2023

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Healthcare-Associated Infections in North Carolina

Reporting Period:

January 1, 2022—December 31, 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



NC Department of Health and Human Services • Division of Public Health • Communicable Disease

Branch • Medical Consultation Unit • Surveillance for Healthcare Associated and Resistant Pathogens

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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 December 31, 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 December 31, 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 <u>preliminary</u>. 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 laborintensive 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/mI) 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.

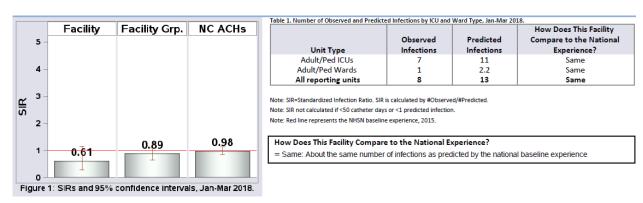
a) Below is a list of all variables shown in the data tables and figures:

- **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 December 31, 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 <u>1.0</u> 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 <u>1.0 is NOT included</u> 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 – December 31, 2022 Advent Health Hendersonville, Hendersonville, Henderson County

2021 Hospital Survey Information

Hospital Type: Acute Care Hospital Medical Affiliation: Nο

Admissions in 2021: 3,910 Patient Days in 2021: 18,140 Total Number of Beds: 103 Number of ICU Beds: FTF* Infection Preventionists: 1.00 Number of FTEs* per 100 beds: 0.97

[*FTE = Full-time equivalent]



Catheter-Associated Urinary Tract Infections (CAUTI)

No comments provided

	Facility	Facility Grp.	NC ACHs						
	i –								
4	'								
3									
SIR									
2	! -								
	1.22	1.06	0.04						
1	-	_	0.81						
Figu	re 1: SIRs and 95%	Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2022.							

rable .	Table 1. Number of Observed and Predicted Infections by ICO and Ward Type, Jan-Dec 2022.			
				How Does This Facility
		Observed	Predicted	Compare to the National
	Unit Type	Infections	Infections	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	1.6	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-Dec 2022

Table 2: Namber of Observed and Fredicted William Events, sair Dec 2022						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	Experience?			
Facility-wide inpatient	0	Less than 1.0	No Conclusion			

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

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

How Does This Facility Compare to the National Experience?

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

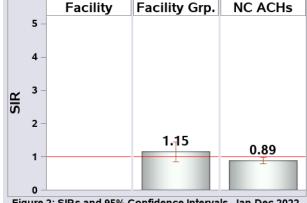


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

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

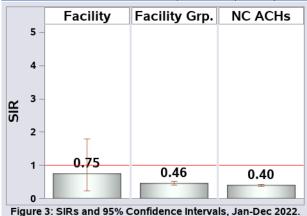


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	4	5.4	Same		

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted. Note: Red line represents the NHSN baseline experience, 2015.

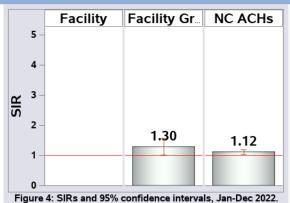
How Does This Facility Compare to the National Experience?

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

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022

Advent Health Hendersonville, Hendersonville, Henderson County

Central Line-Associated Bloodstream Infections (CLABSI)



lable 4. Number of Observed and Predicted CLABSI Infections by ICO and Ward Type, Jan-Dec 2022			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	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

Surgical Site Infections (SSI) after Abdominal Hysterectomies

-							
	Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2022.						
				How Does This Facility			
		Observed	Predicted	Compare to the National			
	Unit Type	Infections	Infections	Experience?			
	Facility-wide inpatient	0	Less than 1.0	No Conclusion			

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

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

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

How Does This Facility Compare to the National Experience?

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

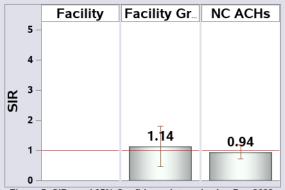


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Surgical Site Infections (SSI) after Colon Surgeries

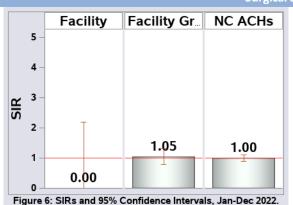


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	0	1.4	Same	

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

Ventilator-Associated Events (VAE)

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

Report Generated: March 30, 2023 N.C. Division of Public Health, SHARPPS Program N.C. HAI 2022 Q4 Report

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 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 FTF* Infection Preventionists: 1.50 Number of FTEs* per 100 beds: 0.63





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)

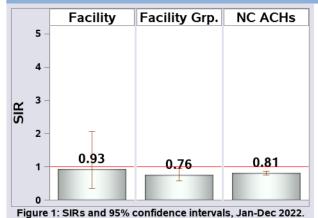


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2022.					
	Observed	Predicted	How Does This Facility Compare to the National		
Unit Type	Infections	Infections	Experience?		
Adult/Ped ICUs	4	3.4	Same		
Adult/Ped Wards	1	1.9	Same		
All reporting units	5	5.4	Same		

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.

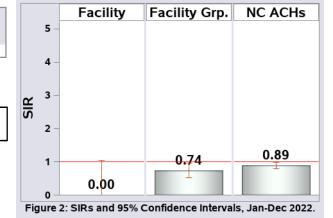
Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2022						
	How Does This Facility					
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	Experience?			
Facility-wide innatient	0	29	Same			

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



Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness

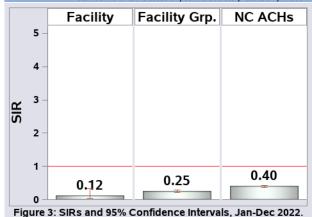


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	3	25	Better		

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 – December 31, 2022 Alamance Regional Medical Center, Burlington, Alamance County

Central Line-Associated Bloodstream Infections (CLABSI)

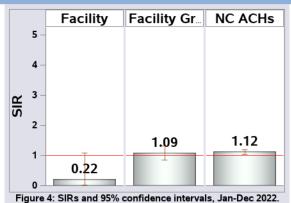


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	0	2.6	Same
Adult/Ped Wards	1	1.9	Same
Neonatal Units	0	Less than 1.0	No Conclusion
All reporting units	1	4.5	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

ı								
	Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2022.							
				How Does This Facility				
		Observed	Predicted	Compare to the National				
	Unit Type	Infections	Infections	Experience?				
	Facility-wide inpatient	0	Less than 1.0	No Conclusion				

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

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

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

How Does This Facility Compare to the National Experience?

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

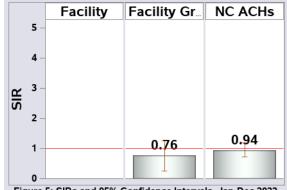


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Report Generated: March 30, 2023

Surgical Site Infections (SSI) after Colon Surgeries

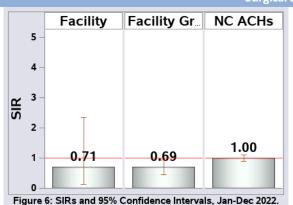


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	2	2.8	Same	

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

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 – December 31, 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)

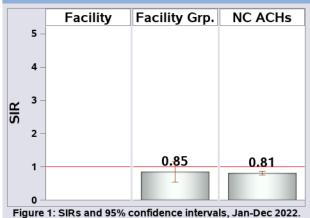


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2022.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Adult/Ped ICUs	2	Less than 1.0	No Conclusion		
Adult/Ped Wards	1	Less than 1.0	No Conclusion		
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-Dec 2022						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	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

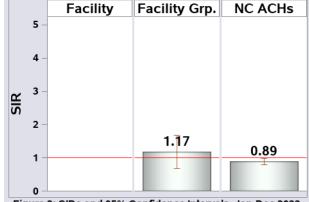


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

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

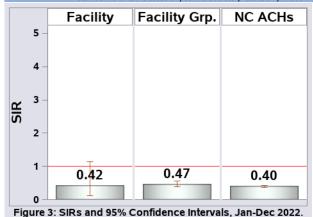


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	3	7.2	Same		

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

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 Annie Penn Hospital, Reidsville, Rockingham County

Central Line-Associated Bloodstream Infections (CLABSI)

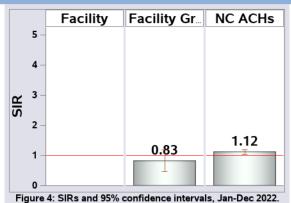


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped ICUs	1	Less than 1.0	No Conclusion	
Adult/Ped Wards	1	Less than 1.0	No Conclusion	
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

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Ta	Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2022.					
				How Does This Facility		
		Observed	Predicted	Compare to the National		
	Unit Type	Infections	Infections	Experience?		
	Facility-wide inpatient	0	Less than 1.0	No Conclusion		

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

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

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

How Does This Facility Compare to the National Experience?

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

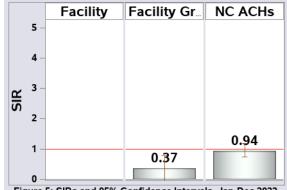


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Report Generated: March 30, 2023

Surgical Site Infections (SSI) after Colon Surgeries

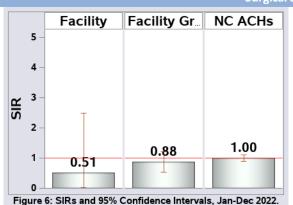


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	1	2.0	Same	

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

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 – December 31, 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 FTF* Infection Preventionists: 2.00 Number of FTEs* per 100 beds: 1.71

[*FTE = Full-time equivalent]



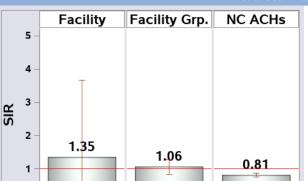


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2022.

Catheter-Associated Urinary Tract Infections (CAUTI)

No comments provided

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2022. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections Experience? Adult/Ped ICUs 3 Same 1.3 Adult/Ped Wards Less than 1.0 No Conclusion O All reporting units 2.2 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-Dec 2022

Table 2. Hamber of Observed and Fredeted Willow Events, July Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	1	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

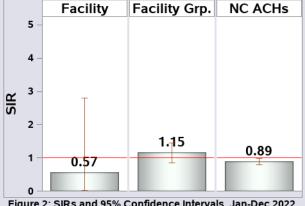


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

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 illnes.

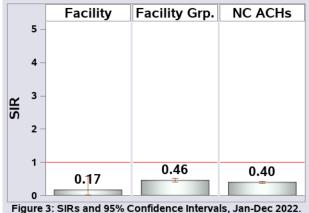


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	Experience?	
Facility-wide inpatient	2	11	Better	

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

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 ARHS-Watauga Medical Center, Boone, Watauga County

Central Line-Associated Bloodstream Infections (CLABSI)

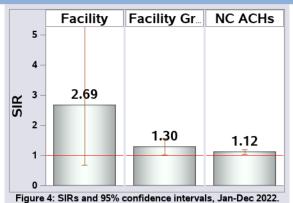


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped ICUs	2	Less than 1.0	No Conclusion	
Adult/Ped Wards	1	Less than 1.0	No Conclusion	
All reporting units	3	1.1	Same	

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

Note: SIR not calculated if <50 central line days or <1 predicted infection.

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

How Does This Facility Compare to the National Experience?

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

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2022.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	0	Less than 1.0	No Conclusion	

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

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

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

How Does This Facility Compare to the National Experience?

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

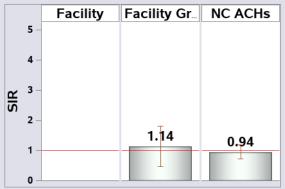


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Surgical Site Infections (SSI) after Colon Surgeries

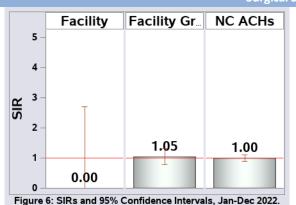


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	0	1.1	Same	

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

Ventilator-Associated Events (VAE)

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

Report Generated: March 30, 2023 N.C. Division of Public Health, SHARPPS Program N.C. HAI 2022 Q4 Report

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 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:

[*FTE = Full-time equivalent]



Catheter-Associated Urinary Tract Infections (CAUTI)

No comments provided

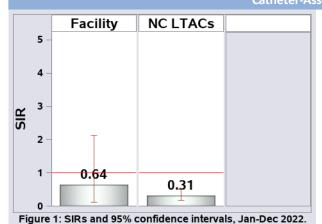


Table 1. Number of Observed and Predicted Infections by ICO and Ward Type, Jan-Dec 2022.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Reporting ICUs	0	1.5	Same	
Reporting Wards	2	1.6	Same	
All reporting units	2	3.1	Same	

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

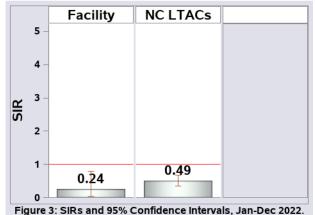
Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

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.

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 illnes



Tab	Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022				
				How Does This Facility	
		Observed	Predicted	Compare to the National	
	Unit Type	Events	Events	Experience?	
	Facility-wide inpatient	2	8.3	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

N.C. Division of Public Health, SHARPPS Program

Report Generated: March 30, 2023 N.C. HAI 2022 Q4 Report

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 Asheville Specialty Hospital, Asheville, Buncombe County

Central Line-Associated Bloodstream Infections (CLABSI)

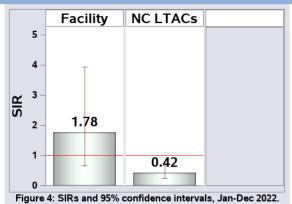


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Reporting ICUs	3	1.2	Same
Reporting Wards	2	1.6	Same
All reporting units	5	2.8	Same

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

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

Report Generated: March 30, 2023 N.C. Division of Public Health, SHARPPS Program N.C. HAI 2022 Q4 Report

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 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 FTF* Infection Preventionists: 3.00 Number of FTEs* per 100 beds: 0.66

[*FTE = Full-time equivalent]



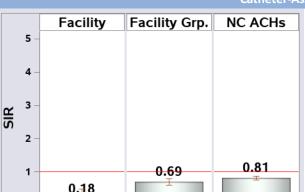


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2022.

Catheter-Associated Urinary Tract Infections (CAUTI)

No comments provided

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2022. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections Experience? Adult/Ped ICUs 8.4 Better 2 Adult/Ped Wards Better 8.7 All reporting units 17 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 Fredicted WiksA Events, Jan-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	8	13	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



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 illnes.

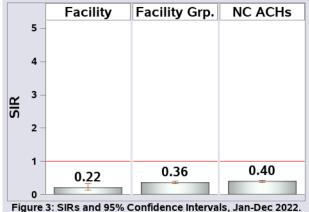


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	20	92	Better		

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 – December 31, 2022 Atrium Health Cabarrus, Concord, Cabarrus County

Central Line-Associated Bloodstream Infections (CLABSI)

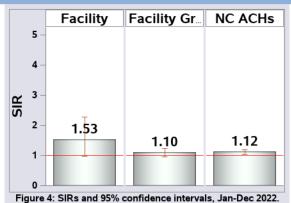


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	11	5.9	Same
Adult/Ped Wards	11	7.9	Same
Neonatal Units	0	Less than 1.0	No Conclusion
All reporting units	22	14	Same

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

Note: SIR not calculated if <50 central line days or <1 predicted infection.

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

How Does This Facility Compare to the National Experience?

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

Surgical Site Infections (SSI) after Abdominal Hysterectomies

-							
	Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2022.						
				How Does This Facility			
		Observed	Predicted	Compare to the National			
	Unit Type	Infections	Infections	Experience?			
	Facility-wide inpatient	0	Less than 1.0	No Conclusion			

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

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

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

How Does This Facility Compare to the National Experience?

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

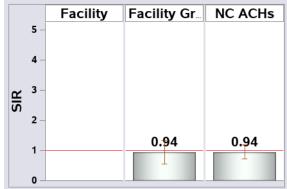


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Report Generated: March 30, 2023

Surgical Site Infections (SSI) after Colon Surgeries

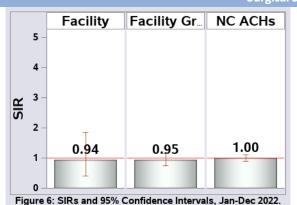


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	7	7.5	Same	

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

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 – December 31, 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 FTF* Infection Preventionists: 0.75 Number of FTEs* per 100 beds: 0.74

[*FTE = Full-time equivalent]





No comments provided

Facility Facility Grp. NC ACHs 5 SIR 1.06 0.81 0.45 Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2022.

Table 1. Number of Observed and Predicted infections by ICO and Ward Type, Jan-Dec 2022.			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	1	1.1	Same
Adult/Ped Wards	0	1.1	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 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)

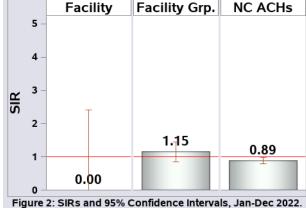
Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2022						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	Experience?			
Facility-wide innatient	0	1.2	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



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 illnes

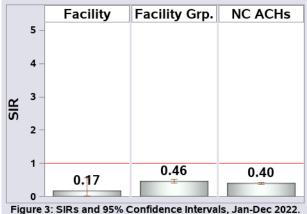


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	2	12	Better		

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

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 Atrium Health Lincoln, Lincolnton, Lincoln County

Central Line-Associated Bloodstream Infections (CLABSI)

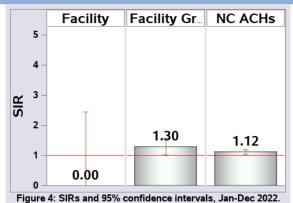


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped ICUs	0	Less than 1.0	No Conclusion	
Adult/Ped Wards	0	Less than 1.0	No Conclusion	
All reporting units	0	1.2	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

-	Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2022.				
		How Does This Facility			
		Observed	Predicted	Compare to the National	
	Unit Type	Infections	Infections	Experience?	
	Facility-wide inpatient	0	Less than 1.0	No Conclusion	

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

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

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

How Does This Facility Compare to the National Experience?

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

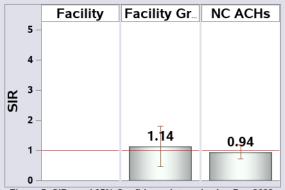


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Report Generated: March 30, 2023

Surgical Site Infections (SSI) after Colon Surgeries

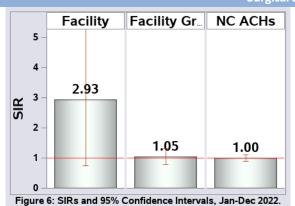


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.					
		How Does This Facility			
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	3	1.0	Same		

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

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 – December 31, 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 FTF* Infection Preventionists: 1.00 Number of FTEs* per 100 beds: 0.92

[*FTE = Full-time equivalent]





No comments provided

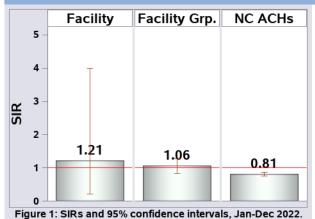


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2022.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Adult/Ped ICUs	0	Less than 1.0	No Conclusion		
Adult/Ped Wards	2	Less than 1.0	No Conclusion		
All reporting units	2	1.7	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 Fredicted WiksA Events, Jan-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	3	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

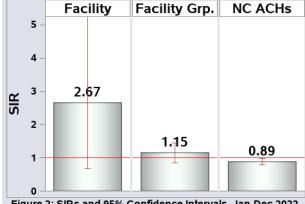


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

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

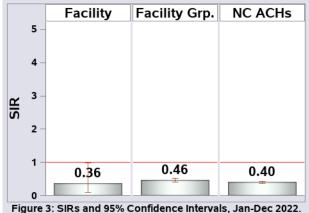


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	3	8.3	Better		

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 – December 31, 2022 Atrium Health Stanly, Albemarle, Stanly County

Central Line-Associated Bloodstream Infections (CLABSI)

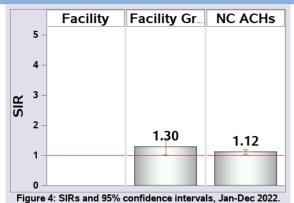


Table 4. Number of Observed and Predicted CLABSI Infections by ICO and Ward Type, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped ICUs	0	Less than 1.0	No Conclusion	
Adult/Ped Wards	0	Less than 1.0	No Conclusion	
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

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2022.					
	How Does This Facility				
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	0	Less than 1.0	No Conclusion		

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

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

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

How Does This Facility Compare to the National Experience?

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

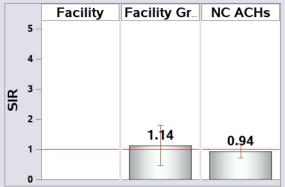


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Surgical Site Infections (SSI) after Colon Surgeries

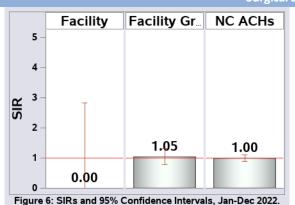


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.					
		How Does This Facility			
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	0	1.1	Same		

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

Ventilator-Associated Events (VAE)

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

Report Generated: March 30, 2023 N.C. Division of Public Health, SHARPPS Program N.C. HAI 2022 Q4 Report

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 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 FTF* Infection Preventionists: 0.75 Number of FTEs* per 100 beds: 0.75

[*FTE = Full-time equivalent]





No comments provided

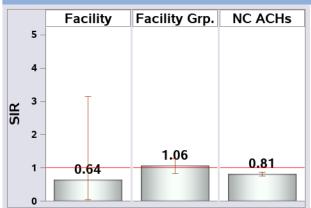


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2022.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	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	1.6	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)

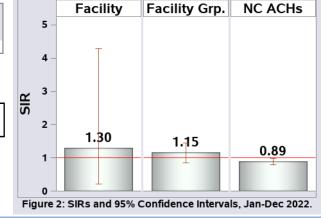
Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Fredicted WiksA Events, Jan-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	2	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



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 illnes

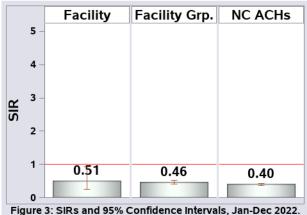


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	9	18	Better		

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

Report Generated: March 30, 2023 N.C. HAI 2022 Q4 Report

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 Atrium Health University City, Charlotte, Mecklenburg County

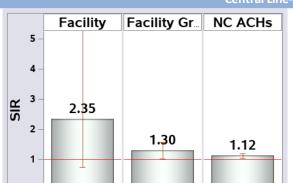


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2022.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022						
				How Does This Facility		
		Observed	Predicted	Compare to the National		
	Unit Type	Infections	Infections	Experience?		
Ad	dult/Ped ICUs	3	Less than 1.0	No Conclusion		
Ad	ult/Ped Wards	1	Less than 1.0	No Conclusion		
N	eonatal Units	0	Less than 1.0	No Conclusion		
All	reporting units	4	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: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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

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

How Does This Facility Compare to the National Experience?

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

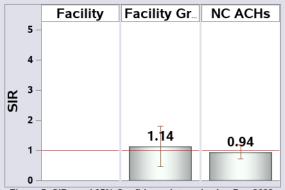


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Report Generated: March 30, 2023

Surgical Site Infections (SSI) after Colon Surgeries

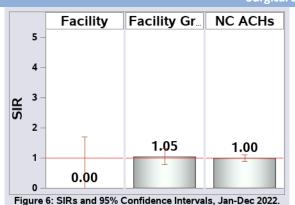


	Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.					
				How Does This Facility		
		Observed	Predicted	Compare to the National		
	Unit Type	Infections	Infections	Experience?		
	Facility-wide inpatient	0	1.8	Same		

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

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 – December 31, 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 FTF* Infection Preventionists: 1.50 Number of FTEs* per 100 beds: 1.72

[*FTE = Full-time equivalent]



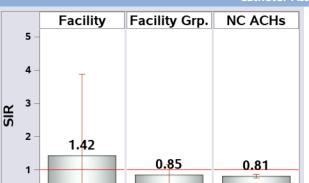


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2022.

Catheter-Associated Urinary Tract Infections (CAUTI)

No comments provided

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2022. **How Does This Facility** Observed **Predicted Compare to the National Unit Type** Infections Infections Experience? Adult/Ped ICUs No Conclusion Less than 1.0 1 Adult/Ped Wards 2 1.3 Same All reporting units 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-Dec 2022

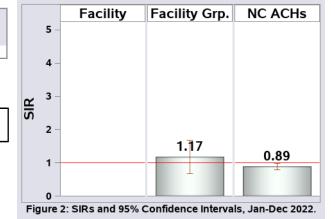
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Events	Events	Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion
Facility-wide inpatient	0	Less than 1.0	No Conclusion

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

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

How Does This Facility Compare to the National Experience?

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



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.

Report Generated: March 30, 2023 N.C. Division of Public Health, SHARPPS Program N.C. HAI 2022 Q4 Report

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 Betsy Johnson Hospital, Dunn, Harnett County

Central Line-Associated Bloodstream Infections (CLABSI)

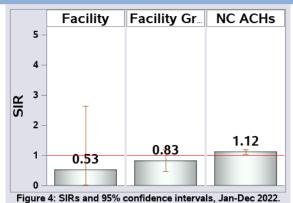


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Infections	Infections	Experience?			
Adult/Ped ICUs	1	Less than 1.0	No Conclusion			
Adult/Ped Wards	0	1.1	Same			
All reporting units	1	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-Dec 2022.					
How Does Thi		How Does This Facility			
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	0	Less than 1.0	No Conclusion		

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

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

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

How Does This Facility Compare to the National Experience?

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

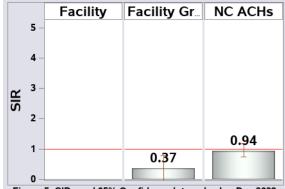


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Report Generated: March 30, 2023

Surgical Site Infections (SSI) after Colon Surgeries

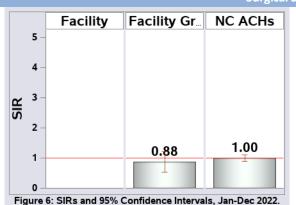


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Infections	Infections	Experience?			
Facility-wide inpatient	1	Less than 1.0	No Conclusion			

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 – December 31, 2022 **Broughton Hospital, Morganton, Burke County**

2021 Hospital Survey Information

Specialty Acute Care Hospital Hospital Type:

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

[*FTE = Full-time equivalent]



Catheter-Associated Urinary Tract Infections (CAUTI)

No comments provided.

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)

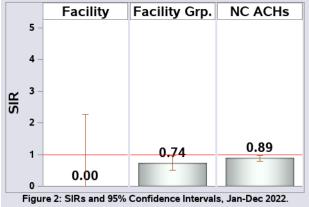
Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2022							
			How Does This Facility				
	Observed	Predicted	Compare to the National				
Unit Type	Events	Events	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



Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness

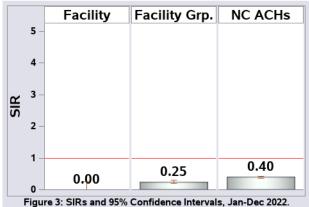


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	Experience?			
Facility-wide inpatient	0	11	Better			

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

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 Broughton Hospital, Morganton, Burke County

Central Line-Associated Bloodstream	Infections	(CLABSI
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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 – December 31, 2022 Bryant T. Aldridge Rehabilitation Center, Rocky Mount, Nash County

2021 Hospital Survey Information

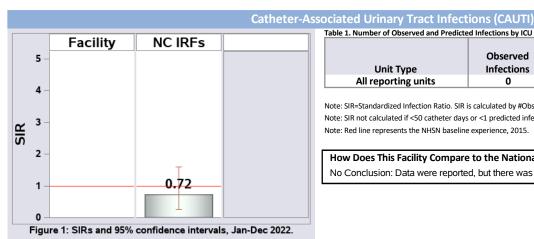
Hospital Type: Inpatient Rehabilitation Facility

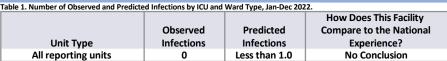
Admissions in 2021: 477 Patient Days in 2021: 6,344 Total Number of Beds: 23 FTE* Infection Preventionists: 0.20 Number of FTEs* per 100 beds:

[*FTE = Full-time equivalent]



Commentary From Facility: No comments provided





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

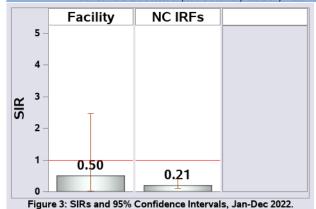
Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

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 illnes



			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Events	Events	Experience?
Facility-wide inpatient	1	2.0	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted. Note: Red line represents the NHSN baseline experience, 2015.

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

How Does This Facility Compare to the National Experience?

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

Report Generated: August 4, 2023 N.C. Division of Public Health, SHARPPS Program N.C. HAI 2022 Q4 Report

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 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 – December 31, 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 FTF* Infection Preventionists: 1.00 Number of FTEs* per 100 beds: 0.74

[*FTE = Full-time equivalent]





No comments provided

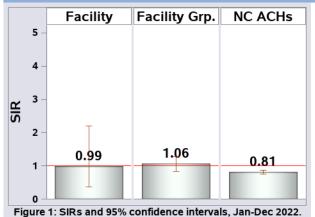


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2022.					
	Observed	Predicted	How Does This Facility Compare to the National		
Unit Type	Infections	Infections	Experience?		
Adult/Ped ICUs	0	1.9	Same		
Adult/Ped Wards	5	3.2	Same		
All reporting units	5	5.0	Same		

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.

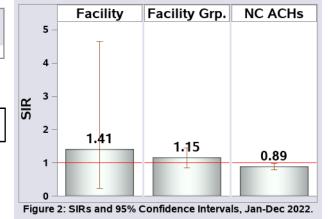
Table 2. Number of Observed and Predicted WiksA Events, Jan-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	2	1.4	Same		

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

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

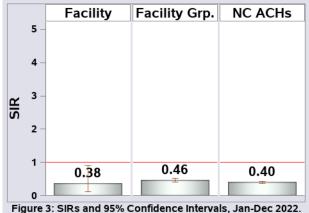
How Does This Facility Compare to the National Experience?

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



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 illnes



able 3. Number of Observed and Predicted CDIs, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	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

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 Caldwell Memorial Hospital, Lenoir, Caldwell County

Central Line-Associated Bloodstream Infections (CLABSI)

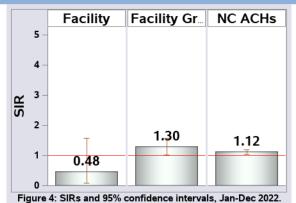


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	1	1.7	Same
Adult/Ped Wards	1	2.5	Same
All reporting units	2	4.2	Same

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

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2022.				
How Does This Facility				
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	0	Less than 1.0	No Conclusion	

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

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

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

How Does This Facility Compare to the National Experience?

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

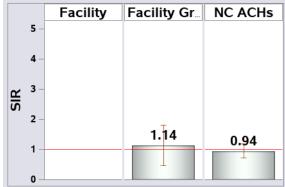


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Report Generated: March 30, 2023

Surgical Site Infections (SSI) after Colon Surgeries

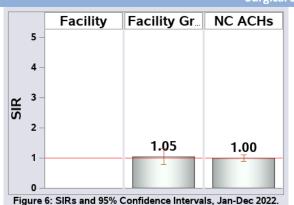


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.				
How Does This Facilit				
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	1	Less than 1.0	No Conclusion	

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 – December 31, 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 FTF* Infection Preventionists: 5.50 Number of FTEs* per 100 beds: 0.71

[*FTE = Full-time equivalent]





No comments provided.

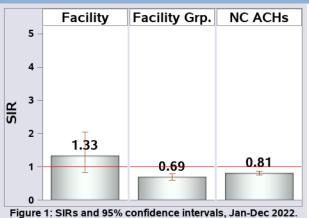


Table 1. Number of Observed and Predicted Infections by ICO and Ward Type, Jan-Dec 2022.			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	10	9.4	Same
Adult/Ped Wards	9	4.9	Same
All reporting units	19	14	Same

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-Dec 2022

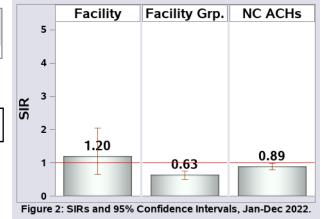
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Events	Events	Experience?
Facility-wide inpatient	12	10	Same

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



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.

Report Generated: March 30, 2023 N.C. Division of Public Health, SHARPPS Program N.C. HAI 2022 Q4 Report

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 Cape Fear Valley Health System, Fayetteville, Cumberland County

Central Line-Associated Bloodstream Infections (CLABSI)

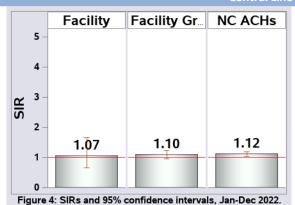


Table 4. Number of Observed and Predicted CLABSI Infections by ICO and Ward Type, Jan-Dec 2022			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	10	11	Same
Adult/Ped Wards	5	5.7	Same
Neonatal Units	3	Less than 1.0	No Conclusion
All reporting units	18	17	Same

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

Note: SIR not calculated if <50 central line days or <1 predicted infection

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

How Does This Facility Compare to the National Experience?

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

Surgical Site Infections (SSI) after Abdominal Hysterectomies

	Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2022.				
				How Does This Facility	
		Observed	Predicted	Compare to the National	
	Unit Type	Infections	Infections	Experience?	
	Facility-wide inpatient	4	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

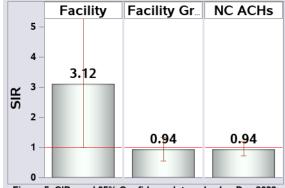


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Report Generated: March 30, 2023

Surgical Site Infections (SSI) after Colon Surgeries

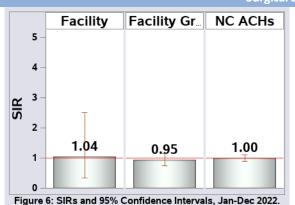


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.				
How Does This Facility				
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	4	3.8	Same	

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

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 – December 31, 2022 Cape Fear Valley Hoke Hospital, Raeford, Hoke County

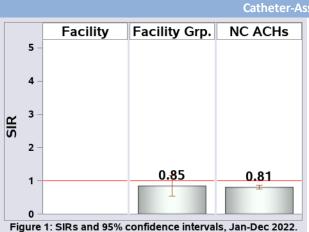
No comments provided

2021 Hospital Survey Information Acute Care Hospital

Hospital Type: Medical Affiliation: Nο Admissions in 2021: 1,277 3,305 Patient Days in 2021: Total Number of Beds: 49 Number of ICU Beds: FTF* Infection Preventionists: 0.08 Number of FTEs* per 100 beds: 0.15

[*FTE = Full-time equivalent]





Catheter-Associated Urinary Tract Infections (CAUTI) Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2022.

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

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

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

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

How Does This Facility Compare to the National Experience?

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

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

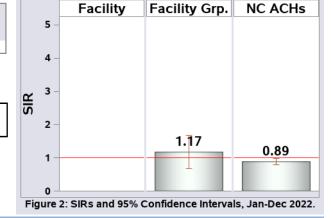
Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2022 **How Does This Facility Predicted Compare to the National** Observed **Unit Type Events Events** Experience? **Facility-wide inpatient** No Conclusion Less than 1.0

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



Report Generated: March 30, 2023

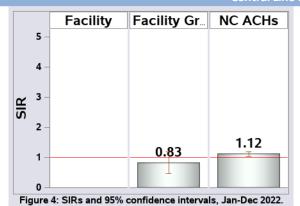
Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

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 – December 31, 2022 Cape Fear Valley Hoke Hospital, Raeford, Hoke County

Central Line-Associated Bloodstream Infections (CLABSI)



rabi	Table 4. Number of Observed and Predicted CLABSI Infections by ICO and Ward Type, Jan-Dec 2022				
				How Does This Facility	
		Observed	Predicted	Compare to the National	
	Unit Type	Infections	Infections	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

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

Report Generated: March 30, 2023 N.C. Division of Public Health, SHARPPS Program N.C. HAI 2022 Q4 Report

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 Cape Fear Valley Rehabilitation Center, Fayetteville, Mecklenburg 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:

[*FTE = Full-time equivalent]



Catheter-Associated Urinary Tract Infections (CAUTI)

No comments provided

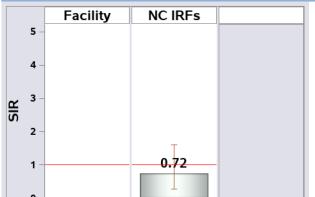


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2022.

Table 1. Number of Observed and Predicted Infections by ICO and Ward Type, Jan-Dec 2022.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	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 illnes

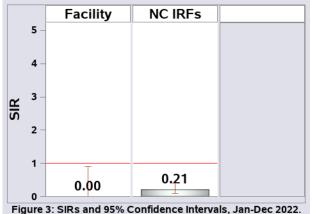


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	Experience?	
Facility-wide inpatient	0	3.3	Better	

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

Report Generated: March 30, 2023 N.C. HAI 2022 Q4 Report

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 Cape Fear Valley Rehabilitation Center, Fayetteville, 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

Report Generated: March 30, 2023

N.C. HAI 2022 Q4 Report

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 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)

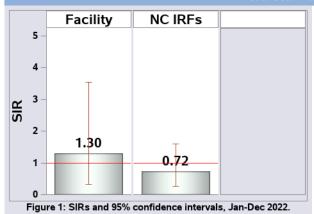


Table 1. Number of Observed and Predicted Infections by ICO and Ward Type, Jan-Dec 2022.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
All reporting units	3	2.3	Same	

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

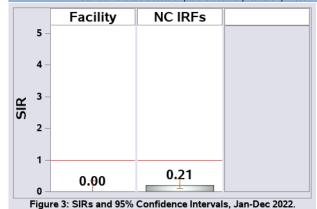


Table 3. Number of Observed and Predict	3. Number of Observed and Predicted CDIs, Jan-Dec 2022				
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	0	8.9	Better		

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?

 \bigstar Better: Fewer infections than predicted by the national baseline experience

Data Generated: March 27, 2023. Report Generated: August 4, 2023 N.C. Division of Public Health, SHARPPS Program N.C. HAI 2022 Q4 Report

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 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 – December 31, 2022 CarolinaEast Medical Center, New Bern, Craven County

2021 Hospital Survey Information Acute Care Hospital

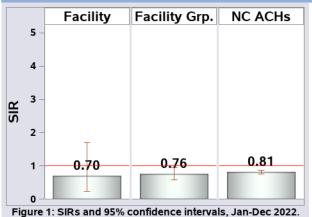
Hospital Type: Medical Affiliation: Nο Admissions in 2021: 14,119 Patient Days in 2021: 71,175 Total Number of Beds: 350 Number of ICU Beds: 33 FTF* Infection Preventionists: 3.00 Number of FTEs* per 100 beds: 0.86

[*FTE = Full-time equivalent]





No comments provided



Hait Toma	Observed	Predicted	How Does This Facility Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	1	3.0	Same
Adult/Ped Wards	3	2.7	Same
All reporting units	4	5.7	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.

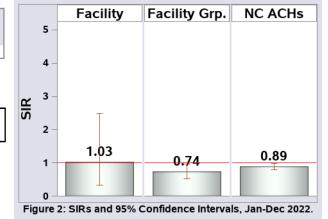
Table 2. Number of Observed and Fredicted WiksA Events, Jan-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	4	3.9	Same		

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



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 illnes

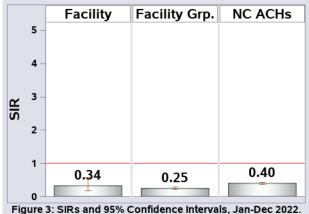


Table 3. Number of Observed and Predicte	lumber of Observed and Predicted CDIs, Jan-Dec 2022 How Does This Facility				
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	12	36	Better		

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?

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 CarolinaEast Medical Center, New Bern, Craven County

Central Line-Associated Bloodstream Infections (CLABSI)

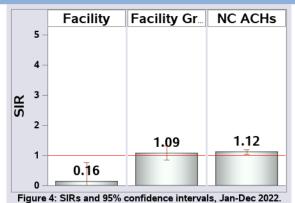


Table 4. Number of Observed and Predicted CLABSI Infections by ICO and Ward Type, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped ICUs	0	2.7	Same	
Adult/Ped Wards	1	3.6	Same	
All reporting units	1	6.4	Better	

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

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2022.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	0	Less than 1.0	No Conclusion		

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

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

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

How Does This Facility Compare to the National Experience?

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

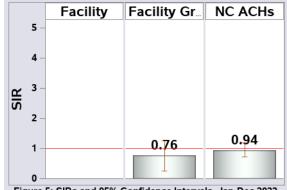


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Report Generated: March 30, 2023

Surgical Site Infections (SSI) after Colon Surgeries

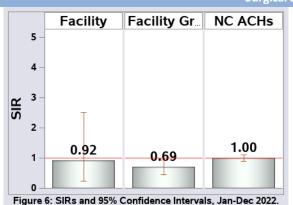


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.				
	How Does This Facility			
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	3	3.2	Same	

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

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 – December 31, 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 FTF* Infection Preventionists: 0.20 Number of FTEs* per 100 beds: 1.33

[*FTE = Full-time equivalent]



Catheter-Associated Urinary Tract Infections (CAUTI)

No comments provided

				Catheter-As	
		Facility	Facility Grp.	NC ACHs	
	5 –				
	4 –				
	3 –				
SIR					
	2 -				
			0.85	0.01	
	1 -		0.63	0.81	
			_		
L	0 -				
Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2022.					

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2022.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	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-Dec 2022 **How Does This Facility Predicted Compare to the National** Observed **Unit Type Events Events** Experience? No Conclusion **Facility-wide inpatient** Less than 1.0 0

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted. Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

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

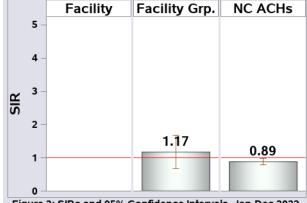


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

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 illnes.

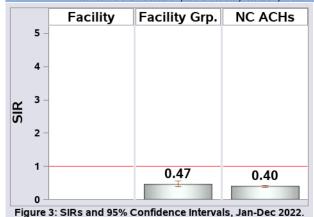


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	0	Less than 1.0	No Conclusion		

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

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022

Carolinas Healthcare System Anson, Wadesboro, Anson County



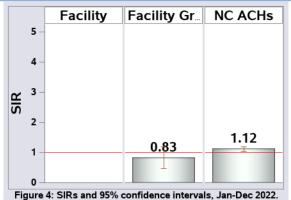


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped Wards	0	Less than 1.0	No Conclusion	
All reporting units	0	Less than 1.0	No 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

Report Generated: March 30, 2023

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 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 FTF* Infection Preventionists: 1.00 Number of FTEs* per 100 beds: 0.41

[*FTE = Full-time equivalent]



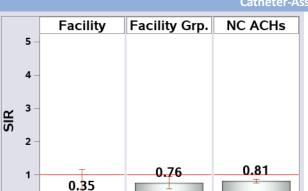


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2022.

Catheter-Associated Urinary Tract Infections (CAUTI)

No comments provided

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2022. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections Experience?

Adult/Ped ICUs 3.6 Same 1 Adult/Ped Wards 2.1 Same All reporting units 5.7 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.

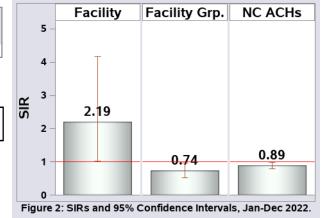
Table 2. Number of Observed and Predict	able 2. Number of Observed and Predicted WiksA Events, Jan-Dec 2022				
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	8	3.7	Worse		

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?

X Worse: More infections than predicted by the national baseline experience



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 illnes

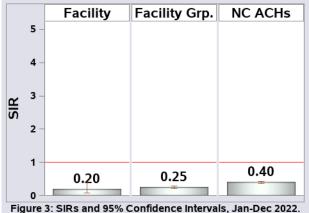


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	6	30	Better		

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?

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 Carolinas Healthcare System Cleveland, Shelby, Cleveland County

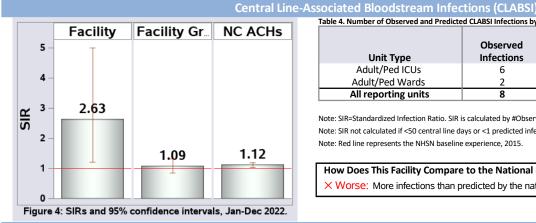


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped ICUs	6	2.0	Worse	
Adult/Ped Wards	2	1.1	Same	
All reporting units	0	2.0	Morco	

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?

X 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-Dec 2022.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	0	Less than 1.0	No Conclusion		

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

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

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

How Does This Facility Compare to the National Experience?

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

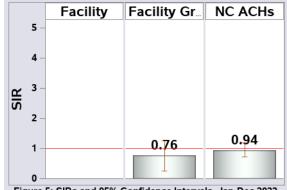


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Report Generated: March 30, 2023

Surgical Site Infections (SSI) after Colon Surgeries

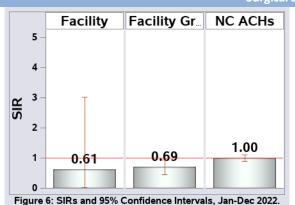


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	1	1.6	Same	

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

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 – December 31, 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 FTF* Infection Preventionists: 7.50 Number of FTEs* per 100 beds: 0.86

[*FTE = Full-time equivalent]

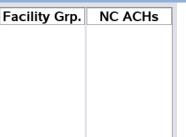
5

SIR

Facility

0.81





0.81

Catheter-Associated Urinary Tract Infections (CAUTI)

No comments provided

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2022. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections Experience? Adult/Ped ICUs 25 36 Same Adult/Ped Wards 11 8.6 Same All reporting units 36 45 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

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

0.86

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness. Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2022

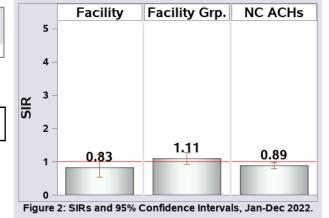
table 2. Number of Observed and Fredeted Milos Events, July Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	Experience?	
Facility-wide inpatient	23	28	Same	

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



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 illnes

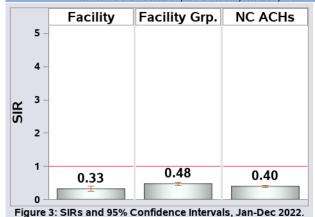


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	73	221	Better		

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?

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 Carolinas Medical Center, Charlotte, Mecklenburg County

Central Line-Associated Bloodstream Infections (CLABSI)

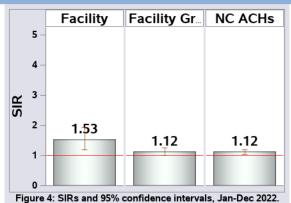


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	44	24	Worse
Adult/Ped Wards	16	12	Same
Neonatal Units	8	8.5	Same
All reporting units	68	44	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?

X 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-Dec 2022.					
How Does This Facilit					
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	9	3.4	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

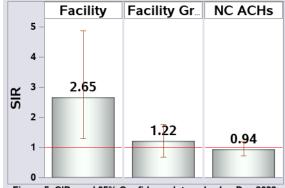


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Report Generated: March 30, 2023

Surgical Site Infections (SSI) after Colon Surgeries

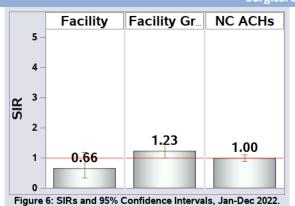


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.				
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	10	15	Same	

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

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 – December 31, 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 FTF* Infection Preventionists: 2.00 Number of FTEs* per 100 beds: 0.97

[*FTE = Full-time equivalent]



Catheter-Associated Urinary Tract Infections (CAUTI)

No comments provided

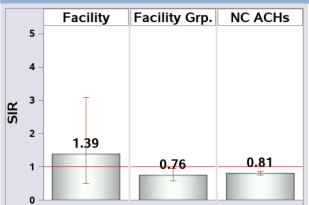


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2022.

16	Table 1. Number of Observed and Predicted Infections by ICO and Ward Type, Jan-Dec 2022.				
				How Does This Facility	
		Observed	Predicted	Compare to the National	
	Unit Type	Infections	Infections	Experience?	
	Adult/Ped ICUs	3	2.2	Same	
L	Adult/Ped Wards	2	1.4	Same	
Г	All reporting units	5	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)

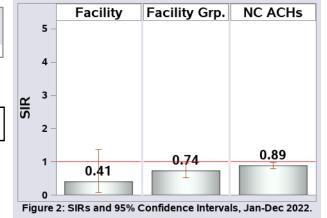
Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2022						
		How Does This Facility				
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	Experience?			
Facility-wide innatient	2	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



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 illnes

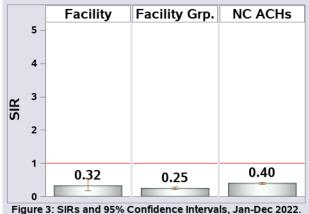


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022					
		How Does This Facility			
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	13	40	Better		

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?

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 Carolinas Medical Center-Mercy, Charlotte, Mecklenburg County

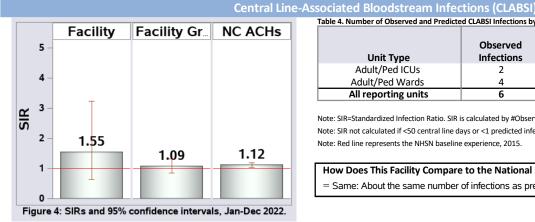


Table 4. Number of Observed and Predic	ted CLABSI Infections by	CU and Ward Type, Jan-	Dec 2022
			How D

			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	2	1.6	Same
Adult/Ped Wards	4	2.3	Same
All reporting units	6	3.9	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

Report Generated: March 30, 2023 N.C. Division of Public Health, SHARPPS Program N.C. HAI 2022 Q4 Report

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 Carolinas Medical Center-Pineville, Charlotte, Mecklenburg County

No comments provided

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 FTF* Infection Preventionists: 2.00 Number of FTEs* per 100 beds: 0.79

[*FTE = Full-time equivalent]



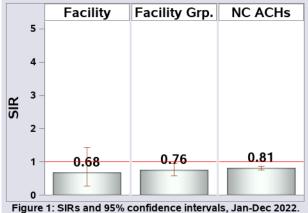
Infections

4.1

4.7

8.8





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

Infections

3

3

6

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)

Unit Type

Adult/Ped ICUs

Adult/Ped Wards

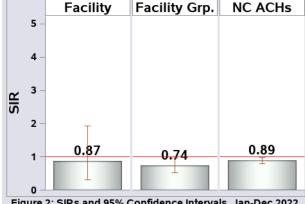
Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Nulliber of Observed and Fredicted Wik3A Events, Jan-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	5	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



How Does This Facility

Compare to the National

Experience?

Same

Same

Same

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

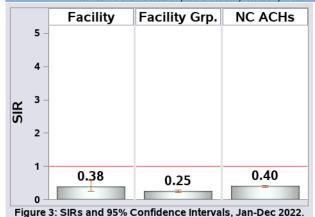


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	21	55	Better		

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?

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022

Carolinas Medical Center-Pineville, Charlotte, Mecklenburg County

Central Line-Associated Bloodstream Infections (CLABSI)

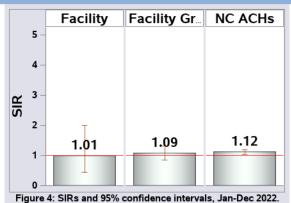


Table 4. Number of Observed and Predicted CLABSI Infections by ICO and Ward Type, Jan-Dec 2022			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	4	3.1	Same
Adult/Ped Wards	3	3.7	Same
Neonatal Units	0	Less than 1.0	No Conclusion
All reporting units	7	7.0	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-Dec 2022.					
				How Does This Facility		
		Observed	Predicted	Compare to the National		
	Unit Type	Infections	Infections	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

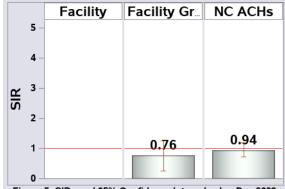


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Report Generated: March 30, 2023

Surgical Site Infections (SSI) after Colon Surgeries

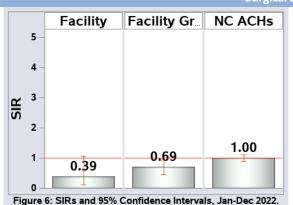


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	3	7.7	Same	

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

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 – December 31, 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 FTF* Infection Preventionists: 1.00 Number of FTEs* per 100 beds: 0.55

[*FTE = Full-time equivalent]





No comments provided

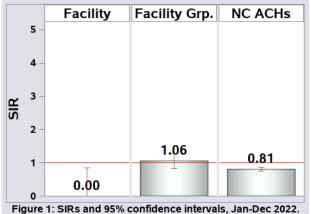


Table 1. Number of Observed and Predicted Infections by ICO and Ward Type, Jan-Dec 2022.			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	0	2.1	Same
Adult/Ped Wards	0	1.4	Same
All reporting units	0	3.5	Better

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)

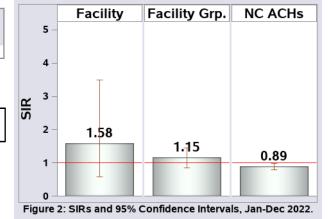
Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Fredicted Winsa Events, Jan-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	5	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



Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness

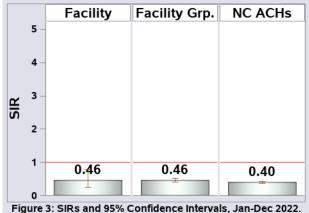


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	12	26	Better		

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?

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 Carolinas Medical Center-Union, Monroe, Union County

Central Line-Associated Bloodstream Infections (CLABSI)

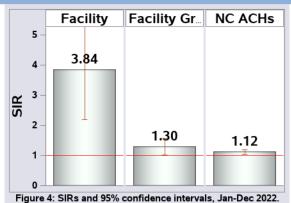


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	10	2.0	Worse
Adult/Ped Wards	4	1.7	Same
All reporting units	14	3.6	Worse

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?

X 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-Dec 2022.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	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

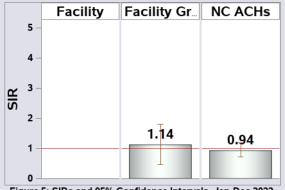


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Report Generated: March 30, 2023

Surgical Site Infections (SSI) after Colon Surgeries

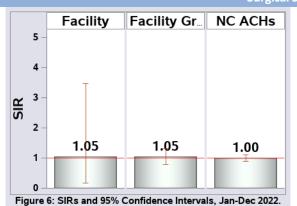


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	2	1.9	Same	

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

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 – December 31, 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]



Catheter-Associated Urinary Tract Infections (CAUTI) Facility NC IRFs 5 SIR 0.88 Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2022. **How Does This Facility** Observed **Predicted Compare to the National Unit Type** Infections Infections Experience? All reporting units 1.1 Same 1

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

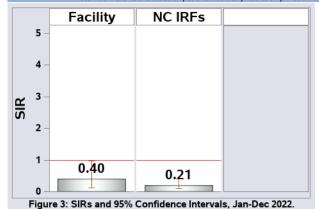


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	4	9.9	Better		

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

Report Generated: August 4, 2023 N.C. Division of Public Health, SHARPPS Program N.C. HAI 2022 Q4 Report

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 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 – December 31, 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:

[*FTE = Full-time equivalent]

Commentary From Facility: No comments provided

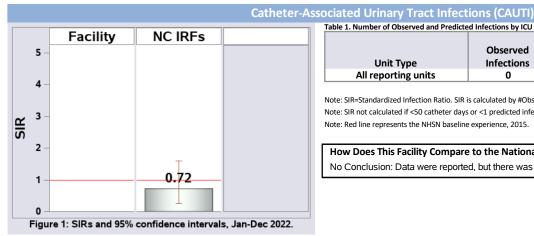


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2022. **How Does This Facility** Observed **Predicted Compare to the National Unit Type** Infections Infections Experience? All reporting units No Conclusion Less than 1.0

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

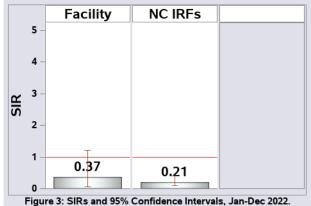
Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

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



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

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 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 – December 31, 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:

[*FTE = Full-time equivalent]

Commentary From Facility:

No comments provided

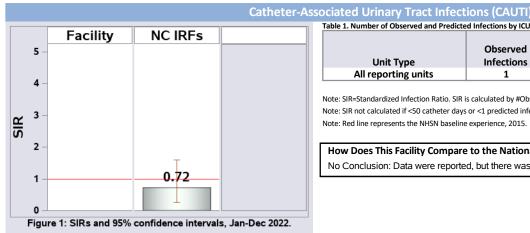


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2022.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
All reporting units	1	Less than 1.0	No Conclusion		

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 illnes

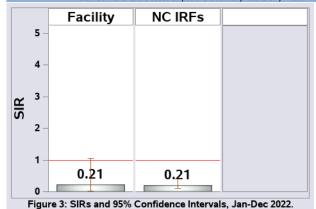


Table 3.	Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022						
				How Does This Facility			
		Observed	Predicted	Compare to the National			
	Unit Type	Events	Events	Experience?			
F	acility-wide inpatient	1	4.7	Same			

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

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 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
Note from N.C. Division of Public Health. VAE's are not reportable at this facility type after 2010Q3

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 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:

[*FTE = Full-time equivalent]



Catheter-Associated Urinary Tract Infections (CAUTI)

No comments provided

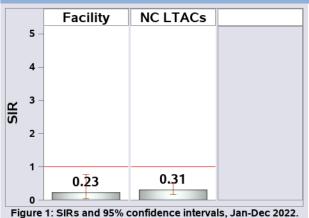


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2022.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Reporting Wards	2	8.6	Better	
All reporting units	2	8.6	Better	

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 illnes.

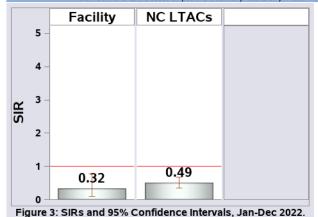


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022					
				How Does This Facility	
		Observed	Predicted	Compare to the National	
	Unit Type	Events	Events	Experience?	
	Facility-wide inpatient	4	12	Better	

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

N.C. Division of Public Health, SHARPPS Program

Report Generated: March 30, 2023 N.C. HAI 2022 Q4 Report

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022

Carolinas Specialty Hospital, Charlotte, Mecklenburg County

Central Line-Associated Bloodstream Infections (CLABSI)

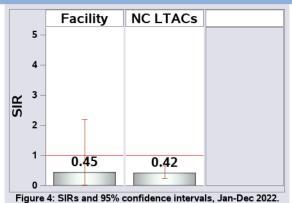


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Reporting Wards	1	2.2	Same	
All reporting units	1	2.2	Same	

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

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

Report Generated: March 30, 2023 N.C. Division of Public Health, SHARPPS Program

N.C. HAI 2022 Q4 Report

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 Carteret General Hospital, Morehead City, Carteret County

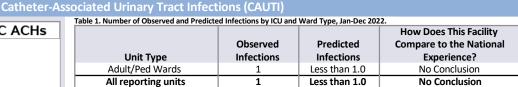
No comments provided

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 FTF* Infection Preventionists: 1.50 Number of FTEs* per 100 beds: 1.97

[*FTE = Full-time equivalent]





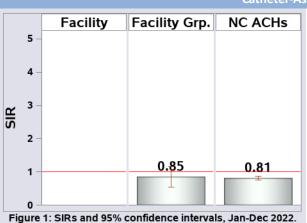
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

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

How Does This Facility Compare to the National Experience?

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



Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness. Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2022

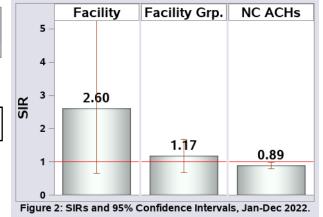
Table 21 Hamber of Observed and Fredricks Hillor (21 cms) san Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	3	1.2	Same		

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



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 illnes.

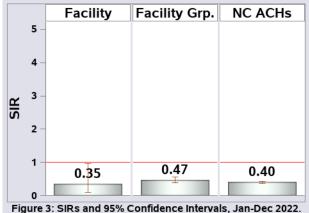


	Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022						
				How Does This Facility			
		Observed	Predicted	Compare to the National			
	Unit Type	Events	Events	Experience?			
	Facility-wide inpatient	3	8.5	Better			

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?

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 Carteret General Hospital, Morehead City, Carteret County

Central Line-Associated Bloodstream Infections (CLABSI)

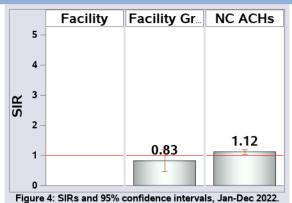


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped Wards	1	Less than 1.0	No Conclusion	
All reporting units	1	Less than 1.0	No 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

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2022. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections Experience? **Facility-wide inpatient** 0 Less than 1.0 No Conclusion

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

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

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

How Does This Facility Compare to the National Experience?

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

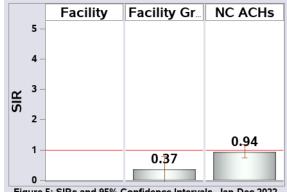


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Report Generated: March 30, 2023

Surgical Site Infections (SSI) after Colon Surgeries

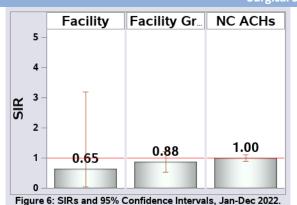


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	1	1.5	Same	

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

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 – December 31, 2022 Catawba Valley Medical Center, Hickory, Catawba County

No comments provided

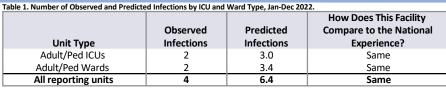
2021 Hospital Survey Information

Hospital Type: Acute Care Hospital Medical Affiliation: Nο Admissions in 2021: 13,207 Patient Days in 2021: 58,632 Total Number of Beds: 253 Number of ICU Beds: 36 FTF* Infection Preventionists: 2.00 Number of FTEs* per 100 beds: 0.79

[*FTE = Full-time equivalent]







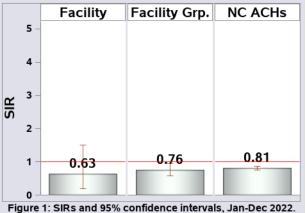
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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)

Catheter-Associated Urinary Tract Infections (CAUTI)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness. Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2022

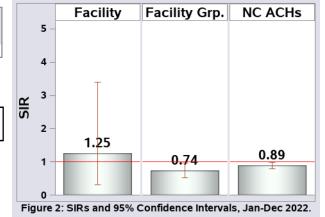
Table 2: Namber of Observed and Fredicted Willow Events, san Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	3	2.4	Same		

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



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 illnes

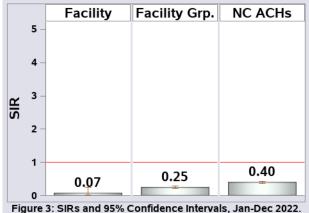


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	Experience?			
Facility-wide inpatient	2	27	Better			

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?

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 Catawba Valley Medical Center, Hickory, Catawba County

Central Line-Associated Bloodstream Infections (CLABSI)

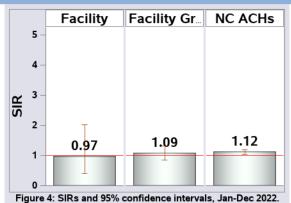


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped ICUs	5	2.5	Same	
Adult/Ped Wards	1	3.0	Same	
Neonatal Units	0	Less than 1.0	No Conclusion	
All reporting units	6	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

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2022.					
How Does This					
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	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

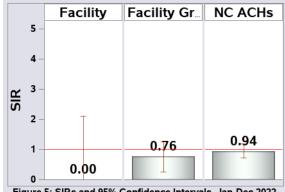


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Report Generated: March 30, 2023

Surgical Site Infections (SSI) after Colon Surgeries

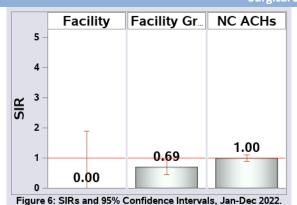


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	0	1.6	Same		

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

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 – December 31, 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 0.25 FTF* Infection Preventionists: Number of FTEs* per 100 beds: 0.28

[*FTE = Full-time equivalent]





No comments provided

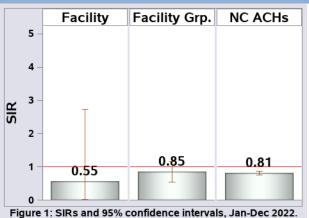


Table 1. Number of Observed and Predicted Infections by ICO and Ward Type, Jan-Dec 2022.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped ICUs	1	Less than 1.0	No Conclusion	
Adult/Ped Wards	0	1.0	Same	
All reporting units	1	1.8	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.

able 2. Number of Observed and Fredicted Wilds Events, Jan-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	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

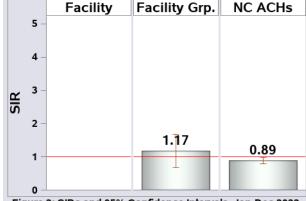


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

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 illnes

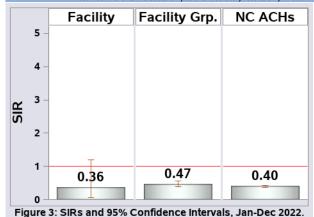


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	2	5.5	Same		

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 – December 31, 2022 Central Carolina Hospital, Sanford, Lee County

Central Line-Associated Bloodstream Infections (CLABSI)

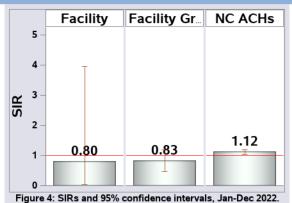


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped ICUs	0	Less than 1.0	No Conclusion	
Adult/Ped Wards	1	Less than 1.0	No Conclusion	
All reporting units	1	1.2	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

Ī	Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2022.					
				How Does This Facility		
-		Observed	Predicted	Compare to the National		
-	Unit Type	Infections	Infections	Experience?		
	Facility-wide inpatient	0	Less than 1.0	No Conclusion		

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

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

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

How Does This Facility Compare to the National Experience?

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

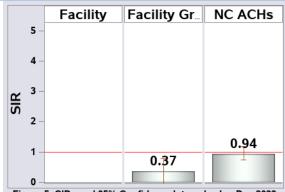


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Surgical Site Infections (SSI) after Colon Surgeries

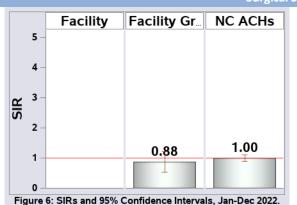


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	1	Less than 1.0	No Conclusion		

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

Report Generated: March 30, 2023 N.C. Division of Public Health, SHARPPS Program N.C. HAI 2022 Q4 Report

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 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 FTF* Infection Preventionists: 0.70 Number of FTEs* per 100 beds: 1.59





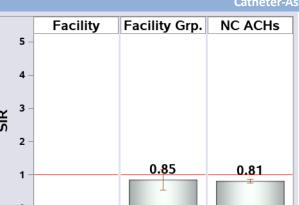


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2022.

Catheter-Associated Urinary Tract Infections (CAUTI)

No comments provided

Table 1. Number of Observed and Predicted Infections by ICO and Ward Type, Jan-Dec 2022.			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	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-Dec 2022

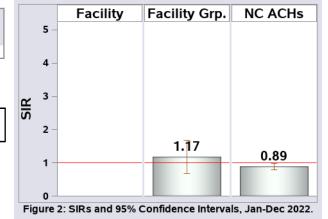
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Events	Events	Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

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



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.

Report Generated: March 30, 2023

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 Central Harnett Hospital, Lillington, Harnett County

Central Line-Associated Bloodstream Infections (CLABSI)

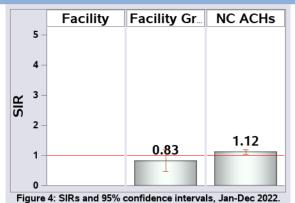


Table 4. Number of Observed and Predicted CLABSI Infections by ICO and Ward Type, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped ICUs	1	Less than 1.0	No Conclusion	
Adult/Ped Wards	0	Less than 1.0	No Conclusion	
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

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.

Report Generated: March 30, 2023

N.C. HAI 2022 Q4 Report

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 – December 31, 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: 113,739 405 Total Number of Beds: Number of ICU Beds: 0 FTF* Infection Preventionists: 2.00 Number of FTEs* per 100 beds: 0.49

[*FTE = Full-time equivalent]



Catheter-Associated Urinary Tract Infections (CAUTI)

No comments provided.

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)

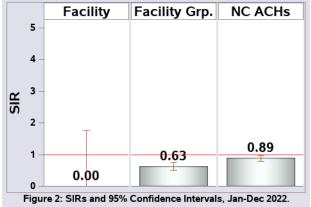
Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicte	ed MRSA Events, Jan-De	c 2022	
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Events	Events	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



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 illnes.

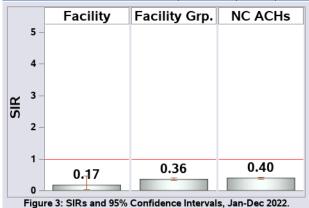


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	Experience?	
Facility-wide inpatient	3	17	Better	

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

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 Central Regional Hospital, Butner, Granville County

Central Line-Associated Bloodstream	Infections	(CLABSI
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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)

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 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 FTF* Infection Preventionists: 2.00 Number of FTEs* per 100 beds: 11.1

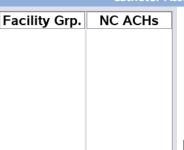
[*FTE = Full-time equivalent]

5

SIR

Facility





0.81

No comments provided

Catheter-Associated Urinary Tract Infections (CAUTI) Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2022.

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

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

0.85

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness. Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2022

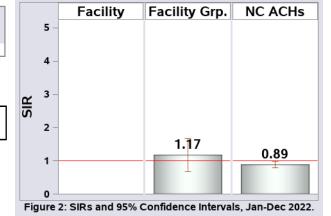
Table 2. Halliber of Observed and Fredeted Wilder Events, July Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	0	Less than 1.0	No Conclusion		

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



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 illnes

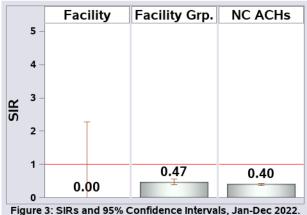


Table 3. Number of Observed and Predicte	ed CDIs, Jan-Dec 2022		
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Events	Events	Experience?
Facility-wide inpatient	0	1.3	Same

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?

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 Cherokee Indian Hospital, Cherokee, Swain County

Central Line-Associated Bloodstream Infections (CLABSI)

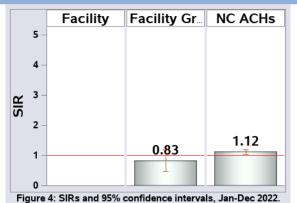


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped Wards	0	Less than 1.0	No Conclusion	
All reporting units	0	Less than 1.0	No 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)

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 Cherry Hospital, Goldsboro, Wayne County

2021 Hospital Survey Information

Hospital Type: Specialty Acute Care Hospital

Medical Affiliation: Nο Admissions in 2021: 414 70,294 Patient Days in 2021: Total Number of Beds: 259 Number of ICU Beds: 0 FTF* Infection Preventionists: 2.00 Number of FTEs* per 100 beds: 0.77

[*FTE = Full-time equivalent]



Catheter-Associated Urinary Tract Infections (CAUTI)

No comments provided.

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)

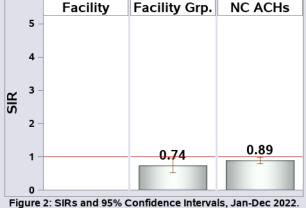
Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicte	ed MRSA Events, Jan-De	c 2022	
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Events	Events	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



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 illnes.

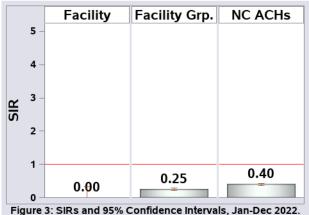


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	Experience?	
Facility-wide inpatient	0	9.1	Better	

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

Report Generated: March 30, 2023 N.C. Division of Public Health, SHARPPS Program

N.C. HAI 2022 Q4 Report

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 Cherry Hospital, Goldsboro, Wayne County

Central Line-Associated Bloodstream In	fections	(CLABSI)
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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

N.C. HAI 2022 Q4 Report

Report Generated: March 30, 2023

N.C. Division of Public Health, SHARPPS Program

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 CHS Pineville Rehabilitation, Charlotte, Mecklenburg County

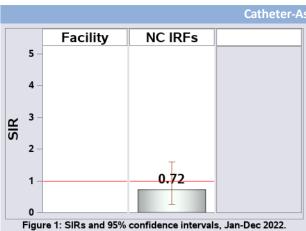
2021 Hospital Survey Information

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

| FFTE = Full-time equivalent|

Commentary From Facility:
No comments provided.



Catheter-Associated Urinary Tract Infections (CAUTI) Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2022. How Does This Facility Compare to the National Unit Type Infections Infections Experience?

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

Less than 1.0

No Conclusion

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

All reporting units

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 illnesses.

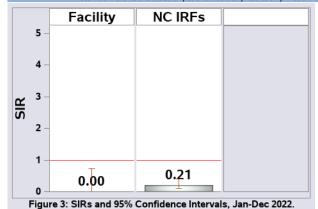


Table 3. Number of Observed and Predicte	ed CDIS, Jan-Dec 2022		
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Events	Events	Experience?
Facility-wide inpatient	0	4.1	Better

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

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 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

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 FTF* 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)

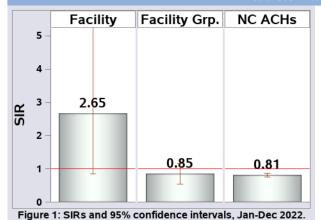


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2022.						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Infections	Infections	Experience?			
Adult/Ped ICUs	1	Less than 1.0	No Conclusion			
Adult/Ped Wards	3	Less than 1.0	No Conclusion			
All reporting units	4	1.5	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

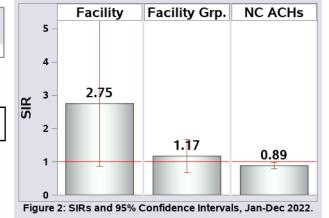
Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

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.

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



Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness

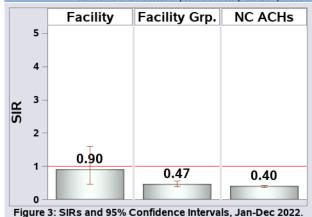


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	Experience?	
Facility-wide inpatient	10	11	Same	

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?

Columbus Regional Healthcare System, Whiteville, Columbus County

Central Line-Associated Bloodstream Infections (CLABSI)

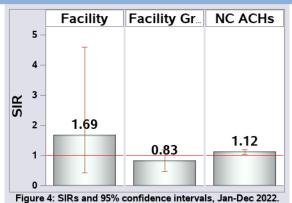


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	1	Less than 1.0	No Conclusion
Adult/Ped Wards	2	Less than 1.0	No Conclusion
All reporting units	3	1.8	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

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Ta	Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2022.				
How Does T				How Does This Facility	
		Observed	Predicted	Compare to the National	
	Unit Type	Infections	Infections	Experience?	
	Facility-wide inpatient	0	Less than 1.0	No Conclusion	

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

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

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

How Does This Facility Compare to the National Experience?

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

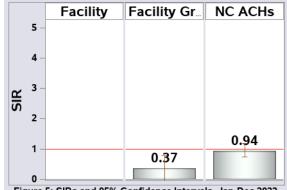


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Report Generated: March 30, 2023

Surgical Site Infections (SSI) after Colon Surgeries

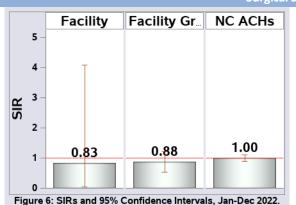


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Facility-wide inpatient	1	1.2	Same

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

Ventilator-Associated Events (VAE)

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

N.C. Division of Public Health, SHARPPS Program N.C. HAI 2022 Q4 Report

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 Davis Regional Medical Center, Statesville, Iredell County

2021 Hospital Survey Information

1.08

Hospital Type: Acute Care Hospital Medical Affiliation: Nο Admissions in 2021: 3,306 Patient Days in 2021: 17,902 Total Number of Beds: 93 Number of ICU Beds: 8 FTF* Infection Preventionists: 1.00 Number of FTEs* per 100 beds:

[*FTE = Full-time equivalent]

SIR





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

Catheter-Associated Urinary Tract Infections (CAUTI)

No comments provided

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2022. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections Experience? Adult/Ped ICUs 0 Less than 1.0 No Conclusion Adult/Ped Wards No Conclusion O Less than 1.0 No Conclusion All reporting units 0 Less than 1.0

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

Note: SIR not calculated if <50 catheter days or <1 predicted infection

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

How Does This Facility Compare to the National Experience?

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

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID) Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

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

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

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

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

How Does This Facility Compare to the National Experience?

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

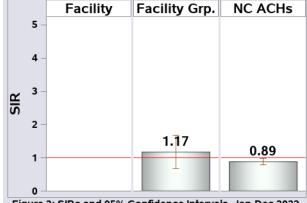


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

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 illnes

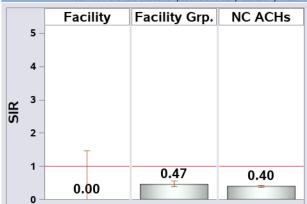


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022				
				How Does This Facility
		Observed	Predicted	Compare to the National
	Unit Type	Events	Events	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?

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 Davis Regional Medical Center, Statesville, Iredell County

Central Line-Associated Bloodstream Infections (CLABSI)

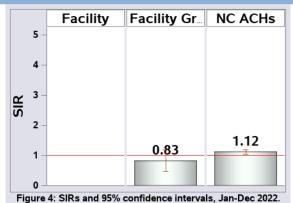


Table 4. Number of Observed and Predicted CLABSI Infections by ICO and Ward Type, Jan-Dec 2022			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	2	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
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

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2022.				
	How Does This Facility			
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	0	Less than 1.0	No Conclusion	

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

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

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

How Does This Facility Compare to the National Experience?

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

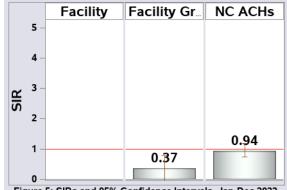


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Report Generated: March 30, 2023

Surgical Site Infections (SSI) after Colon Surgeries

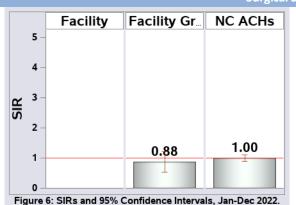


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

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

Ventilator-Associated Events (VAE)

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

N.C. Division of Public Health, SHARPPS Program

N.C. HAI 2022 Q4 Report

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 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 FTF* Infection Preventionists: 0.80 Number of FTEs* per 100 beds: 1.03







No comments provided

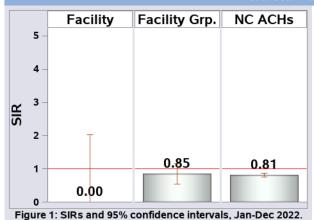


Table 1. Number of Observed and Predicted Infections by ICO and Ward Type, Jan-Dec 2022.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped ICUs	0	Less than 1.0	No Conclusion	
Adult/Ped Wards	0	Less than 1.0	No Conclusion	
All reporting units	0	1.5	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)

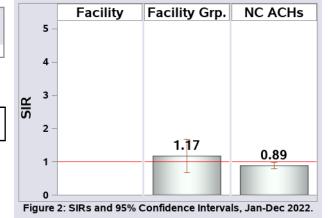
Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Fredicted WiNSA Events, Jan-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	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



Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

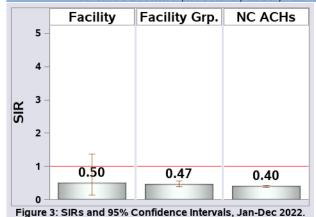


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	Experience?	
Facility-wide inpatient	3	6.0	Same	

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?

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 Dlp - Harris Regional Hospital, Sylva, Jackson County

Central Line-Associated Bloodstream Infections (CLABSI)

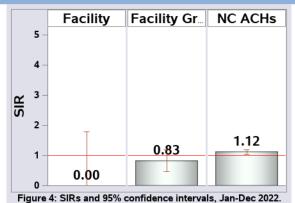


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	1.7	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

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2022.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	0	Less than 1.0	No Conclusion	

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

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

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

How Does This Facility Compare to the National Experience?

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

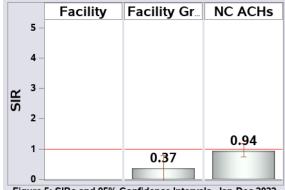


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Report Generated: March 30, 2023

Surgical Site Infections (SSI) after Colon Surgeries

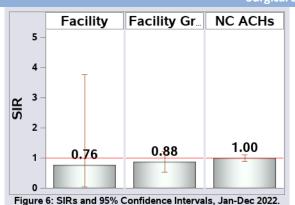


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	1	1.3	Same	

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

Ventilator-Associated Events (VAE)

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

N.C. Division of Public Health, SHARPPS Program

N.C. HAI 2022 Q4 Report

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 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 FTF* Infection Preventionists: 2.50 Number of FTEs* per 100 beds: 1.34

[*FTE = Full-time equivalent]





No comments provided

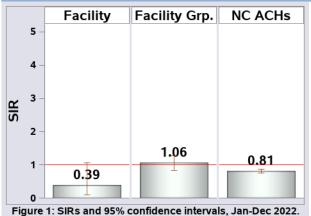


Table 1. Number of Observed and Predict			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	2	3.3	Same
Adult/Ped Wards	1	4.4	Same
All reporting units	3	7.7	Same

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.

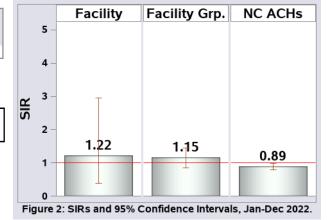
Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	Experience?	
Facility-wide innatient	4	3.3	Same	

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



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 illnes

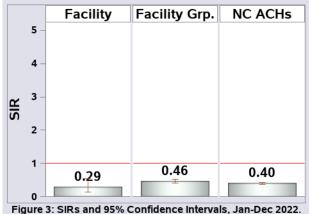


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	Experience?	
Facility-wide inpatient	8	28	Better	

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

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 Duke Raleigh Hospital, Raleigh, Wake County

Central Line-Associated Bloodstream Infections (CLABSI)

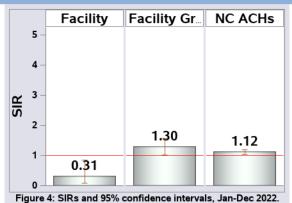


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	2	2.2	Same
Adult/Ped Wards	1	7.3	Better
All reporting units	3	9.5	Better

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

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2022.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	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

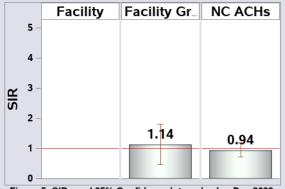


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Report Generated: March 30, 2023

Surgical Site Infections (SSI) after Colon Surgeries

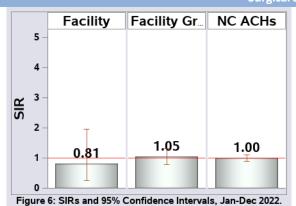


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	4	5.0	Same	

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

Ventilator-Associated Events (VAE)

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

N.C. Division of Public Health, SHARPPS Program

N.C. HAI 2022 Q4 Report

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 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 FTF* Infection Preventionists: 4.00 Number of FTEs* per 100 beds: 1.59

[*FTE = Full-time equivalent]



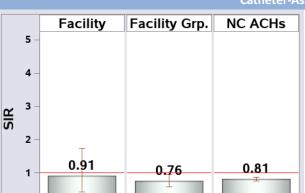


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2022.

Catheter-Associated Urinary Tract Infections (CAUTI)

No comments provided

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2022. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections Experience? Adult/Ped ICUs 4 Same 4.1 Adult/Ped Wards Δ 4.7 Same All reporting units 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.

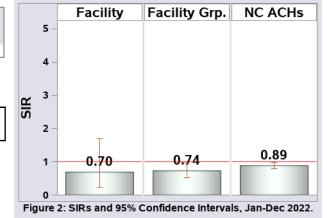
able 2. Number of Observed and Fredicted Witton Events, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	Experience?	
Facility-wide inpatient	4	5.7	Same	

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



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 illnes

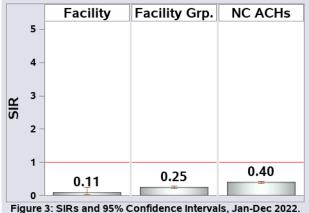


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	4	38	Better		

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 – December 31, 2022 Duke Regional Hospital, Durham, Durham County

Central Line-Associated Bloodstream Infections (CLABSI)

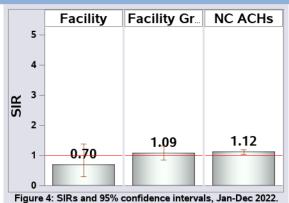


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	2	3.8	Same
Adult/Ped Wards	5	6.1	Same
All reporting units	7	9.9	Same

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

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

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

How Does This Facility Compare to the National Experience?

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

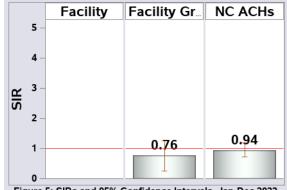


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Surgical Site Infections (SSI) after Colon Surgeries

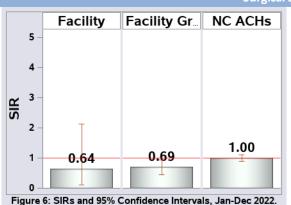


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	2	3.1	Same		

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

Ventilator-Associated Events (VAE)

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

Report Generated: March 30, 2023

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 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 FTF* Infection Preventionists: 13.9 Number of FTEs* per 100 beds: 1.32

[*FTE = Full-time equivalent]



No comments provided

		Facility	Facility Grp.	NC ACHs			
	5 –						
	4 –						
	3 –						
SIR	3						
0,	2 -						
	1 -	0.81	0.86	0.81			
		_					
	0						
Fig	Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2022.						

Table 1. Number of Observed and Predicted Infections by ICO and Ward Type, Jan-Dec 2022.			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	31	46	Better
Adult/Ped Wards	19	16	Same
All reporting units	50	62	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.

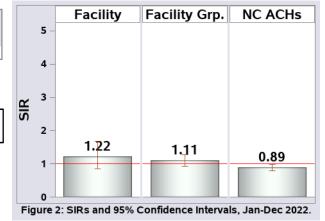
Table 2. Number of Observed and Fredicted WiksA Events, Jan-Dec 2022						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	Experience?			
Facility-wide inpatient	34	28	Same			

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



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 illnes

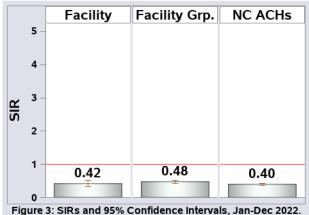


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022					
		How Does This Facility			
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	74	175	Better		

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 – December 31, 2022 Duke University Hospital, Durham, Durham County

Central Line-Associated Bloodstream Infections (CLABSI)

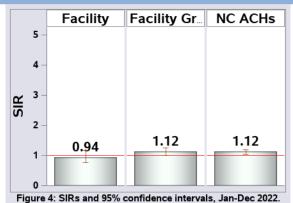


Table 4. Number of Observed and Predicts	,	,,,,,	How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	52	45	Same
Adult/Ped Wards	30	33	Same
Neonatal Units	1	9.6	Better
All reporting units	83	88	Same

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

-1								
	Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2022.							
				How Does This Facility	ı			
		Observed	Predicted	Compare to the National	ı			
	Unit Type	Infections	Infections	Experience?	ı			
	Facility-wide inpatient	1	3.1	Same	ĺ			

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

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

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

How Does This Facility Compare to the National Experience?

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

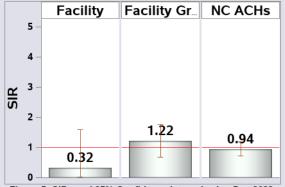


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Report Generated: March 30, 2023

Surgical Site Infections (SSI) after Colon Surgeries

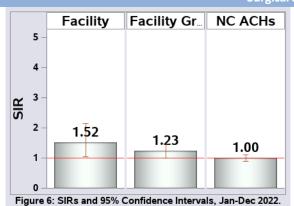


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.					
	How Does This Facility				
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	29	19	Worse		

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

Ventilator-Associated Events (VAE)

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

N.C. Division of Public Health, SHARPPS Program

N.C. HAI 2022 Q4 Report

ECU Health Beaufort Hospital, Washington, Beaufort County

2021 Hospital Survey Information Acute Care Hospital

Hospital Type: Medical Affiliation: Nο Admissions in 2021: 3,655 Patient Days in 2021: 15,124 Total Number of Beds: 77 Number of ICU Beds: 11 FTF* Infection Preventionists: 1.00 Number of FTEs* per 100 beds: 1.30

[*FTE = Full-time equivalent]

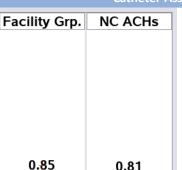
5

SIR

Facility

0.00





Catheter-Associated Urinary Tract Infections (CAUTI)

No comments provided

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2022.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	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	1.5	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

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

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness. Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2022

table 2. Harriber of Observed and Fredeted Willow Events, July Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	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

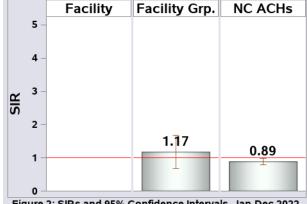


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

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 illnes

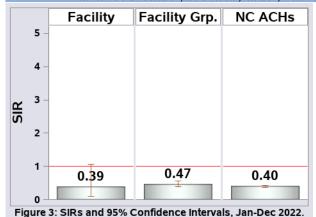
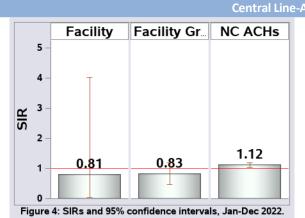


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	Experience?			
Facility-wide inpatient	3	7.7	Same			

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?

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 **ECU Health Beaufort Hospital, Washington, Beaufort County**



Associated	Bloodstream I	ntections	CLARSII
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Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Ward	s 1	Less than 1.0	No Conclusion
All reporting uni	ts 1	1.2	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

	Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2022.			
				How Does This Facility
		Observed	Predicted	Compare to the National
	Unit Type	Infections	Infections	Experience?
	Facility-wide inpatient	0	Less than 1.0	No Conclusion

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

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

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

How Does This Facility Compare to the National Experience?

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

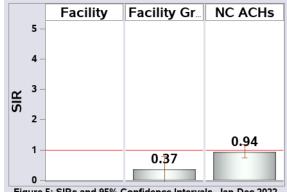


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Surgical Site Infections (SSI) after Colon Surgeries

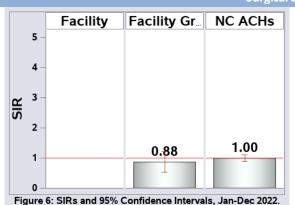


Table of Mulliper of Observed and Fredicte	a soi illiections (colon s	ui geriesj, jani-Dec 2022.	
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

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

Ventilator-Associated Events (VAE)

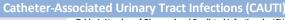
North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 ECU Health Duplin Hospital, Kenansville, Duplin County

2021 Hospital Survey Information

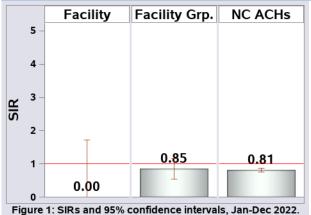
Hospital Type: Acute Care Hospital Medical Affiliation: Graduate Admissions in 2021: 295 Patient Days in 2021: 1,334 Total Number of Beds: 89 Number of ICU Beds: 9 FTF* Infection Preventionists: 1.13 Number of FTEs* per 100 beds: 1.26

[*FTE = Full-time equivalent]





No comments provided



Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
	intections		
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	1.7	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)

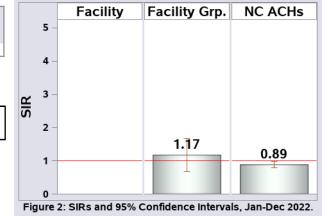
Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2.	Table 2. Number of Observed and Fredicted Wik3A Events, Jan-Dec 2022					
				How Does This Facility		
		Observed	Predicted	Compare to the National		
	Unit Type	Events	Events	Experience?		
F	acility-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



Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness

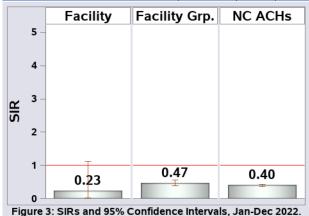


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	Experience?	
Facility-wide inpatient	1	4.4	Same	

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?

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 ECU Health Duplin Hospital, Kenansville, Duplin County

Central Line-Associated Bloodstream Infections (CLABSI)

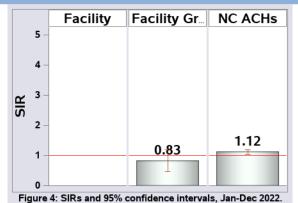


Table 4. Number of Observed and Predicted CLABSI Infections by ICO and Ward Type, Jan-Dec 2022			Dec 2022
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	1	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
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

ı						
	Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2022.					
				How Does This Facility		
		Observed	Predicted	Compare to the National		
	Unit Type	Infections	Infections	Experience?		
	Facility-wide inpatient	0	Less than 1.0	No Conclusion		

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

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

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

How Does This Facility Compare to the National Experience?

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

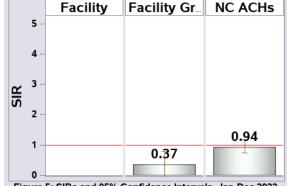


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

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)

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: FTF* Infection Preventionists: 1.00 Number of FTEs* per 100 beds: 0.90

[*FTE = Full-time equivalent]



Catheter-Associated Urinary Tract Infections (CAUTI)

No comments provided

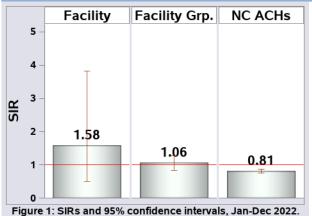


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2022. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections Experience? Adult/Ped ICUs 3 Same 1.3 Adult/Ped Wards 1.2 Same All reporting units Same

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)

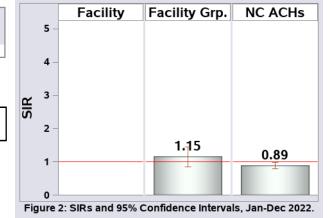
Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Fredicted WIRSA Events, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	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



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 illnes.

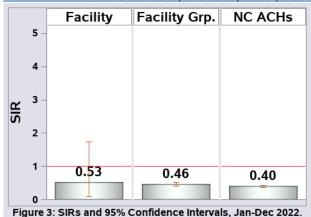


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022				
				How Does This Facility
		Observed	Predicted	Compare to the National
	Unit Type	Events	Events	Experience?
	Facility-wide inpatient	2	3.8	Same

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?

ECU Health Edgecombe Hospital, Tarboro, Edgecombe County

Central Line-Associated Bloodstream Infections (CLABSI)

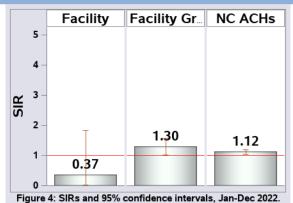


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	1	1.4	Same
Adult/Ped Wards	0	1.3	Same
All reporting units	1	2.7	Same

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

ı						
	Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2022.					
				How Does This Facility		
		Observed	Predicted	Compare to the National		
	Unit Type	Infections	Infections	Experience?		
	Facility-wide inpatient	0	Less than 1.0	No Conclusion		

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

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

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

How Does This Facility Compare to the National Experience?

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

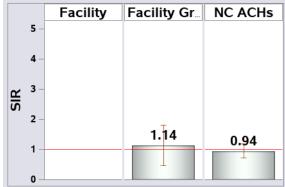


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Surgical Site Infections (SSI) after Colon Surgeries

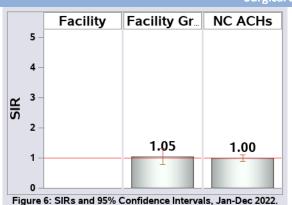


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	0	Less than 1.0	No Conclusion		

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

Ventilator-Associated Events (VAE)

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 **ECU Health Medical Center, Greenville, Pitt County**

2021 Hospital Survey Information

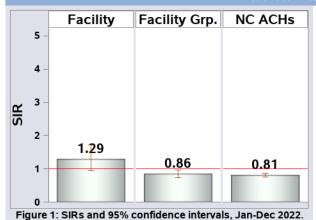
Hospital Type: Acute Care Hospital Medical Affiliation: Major Admissions in 2021: 43,100 Patient Days in 2021: 263,644 Total Number of Beds: 1,039 Number of ICU Beds: 190 FTF* Infection Preventionists: 7.50 Number of FTEs* per 100 beds: 0.72

[*FTE = Full-time equivalent]





No comments provided



Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	24	24	Same
Adult/Ped Wards	20	10	Worse
All reporting units	44	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.

able 2. Number of Observed and Fredicted Winsa Events, Jan-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	23	28	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

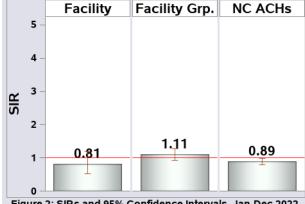


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

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 illnes

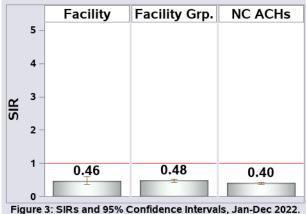


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Events	Events	Experience?
Facility-wide inpatient	64	138	Better

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 – December 31, 2022 ECU Health Medical Center, Greenville, Pitt County

Central Line-Associated Bloodstream Infections (CLABSI)

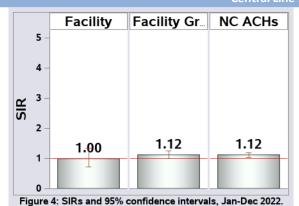


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Adult/Ped ICUs	20	19	Same		
Adult/Ped Wards	16	18	Same		
Neonatal Units	5	3.8	Same		
All reporting units	41	41	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: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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

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

How Does This Facility Compare to the National Experience?

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

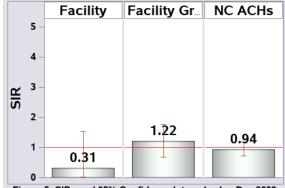


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Surgical Site Infections (SSI) after Colon Surgeries

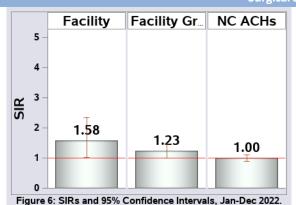


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	22	14	Worse		

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

Ventilator-Associated Events (VAE)

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 ECU Health North Hospital, Roanoke Rapids, Halifax County

2021 Hospital Survey Information

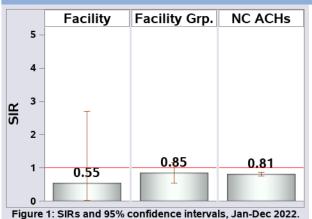
Hospital Type: Acute Care Hospital Medical Affiliation: Nο Admissions in 2021: 4,958 Patient Days in 2021: 27,425 Total Number of Beds: 96 Number of ICU Beds: FTF* Infection Preventionists: 1.00 Number of FTEs* per 100 beds: 1.04

[*FTE = Full-time equivalent]





No comments provided



How Does This Facility			
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	1	1.2	Same
All reporting units	1	1.8	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 Fredicted WiksA Events, Jan-Dec 2022					
ſ				How Does This Facility		
1		Observed	Predicted	Compare to the National		
1	Unit Type	Events	Events	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

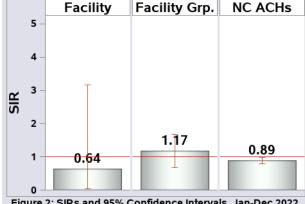


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

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 illnes

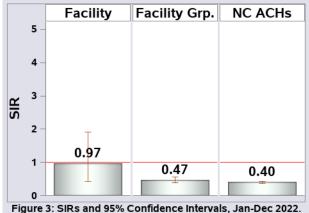


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Events	Events	Experience?
Facility-wide inpatient	7	7.2	Same

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?

ECU Health North Hospital, Roanoke Rapids, Halifax County

Central Line-Associated Bloodstream Infections (CLABSI)

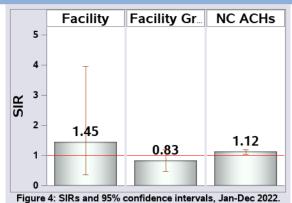


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Adult/Ped ICUs	1	Less than 1.0	No Conclusion		
Adult/Ped Wards	2	1.4	Same		
All reporting units	3	2.1	Same		

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

Note: SIR not calculated if <50 central line days or <1 predicted infection.

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

How Does This Facility Compare to the National Experience?

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

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2022. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections Experience? **Facility-wide inpatient** 0 Less than 1.0 No Conclusion

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

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

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

How Does This Facility Compare to the National Experience?

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

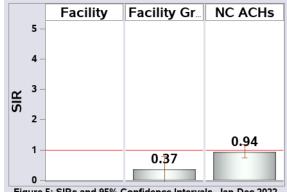


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Surgical Site Infections (SSI) after Colon Surgeries

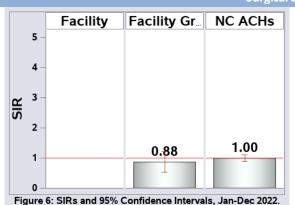


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	0	Less than 1.0	No Conclusion		

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

Ventilator-Associated Events (VAE)

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 FTF* Infection Preventionists: 1.00 Number of FTEs* per 100 beds: 0.88

[*FTE = Full-time equivalent]





No comments provided

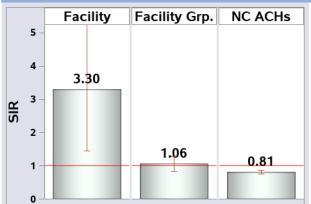


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	5	Less than 1.0	No Conclusion
Adult/Ped Wards	2	1.3	Same
All reporting units	7	2.1	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?

X 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 Fredicted WiksA Events, Jan-Dec 2022						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	Experience?			
Facility-wide inpatient	1	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

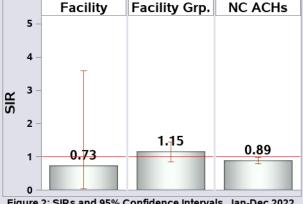


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

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 illnes

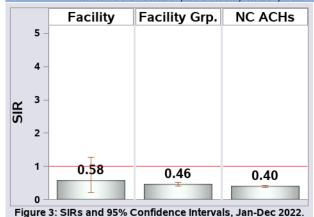


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	Experience?	
Facility-wide inpatient	5	8.7	Same	

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?

ECU Health Roanoke-Chowan Hospital, Ahoskie, Hertford County

Central Line-Associated Bloodstream Infections (CLABSI)

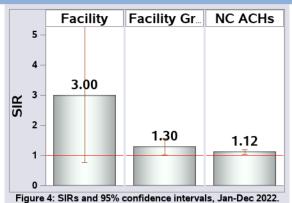


Table 4. Number of Observed and Predicted CLABSI Infections by ICO and Ward Type, Jan-Dec 2022				
				How Does This Facility
		Observed	Predicted	Compare to the National
Uni	t Type	Infections	Infections	Experience?
Adult/	Ped ICUs	1	Less than 1.0	No Conclusion
Adult/P	ed Wards	2	Less than 1.0	No Conclusion
All repo	rting units	3	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

Surgical Site Infections (SSI) after Abdominal Hysterectomies

ı							
	Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2022.						
				How Does This Facility			
		Observed	Predicted	Compare to the National			
	Unit Type	Infections	Infections	Experience?			
	Facility-wide inpatient	0	Less than 1.0	No Conclusion			

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

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

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

How Does This Facility Compare to the National Experience?

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

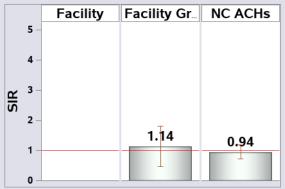


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Surgical Site Infections (SSI) after Colon Surgeries

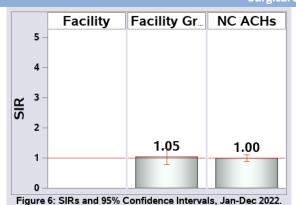


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	0	Less than 1.0	No Conclusion	

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

Ventilator-Associated Events (VAE)

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 FirstHealth Moore Regional Hospital, Pinehurst, Moore County

2021 Hospital Survey Information

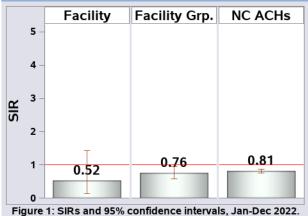
Hospital Type: Acute Care Hospital Medical Affiliation: Undergraduate Admissions in 2021: 22,479 Patient Days in 2021: 104,347 Total Number of Beds: 362 Number of ICU Beds: 57 FTF* Infection Preventionists: 3.50 Number of FTEs* per 100 beds: 0.97

[*FTE = Full-time equivalent]





No comments provided



How Does This Facility Observed **Predicted** Compare to the National **Unit Type** Infections Infections Experience? Adult/Ped ICUs 0 1.4 Same Adult/Ped Wards 3 4.4 Same All reporting units 5.7 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)

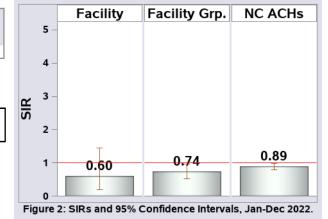
Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Fredicted WiksA Events, Jan-Dec 2022						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	Experience?			
Facility-wide inpatient	4	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



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 illnes

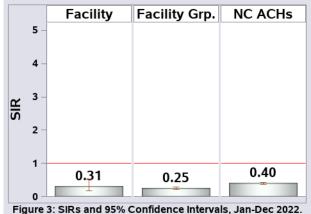


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	12	39	Better		

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 – December 31, 2022 FirstHealth Moore Regional Hospital, Pinehurst, Moore County

Central Line-Associated Bloodstream Infections (CLABSI)

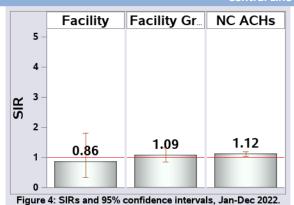


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	2	1.4	Same
Adult/Ped Wards	4	5.2	Same
Neonatal Units	0	Less than 1.0	No Conclusion
All reporting units	6	6.9	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-Dec 2022.				
How Does This Facility				
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	3	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

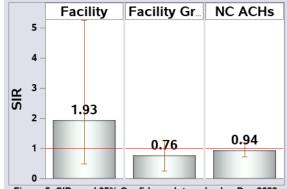


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Report Generated: March 30, 2023

Surgical Site Infections (SSI) after Colon Surgeries

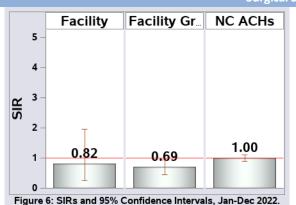


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	4	4.9	Same	

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

Ventilator-Associated Events (VAE)

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

N.C. Division of Public Health, SHARPPS Program

N.C. HAI 2022 Q4 Report

Firsthealth Moore Regional Hospital - Hoke Campus, Raeford, Hoke County

No comments provided

2021 Hospital Survey Information Acute Care Hospital

Hospital Type: Medical Affiliation: Undergraduate Admissions in 2021: 671 Patient Days in 2021: 1,623 Total Number of Beds: 8 Number of ICU Beds: 0 FTF* Infection Preventionists: 0.20 Number of FTEs* per 100 beds: 2.50

[*FTE = Full-time equivalent]





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

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2022. **How Does This Facility** Observed **Predicted Compare to the National Unit Type** Infections Infections Experience? Adult/Ped Wards No Conclusion 0 Less than 1.0 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.

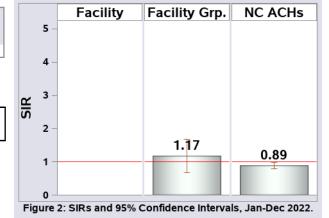
Table 2. Number of Observed and Fredicted WiksA Events, Jan-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	0	Less than 1.0	No Conclusion		

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



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 illnes.

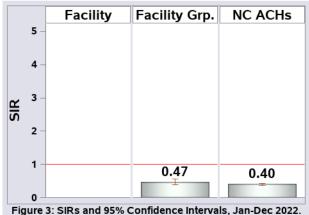


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	0	Less than 1.0	No Conclusion		

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

Firsthealth Moore Regional Hospital - Hoke Campus, Raeford, Hoke County

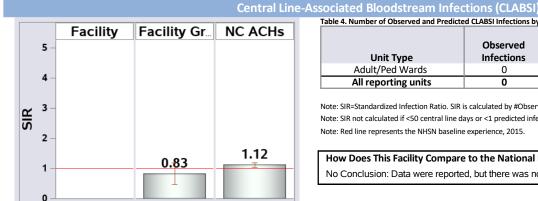


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2022.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	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.

Report Generated: March 30, 2023

Ventilator-Associated Events (VAE)

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

N.C. Division of Public Health, SHARPPS Program N.C. HAI 2022 Q4 Report

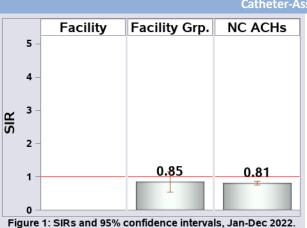
Firsthealth Moore Regional Hospital - Richmond Campus, Rockingham, Richmond County

No comments provided

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 FTF* Infection Preventionists: 0.50 Number of FTEs* per 100 beds: 0.63

[*FTE = Full-time equivalent]





Catheter-Associated Urinary Tract Infections (CAUTI)

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 catheter days or <1 predicted infection.

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

How Does This Facility Compare to the National Experience?

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

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness. Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2022

Table 2: Namber of Observed and Fredicted Willow Events, July Dec 2022						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	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

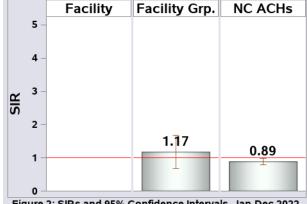


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

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 illnes

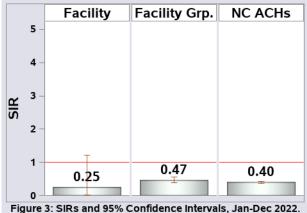


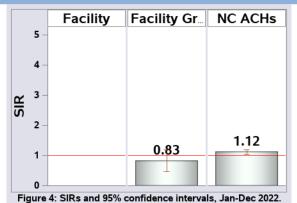
Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	Experience?			
Facility-wide inpatient	1	4.0	Same			

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?

Firsthealth Moore Regional Hospital - Richmond Campus, Rockingham, Richmond County

Central Line-Associated Bloodstream Infections (CLABSI)



lable 4. Number of Observed and Predicted CLABSI Infections by ICO and Ward Type, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	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

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2022. **How Does This Facility** Observed Predicted **Compare to the National Unit Type** Infections Infections Experience? **Facility-wide inpatient** 0 Less than 1.0 No Conclusion

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

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

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

How Does This Facility Compare to the National Experience?

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

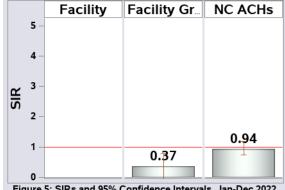


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Report Generated: March 30, 2023

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

N.C. HAI 2022 Q4 Report

Frye Regional Medical Center, Hickory, Catawba County

2021 Hospital Survey Information

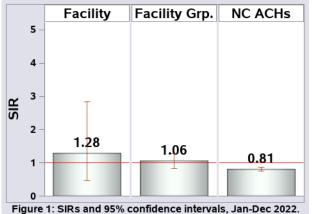
Hospital Type: Acute Care Hospital Medical Affiliation: Undergraduate Admissions in 2021: 7,185 Patient Days in 2021: 36,019 Total Number of Beds: 190 Number of ICU Beds: 32 FTF* Infection Preventionists: 1.50 Number of FTEs* per 100 beds: 0.79

[*FTE = Full-time equivalent]





No comments provided



Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	3	2.6	Same
Adult/Ped Wards	2	1.3	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.

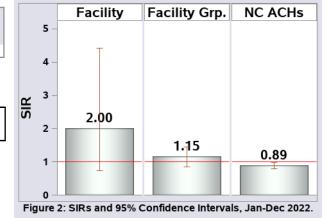
Table 2. Number of observed and Fredicted Winsa Events, Jan-Dec 2022						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	Experience?			
Facility-wide inpatient	5	2.5	Same			

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



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 illnes



Tal	ble 3. Number of Observed and Predic	ted CDIs, Jan-Dec 2022		
				How Does This Facility
		Observed	Predicted	Compare to the National
	Unit Type	Events	Events	Experience?
	Facility-wide inpatient	9	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

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 Frye Regional Medical Center, Hickory, Catawba County

Central Line-Associated Bloodstream Infections (CLABSI)

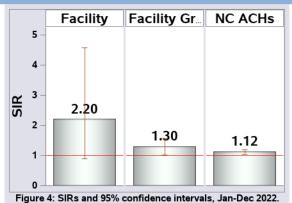


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Adult/Ped ICUs	5	1.9	Same		
Adult/Ped Wards	1	Less than 1.0	No Conclusion		
All reporting units	6	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

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2022.						
How Does This Facilit						
	Observed	Predicted	Compare to the National			
Unit Type	Infections	Infections	Experience?			
Facility-wide inpatient	0	Less than 1.0	No Conclusion			

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

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

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

How Does This Facility Compare to the National Experience?

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

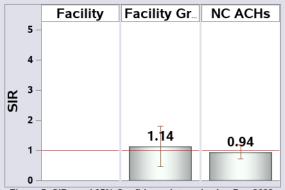


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Report Generated: March 30, 2023

Surgical Site Infections (SSI) after Colon Surgeries

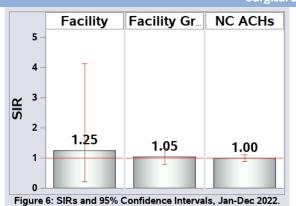


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	2	1.6	Same		

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

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 – December 31, 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 FTF* Infection Preventionists: 4.00 Number of FTEs* per 100 beds: 0.92

[*FTE = Full-time equivalent]

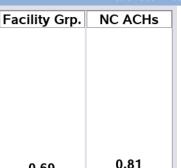
5

SIR

Facility

0.57





Catheter-Associated Urinary Tract Infections (CAUTI)

No comments provided

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2022. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections Experience? Adult/Ped ICUs 5 6.0 Same Adult/Ped Wards 6.2 Same All reporting units 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-Dec 2022

0.69

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

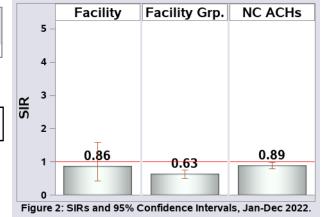
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Events	Events	Experience?
Facility-wide inpatient	9	10	Same

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



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 illnes

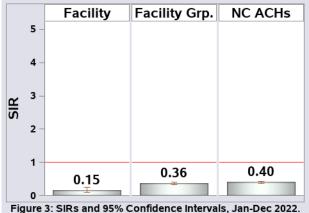


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	Experience?			
Facility-wide inpatient	16	105	Better			

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 – December 31, 2022 Gaston Memorial Hospital, Gastonia, Gaston County

Central Line-Associated Bloodstream Infections (CLABSI)

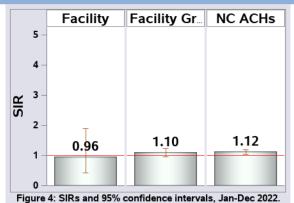


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	6	4.1	Same
Adult/Ped Wards	1	3.1	Same
Neonatal Units	0	Less than 1.0	No Conclusion
All reporting units	7	7.3	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-Dec 2022.						
				How Does This Facility			
		Observed	Predicted	Compare to the National			
	Unit Type	Infections	Infections	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

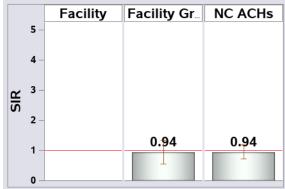


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Report Generated: March 30, 2023

Surgical Site Infections (SSI) after Colon Surgeries

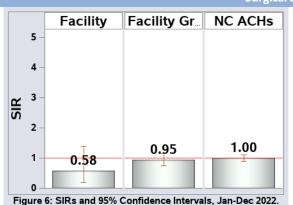


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	4	6.9	Same	

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

Ventilator-Associated Events (VAE)

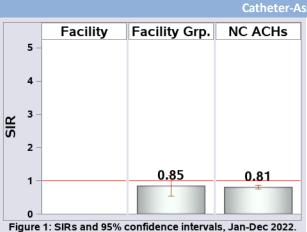
Note from N.C. Division of Public Health: VAEs are not reportable at this facility type after 2018Q3

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 **Granville Medical Center, Oxford, Granville County**

2021 Hospital Survey Information Hospital Type: Acute Care Hospital Medical Affiliation: Nο Admissions in 2021: 1,921 Patient Days in 2021: 9.425 Total Number of Beds: 62 Number of ICU Beds: FTF* Infection Preventionists: 0.75 Number of FTEs* per 100 beds: 1.21

[*FTE = Full-time equivalent]





Catheter-Associated Urinary Tract Infections (CAUTI)

No comments provided

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2022. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections Experience? Adult/Ped ICUs 0 Less than 1.0 No Conclusion Adult/Ped Wards No Conclusion O Less than 1.0 All reporting units No Conclusion Less than 1.0

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.

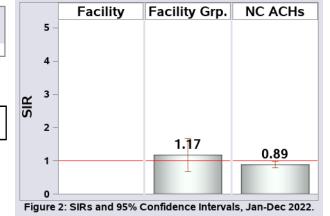
Table 2. Number of Observed and Fredicted Winsa Events, Jan-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	0	Less than 1.0	No Conclusion		

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



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 illnes.

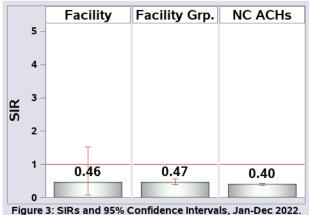


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	2	4.3	Same		

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?

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 Granville Medical Center, Oxford, Granville County

Central Line-Associated Bloodstream Infections (CLABSI)

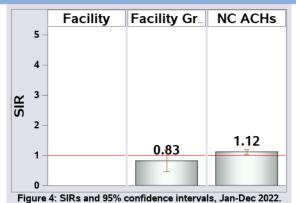


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped ICUs	0	Less than 1.0	No Conclusion	
Adult/Ped Wards	0	Less than 1.0	No Conclusion	
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

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2022.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	0	Less than 1.0	No Conclusion	

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

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

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

How Does This Facility Compare to the National Experience?

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

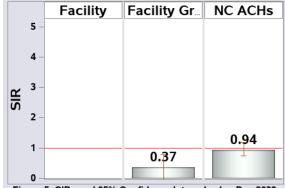


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Report Generated: March 30, 2023

Surgical Site Infections (SSI) after Colon Surgeries

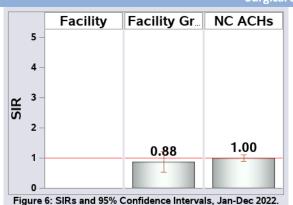


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	0	Less than 1.0	No Conclusion	

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

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 – December 31, 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 FTF* Infection Preventionists: 1.00 Number of FTEs* per 100 beds: 1.00

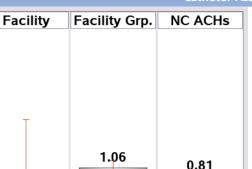
[*FTE = Full-time equivalent]

5

0.51

SIR





Catheter-Associated Urinary Tract Infections (CAUTI)

No comments provided

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2022. **How Does This Facility** Observed **Predicted Compare to the National Unit Type** Infections Infections Experience? Adult/Ped ICUs Less than 1.0 No Conclusion 1 Adult/Ped Wards No Conclusion O Less than 1.0 All reporting units 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.

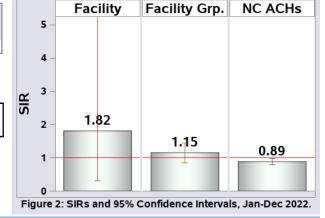
Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2022						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	Experience?			
Facility-wide innatient	2	1.1	Same			

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted. Note: Red line represents the NHSN baseline experience, 2015.

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

How Does This Facility Compare to the National Experience?

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



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 illnes

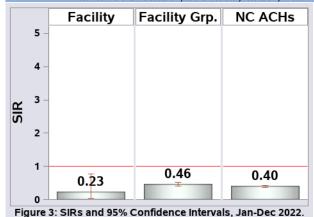


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	2	8.5	Better		

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 – December 31, 2022 Haywood Regional Medical Center, Clyde, Haywood County

Central Line-Associated Bloodstream Infections (CLABSI)

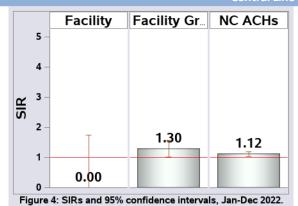


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped ICUs	0	Less than 1.0	No Conclusion	
Adult/Ped Wards	0	Less than 1.0	No Conclusion	
All reporting units	0	1.7	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

able 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2022.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	0	Less than 1.0	No Conclusion		

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

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

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

How Does This Facility Compare to the National Experience?

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

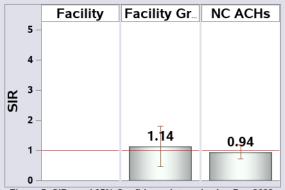


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Surgical Site Infections (SSI) after Colon Surgeries

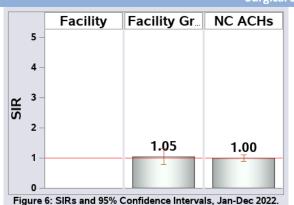


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.					
How Does This Facility					
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	0	Less than 1.0	No Conclusion		

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

Ventilator-Associated Events (VAE)

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

Report Generated: March 30, 2023 N.C. Division of Public Health, SHARPPS Program N.C. HAI 2022 Q4 Report

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 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 FTF* Infection Preventionists: 2.00 Number of FTEs* per 100 beds: 0.67

[*FTE = Full-time equivalent]





No comments provided

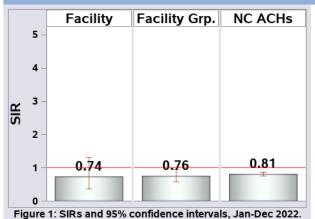


Table 1. Number of Observed and Predicted Infections by ICO and Ward Type, Jan-Dec 2022.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped ICUs	2	6.1	Same	
Adult/Ped Wards	8	7.5	Same	
All reporting units	10	14	Same	

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)

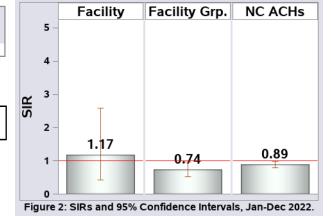
Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Fredicted WinsA Events, Jan-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	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



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 illnes

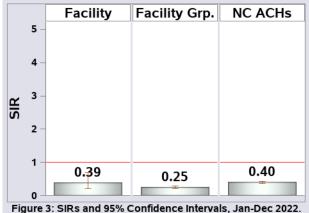


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	11	28	Better		

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

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 High Point Regional Health System, High Point, Guilford County

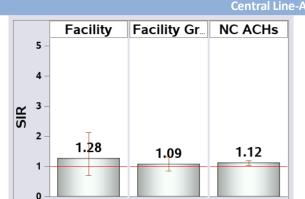


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2022.

Central Line-Associated Bloodstream Infections (CLABSI)

			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	7	3.4	Same
Adult/Ped Wards	6	6.8	Same
All reporting units	13	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

Surgical Site Infections (SSI) after Abdominal Hysterectomies

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

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

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

How Does This Facility Compare to the National Experience?

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

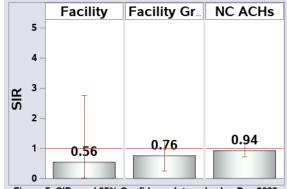


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Report Generated: March 30, 2023

N.C. HAI 2022 Q4 Report

Surgical Site Infections (SSI) after Colon Surgeries

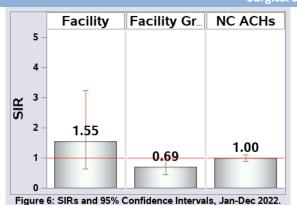


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	6	3.9	Same		

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

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 – December 31, 2022 Highsmith Rainey Specialty Hospital, Fayetteville, Cumberland County

2021 Hospital Survey Information

Long-term Acute Care Hospital Hospital Type:

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]



Catheter-Associated Urinary Tract Infections (CAUTI)

No comments provided.

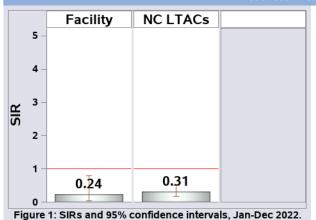


Table 1. Number of Observed and Fredic	ted infections by ICO and	waru Type, Jan-Dec 202	How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Reporting ICUs	0	1.8	Same
Reporting Wards	2	6.5	Same
All reporting units	2	8.3	Better

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

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

Report Generated: March 30, 2023

N.C. HAI 2022 Q4 Report

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 Highsmith Rainey Specialty Hospital, Fayetteville, Cumberland County

Central Line-Associated Bloodstream Infections (CLABSI)

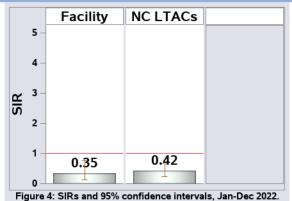


Table 4. Number of Observed and Predicted CLABSI Infections by ICO and Ward Type, Jan-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Reporting ICUs	2	4.2	Same		
Reporting Wards	3	10	Better		
All reporting units	5	14	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

N.C. HAI 2022 Q4 Report

Report Generated: March 30, 2023

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 **Hugh Chatham Memorial Hospital, Elkin, Surry County**

2021 Hospital Survey Information

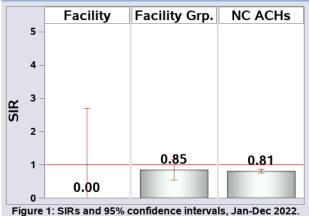
Hospital Type: Acute Care Hospital Medical Affiliation: Nο Admissions in 2021: 4,325 Patient Days in 2021: 15,539 Total Number of Beds: 81 Number of ICU Beds: FTF* Infection Preventionists: 0.23 Number of FTEs* per 100 beds: 0.28

[*FTE = Full-time equivalent]





No comments provided



How Does This Facility Observed **Predicted Compare to the National Unit Type** Infections Infections Experience? Adult/Ped ICUs 0 Less than 1.0 No Conclusion Adult/Ped Wards No Conclusion O Less than 1.0 All reporting units 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 Fredicted WiksA Events, Jan-Dec 2022						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	Experience?			
Facility-wide inpatient	0	Less than 1.0	No Conclusion			

Note: SIR=Standardized Infection Ratio, SIR is calculated by #Observed/#Predicted Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

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

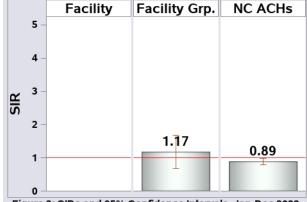


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

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 illnes.

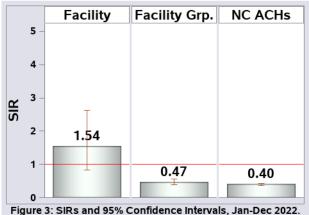


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	12	7.8	Same		

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?

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 Hugh Chatham Memorial Hospital, Elkin, Surry County

Central Line-Associated Bloodstream Infections (CLABSI)

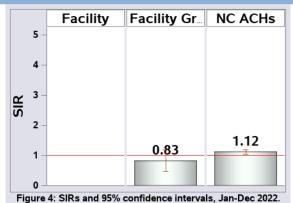


Table 4. Number of Observed and Predicted CLABSI Infections by ICO and Ward Type, Jan-Dec 2022			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
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: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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

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

How Does This Facility Compare to the National Experience?

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

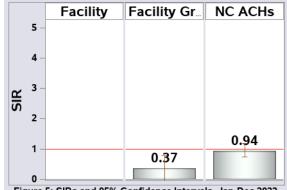


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Report Generated: March 30, 2023

Surgical Site Infections (SSI) after Colon Surgeries

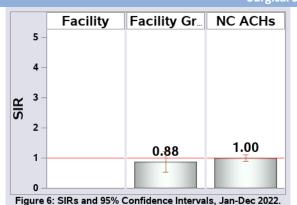


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.					
How Does This Facility					
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	0	Less than 1.0	No Conclusion		

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

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 – December 31, 2022 Iredell Memorial Hospital, Statesville, Iredell County

2021 Hospital Survey Information

Hospital Type: Acute Care Hospital Medical Affiliation: Nο Admissions in 2021: 10,014 Patient Days in 2021: 41,827 Total Number of Beds: 199 Number of ICU Beds: 16 FTF* Infection Preventionists: 1.00 Number of FTEs* per 100 beds: 0.50

[*FTE = Full-time equivalent]





No comments provided

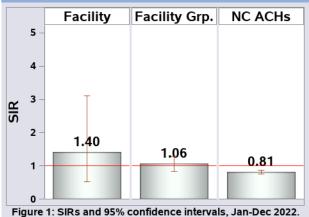


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2022.			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	2	2.0	Same
Adult/Ped Wards	3	1.6	Same
All reporting units	5	3.6	Same

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.

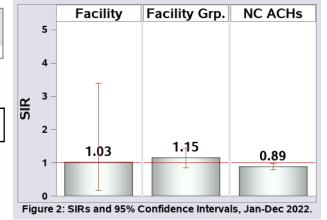
Table 2. Number of Observed and Fredicted Wilds Events, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	Experience?	
Facility-wide inpatient	2	1.9	Same	

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



Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness

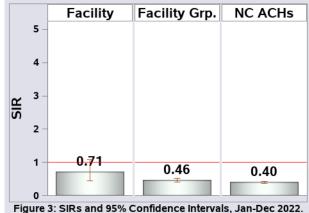


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	Experience?	
Facility-wide inpatient	19	27	Same	

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?

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 Iredell Memorial Hospital, Statesville, Iredell County

Central Line-Associated Bloodstream Infections (CLABSI)

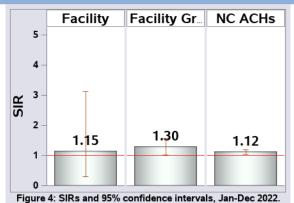


Table 4. Number of Observed and Predicted CLABSI Infections by ICO and Ward Type, Jan-Dec 2022			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	2	1.4	Same
Adult/Ped Wards	1	1.2	Same
All reporting units	3	2.6	Same

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-Dec 2022.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	0	Less than 1.0	No Conclusion	

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

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

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

How Does This Facility Compare to the National Experience?

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

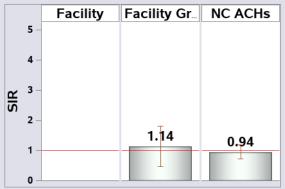


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Surgical Site Infections (SSI) after Colon Surgeries

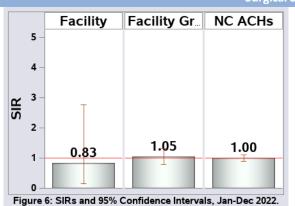


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Facility-wide inpatient	2	2.4	Same

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

Ventilator-Associated Events (VAE)

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

Report Generated: March 30, 2023

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 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 FTF* Infection Preventionists: 1.50 Number of FTEs* per 100 beds: 1.01

[*FTE = Full-time equivalent]





No comments provided

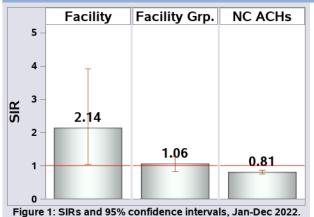


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2022.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Adult/Ped ICUs	3	1.7	Same		
Adult/Ped Wards	6	2.5	Same		
All reporting units	9	4.2	Worse		

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?

X 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-Dec 2022

Table 2: Halliber of Observed and Fredicted Willow Events, July Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	Experience?	
Facility-wide inpatient	0	2.2	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

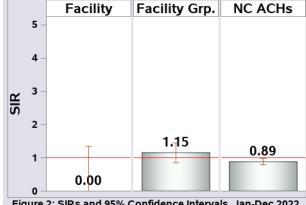


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

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 illnes.

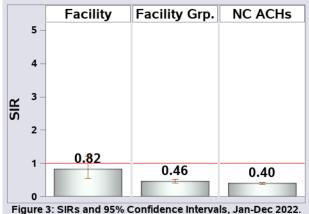


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	Experience?	
Facility-wide inpatient	24	29	Same	

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?

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 Johnston Health, Smithfield, Johnston County

Central Line-Associated Bloodstream Infections (CLABSI)

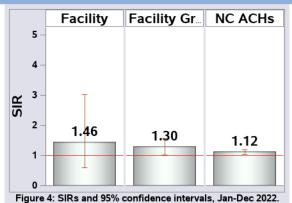


Table 4. Number of Observed and Predicted CLABSI Infections by ICO and Ward Type, Jan-Dec 2022			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	3	1.6	Same
Adult/Ped Wards	3	2.5	Same
All reporting units	6	4.1	Same

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

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2022.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	0	Less than 1.0	No Conclusion	

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

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

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

How Does This Facility Compare to the National Experience?

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

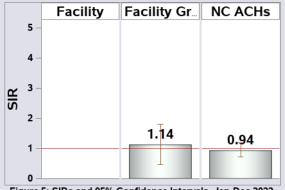


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Report Generated: March 30, 2023

Surgical Site Infections (SSI) after Colon Surgeries

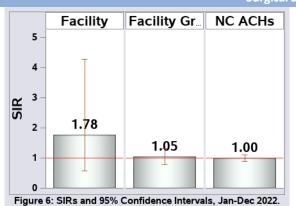


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	4	2.3	Same	

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

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 – December 31, 2022 Johnston Health Clayton, Clayton, Johnston County

No comments provided

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 FTF* Infection Preventionists: 0.75 Number of FTEs* per 100 beds: 1.50

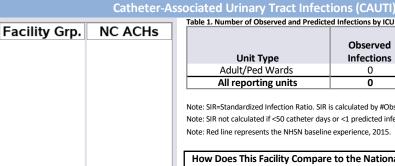
[*FTE = Full-time equivalent]

5

SIR

Facility





0.81

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

	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	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

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

0.85

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness. Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2022

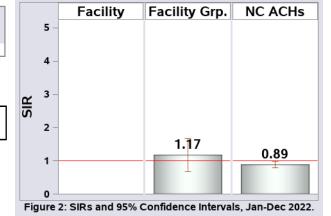
Table 2. Hamber of Observed and Fredicted Willon Events, July Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	Experience?	
Facility-wide inpatient	0	Less than 1.0	No Conclusion	

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



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 illnes

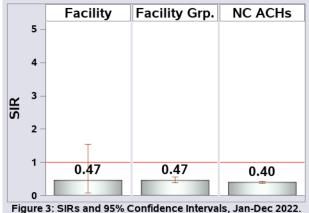


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	2	4.3	Same		

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?

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 Johnston Health Clayton, Clayton, Johnston County

Central Line-Associated Bloodstream Infections (CLABSI)

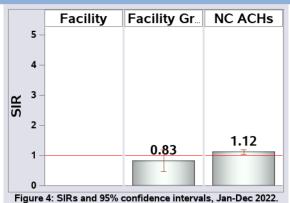


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

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-Dec 2022. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections Experience? **Facility-wide inpatient** 0 Less than 1.0 No Conclusion

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

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

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

How Does This Facility Compare to the National Experience?

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

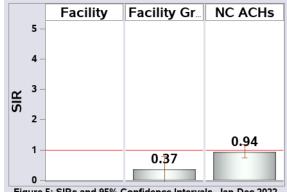


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Surgical Site Infections (SSI) after Colon Surgeries

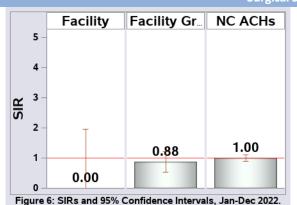


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	0	1.5	Same	

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

Ventilator-Associated Events (VAE)

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

N.C. HAI 2022 Q4 Report

Report Generated: March 30, 2023

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 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]



No comments provided

Catheter-Associated Urinary Tract Infections (CAUTI) Facility NC LTACs 5 SIR 0.43 0.31 Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2022. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections Experience? Reporting Wards 3 7.0 Same All reporting units 3 7.0 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.

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

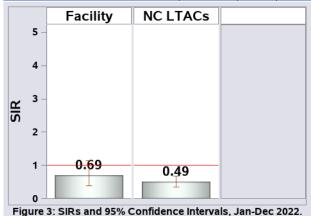


Table of Trainber of Observed and Fredriced Objects Dec 2022				
				How Does This Facility
		Observed	Predicted	Compare to the National
	Unit Type	Events	Events	Experience?
	Facility-wide inpatient	14	20	Same

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

Report Generated: March 30, 2023 N.C. HAI 2022 Q4 Report

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 Kindred Hospital-Greensboro, Greensboro, Guilford County

Central Line-Associated Bloodstream Infections (CLABSI)

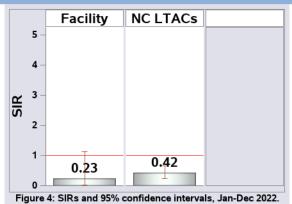


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Reporting Wards	1	4.4	Same
All reporting units	1	4.4	Same

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

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

Report Generated: March 30, 2023 N.C. Division of Public Health, SHARPPS Program N.C. HAI 2022 Q4 Report

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 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 FTF* Infection Preventionists: 0.20 Number of FTEs* per 100 beds: 0.30

[*FTE = Full-time equivalent]



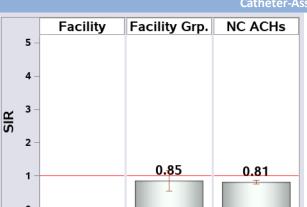


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2022.

Catheter-Associated Urinary Tract Infections (CAUTI)

No comments provided

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2022. **How Does This Facility** Observed **Predicted Compare to the National Unit Type** Infections Infections Experience? Adult/Ped Wards No Conclusion Less than 1.0 2 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 Fredicted Wikish Events, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	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

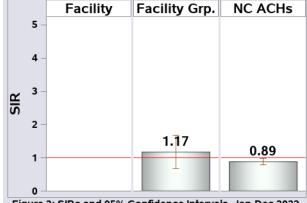


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

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 illnes.

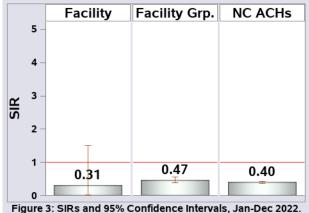


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	Experience?	
Facility-wide inpatient	1	3.3	Same	

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?

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 Kings Mountain Hospital, Kings Mountain, Cleveland County

Central Line-Associated Bloodstream Infections (CLABSI)

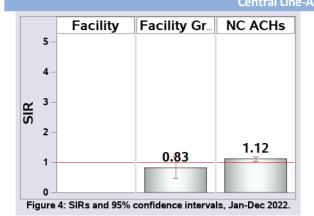


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped Wards	1	Less than 1.0	No Conclusion
All reporting units	1	Less than 1.0	No Conclusion

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

N.C. HAI 2022 Q4 Report

Report Generated: March 30, 2023

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 Lake Norman Regional Medical Center, Mooresville, Iredell County

2021 Hospital Survey Information

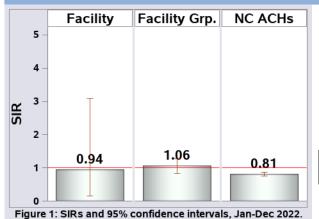
Hospital Type: Acute Care Hospital Medical Affiliation: Nο Admissions in 2021: 3,841 Patient Days in 2021: 14,130 Total Number of Beds: 123 Number of ICU Beds: 12 FTF* Infection Preventionists: 1.00 Number of FTEs* per 100 beds: 0.81

[*FTE = Full-time equivalent]





No comments provided



11.50	Observed	Predicted	How Does This Facility Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	2	1.2	Same
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	2	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.

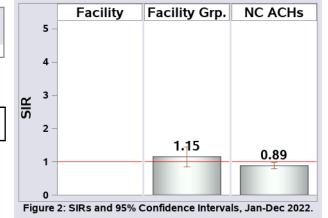
	Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2022					
				How Does This Facility		
		Observed	Predicted	Compare to the National		
	Unit Type	Events	Events	Experience?		
	Facility-wide innatient) 2	Less than 1.0	No Conclusion		

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



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 illnes

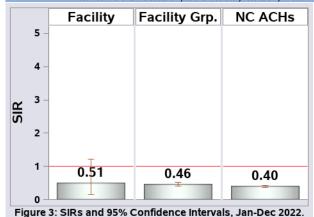


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	4	7.9	Same		

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?

Lake Norman Regional Medical Center, Mooresville, Iredell County

Central Line-Associated Bloodstream Infections (CLABSI)

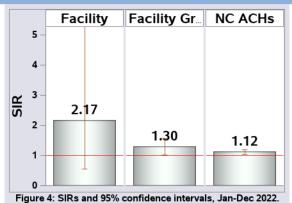


Table 4.	Table 4. Number of Observed and Predicted CLABSI Infections by ICO and Ward Type, Jan-Dec 2022			
				How Does This Facility
		Observed	Predicted	Compare to the National
	Unit Type	Infections	Infections	Experience?
	Adult/Ped ICUs	3	Less than 1.0	No Conclusion
	Adult/Ped Wards	0	Less than 1.0	No Conclusion
	All reporting units	3	1.4	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

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2022.					
How Does This Facility					
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	1	1.1	Same		

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

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

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

How Does This Facility Compare to the National Experience?

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

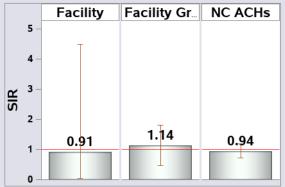


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Report Generated: March 30, 2023

Surgical Site Infections (SSI) after Colon Surgeries

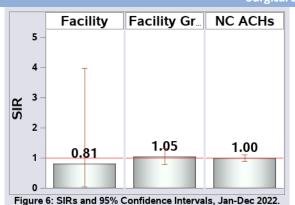


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.				
	How Does This Facility			
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	1	1.2	Same	

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

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 – December 31, 2022 Lenoir Memorial Hospital, Kinston, Lenoir County

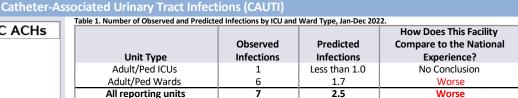
No comments provided

2021 Hospital Survey Information

Hospital Type: Acute Care Hospital Medical Affiliation: Nο Admissions in 2021: 5,613 Patient Days in 2021: 30,790 Total Number of Beds: 167 Number of ICU Beds: 14 FTF* Infection Preventionists: 1.00 Number of FTEs* per 100 beds: 0.60

[*FTE = Full-time equivalent]





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?

X Worse: More infections than predicted by the national baseline experience

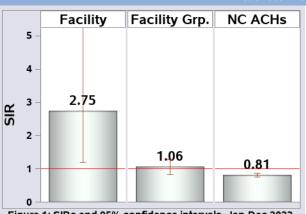


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2022.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness. Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2022

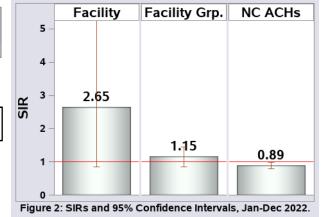
	Table 2. Number of Observed and Fredeted Willow Events, July Dec 2022				
1				How Does This Facility	
1		Observed	Predicted	Compare to the National	
1	Unit Type	Events	Events	Experience?	
	Facility-wide inpatient	4	1.5	Same	

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



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 illnes.

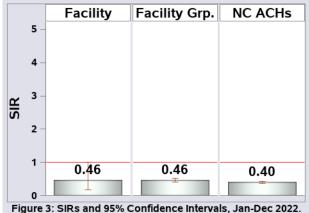


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	Experience?			
Facility-wide inpatient	5	11	Same			

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?

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 Lenoir Memorial Hospital, Kinston, Lenoir County

Central Line-Associated Bloodstream Infections (CLABSI)

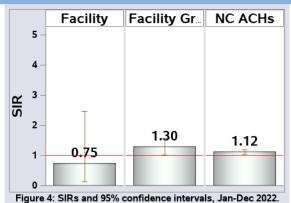


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped ICUs	1	Less than 1.0	No Conclusion	
Adult/Ped Wards	1	1.8	Same	
All reporting units	2	2.7	Same	

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

Note: SIR not calculated if <50 central line days or <1 predicted infection.

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

How Does This Facility Compare to the National Experience?

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

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2022.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	0	Less than 1.0	No Conclusion		

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

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

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

How Does This Facility Compare to the National Experience?

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

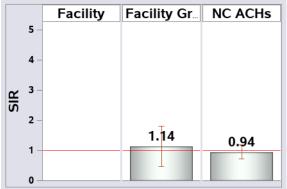


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Report Generated: March 30, 2023

Surgical Site Infections (SSI) after Colon Surgeries

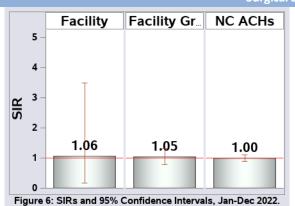


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.					
	How Does This Facility				
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	2	1.9	Same		

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

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 – December 31, 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 FTF* Infection Preventionists: 1.00 Number of FTEs* per 100 beds: 1.01

[*FTE = Full-time equivalent]





No comments provided

Facility Facility Grp. NC ACHs 5 SIR 0.85 0.81 0.00 Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2022.

Table 1. Number of Observed and Predict	ed infections by ICO and	ward Type, Jan-Dec 202	How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	0	2.0	Same
Adult/Ped Wards	0	2.4	Same
All reporting units	0	4.5	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)

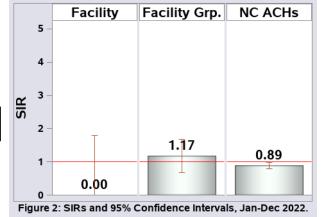
Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

able 2. Number of observed and Fredicted Winsa Events, Jan-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	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



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 illnes

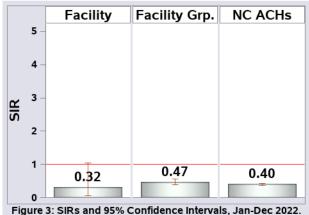


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	2	6.3	Same		

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

Report Generated: March 30, 2023 N.C. HAI 2022 Q4 Report

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 Maria Parham Medical Center, Henderson, Vance County

Central Line-Associated Bloodstream Infections (CLABSI)

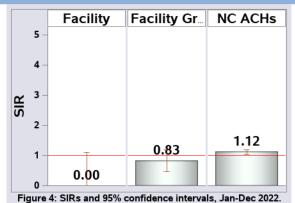


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped ICUs	0	1.5	Same	
Adult/Ped Wards	0	1.2	Same	
All reporting units	0	2.7	Same	

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

5		10011 6 11 6 1 1					
	Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2022.						
				How Does This Facility			
		Observed	Predicted	Compare to the National			
	Unit Type	Infections	Infections	Experience?			
	Facility-wide inpatient	0	Less than 1.0	No Conclusion			

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

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

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

How Does This Facility Compare to the National Experience?

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

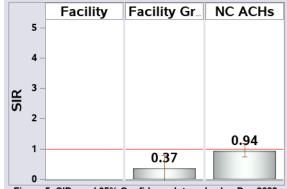


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Surgical Site Infections (SSI) after Colon Surgeries

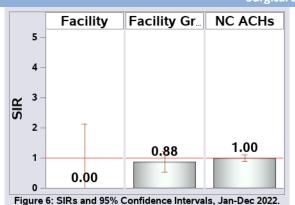


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	0	1.4	Same		

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

Ventilator-Associated Events (VAE)

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

Report Generated: March 30, 2023

N.C. Division of Public Health, SHARPPS Program

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 Martin General Hospital, Williamston, Martin County

2021 Hospital Survey Information

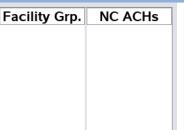
Hospital Type: Acute Care Hospital Medical Affiliation: Nο Admissions in 2021: 764 Patient Days in 2021: 4,303 Total Number of Beds: 18 Number of ICU Beds: FTF* Infection Preventionists: 1.00 Number of FTEs* per 100 beds: 5.56

[*FTE = Full-time equivalent]

5

Facility





0.81

Catheter-Associated Urinary Tract Infections (CAUTI)

No comments provided

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2022. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections Experience? Adult/Ped ICUs 0 Less than 1.0 No Conclusion Adult/Ped Wards No Conclusion O Less than 1.0 No Conclusion All reporting units Less than 1.0

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

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

0.85

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.

able 2. Number of observed and Fredicted WiksA Events, Jani-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	0	Less than 1.0	No Conclusion		

Note: SIR=Standardized Infection Ratio, SIR is calculated by #Observed/#Predicted Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

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

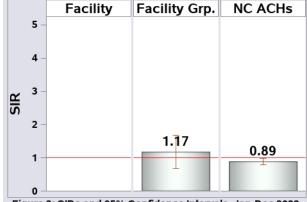


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

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 illnes.

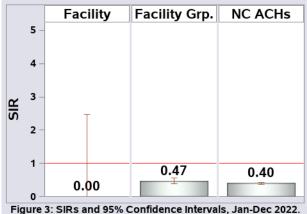


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	0	1.2	Same		

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?

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 Martin General Hospital, Williamston, Martin County

Central Line-Associated Bloodstream Infections (CLABSI)

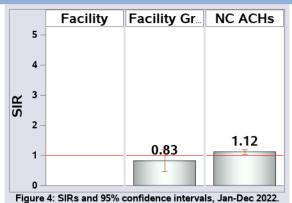


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped ICUs	0	Less than 1.0	No Conclusion	
Adult/Ped Wards	0	Less than 1.0	No Conclusion	
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

N.C. HAI 2022 Q4 Report

Report Generated: March 30, 2023

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 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: FTF* 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

Catheter-Associated Urinary Tract Infections (CAUTI)

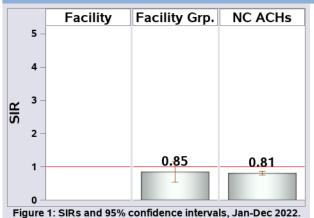


Table 1. Number of Observed and Fredicted infections by ICO and Ward Type, Jan-Dec 2022.			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

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-Dec 2022							
	How Does This Facility						
	Observed	Predicted	Compare to the National				
Unit Type	Events	Events	Experience?				
Facility-wide inpatient	0	Less than 1.0	No Conclusion				

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

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

How Does This Facility Compare to the National Experience?

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

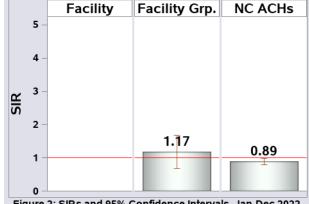


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

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 illnes.

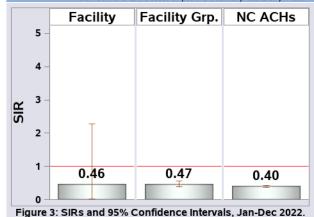


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	1	2.2	Same		

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

Report Generated: March 30, 2023 N.C. HAI 2022 Q4 Report

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 McDowell Hospital, Marion, McDowell County

Central Line-Associated Bloodstream Infections (CLABSI)

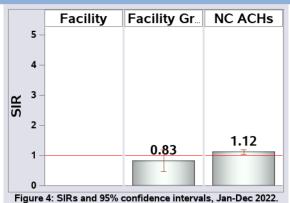


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped Wards	0	Less than 1.0	No Conclusion	
All reporting units	0	Less than 1.0	No 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-Dec 2022. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections Experience? **Facility-wide inpatient** 0 Less than 1.0 No Conclusion

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

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

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

How Does This Facility Compare to the National Experience?

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

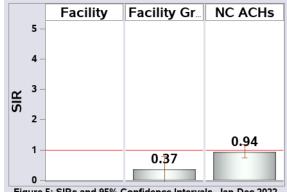


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Report Generated: March 30, 2023

Surgical Site Infections (SSI) after Colon Surgeries

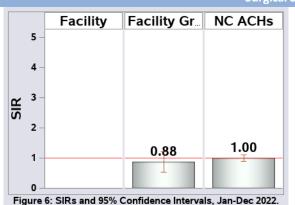


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	2	Less than 1.0	No Conclusion	

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

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 – December 31, 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 FTF* Infection Preventionists: 5.30 Number of FTEs* per 100 beds: 0.65

[*FTE = Full-time equivalent]

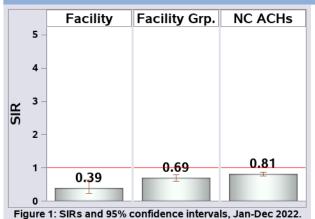


Commentary From Facility:

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

Catheter-Associated Urinary Tract Infections (CAUTI)

All reporting units



Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	5	27	Better
Adult/Ped Wards	10	11	Same

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

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

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-Dec 2022

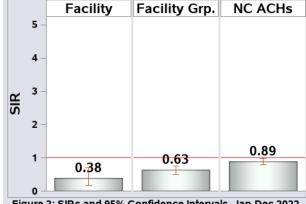
Table 21 Hamber of Observed and Frederica Hillori Events) san Dec 2022						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	Experience?			
Facility-wide inpatient	8	21	Better			

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



Better

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

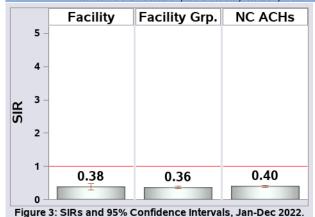


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Events	Events	Experience?
Facility-wide inpatient	60	156	Better

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?

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 Mission Hospital, Asheville, Buncombe County

Central Line-Associated Bloodstream Infections (CLABSI)

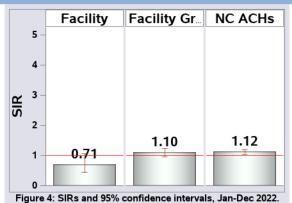


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	17	14	Same
Adult/Ped Wards	2	11	Better
Neonatal Units	2	4.7	Same
All reporting units	21	30	Same

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

Note: SIR not calculated if <50 central line days or <1 predicted infection

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

How Does This Facility Compare to the National Experience?

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

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2022.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	4	6.1	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

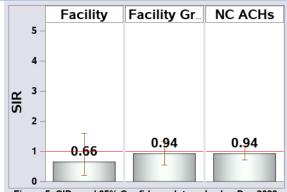


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Surgical Site Infections (SSI) after Colon Surgeries

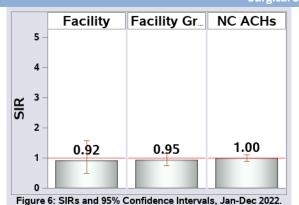


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	12	13	Same	

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

Ventilator-Associated Events (VAE)

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

Report Generated: March 30, 2023 N.C. Division of Public Health, SHARPPS Program N.C. HAI 2022 Q4 Report

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 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 FTF* 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)

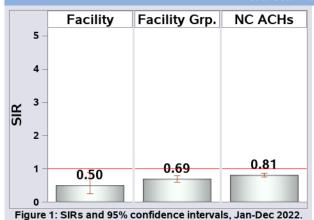


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2022.					
	Observed	Predicted	How Does This Facility Compare to the National		
Unit Type	Infections	Infections	Experience?		
Adult/Ped ICUs	8	15	Better		
Adult/Ped Wards	2	4.6	Same		
All reporting units	10	20	Better		

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-Dec 2022						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	Experience?			
Facility-wide innationt	4	15	Retter			

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

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

How Does This Facility Compare to the National Experience?

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

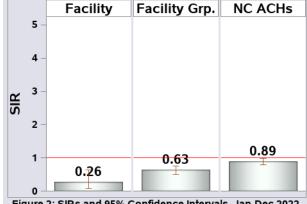


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

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 illnes

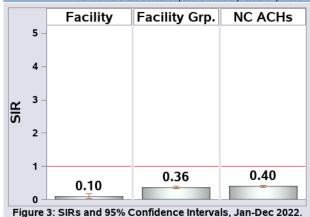


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Events	Events	Experience?
Facility-wide inpatient	8	83	Better

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?

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 Moses Cone Hospital, Greensboro, Guilford County

Central Line-Associated Bloodstream Infections (CLABSI)

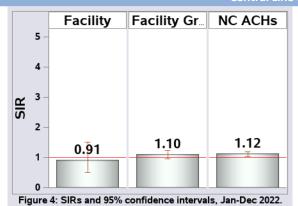


Table 4. Number of Observed and Predicte	Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022			
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped ICUs	10	9.3	Same	
Adult/Ped Wards	3	5.1	Same	
All reporting units	13	14	Same	

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

Note: SIR not calculated if <50 central line days or <1 predicted infection.

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

How Does This Facility Compare to the National Experience?

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

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2022.						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Infections	Infections	Experience?			
Facility-wide inpatient	0	Less than 1.0	No Conclusion			

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

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

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

How Does This Facility Compare to the National Experience?

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

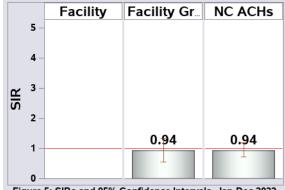


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Surgical Site Infections (SSI) after Colon Surgeries

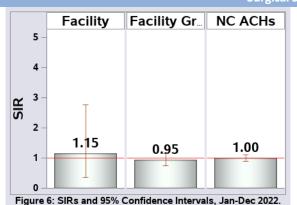


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	4	3.5	Same	

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

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 – December 31, 2022 Nash Health Care Systems, Rocky Mount, Nash County

2021 Hospital Survey Information

Hospital Type: Acute Care Hospital Medical Affiliation: Nο Admissions in 2021: 10,638 Patient Days in 2021: 49,066 Total Number of Beds: 150 Number of ICU Beds: 26 FTF* Infection Preventionists: 3.00 Number of FTEs* per 100 beds: 2.00





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)

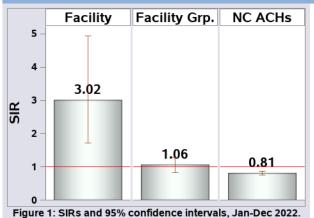


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2022.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Adult/Ped ICUs	4	2.2	Same		
Adult/Ped Wards	10	2.4	Worse		
All reporting units	14	4.6	Worse		

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?

X 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 Fredicted WinsA Events, Jan-Dec 2022						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	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

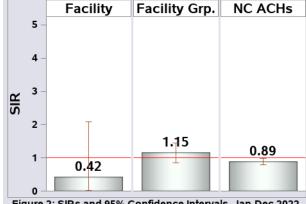


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

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 illnes.

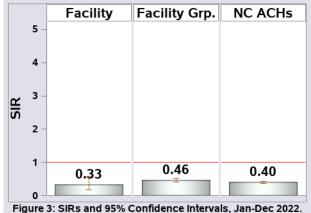


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022				
				How Does This Facility
		Observed	Predicted	Compare to the National
	Unit Type	Events	Events	Experience?
	Facility-wide inpatient	10	30	Better

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?

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 Nash Health Care Systems, Rocky Mount, Nash County

Central Line-Associated Bloodstream Infections (CLABSI)

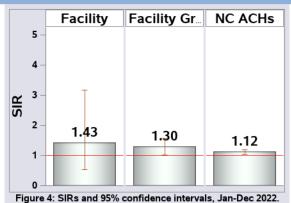


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped ICUs	4	1.9	Same	
Adult/Ped Wards	1	1.6	Same	
Neonatal Units	0	Less than 1.0	No Conclusion	
All reporting units	5	3.5	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-Dec 2022.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	0	Less than 1.0	No Conclusion		

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

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

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

How Does This Facility Compare to the National Experience?

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

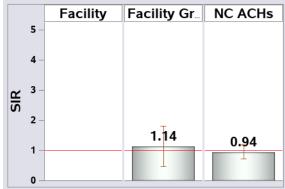


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Report Generated: March 30, 2023

Surgical Site Infections (SSI) after Colon Surgeries

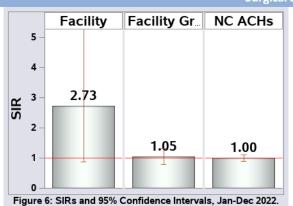


Table 6. Number of Observed and Predicte	ed SSI Infections (colon s	urgeries), Jan-Dec 2022.	
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Facility-wide inpatient	4	1.5	Same

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

Ventilator-Associated Events (VAE)

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

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 FTF* 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)

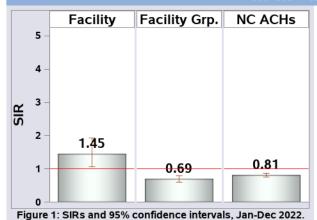


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2022.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Adult/Ped ICUs	25	18	Same		
Adult/Ped Wards	18	12	Same		
All reporting units	43	30	Worse		

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?

X 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-Dec 2022						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	Experience?			
Facility-wide inpatient	13	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 2: SIRs and 95% Confidence Intervals, Jan-Dec 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 illnes

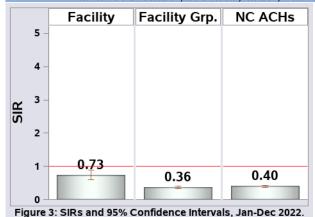


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	Experience?	
Facility-wide inpatient	93	128	Better	

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?

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 New Hanover Regional Medical Center, Wilmington, New Hanover County

Central Line-Associated Bloodstream Infections (CLABSI)

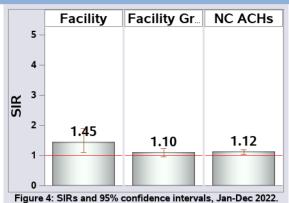


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped ICUs	28	12	Worse	
Adult/Ped Wards	24	20	Same	
Neonatal Units	2	5.2	Same	
All reporting units	54	37	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?

X Worse: More infections than predicted by the national baseline experience

Surgical Site Infections (SSI) after Abdominal Hysterectomies

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

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

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

How Does This Facility Compare to the National Experience?

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

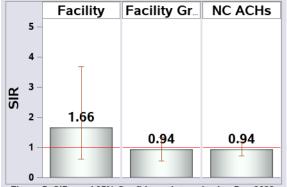


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Report Generated: March 30, 2023

Surgical Site Infections (SSI) after Colon Surgeries

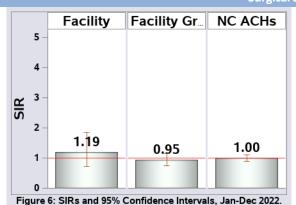


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	18	15	Same	

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

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 – December 31, 2022 North Carolina Specialty Hospital, Durham, Durham County

2021 Hospital Survey Information

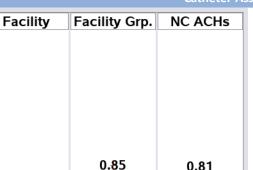
Hospital Type: Acute Care Hospital Medical Affiliation: Nο Admissions in 2021: 2,480 Patient Days in 2021: 3,687 Total Number of Beds: 26 Number of ICU Beds: 0 FTF* Infection Preventionists: 1.00 Number of FTEs* per 100 beds: 3.85

[*FTE = Full-time equivalent]

5

SIR





Catheter-Associated Urinary Tract Infections (CAUTI)

No comments provided

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2022. **How Does This Facility** Observed **Predicted Compare to the National Unit Type** Infections Infections Experience? Adult/Ped Wards No Conclusion 0 Less than 1.0 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 IviksA Events, Jan-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	0	Less than 1.0	No Conclusion		

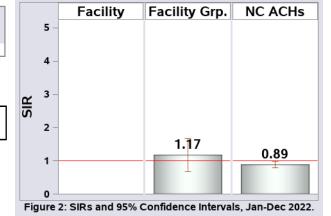
Note: SIR=Standardized Infection Ratio, SIR is calculated by #Observed/#Predicted

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

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



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 illnes

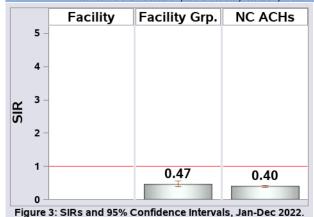


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	Experience?	
Facility-wide inpatient	0	Less than 1.0	No Conclusion	

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

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 North Carolina Specialty Hospital, Durham, Durham County

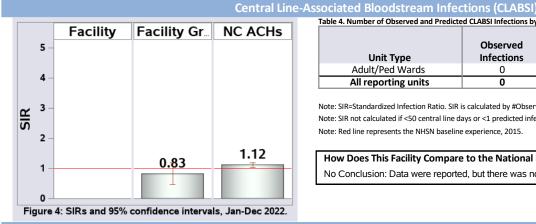


Table 4. N	Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022			
				How Does This Facility
		Observed	Predicted	Compare to the National
	Unit Type	Infections	Infections	Experience?
	Adult/Ped Wards	0	Less than 1.0	No Conclusion
	All reporting units	0	Less 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: 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

Report Generated: March 30, 2023

N.C. HAI 2022 Q4 Report

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 – December 31, 2022 Northern Regional Hospital, Mount Airy, Surry County

No comments provided

2021 Hospital Survey Information

Hospital Type: Acute Care Hospital Medical Affiliation: Nο Admissions in 2021: 4,912 Patient Days in 2021: 20,135 Total Number of Beds: 100 Number of ICU Beds: 10 FTF* Infection Preventionists: 1.00 Number of FTEs* per 100 beds: 1.00

[*FTE = Full-time equivalent]



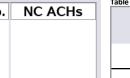


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2022. **How Does This Facility** Observed **Predicted Compare to the National Unit Type** Infections Infections Experience? Adult/Ped ICUs 0 Less than 1.0 No Conclusion Adult/Ped Wards O 1.4 Same All reporting units Same

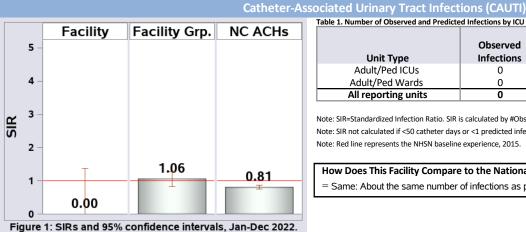
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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-Dec 2022

Table 2: Number of Observed and Fredeted Milos Events, sair Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	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

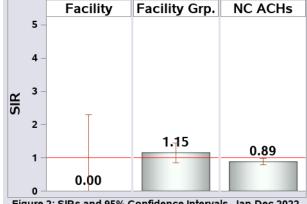


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

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 illnes.

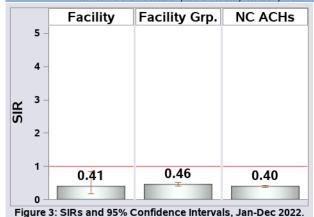


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	6	15	Better		

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?

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 Northern Regional Hospital, Mount Airy, Surry County

Central Line-Associated Bloodstream Infections (CLABSI)

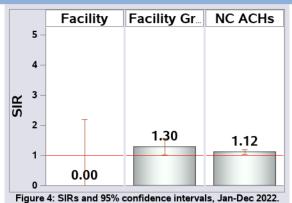


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	1.4	Same

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

Note: SIR not calculated if <50 central line days or <1 predicted infection.

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

How Does This Facility Compare to the National Experience?

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

Surgical Site Infections (SSI) after Abdominal Hysterectomies

-	Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2022.				
				How Does This Facility	
		Observed	Predicted	Compare to the National	
	Unit Type	Infections	Infections	Experience?	
	Facility-wide inpatient	0	Less than 1.0	No Conclusion	

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

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

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

How Does This Facility Compare to the National Experience?

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

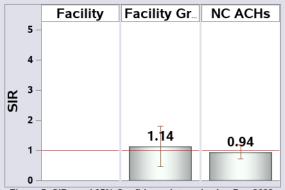


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Report Generated: March 30, 2023

Surgical Site Infections (SSI) after Colon Surgeries

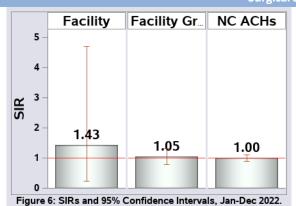


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Facility-wide inpatient	2	1.4	Same

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

Ventilator-Associated Events (VAE)

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

Catheter-Associated Urinary Tract Infections (CAUTI)

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: FTF* Infection Preventionists: 1.00

[*FTE = Full-time equivalent]

Number of FTEs* per 100 beds:



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.

0.93

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2022. **How Does This Facility** Observed **Predicted Compare to the National**

Unit Type Infections Infections Experience? Adult/Ped ICUs Less than 1.0 No Conclusion 1 Adult/Ped Wards 1.3 Same All reporting units 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

	Facility	Facility Grp.	NC ACHS			
5 -						
4 -						
S 3 -						
ທ 2 −						
	1. <mark>1</mark> 1	1.06	0.01			
1 -		1	0.81			
0 -						
Figure 4: CIDs and OFW confidence intervals. Jan Dec 2022						

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

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness. Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2022

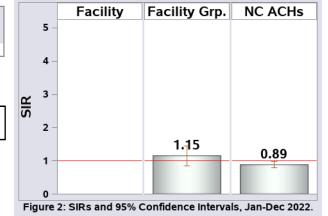
Table 21 Training of the action of the actio				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	Experience?	
Facility-wide inpatient	1	Less than 1.0	No Conclusion	

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



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 illnes

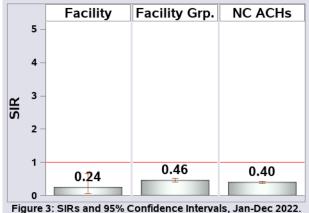


Table 3. Number	Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022				
				How Does This Facility	
		Observed	Predicted	Compare to the National	
U	nit Type	Events	Events	Experience?	
Facility-	wide inpatient	3	12	Better	

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?

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 Novant Health Brunswick Medical Center, Bolivia, Brunswick County

Central Line-Associated Bloodstream Infections (CLABSI)

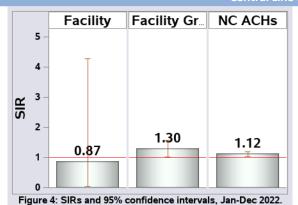


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	1	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	1	1.2	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

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2022.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	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

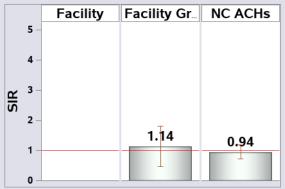


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Report Generated: March 30, 2023

Surgical Site Infections (SSI) after Colon Surgeries

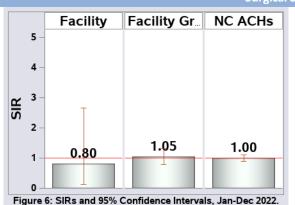


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	2	2.5	Same	

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

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 – December 31, 2022 Novant Health Charlotte Orthopedic Hospital, Charlotte, Mecklenburg County

2021 Hospital Survey Information Specialty Acute Care Hospital

Hospital Type: Medical Affiliation: Major Admissions in 2021: 4,445 Patient Days in 2021: 12,911 Total Number of Beds: 48 Number of ICU Beds: 0 FTF* Infection Preventionists: 0.70 Number of FTEs* per 100 beds: 1.46

[*FTE = Full-time equivalent]



Catheter-Associated Urinary Tract Infections (CAUTI)

No comments provided

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 Predicte	Number of Observed and Predicted MRSA Events, Jan-Dec 2022			
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	Experience?	
Facility-wide innatient	0	Less than 1.0	No Conclusion	

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted. Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

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

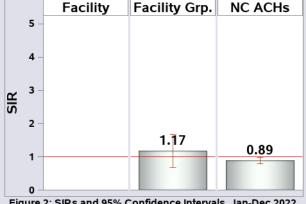


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

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 illnes

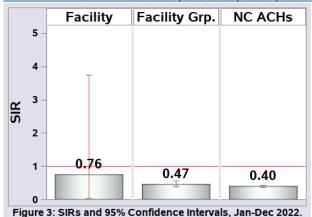


Table 3. Number of Observed and Predicte	ed CDIs, Jan-Dec 2022		
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Events	Events	Experience?
Facility-wide inpatient	1	1.3	Same

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

N.C. Division of Public Health, SHARPPS Program

Report Generated: March 30, 2023 N.C. HAI 2022 Q4 Report

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 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.
Note Iroth N.C. Division of Public Fleatur. 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.
Note nontrivie. Division of Fability 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.
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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 – December 31, 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 FTF* Infection Preventionists: 0.30

0.83



Number of FTEs* per 100 beds:



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.

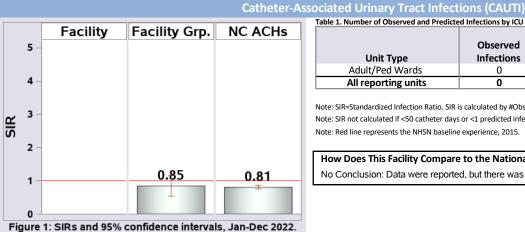


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2022. **How Does This Facility** Observed **Predicted Compare to the National Unit Type** Infections Infections Experience?

0

0

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

Less than 1.0

Less than 1.0

No Conclusion

No Conclusion

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Adult/Ped Wards

All reporting units

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness. Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2022

able 2. Halliber of observed and Fredeted Wilder Events, July Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	0	Less than 1.0	No Conclusion		

Note: SIR=Standardized Infection Ratio, SIR is calculated by #Observed/#Predicted Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

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

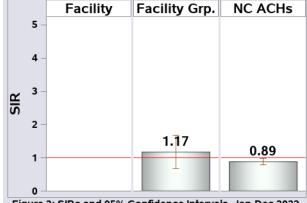


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

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 illnes

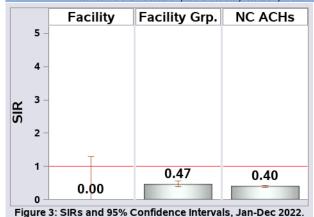


Table 3. Number of Observed and Predict	ed CDIs, Jan-Dec 2022		
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Events	Events	Experience?
Facility-wide inpatient	0	2.3	Same

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

Novant Health Clemmons Medical Center, Clemmons, Forsyth County

Central Line-Associated Bloodstream Infections (CLABSI)

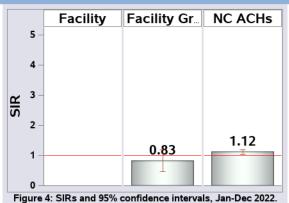


Table 4.	Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022				
				How Does This Facility	
		Observed	Predicted	Compare to the National	
	Unit Type	Infections	Infections	Experience?	
A	Adult/Ped Wards	0	Less than 1.0	No Conclusion	
	All reporting units	0	Less 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-Dec 2022. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections Experience? **Facility-wide inpatient** 0 Less than 1.0 No Conclusion

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

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

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

How Does This Facility Compare to the National Experience?

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

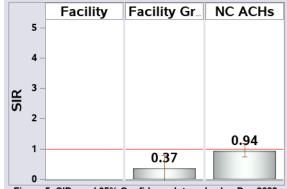


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Report Generated: March 30, 2023

Surgical Site Infections (SSI) after Colon Surgeries

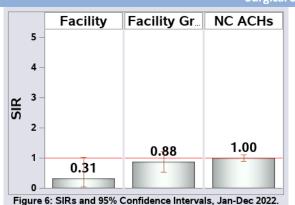


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.				
How Does This Fac				
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	2	6.4	Same	

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?

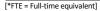
= Same: About the same number of infections as predicted by the national baseline experience

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 – December 31, 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 FTF* Infection Preventionists: 8.00 Number of FTEs* per 100 beds: 0.99





Predicted

Infections

26

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-As	ssociated Urinary Tract Infections (CAUTI)
		Facility	Facility Grp.	NC ACHs	Table 1. Number of Observed and Predicted Infections by ICU a
	5 -				Observed Unit Type Infections
					Adult/Ped ICUs 14
	4 –				Adult/Ped Wards 4 All reporting units 18
SIR	3 –				Note: SIR=Standardized Infection Ratio. SIR is calculated by #Obse Note: SIR not calculated if <50 catheter days or <1 predicted infec
	2 -			0.91	Note: Red line represents the NHSN baseline experience, 2015. How Does This Facility Compare to the National

Adult/Ped Wards 4 6.6 All reporting units 18 33

Note: SIR not calculated if <50 catheter days or <1 predicted infection

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

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

How Does This Facility Compare to the National Experience?

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

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

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

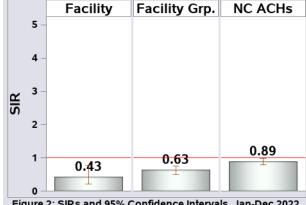
Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

able 2. Number of Observed and Fredicted WiksA Events, Jan-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	10	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



How Does This Facility

Compare to the National

Experience?

Better

Same

Better

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

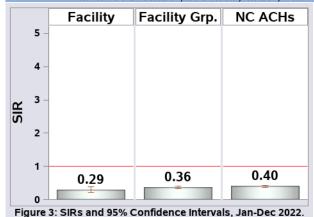


Table 3. Number of Observed and Predicte	ed CDIs, Jan-Dec 2022		
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Events	Events	Experience?
Facility-wide inpatient	52	178	Better

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?

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 Novant Health Forsyth Medical Center, Winston Salem, Forsyth County

Central Line-Associated Bloodstream Infections (CLABSI)

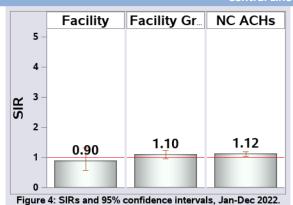


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped ICUs	18	16	Same	
Adult/Ped Wards	3	7.6	Same	
Neonatal Units	2	1.7	Same	
All reporting units	23	26	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: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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

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

How Does This Facility Compare to the National Experience?

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

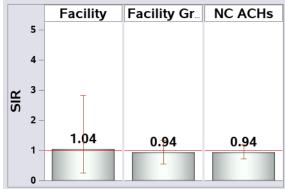


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Report Generated: March 30, 2023

Surgical Site Infections (SSI) after Colon Surgeries

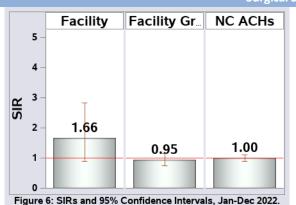


Table 6. Number of Observed and Predict	ed SSI Infections (colon s	urgeries), Jan-Dec 2022.	
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Facility-wide inpatient	12	7.2	Same

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

Ventilator-Associated Events (VAE)

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

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

0.56

[*FTE = Full-time equivalent]

Number of FTEs* per 100 beds:



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.

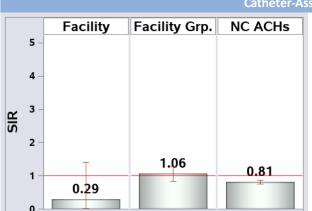


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2022.

Catheter-Associated Urinary Tract Infections (CAUTI) Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 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	2.4	Same
All reporting units	1	3.5	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-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide innatient	2	2.2	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

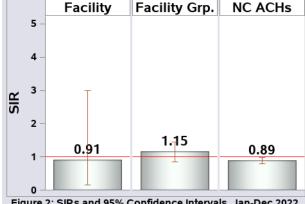


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

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 illnes

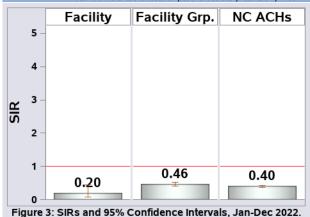


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	Experience?	
Facility-wide inpatient	5	25	Better	

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?

Novant Health Huntersville Medical Center, Huntersville, Mecklenburg County

Central Line-Associated Bloodstream Infections (CLABSI)

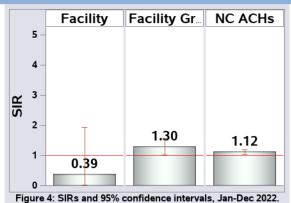


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	1	Less than 1.0	No Conclusion
Adult/Ped Wards	0	1.9	Same
Neonatal Units	0	Less than 1.0	No Conclusion
All reporting units	1	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

ı							
	Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2022.						
				How Does This Facility			
		Observed	Predicted	Compare to the National			
	Unit Type	Infections	Infections	Experience?			
	Facility-wide inpatient	0	Less than 1.0	No Conclusion			

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

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

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

How Does This Facility Compare to the National Experience?

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

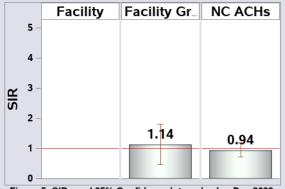


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Report Generated: March 30, 2023

Surgical Site Infections (SSI) after Colon Surgeries

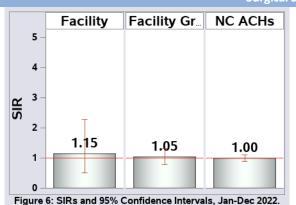


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	7	6.1	Same	

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

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 – December 31, 2022 Novant Health Kernersville Medical Center, Kernersville, Forsyth County

2021 Hospital Survey Information

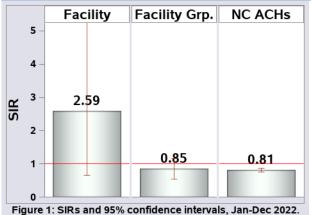
Hospital Type: Acute Care Hospital Medical Affiliation: Major Admissions in 2021: 4,579 Patient Days in 2021: 17,822 Total Number of Beds: 67 Number of ICU Beds: FTF* Infection Preventionists: 0.50 Number of FTEs* per 100 beds: 0.75







No comments provided



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	1.2	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.

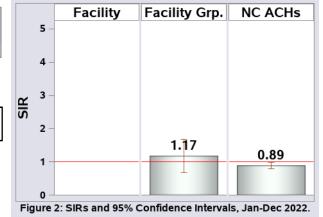
able 2. Number of Observed and Fredicted WiksA Events, Jan-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	0	Less than 1.0	No Conclusion		

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



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 illnes

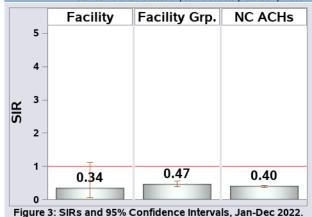


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	Experience?	
Facility-wide inpatient	2	5.9	Same	

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

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 Novant Health Kernersville Medical Center, Kernersville, Forsyth County

Central Line-Associated Bloodstream Infections (CLABSI)

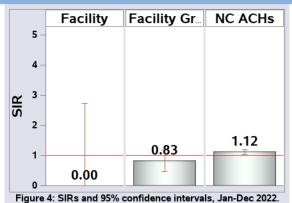


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
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

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2022.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	0	Less than 1.0	No Conclusion	

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

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

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

How Does This Facility Compare to the National Experience?

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

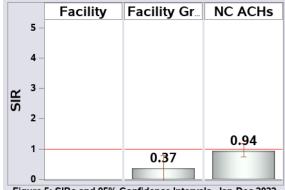


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Report Generated: March 30, 2023

Surgical Site Infections (SSI) after Colon Surgeries

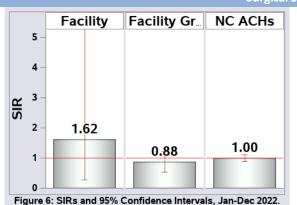


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	2	1.2	Same	

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

Ventilator-Associated Events (VAE)

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

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 FTF* 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.

Facility Facility Grp. NC ACHs 5 SIR 2 0.81 0.76

Catheter-Associated Urinary Tract Infections (CAUTI) Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2022.

How Does This Facility Observed **Predicted** Compare to the National **Unit Type** Infections Infections Experience? Adult/Ped ICUs Same 1 1.6 Adult/Ped Wards O 1.6 Same All reporting units 3.2 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

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

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness. Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2022

rable El Halliber of Observed and Fredret	· · · · · · · · · · · · · · · · · ·	able 11 trainiber of observed and reduced times terents, san occupied					
			How Does This Facility				
	Observed	Predicted	Compare to the National				
Unit Type	Events	Events	Experience?				
Facility-wide inpatient	2	2.3	Same				

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

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

0.31

How Does This Facility Compare to the National Experience?

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

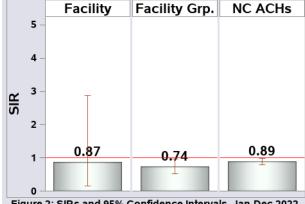
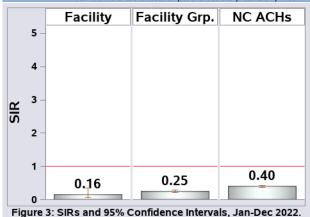


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

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 illnes



able 3. Number of Observed and Predicted CDIs, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	Experience?	
Facility-wide inpatient	5	32	Better	

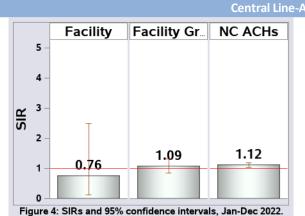
Note: SIR=Standardized Infection Ratio, SIR is calculated by #Observed/#Predicted. Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

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

Report Generated: March 30, 2023 N.C. HAI 2022 Q4 Report

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 Novant Health Matthews Medical Center, Matthews, Mecklenburg County



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			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	2	1.5	Same
Adult/Ped Wards	0	1.2	Same
Neonatal Units	0	Less than 1.0	No Conclusion
All reporting units	2	2.6	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-Dec 2022.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	1	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

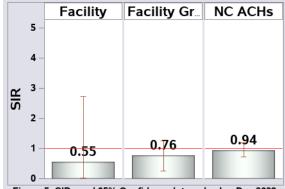


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Report Generated: March 30, 2023

Surgical Site Infections (SSI) after Colon Surgeries

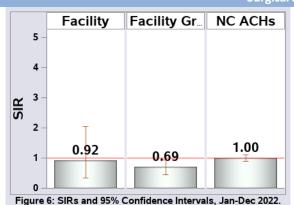


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	5	5.4	Same	

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?

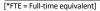
= Same: About the same number of infections as predicted by the national baseline experience

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 – December 31, 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: FTF* Infection Preventionists: 0.40Number of FTEs* per 100 beds: 1.21





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.

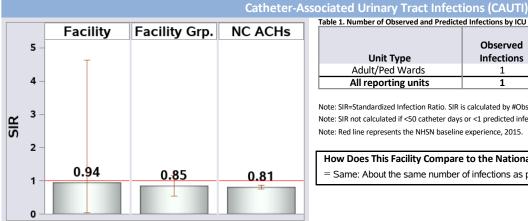


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2022. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections Experience? Adult/Ped Wards Same 1.1

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

1

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

All reporting units

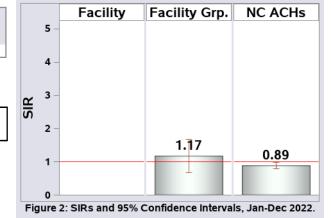
Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness. Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2022

able 2. Halliber of observed and Fredeted Wilder Events, July Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	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.

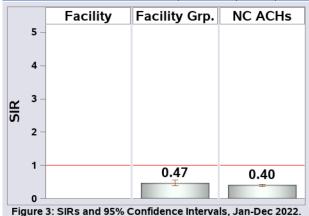
How Does This Facility Compare to the National Experience?

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



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 illnes



able 3. Number of Observed and Predicted CDIs, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	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

Report Generated: March 30, 2023 N.C. HAI 2022 Q4 Report

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 Novant Health Medical Park Hospital, Winston Salem, Forsyth County

Central Line-Associated Bloodstream Infections (CLABSI)

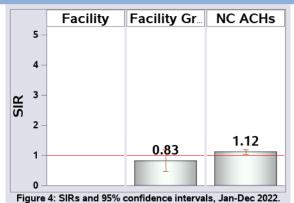


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

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

ľ	Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2022.					
				How Does This Facility		
		Observed	Predicted	Compare to the National		
	Unit Type	Infections	Infections	Experience?		
	Facility-wide inpatient	0	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

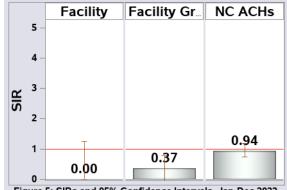


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Report Generated: March 30, 2023

Surgical Site Infections (SSI) after Colon Surgeries

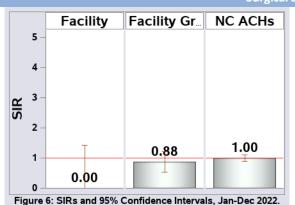


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	0	2.1	Same	

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

Ventilator-Associated Events (VAE)

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

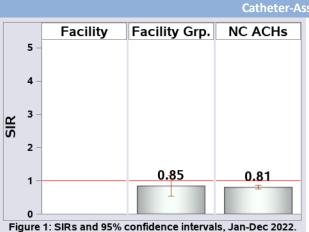
Novant Health Mint Hill Medical Center, Charlotte, Mecklenburg County

No comments provided

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: FTF* Infection Preventionists: 0.50 Number of FTEs* per 100 beds: 1.00

[*FTE = Full-time equivalent]





Catheter-Associated Urinary Tract Infections (CAUTI)

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2022. **How Does This Facility** Observed **Predicted Compare to the National Unit Type** Infections Infections Experience? Adult/Ped ICUs Less than 1.0 No Conclusion 1 Adult/Ped Wards No Conclusion O Less than 1.0 All reporting units 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	Table 2. Number of Observed and Predicted WiksA Events, Jan-Dec 2022					
				How Does This Facility		
		Observed	Predicted	Compare to the National		
Uni	t Type	Events	Events	Experience?		
Facility-wi	de inpatient	0	Less than 1.0	No Conclusion		

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

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

How Does This Facility Compare to the National Experience?

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

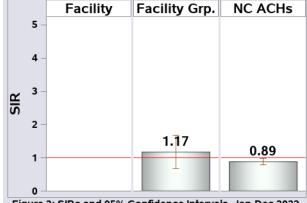


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

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 illnes

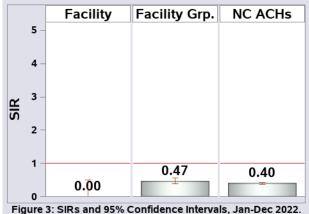


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	Experience?	
Facility-wide inpatient	0	5.9	Better	

Note: SIR=Standardized Infection Ratio, SIR is calculated by #Observed/#Predicted. Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 Novant Health Mint Hill Medical Center, Charlotte, Mecklenburg County

Central Line-Associated Bloodstream Infections (CLABSI)

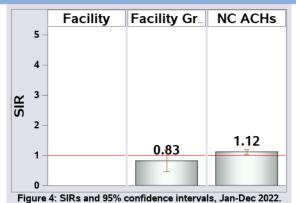


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	1	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
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-Dec 2022.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	0	Less than 1.0	No Conclusion		

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

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

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

How Does This Facility Compare to the National Experience?

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

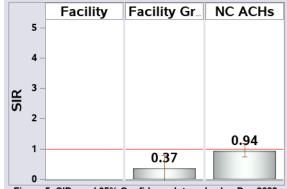


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Report Generated: March 30, 2023

Surgical Site Infections (SSI) after Colon Surgeries

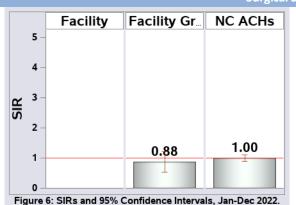


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	2	Less than 1.0	No Conclusion	

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

Ventilator-Associated Events (VAE)

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

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 FTF* Infection Preventionists: 6.60 Number of FTEs* per 100 beds: 0.99





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)

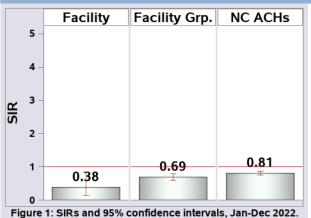


Table 1. Number of Observed and Predicted Infections by ICO and Ward Type, Jan-Dec 2022.			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	3	9.9	Better
Adult/Ped Wards	2	3.2	Same
All reporting units	5	13	Better

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.

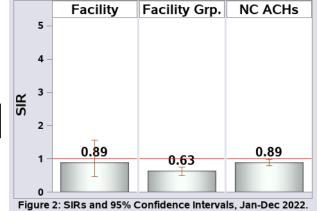
Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2022					
	How Does This Facility				
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	11	12	Same		

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



(----

Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness

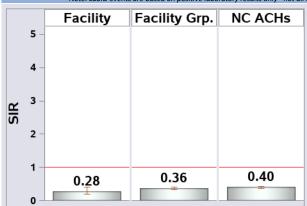


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022				
				How Does This Facility
		Observed	Predicted	Compare to the National
	Unit Type	Events	Events	Experience?
	Facility-wide inpatient	27	97	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?

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 Novant Health Presbyterian Medical Center, Charlotte, Mecklenburg County

Central Line-Associated Bloodstream Infections (CLABSI)

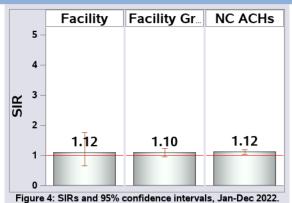


Table 4. Number of Observed and Predicted CLABSI Infections by ICO and Ward Type, Jan-Dec 2022			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	7	6.7	Same
Adult/Ped Wards	1	4.1	Same
Neonatal Units	8	3.5	Worse
All reporting units	16	14	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

ı							
	Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2022.						
				How Does This Facility			
		Observed	Predicted	Compare to the National			
	Unit Type	Infections	Infections	Experience?			
	Facility-wide inpatient	3	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

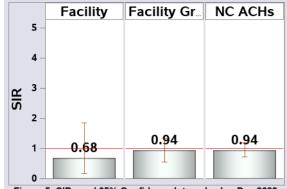


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Report Generated: March 30, 2023

Surgical Site Infections (SSI) after Colon Surgeries

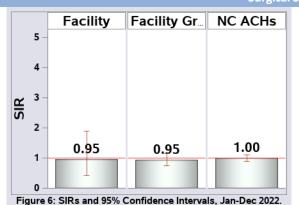


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	7	7.3	Same	

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

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 – December 31, 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 FTF* Infection Preventionists: 1.90 Number of FTEs* per 100 beds: 0.77

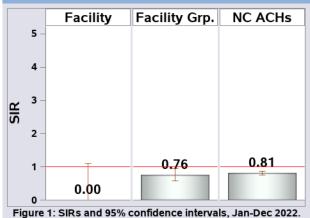




Commentary From Facility:

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)



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	0	1.7	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 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-Dec 2022						
How Does This Facilit							
		Observed	Predicted	Compare to the National			
	Unit Type	Events	Events	Experience?			
	Facility-wide inpatient	2	2.7	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

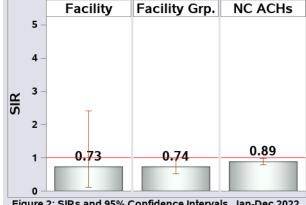


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2022

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 illnes

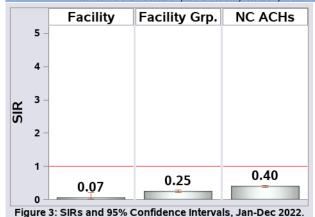


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	Experience?			
Facility-wide inpatient	2	31	Better			

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?

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 Novant Health Rowan Medical Center, Salisbury, Rowan County

Central Line-Associated Bloodstream Infections (CLABSI)

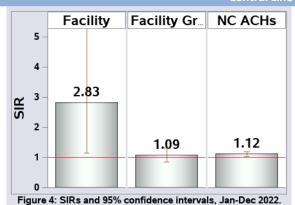


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Adult/Ped ICUs	1	Less than 1.0	No Conclusion		
Adult/Ped Wards	5	1.3	Worse		
All reporting units	6	2.1	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?

X 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-Dec 2022.					
How Does This Facility					
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	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

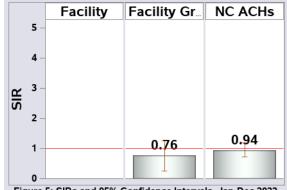


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Surgical Site Infections (SSI) after Colon Surgeries

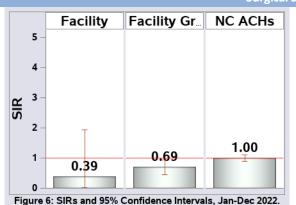


	Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.					
Ho				How Does This Facility		
		Observed	Predicted	Compare to the National		
	Unit Type	Infections	Infections	Experience?		
	Facility-wide inpatient	1	2.5	Same		

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

Ventilator-Associated Events (VAE)

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

Report Generated: March 30, 2023

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

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]

5

Facility



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.

Facility Grp. NC ACHs

Catheter-Associated Urinary Tract Infections (CAUTI)

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

How Does This Facility Observed **Predicted Compare to the National Unit Type** Infections Infections Experience? Adult/Ped ICUs 0 1.0 Same Adult/Ped Wards Less than 1.0 No Conclusion O All reporting units 1.8 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

2 -					
	T	1.06	0.81		
			I		
0 -	0.00				
Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2022.					

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

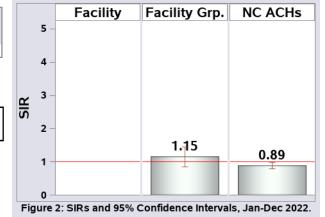
Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Fredicted WRSA Events, Jan-Dec 2022						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	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



Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness

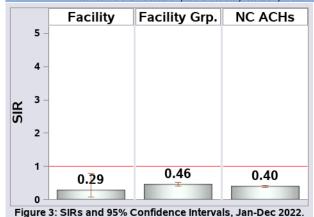


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	Experience?			
Facility-wide inpatient	3	10	Better			

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?

Novant Health Thomasville Medical Center, Thomasville, Davidson County

Central Line-Associated Bloodstream Infections (CLABSI)

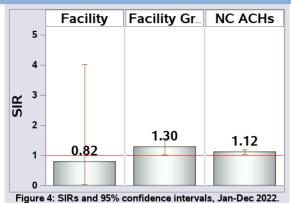


Table 4. Number of Observed and Predicted CLABSI Infections by ICO and Ward Type, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped ICUs	0	Less than 1.0	No Conclusion	
Adult/Ped Wards	1	Less than 1.0	No Conclusion	
All reporting units	1	1.2	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

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2022. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections Experience? **Facility-wide inpatient** Less than 1.0 No Conclusion 1

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

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

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

How Does This Facility Compare to the National Experience?

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

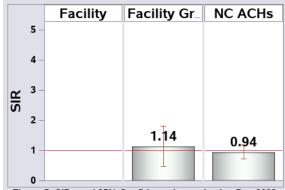


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Report Generated: March 30, 2023

Surgical Site Infections (SSI) after Colon Surgeries

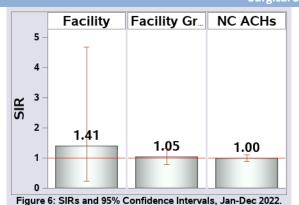


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.					
How Does This Facility					
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	2	1.4	Same		

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

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 – December 31, 2022

Onslow Memorial Hospital, Jacksonville, Onslow County

No comments provided

2021 Hospital Survey Information

Hospital Type: Acute Care Hospital Medical Affiliation: Nο Admissions in 2021: 6,647 Patient Days in 2021: 30,656 Total Number of Beds: 162 Number of ICU Beds: 30 FTF* Infection Preventionists: 1.00 Number of FTEs* per 100 beds: 0.62

[*FTE = Full-time equivalent]



Catheter-Associated Urinary Tract Infections (CAUTI) Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2022. **How Does This Facility** Observed **Predicted Compare to the National Unit Type** Infections Infections Experience? Adult/Ped ICUs No Conclusion 0 Less than 1.0 All reporting units 0 Less than 1.0 No Conclusion

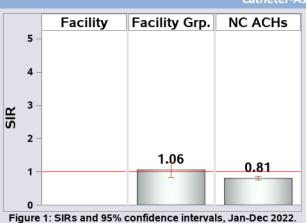
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted

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.

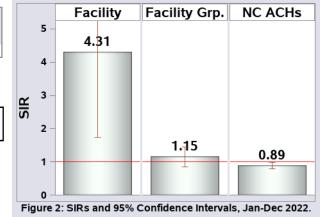
able 2. Number of Observed and Fredicted WiksA Events, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	Experience?	
Facility-wide inpatient	6	1.4	Worse	

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?

X Worse: More infections than predicted by the national baseline experience



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 illnes.

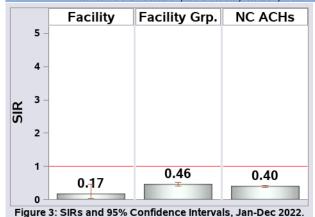


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	3	18	Better		

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 – December 31, 2022 Onslow Memorial Hospital, Jacksonville, Onslow County

Central Line-Associated Bloodstream Infections (CLABSI)



Table 4. Number of Observed and Predicted CLABST Infections by ICO and Ward Type, Jan-Dec 2022			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	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

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2022.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	0	Less than 1.0	No Conclusion		

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

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

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

How Does This Facility Compare to the National Experience?

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

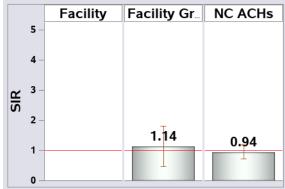


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Report Generated: March 30, 2023

Surgical Site Infections (SSI) after Colon Surgeries

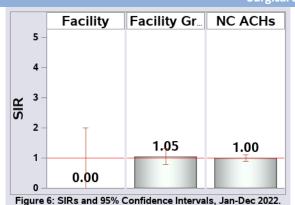


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	0	1.5	Same		

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

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 – December 31, 2022 Pam Specialty Hospital Of Rocky Mount, Rocky Mount, Nash County

2021 Hospital Survey Information

Hospital Type: Long-term Acute Care Hospital

495 Admissions in 2021: 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

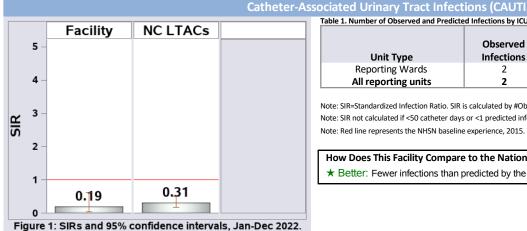


Table 1. Number of Observed and Predict	served and Predicted Infections by ICU and Ward Type, Jan-Dec 2022.		
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Reporting Wards	2	11	Better
All reporting units	2	11	Better

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 illnes.

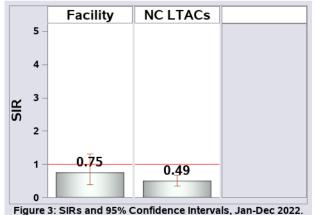


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	11	15	Same		

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

Report Generated: March 30, 2023 N.C. HAI 2022 Q4 Report

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022

Pam Specialty Hospital Of Rocky Mount, Rocky Mount, Nash County

Central Line-Associated Bloodstream Infections (CLABSI)

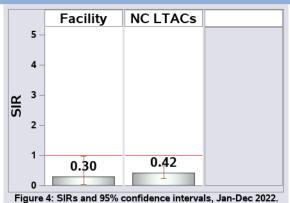


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Reporting Wards	2	6.7	Better	
All reporting units	2	6.7	Better	

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

Report Generated: March 30, 2023 N.C. Division of Public Health, SHARPPS Program N.C. HAI 2022 Q4 Report

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 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 FTF* Infection Preventionists: 1.00 Number of FTEs* per 100 beds: 0.70

[*FTE = Full-time equivalent]





No comments provided

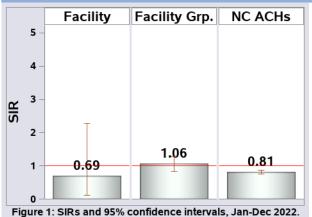


Table 1. Number of Observed and Predicted Infections by ICO and Ward Type, Jan-Dec 2022.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped ICUs	1	1.3	Same	
Adult/Ped Wards	1	1.6	Same	
All reporting units	2	2.9	Same	

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.

able 2. Number of Observed and Fredicted WiksA Events, Jan-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	0	1.2	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

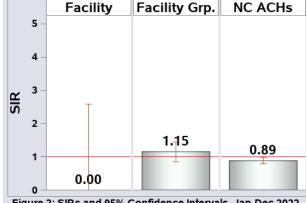


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

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

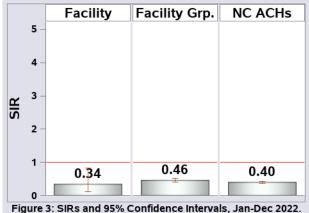


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	4	12	Better		

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

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 Pardee Hospital, Hendersonville, Henderson County

Central Line-Associated Bloodstream Infections (CLABSI)

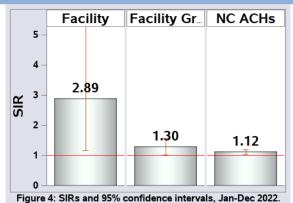


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped ICUs	4	Less than 1.0	No Conclusion	
Adult/Ped Wards	2	1.2	Same	
All reporting units	6	2.1	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?

X 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-Dec 2022.					
How Does This Facil					
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	0	Less than 1.0	No Conclusion		

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

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

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

How Does This Facility Compare to the National Experience?

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

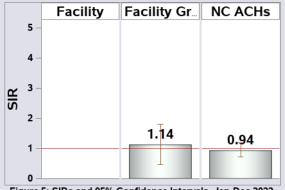


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

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Surgical Site Infections (SSI) after Colon Surgeries

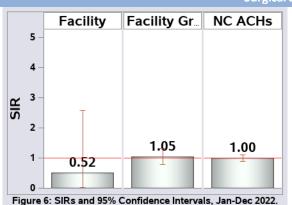


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.					
How Does This Facilit					
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	1	1.9	Same		

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

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 – December 31, 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			
frame and the state of the stat				



[*FTE = Full-time equivalent]

Catheter-Associated Urinary Tract Infections (CAUTI)

No comments provided.

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.

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North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 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 – December 31, 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: FTF* Infection Preventionists: 0.50 Number of FTEs* per 100 beds: 2.78

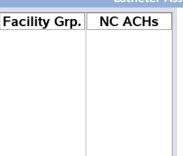
[*FTE = Full-time equivalent]

5

SIR

Facility





0.81

Catheter-Associated Urinary Tract Infections (CAUTI)

No comments provided

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2022. **How Does This Facility** Observed **Predicted Compare to the National Unit Type** Infections Infections Experience? Adult/Ped ICUs 0 Less than 1.0 No Conclusion Adult/Ped Wards No Conclusion O Less than 1.0 No Conclusion All reporting units Less than 1.0

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

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

0.85

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness. Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2022

Table 2. Hamber of Observed and Fredicted Witton Events, July Dec 2022						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	Experience?			
Facility-wide inpatient	0	Less than 1.0	No Conclusion			

Note: SIR=Standardized Infection Ratio, SIR is calculated by #Observed/#Predicted Note: Red line represents the NHSN baseline experience, 2015.

How Does This Facility Compare to the National Experience?

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

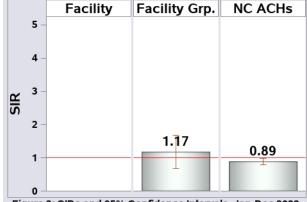


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

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 illnes.

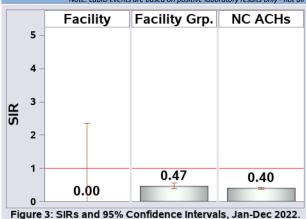


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	0	1.3	Same		

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

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 Person Memorial Hospital, Roxboro, Person County

Central Line-Associated Bloodstream Infections (CLABSI)

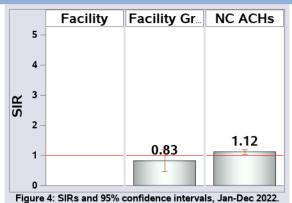


Table 4. Number of Observed and Predicted CLABSI Infections by ICO and Ward Type, Jan-Dec 2022			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
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

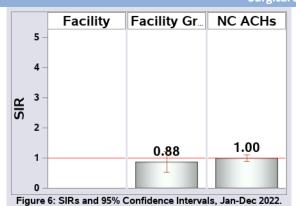


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	0	Less than 1.0	No Conclusion	

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

Report Generated: March 30, 2023

N.C. HAI 2022 Q4 Report

Ventilator-Associated Events (VAE)

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

N.C. Division of Public Health, SHARPPS Program

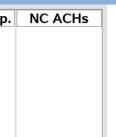
North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 Randolph Hospital Dba Randolph Health, Asheboro, Randolph County

2021 Hospital Survey Information

Hospital Type: Acute Care Hospital Medical Affiliation: Nο Admissions in 2021: 5,254 Patient Days in 2021: 19.163 Total Number of Beds: 74 Number of ICU Beds: 10 FTF* Infection Preventionists: 1.00 Number of FTEs* per 100 beds: 1.35

[*FTE = Full-time equivalent]





Catheter-Associated Urinary Tract Infections (CAUTI)

No comments provided

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2022. **How Does This Facility** Observed **Predicted Compare to the National Unit Type** Infections Infections Experience? Adult/Ped Wards No Conclusion 0 Less than 1.0 All reporting units 0 Less than 1.0 No Conclusion

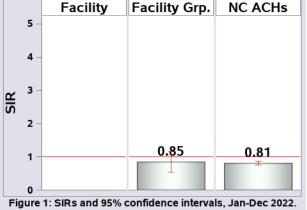
Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted

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-Dec 2022

Table 2. Namber of Observed and Fredicted Willow Events, July Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	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

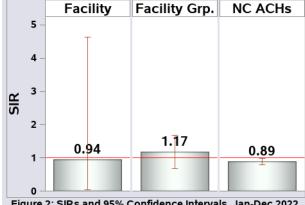


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

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 illnes.

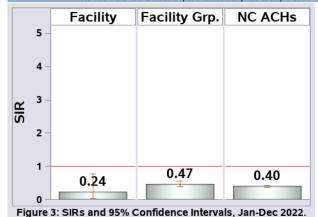


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	2	8.5	Better		

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 – December 31, 2022 Randolph Hospital Dba Randolph Health, Asheboro, Randolph County

Central Line-Associated Bloodstream Infections (CLABSI)

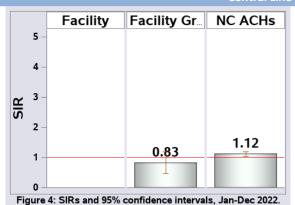


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped Wards	0	Less than 1.0	No Conclusion	
All reporting units	0	Less than 1.0	No 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: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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

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

How Does This Facility Compare to the National Experience?

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

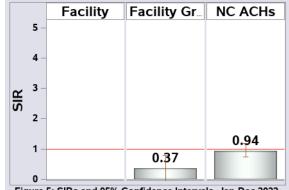


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Report Generated: March 30, 2023

Surgical Site Infections (SSI) after Colon Surgeries

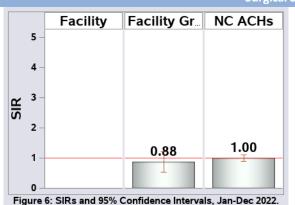


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	5	Less than 1.0	No Conclusion	

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

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 – December 31, 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 FTF* Infection Preventionists: 4.50 Number of FTEs* per 100 beds: 0.84

[*FTE = Full-time equivalent]





No comments provided

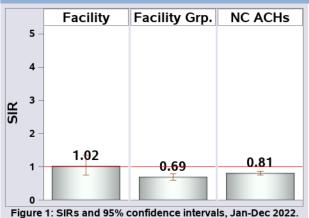


Table 1. Number of Observed and Predicted Infections by ICO and Ward Type, Jan-Dec 2022.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped ICUs	16	21	Same	
Adult/Ped Wards	29	23	Same	
All reporting units	45	44	Same	

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.

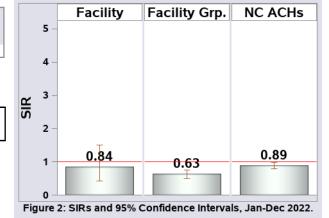
Table 2. Number of Observed and Fredicted Winsa Events, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	Experience?	
Facility-wide inpatient	10	12	Same	

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



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 illnes

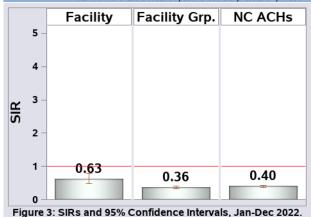


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	65	104	Better		

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 – December 31, 2022 Rex Healthcare, Raleigh, Wake County

Central Line-Associated Bloodstream Infections (CLABSI)

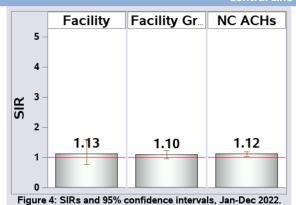


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	17	9.9	Worse
Adult/Ped Wards	12	15	Same
Neonatal Units	0	Less than 1.0	No Conclusion
All reporting units	29	26	Same

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

Note: SIR not calculated if <50 central line days or <1 predicted infection

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

How Does This Facility Compare to the National Experience?

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

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2022.					
	How Does This Facility				
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	1	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

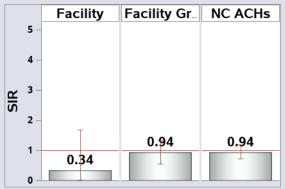


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Report Generated: March 30, 2023

Surgical Site Infections (SSI) after Colon Surgeries

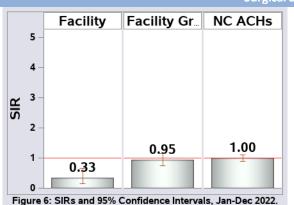


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.				
				How Does This Facility
		Observed	Predicted	Compare to the National
	Unit Type	Infections	Infections	Experience?
	Facility-wide inpatient	7	21	Better

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

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 – December 31, 2022 Rex Holly Springs Hospital, Holly Springs, Wake County

No comments provided

2021 Hospital Survey Information

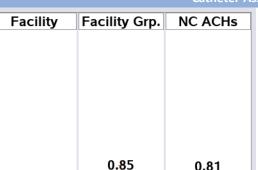
Hospital Type: Acute Care Hospital Medical Affiliation: Major Admissions in 2021: 646 Patient Days in 2021: 1,113 Total Number of Beds: 35 Number of ICU Beds: 0 FTF* Infection Preventionists: 4.50 Number of FTEs* per 100 beds: 12.9

[*FTE = Full-time equivalent]

5

SIR





Catheter-Associated Urinary Tract Infections (CAUTI)

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2022. **How Does This Facility** Observed **Predicted Compare to the National Unit Type** Infections Infections Experience? Adult/Ped Wards No Conclusion Less than 1.0 All reporting units 1 Less than 1.0 No Conclusion

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

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

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

How Does This Facility Compare to the National Experience?

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

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness. Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2022

able 2. Halliber of Observed and Fredeted Wilder Events, July Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	0	Less than 1.0	No Conclusion		

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

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

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

How Does This Facility Compare to the National Experience?

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

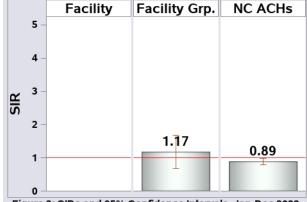


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

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 illnes

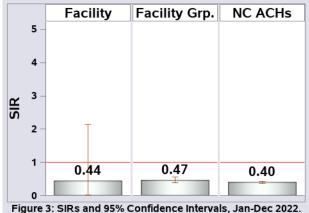


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	Experience?	
Facility-wide inpatient	1	2.3	Same	

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

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 Rex Holly Springs Hospital, Holly Springs, Wake County

Central Line-Associated Bloodstream Infections (CLABSI)

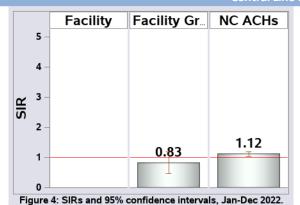


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022				
				How Does This Facility
		Observed	Predicted	Compare to the National
	Unit Type	Infections	Infections	Experience?
	Adult/Ped Wards	0	Less than 1.0	No Conclusion
	All reporting units	0	Less than 1.0	No 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-Dec 2022. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections Experience? **Facility-wide inpatient** 0 Less than 1.0 No Conclusion

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

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

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

How Does This Facility Compare to the National Experience?

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

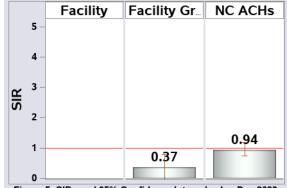


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Surgical Site Infections (SSI) after Colon Surgeries

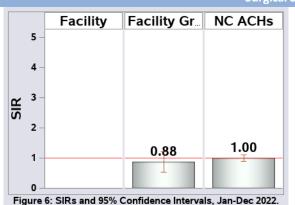


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	0	Less than 1.0	No Conclusion		

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

Ventilator-Associated Events (VAE)

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

Report Generated: March 30, 2023 N.C. Division of Public Health, SHARPPS Program N.C. HAI 2022 Q4 Report

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 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 FTF* Infection Preventionists: 1.00 Number of FTEs* per 100 beds: 0.80

[*FTE = Full-time equivalent]





No comments provided

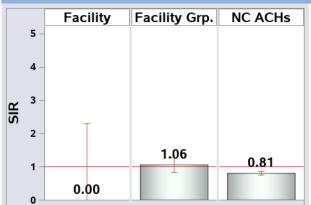


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2022.

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

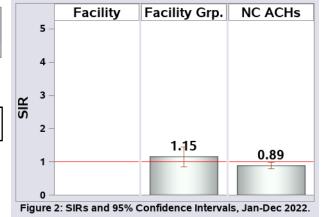
Table 2. Hamber of observed and i redicted without events, sair Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	Experience?	
Facility-wide inpatient	0	Less than 1.0	No Conclusion	

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



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 illnes

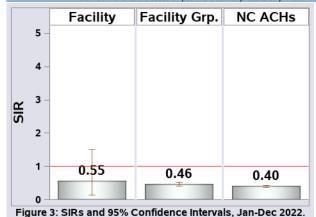


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	3	5.4	Same		

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

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 Rutherford Regional Medical Center, Rutherfordton, Rutherford County

Central Line-Associated Bloodstream Infections (CLABSI)

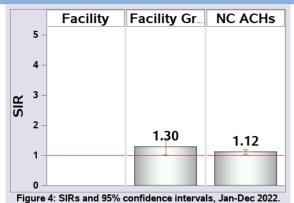


Table 4. Number of Observed and Predicted CLABSI Infections by ICO and Ward Type, Jan-Dec 2022			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	0	Less than 1.0	No Conclusion
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

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2022.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	0	Less than 1.0	No Conclusion	

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

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

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

How Does This Facility Compare to the National Experience?

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

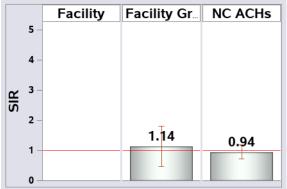


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Report Generated: March 30, 2023

Surgical Site Infections (SSI) after Colon Surgeries

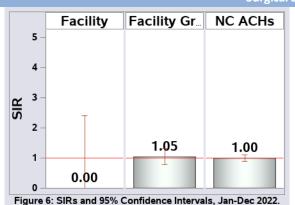


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Facility-wide inpatient	0	1.2	Same

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

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 – December 31, 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]



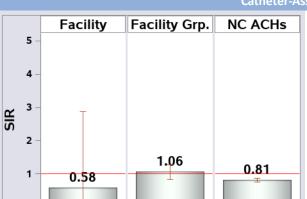


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2022.

No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

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

			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	1	1.0	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 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-Dec 2022

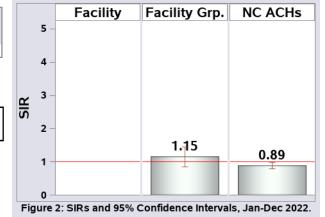
Table 2: Number of Observed and Fredeted Witton Events, July Dec 2022			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Events	Events	Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

 ${\tt Note: SIR=Standardized\ Infection\ Ratio.\ SIR\ is\ calculated\ by\ \#Observed/\#Predicted.}$

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



Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness

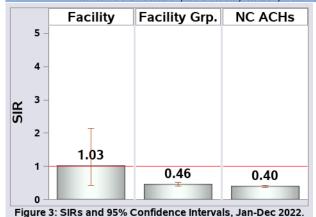


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	Experience?	
Facility-wide inpatient	6	5.8	Same	

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 – December 31, 2022 Sampson Regional Medical Center, Clinton, Sampson County

Central Line-Associated Bloodstream Infections (CLABSI)

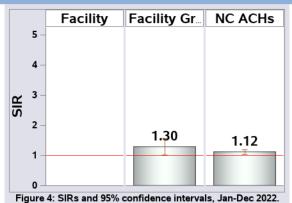


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	0	Less than 1.0	No Conclusion
Adult/Ped Wards	1	Less than 1.0	No Conclusion
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

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

Surgical Site Infections (SSI) after Colon Surgeries

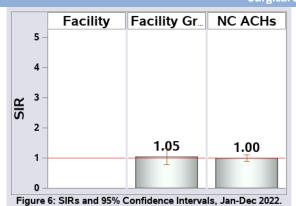


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Facility-wide inpatient	1	Less than 1.0	No Conclusion

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

Report Generated: March 30, 2023 N.C. Division of Public Health, SHARPPS Program N.C. HAI 2022 Q4 Report

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 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 FTF* Infection Preventionists: 1.00 Number of FTEs* per 100 beds: 0.96

[*FTE = Full-time equivalent]



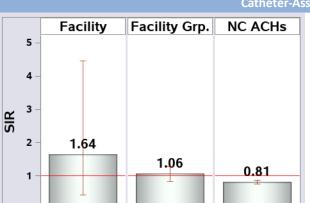


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2022.

Catheter-Associated Urinary Tract Infections (CAUTI)

Adult/Ped Wards

All reporting units

No comments provided

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2022. **How Does This Facility** Observed **Predicted Compare to the National Unit Type** Infections Infections Experience? Adult/Ped ICUs Less than 1.0 No Conclusion 1

Less than 1.0

1.8

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

2

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

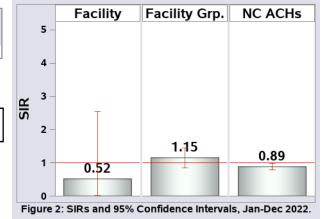
Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2022							
			How Does This Facility				
	Observed	Predicted	Compare to the National				
Unit Type	Events	Events	Experience?				
Facility-wide innatient	1	1.9	Same				

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



No Conclusion

Same

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 illnes.

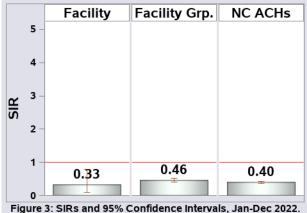


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	Experience?	
Facility-wide inpatient	4	12	Better	

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

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 Scotland Memorial Hospital, Laurinburg, Scotland County

Central Line-Associated Bloodstream Infections (CLABSI)

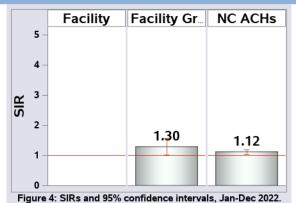


Table 4. Number of Observe	Table 4. Number of Observed and Predicted CLABSI Infections by ICO and Ward Type, Jan-Dec 2022			
			How Does This Facility	
	Observe	ed Predicted	Compare to the National	
Unit Type	Infection	ns Infections	Experience?	
Adult/Ped ICU	Js 2	Less than 1.0	No Conclusion	
Adult/Ped War	ds 2	Less than 1.0	No Conclusion	
All reporting u	nits 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

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2022.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	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

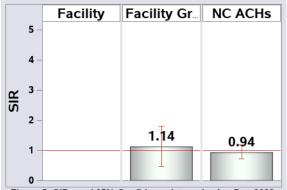


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Surgical Site Infections (SSI) after Colon Surgeries

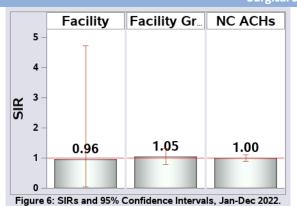


Table 6. Number of Observed and Predicte	ed SSI Infections (colon s	urgeries), Jan-Dec 2022.	
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Facility-wide inpatient	1	1.0	Same

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

Ventilator-Associated Events (VAE)

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

Report Generated: March 30, 2023 N.C. Division of Public Health, SHARPPS Program N.C. HAI 2022 Q4 Report

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 Select Specialty Hospital-Durham, Durham, Durham County

No comments provided

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]



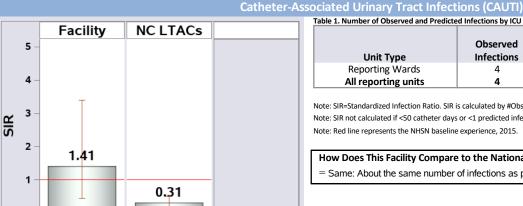


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2022.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2022. **How Does This Facility** Observed **Predicted Compare to the National Unit Type** Infections Infections Experience?

2.8

2.8

Same

Same

4

4

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)

Reporting Wards

All reporting units

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 illnes.

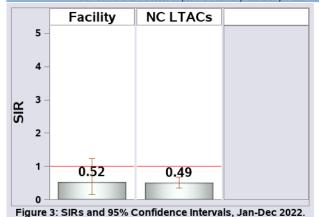


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	4	7.8	Same		

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

Report Generated: March 30, 2023 N.C. HAI 2022 Q4 Report

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 Select Specialty Hospital-Durham, Durham, Durham County

Central Line-Associated Bloodstream Infections (CLABSI)

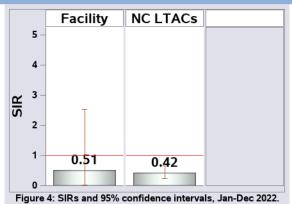


Table 4. Number of Observed and Predicte	ed CLABSI Intections by I	CO and Ward Type, Jan-I	Dec 2022
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Reporting Wards	1	2.0	Same
All reporting units	1	2.0	Same

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

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

N.C. HAI 2022 Q4 Report

Report Generated: March 30, 2023

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 Select Specialty Hospital-Greensboro, Greensboro, Guilford County

No comments provided

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:

0.00

5

[*FTE = Full-time equivalent]



Facility NC LTACs

0.31

Catheter-Associated Urinary Tract Infections (CAUTI) Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2022.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Reporting Wards	0	7.1	Better
All reporting units	0	7.1	Better

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

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

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

How Does This Facility Compare to the National Experience?

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

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

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 illnes

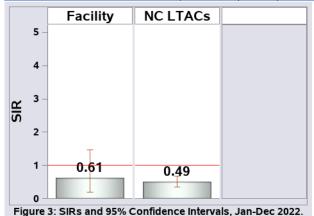


Table 3. Number of Observed and Predict	ed CDIs, Jan-Dec 2022		
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Events	Events	Experience?
Facility-wide inpatient	4	6.6	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted. Note: Red line represents the NHSN baseline experience, 2015.

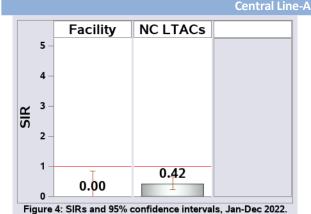
How Does This Facility Compare to the National Experience?

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

Report Generated: March 30, 2023 N.C. HAI 2022 Q4 Report

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022

Select Specialty Hospital-Greensboro, Greensboro, Guilford County



Control Line Associated Disadetycom Infections (CLADCI	
Central Line-Associated Bloodstream Infections (CLABSI	

Table 4. Number of Observed and Fredicted CLADSI Infections by ICO and Ward Type, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Reporting Wards	0	3.5	Better	
All reporting units	0	3.5	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

Report Generated: March 30, 2023 N.C. HAI 2022 Q4 Report

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 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 FTF* Infection Preventionists: 1.10 Number of FTEs* per 100 beds: 0.96

[*FTE = Full-time equivalent]





No comments provided

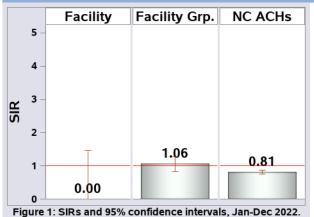


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2022.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Adult/Ped ICUs	0	1.4	Same		
Adult/Ped Wards	0	Less than 1.0	No Conclusion		
All reporting units	0	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)

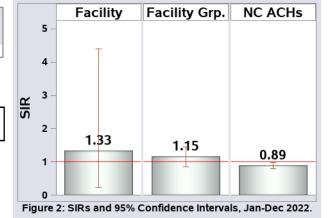
Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicte	ed MRSA Events, Jan-De	c 2022	
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Events	Events	Experience?
Facility-wide innatient	2	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



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 illnes

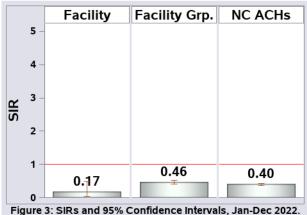


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022				
				How Does This Facility
		Observed	Predicted	Compare to the National
	Unit Type	Events	Events	Experience?
	Facility-wide inpatient	3	17	Better

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

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 Sentara Albemarle Medical Center, Elizabeth City, Pasquotank County

Central Line-Associated Bloodstream Infections (CLABSI)

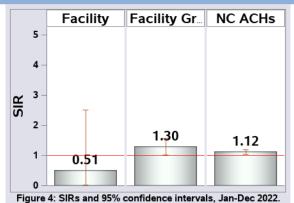


Table 4. Number of Observed and Predict	ed CLABSI Infections by I	CU and Ward Type, Jan-	Dec 2022
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	0	1.5	Same
Adult/Ped Wards	1	Less than 1.0	No Conclusion
All reporting units	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

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

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

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

How Does This Facility Compare to the National Experience?

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

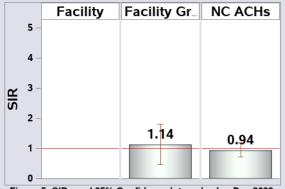


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Report Generated: March 30, 2023

Surgical Site Infections (SSI) after Colon Surgeries

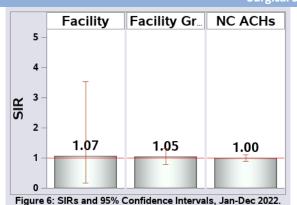


Table 6. Number of Observed and Predicte	ed SSI Infections (colon s	surgeries), Jan-Dec 2022.	
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Facility-wide inpatient	2	1.9	Same

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

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 – December 31, 2022 Southeastern Regional Medical Center, Lumberton, Robeson County

2021 Hospital Survey Information

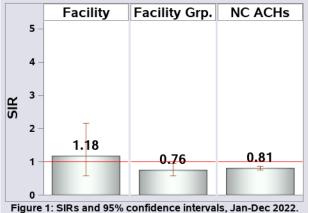
Hospital Type: Acute Care Hospital Medical Affiliation: Graduate Admissions in 2021: 12,260 Patient Days in 2021: 70,587 Total Number of Beds: 218 Number of ICU Beds: 25 FTF* Infection Preventionists: 3.00 Number of FTEs* per 100 beds: 1.38

[*FTE = Full-time equivalent]





No comments provided



How Does This Facility Observed **Predicted Compare to the National Unit Type** Infections Infections Experience? Adult/Ped ICUs Same 7 3.3 Adult/Ped Wards 4.4 Same All reporting units 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.

able 2. Number of Observed and Fredicted Wilds Events, Jan-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	1	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

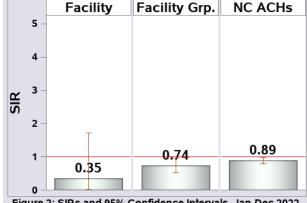


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

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 illnes

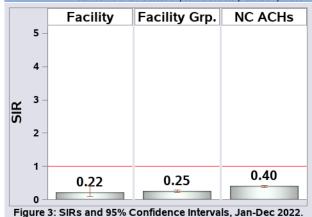


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022 How Does This Facility				
				How Does This Facility
		Observed	Predicted	Compare to the National
	Unit Type	Events	Events	Experience?
	Facility-wide inpatient	8	36	Better

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 – December 31, 2022 Southeastern Regional Medical Center, Lumberton, Robeson County

Central Line-Associated Bloodstream Infections (CLABSI)

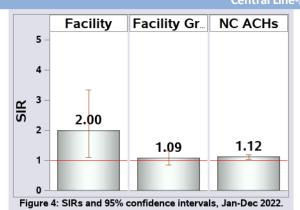


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Adult/Ped ICUs	4	2.7	Same		
Adult/Ped Wards	9	3.8	Worse		
All reporting units	13	6.5	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?

X Worse: More infections than predicted by the national baseline experience

Surgical Site Infections (SSI) after Abdominal Hysterectomies

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

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

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

How Does This Facility Compare to the National Experience?

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

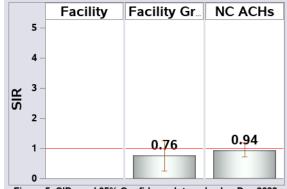


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Report Generated: March 30, 2023

Surgical Site Infections (SSI) after Colon Surgeries

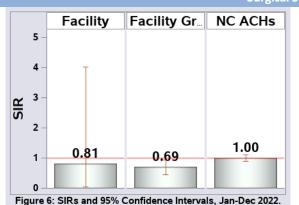


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	1	1.2	Same		

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

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 – December 31, 2022 **UNC Health Blue Ridge, Morganton, Burke County**

2021 Hospital Survey Information

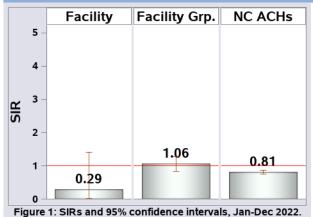
Hospital Type: Acute Care Hospital Medical Affiliation: Major Admissions in 2021: 6,786 Patient Days in 2021: 37,932 Total Number of Beds: 151 Number of ICU Beds: 16 FTF* Infection Preventionists: 1.00 Number of FTEs* per 100 beds: 0.66

[*FTE = Full-time equivalent]





No comments provided



Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped ICUs	0	1.9	Same
Adult/Ped Wards	1	1.6	Same
All reporting units	1	3.5	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 Fredicted WiksA Events, Jan-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	0	2.2	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

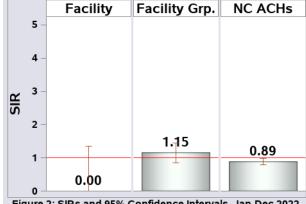


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

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

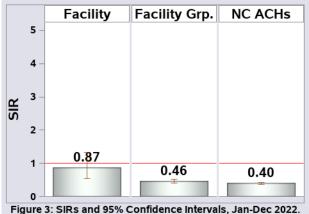


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022				
				How Does This Facility
		Observed	Predicted	Compare to the National
	Unit Type	Events	Events	Experience?
	Facility-wide inpatient	20	23	Same

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

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 UNC Health Blue Ridge, Morganton, Burke County

Central Line-Associated Bloodstream Infections (CLABSI)

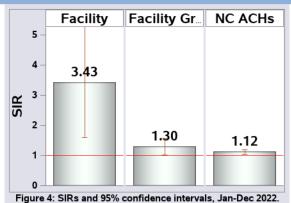


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Adult/Ped ICUs	8	1.3	Worse		
Adult/Ped Wards	0	1.1	Same		
All reporting units	8	2.3	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?

X 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-Dec 2022.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	0	Less than 1.0	No Conclusion		

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

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

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

How Does This Facility Compare to the National Experience?

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

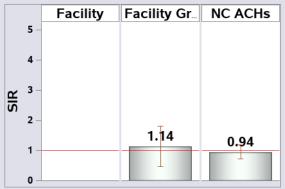


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Report Generated: March 30, 2023

Surgical Site Infections (SSI) after Colon Surgeries

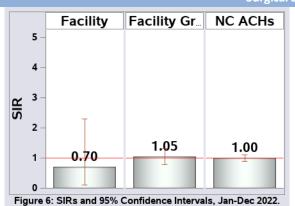


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	2	2.9	Same	

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

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 – December 31, 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)

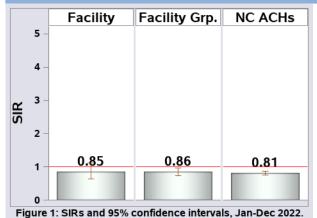


Table 1. Number of Observed and Predicted Infections by ICO and Ward Type, Jan-Dec 2022.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped ICUs	37	43	Same	
Adult/Ped Wards	12	15	Same	
All reporting units	49	57	Same	

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.

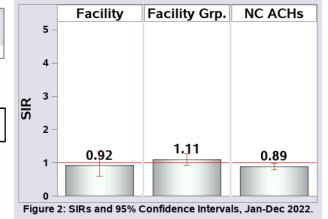
Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2022						
	How Does This Facility					
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	Experience?			
Facility-wide inpatient	25	27	Same			

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



Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness



Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	Experience?			
Facility-wide inpatient	120	204	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?

 \bigstar Better: Fewer infections than predicted by the national baseline experience

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 UNC Health Care, Chapel Hill, Orange County

Central Line-Associated Bloodstream Infections (CLABSI)

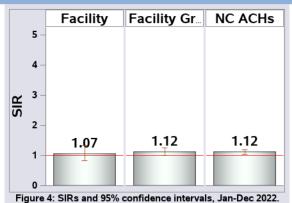


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Adult/Ped ICUs	41	35	Same		
Adult/Ped Wards	22	22	Same		
Neonatal Units	6	7.0	Same		
All reporting units	69	65	Same		

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

Note: SIR not calculated if <50 central line days or <1 predicted infection

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

How Does This Facility Compare to the National Experience?

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

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2022.						
				How Does This Facility		
		Observed	Predicted	Compare to the National		
	Unit Type	Infections	Infections	Experience?		
	Facility-wide inpatient	4	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

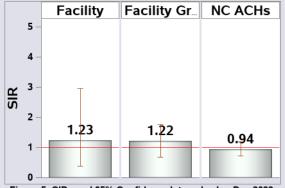


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Report Generated: March 30, 2023

Surgical Site Infections (SSI) after Colon Surgeries

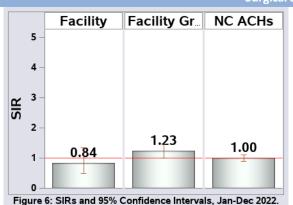


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	16	19	Same		

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

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 – December 31, 2022 **UNC Rockingham Health, Eden, Rockingham County**

2021 Hospital Survey Information

Hospital Type: Acute Care Hospital Medical Affiliation: Nο Admissions in 2021: 3,048 Patient Days in 2021: 11,662 Total Number of Beds: 108 Number of ICU Beds: FTF* Infection Preventionists: 1.13 Number of FTEs* per 100 beds: 1.04

[*FTE = Full-time equivalent]



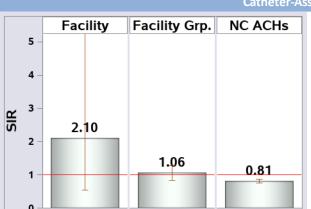


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2022.

Catheter-Associated Urinary Tract Infections (CAUTI)

No comments provided

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	1.4	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)

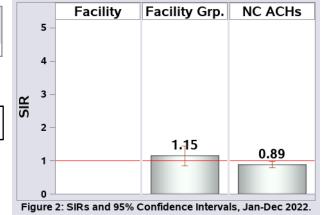
Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Fredicted WKSA Events, Jan-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	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



Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness

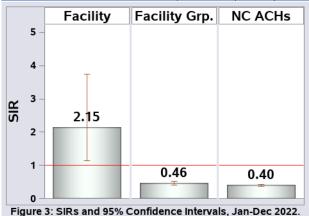


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	Experience?			
Facility-wide inpatient	11	5.1	Worse			

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?

X Worse: More infections than predicted by the national baseline experience

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 UNC Rockingham Health, Eden, Rockingham County

Central Line-Associated Bloodstream Infections (CLABSI)

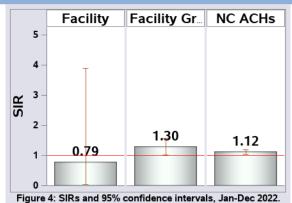


Table 4. Number of Observed and Predicted CLABSI Infections by ICO and Ward Type, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped ICUs	1	Less than 1.0	No Conclusion	
Adult/Ped Wards	0	Less than 1.0	No Conclusion	
All reporting units	1	1.3	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-Dec 2022.						
How Does This						
	Observed	Predicted	Compare to the National			
Unit Type	Infections	Infections	Experience?			
Facility-wide inpatient	0	Less than 1.0	No Conclusion			

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

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

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

How Does This Facility Compare to the National Experience?

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

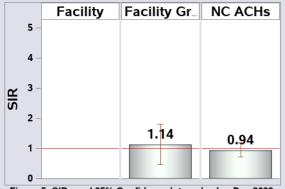


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Surgical Site Infections (SSI) after Colon Surgeries

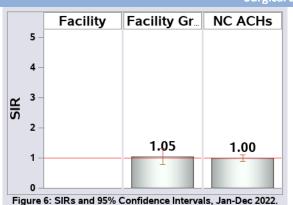


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	1	Less than 1.0	No Conclusion		

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

Report Generated: March 30, 2023

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022

No comments provided

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 FTF* Infection Preventionists: 0.30 Number of FTEs* per 100 beds: 0.60

[*FTE = Full-time equivalent]



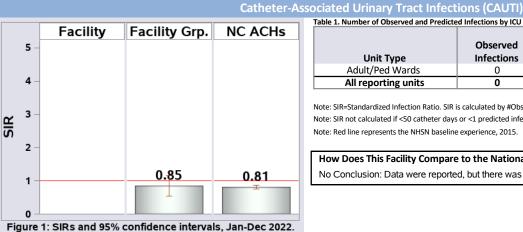


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2022. **How Does This Facility** Observed **Predicted Compare to the National Unit Type** Infections Infections Experience? Adult/Ped Wards No Conclusion 0 Less than 1.0 All reporting units 0 Less than 1.0 No Conclusion

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-Dec 2022

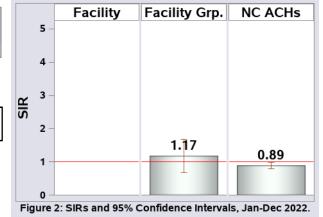
Table 2. Halliber of Observed and Fredeted Willow Events, July Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	0	Less than 1.0	No Conclusion		

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



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 illnes

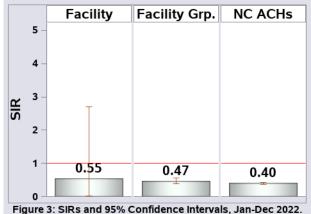


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022					
				How Does This Facility	
		Observed	Predicted	Compare to the National	
	Unit Type	Events	Events	Experience?	
	Facility-wide inpatient	1	1.8	Same	

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

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022

Wake Forest Baptist Health-Davie Medical Center, Advance, Davie County

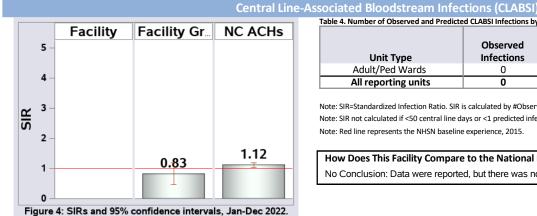


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped Wards	0	Less than 1.0	No Conclusion	
All reporting units	0	Less than 1.0	No 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

Report Generated: March 30, 2023 N.C. Division of Public Health, SHARPPS Program

N.C. HAI 2022 Q4 Report

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 Wake Forest Baptist Health-Lexington Medical Center, Lexington, Davidson County

No comments provided

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 FTF* Infection Preventionists: 0.50 Number of FTEs* per 100 beds: 0.77

[*FTE = Full-time equivalent]



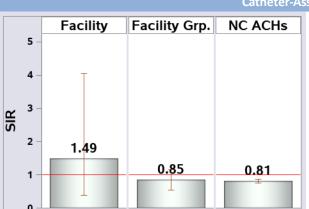


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2022.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2022.					
	Observed	Predicted	How Does This Facility Compare to the National		
Unit Type	Infections	Infections	Experience?		
Adult/Ped ICUs	0	Less than 1.0	No Conclusion		
Adult/Ped Wards	3	1.3	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)

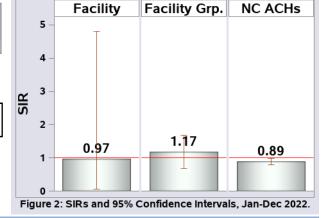
Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

able 2. Number of Observed and Fredicted Wilds Events, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	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



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 illnes

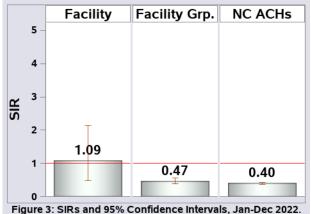


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022						
			How Does This Facility			
	Observed	Predicted	Compare to the National			
Unit Type	Events	Events	Experience?			
Facility-wide inpatient	7	6.4	Same			

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

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 Wake Forest Baptist Health-Lexington Medical Center, Lexington, Davidson County

Central Line-Associated Bloodstream Infections (CLABSI)

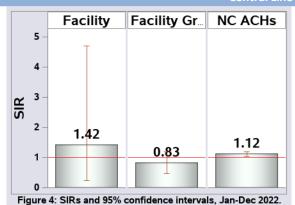


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped ICUs	2	Less than 1.0	No Conclusion	
Adult/Ped Wards	0	1.1	Same	
All reporting units	2	1.4	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

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2022.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	0	Less than 1.0	No Conclusion		

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

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

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

How Does This Facility Compare to the National Experience?

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

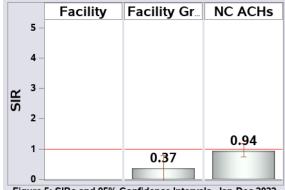


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Report Generated: March 30, 2023

Surgical Site Infections (SSI) after Colon Surgeries

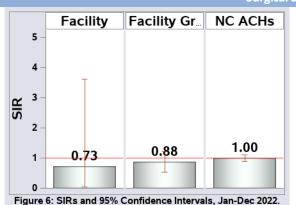


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	1	1.4	Same	

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

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 – December 31, 2022

Wake Forest Baptist Health Wilkes Medical Center, North Wilkesboro, Wilkes County

No comments provided

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: FTF* Infection Preventionists: 0.70 Number of FTEs* per 100 beds: 0.54

[*FTE = Full-time equivalent]



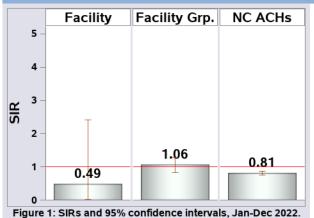


Table 1. Number of Observed and Predicted Infections by ICO and Ward Type, Jan-Dec 2022.			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	1	1.1	Same
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	1	2.0	Same

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

Note: SIR not calculated if <50 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.

able 2. Nulliber of Observed and Fredicted WiksA Events, Jani-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	4	1.1	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?

X Worse: More infections than predicted by the national baseline experience

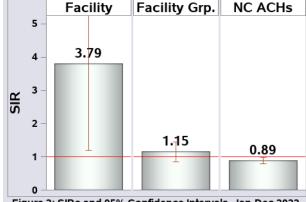


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

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 illnes

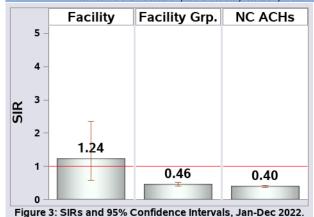


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	8	6.5	Same		

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted. Note: Red line represents the NHSN baseline experience, 2015.

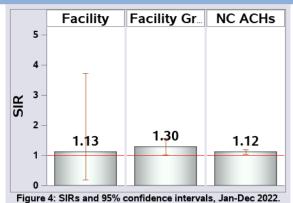
How Does This Facility Compare to the National Experience?

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

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022

Wake Forest Baptist Health Wilkes Medical Center, North Wilkesboro, Wilkes County

Central Line-Associated Bloodstream Infections (CLABSI)



able 4. Number of Observed and Predicted CLABSI Infections by ICO and Ward Type, Jan-Dec 2022			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	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	1.8	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

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2022. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections Experience? **Facility-wide inpatient** 0 Less than 1.0 No Conclusion

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

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

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

How Does This Facility Compare to the National Experience?

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

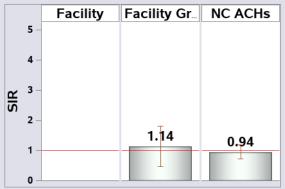


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Report Generated: March 30, 2023

Surgical Site Infections (SSI) after Colon Surgeries

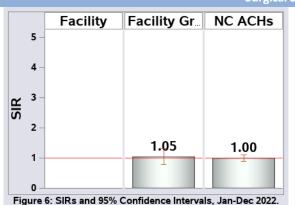


Table 6. Number of Observed and Predict	ed SSI Infections (colon s	surgeries), Jan-Dec 2022.	
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Facility-wide inpatient	5	Less than 1.0	No Conclusion

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

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 – December 31, 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 FTF* 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)

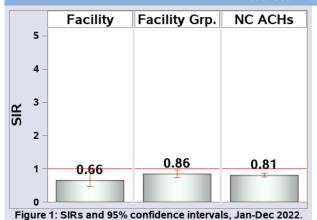


Table 1. Number of Observed and Predicted infections by ICO and Ward Type, Jan-Dec 2022.			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	17	36	Better
Adult/Ped Wards	15	12	Same
All reporting units	32	48	Better

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.

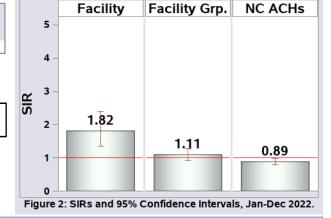
able 2. Number of Observed and Fredicted WiksA Events, Jan-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	47	26	Worse		

 ${\bf Note: SIR=Standardized\ Infection\ Ratio.\ SIR\ is\ calculated\ by\ \#Observed/\#Predicted}.$

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

How Does This Facility Compare to the National Experience?

X Worse: More infections than predicted by the national baseline experience



Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness

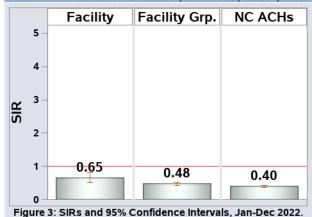


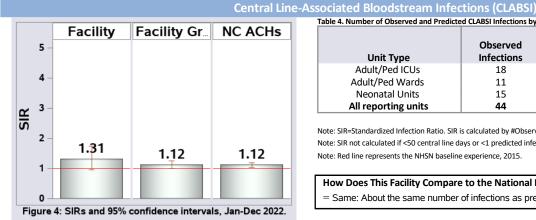
Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	Experience?	
Facility-wide inpatient	73	112	Better	

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 – December 31, 2022 Wake Forest University Baptist Medical Center, Winston-Salem, Forsyth County



Fable 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	18	15	Same
Adult/Ped Wards	11	9.4	Same
Neonatal Units	15	9.0	Same
All reporting units	44	34	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

-1							
	Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2022.						
				How Does This Facility	ı		
		Observed	Predicted	Compare to the National	ı		
	Unit Type	Infections	Infections	Experience?	ı		
	Facility-wide inpatient	5	3.4	Same	l		

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

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

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

How Does This Facility Compare to the National Experience?

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

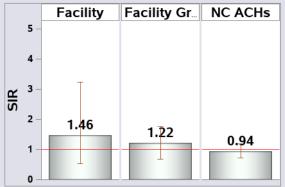


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Report Generated: March 30, 2023

Surgical Site Infections (SSI) after Colon Surgeries

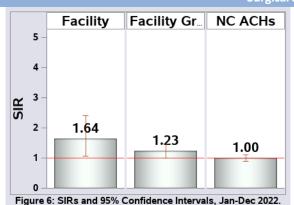


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.				
				How Does This Facility
		Observed	Predicted	Compare to the National
	Unit Type	Infections	Infections	Experience?
	Facility-wide inpatient	24	15	Worse

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

Ventilator-Associated Events (VAE)

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

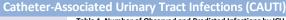
North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 WakeMed, Raleigh, Wake County

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 FTF* Infection Preventionists: 8.00 Number of FTEs* per 100 beds: 1.49

[*FTE = Full-time equivalent]





No comments provided

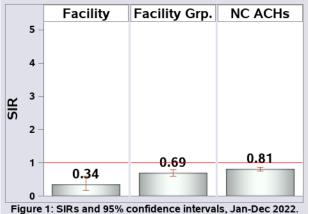


Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2022. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections Experience? Adult/Ped ICUs 3 Better 22 Adult/Ped Wards 8 10 Same All reporting units 11 Better

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)

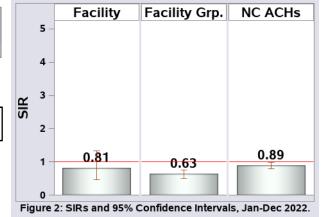
Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Fredicted Wik3A Events, Jan-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	14	17	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



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 illnes.

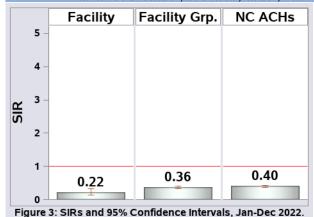


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	Experience?	
Facility-wide inpatient	20	90	Better	

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 – December 31, 2022 WakeMed, Raleigh, Wake County

Central Line-Associated Bloodstream Infections (CLABSI)

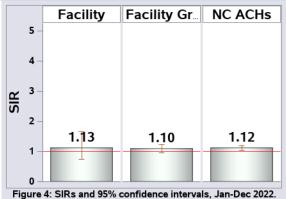


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped ICUs	9	9.5	Same	
Adult/Ped Wards	11	7.6	Same	
Neonatal Units	4	4.2	Same	
All reporting units	24	21	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

- Same. About the same number of injections as predicted by

Surgical Site Infections (SSI) after Abdominal Hysterectomies

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

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

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

How Does This Facility Compare to the National Experience?

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

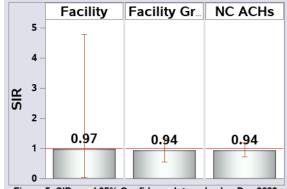


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Report Generated: March 30, 2023

Surgical Site Infections (SSI) after Colon Surgeries

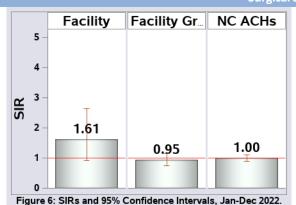


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	14	8.7	Same	

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

Ventilator-Associated Events (VAE)

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

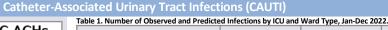
North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 WakeMed Cary Hospital, Cary, Wake County

2021 Hospital Survey Information

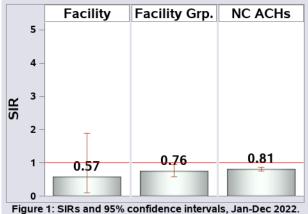
Hospital Type: Acute Care Hospital Medical Affiliation: Undergraduate Admissions in 2021: 16,313 Patient Days in 2021: 59,061 Total Number of Beds: 208 Number of ICU Beds: 12 FTF* Infection Preventionists: 1.00 Number of FTEs* per 100 beds: 0.48

[*FTE = Full-time equivalent]





No comments provided



How Does This Facility Observed **Predicted** Compare to the National **Unit Type** Infections Infections Experience? Adult/Ped ICUs 0 Same 1.5 Adult/Ped Wards 2 2.0 Same All reporting units 3.5 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. Nulliber of Observed and Fredicted WiksA Events, Jani-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	Experience?	
Facility-wide inpatient	0	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

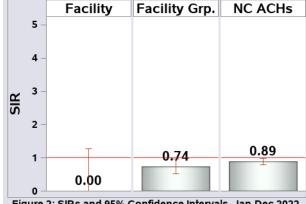


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

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 illnes

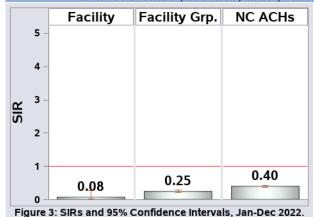


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	Experience?	
Facility-wide inpatient	2	25	Better	

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 – December 31, 2022 WakeMed Cary Hospital, Cary, Wake County

Central Line-Associated Bloodstream Infections (CLABSI)

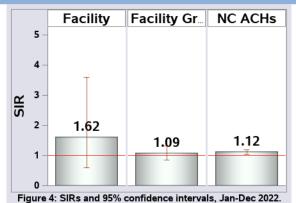


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped ICUs	4	1.1	Worse	
Adult/Ped Wards	1	2.0	Same	
All reporting units	5	3.1	Same	

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

Surgical Site Infections (SSI) after Abdominal Hysterectomies

1	Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2022.				
				How Does This Facility	
1		Observed	Predicted	Compare to the National	
1	Unit Type	Infections	Infections	Experience?	
	Facility-wide inpatient	0	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

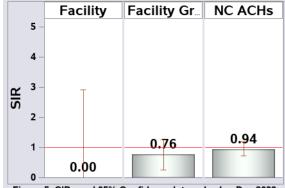


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Report Generated: March 30, 2023

Surgical Site Infections (SSI) after Colon Surgeries

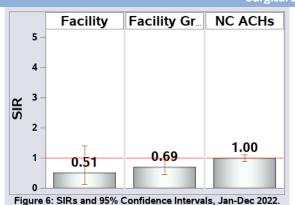


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	3	5.8	Same	

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

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 – December 31, 2022 Wakemed North Family Health & Women's Hospital, Raleigh, Wake County

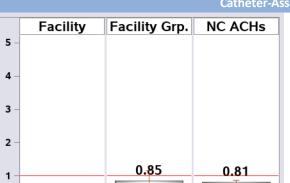
2021 Hospital Survey Information

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 FTF* Infection Preventionists: 1.00 Number of FTEs* per 100 beds: 1.64

[*FTE = Full-time equivalent]

SIR





Catheter-Associated Urinary Tract Infections (CAUTI)

All reporting units

No comments provided

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2022. **How Does This Facility** Observed **Predicted Compare to the National Unit Type** Infections Infections Experience? Adult/Ped Wards No Conclusion 0 Less than 1.0

Less than 1.0

No Conclusion

0

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 Fredicted Winsa Events, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	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.

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

How Does This Facility Compare to the National Experience?

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

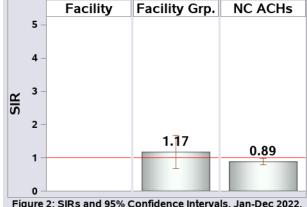


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

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 illnes.

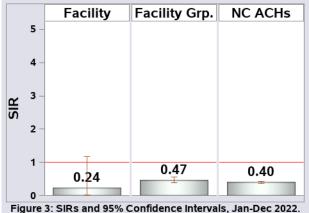


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	Experience?	
Facility-wide inpatient	1	4.2	Same	

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

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022

Wakemed North Family Health & Women's Hospital, Raleigh, Wake County

Central Line-Associated Bloodstream Infections (CLABSI)

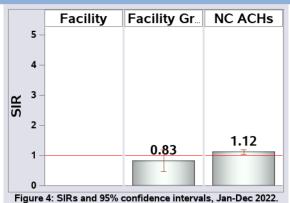


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped Wards	0	Less than 1.0	No Conclusion
All reporting units	0	Less than 1.0	No Conclusion

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-Dec 2022. **How Does This Facility** Observed **Predicted** Compare to the National **Unit Type** Infections Infections Experience? **Facility-wide inpatient** Same 3 1.3

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

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

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

How Does This Facility Compare to the National Experience?

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

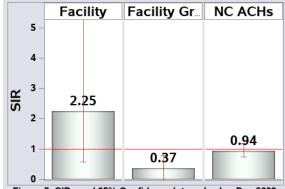


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Report Generated: March 30, 2023

Surgical Site Infections (SSI) after Colon Surgeries

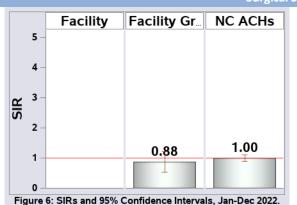


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	2	Less than 1.0	No Conclusion	

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

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 – December 31, 2022 Wayne Memorial Hospital, Goldsboro, Wayne County

2021 Hospital Survey Information

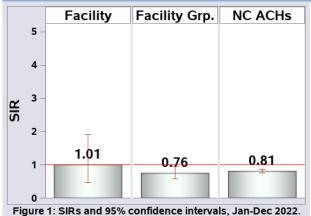
Hospital Type: Acute Care Hospital Medical Affiliation: Graduate Admissions in 2021: 10,605 Patient Days in 2021: 49,187 Total Number of Beds: 249 Number of ICU Beds: 16 FTF* Infection Preventionists: 2.00 Number of FTEs* per 100 beds: 0.80

[*FTE = Full-time equivalent]





No comments provided



	Observed	Predicted	How Does This Facility Compare to the National
Unit Type	Infections	Infections	Experience?
Adult/Ped ICUs	4	3.6	Same
Adult/Ped Wards	4	4.3	Same
All reporting units	8	7.9	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.

able 2. Number of observed and Fredicted Wilds Events, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	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

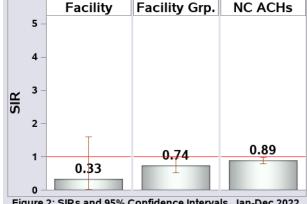


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

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 illnes

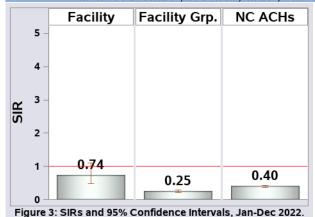


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022			
			How Does This Facility
	Observed	Predicted	Compare to the National
Unit Type	Events	Events	Experience?
Facility-wide inpatient	22	30	Same

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 – December 31, 2022 Wayne Memorial Hospital, Goldsboro, Wayne County

Central Line-Associated Bloodstream Infections (CLABSI)

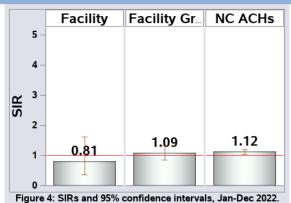


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped ICUs	0	3.9	Better	
Adult/Ped Wards	7	4.7	Same	
All reporting units	7	8.6	Same	

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

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

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

How Does This Facility Compare to the National Experience?

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

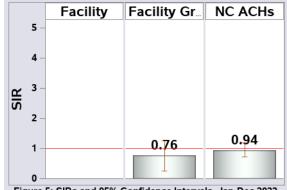


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Surgical Site Infections (SSI) after Colon Surgeries

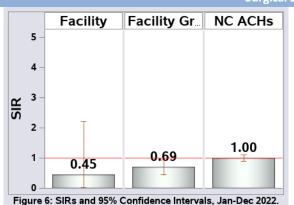


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	1	2.2	Same	

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

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 – December 31, 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 FTF* Infection Preventionists: 1.50 Number of FTEs* per 100 beds: 1.00

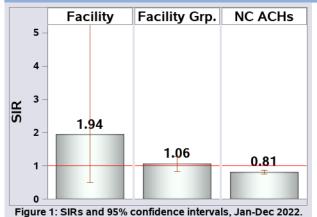




Commentary From Facility:

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)



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	1	Less than 1.0	No Conclusion
All reporting units	3	1.5	Same

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

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

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 Fredicted WiksA Events, Jan-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	1	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

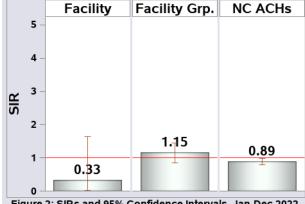


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

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 illnes

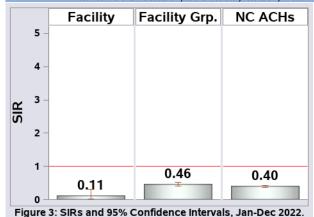


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Events	Events	Experience?	
Facility-wide inpatient	3	27	Better	

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

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 Wesley Long Hospital, Greensboro, Guilford County

Central Line-Associated Bloodstream Infections (CLABSI)

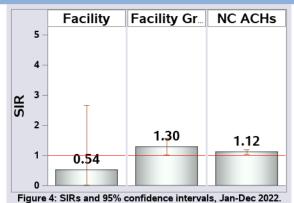


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped ICUs	1	1.4	Same	
Adult/Ped Wards	0	Less than 1.0	No Conclusion	
All reporting units	1	1.9	Same	

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

Note: SIR not calculated if <50 central line days or <1 predicted infection.

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

How Does This Facility Compare to the National Experience?

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

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2022.					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Infections	Infections	Experience?		
Facility-wide inpatient	0	Less than 1.0	No Conclusion		

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

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

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

How Does This Facility Compare to the National Experience?

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

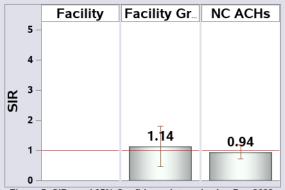


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Report Generated: March 30, 2023

Surgical Site Infections (SSI) after Colon Surgeries

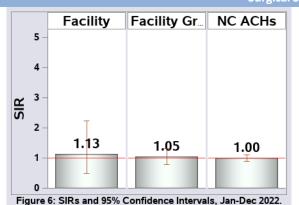


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	7	6.2	Same	

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

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 – December 31, 2022 Wilson Medical Center, Wilson, Wilson County

2021 Hospital Survey Information

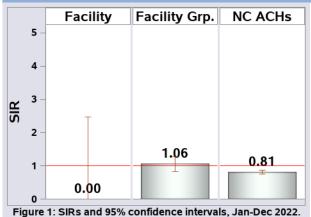
Hospital Type: Acute Care Hospital Medical Affiliation: Undergraduate Admissions in 2021: 7,455 Patient Days in 2021: 33,883 Total Number of Beds: 137 Number of ICU Beds: FTF* Infection Preventionists: 1.63 Number of FTEs* per 100 beds: 1.19

[*FTE = Full-time equivalent]





No comments provided



How Does This Facility Observed **Predicted** Compare to the National **Unit Type** Infections Infections Experience? Adult/Ped Wards 0 Same 1.2 All reporting units 0 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)

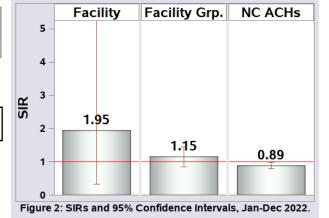
Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Fredicted Witton Events, Jani-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	2	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



Clostridioides difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness

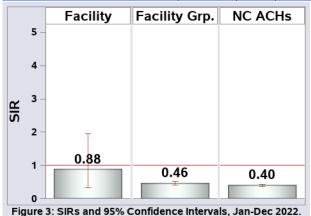


Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2022					
			How Does This Facility		
	Observed	Predicted	Compare to the National		
Unit Type	Events	Events	Experience?		
Facility-wide inpatient	5	5.7	Same		

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

North Carolina Healthcare-Associated Infections Report Data from January 1 – December 31, 2022 Wilson Medical Center, Wilson, Wilson County

Central Line-Associated Bloodstream Infections (CLABSI)

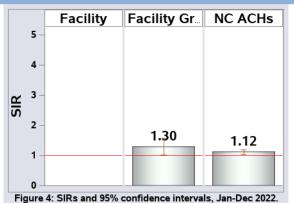


Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2022				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Adult/Ped Wards	2	Less than 1.0	No Conclusion	
All reporting units	2	Less than 1.0	No Conclusion	

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

Note: SIR not calculated if <50 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: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

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

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

How Does This Facility Compare to the National Experience?

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

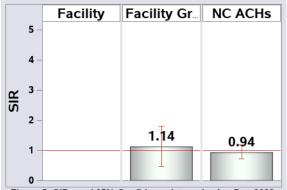


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2022.

Surgical Site Infections (SSI) after Colon Surgeries

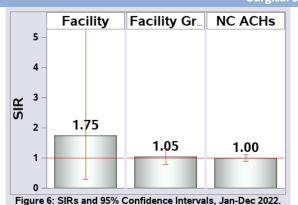


Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2022.				
			How Does This Facility	
	Observed	Predicted	Compare to the National	
Unit Type	Infections	Infections	Experience?	
Facility-wide inpatient	2	1.1	Same	

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

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.
	Antiseptic hand washing is the use of water and antimicrobial soap to remove or kill germs on the hands.

<u>Term</u>	Definition
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Antiseptic hand rub 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. Surgical hand antisepsis 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 nonantimicrobial soap can also be used but must be followed with an alcohol-based surgical hand scrub. Healthcare-associated Healthcare-associated infections (HAIs) are infections caused by a wide variety of common and infections 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: *Major teaching* – Facility has a program for medical students and post-graduate medical training. Graduate - Facility has a program for post-graduate medical training (i.e., residency and/or fellowships). *Undergraduate* – Facility has a program for medical/nursing students only. *No* –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. Describes the speed with which disease or events occur. The number of diseases or events per Rate unit of time. A ratio of observed to expected (or predicted) numbers of events that is adjusted for selected risk Standardized infection ratio 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

C. diff Clostridioides difficile

CDI Clostridioides difficile 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 *Staphylococcus aureus*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



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.

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"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 catheterassociated urinary tract infections?

To prevent urinary tract infections, doctors and nurses take the following actions.

Catheter insertion

- Catheters are put in only when necessary and they are removed as soon as possible.
- 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

 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.
- 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.

















"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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(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.
- When leaving the room, hospital providers and visitors remove their gown and gloves and clean their hands.
- 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.















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





U.S. Department of Health and Human Services Centers for Disease **Control and Prevention**

Appendix D. NC SHARPPS Advisory Group

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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
	FIRSTHEALTH MOORE REGIONAL HOSPITAL - HOKE	
2021	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
	NOVANT HEALTH NEW HANOVER ORTHOPEDIC	
2021	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
	WAKE FOREST BAPTIST HEALTH-LEXINGTON MEDICAL	1 22
2021	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
	FIRSTHEALTH MOORE REGIONAL HOSPITAL -	
2021	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	123
2021	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
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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