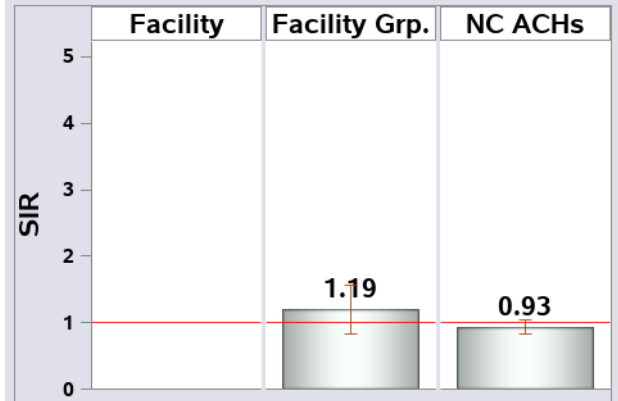


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	6.4	Same

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?

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

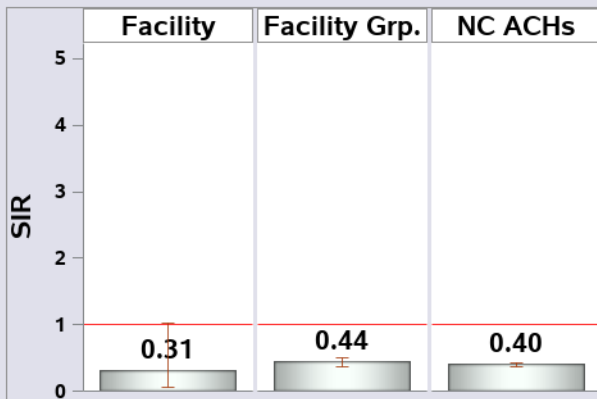


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Haywood Regional Medical Center, Clyde, Haywood County

Central Line-Associated Bloodstream Infections (CLABSI)

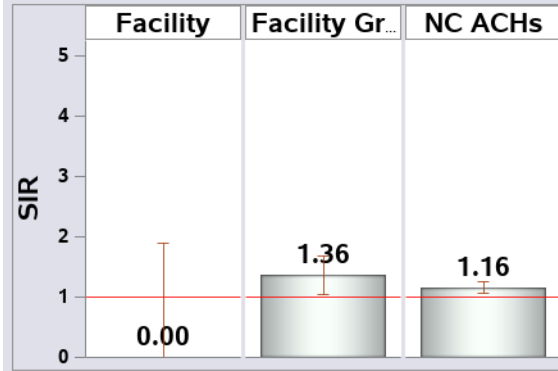


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

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	1.6	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-Sep 2022.

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

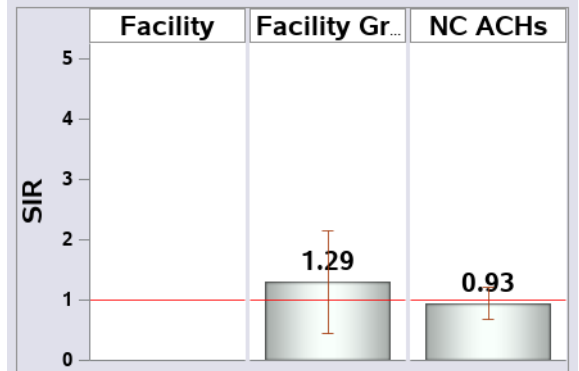


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

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

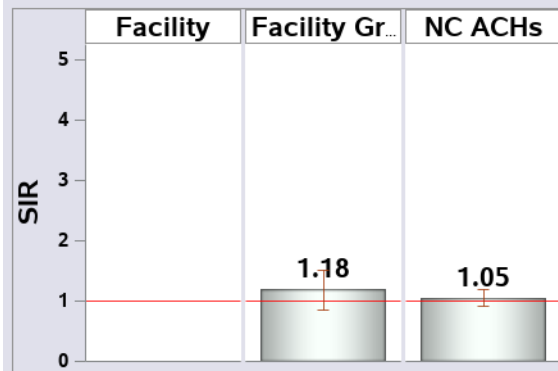


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
High Point Regional Health System, High Point, Guilford County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2021:	18,248
Patient Days in 2021:	65,939
Total Number of Beds:	300
Number of ICU Beds:	28
FTE* Infection Preventionists:	2.00
Number of FTEs* per 100 beds:	0.67

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

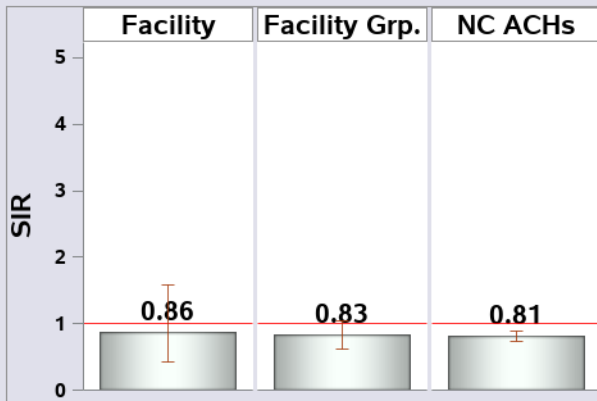


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	2	4.8	Same
Adult/Ped Wards	7	5.7	Same
All reporting units	9	10	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.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	3.0	Same

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?

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

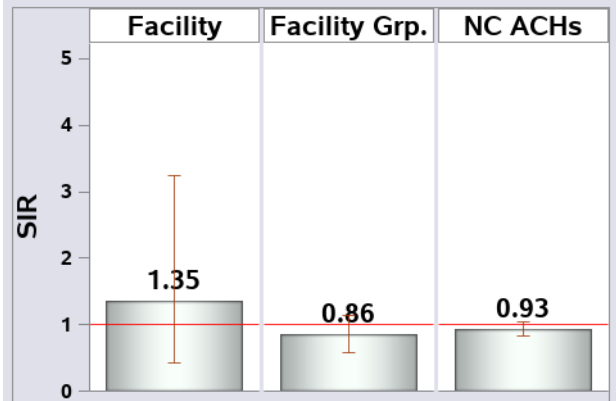


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	7	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

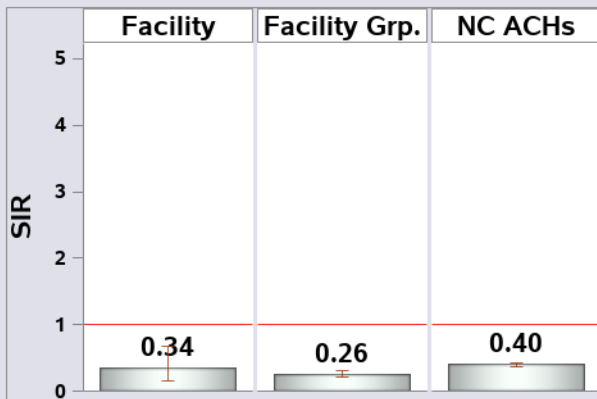


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
High Point Regional Health System, High Point, Guilford County

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	6	2.6	Same
Adult/Ped Wards	5	5.3	Same
All reporting units	11	7.9	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

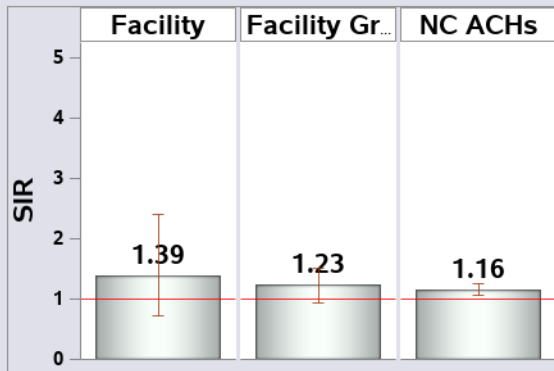


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.5	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

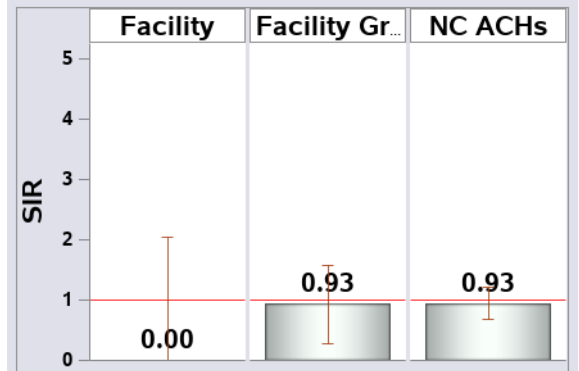


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	6	3.2	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

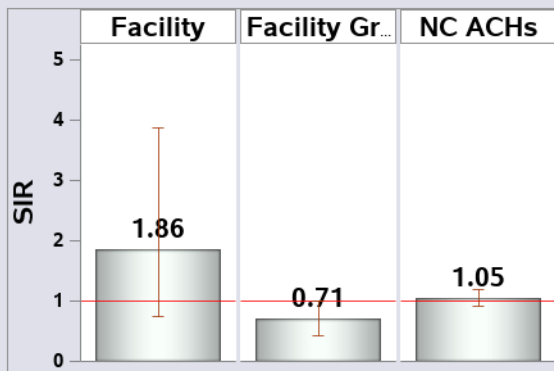


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Highsmith Rainey Specialty Hospital, Fayetteville, Cumberland County

2021 Hospital Survey Information

Hospital Type: Long-term Acute Care Hospital
 Admissions in 2021: 301
 Patient Days in 2021: 22,033
 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:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

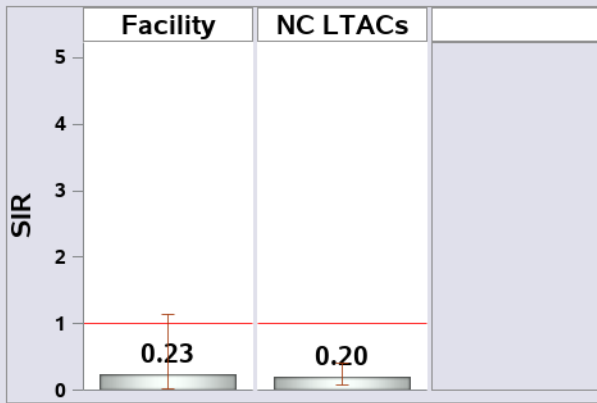


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Reporting ICUs	0	Less than 1.0	No Conclusion
Reporting Wards	1	3.5	Same
All reporting units	1	4.3	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.

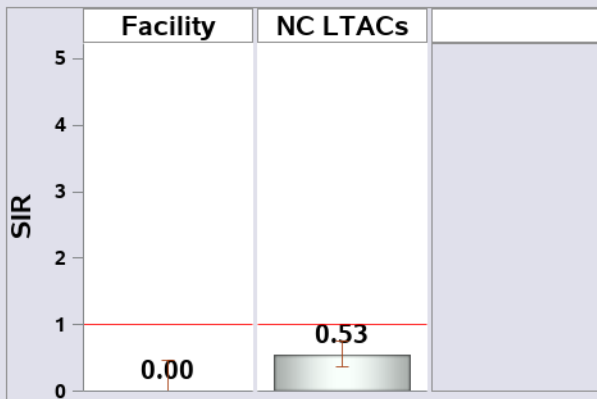


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Table 3. Number of Observed and Predicted CDIs, Jan-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	6.5	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

**North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Highsmith Rainey Specialty Hospital, Fayetteville, Cumberland County**

Central Line-Associated Bloodstream Infections (CLABSI)

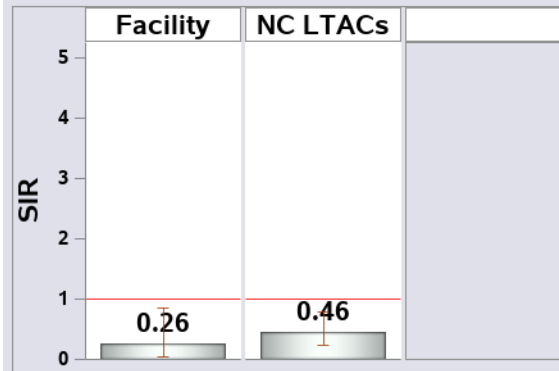


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Reporting ICUs	1	2.1	Same
Reporting Wards	1	5.6	Better
All reporting units	2	7.7	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, 2015.

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than 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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Hugh Chatham Memorial Hospital, Elkin, Surry County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2021:	4,325
Patient Days in 2021:	15,539
Total Number of Beds:	81
Number of ICU Beds:	8
FTE* Infection Preventionists:	0.23
Number of FTEs* per 100 beds:	0.28

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

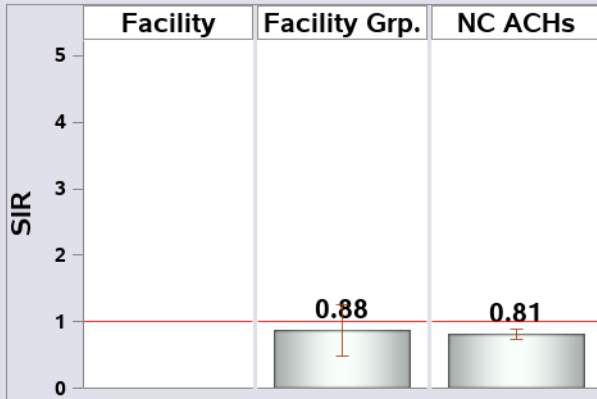


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

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 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-Sep 2022

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

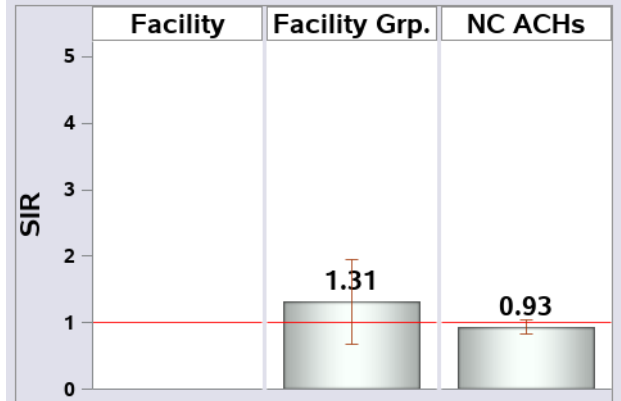


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Hugh Chatham Memorial Hospital, Elkin, Surry County

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

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

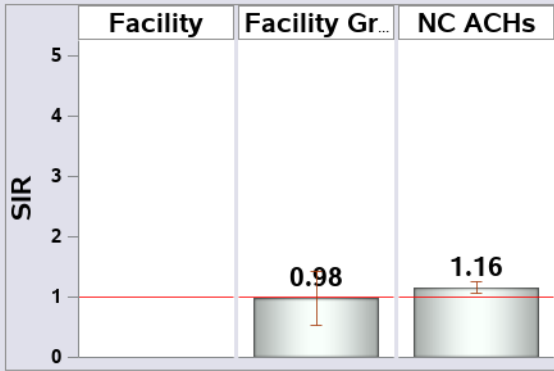


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sep 2022.

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

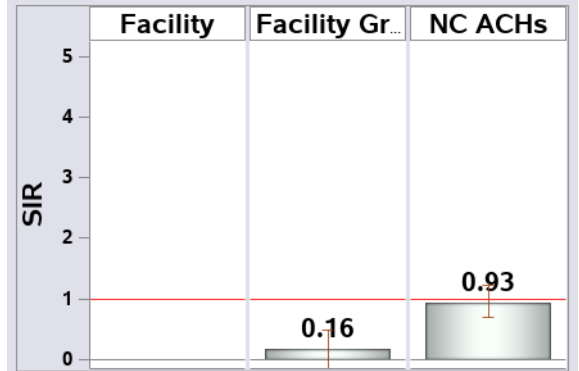


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

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

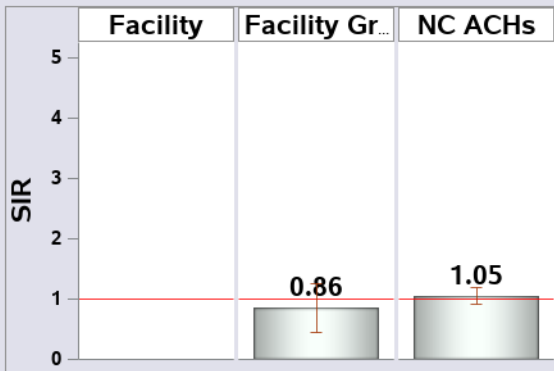


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Iredell Memorial Hospital, Statesville, Iredell County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2021:	10,014
Patient Days in 2021:	41,827
Total Number of Beds:	199
Number of ICU Beds:	16
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.50

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

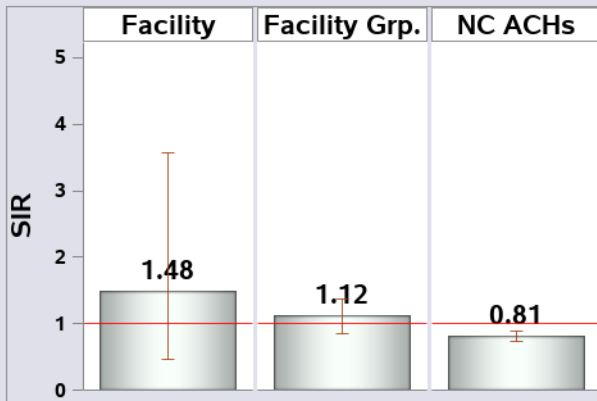


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	2	1.5	Same
Adult/Ped Wards	2	1.2	Same
All reporting units	4	2.7	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.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	1.4	Same

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?

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

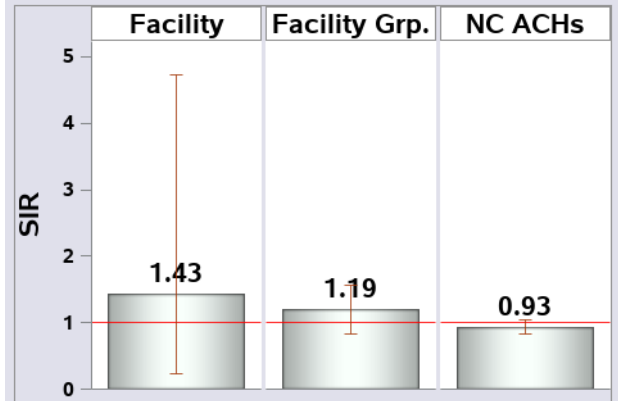


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	16	20	Same

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?

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

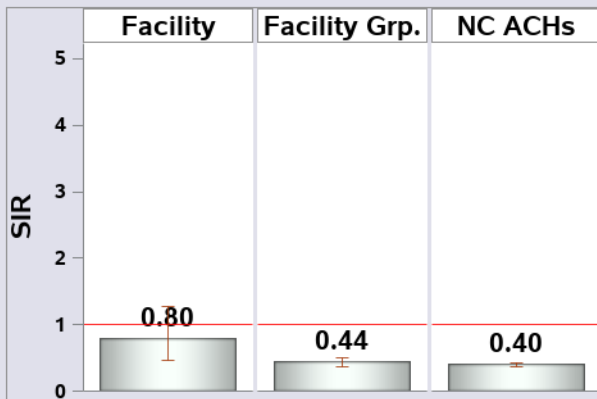


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Iredell Memorial Hospital, Statesville, Iredell County

Central Line-Associated Bloodstream Infections (CLABSI)

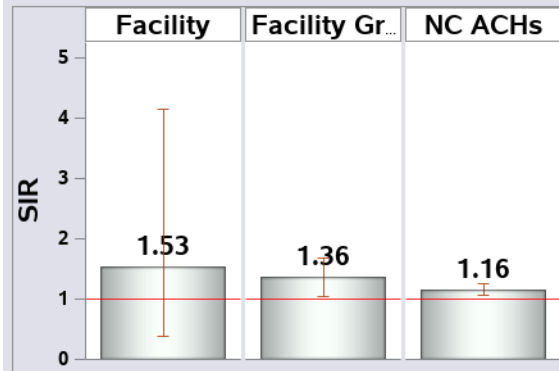


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	2	1.0	Same
Adult/Ped Wards	1	Less than 1.0	No Conclusion
All reporting units	3	2.0	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-Sep 2022.

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

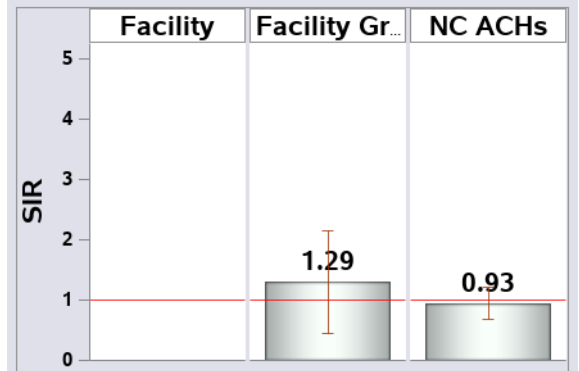


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	1.8	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

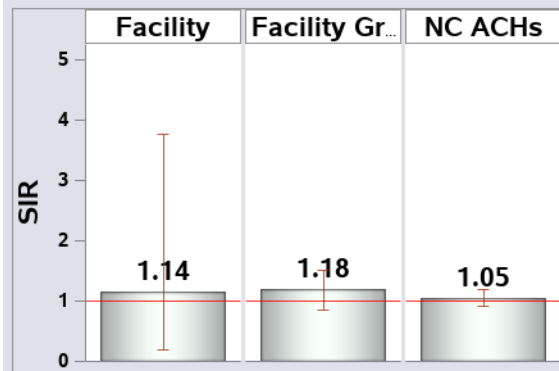


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Johnston Health, Smithfield, Johnston County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Admissions in 2021:	7,908
Patient Days in 2021:	43,390
Total Number of Beds:	149
Number of ICU Beds:	16
FTE* Infection Preventionists:	1.50
Number of FTEs* per 100 beds:	1.01

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

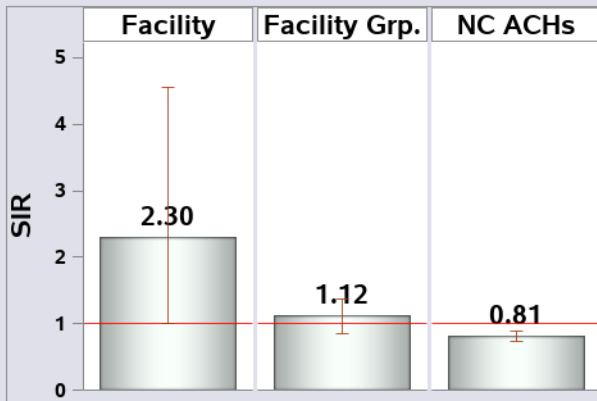


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	2	1.2	Same
Adult/Ped Wards	5	1.8	Worse
All reporting units	7	3.0	Worse

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?

× **Worse:** More 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.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	2.1	Same

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?

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

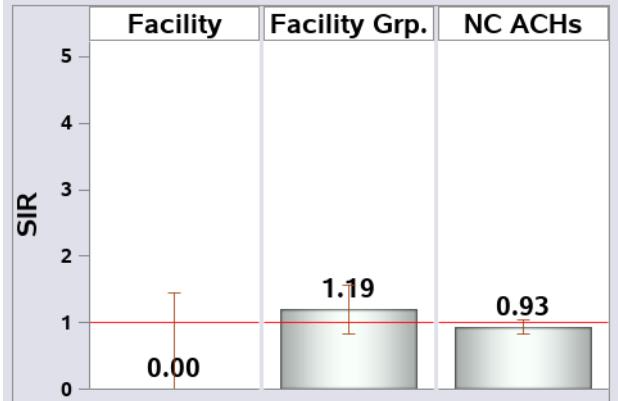


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	17	23	Same

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?

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

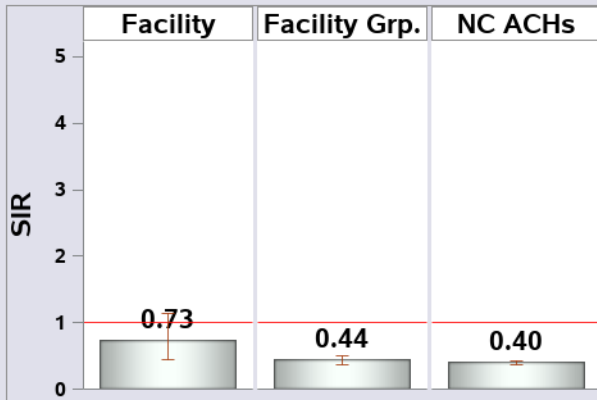


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Johnston Health, Smithfield, Johnston County

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	3	1.1	Same
Adult/Ped Wards	2	1.9	Same
All reporting units	5	3.0	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

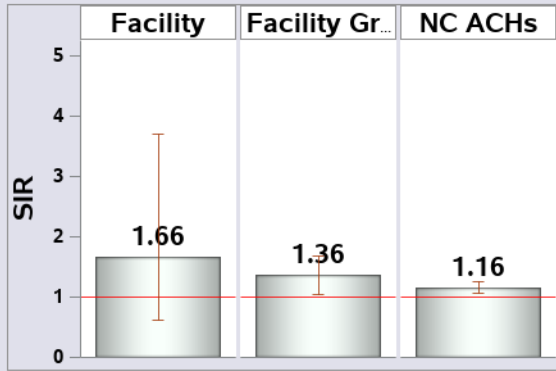


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sep 2022.

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

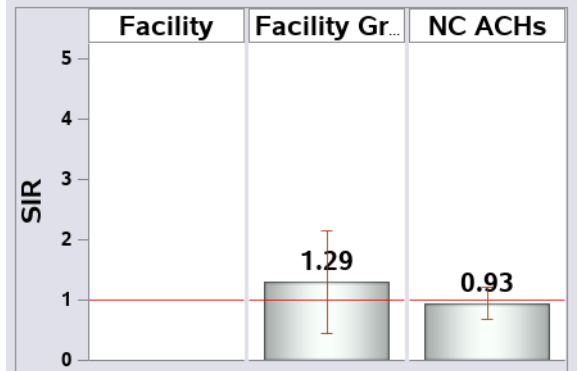


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	1.8	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

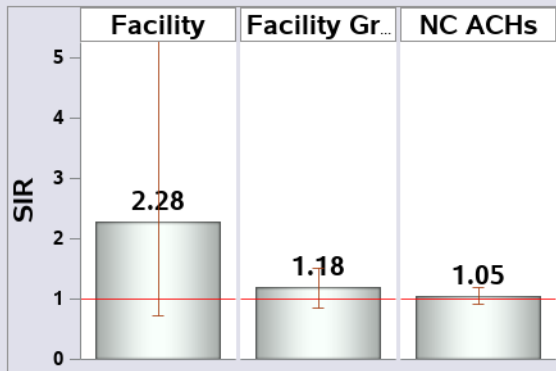


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Johnston Health Clayton, Clayton, Johnston County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Admissions in 2021:	4,324
Patient Days in 2021:	15,346
Total Number of Beds:	50
Number of ICU Beds:	0
FTE* Infection Preventionists:	0.75
Number of FTEs* per 100 beds:	1.50

*FTE = Full-time equivalent



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

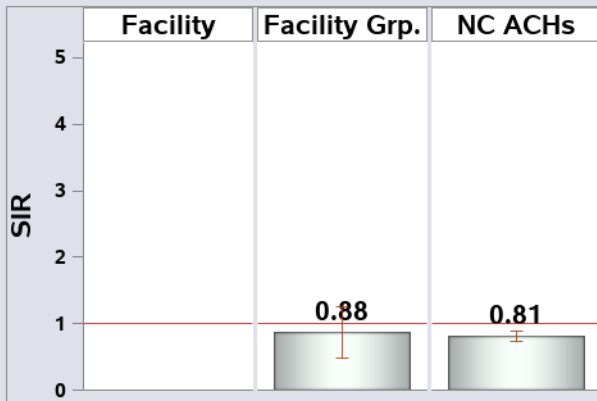


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
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 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-Sep 2022

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

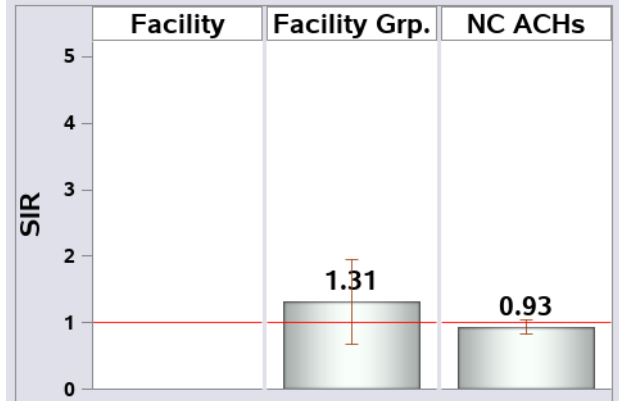


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	3.1	Same

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

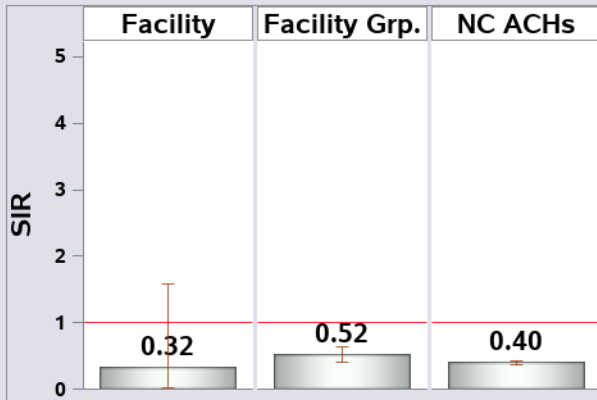


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Johnston Health Clayton, Clayton, Johnston County

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
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

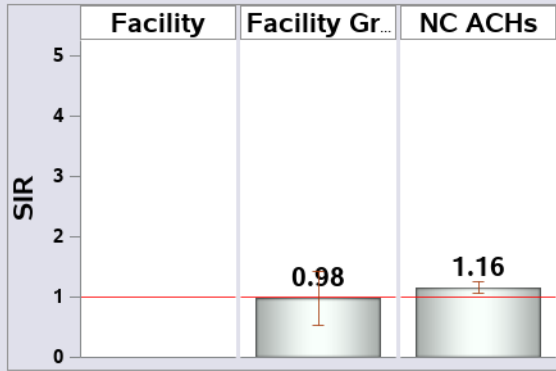


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sep 2022.

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

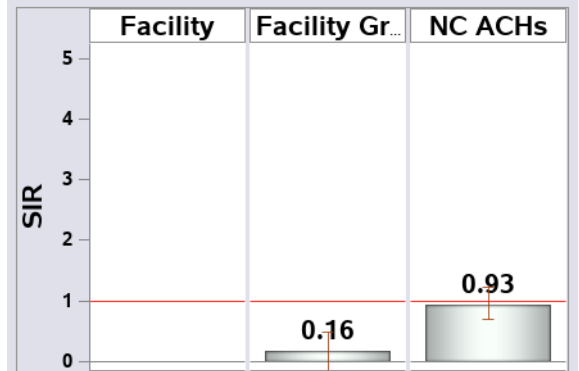


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.2	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

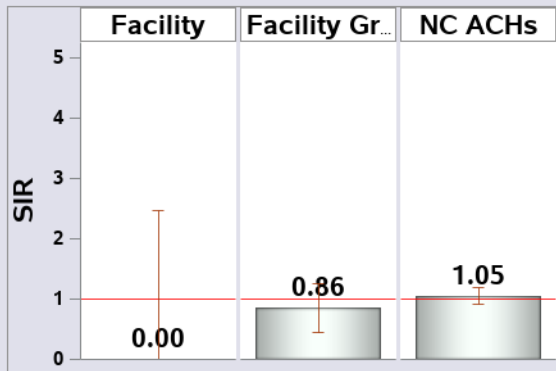


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Kindred Hospital-Greensboro, Greensboro, Guilford County

2021 Hospital Survey Information

Hospital Type: Long-term Acute Care Hospital
 Admissions in 2021: 276
 Patient Days in 2021: 19,548
 Total Number of Beds: 101
 FTE* Infection Preventionists: 1.00
 Number of FTEs* per 100 beds: 0.99

*FTE = Full-time equivalent



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

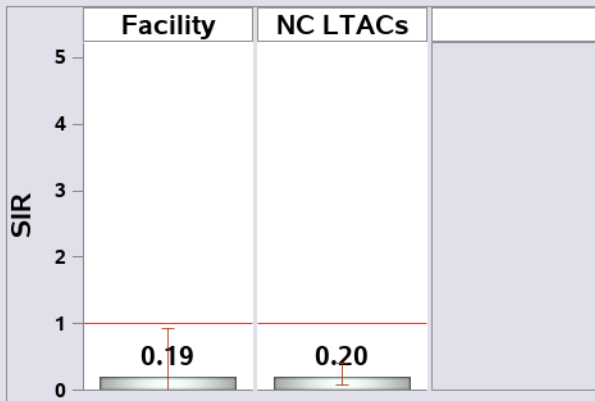


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Reporting Wards	1	5.3	Better
All reporting units	1	5.3	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.

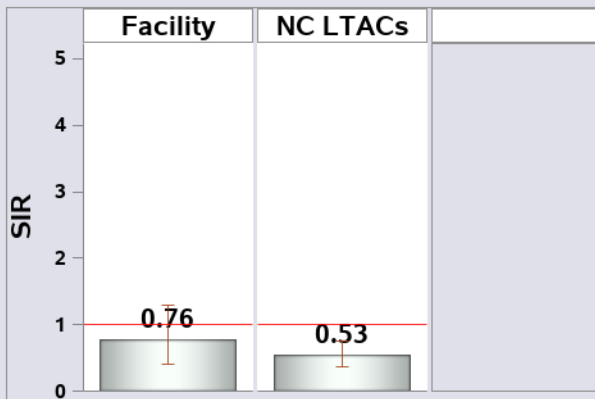


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Table 3. Number of Observed and Predicted CDIs, Jan-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	12	16	Same

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

**North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Kindred Hospital-Greensboro, Greensboro, Guilford County**

Central Line-Associated Bloodstream Infections (CLABSI)

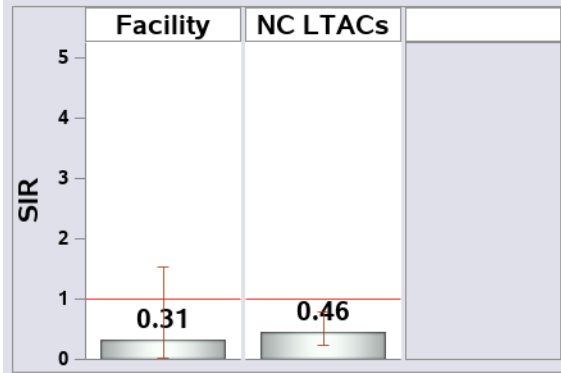


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Reporting Wards	1	3.2	Same
All reporting units	1	3.2	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Kings Mountain Hospital, Kings Mountain, Cleveland County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2021:	2,353
Patient Days in 2021:	14,676
Total Number of Beds:	67
Number of ICU Beds:	0
FTE* Infection Preventionists:	0.20
Number of FTEs* per 100 beds:	0.30

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

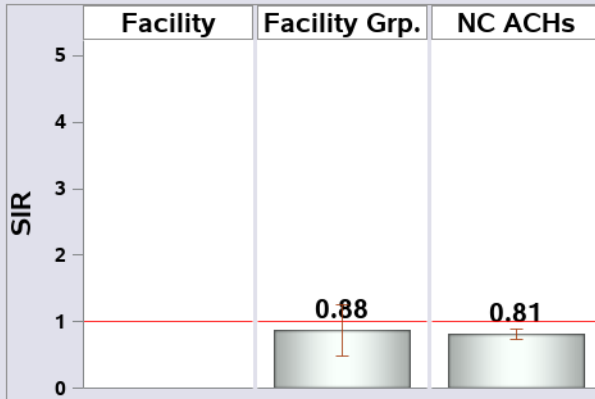


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	1	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-Sep 2022

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

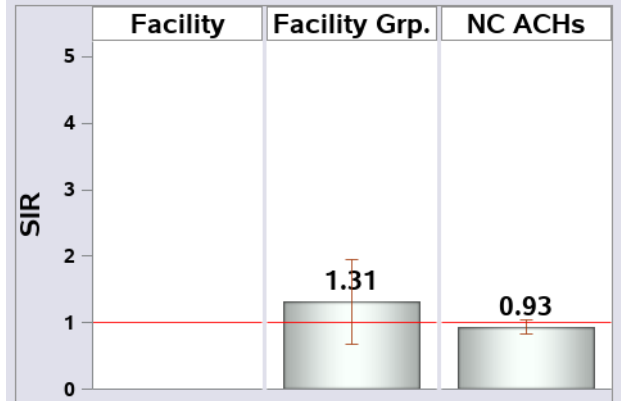


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	2.6	Same

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

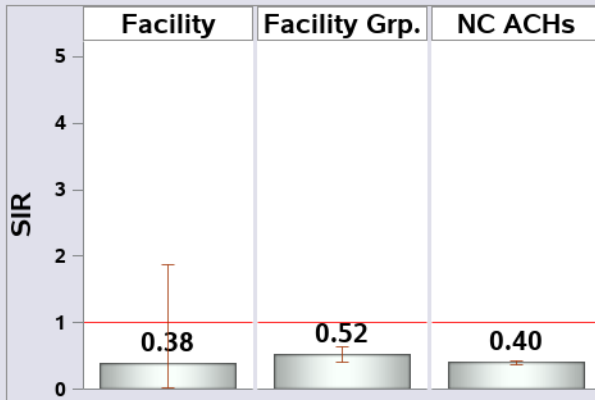


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

**North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Kings Mountain Hospital, Kings Mountain, Cleveland County**

Central Line-Associated Bloodstream Infections (CLABSI)

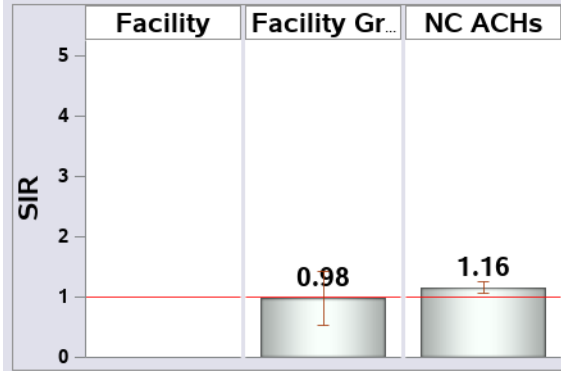


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	1	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 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

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Lake Norman Regional Medical Center, Mooresville, Iredell County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2021:	3,841
Patient Days in 2021:	14,130
Total Number of Beds:	123
Number of ICU Beds:	12
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.81

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

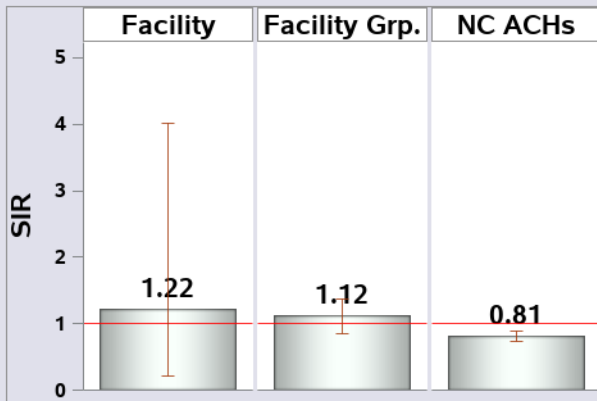


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	2	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	2	1.6	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.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sep 2022

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

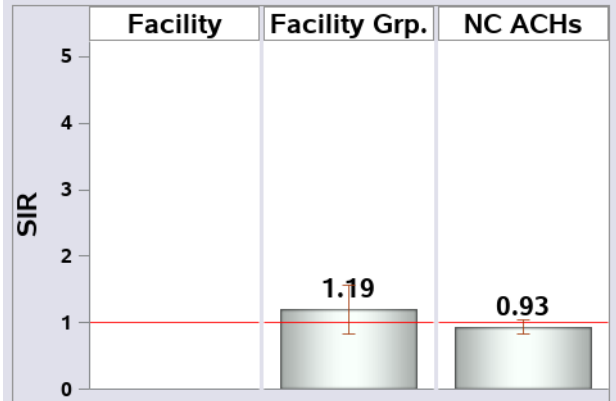


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	5.9	Same

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?

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

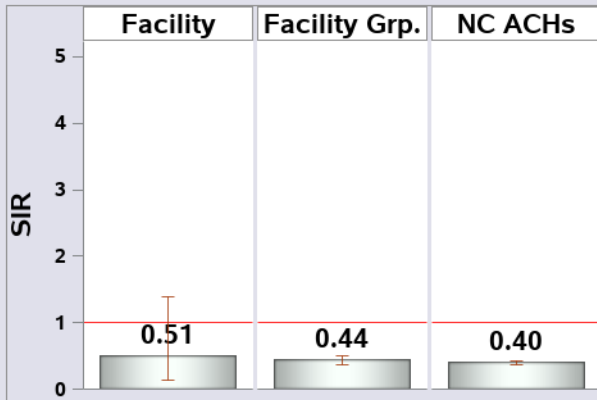


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Lake Norman Regional Medical Center, Mooresville, Iredell County

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	3	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	3	1.1	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

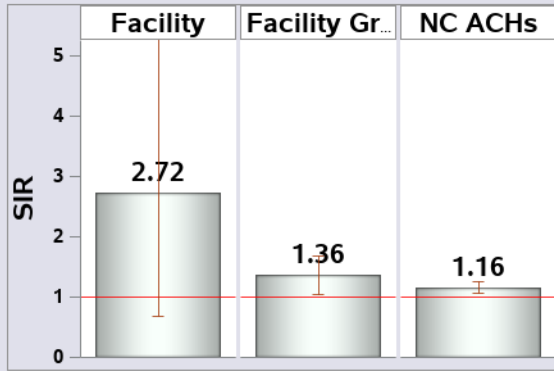


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sep 2022.

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

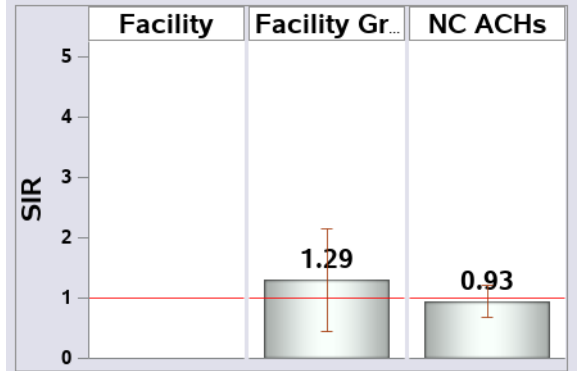


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	1.0	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

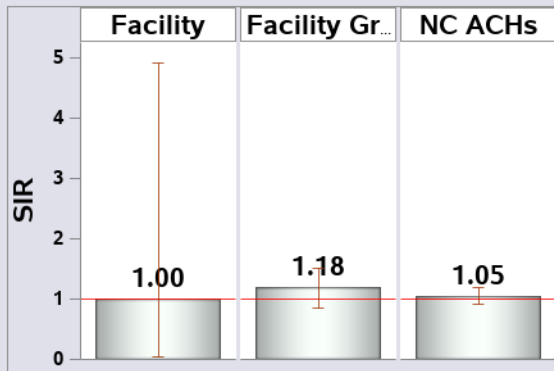


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Lenoir Memorial Hospital, Kinston, Lenoir County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2021:	5,613
Patient Days in 2021:	30,790
Total Number of Beds:	167
Number of ICU Beds:	14
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.60

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

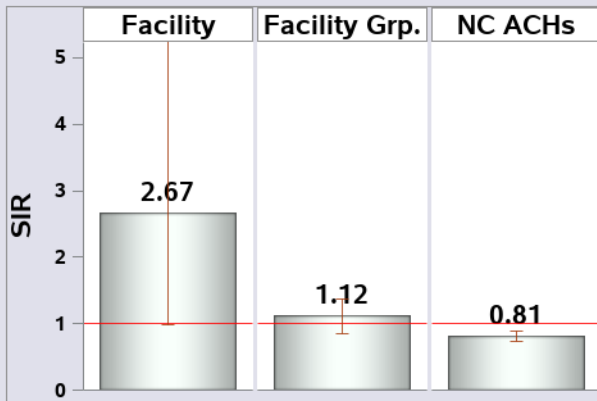


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

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	4	1.3	Same
All reporting units	5	1.9	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.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	1.3	Worse

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?

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

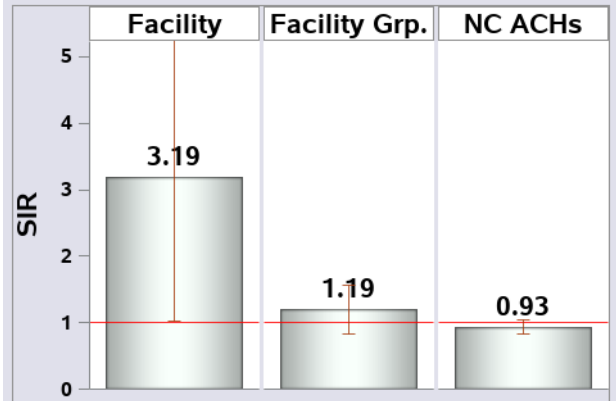


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	5	7.2	Same

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?

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

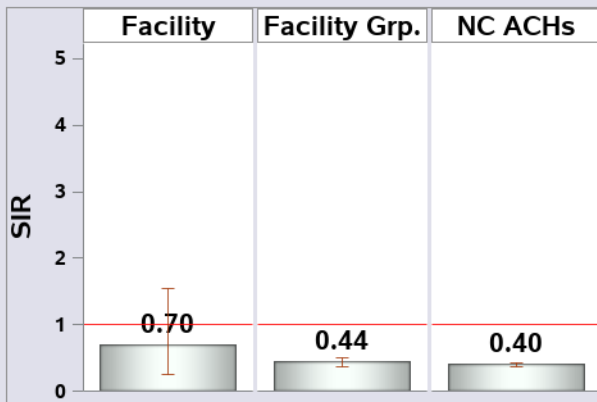


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Lenoir Memorial Hospital, Kinston, Lenoir County

Central Line-Associated Bloodstream Infections (CLABSI)

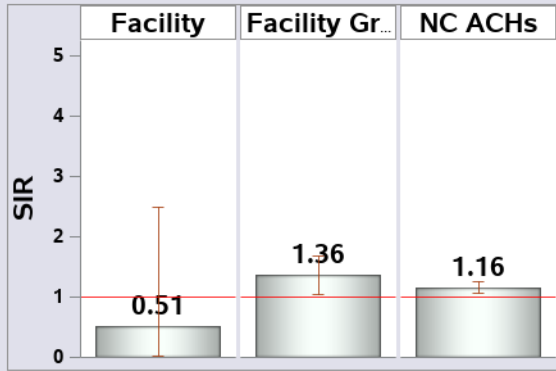


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

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	1.4	Same
All reporting units	1	2.0	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-Sep 2022.

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

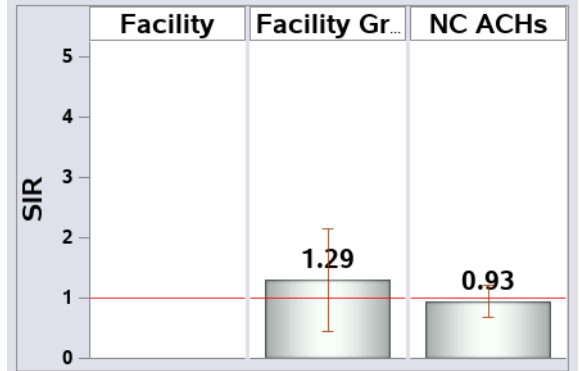


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	1.4	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

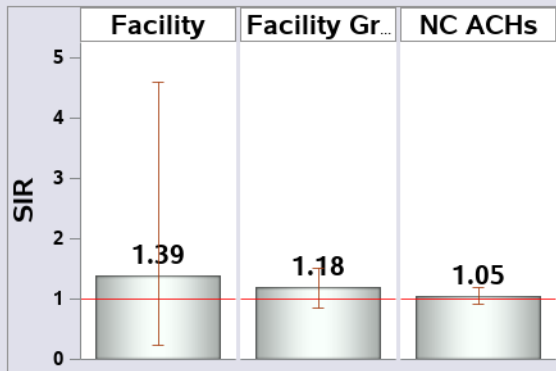


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Maria Parham Medical Center, Henderson, Vance County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2021:	4,945
Patient Days in 2021:	19,230
Total Number of Beds:	99
Number of ICU Beds:	8
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	1.01

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

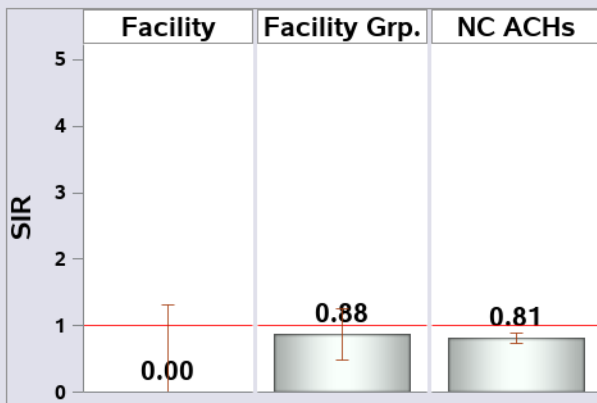


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	1.0	Same
Adult/Ped Wards	0	1.2	Same
All reporting units	0	2.3	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.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sep 2022

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

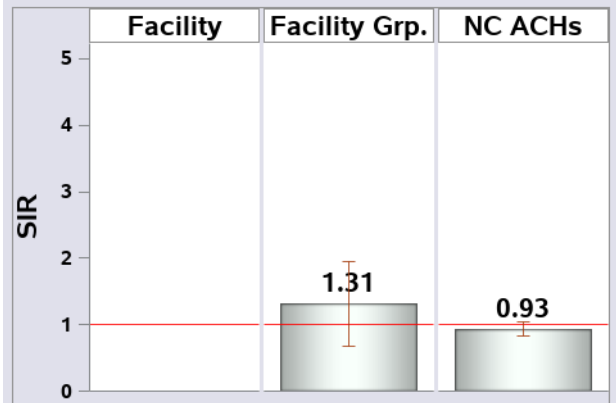


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	4.9	Same

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?

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

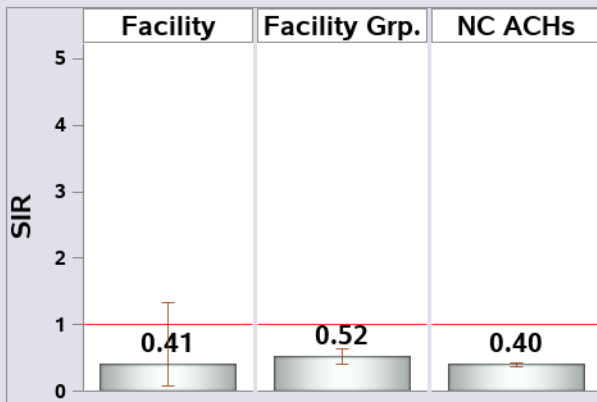


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

**North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Maria Parham Medical Center, Henderson, Vance County**

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

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	1.6	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

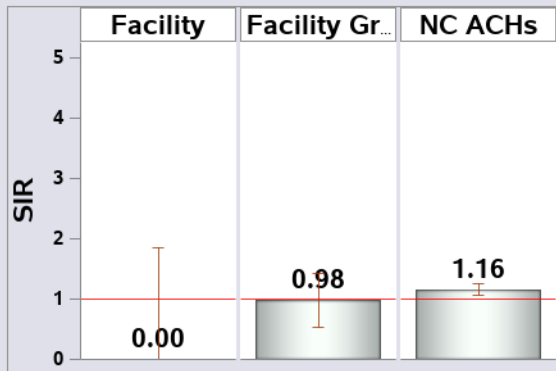


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sep 2022.

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

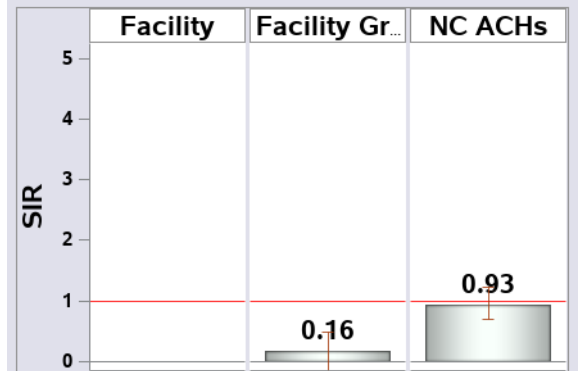


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	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

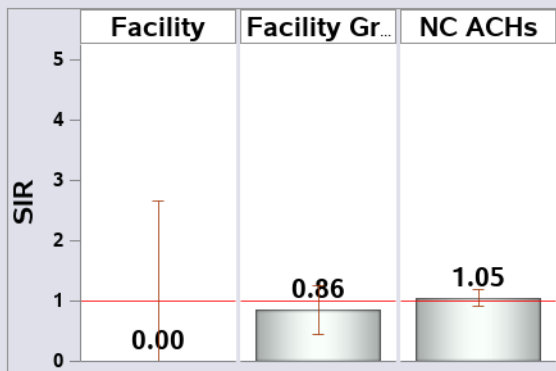


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Martin General Hospital, Williamston, Martin County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2021:	764
Patient Days in 2021:	4,303
Total Number of Beds:	18
Number of ICU Beds:	6
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	5.56

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

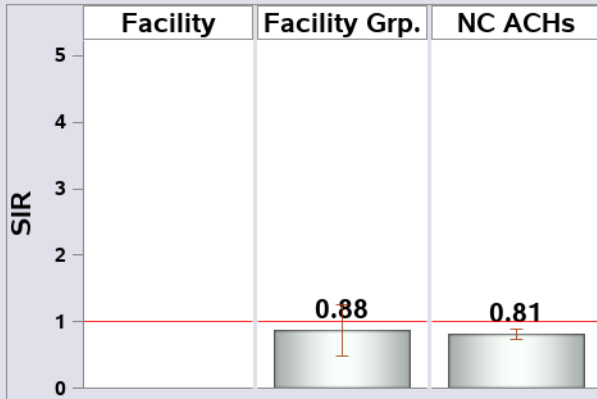


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

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 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-Sep 2022

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

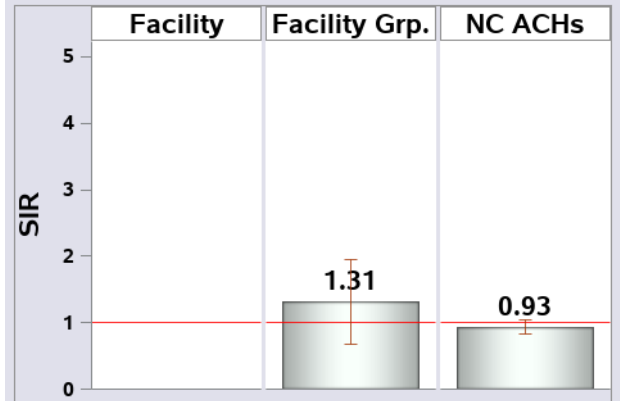


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

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

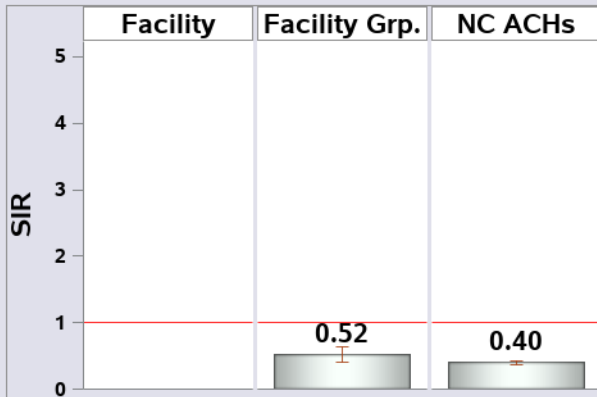


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

**North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Martin General Hospital, Williamston, Martin County**

Central Line-Associated Bloodstream Infections (CLABSI)

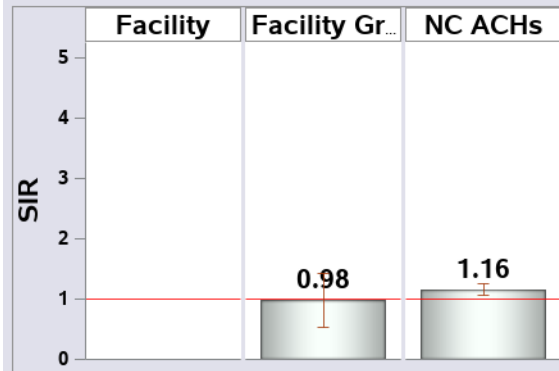


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

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

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
McDowell Hospital, Marion, McDowell County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2021:	2,932
Patient Days in 2021:	8,718
Total Number of Beds:	30
Number of ICU Beds:	6
FTE* Infection Preventionists:	0.55
Number of FTEs* per 100 beds:	1.83

*FTE = Full-time equivalent



Commentary From Facility:

Mission Health strives to improve the quality and safety of the care we give our patients each and every day. The prevention of infections is one of our highest priorities. By continuously and thoughtfully reviewing processes, procedures and events, we identify opportunities for improvement and address them immediately and appropriately, and share that knowledge internally to avert further issues.

Catheter-Associated Urinary Tract Infections (CAUTI)

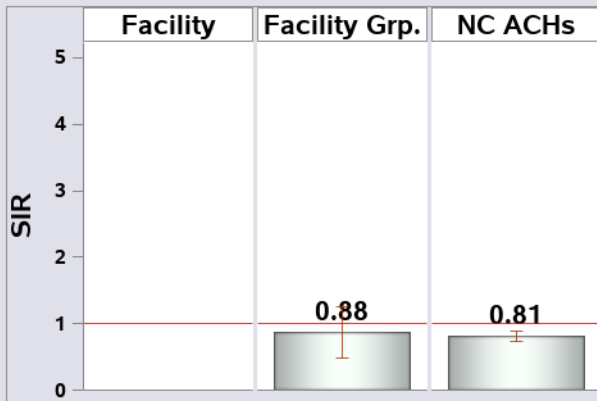


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
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 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-Sep 2022

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

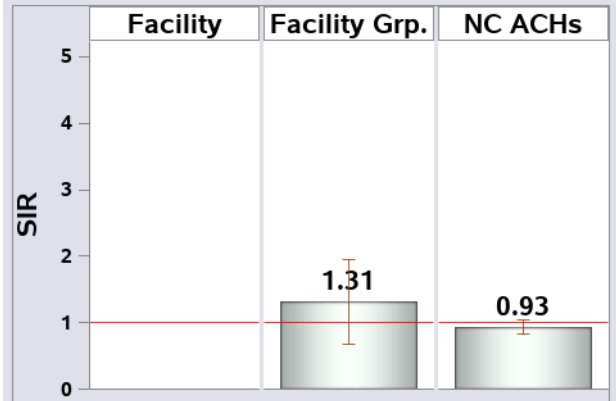


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	2.5	Same

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?

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

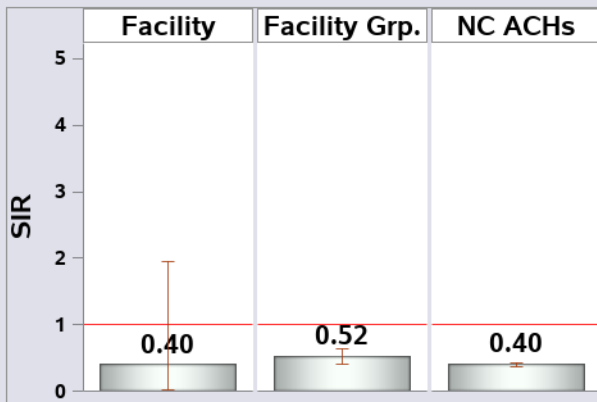


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
McDowell Hospital, Marion, McDowell County

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
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

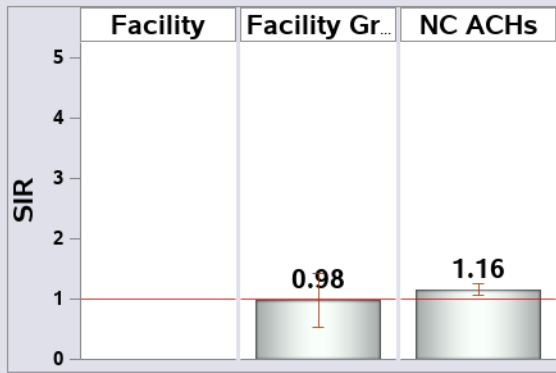


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sep 2022.

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

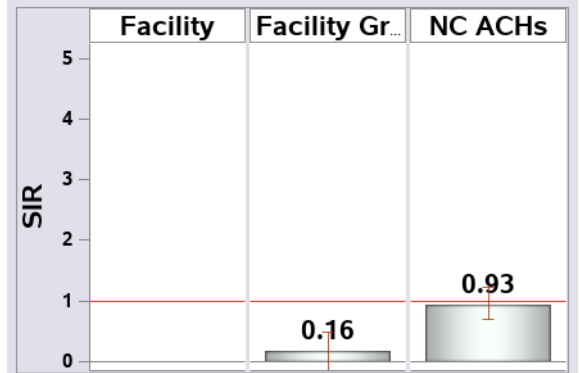


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	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

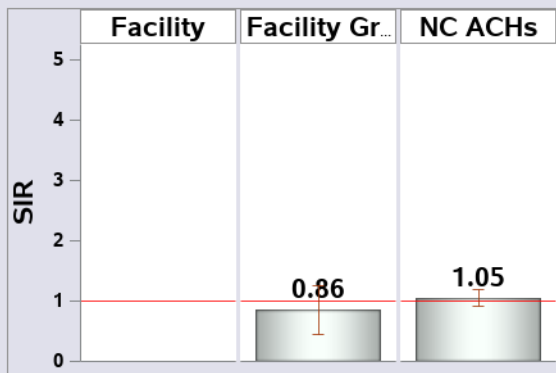


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Mission Hospital, Asheville, Buncombe County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2021:	57,798
Patient Days in 2021:	267,323
Total Number of Beds:	815
Number of ICU Beds:	151
FTE* Infection Preventionists:	5.30
Number of FTEs* per 100 beds:	0.65

*FTE = Full-time equivalent



Commentary From Facility:

Mission Health strives to improve the quality and safety of the care we give our patients each and every day. The prevention of infections is one of our highest priorities. By continuously and thoughtfully reviewing processes, procedures and events, we identify opportunities for improvement and address them immediately and appropriately, and share that knowledge internally to avert further issues.

Catheter-Associated Urinary Tract Infections (CAUTI)

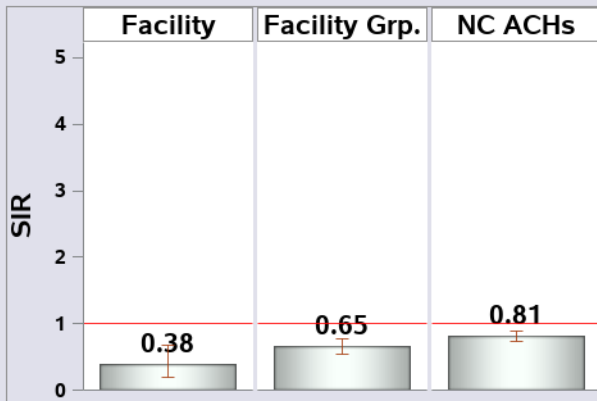


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	5	20	Better
Adult/Ped Wards	6	8.2	Same
All reporting units	11	29	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.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	6	16	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

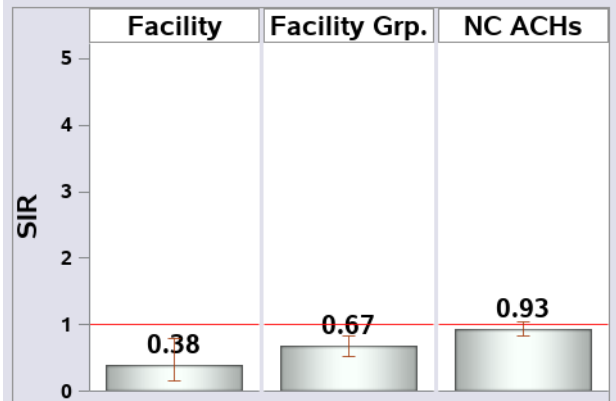


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	42	117	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

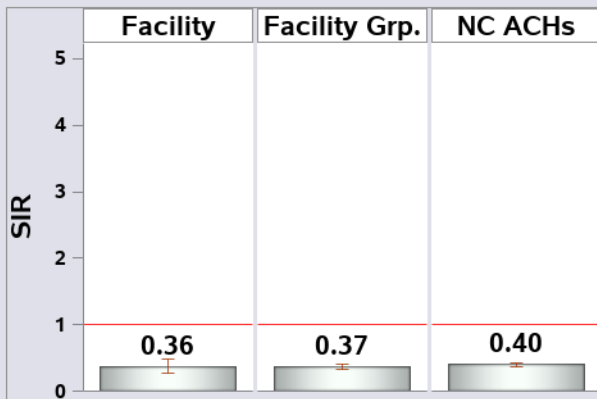


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Mission Hospital, Asheville, Buncombe County

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	14	11	Same
Adult/Ped Wards	2	8.0	Better
Neonatal Units	1	3.7	Same
All reporting units	17	22	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

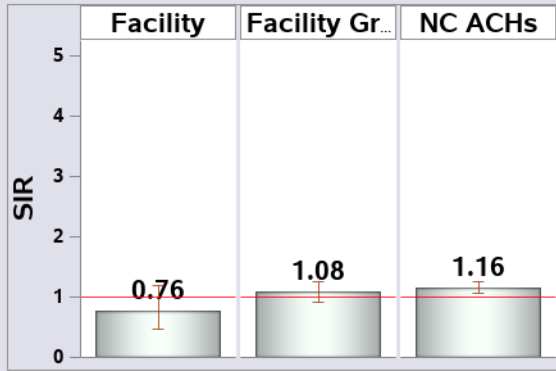


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	4.7	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

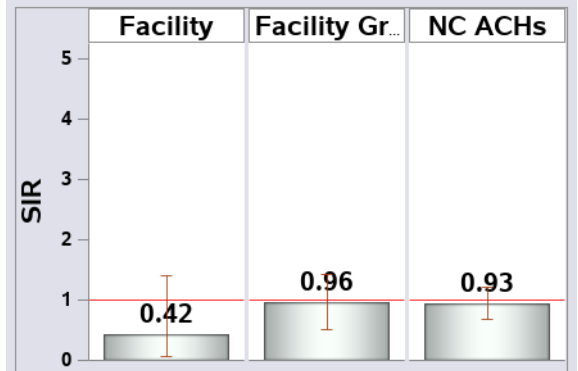


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	7	9.3	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

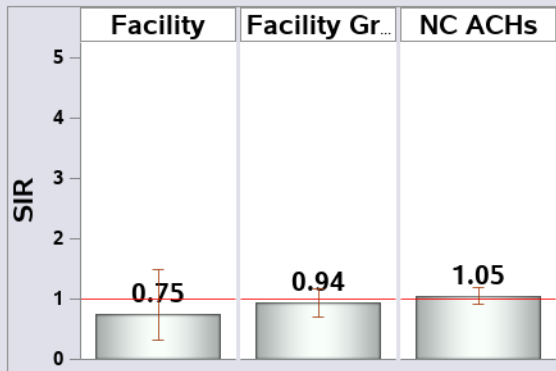


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Moses Cone Hospital, Greensboro, Guilford County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2021:	29,841
Patient Days in 2021:	180,553
Total Number of Beds:	517
Number of ICU Beds:	109
FTE* Infection Preventionists:	3.50
Number of FTEs* per 100 beds:	0.68

*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)

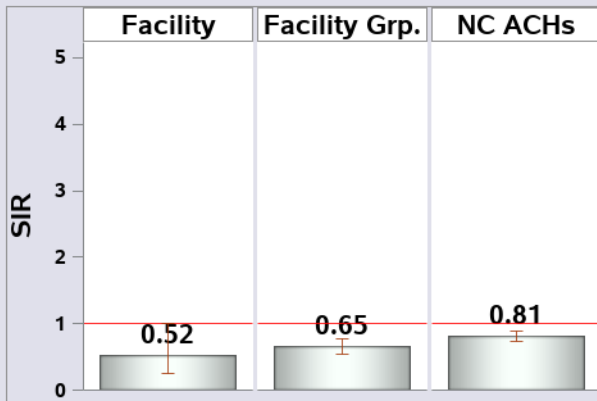


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	7	11	Same
Adult/Ped Wards	1	3.7	Same
All reporting units	8	15	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.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	11	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

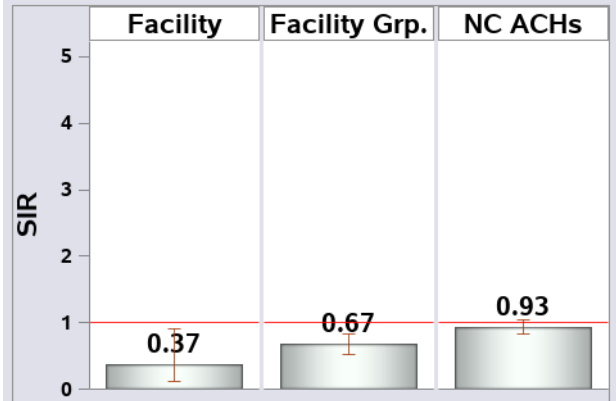


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	6	65	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

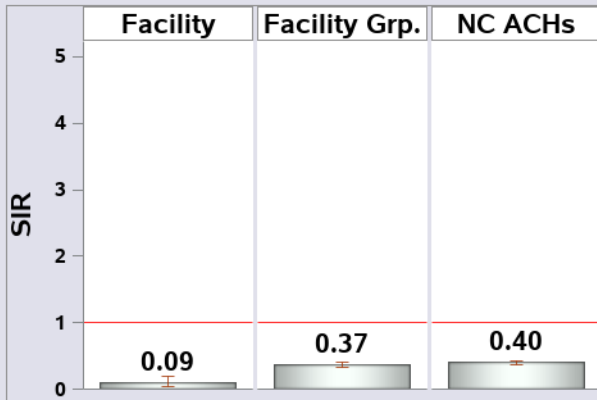


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Moses Cone Hospital, Greensboro, Guilford County

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	8	7.1	Same
Adult/Ped Wards	3	4.3	Same
All reporting units	11	11	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

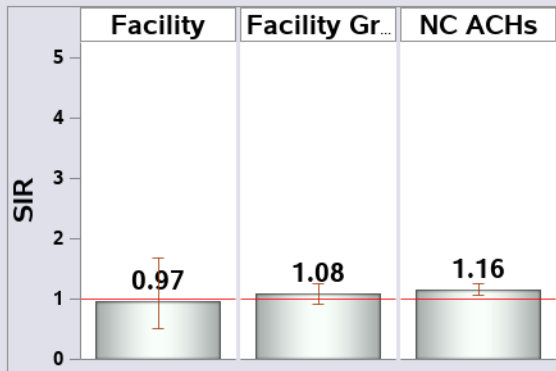


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sep 2022.

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

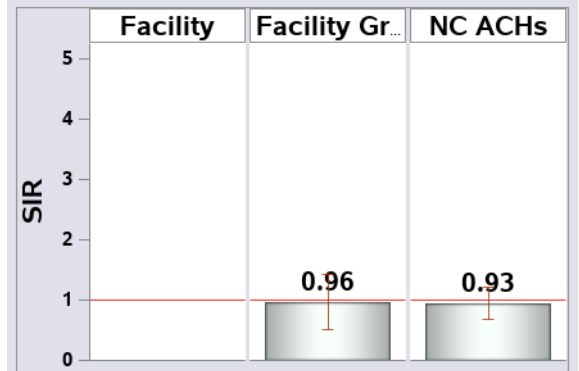


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	2.5	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

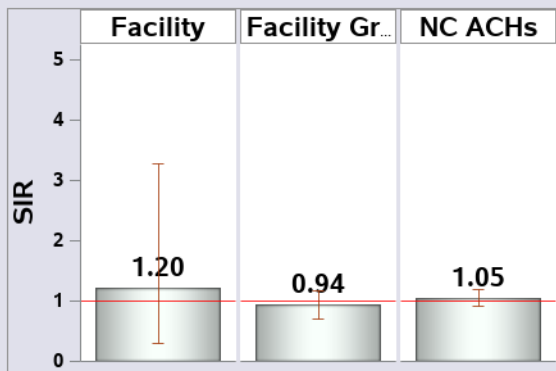


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Nash Health Care Systems, Rocky Mount, Nash County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2021:	10,638
Patient Days in 2021:	49,066
Total Number of Beds:	150
Number of ICU Beds:	26
FTE* Infection Preventionists:	3.00
Number of FTEs* per 100 beds:	2.00

*FTE = Full-time equivalent



Commentary From Facility:

NHCS is actively implementing plans to review and improve processes in the prevention of MRSA bacteremia. NHCS has a Lean project and action plan to further develop on-going strategies to reduce the risks of C. diff transmission

Catheter-Associated Urinary Tract Infections (CAUTI)

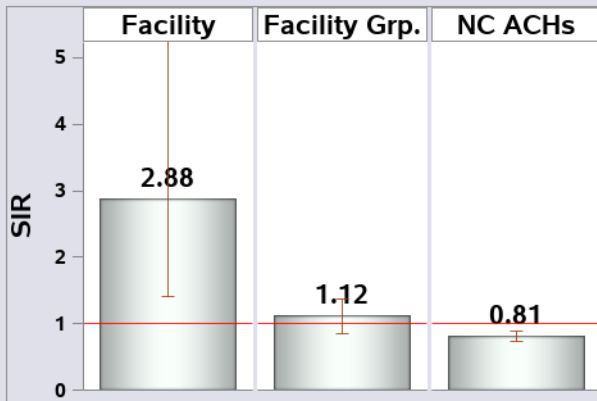


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	1.5	Same
Adult/Ped Wards	8	1.6	Worse
All reporting units	9	3.1	Worse

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?

✗ **Worse:** More 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.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.5	Same

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?

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

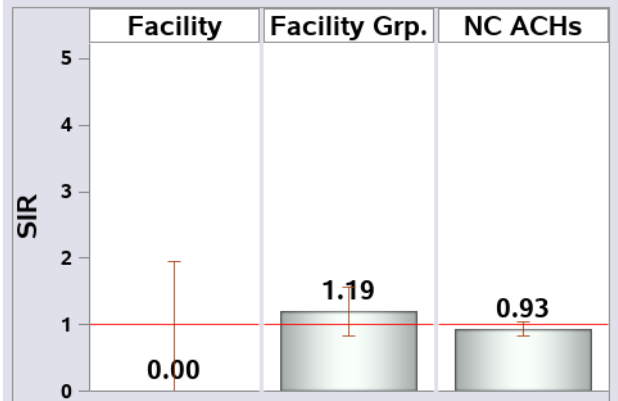


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	7	22	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

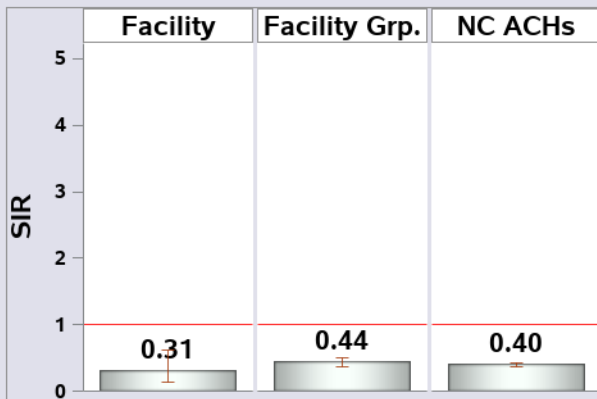


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Nash Health Care Systems, Rocky Mount, Nash County

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	3	1.2	Same
Adult/Ped Wards	1	1.1	Same
Neonatal Units	0	Less than 1.0	No Conclusion
All reporting units	4	2.4	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

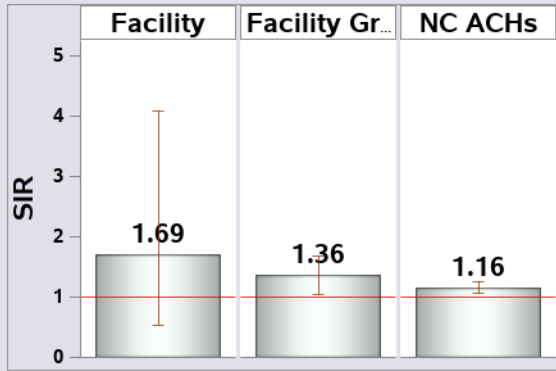


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sep 2022.

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

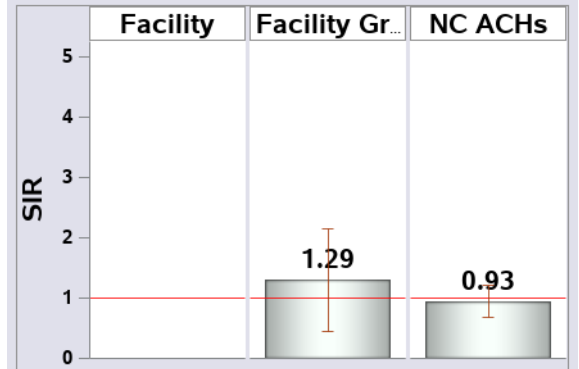


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	1.2	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?
 X Worse: More infections than predicted by the national baseline experience

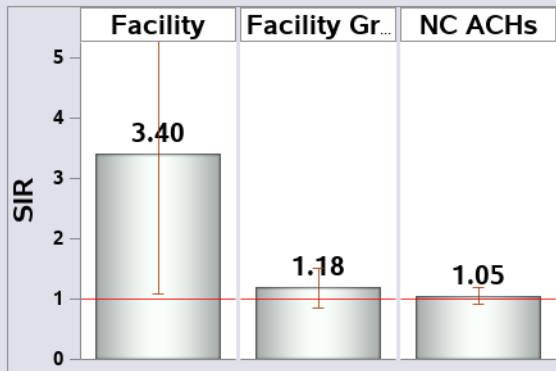


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
New Hanover Regional Medical Center, Wilmington, New Hanover County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2021:	33,356
Patient Days in 2021:	210,422
Total Number of Beds:	740
Number of ICU Beds:	126
FTE* Infection Preventionists:	4.00
Number of FTEs* per 100 beds:	0.54

[*FTE = Full-time equivalent]



Commentary From Facility:

At New Hanover Regional Medical Center we take patient safety and quality care extremely seriously. We implement the latest science-based protocols to prevent hospital-acquired infection. We study and adopt best practices, evidence-based medicine and recommendations from national agencies to deliver the best possible outcomes for our patients. We encourage patients and their families to take an active role in helping prevent infections. Our team of infection preventionists works with all staff to ensure they are focused on delivering the highest quality of care possible. We are proud of our success and our ongoing quest to keep preventable infections to an absolute minimum.

Catheter-Associated Urinary Tract Infections (CAUTI)

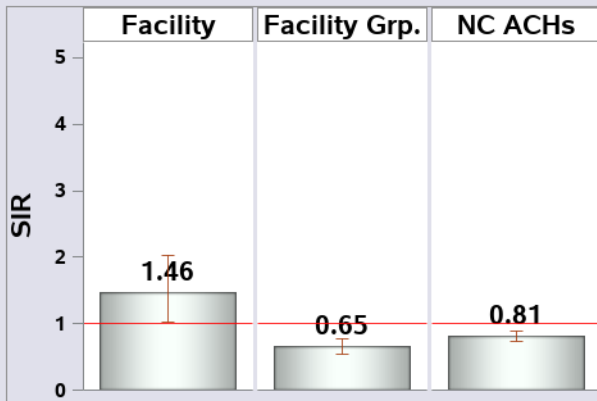


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	22	13	Worse
Adult/Ped Wards	12	9.9	Same
All reporting units	34	23	Worse

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?

✗ **Worse:** More 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.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	10	16	Same

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?

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

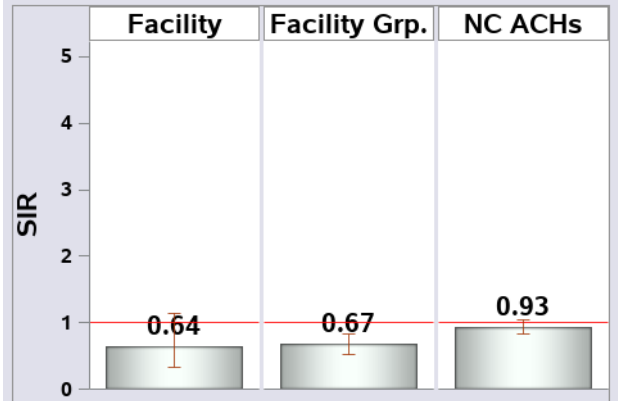


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	71	94	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

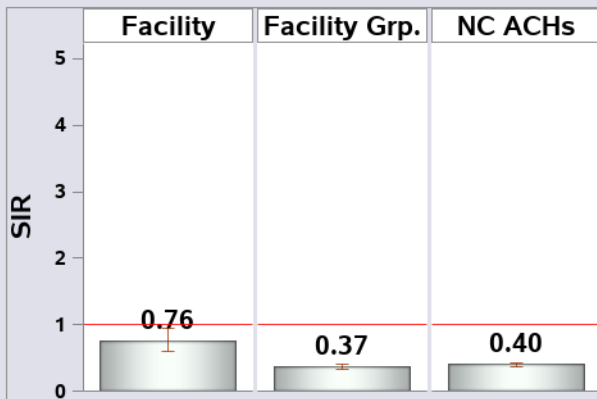


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
New Hanover Regional Medical Center, Wilmington, New Hanover County

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	20	9.1	Worse
Adult/Ped Wards	20	17	Same
Neonatal Units	1	3.5	Same
All reporting units	41	29	Worse

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?

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

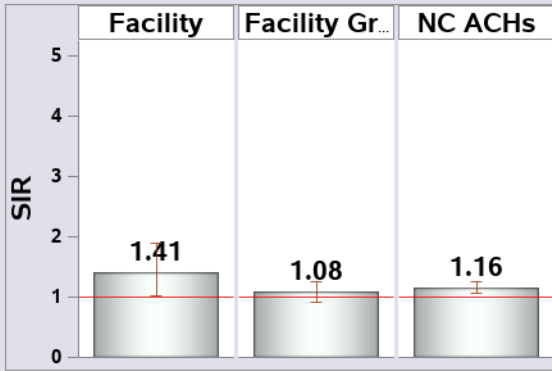


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	2.4	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

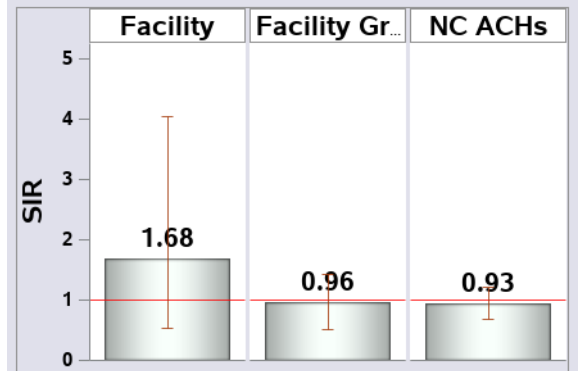


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	13	12	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

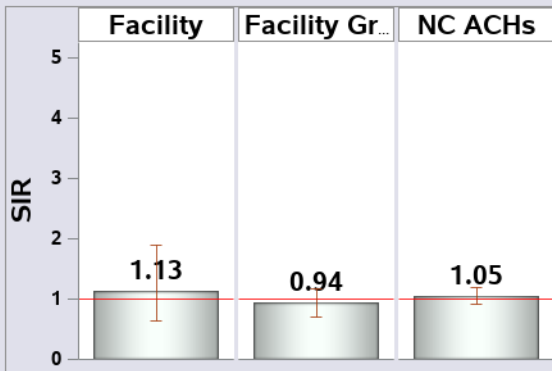


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
North Carolina Specialty Hospital, Durham, Durham County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2021:	2,480
Patient Days in 2021:	3,687
Total Number of Beds:	26
Number of ICU Beds:	0
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	3.85

*FTE = Full-time equivalent



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

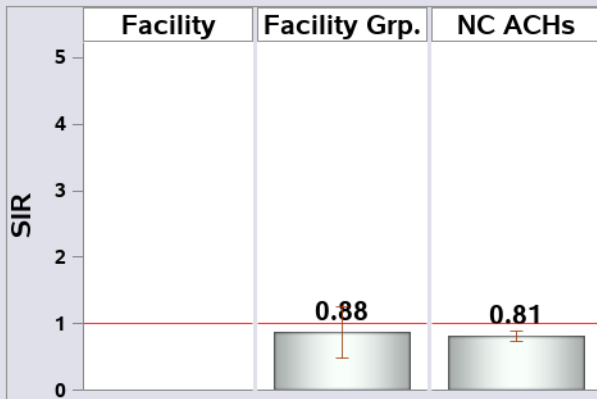


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
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 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-Sep 2022

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

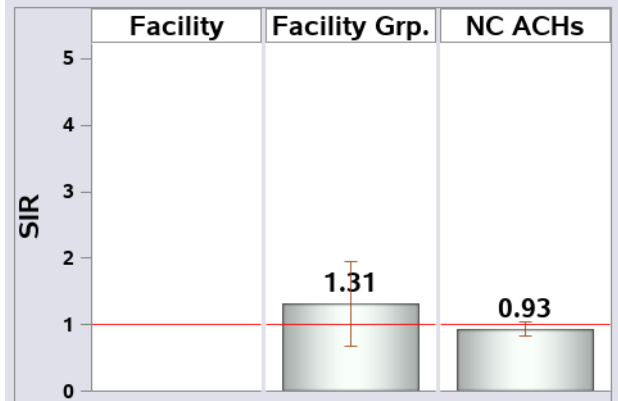


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

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

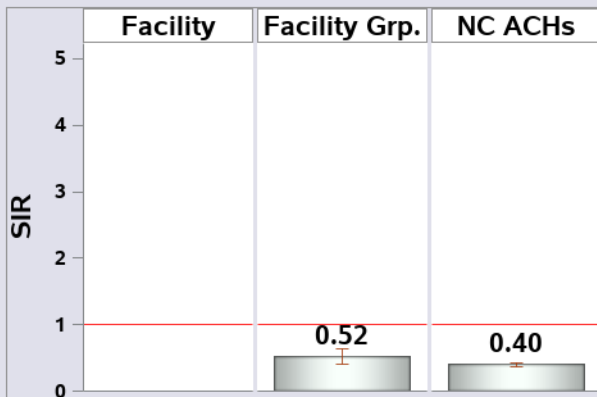


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

**North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
North Carolina Specialty Hospital, Durham, Durham County**

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
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

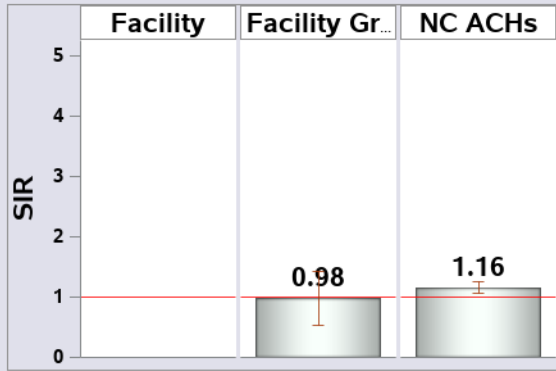


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: This facility did not have locations required to report SSI during this time period

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: This facility did not have locations required to report SSI during this time period

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Northern Regional Hospital, Mount Airy, Surry County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2021:	4,912
Patient Days in 2021:	20,135
Total Number of Beds:	100
Number of ICU Beds:	10
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	1.00

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

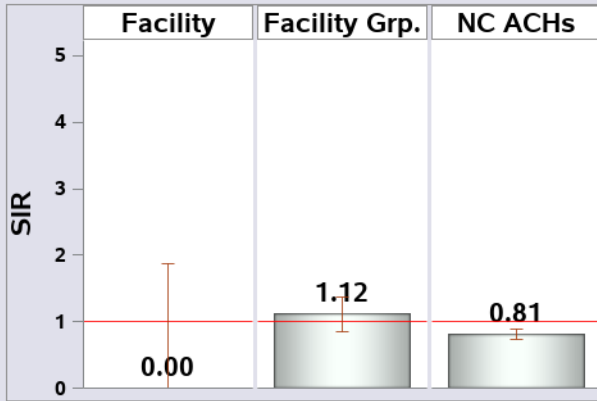


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

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	1.1	Same
All reporting units	0	1.6	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.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sep 2022

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

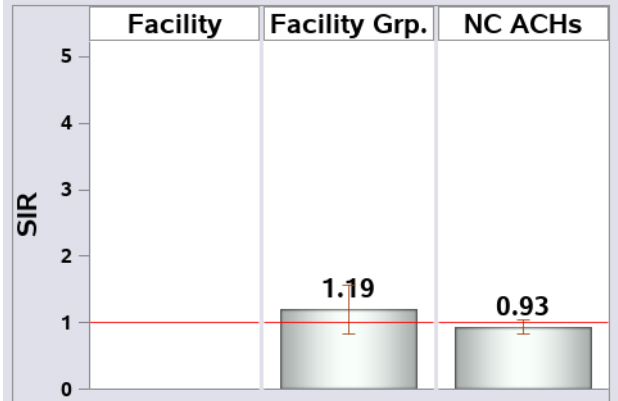


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	12	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

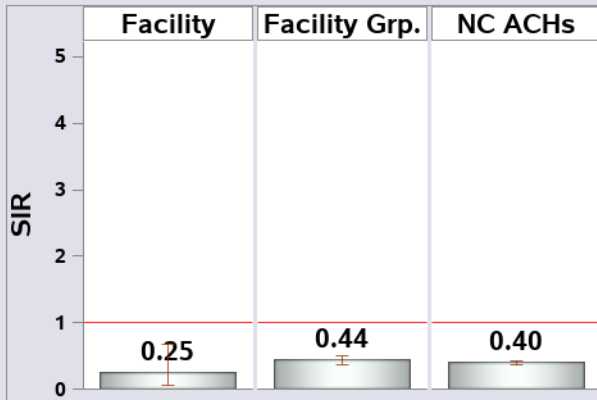


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Northern Regional Hospital, Mount Airy, Surry County

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

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	1.1	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

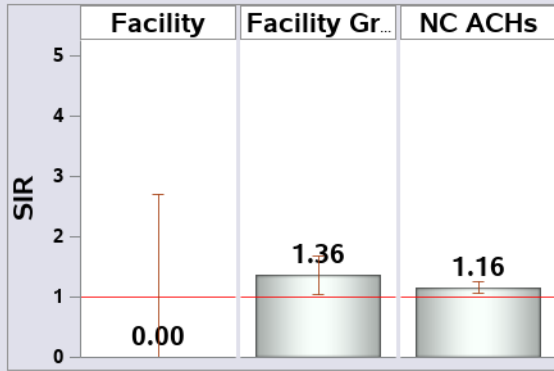


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sep 2022.

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

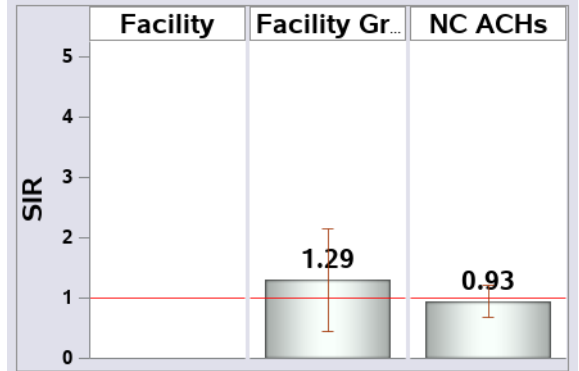


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	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

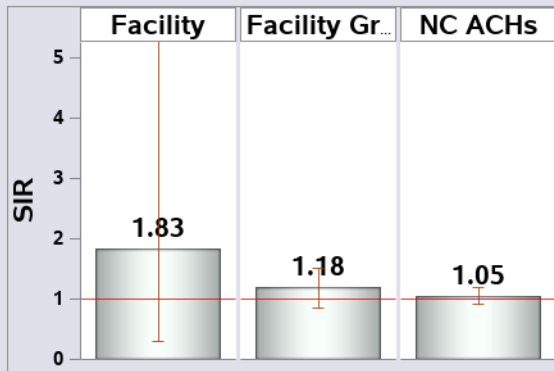


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Novant Health Brunswick Medical Center, Bolivia, Brunswick County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2021:	6,671
Patient Days in 2021:	24,004
Total Number of Beds:	108
Number of ICU Beds:	5
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.93

*FTE = Full-time equivalent



Commentary From Facility:

At Novant Health, the safety of our patients comes first and we support transparency in reporting. Our goal is to have zero healthcare associated infections and we continually monitor our infection prevention processes for improvement opportunities.

Catheter-Associated Urinary Tract Infections (CAUTI)

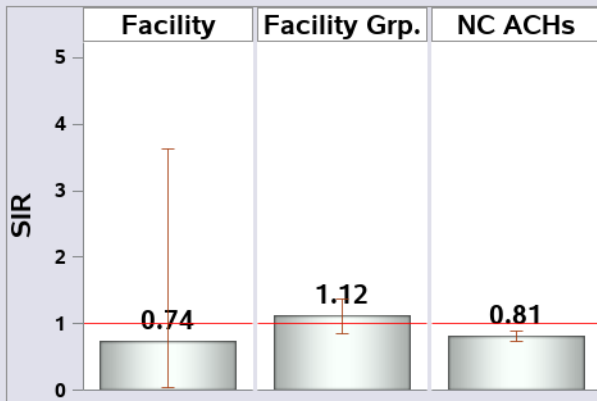


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

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	1.0	Same
All reporting units	1	1.4	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.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sep 2022

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

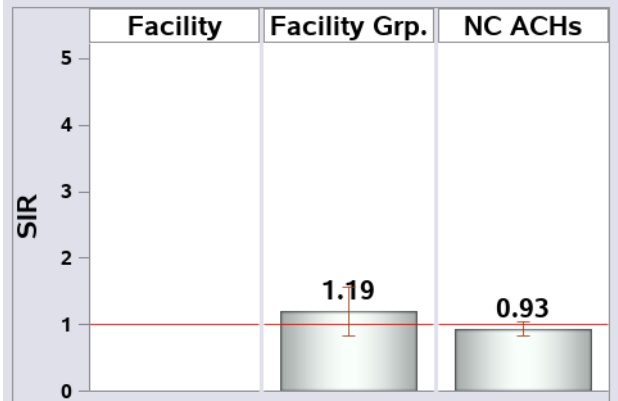


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	9.6	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

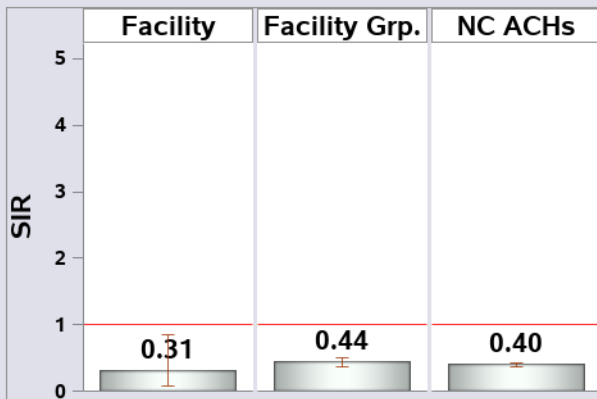


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Novant Health Brunswick Medical Center, Bolivia, Brunswick County

Central Line-Associated Bloodstream Infections (CLABSI)

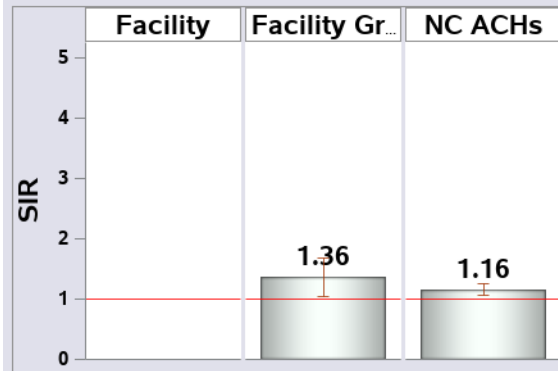


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

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 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

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	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

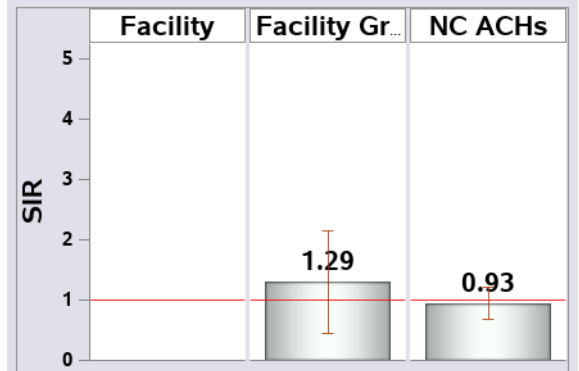


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	2.1	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

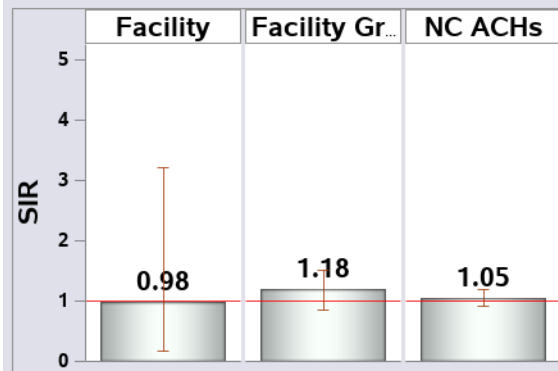


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Novant Health Charlotte Orthopedic Hospital, Charlotte, Mecklenburg County

2021 Hospital Survey Information

Hospital Type:	Specialty Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2021:	4,445
Patient Days in 2021:	12,911
Total Number of Beds:	48
Number of ICU Beds:	0
FTE* Infection Preventionists:	0.70
Number of FTEs* per 100 beds:	1.46

*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

Note from N.C. Division of Public Health: Data are unavailable for this time period.

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-Sep 2022

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

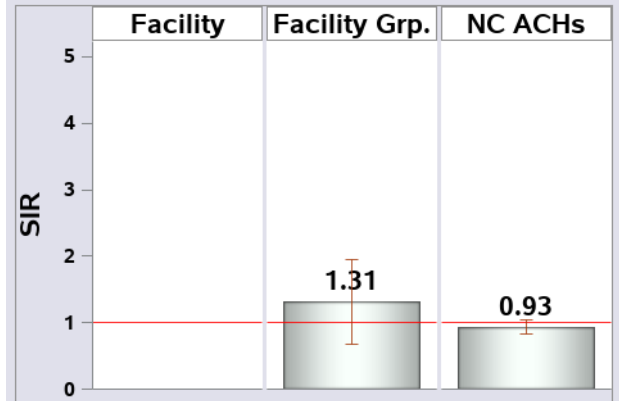


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	1.0	Same

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?

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

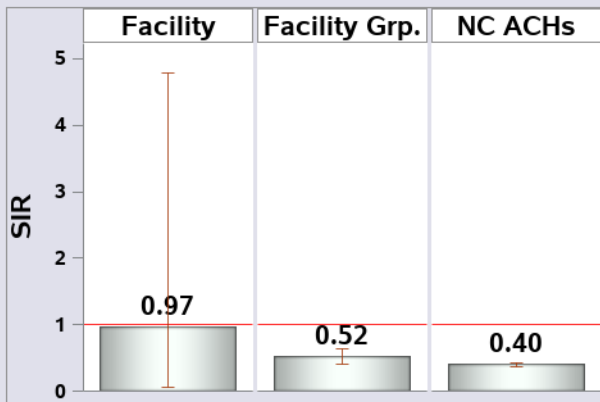


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Novant Health Charlotte Orthopedic Hospital, Charlotte, Mecklenburg County

Central Line-Associated Bloodstream Infections (CLABSI)

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Novant Health Clemmons Medical Center, Clemmons, Forsyth County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2021:	3,518
Patient Days in 2021:	7,838
Total Number of Beds:	36
Number of ICU Beds:	0
FTE* Infection Preventionists:	0.30
Number of FTEs* per 100 beds:	0.83

[*FTE = Full-time equivalent]



Commentary From Facility:

At Novant Health, the safety of our patients comes first and we support transparency in reporting. Our goal is to have zero healthcare associated infections and we continually monitor our infection prevention processes for improvement opportunities.

Catheter-Associated Urinary Tract Infections (CAUTI)

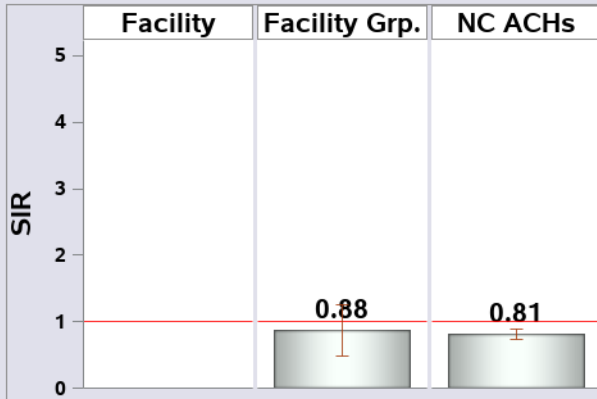


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
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 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-Sep 2022

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

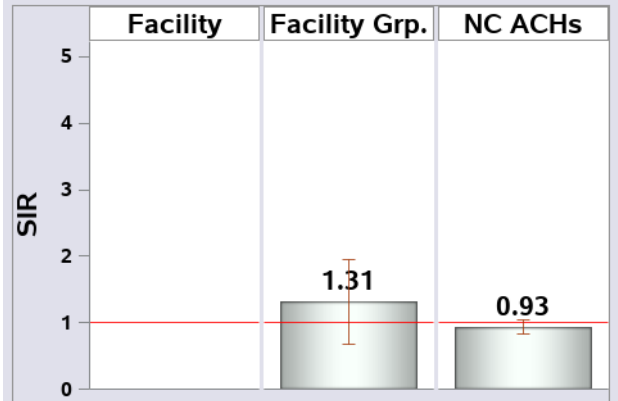


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.7	Same

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?

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

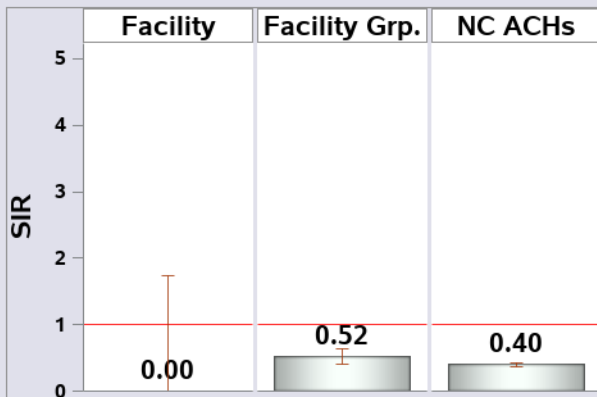


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Novant Health Clemmons Medical Center, Clemmons, Forsyth County

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
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

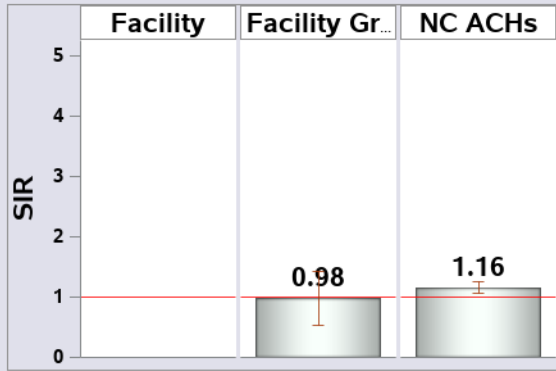


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sep 2022.

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

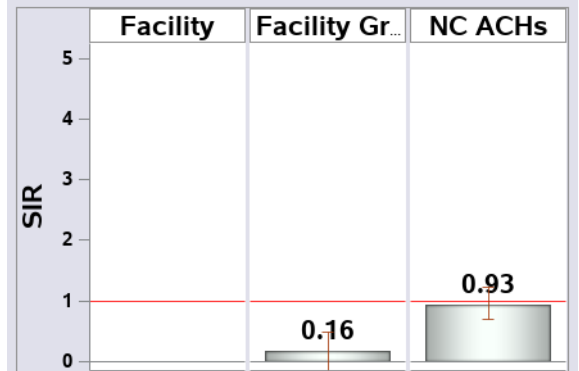


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	4.2	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

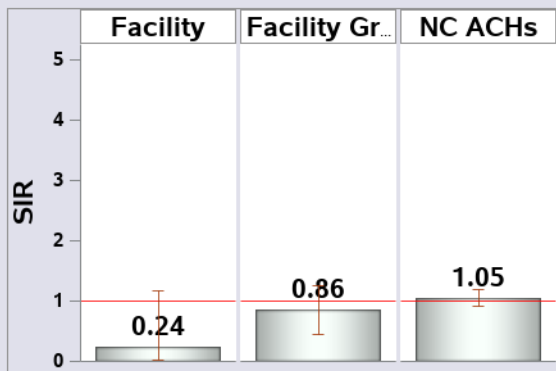


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Novant Health Forsyth Medical Center, Winston Salem, Forsyth County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2021:	42,362
Patient Days in 2021:	245,109
Total Number of Beds:	812
Number of ICU Beds:	148
FTE* Infection Preventionists:	8.00
Number of FTEs* per 100 beds:	0.99

*FTE = Full-time equivalent



Commentary From Facility:

At Novant Health, the safety of our patients comes first and we support transparency in reporting. Our goal is to have zero healthcare associated infections and we continually monitor our infection prevention processes for improvement opportunities.

Catheter-Associated Urinary Tract Infections (CAUTI)

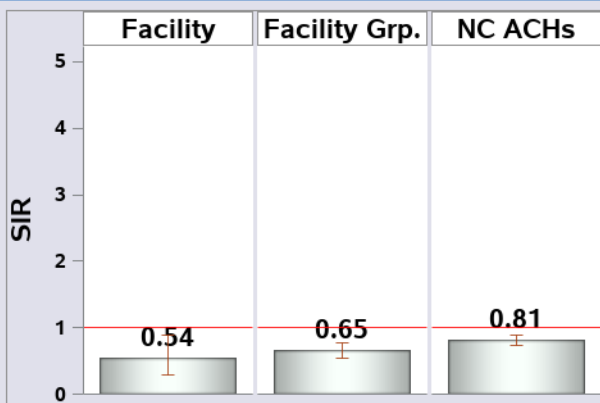


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	9	19	Better
Adult/Ped Wards	4	5.0	Same
All reporting units	13	24	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.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	7	17	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

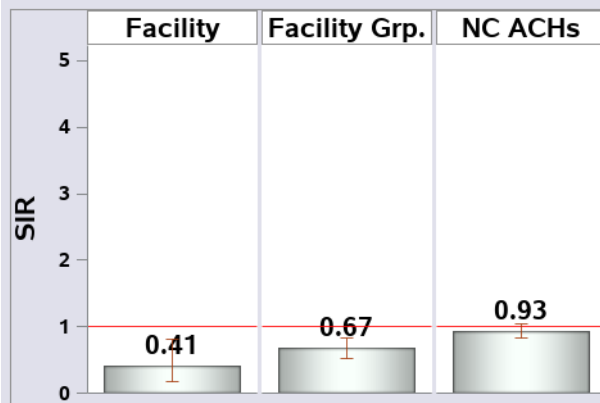


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	36	130	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

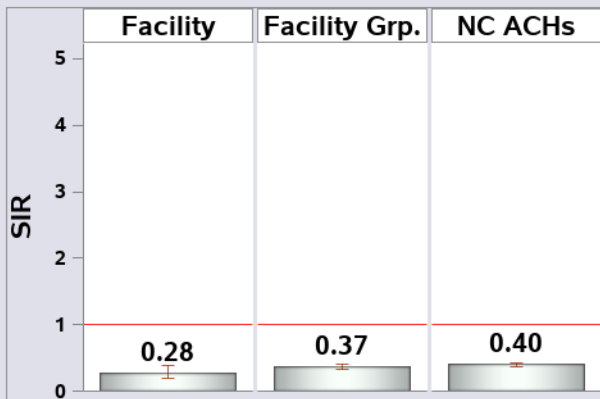


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Novant Health Forsyth Medical Center, Winston Salem, Forsyth County

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	14	12	Same
Adult/Ped Wards	2	5.6	Same
Neonatal Units	2	1.2	Same
All reporting units	18	19	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

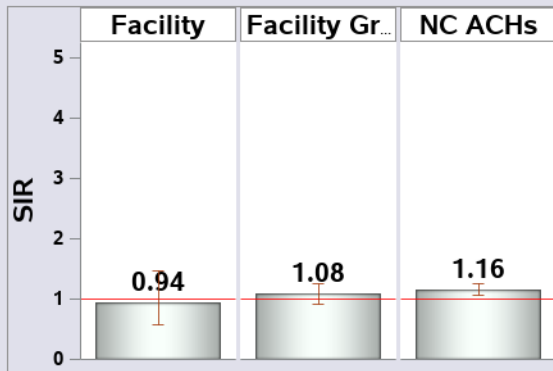


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	2.1	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

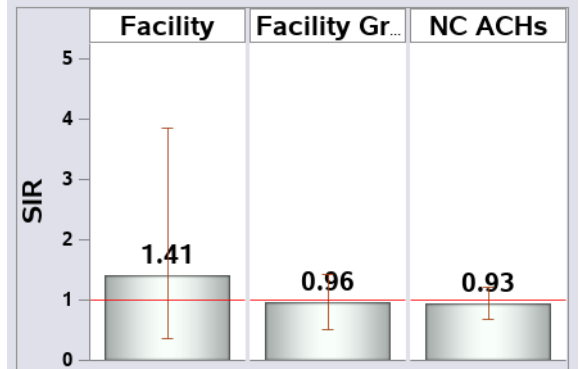


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	8	5.6	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

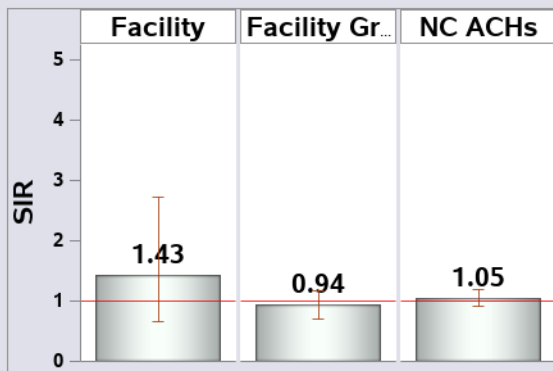


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Novant Health Huntersville Medical Center, Huntersville, Mecklenburg County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2021:	12,556
Patient Days in 2021:	44,304
Total Number of Beds:	197
Number of ICU Beds:	8
FTE* Infection Preventionists:	1.10
Number of FTEs* per 100 beds:	0.56

*FTE = Full-time equivalent



Commentary From Facility:

At Novant Health, the safety of our patients comes first and we support transparency in reporting. Our goal is to have zero healthcare associated infections and we continually monitor our infection prevention processes for improvement opportunities.

Catheter-Associated Urinary Tract Infections (CAUTI)

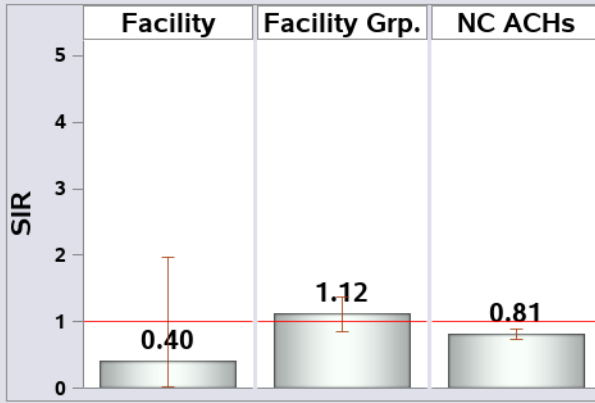


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

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	1.7	Same
All reporting units	1	2.5	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.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	1.6	Same

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?

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

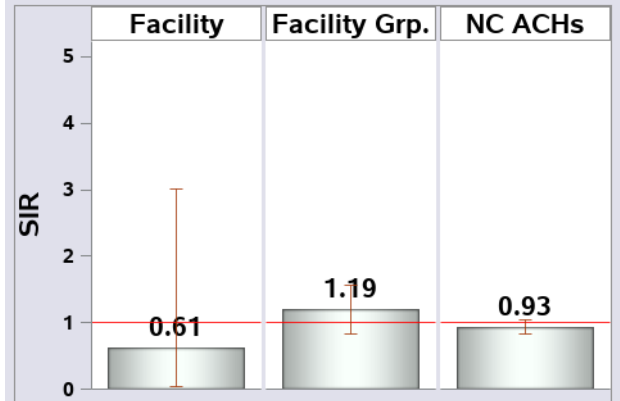


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	15	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

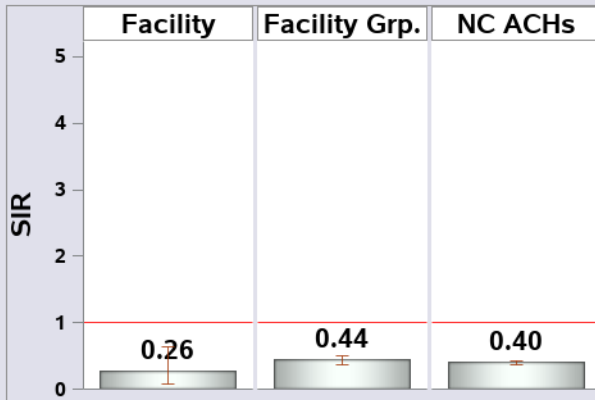


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Novant Health Huntersville Medical Center, Huntersville, Mecklenburg County

Central Line-Associated Bloodstream Infections (CLABSI)

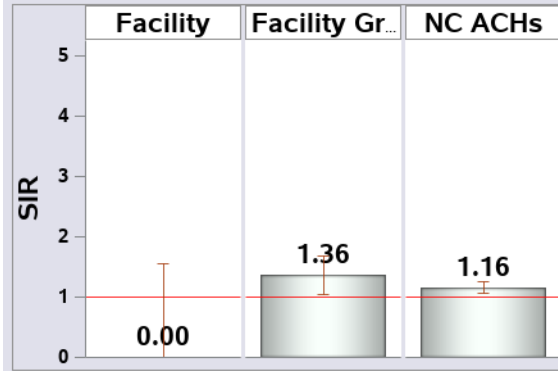


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

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	1.4	Same
Neonatal Units	0	Less than 1.0	No Conclusion
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

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sep 2022.

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

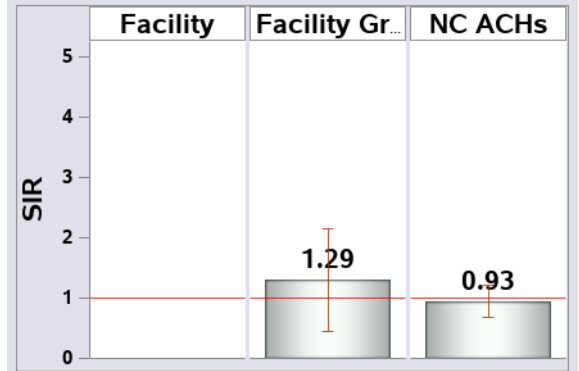


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	6	4.8	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

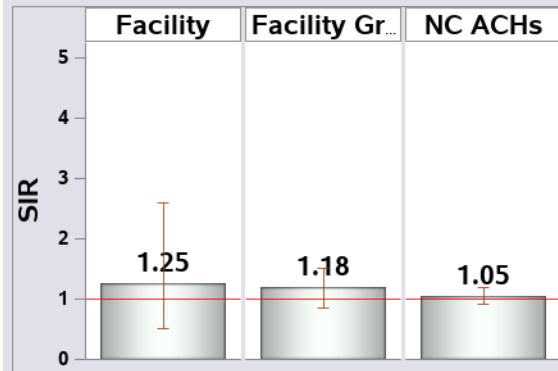


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Novant Health Kernersville Medical Center, Kernersville, Forsyth County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2021:	4,579
Patient Days in 2021:	17,822
Total Number of Beds:	67
Number of ICU Beds:	4
FTE* Infection Preventionists:	0.50
Number of FTEs* per 100 beds:	0.75

*FTE = Full-time equivalent



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

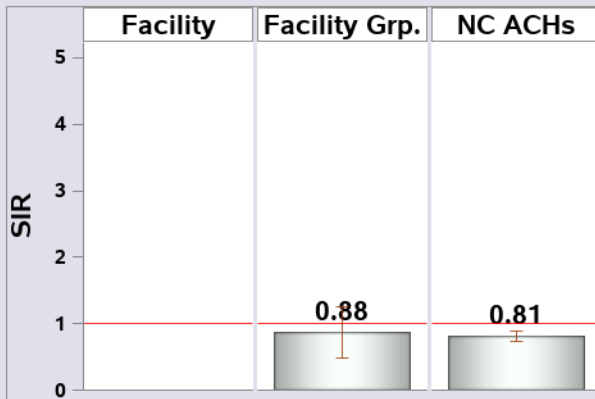


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	2	Less than 1.0	No Conclusion
All reporting units	2	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-Sep 2022

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

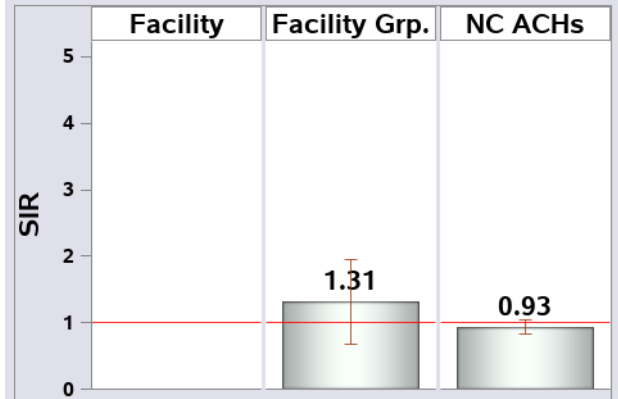


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	4.5	Same

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?

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

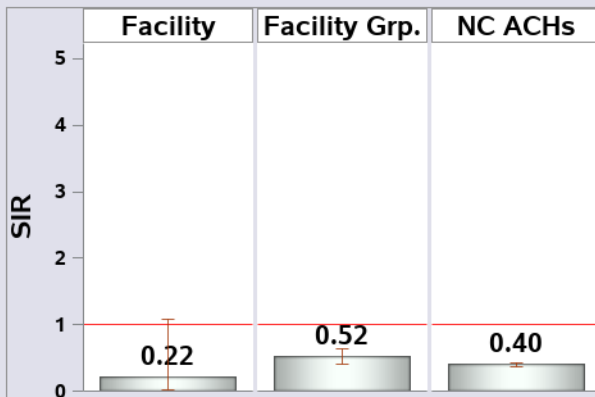


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Novant Health Kernersville Medical Center, Kernersville, Forsyth County

Central Line-Associated Bloodstream Infections (CLABSI)

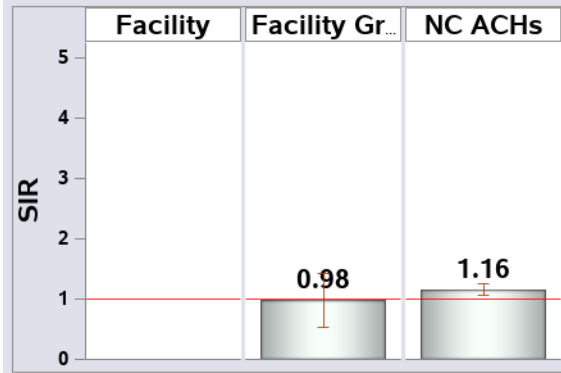


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
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

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Surgical Site Infections (SSI) after Colon Surgeries

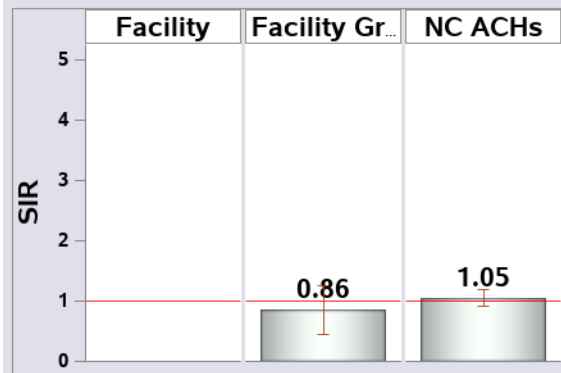


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

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

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Novant Health Matthews Medical Center, Matthews, Mecklenburg County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2021:	15,220
Patient Days in 2021:	57,373
Total Number of Beds:	213
Number of ICU Beds:	35
FTE* Infection Preventionists:	1.30
Number of FTEs* per 100 beds:	0.61

*FTE = Full-time equivalent



Commentary From Facility:

At Novant Health, the safety of our patients comes first and we support transparency in reporting. Our goal is to have zero healthcare associated infections and we continually monitor our infection prevention processes for improvement opportunities.

Catheter-Associated Urinary Tract Infections (CAUTI)

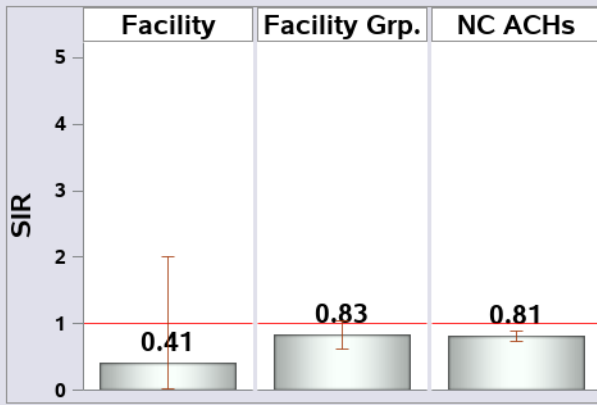


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	1.2	Same
Adult/Ped Wards	0	1.3	Same
All reporting units	1	2.5	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.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	1.7	Same

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?

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

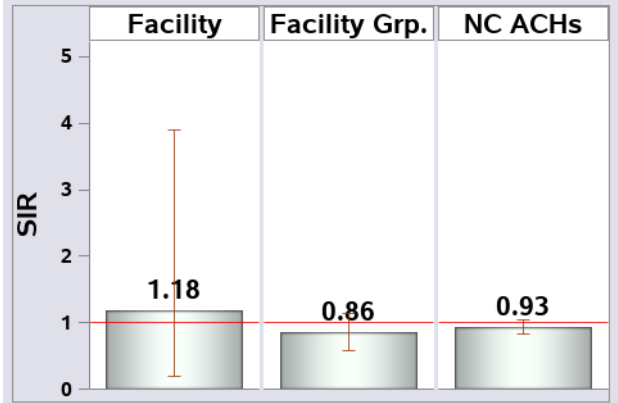


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	23	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

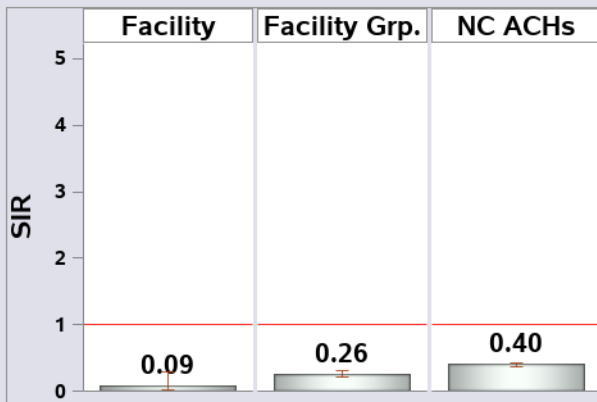


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Novant Health Matthews Medical Center, Matthews, Mecklenburg County

Central Line-Associated Bloodstream Infections (CLABSI)

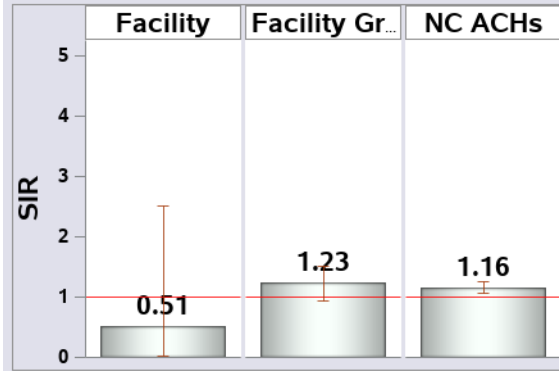


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	1.1	Same
Adult/Ped Wards	0	Less than 1.0	No Conclusion
Neonatal Units	0	Less than 1.0	No Conclusion
All reporting units	1	2.0	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-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	1.3	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

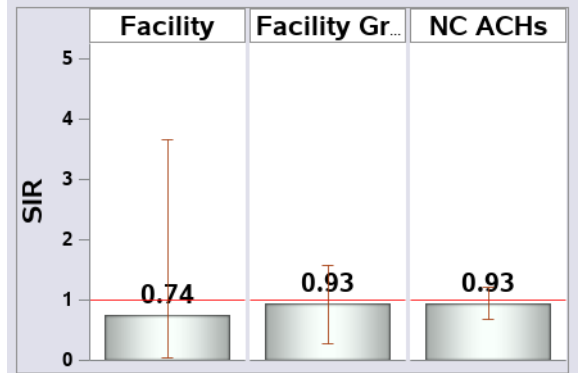


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	4.1	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

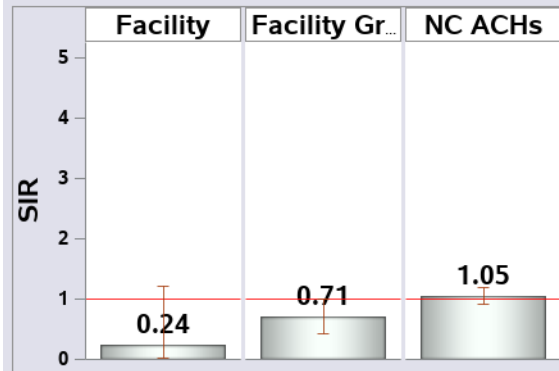


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Novant Health Medical Park Hospital, Winston Salem, Forsyth County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2021:	2,116
Patient Days in 2021:	4,444
Total Number of Beds:	33
Number of ICU Beds:	0
FTE* Infection Preventionists:	0.40
Number of FTEs* per 100 beds:	1.21

*FTE = Full-time equivalent



Commentary From Facility:

At Novant Health, the safety of our patients comes first and we support transparency in reporting. Our goal is to have zero healthcare associated infections and we continually monitor our infection prevention processes for improvement opportunities.

Catheter-Associated Urinary Tract Infections (CAUTI)

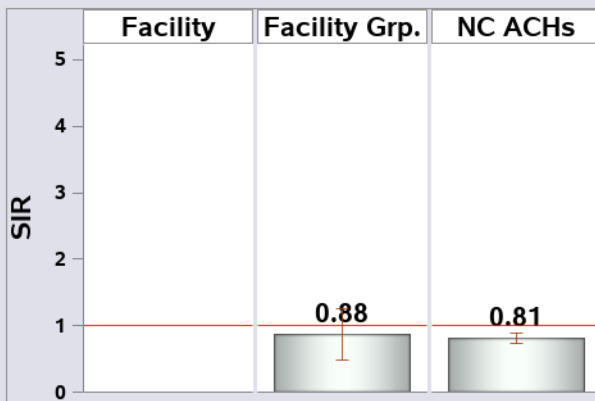


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Wards	1	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-Sep 2022

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

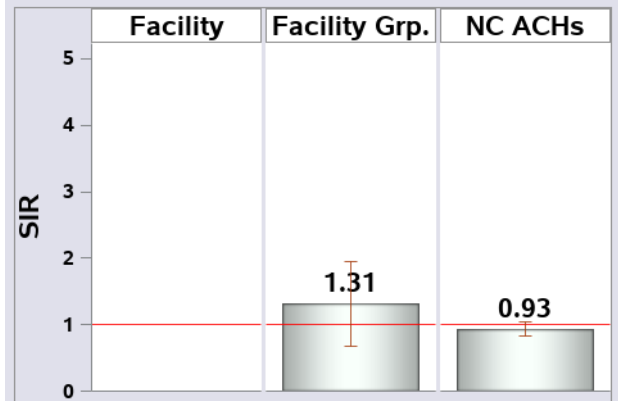


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

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

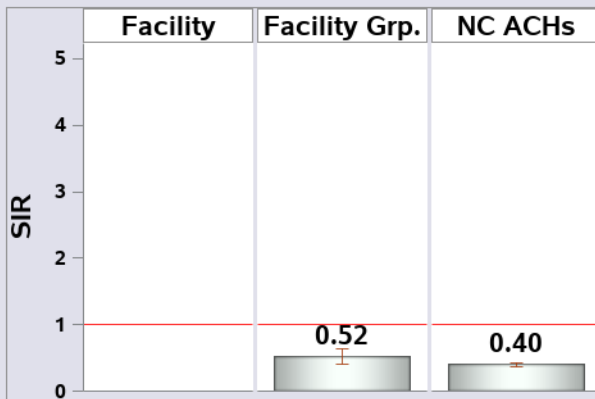


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Novant Health Medical Park Hospital, Winston Salem, Forsyth County

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
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

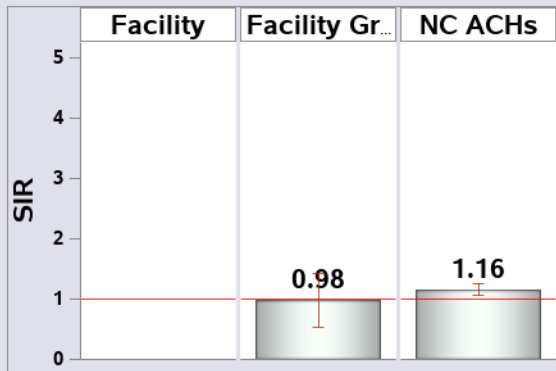


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.8	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

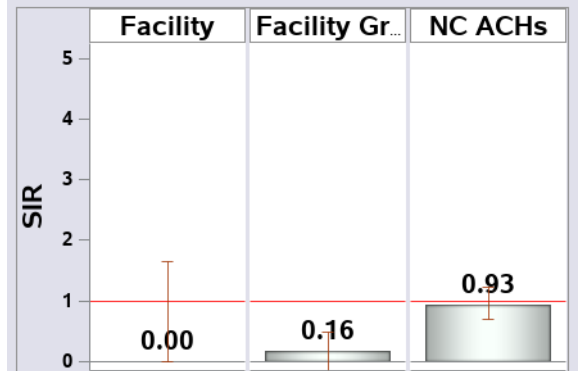


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.7	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

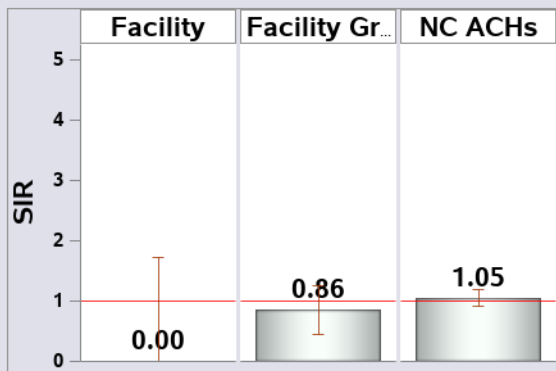


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Novant Health Mint Hill Medical Center, Charlotte, Mecklenburg County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2021:	4,396
Patient Days in 2021:	14,261
Total Number of Beds:	50
Number of ICU Beds:	7
FTE* Infection Preventionists:	0.50
Number of FTEs* per 100 beds:	1.00

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

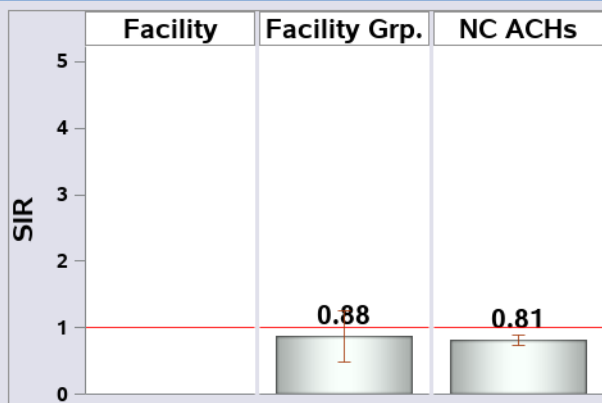


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

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 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-Sep 2022

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

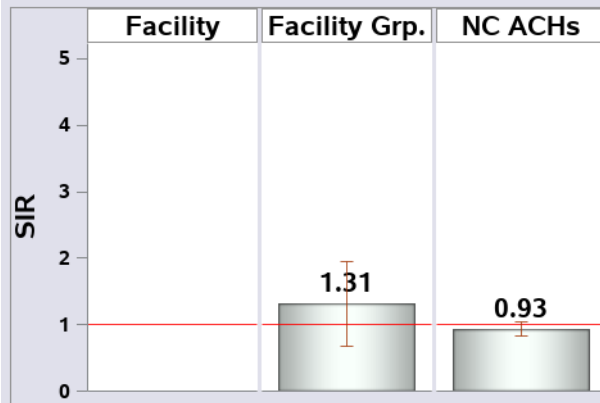


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	4.5	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

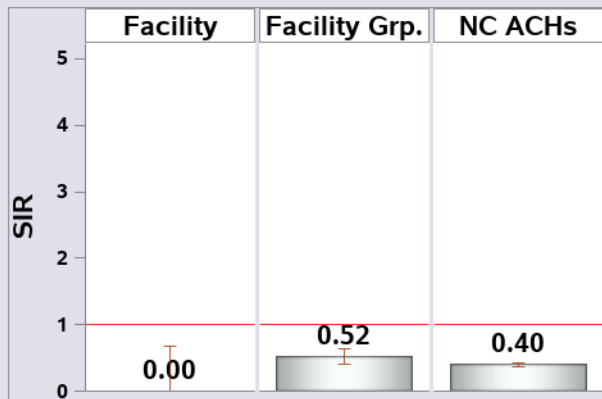


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Novant Health Mint Hill Medical Center, Charlotte, Mecklenburg County

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

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 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

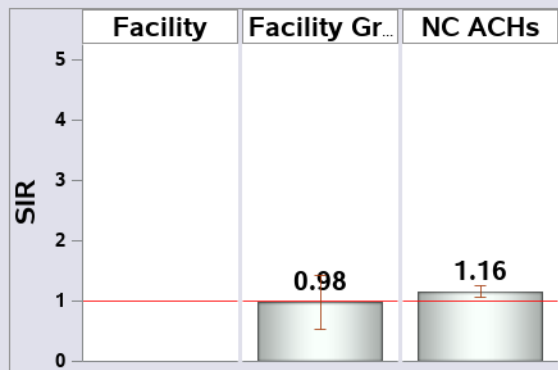


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sep 2022.

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

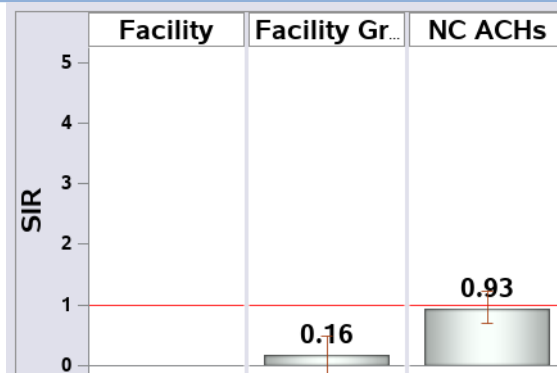


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

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

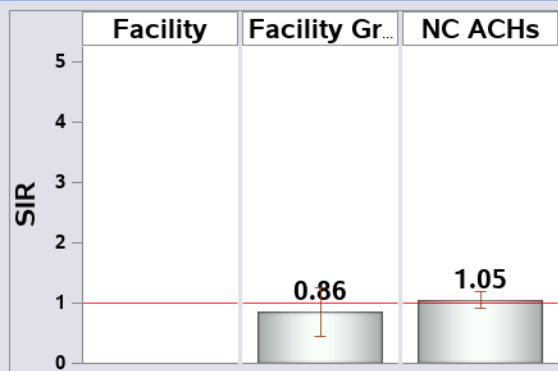


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Novant Health Presbyterian Medical Center, Charlotte, Mecklenburg County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2021:	38,355
Patient Days in 2021:	198,133
Total Number of Beds:	669
Number of ICU Beds:	94
FTE* Infection Preventionists:	6.60
Number of FTEs* per 100 beds:	0.99

*FTE = Full-time equivalent



Commentary From Facility:

At Novant Health, the safety of our patients comes first and we support transparency in reporting. Our goal is to have zero healthcare associated infections and we continually monitor our infection prevention processes for improvement opportunities.

Catheter-Associated Urinary Tract Infections (CAUTI)

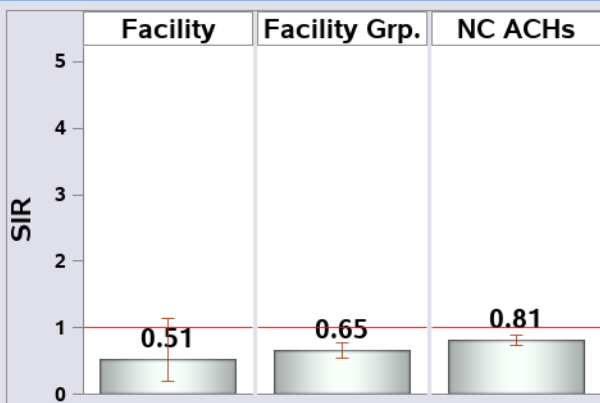


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	3	7.3	Same
Adult/Ped Wards	2	2.4	Same
All reporting units	5	9.7	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.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	9	8.7	Same

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?

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

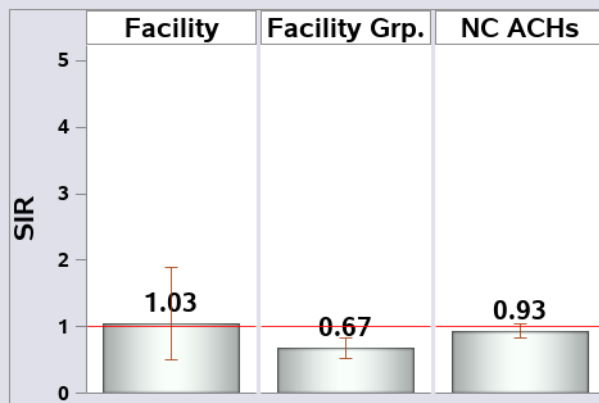


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	23	70	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

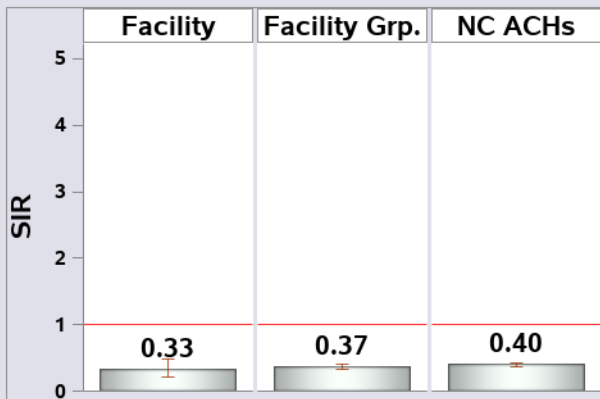


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Novant Health Presbyterian Medical Center, Charlotte, Mecklenburg County

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	4	4.9	Same
Adult/Ped Wards	1	3.1	Same
Neonatal Units	8	2.8	Worse
All reporting units	13	11	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

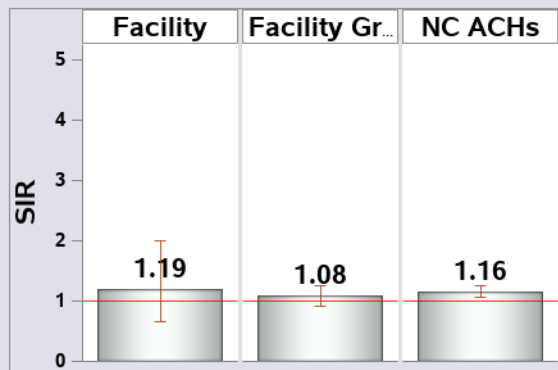


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	3.3	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

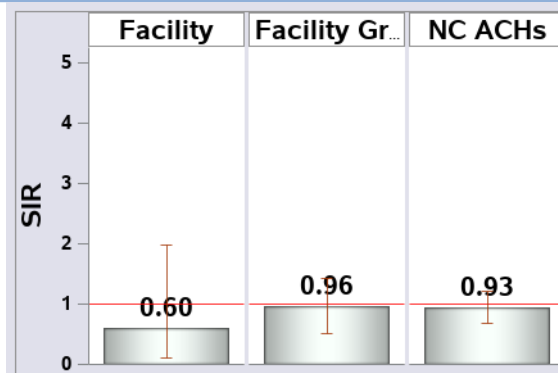


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	5	5.4	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

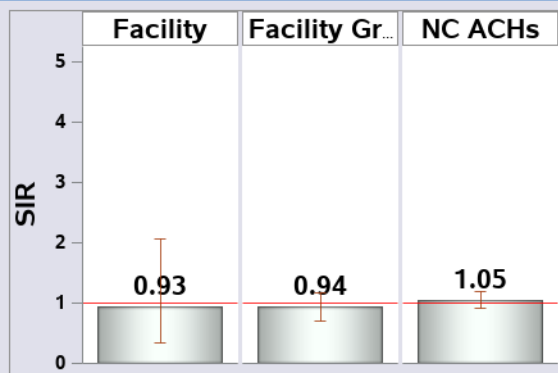


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Novant Health Rowan Medical Center, Salisbury, Rowan County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2021:	11,957
Patient Days in 2021:	64,420
Total Number of Beds:	247
Number of ICU Beds:	20
FTE* Infection Preventionists:	1.90
Number of FTEs* per 100 beds:	0.77

*FTE = Full-time equivalent



Commentary From Facility:

At Novant Health, the safety of our patients comes first and we support transparency in reporting. Our goal is to have zero healthcare associated infections and we continually monitor our infection prevention processes for improvement opportunities.

Catheter-Associated Urinary Tract Infections (CAUTI)

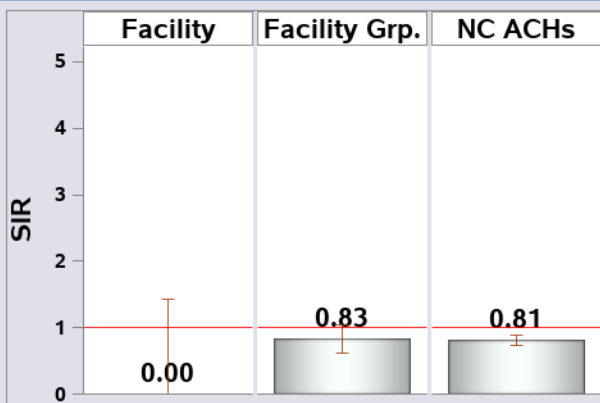


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

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	1.3	Same
All reporting units	0	2.1	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.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	2.1	Same

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

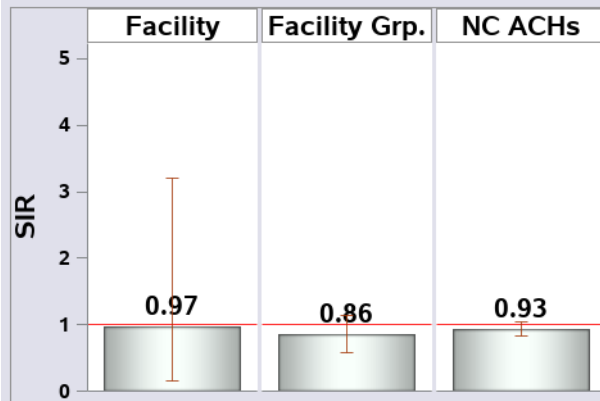


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	23	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

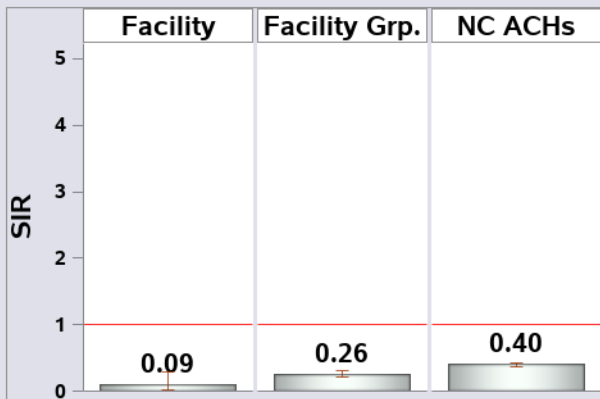


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Novant Health Rowan Medical Center, Salisbury, Rowan County

Central Line-Associated Bloodstream Infections (CLABSI)

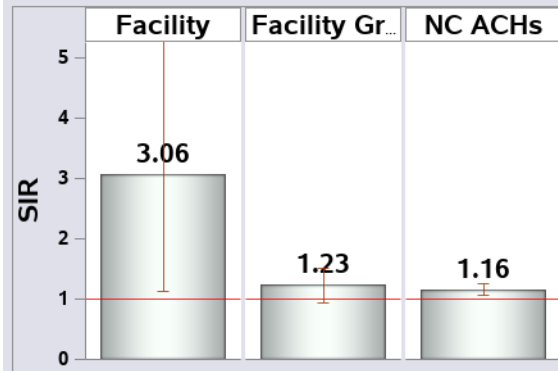


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

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	4	Less than 1.0	No Conclusion
All reporting units	5	1.6	Worse

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?

✗ **Worse:** More infections than 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-Sep 2022.

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

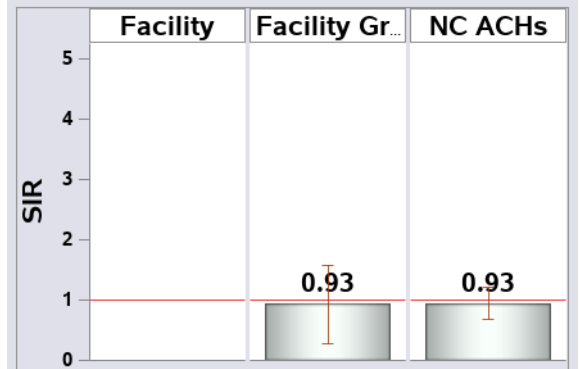


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	1.7	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

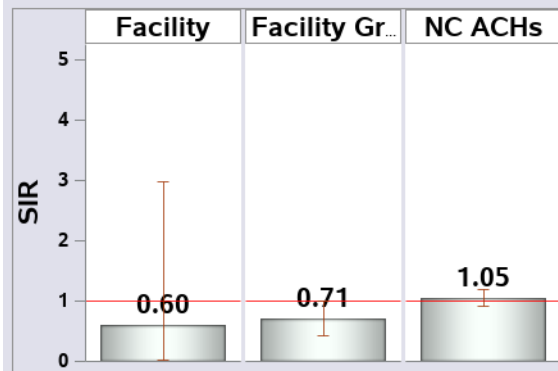


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Novant Health Thomasville Medical Center, Thomasville, Davidson County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2021:	5,863
Patient Days in 2021:	27,899
Total Number of Beds:	134
Number of ICU Beds:	13
FTE* Infection Preventionists:	1.10
Number of FTEs* per 100 beds:	0.82

*FTE = Full-time equivalent



Commentary From Facility:

At Novant Health, the safety of our patients comes first and we support transparency in reporting. Our goal is to have zero healthcare associated infections and we continually monitor our infection prevention processes for improvement opportunities.

Catheter-Associated Urinary Tract Infections (CAUTI)

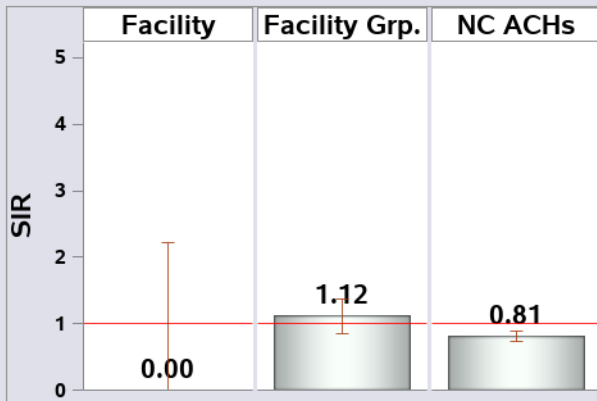


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

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	1.4	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.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sep 2022

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

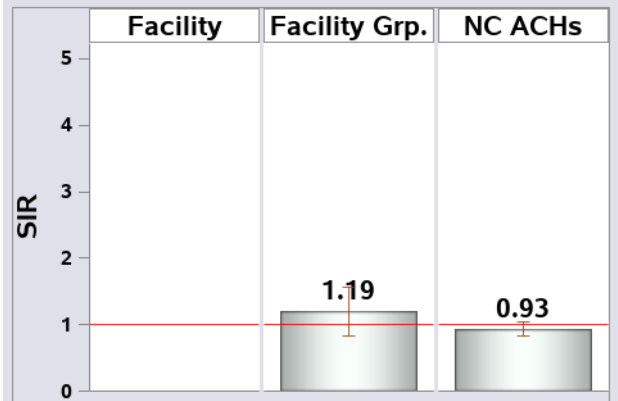


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	7.4	Same

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?

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

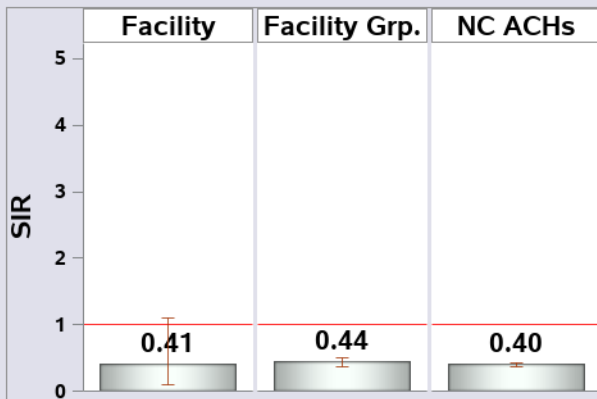


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Novant Health Thomasville Medical Center, Thomasville, Davidson County

Central Line-Associated Bloodstream Infections (CLABSI)

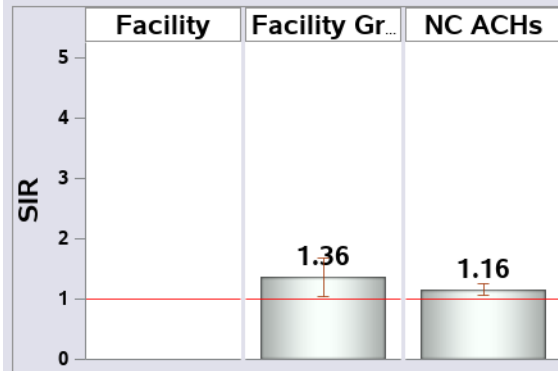


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

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	1	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 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

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sep 2022.

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

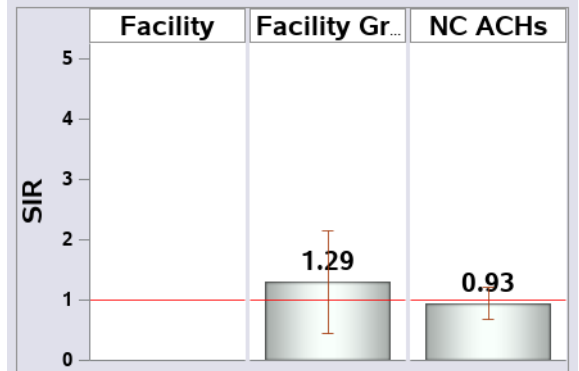


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	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

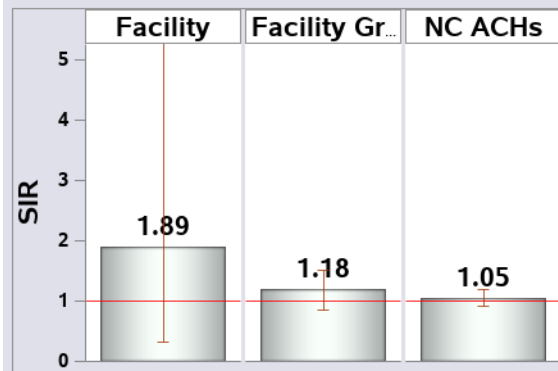


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Onslow Memorial Hospital, Jacksonville, Onslow County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2021:	6,647
Patient Days in 2021:	30,656
Total Number of Beds:	162
Number of ICU Beds:	30
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.62

*FTE = Full-time equivalent



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

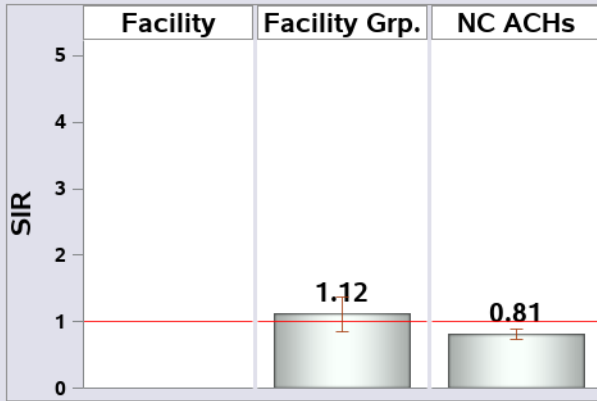


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

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
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 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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	1.0	Same

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

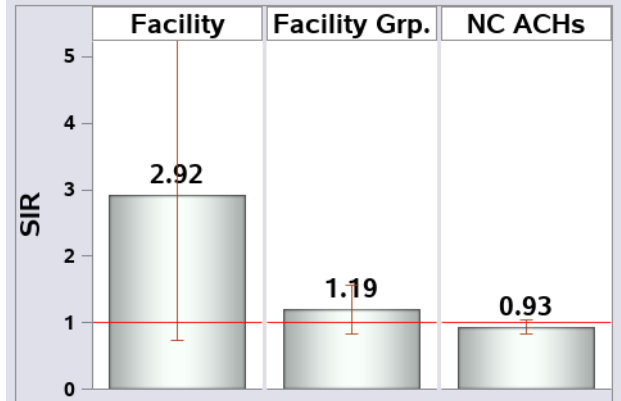


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	14	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

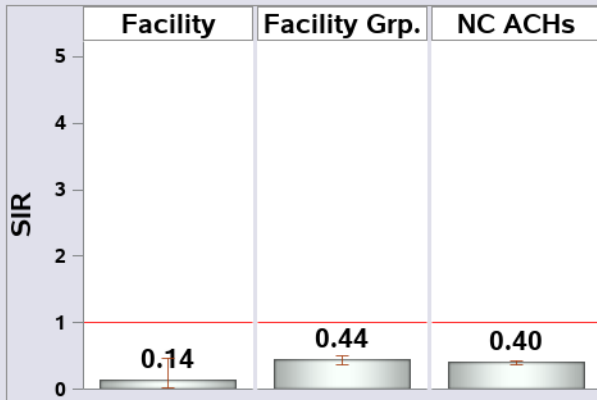


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Onslow Memorial Hospital, Jacksonville, Onslow County

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

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
Neonatal Units	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

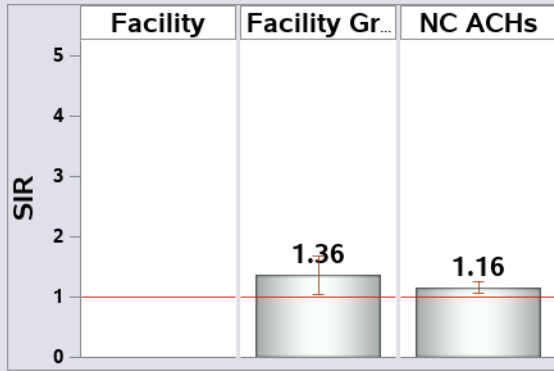


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sep 2022.

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

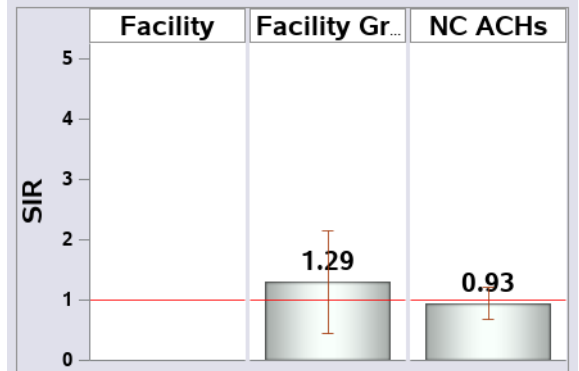


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	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

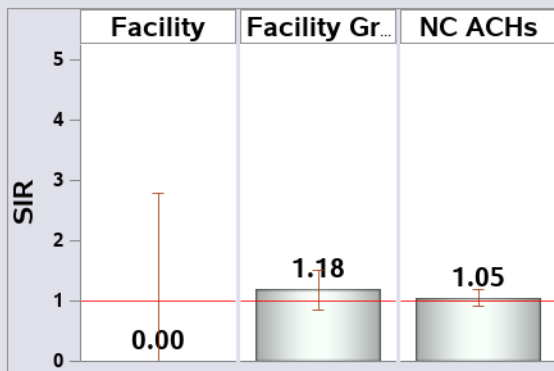


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Pam Specialty Hospital Of Rocky Mount, Rocky Mount, Nash County

2021 Hospital Survey Information

Hospital Type: Long-term Acute Care Hospital
 Admissions in 2021: 495
 Patient Days in 2021: 13,790
 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)

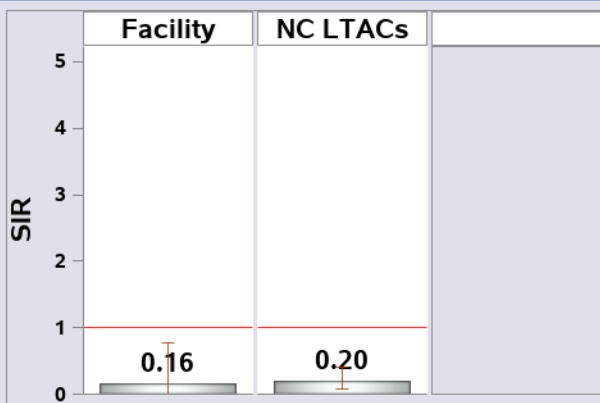


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Reporting Wards	1	6.3	Better
All reporting units	1	6.3	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.

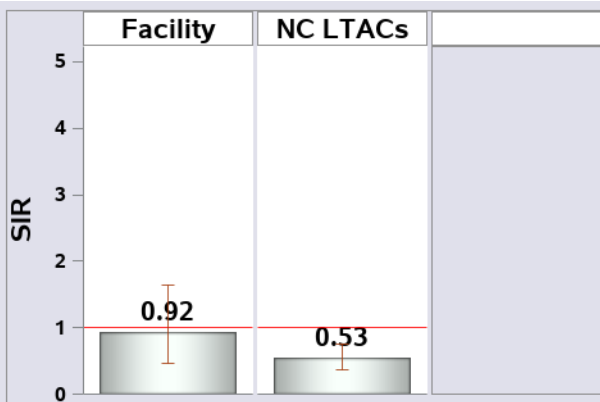


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Table 3. Number of Observed and Predicted CDIs, Jan-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	10	11	Same

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

**North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Pam Specialty Hospital Of Rocky Mount, Rocky Mount, Nash County**

Central Line-Associated Bloodstream Infections (CLABSI)

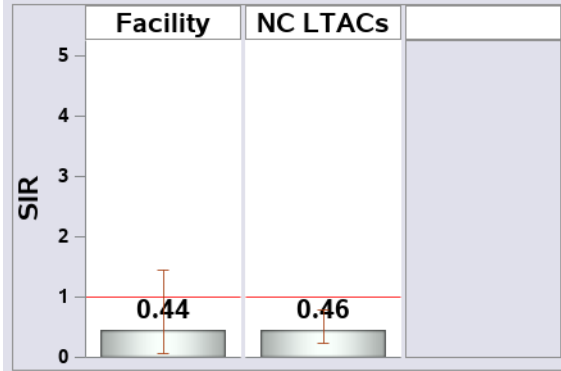


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Reporting Wards	2	4.6	Same
All reporting units	2	4.6	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Pardee Hospital, Hendersonville, Henderson County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Admissions in 2021:	7,351
Patient Days in 2021:	34,444
Total Number of Beds:	143
Number of ICU Beds:	13
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.70

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

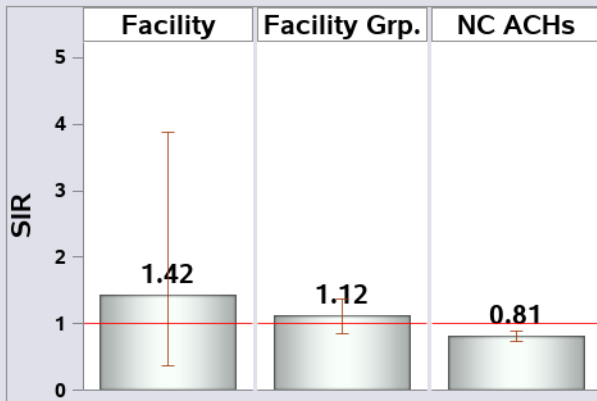


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

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	2	1.1	Same
All reporting units	3	2.1	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.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sep 2022

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

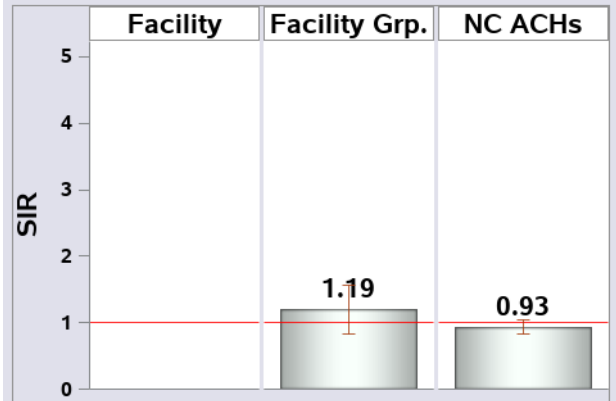


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	8.8	Same

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?

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

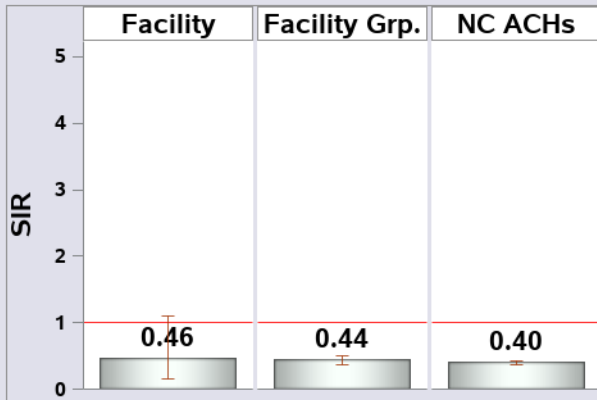


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Pardee Hospital, Hendersonville, Henderson County

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	3	Less than 1.0	No Conclusion
Adult/Ped Wards	1	Less than 1.0	No Conclusion
All reporting units	4	1.5	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

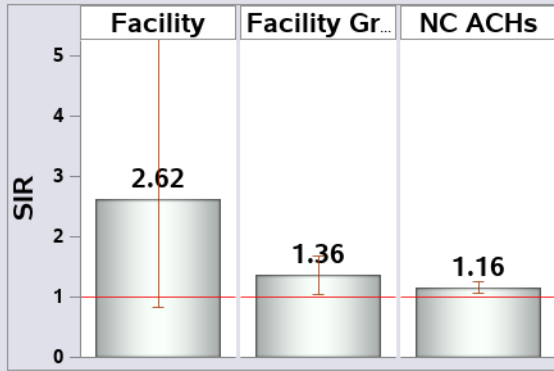


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sep 2022.

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

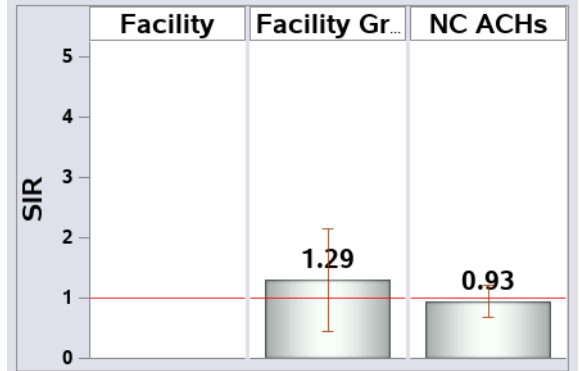


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.4	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

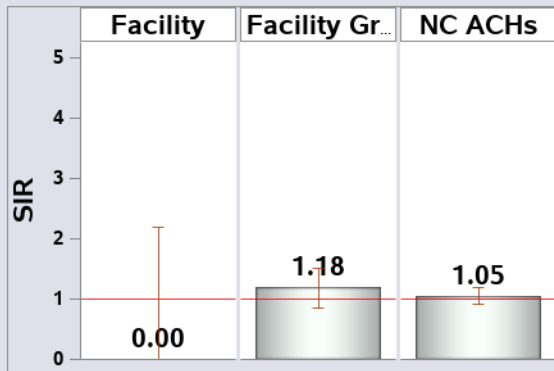


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Pender Memorial Hospital, Burgaw, Pender County

2021 Hospital Survey Information

Hospital Type:	
Medical Affiliation:	Major
Admissions in 2021:	356
Patient Days in 2021:	4,754
Total Number of Beds:	25
Number of ICU Beds:	0
FTE* Infection Preventionists:	0.63
Number of FTEs* per 100 beds:	2.50

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

Note from N.C. Division of Public Health: Data are unavailable for this time period.

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: Data are unavailable for this time period.

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.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Pender Memorial Hospital, Burgaw, Pender County

Central Line-Associated Bloodstream Infections (CLABSI)

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Person Memorial Hospital, Roxboro, Person County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2021:	1,533
Patient Days in 2021:	3,849
Total Number of Beds:	18
Number of ICU Beds:	6
FTE* Infection Preventionists:	0.50
Number of FTEs* per 100 beds:	2.78

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

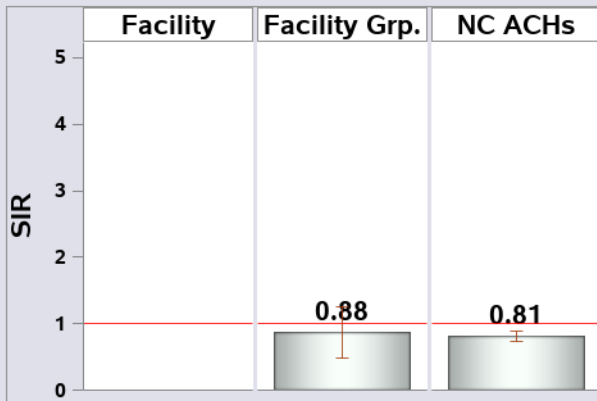


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

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 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-Sep 2022

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

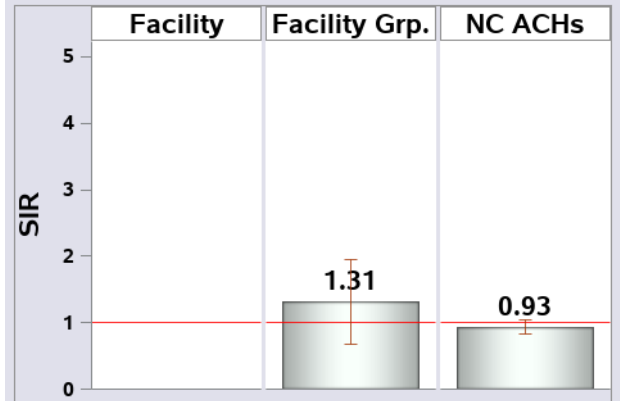


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

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

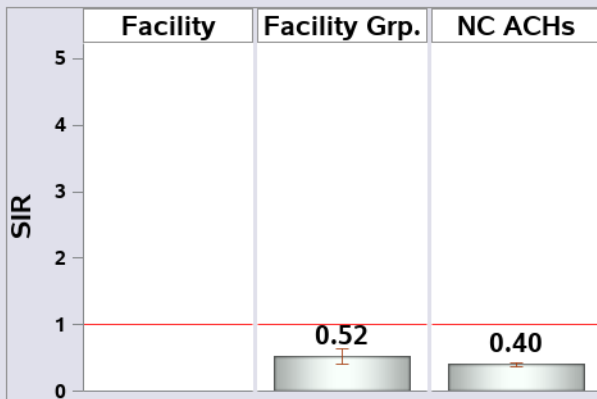


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Person Memorial Hospital, Roxboro, Person County

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

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

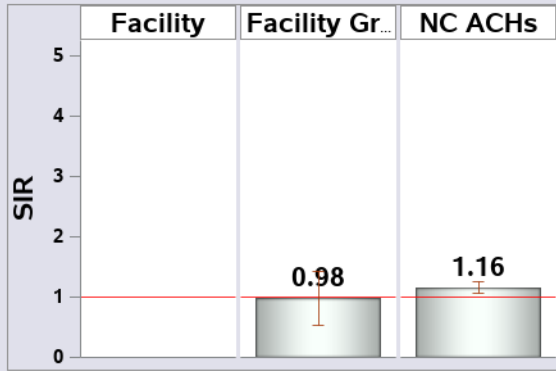


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

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

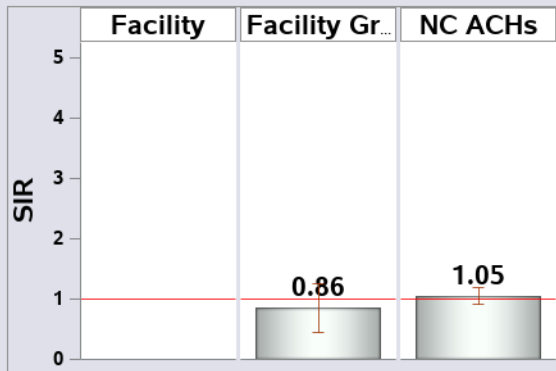


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Randolph Hospital Db a Randolph Health, Asheboro, Randolph County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2021:	5,254
Patient Days in 2021:	19,163
Total Number of Beds:	74
Number of ICU Beds:	10
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	1.35

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

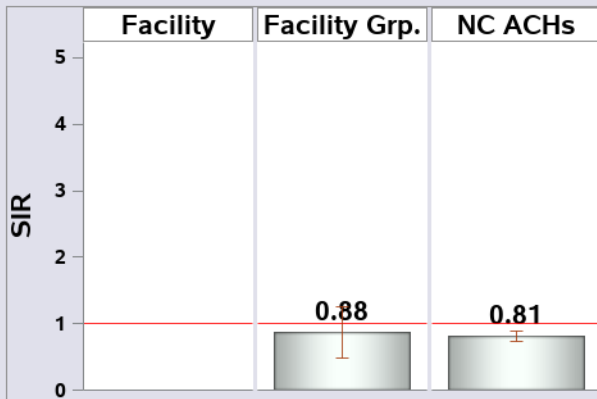


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
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 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-Sep 2022

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

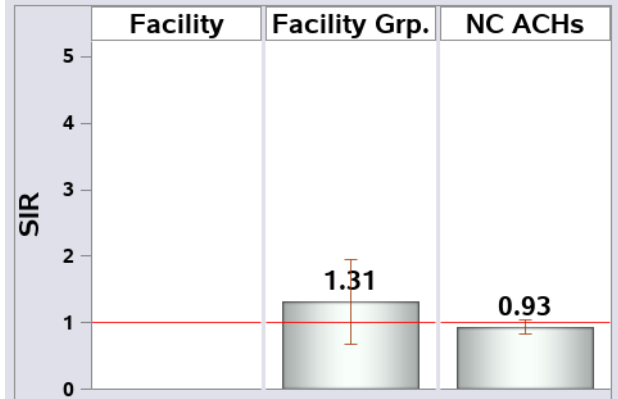


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	6.6	Same

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

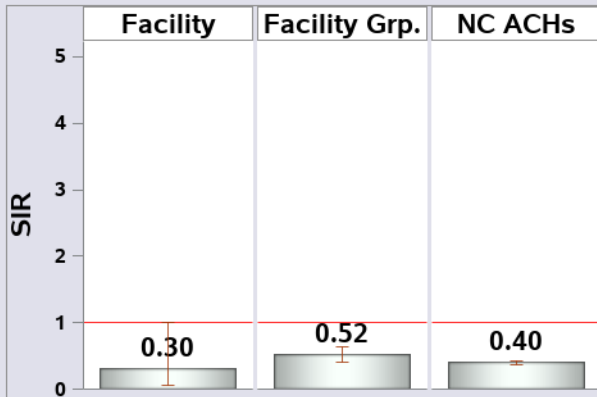


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Randolph Hospital Db a Randolph Health, Asheboro, Randolph County

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
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

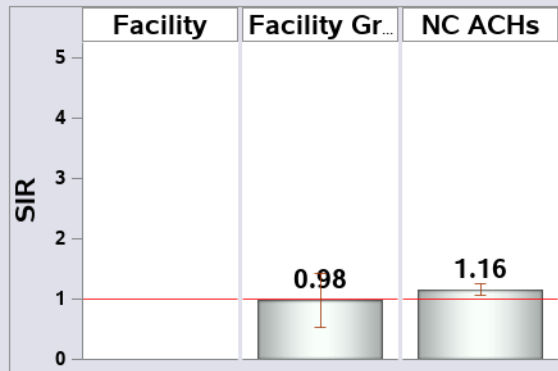


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sep 2022.

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

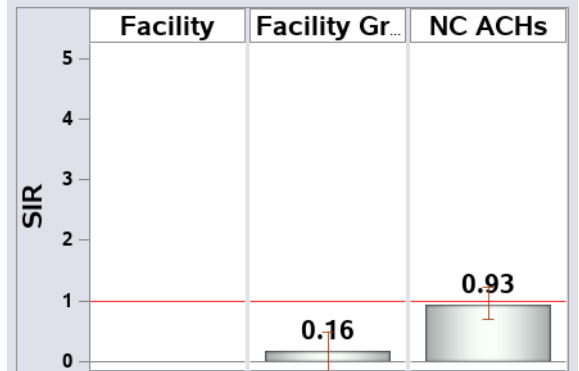


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	5	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

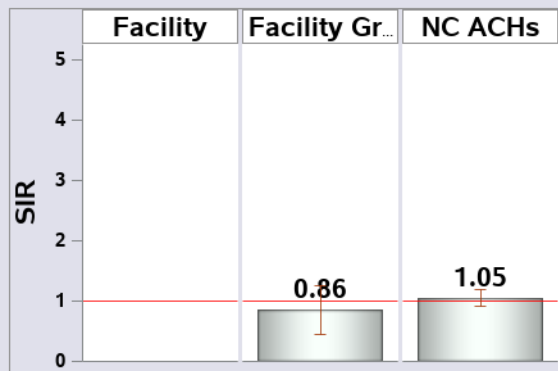


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Rex Healthcare, Raleigh, Wake County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2021:	31,031
Patient Days in 2021:	162,925
Total Number of Beds:	538
Number of ICU Beds:	93
FTE* Infection Preventionists:	4.50
Number of FTEs* per 100 beds:	0.84

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

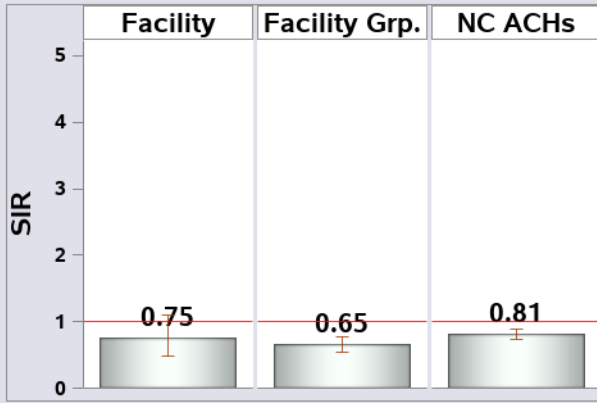


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	10	15	Same
Adult/Ped Wards	14	17	Same
All reporting units	24	32	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.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	9	11	Same

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?

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

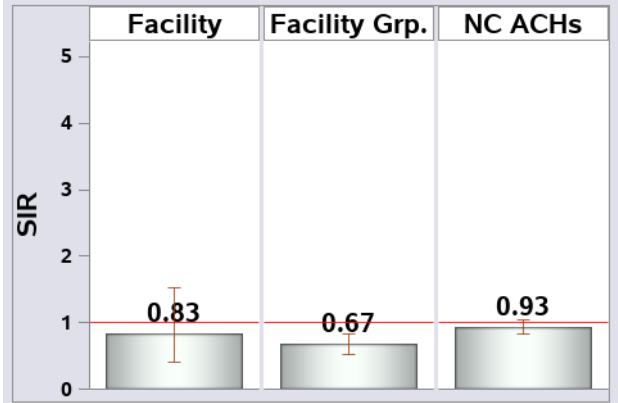


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	45	76	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

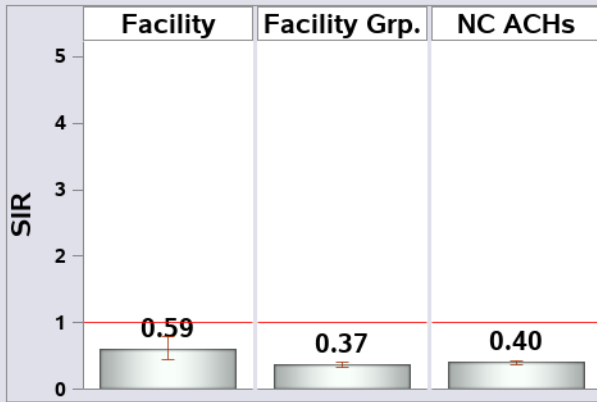


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Rex Healthcare, Raleigh, Wake County

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	12	7.3	Same
Adult/Ped Wards	5	11	Better
Neonatal Units	0	Less than 1.0	No Conclusion
All reporting units	17	19	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

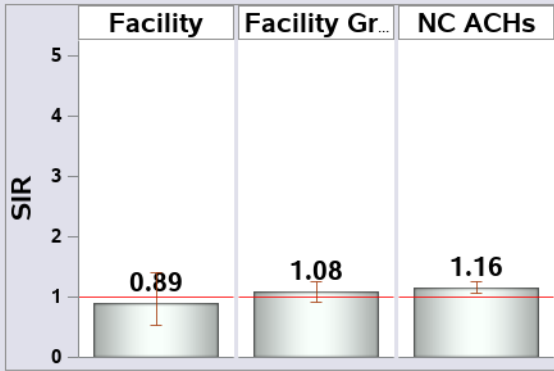


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	2.1	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

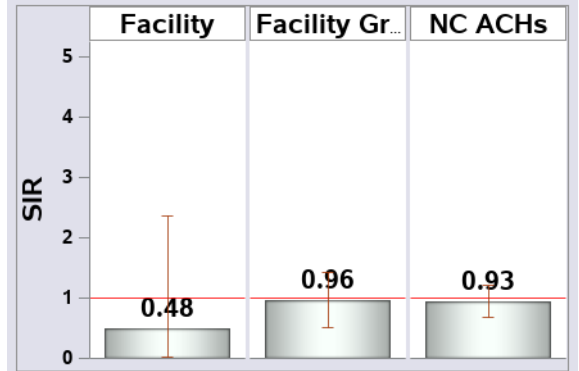


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	5	15	Better

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

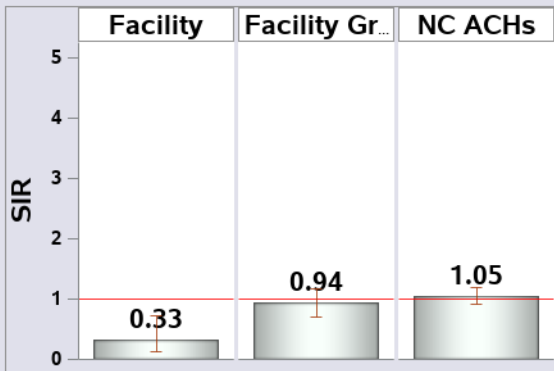


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Rex Holly Springs Hospital, Holly Springs, Wake County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2021:	646
Patient Days in 2021:	1,113
Total Number of Beds:	35
Number of ICU Beds:	0
FTE* Infection Preventionists:	4.50
Number of FTEs* per 100 beds:	12.9

*FTE = Full-time equivalent



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

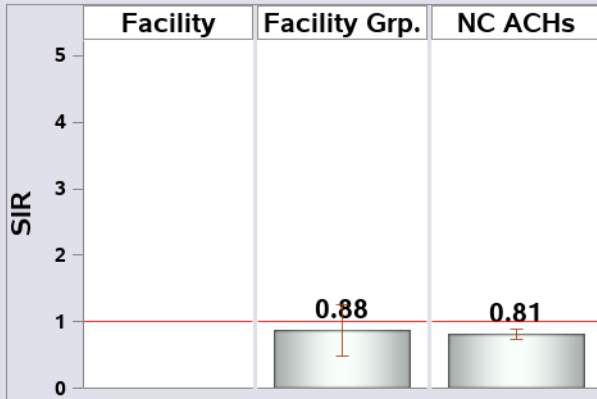


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
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 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-Sep 2022

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

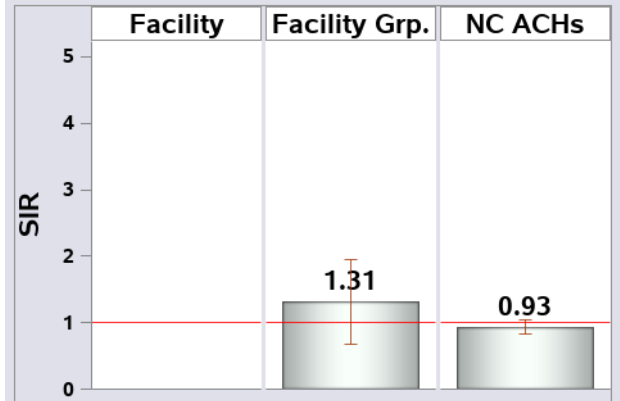


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.7	Same

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

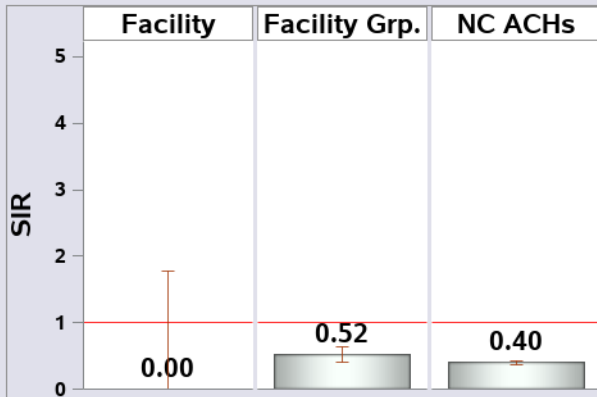


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Rex Holly Springs Hospital, Holly Springs, Wake County

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
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

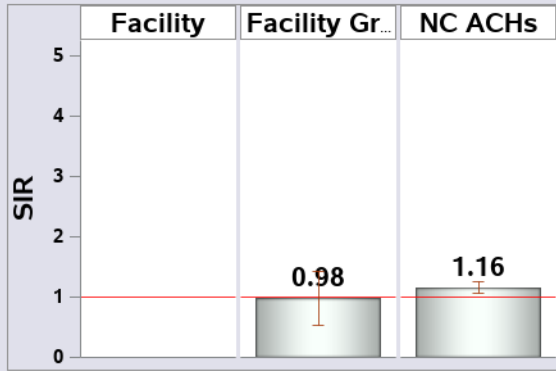


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sep 2022.

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

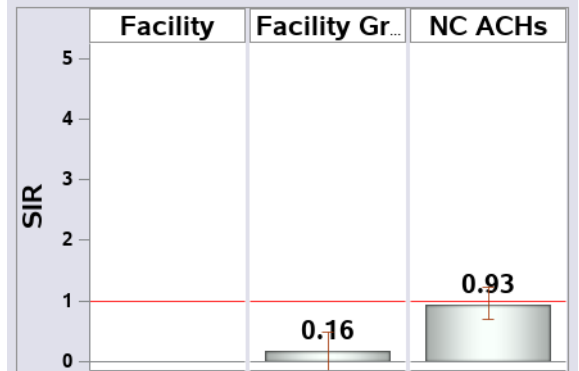


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

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

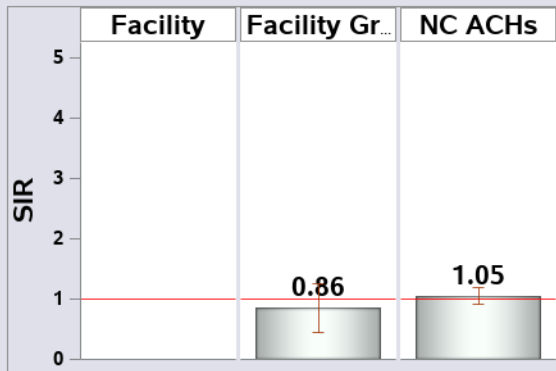


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Rutherford Regional Medical Center, Rutherfordton, Rutherford County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2021:	3,225
Patient Days in 2021:	13,064
Total Number of Beds:	125
Number of ICU Beds:	10
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.80

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

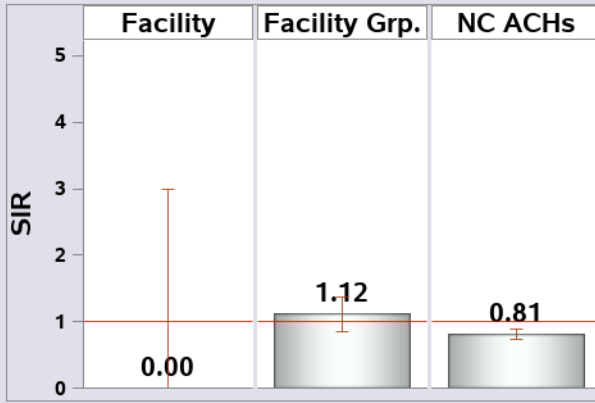


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

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	1.0	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.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sep 2022

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

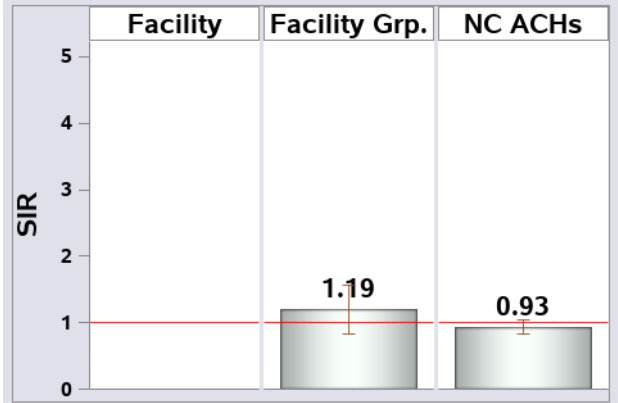


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	3.7	Same

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?

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

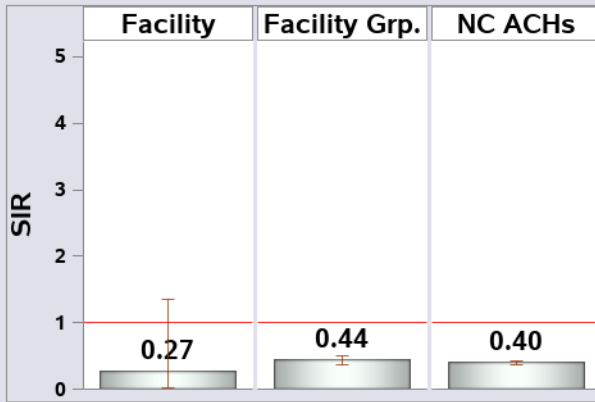


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Rutherford Regional Medical Center, Rutherfordton, Rutherford County

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

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

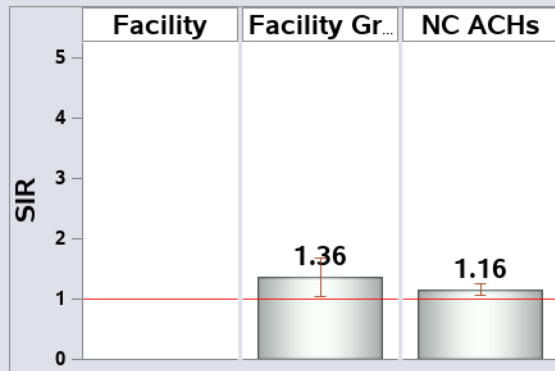


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sep 2022.

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

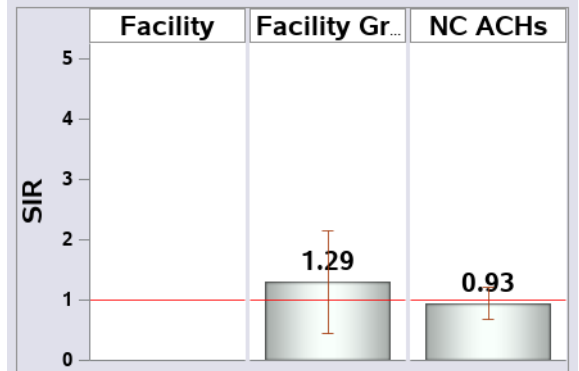


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

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

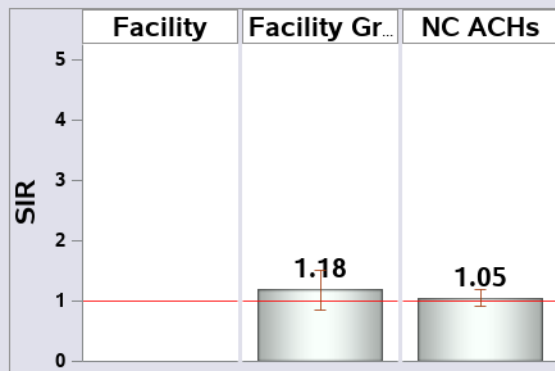


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Sampson Regional Medical Center, Clinton, Sampson County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Admissions in 2021:	3,962
Patient Days in 2021:	11,300
Total Number of Beds:	116
Number of ICU Beds:	8
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.86

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

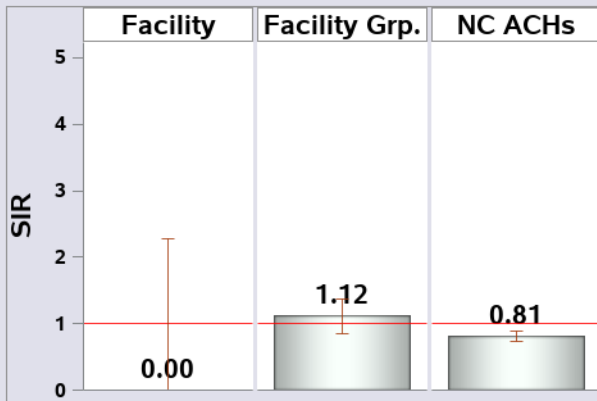


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

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	1.3	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.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sep 2022

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

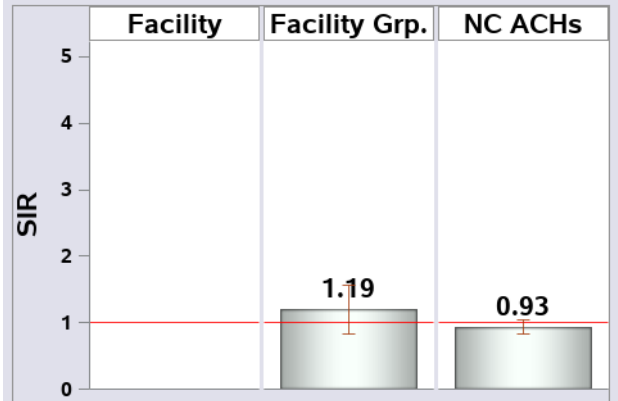


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	4.4	Same

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?

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

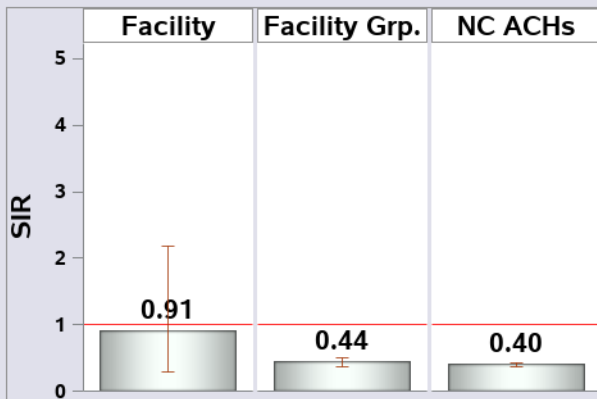


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

**North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Sampson Regional Medical Center, Clinton, Sampson County**

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

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

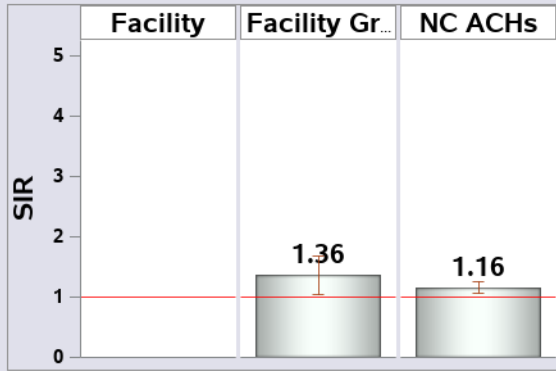


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

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

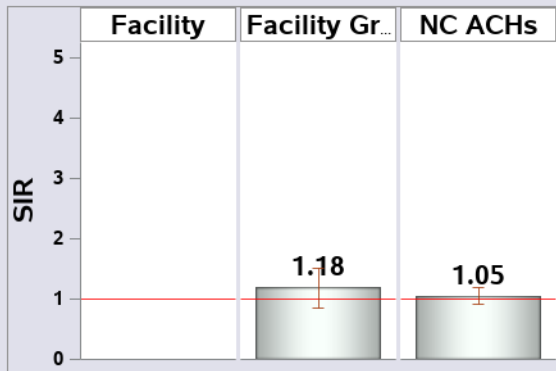


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Scotland Memorial Hospital, Laurinburg, Scotland County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2021:	6,598
Patient Days in 2021:	32,340
Total Number of Beds:	104
Number of ICU Beds:	12
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.96

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

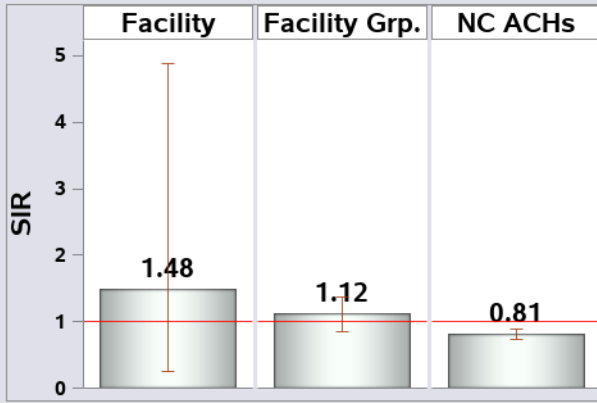


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

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	1	Less than 1.0	No Conclusion
All reporting units	2	1.4	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.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	1.3	Same

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?

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

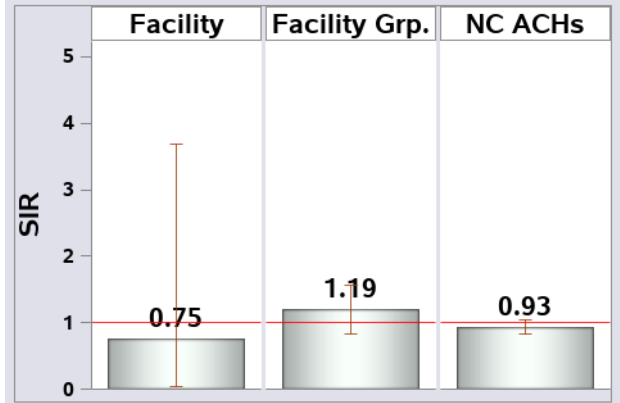


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	12	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

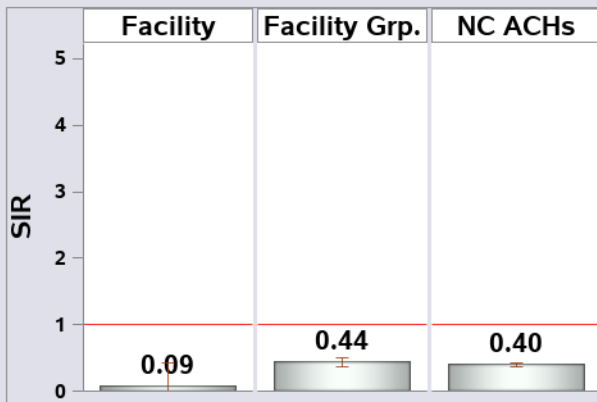


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Scotland Memorial Hospital, Laurinburg, Scotland County

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	2	Less than 1.0	No Conclusion
Adult/Ped Wards	2	Less than 1.0	No Conclusion
All reporting units	4	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

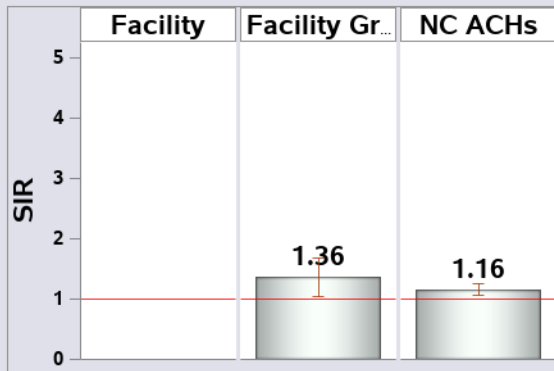


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	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

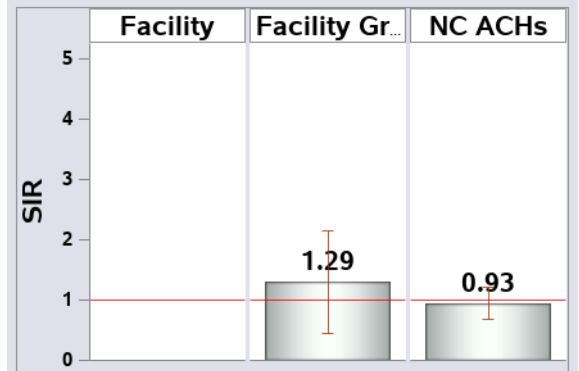


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

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

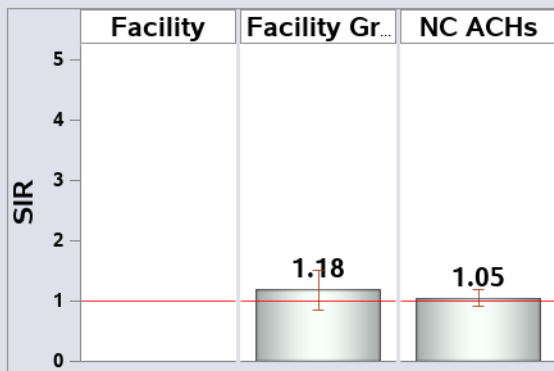


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Select Specialty Hospital-Durham, Durham, Durham County

2021 Hospital Survey Information

Hospital Type: Long-term Acute Care Hospital
 Admissions in 2021: 263
 Patient Days in 2021: 9,306
 Total Number of Beds: 30
 FTE* Infection Preventionists: 0.25
 Number of FTEs* per 100 beds: 0.83

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

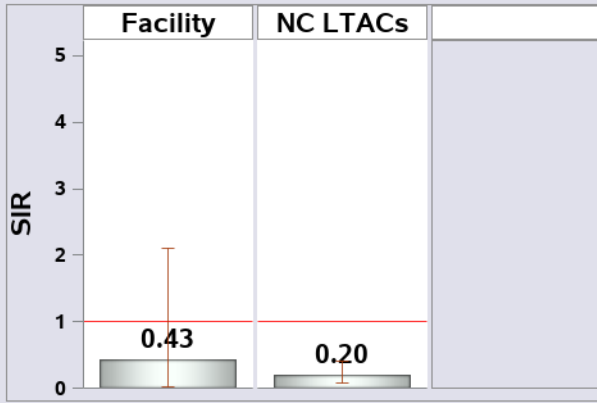


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Reporting Wards	1	2.3	Same
All reporting units	1	2.3	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.

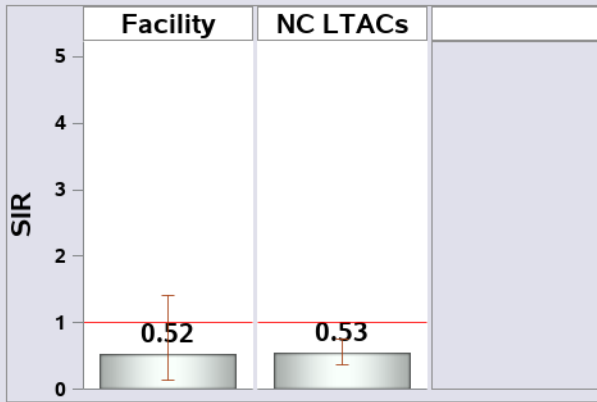


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Table 3. Number of Observed and Predicted CDIs, Jan-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	5.8	Same

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

**North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Select Specialty Hospital-Durham, Durham, Durham County**

Central Line-Associated Bloodstream Infections (CLABSI)

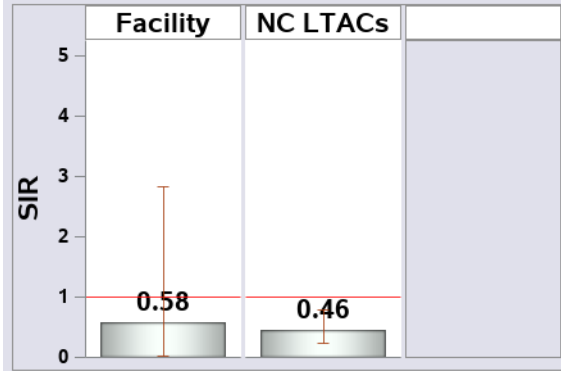


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Reporting Wards	1	1.7	Same
All reporting units	1	1.7	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Select Specialty Hospital-Greensboro, Greensboro, Guilford County

2021 Hospital Survey Information

Hospital Type: Long-term Acute Care Hospital
 Admissions in 2021: 338
 Patient Days in 2021: 9,947
 Total Number of Beds: 30
 FTE* Infection Preventionists: 0.40
 Number of FTEs* per 100 beds: 1.33

*FTE = Full-time equivalent



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

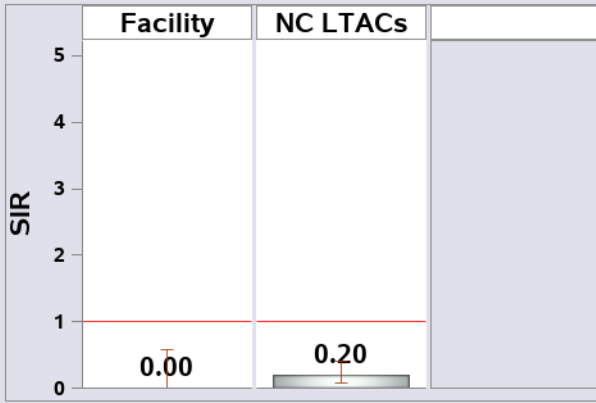


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Reporting Wards	0	5.2	Better
All reporting units	0	5.2	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.

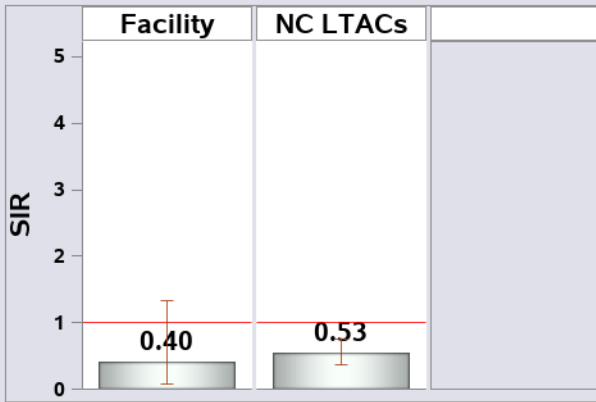


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Table 3. Number of Observed and Predicted CDIs, Jan-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	5.0	Same

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

**North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Select Specialty Hospital-Greensboro, Greensboro, Guilford County**

Central Line-Associated Bloodstream Infections (CLABSI)

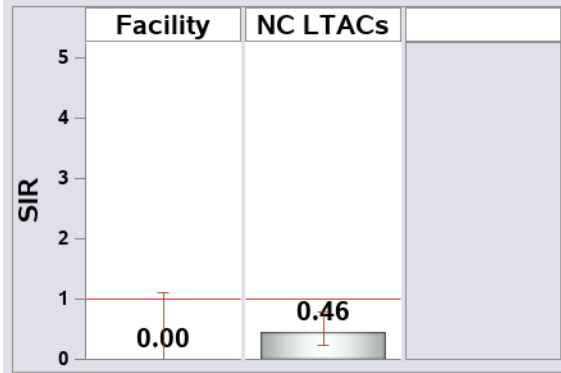


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Reporting Wards	0	2.7	Same
All reporting units	0	2.7	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Sentara Albemarle Medical Center, Elizabeth City, Pasquotank County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2021:	4,964
Patient Days in 2021:	20,163
Total Number of Beds:	115
Number of ICU Beds:	13
FTE* Infection Preventionists:	1.10
Number of FTEs* per 100 beds:	0.96

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

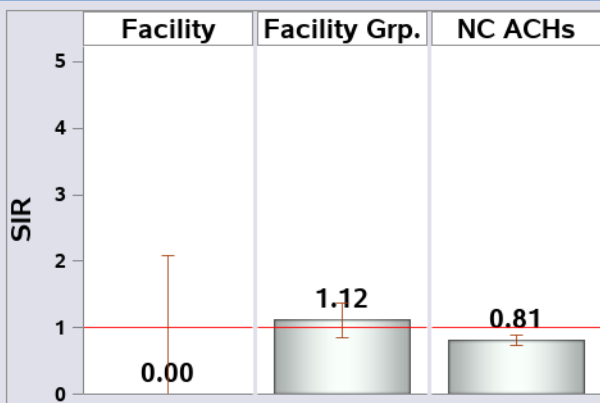


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

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	1.4	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.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sep 2022

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

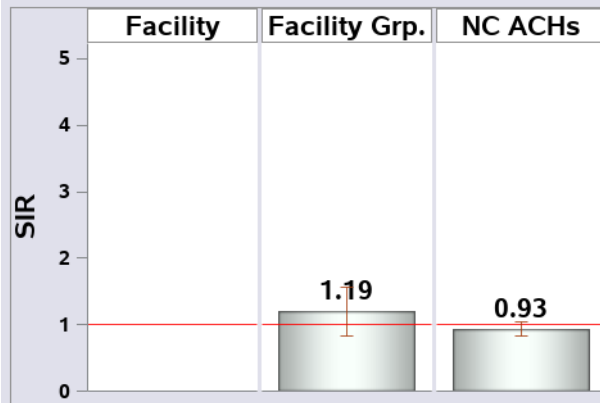


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	15	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

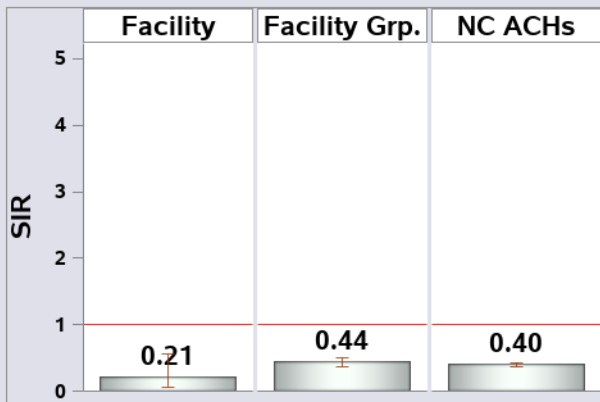


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Sentara Albemarle Medical Center, Elizabeth City, Pasquotank County

Central Line-Associated Bloodstream Infections (CLABSI)

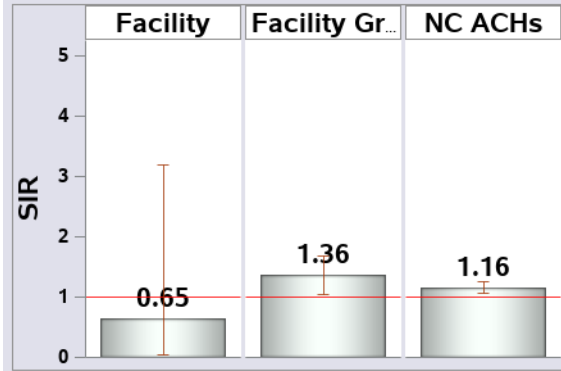


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	1.2	Same
Adult/Ped Wards	1	Less than 1.0	No Conclusion
All reporting units	1	1.5	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-Sep 2022.

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

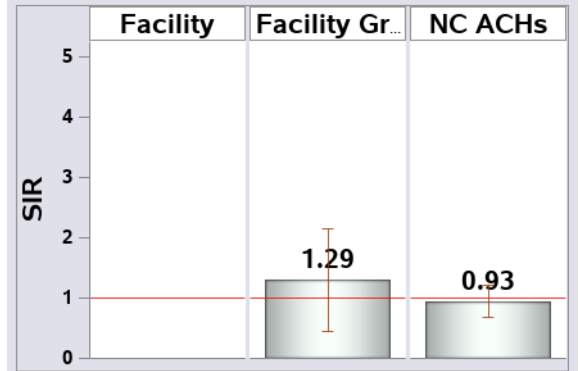


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	1.4	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

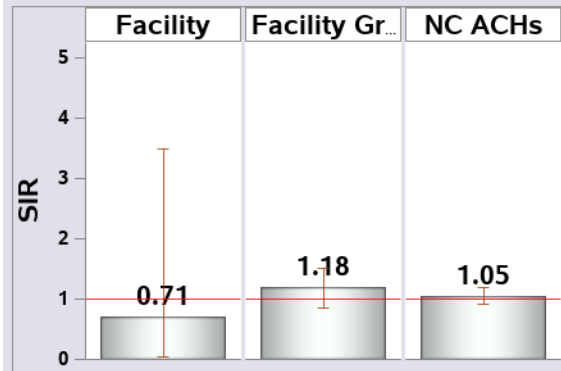


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Southeastern Regional Medical Center, Lumberton, Robeson County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Admissions in 2021:	12,260
Patient Days in 2021:	70,587
Total Number of Beds:	218
Number of ICU Beds:	25
FTE* Infection Preventionists:	3.00
Number of FTEs* per 100 beds:	1.38

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

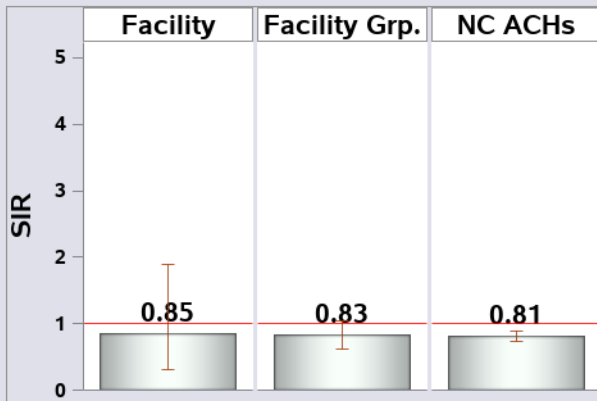


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	3	2.4	Same
Adult/Ped Wards	2	3.5	Same
All reporting units	5	5.9	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.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	2.8	Same

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?

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

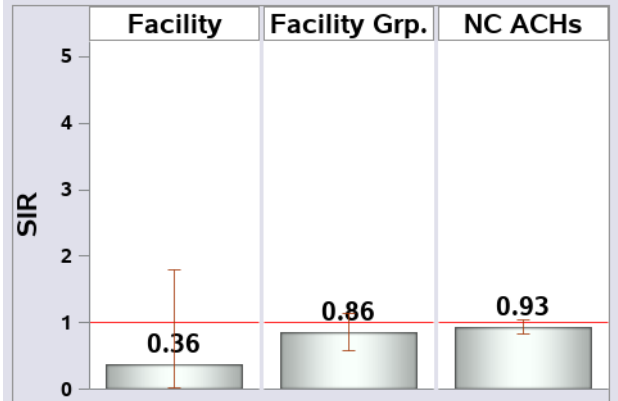


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	8	28	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

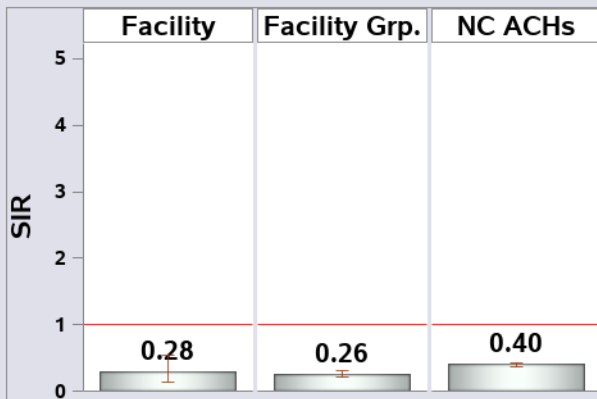


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Southeastern Regional Medical Center, Lumberton, Robeson County

Central Line-Associated Bloodstream Infections (CLABSI)

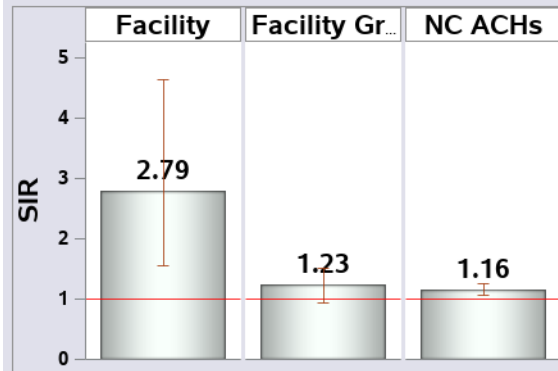


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	4	1.9	Same
Adult/Ped Wards	9	2.7	Worse
All reporting units	13	4.7	Worse

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?

✗ **Worse:** More infections than 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-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	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

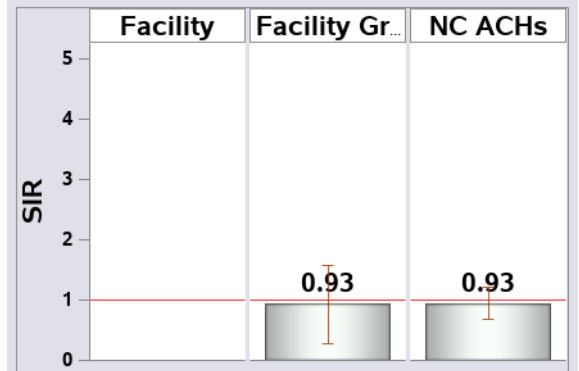


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

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

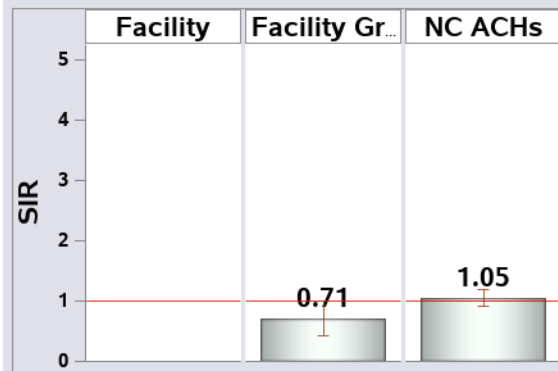


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
UNC Health Blue Ridge, Morganton, Burke County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2021:	6,786
Patient Days in 2021:	37,932
Total Number of Beds:	151
Number of ICU Beds:	16
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.66

*FTE = Full-time equivalent



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

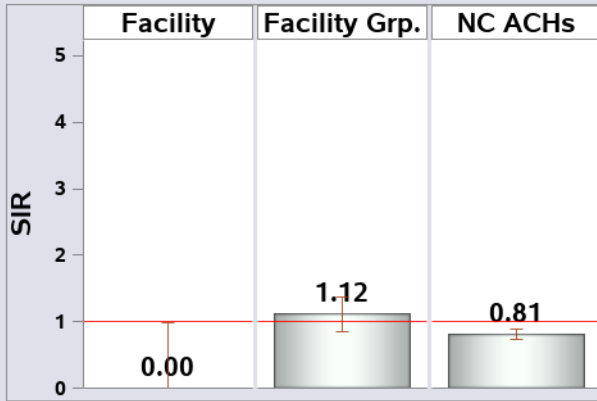


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	1.6	Same
Adult/Ped Wards	0	1.4	Same
All reporting units	0	3.0	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.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.8	Same

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?

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

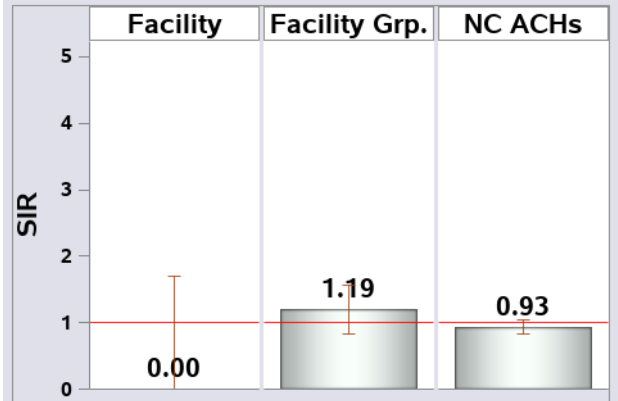


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	15	18	Same

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?

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

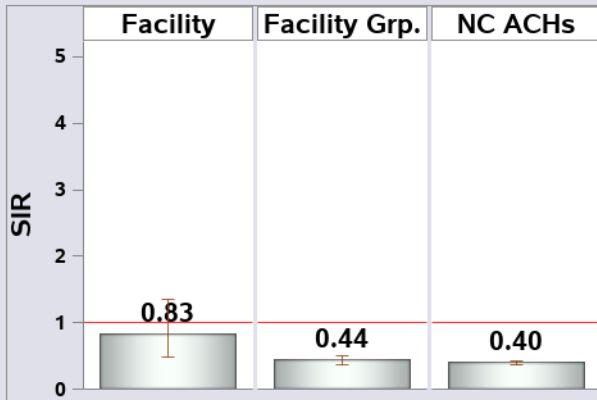


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
UNC Health Blue Ridge, Morganton, Burke County

Central Line-Associated Bloodstream Infections (CLABSI)

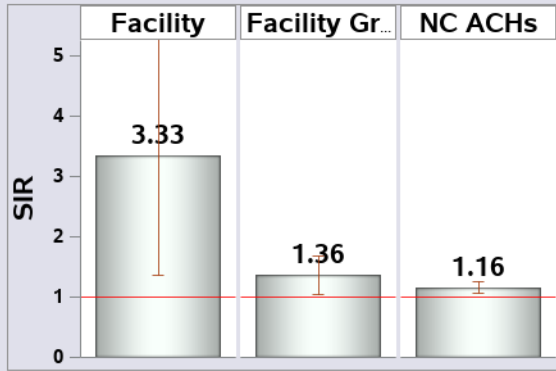


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	6	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	6	1.8	Worse

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?
 ✖ **Worse:** More infections than 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-Sep 2022.

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

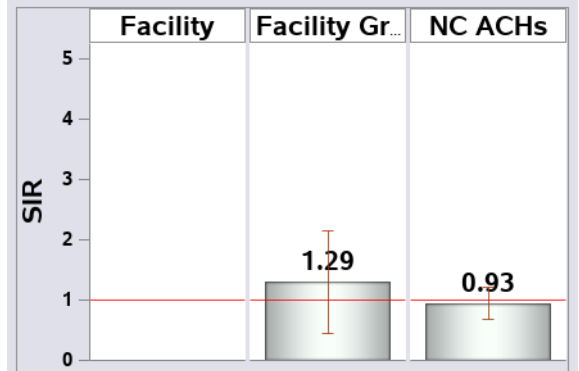


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	2.1	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

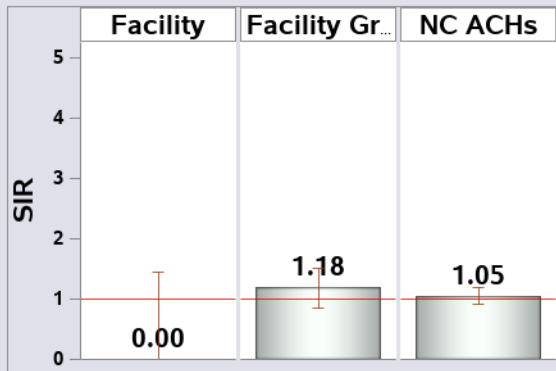


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
UNC Health Care, Chapel Hill, Orange County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2021:	42,292
Patient Days in 2021:	309,263
Total Number of Beds:	951
Number of ICU Beds:	201
FTE* Infection Preventionists:	10.0
Number of FTEs* per 100 beds:	1.05

*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)

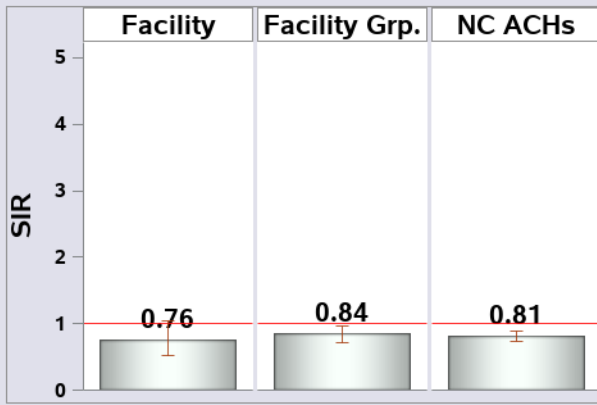


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	25	33	Same
Adult/Ped Wards	8	11	Same
All reporting units	33	44	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.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	19	20	Same

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?

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

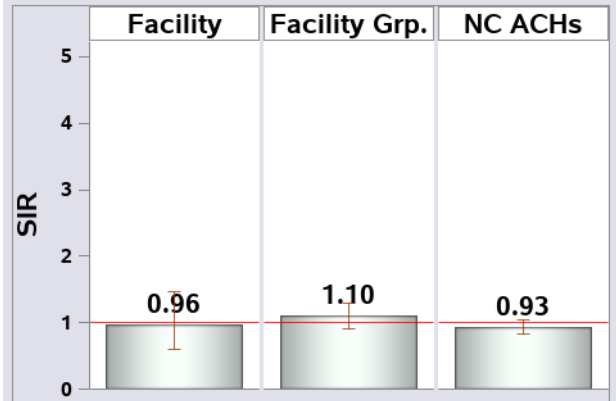


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	89	149	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

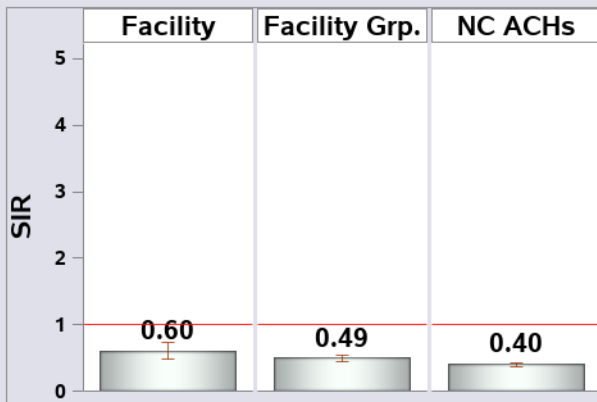


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
UNC Health Care, Chapel Hill, Orange County

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	29	27	Same
Adult/Ped Wards	17	16	Same
Neonatal Units	5	5.5	Same
All reporting units	51	49	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

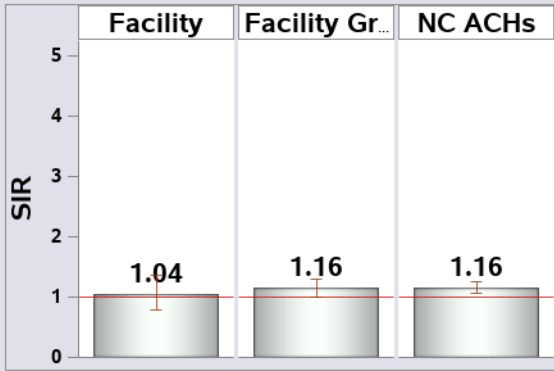


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	2.4	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

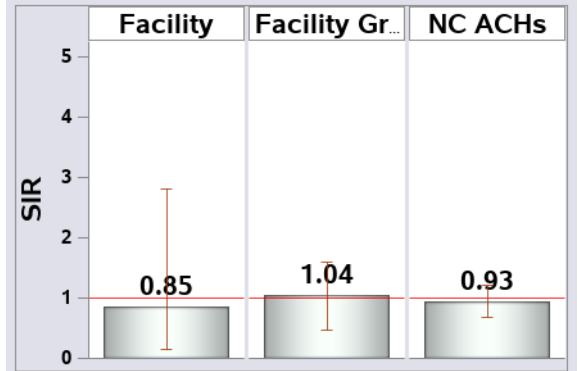


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	13	14	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

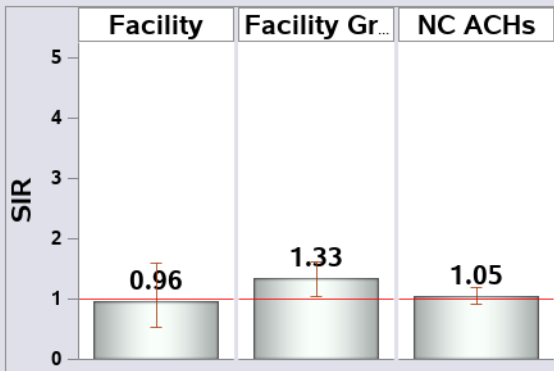


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
UNC Rockingham Health, Eden, Rockingham County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2021:	3,048
Patient Days in 2021:	11,662
Total Number of Beds:	108
Number of ICU Beds:	8
FTE* Infection Preventionists:	1.13
Number of FTEs* per 100 beds:	1.04

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

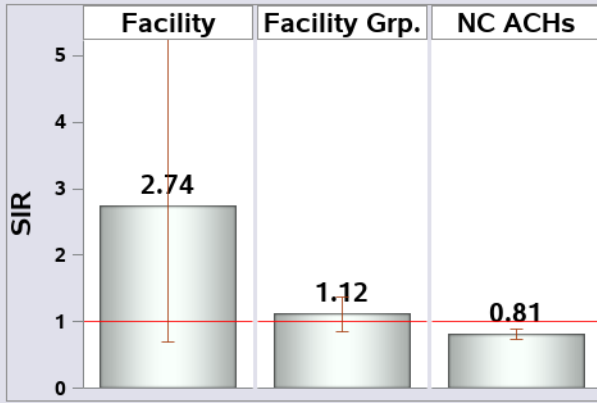


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	2	Less than 1.0	No Conclusion
Adult/Ped Wards	1	Less than 1.0	No Conclusion
All reporting units	3	1.1	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.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sep 2022

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

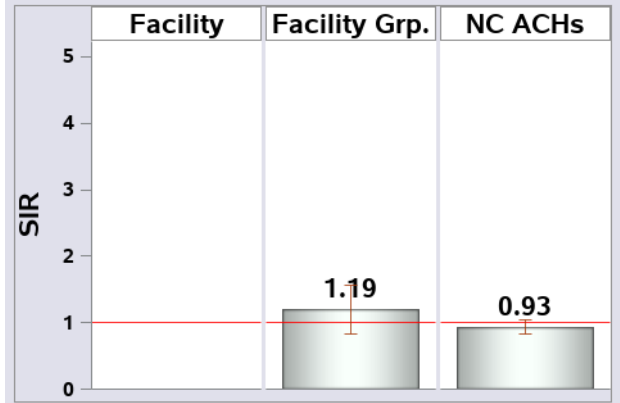


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	6	3.5	Same

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

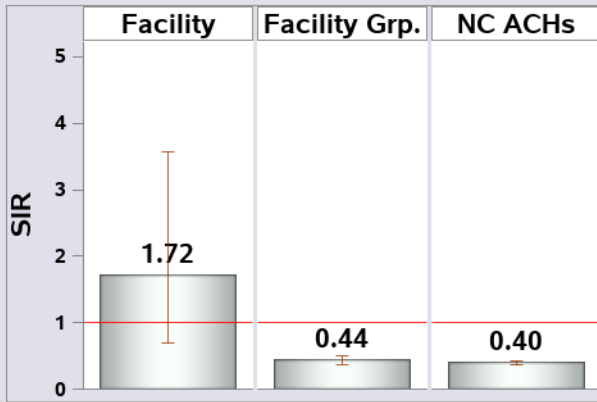


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
UNC Rockingham Health, Eden, Rockingham County

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

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 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

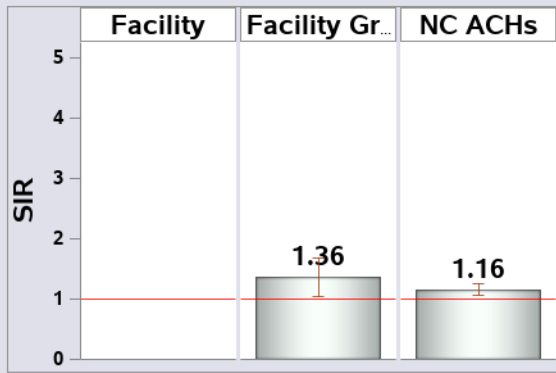


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sep 2022.

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

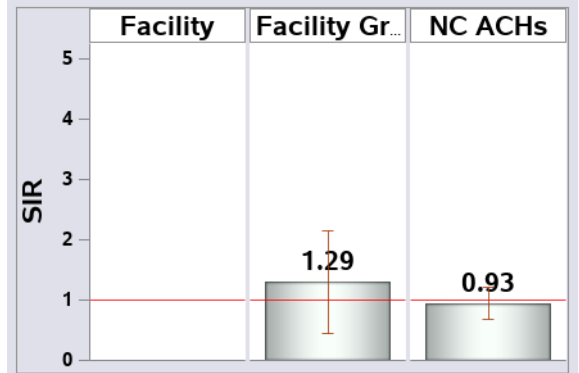


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

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

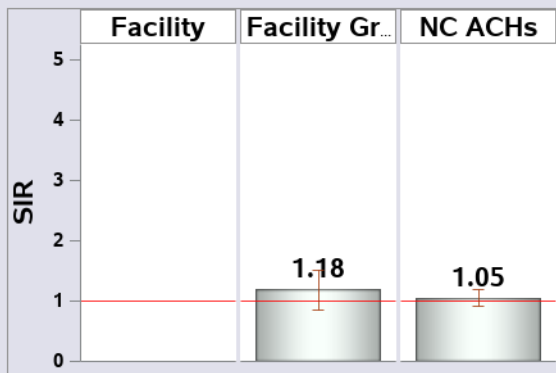


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Wake Forest Baptist Health-Davie Medical Center, Advance, Davie County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2021:	3,658
Patient Days in 2021:	8,637
Total Number of Beds:	50
Number of ICU Beds:	0
FTE* Infection Preventionists:	0.30
Number of FTEs* per 100 beds:	0.60

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

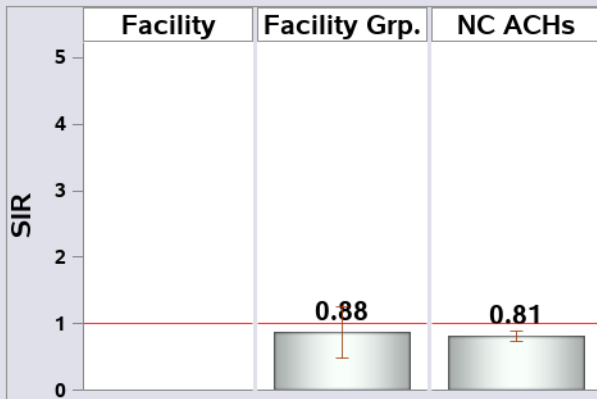


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
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 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-Sep 2022

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

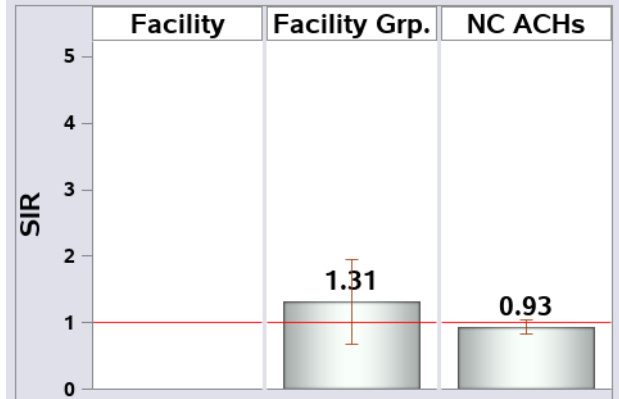


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.4	Same

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

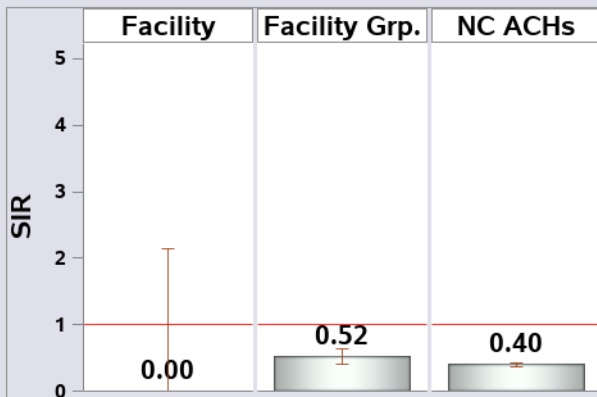


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Wake Forest Baptist Health-Davie Medical Center, Advance, Davie County

Central Line-Associated Bloodstream Infections (CLABSI)

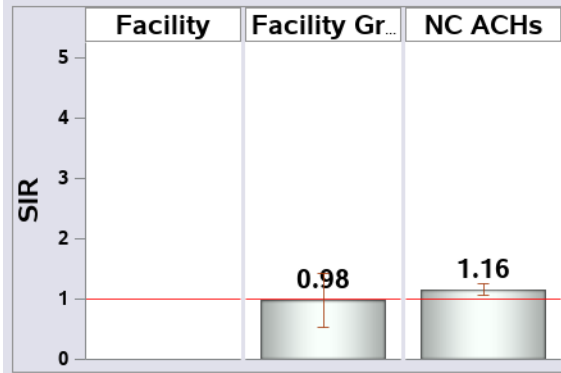


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
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

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Wake Forest Baptist Health-Lexington Medical Center, Lexington, Davidson County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2021:	4,601
Patient Days in 2021:	15,815
Total Number of Beds:	65
Number of ICU Beds:	12
FTE* Infection Preventionists:	0.50
Number of FTEs* per 100 beds:	0.77

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

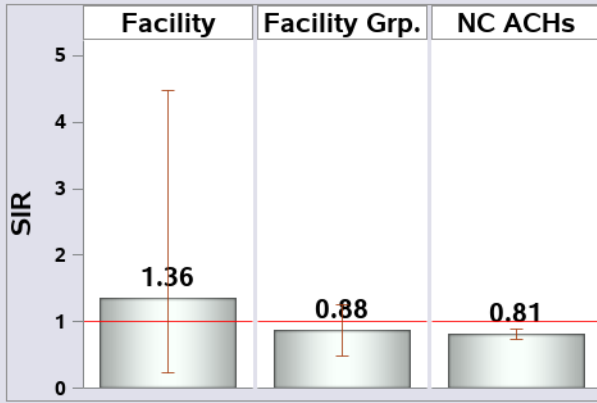


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

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	2	Less than 1.0	No Conclusion
All reporting units	2	1.5	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.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sep 2022

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

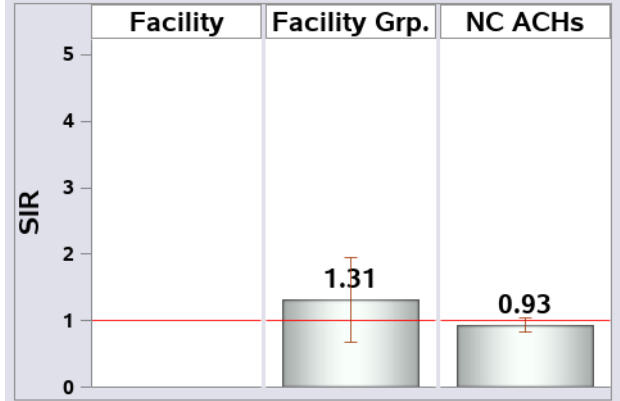


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	7	4.6	Same

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

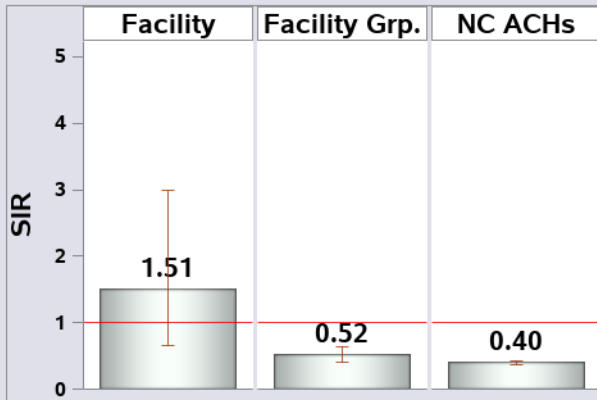


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Wake Forest Baptist Health-Lexington Medical Center, Lexington, Davidson County

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	2	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	2	1.0	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

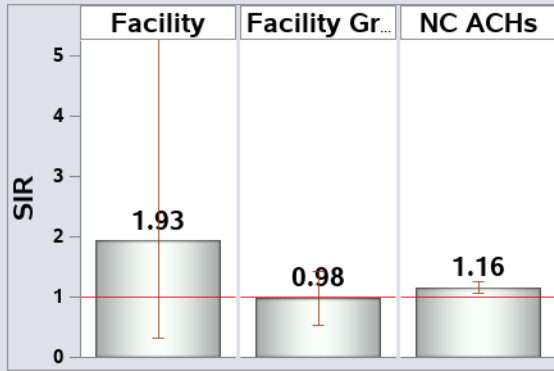


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sep 2022.

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

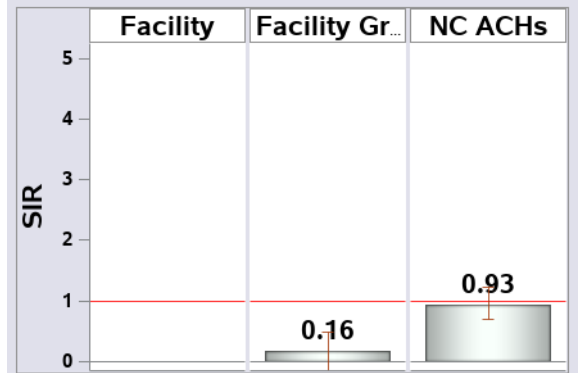


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

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

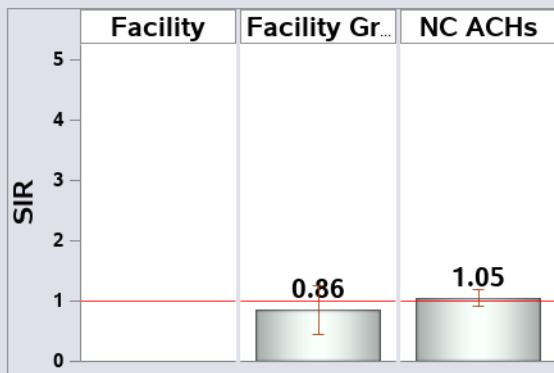


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Wake Forest Baptist Health Wilkes Medical Center, North Wilkesboro, Wilkes County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2021:	3,803
Patient Days in 2021:	17,464
Total Number of Beds:	130
Number of ICU Beds:	8
FTE* Infection Preventionists:	0.70
Number of FTEs* per 100 beds:	0.54

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

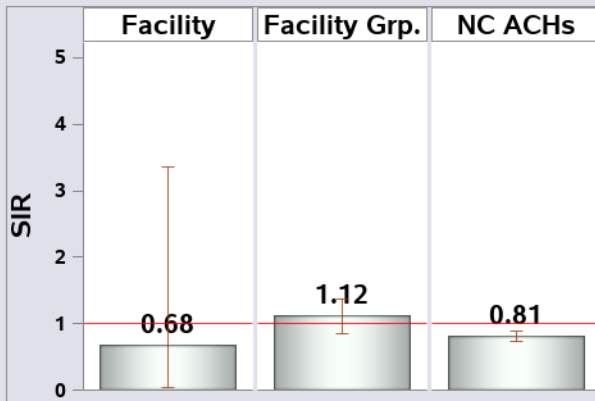


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

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	1.5	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.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	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

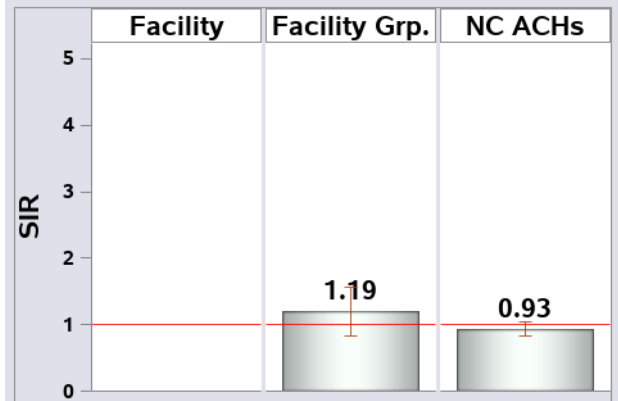


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	7	4.8	Same

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?

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

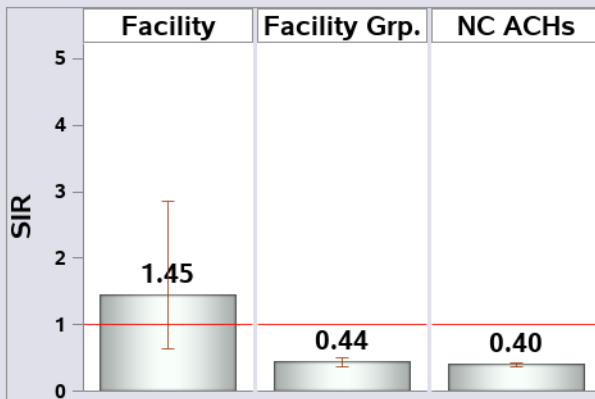


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Wake Forest Baptist Health Wilkes Medical Center, North Wilkesboro, Wilkes County

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	2	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	2	1.3	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

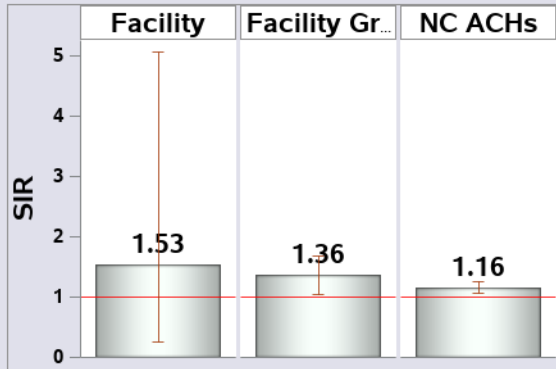


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sep 2022.

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

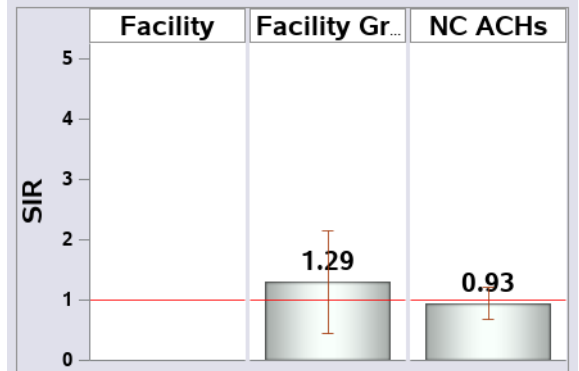


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	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

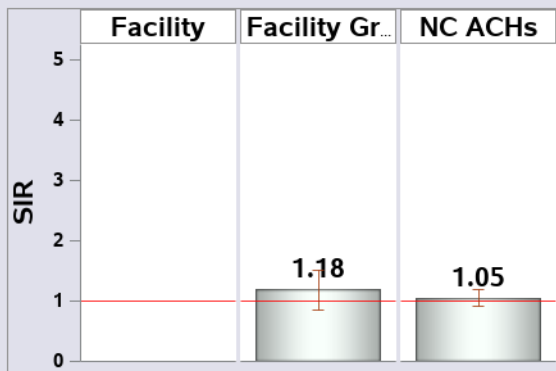


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Wake Forest University Baptist Medical Center, Winston-Salem, Forsyth County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2021:	48,315
Patient Days in 2021:	253,225
Total Number of Beds:	881
Number of ICU Beds:	226
FTE* Infection Preventionists:	7.00
Number of FTEs* per 100 beds:	0.79

*FTE = Full-time equivalent



Commentary From Facility:

Wake Forest Baptist Health continuously strives to provide a safe environment for patients, their families and our community. We have launched targeted programs to reduce the risk of acquiring Central Line Associated Bloodstream Infection and Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia events and are reinforcing appropriate infection prevention and identification methods.

Catheter-Associated Urinary Tract Infections (CAUTI)

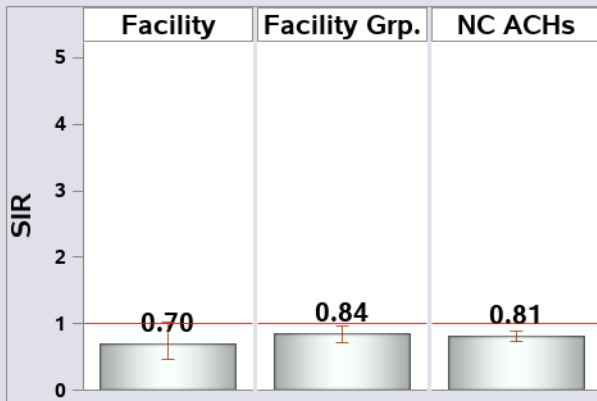


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	10	27	Better
Adult/Ped Wards	15	9.0	Same
All reporting units	25	36	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.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	37	19	Worse

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?

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

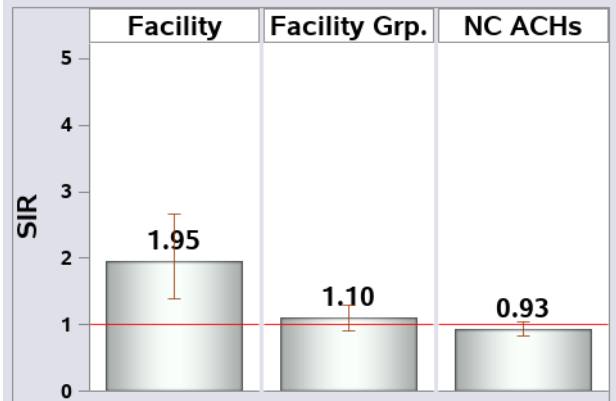


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	60	82	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

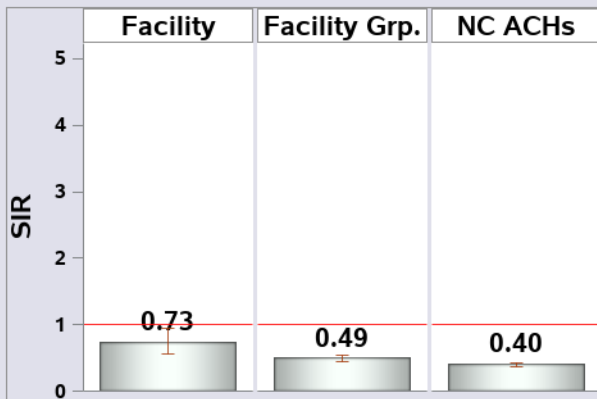


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Wake Forest University Baptist Medical Center, Winston-Salem, Forsyth County

Central Line-Associated Bloodstream Infections (CLABSI)

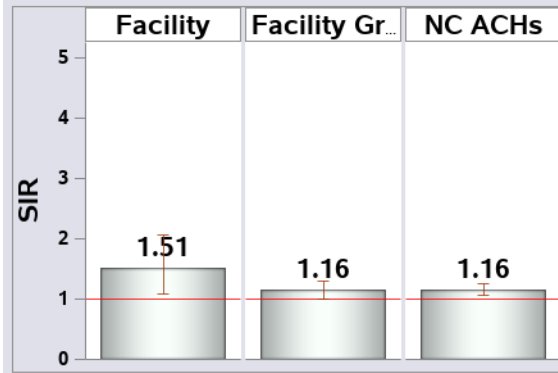


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	16	11	Same
Adult/Ped Wards	8	6.9	Same
Neonatal Units	14	7.5	Worse
All reporting units	38	25	Worse

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?

× **Worse:** More infections than 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-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	2.6	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

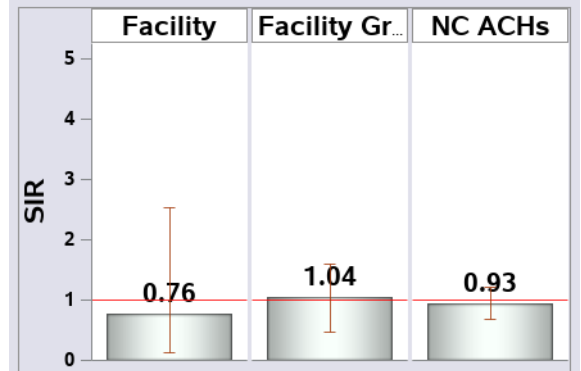


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	18	11	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

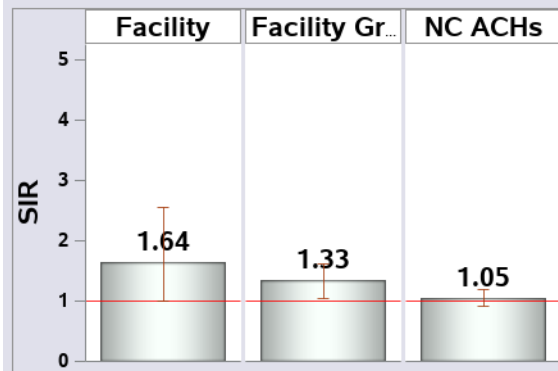


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

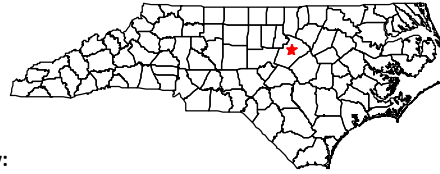
Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
WakeMed, Raleigh, Wake County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2021:	42,662
Patient Days in 2021:	222,220
Total Number of Beds:	537
Number of ICU Beds:	124
FTE* Infection Preventionists:	8.00
Number of FTEs* per 100 beds:	1.49

*FTE = Full-time equivalent



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

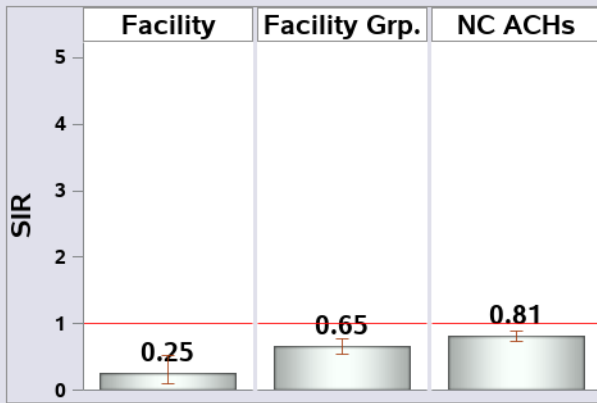


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	16	Better
Adult/Ped Wards	5	7.7	Same
All reporting units	6	24	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.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	12	12	Same

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?

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

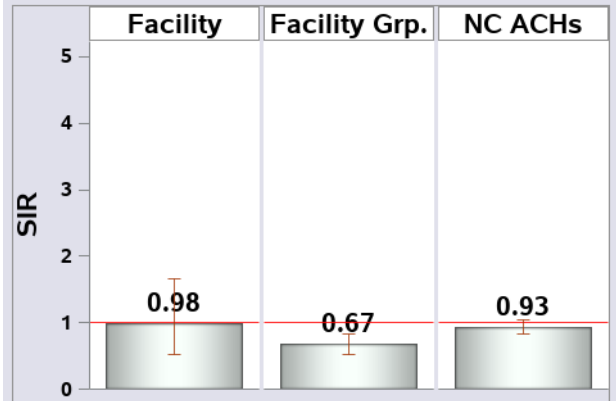


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	15	69	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

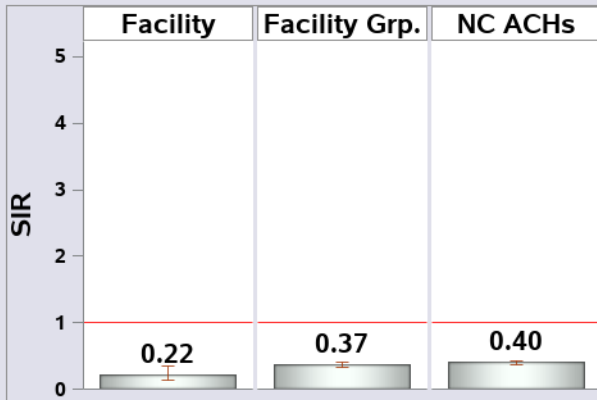


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
WakeMed, Raleigh, Wake County

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	8	7.3	Same
Adult/Ped Wards	9	5.6	Same
Neonatal Units	3	3.2	Same
All reporting units	20	16	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

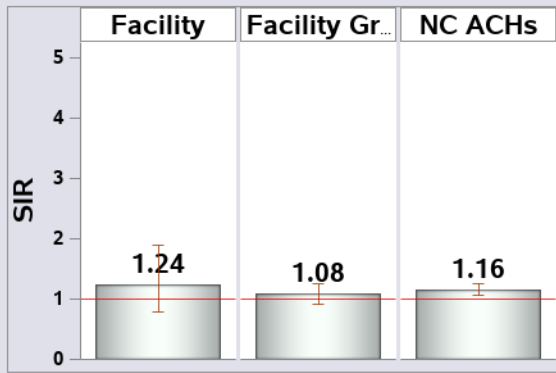


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sep 2022.

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

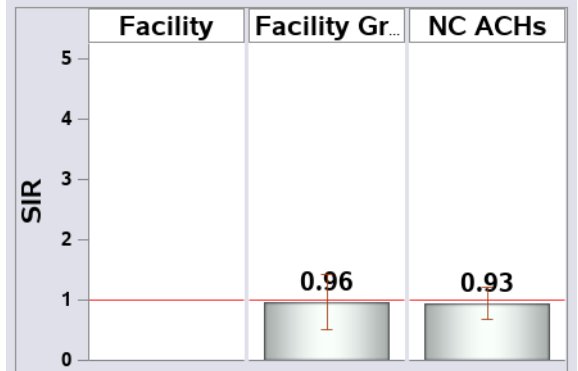


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	10	6.4	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

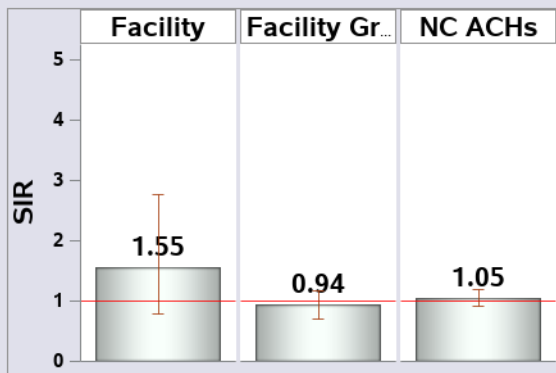


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
WakeMed Cary Hospital, Cary, Wake County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2021:	16,313
Patient Days in 2021:	59,061
Total Number of Beds:	208
Number of ICU Beds:	12
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.48

*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

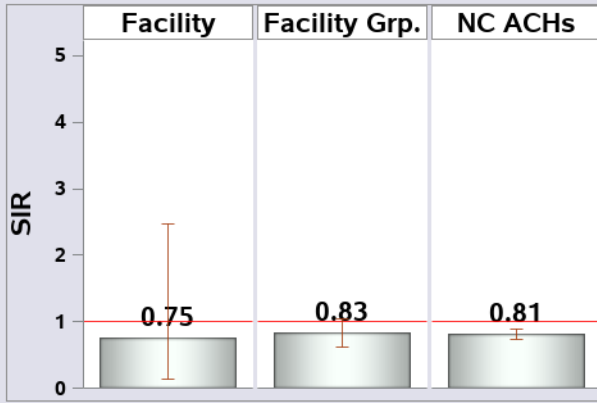


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	1.2	Same
Adult/Ped Wards	2	1.5	Same
All reporting units	2	2.7	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.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.7	Same

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?

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

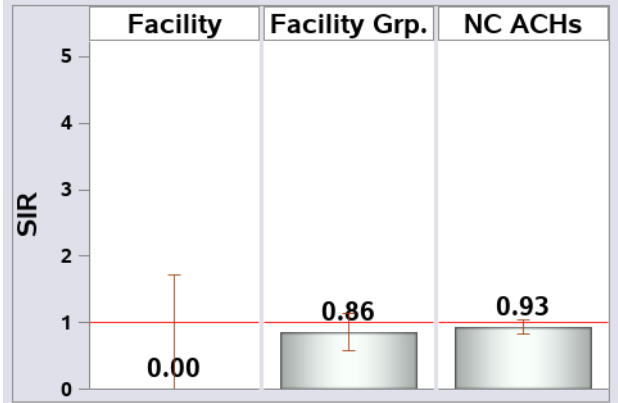


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	19	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

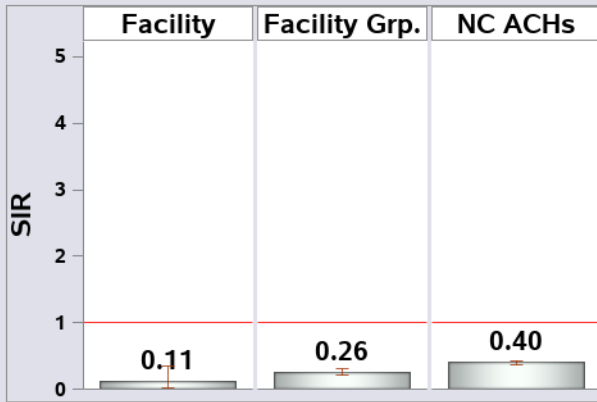


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
WakeMed Cary Hospital, Cary, Wake County

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	4	Less than 1.0	No Conclusion
Adult/Ped Wards	1	1.5	Same
All reporting units	5	2.3	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

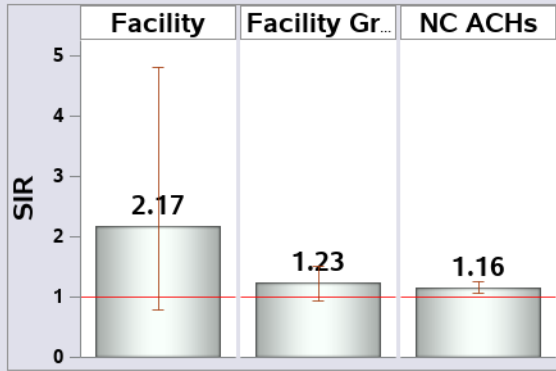


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sep 2022.

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

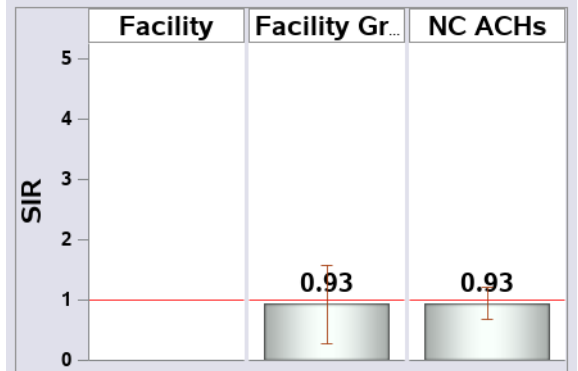


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	4.4	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

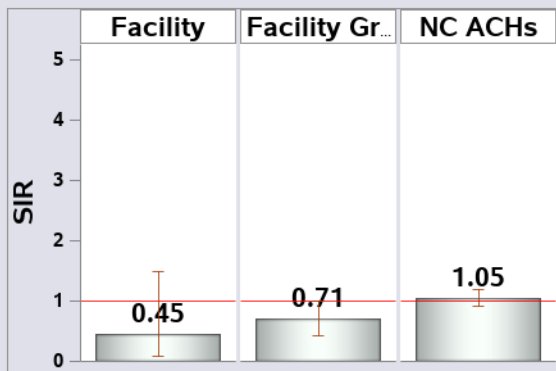


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Wakemed North Family Health & Women's Hospital, Raleigh, Wake County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2021:	8,193
Patient Days in 2021:	20,687
Total Number of Beds:	61
Number of ICU Beds:	0
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	1.64

*FTE = Full-time equivalent



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

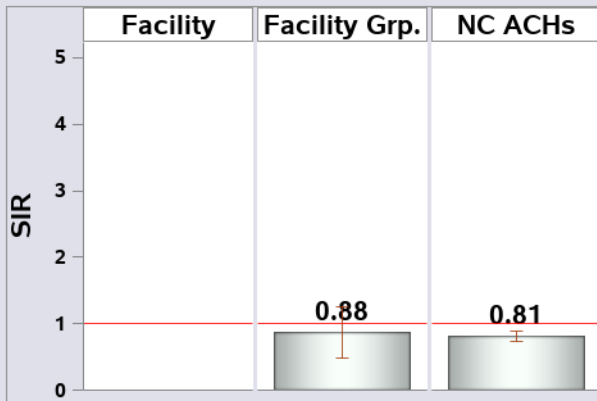


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
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 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-Sep 2022

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

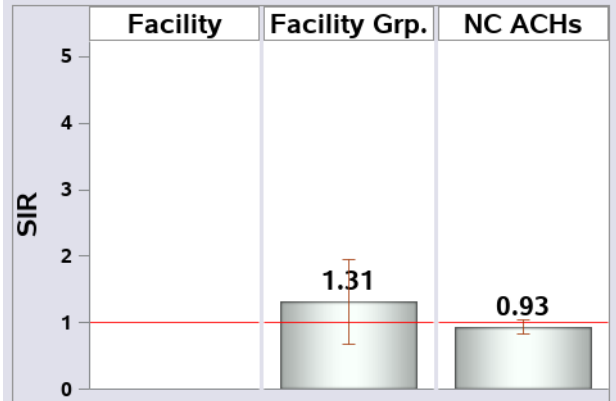


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	3.1	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

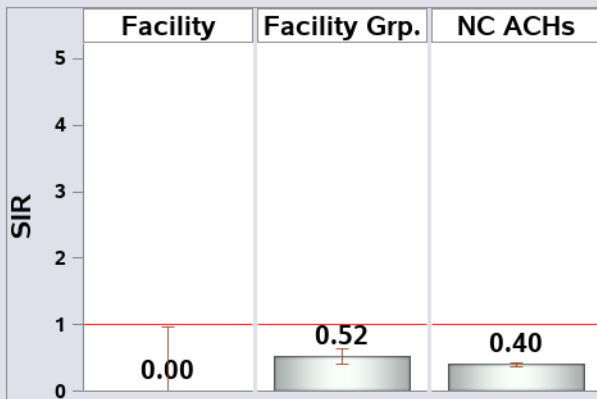


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Wakemed North Family Health & Women's Hospital, Raleigh, Wake County

Central Line-Associated Bloodstream Infections (CLABSI)

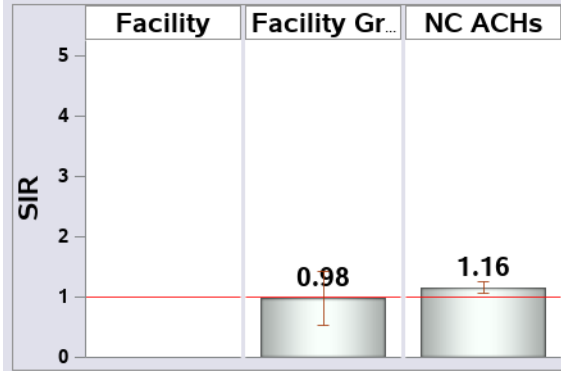


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
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

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sep 2022.

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

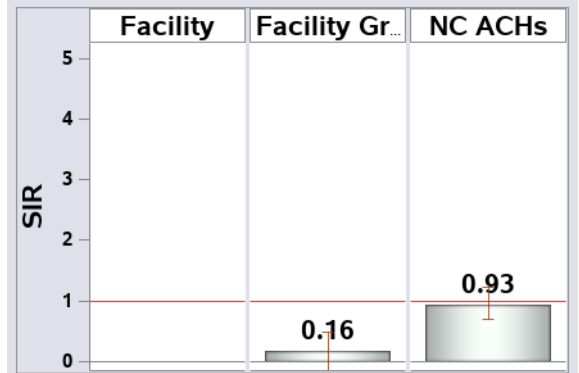


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	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

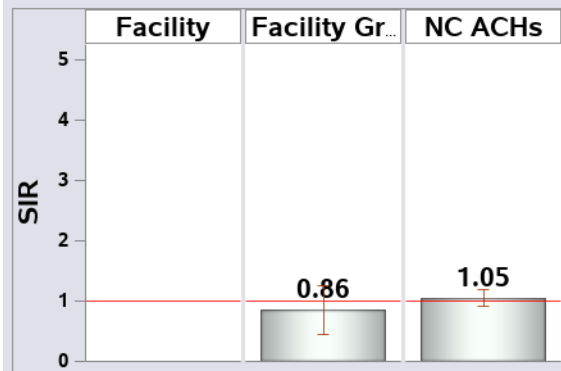


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Wayne Memorial Hospital, Goldsboro, Wayne County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Admissions in 2021:	10,605
Patient Days in 2021:	49,187
Total Number of Beds:	249
Number of ICU Beds:	16
FTE* Infection Preventionists:	2.00
Number of FTEs* per 100 beds:	0.80

[*FTE = Full-time equivalent]



Commentary From Facility:
 No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

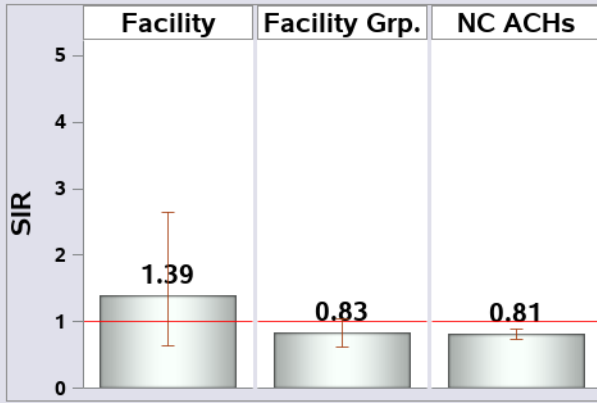


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	4	2.7	Same
Adult/Ped Wards	4	3.0	Same
All reporting units	8	5.8	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.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	2.5	Same

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?

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

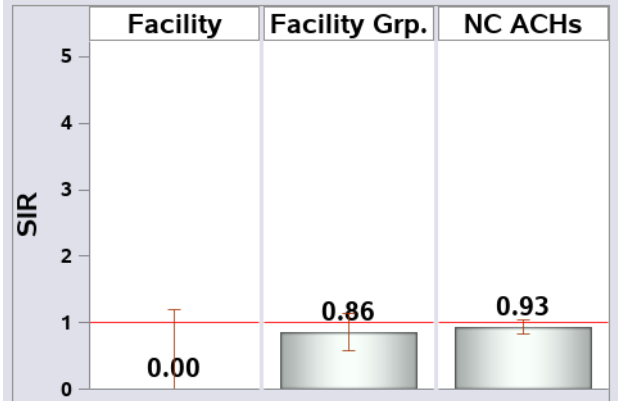


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	16	22	Same

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?

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

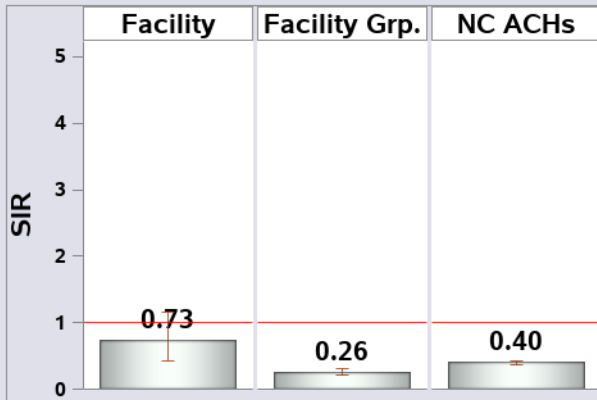


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Wayne Memorial Hospital, Goldsboro, Wayne County

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	2.8	Same
Adult/Ped Wards	5	3.3	Same
All reporting units	5	6.2	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

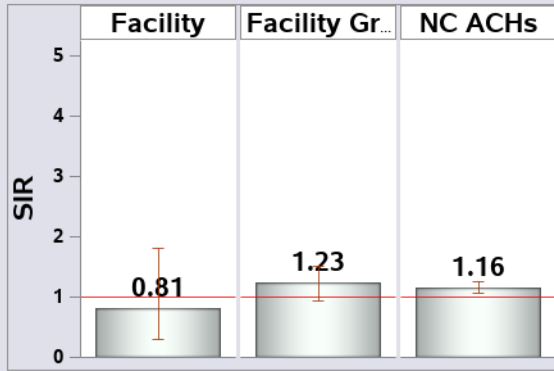


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Sep 2022.

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

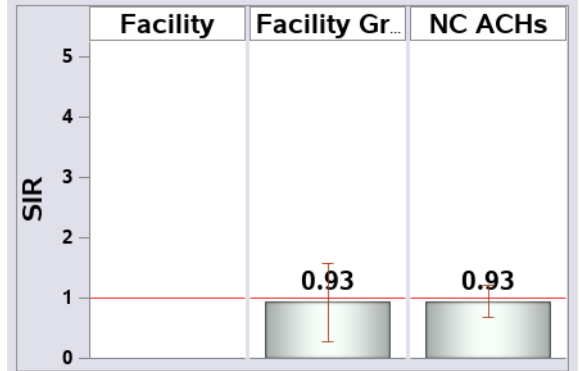


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	1.6	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

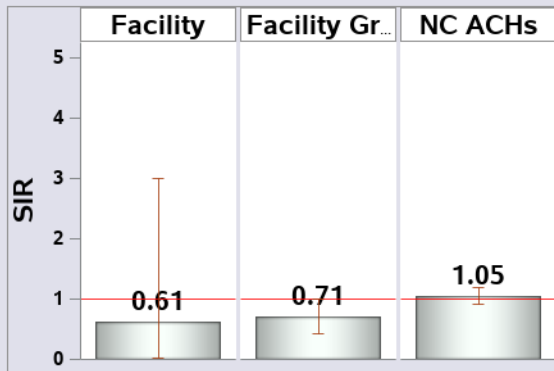


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Wesley Long Hospital, Greensboro, Guilford County

2021 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2021:	8,407
Patient Days in 2021:	44,451
Total Number of Beds:	150
Number of ICU Beds:	20
FTE* Infection Preventionists:	1.50
Number of FTEs* per 100 beds:	1.00

*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)

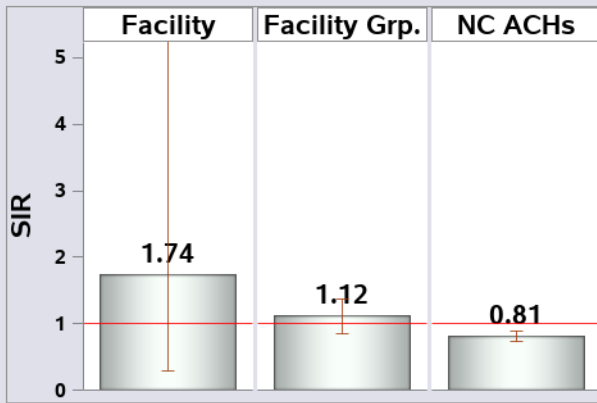


Figure 1: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	2	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	2	1.2	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.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	1.9	Same

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?

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

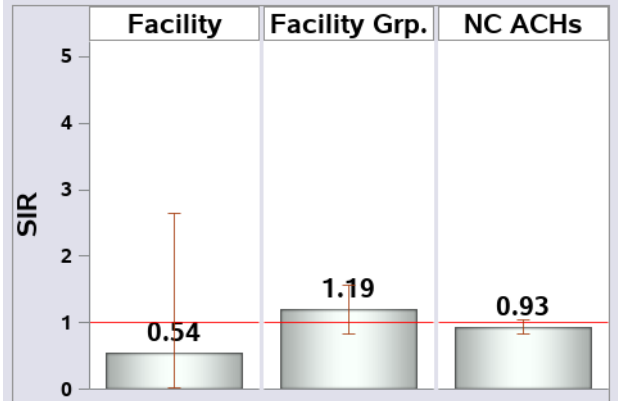


Figure 2: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

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-Sep 2022

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	20	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

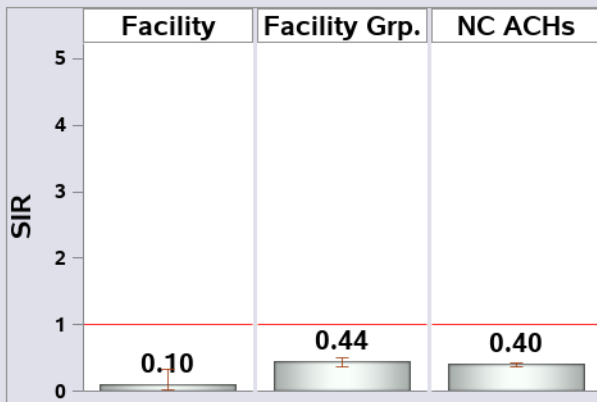


Figure 3: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2022
Wesley Long Hospital, Greensboro, Guilford County

Central Line-Associated Bloodstream Infections (CLABSI)

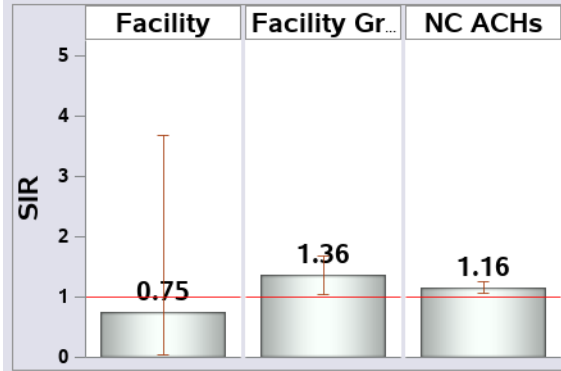


Figure 4: SIRs and 95% confidence intervals, Jan-Sep 2022.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Sep 2022

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	1	1.0	Same
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	1	1.3	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-Sep 2022.

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

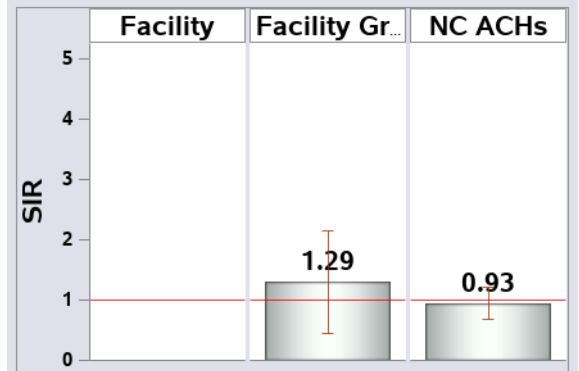


Figure 5: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Sep 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	7	4.5	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

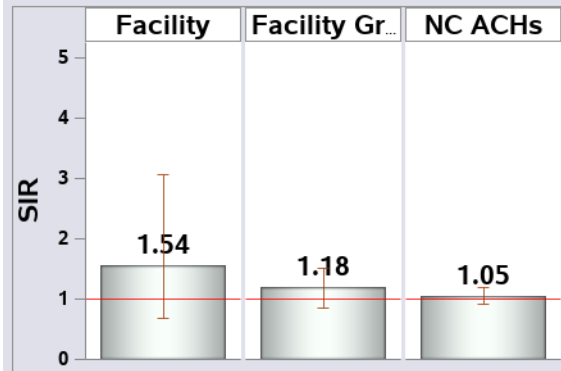


Figure 6: SIRs and 95% Confidence Intervals, Jan-Sep 2022.

Ventilator-Associated Events (VAE)

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

APPENDICES

APPENDIX A. Definitions

<u>Term</u>	<u>Definition</u>
Aggregate data	Sum or total data. For example, aggregate NC HAI data refers to the sum, or total, of HAI data for all hospitals in NC.
ASA Class	Anesthesiologist's pre-operative assessment of the patient's physical condition, using the American Society of Anesthesiologists' (ASA) Classification of Physical Status. 1. Normally healthy patient 2. Patient with mild systemic disease 3. Patient with severe systemic disease that is not incapacitating 4. Patient with an incapacitating systemic disease, constant threat to life 5. Patient not expected to survive for 24 hours with or without the operation
Beds	The number of staffed beds in a facility or patient care location. This may be different from the number of licensed beds.
Catheter days	A daily count of the number of patients with an indwelling urinary catheter. For example, one patient with an indwelling catheter in place for two days or two patients with indwelling catheters in place for one day each would both result in two catheter days. This number is used when presenting rates of catheter-associated urinary tract infections.
Catheter-associated urinary tract infection	Urinary tract infection (UTI) that occurs in a patient who had an indwelling urinary catheter in place for at least two calendar days that was in place on the day of or the day before the onset of the UTI.
Central line	A catheter (tube) that doctors place in a large vein in the neck, chest, or groin ending in a large vein near the heart. It is used to give medication or fluids or to collect blood for medical tests. Also known as a central venous catheter.
Central line-associated bloodstream infection	A bloodstream infection (BSI) that occurs in a patient who had a central line in place for at least two calendar days that was in place on the day of or the day before the onset of the BSI and is not related to an infection at another site.
Central line days	A daily count of the number of patients with a central line. For example, one patient with a central line in place for two days or two patients with central lines in place for one day each would both result in two central line days. This number is used when presenting rates of central line-associated bloodstream infections.
Device days	A daily count of the number of patients with a specific device (e.g., central line, umbilical catheter, or urinary catheter) in the patient care location. For example, one patient with a device in place for two days or two patients with devices in place for one day each would both result in two device days. This number is used when presenting rates of infections associated with the use of devices.
Full-time equivalent	The equivalent of one person working full time for one year: 8 hours per day at 5 days per week for 52 weeks per year = 2080 hours per year
Hand hygiene	A general term that applies to routine hand washing, antiseptic hand wash, antiseptic hand rub, or surgical hand antisepsis. <i>Routine hand washing</i> is the use of clean water and non-antimicrobial soap to remove germs, soil and other debris from the hands. <i>Antiseptic hand washing</i> is the use of water and antimicrobial soap to remove or kill germs on the hands.

<u>Term</u>	<u>Definition</u>
	<p><i>Antiseptic hand rub</i> is the use of alcohol-based hand rubs to remove or destroy germs from the hands. Antiseptic hand rubs are less effective when hands are visibly dirty.</p> <p><i>Surgical hand antisepsis</i> is the use of water and antimicrobial soap to remove or kill germs and takes 2-6 minutes to complete as both hands and forearms are cleaned. Water and non-antimicrobial soap can also be used but must be followed with an alcohol-based surgical hand scrub.</p>
Healthcare-associated infections	Healthcare-associated infections (HAIs) are infections caused by a wide variety of common and unusual bacteria, fungi, and viruses during the course of receiving medical care.
Intensive care unit	A nursing care area that provides intensive observation, diagnosis, and therapeutic procedures for adults and/or children who are critically ill. Also referred to as critical care unit.
Medical affiliation	Affiliation with a medical school. There are four categories: <i>Major teaching</i> – Facility has a program for medical students and post-graduate medical training. <i>Graduate</i> – Facility has a program for post-graduate medical training (i.e., residency and/or fellowships). <i>Undergraduate</i> – Facility has a program for medical/nursing students only. <i>No</i> –Hospital is not a teaching hospital for physicians and/or physicians in training
Patient days	A daily count of the number of patients in the patient care location during a specified time period.
Rate	Describes the speed with which disease or events occur. The number of diseases or events per unit of time.
Standardized infection ratio	A ratio of observed to expected (or predicted) numbers of events that is adjusted for selected risk factors.
Surgical site infection	Infection that occurs after surgery, in the part of the body where the surgery took place.
Umbilical catheter	Long, thin plastic tubes that travel from the stump of a newborn baby’s umbilical cord into the large vessels near the heart
Urinary catheter	A drainage tube that is inserted into the urinary bladder through the urethra, is left in place, and is connected to a closed collection system.
Validity (data)	The extent to which reported cases of a disease or event correspond accurately to cases of a disease event that actually occurred.

APPENDIX B. Acronyms

ACL	Adult Care Licensure
APIC-NC	Association for Professionals in Infection Control and Epidemiology, NC Chapter
ASA	American Society of Anesthesiologists
BSI	Bloodstream infection
CAUTI	Catheter-associated urinary tract infection
CCU	Critical care unit
CDB	Communicable Disease Branch
CDC	Centers for Disease Control and Prevention
<i>C. diff</i>	<i>Clostridioides difficile</i>
CDI	<i>Clostridioides difficile</i> infection
CI	Confidence interval
CMS	Centers for Medicare and Medicaid Services
CLABSI	Central line-associated bloodstream infections
DHHS	Department of Health and Human Services
DHSR	Division of Health Service Regulation
DPH	Division of Public Health
ED	Emergency department
HAI	Healthcare-associated infections
ICU	Intensive care unit
IPs	Infection preventionists
MRSA	Methicillin-resistant <i>Staphylococcus aureus</i>
NCHA	North Carolina Healthcare Association
NC SPICE	North Carolina Statewide Program for Infection Control and Epidemiology
NHLC	Nursing Home Licensure and Certification
NHSN	National Healthcare Safety Network
SIR	Standardized infection ratio
SSI	Surgical site infection
VAE	Ventilator-associated event

FAQs

(frequently asked questions)

about

“Catheter-Associated Bloodstream Infections”

(also known as “Central Line-Associated Bloodstream Infections”)

What is a catheter-associated bloodstream infection?

A “central line” or “central catheter” is a tube that is placed into a patient’s large vein, usually in the neck, chest, arm, or groin. The catheter is often used to draw blood, or give fluids or medications. It may be left in place for several weeks. A bloodstream infection can occur when bacteria or other germs travel down a “central line” and enter the blood. If you develop a catheter-associated bloodstream infection you may become ill with fevers and chills or the skin around the catheter may become sore and red.

Can a catheter-related bloodstream infection be treated?

A catheter-associated bloodstream infection is serious, but often can be successfully treated with antibiotics. The catheter might need to be removed if you develop an infection.

What are some of the things that hospitals are doing to prevent catheter-associated bloodstream infections?

To prevent catheter-associated bloodstream infections doctors and nurses will:

- Choose a vein where the catheter can be safely inserted and where the risk for infection is small.
- Clean their hands with soap and water or an alcohol-based hand rub before putting in the catheter.
- Wear a mask, cap, sterile gown, and sterile gloves when putting in the catheter to keep it sterile. The patient will be covered with a sterile sheet.
- Clean the patient’s skin with an antiseptic cleanser before putting in the catheter.
- Clean their hands, wear gloves, and clean the catheter opening with an antiseptic solution before using the catheter to draw blood or give medications. Healthcare providers also clean their hands and wear gloves when changing the bandage that covers the area where the catheter enters the skin.
- Decide every day if the patient still needs to have the catheter. The catheter will be removed as soon as it is no longer needed.
- Carefully handle medications and fluids that are given through the catheter.

What can I do to help prevent a catheter-associated bloodstream infection?

- Ask your doctors and nurses to explain why you need the catheter and how long you will have it.

- Ask your doctors and nurses if they will be using all of the prevention methods discussed above.
- Make sure that all doctors and nurses caring for you clean their hands with soap and water or an alcohol-based hand rub before and after caring for you.

If you do not see your providers clean their hands, please ask them to do so.

- If the bandage comes off or becomes wet or dirty, tell your nurse or doctor immediately.
- Inform your nurse or doctor if the area around your catheter is sore or red.
- Do not let family and friends who visit touch the catheter or the tubing.
- Make sure family and friends clean their hands with soap and water or an alcohol-based hand rub before and after visiting you.

What do I need to do when I go home from the hospital?

Some patients are sent home from the hospital with a catheter in order to continue their treatment. If you go home with a catheter, your doctors and nurses will explain everything you need to know about taking care of your catheter.

- Make sure you understand how to care for the catheter before leaving the hospital. For example, ask for instructions on showering or bathing with the catheter and how to change the catheter dressing.
- Make sure you know who to contact if you have questions or problems after you get home.
- Make sure you wash your hands with soap and water or an alcohol-based hand rub before handling your catheter.
- Watch for the signs and symptoms of catheter-associated bloodstream infection, such as soreness or redness at the catheter site or fever, and call your healthcare provider immediately if any occur.

If you have additional questions, please ask your doctor or nurse.

Co-sponsored by:



FAQs

(frequently asked questions)

about “Catheter-Associated Urinary Tract Infection”

What is “catheter-associated urinary tract infection”?

A urinary tract infection (also called “UTI”) is an infection in the urinary system, which includes the bladder (which stores the urine) and the kidneys (which filter the blood to make urine). Germs (for example, bacteria or yeasts) do not normally live in these areas; but if germs are introduced, an infection can occur.

If you have a urinary catheter, germs can travel along the catheter and cause an infection in your bladder or your kidney; in that case it is called a catheter-associated urinary tract infection (or “CA-UTI”).

What is a urinary catheter?

A urinary catheter is a thin tube placed in the bladder to drain urine. Urine drains through the tube into a bag that collects the urine. A urinary catheter may be used:

- If you are not able to urinate on your own
- To measure the amount of urine that you make, for example, during intensive care
- During and after some types of surgery
- During some tests of the kidneys and bladder

People with urinary catheters have a much higher chance of getting a urinary tract infection than people who don’t have a catheter.

How do I get a catheter-associated urinary tract infection (CA-UTI)?

If germs enter the urinary tract, they may cause an infection. Many of the germs that cause a catheter-associated urinary tract infection are common germs found in your intestines that do not usually cause an infection there. Germs can enter the urinary tract when the catheter is being put in or while the catheter remains in the bladder.

What are the symptoms of a urinary tract infection?

Some of the common symptoms of a urinary tract infection are:

- Burning or pain in the lower abdomen (that is, below the stomach)
- Fever
- Bloody urine may be a sign of infection, but is also caused by other problems
- Burning during urination or an increase in the frequency of urination after the catheter is removed.

Sometimes people with catheter-associated urinary tract infections do not have these symptoms of infection.

Can catheter-associated urinary tract infections be treated?

Yes, most catheter-associated urinary tract infections can be treated with antibiotics and removal or change of the catheter. Your doctor will determine which antibiotic is best for you.

What are some of the things that hospitals are doing to prevent catheter-associated urinary tract infections?

To prevent urinary tract infections, doctors and nurses take the following actions.

Catheter insertion

- o Catheters are put in only when necessary and they are removed as soon as possible.
- o Only properly trained persons insert catheters using sterile (“clean”) technique.
- o The skin in the area where the catheter will be inserted is cleaned before inserting the catheter.
- o Other methods to drain the urine are sometimes used, such as
- External catheters in men (these look like condoms and are placed over the penis rather than into the penis)
- Putting a temporary catheter in to drain the urine and removing it right away. This is called intermittent urethral catheterization.

Catheter care

- o Healthcare providers clean their hands by washing them with soap and water or using an alcohol-based hand rub before and after touching your catheter.

If you do not see your providers clean their hands, please ask them to do so.

- o Avoid disconnecting the catheter and drain tube. This helps to prevent germs from getting into the catheter tube.
- o The catheter is secured to the leg to prevent pulling on the catheter.
- o Avoid twisting or kinking the catheter.
- o Keep the bag lower than the bladder to prevent urine from backflowing to the bladder.
- o Empty the bag regularly. The drainage spout should not touch anything while emptying the bag.

What can I do to help prevent catheter-associated urinary tract infections if I have a catheter?

- Always clean your hands before and after doing catheter care.
- Always keep your urine bag below the level of your bladder.
- Do not tug or pull on the tubing.
- Do not twist or kink the catheter tubing.
- Ask your healthcare provider each day if you still need the catheter.

What do I need to do when I go home from the hospital?

- If you will be going home with a catheter, your doctor or nurse should explain everything you need to know about taking care of the catheter. Make sure you understand how to care for it before you leave the hospital.
- If you develop any of the symptoms of a urinary tract infection, such as burning or pain in the lower abdomen, fever, or an increase in the frequency of urination, contact your doctor or nurse immediately.
- Before you go home, make sure you know who to contact if you have questions or problems after you get home.

If you have questions, please ask your doctor or nurse.

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FAQs

(frequently asked questions)

about “Surgical Site Infections”

What is a Surgical Site Infection (SSI)?

A surgical site infection is an infection that occurs after surgery in the part of the body where the surgery took place. Most patients who have surgery do not develop an infection. However, infections develop in about 1 to 3 out of every 100 patients who have surgery.

Some of the common symptoms of a surgical site infection are:

- Redness and pain around the area where you had surgery
- Drainage of cloudy fluid from your surgical wound
- Fever

Can SSIs be treated?

Yes. Most surgical site infections can be treated with antibiotics. The antibiotic given to you depends on the bacteria (germs) causing the infection. Sometimes patients with SSIs also need another surgery to treat the infection.

What are some of the things that hospitals are doing to prevent SSIs?

To prevent SSIs, doctors, nurses, and other healthcare providers:

- Clean their hands and arms up to their elbows with an antiseptic agent just before the surgery.
- Clean their hands with soap and water or an alcohol-based hand rub before and after caring for each patient.
- May remove some of your hair immediately before your surgery using electric clippers if the hair is in the same area where the procedure will occur. They should not shave you with a razor.
- Wear special hair covers, masks, gowns, and gloves during surgery to keep the surgery area clean.
- Give you antibiotics before your surgery starts. In most cases, you should get antibiotics within 60 minutes before the surgery starts and the antibiotics should be stopped within 24 hours after surgery.
- Clean the skin at the site of your surgery with a special soap that kills germs.

What can I do to help prevent SSIs?

Before your surgery:

- Tell your doctor about other medical problems you may have. Health problems such as allergies, diabetes, and obesity could affect your surgery and your treatment.

- Quit smoking. Patients who smoke get more infections. Talk to your doctor about how you can quit before your surgery.
- Do not shave near where you will have surgery. Shaving with a razor can irritate your skin and make it easier to develop an infection.

At the time of your surgery:

- Speak up if someone tries to shave you with a razor before surgery. Ask why you need to be shaved and talk with your surgeon if you have any concerns.
- Ask if you will get antibiotics before surgery.

After your surgery:

- Make sure that your healthcare providers clean their hands before examining you, either with soap and water or an alcohol-based hand rub.

If you do not see your providers clean their hands, please ask them to do so.

- Family and friends who visit you should not touch the surgical wound or dressings.
- Family and friends should clean their hands with soap and water or an alcohol-based hand rub before and after visiting you. If you do not see them clean their hands, ask them to clean their hands.

What do I need to do when I go home from the hospital?

- Before you go home, your doctor or nurse should explain everything you need to know about taking care of your wound. Make sure you understand how to care for your wound before you leave the hospital.
- Always clean your hands before and after caring for your wound.
- Before you go home, make sure you know who to contact if you have questions or problems after you get home.
- If you have any symptoms of an infection, such as redness and pain at the surgery site, drainage, or fever, call your doctor immediately.

If you have additional questions, please ask your doctor or nurse.

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FAQs

(frequently asked questions)

about "MRSA"

(Methicillin-Resistant *Staphylococcus aureus*)

What is MRSA?

Staphylococcus aureus (pronounced staff-ill-oh-KOK-us AW-ree-us), or "Staph" is a very common germ that about 1 out of every 3 people have on their skin or in their nose. This germ does not cause any problems for most people who have it on their skin. But sometimes it can cause serious infections such as skin or wound infections, pneumonia, or infections of the blood.

Antibiotics are given to kill Staph germs when they cause infections. Some Staph are resistant, meaning they cannot be killed by some antibiotics. "Methicillin-resistant *Staphylococcus aureus*" or "MRSA" is a type of Staph that is resistant to some of the antibiotics that are often used to treat Staph infections.

Who is most likely to get an MRSA infection?

In the hospital, people who are more likely to get an MRSA infection are people who:

- have other health conditions making them sick
- have been in the hospital or a nursing home
- have been treated with antibiotics.

People who are healthy and who have not been in the hospital or a nursing home can also get MRSA infections. These infections usually involve the skin. More information about this type of MRSA infection, known as "community-associated MRSA" infection, is available from the Centers for Disease Control and Prevention (CDC). <http://www.cdc.gov/mrsa>

How do I get an MRSA infection?

People who have MRSA germs on their skin or who are infected with MRSA may be able to spread the germ to other people. MRSA can be passed on to bed linens, bed rails, bathroom fixtures, and medical equipment. It can spread to other people on contaminated equipment and on the hands of doctors, nurses, other healthcare providers and visitors.

Can MRSA infections be treated?

Yes, there are antibiotics that can kill MRSA germs. Some patients with MRSA abscesses may need surgery to drain the infection. Your healthcare provider will determine which treatments are best for you.

What are some of the things that hospitals are doing to prevent MRSA infections?

To prevent MRSA infections, doctors, nurses, and other healthcare providers:

- **Clean their hands** with soap and water or an alcohol-based hand rub before and after caring for every patient.
- Carefully **clean hospital rooms and medical equipment**.
- Use **Contact Precautions** when caring for patients with MRSA. Contact Precautions mean:
 - o Whenever possible, patients with MRSA will have a single room or will share a room only with someone else who also has MRSA.
 - o Healthcare providers will put on gloves and wear a gown over their clothing while taking care of patients with MRSA.

- o Visitors may also be asked to wear a gown and gloves.
- o When leaving the room, hospital providers and visitors remove their gown and gloves and clean their hands.
- o Patients on Contact Precautions are asked to stay in their hospital rooms as much as possible. They should not go to common areas, such as the gift shop or cafeteria. They may go to other areas of the hospital for treatments and tests.

- **May test** some patients to see if they have MRSA on their skin. This test involves rubbing a cotton-tipped swab in the patient's nostrils or on the skin.

What can I do to help prevent MRSA infections?

In the hospital

- Make sure that all doctors, nurses, and other healthcare providers clean their hands with soap and water or an alcohol-based hand rub before and after caring for you.

If you do not see your providers clean their hands, please ask them to do so.

When you go home

- If you have wounds or an intravascular device (such as a catheter or dialysis port) make sure that you know how to take care of them.

Can my friends and family get MRSA when they visit me?

The chance of getting MRSA while visiting a person who has MRSA is very low. To decrease the chance of getting MRSA your family and friends should:

- Clean their hands before they enter your room and when they leave.
- Ask a healthcare provider if they need to wear protective gowns and gloves when they visit you.

What do I need to do when I go home from the hospital?

To prevent another MRSA infection and to prevent spreading MRSA to others:

- Keep taking any antibiotics prescribed by your doctor. Don't take half-doses or stop before you complete your prescribed course.
- Clean your hands often, especially before and after changing your wound dressing or bandage.
- People who live with you should clean their hands often as well.
- Keep any wounds clean and change bandages as instructed until healed.
- Avoid sharing personal items such as towels or razors.
- Wash and dry your clothes and bed linens in the warmest temperatures recommended on the labels.
- Tell your healthcare providers that you have MRSA. This includes home health nurses and aides, therapists, and personnel in doctors' offices.
- Your doctor may have more instructions for you.

If you have questions, please ask your doctor or nurse.

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CLOSTRIDIoidES DIFFICILE

(formerly known as *Clostridium difficile*)

Clostridioides difficile (also known as *C. diff*) is a bacterium that causes diarrhea and colitis (an inflammation of the colon). *C. diff* infection can be life-threatening.

IMPACT



C. diff infection is estimated to cause almost half a million illnesses in the United States each year, and an estimated 29,300 deaths.¹



About **1 in 6 patients** who get *C. diff* infection will get it again in the subsequent 2–8 weeks.¹



One in 11 people over 65 diagnosed with a healthcare-associated *C. diff* infection die within a month.²

RISK



People are 7 to 10 times more likely to get *C. diff* infection while taking an antibiotic and during the month after.³

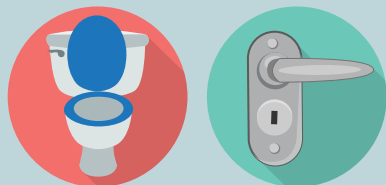


Extended stays in healthcare settings, such as hospitals and nursing homes, also increase their risk.



More than 80% of *C. diff* deaths occur in people 65 and older.

SPREAD



C. diff spreads when people touch surfaces that are contaminated with poop from an infected person.



Or when people don't wash their hands with soap and water.



It can also happen when one healthcare facility fails to notify another when it transfers a patient with *C. diff*.

Healthcare professionals can help PREVENT *C. diff* by:



Optimizing the way they prescribe antibiotics.



Using the tests that give the most accurate results.



Rapidly identifying and isolating patients with *C. diff*.



Wearing gloves and gowns when treating patients with *C. diff*—and remembering that hand sanitizer doesn't kill *C. diff*.



Cleaning surfaces in rooms where *C. diff* patients are treated with EPA-approved, spore-killing disinfectant (see list K).

[cdc.gov/cdiff](https://www.cdc.gov/cdiff)

¹ Guh AY, Mu Y, Winston LG et al. *N Engl J Med* 2020;382:1320–30. DOI: 10.1056/NEJMoa1910215

² Lessa FC, Mu Yi, Bamberg WM et al. *N Engl J Med* 2015;372:825–34. DOI: 10.1056/NEJMoa1408913

³ Hensgens MPM, Goorhuis A, Dekkers OM, Kuijper EJ. *J Antimicrob Chemother* 2011. DOI: 10.1093/jac/dkr508



U.S. Department of
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TBD
Division of Health Services Regulation (DHSR)

Appendix E. Healthcare Facility Groupings, 2021 (or 2020 if 2021 survey not submitted by date of dataset generation) National Healthcare Safety Network Annual Hospital Survey

Appendix E1 Healthcare Facility Group: Short-term Acute Care Hospitals

Survey Year	Hospital Name	Number of Beds
2021	ECU HEALTH BERTIE HOSPITAL	6
2021	FIRSTHEALTH MOORE REGIONAL HOSPITAL - HOKE CAMPUS	8
2021	DLP - SWAIN COMMUNITY HOSPITAL	15
2021	CAROLINAS HEALTHCARE SYSTEM ANSON	15
2021	CHEROKEE INDIAN HOSPITAL	18
2021	MARTIN GENERAL HOSPITAL	18
2021	PERSON MEMORIAL HOSPITAL	18
2021	THE OUTER BANKS HOSPITAL	21
2021	NOVANT HEALTH MEDICAL PARK HOSPITAL	22
2021	DOSHER MEMORIAL HOSPITAL	23
2021	HIGHLANDS CASHIERS HOSPITAL	24
2021	ST LUKES HOSPITAL	25
2021	MURPHY MEDICAL CENTER	25
2021	ECU HEALTH CHOWAN HOSPITAL	25
2021	PENDER MEMORIAL HOSPITAL	25
2021	NORTH CAROLINA SPECIALTY HOSPITAL	26
2021	MCDOWELL HOSPITAL	30
2021	NOVANT HEALTH NEW HANOVER ORTHOPEDIC HOSPITAL	30
2021	ANGEL MEDICAL CENTER	35
2021	REX HOLLY SPRINGS HOSPITAL	35
2021	NOVANT HEALTH CLEMMONS MEDICAL CENTER	36
2021	BLUE RIDGE REGIONAL HOSPITAL	38
2021	TRANSYLVANIA REGIONAL HOSPITAL	40
2021	CENTRAL HARNETT HOSPITAL	44
2021	NOVANT HEALTH CHARLOTTE ORTHOPEDIC HOSPITAL	48
2021	CAPE FEAR VALLEY HOKE HOSPITAL	49
2021	WAKE FOREST BAPTIST HEALTH-DAVIE MEDICAL CENTER	50
2021	JOHNSTON HEALTH CLAYTON	50
2021	NOVANT HEALTH MINT HILL MEDICAL CENTER	50
2021	ANNIE PENN HOSPITAL	53
2021	WAKEMED NORTH FAMILY HEALTH & WOMEN'S HOSPITAL	61
2021	GRANVILLE MEDICAL CENTER	62
2021	WAKE FOREST BAPTIST HEALTH-LEXINGTON MEDICAL CENTER	65
2021	KINGS MOUNTAIN HOSPITAL	67
2021	NOVANT HEALTH KERNERSVILLE MEDICAL CENTER	67

2021	COLUMBUS REGIONAL HEALTHCARE SYSTEM	70
2021	RANDOLPH HOSPITAL DBA RANDOLPH HEALTH	74
2021	CARTERET GENERAL HOSPITAL	76
2021	ECU HEALTH BEAUFORT HOSPITAL	77
2021	DLP - HARRIS REGIONAL HOSPITAL	78
2021	FIRSTHEALTH MOORE REGIONAL HOSPITAL - RICHMOND CAMPUS	79
2021	HUGH CHATHAM MEMORIAL HOSPITAL	81
2021	BETSY JOHNSON HOSPITAL	87
2021	ECU HEALTH DUPLIN HOSPITAL	89
2021	CENTRAL CAROLINA HOSPITAL	89
2021	DAVIS REGIONAL MEDICAL CENTER	93
2021	ECU HEALTH NORTH HOSPITAL	96
2021	MARIA PARHAM MEDICAL CENTER	99
2021	ATRIUM HEALTH UNIVERSITY CITY	100
2021	HAYWOOD REGIONAL MEDICAL CENTER	100
2021	NORTHERN REGIONAL HOSPITAL	100
2021	ATRIUM HEALTH LINCOLN	101
2021	ADVENT HEALTH HENDERSONVILLE	103
2021	SCOTLAND MEMORIAL HOSPITAL	104
2021	NOVANT HEALTH BRUNSWICK MEDICAL CENTER	108
2021	UNC ROCKINGHAM HEALTH	108
2021	ATRIUM HEALTH STANLY	109
2021	ECU HEALTH EDGECOMBE HOSPITAL	111
2021	ECU HEALTH ROANOKE-CHOWAN HOSPITAL	114
2021	SENTARA ALBEMARLE MEDICAL CENTER	115
2021	SAMPSON REGIONAL MEDICAL CENTER	116
2021	ARHS-WATAUGA MEDICAL CENTER	117
2021	LAKE NORMAN REGIONAL MEDICAL CENTER	123
2021	RUTHERFORD REGIONAL MEDICAL CENTER	125
2021	WAKE FOREST BAPTIST HEALTH WILKES MEDICAL CENTER	130
2021	NOVANT HEALTH THOMASVILLE MEDICAL CENTER	134
2021	CALDWELL MEMORIAL HOSPITAL	136
2021	WILSON MEDICAL CENTER	137
2021	PARDEE HOSPITAL	143
2021	JOHNSTON HEALTH	149
2021	NASH HEALTH CARE SYSTEMS	150
2021	WESLEY LONG HOSPITAL	150
2021	UNC HEALTH BLUE RIDGE	151
2021	ONSLOW MEMORIAL HOSPITAL	162
2021	LENOIR MEMORIAL HOSPITAL, INC	167
2021	CAROLINAS MEDICAL CENTER - UNION	182
2021	DUKE RALEIGH HOSPITAL	186
2021	FRYE REGIONAL MEDICAL CENTER	190
2021	NOVANT HEALTH HUNTERSVILLE MEDICAL CENTER	197

2021	IREDELL MEMORIAL HOSPITAL	199
2021	CAROLINAS MEDICAL CENTER- MERCY	207
2021	WAKEMED CARY HOSPITAL	208
2021	NOVANT HEALTH MATTHEWS MEDICAL CENTER	213
2021	SOUTHEASTERN REGIONAL MEDICAL CENTER	218
2021	ALAMANCE REGIONAL MEDICAL CENTER	238
2021	CAROLINAS HEALTHCARE SYSTEM CLEVELAND	241
2021	NOVANT HEALTH ROWAN MEDICAL CENTER	247
2021	WAYNE MEMORIAL HOSPITAL	249
2021	CAROLINAS MEDICAL CENTER- PINEVILLE	252
2021	DUKE REGIONAL HOSPITAL	252
2021	CATAWBA VALLEY MEDICAL CENTER	253
2021	CHERRY HOSPITAL	259
2021	BROUGHTON HOSPITAL	265
2021	HIGH POINT REGIONAL HEALTH SYSTEM	300
2021	CAROLINAEAST MEDICAL CENTER	350
2021	FIRSTHEALTH MOORE REGIONAL HOSPITAL	362
2021	CENTRAL REGIONAL HOSPITAL	405
2021	GASTON MEMORIAL HOSPITAL	435
2021	ATRIUM HEALTH CABARRUS	457
2021	MOSES CONE HOSPITAL	517
2021	WAKEMED	537
2021	REX HEALTHCARE	538
2021	NOVANT HEALTH PRESBYTERIAN MEDICAL CENTER	669
2021	NEW HANOVER REGIONAL MEDICAL CENTER	740
2021	CAPE FEAR VALLEY HEALTH SYSTEM	775
2021	NOVANT HEALTH FORSYTH MEDICAL CENTER	812
2021	MISSION HOSPITAL	815
2021	CAROLINAS MEDICAL CENTER	872
2021	WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER	881
2021	UNC HEALTH CARE	951
2021	ECU HEALTH MEDICAL CENTER	1039
2021	DUKE UNIVERSITY HOSPITAL	1048

Appendix E2 Healthcare Facility Group: Long-term Acute Care Hospitals

Hospital Name

Select Specialty Hospital, Greensboro
Select Specialty Hospital, Durham
Carolinas Specialty Hospital
Kindred Hospital Greensboro
Highsmith Rainey Specialty Hospital
Asheville Specialty Hospital
Pam Specialty Hospital of Rocky Mount

Appendix E3 Healthcare Facility Group: Inpatient Rehabilitation Facilities

Facility Name

Bryant T. Aldridge Rehabilitation Center
Cape Fear Valley Rehabilitation Center
CarePartners Health Services
Carolinas Rehabilitation
Carolinas Rehabilitation North East
Carolinas Rehabilitation Mount Holly
CHS Pineville Rehabilitation
