Introduction

The U.S. Centers for Disease Control and Prevention estimates that 4 percent of all hospital admissions result in a healthcare-associated infection (HAI), culminating in approximately 721,800 infections1 and 99,000 deaths each year2 as well as $28–$33 billion in excess costs.3 In North Carolina, HAIs result in approximate direct costs to facilities ranging from $124 million to $348 million annually.4 These numbers likely underestimate the true burden of HAIs because they include only a subset of acute care hospitals and healthcare-associated infections.

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 April 2014 Healthcare-Associated Infections Quarterly 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 during January 1 – December 31, 2013. Data included in this report are preliminary and subject to change.

This report focuses on five important types of HAIs that may occur while patients are hospitalized: central line-associated bloodstream infections, catheter-associated urinary tract infections, surgical site infections (specifically those following abdominal hysterectomies and colon surgeries), methicillin-resistant Staphylococcus aureus laboratory-identified events (i.e., positive laboratory results), and Clostridium difficile laboratory-identified events (i.e., positive laboratory results). These infections account for a large proportion of illnesses and deaths attributed to healthcare, but they do not represent the full spectrum of HAIs.

This report was prepared by the HAI Prevention Program located in the Communicable Disease Branch of the Epidemiology Section of the North Carolina Division of Public Health. The N.C. HAI Prevention Program works to eliminate preventable infections in health care settings by:

1. Conducting statewide surveillance for selected HAIs;
2. Providing useful, unbiased information to health care providers* and consumers;
3. Promoting and coordinating prevention efforts; and
4. Responding to outbreaks in health care settings.

We hope that the information in this report will be useful to consumers. The report is intended to provide an understanding of the burden of healthcare-associated infections in North Carolina. Prevention tips on HAIs are also provided (Appendix C). A separate healthcare provider version is also available at http://epi.publichealth.nc.gov/cd/diseases/hai.

We welcome your feedback to improve the usefulness of future reports (nchai@dhhs.nc.gov). For more information on Healthcare-Associated Infections and the N.C. HAI Prevention Program, please visit http://epi.publichealth.nc.gov/cd/diseases/hai.

For consumers interested in reviewing 2013 N.C. HAI data in more detail, please refer to the April 2014 Provider Report on the N.C. HAI website at http://epi.publichealth.nc.gov/cd/hai/figures.html; past reports are also available. The provider version of this report includes additional tables, graphs, and explanations for 2013 data, such as:

- Further information on organisms and antibiotic susceptibility testing
- A more detailed overview of the HAI and their reporting facilities within the hospital-specific summary reports
- Standardized infection ratios (SIRs) are also included in the Provider Report. SIRs are computed for each HAI and (unlike rates) they look at the number of HAIs reported in North Carolina and compare that number to what has been predicted according to a national baseline. A separate baseline period has been established for each HAI by NHSN.
- Other statistical interpretations
- Additional comparisons between 2012 and 2013

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Acknowledgements

The North Carolina Healthcare-Associated Infection Prevention Program would like to acknowledge and thank hospital infection preventionists across the state who work tirelessly to protect patients from infection. They provided the data used to create this report and worked with their hospital colleagues to identify and reconcile any potential problems with the data. The recent successes in fighting healthcare-associated infections would not have been possible without their continuing efforts, dedication and collaboration.

The Healthcare-Associated Infection Prevention Program would also like to recognize the contributions of the Healthcare-Associated Infections Advisory Group members listed in Appendix D. In particular, the program is grateful to the Subgroup on Reporting and Surveillance for their thoughtful feedback on the presentation and content of the Quarterly Reports.

Finally, the program would like to acknowledge our 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 Hospital 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, the Carolinas Center for Medical Excellence, and the Adult Care Licensure and Nursing Home Licensure and Certification sections of the North Carolina Division of Health Service Regulation.
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I. Highlights of Healthcare-Associated Infections Activities in 2013

A. N.C. Healthcare-Associated Infections Prevention Program

Key accomplishments and activities of the North Carolina Healthcare-Associated Infections Prevention Program (N.C. HAI Program) in 2013 include the following:

1. Released the first public reports disclosing hospital-specific healthcare-associated infections rates in January 2013. Public reports have been released quarterly since that time.
2. Convened two task forces targeting improved detection and prevention of carbapenem-resistant Enterobacteriaceae (CRE) infections. These task forces created CRE infection prevention and laboratory guidance resources that have been disseminated statewide.
3. Worked to improve safe injection practices through the One & Only injection safety campaign. In 2013, 10 injection safety educational sessions were held, with approximately 1,600 healthcare providers in attendance and over 2,600 campaign materials disseminated. The N.C. One & Only Campaign also trained and equipped more than 20 healthcare professionals to provide safe injection educations within their organizations or local communities.
4. Participated with the North Carolina Quality Center, the North Carolina Division of Health Service Regulation and other state partners on a variety of new and on-going activities to prevent central line-associated bloodstream infections, catheter-associated urinary tract infections, surgical site infections, healthcare-associated pneumonia, healthcare-associated hepatitis and other infections.
5. Participated or consulted in responses to over 100 outbreaks in healthcare settings.

B. Healthcare-Associated Infections Partner Updates

North Carolina Statewide Program for Infection Control and Epidemiology (N.C. SPICE)  
The North Carolina Statewide Program for Infection Control and Epidemiology (N.C. SPICE) promotes prevention and control of healthcare-associated infections in North Carolina and beyond by providing evidence-based education and consultation across the healthcare spectrum. In 2013, N.C. SPICE trained 283 healthcare professionals through infection control courses for long term care and acute care settings. A revised on-line curriculum targeting infection control in healthcare settings was launched in October 2013, with 102 persons successfully completing the course. In addition, N.C. SPICE provided consultation to more than 500 inquiries. In 2012, N.C. SPICE was awarded funding through a partnership between The Centers for Medicaid and Medicare Services and the N.C. Division of Health Services Regulation for enhanced education of infection prevention in nursing homes. N.C. SPICE developed two modules on antibiotic resistant bacteria and isolation precautions, both of which can be accessed via SPICEdiucation.unc.edu, or on DVD. A total of 829 long term care staff completed these modules. Two additional modules, safe injection practices and environmental disinfection, are under development and will be launched in 2014.

North Carolina Chapter of the Association for Professionals in Infection Control (APIC-NC)  
The North Carolina Chapter of the Association for Professionals in Infection Control and Epidemiology (APIC-NC) is the leading professional association for infection preventionists (IP). Its mission is to create a safer world through the prevention of infections.

APIC-NC boasts more than 200 members consisting of nurses, physicians, public health professionals, epidemiologists, microbiologists or medical technologists. Many infection preventionists are employed within healthcare institutions and also serve as educators, researchers, consultants and clinical scientists.

APIC-NC serves two primary roles in regard to its membership. First, educational programs support the infection prevention activities of the many patient safety stakeholders. Second, APIC-NC collaborates with other professional associations, consumer groups, thought leaders, and regulatory and accrediting agencies to maximize the synergy of shared interests and resources with the goal of improving patient outcomes.

In 2013, APIC-NC offered two educational sessions that consisted of the latest infection prevention information. The first session focused on prevention of catheter-associated urinary tract infections (CAUTI), NHSN HAI definitions, and antibiotic stewardship. The second session provided strategies to assist IPs to achieve and maintain success in today’s changing healthcare environment and incorporated the following relevant topics:

- outbreaks;
- epidemiologically important microorganisms;
Nursing prevention practices, and appropriate testing of residents when potential exposures occur. and enhanced communication between DHSR and DPH have led to increased education of adult care providers, safe infection care homes, the facility’s compliance with infection prevention policies and procedures is reviewed. Noncompliance or breaches in infection prevention practices by facility staff when monitoring resident blood glucose levels are reported to the N.C. HAI Program, which shares information with the local health department. Guidelines for reporting and enhanced communication between DHSR and DPH have led to increased education of adult care providers, safe infection prevention practices, and appropriate testing of residents when potential exposures occur.

North Carolina Division of Health Service Regulation (DHSR)
Adult Care Licensure Section (ACL)
Healthcare-associated infections can occur in any healthcare setting, including adult care homes such as assisted living facilities. The North Carolina Division of Health Service Regulation’s (DHSR) Adult Care Licensure (ACL) Section is an important partner in ensuring infection prevention strategies are implemented in these types of healthcare settings.

General statute §131D-4.4 and 4.5 specifies provisions specific for adult care homes including written infection prevention guidelines in facility policies and procedures, infection prevention training requirements for adult care home staff, and the establishment of guidelines for reporting communicable disease outbreaks to the North Carolina Division of Public Health (DPH). As a result of this statute, ACL developed a state infection prevention course for adult care homes and in April 2012, provided a state-wide training for care providers and county and state staff with regulatory responsibilities for adult care homes. In addition, infection prevention and injection safety materials were incorporated into the mandatory medication training program for adult care providers in October 2013.

Collaboration among ACL, DPH and the local health departments has continued to grow during 2013. During inspections of licensed adult care homes, the facility’s compliance with infection prevention policies and procedures is reviewed. Noncompliance or breaches in infection prevention practices by facility staff when monitoring resident blood glucose levels are reported to the N.C. HAI Program, which shares information with the local health department. Guidelines for reporting and enhanced communication between DHSR and DPH have led to increased education of adult care providers, safe infection prevention practices, and appropriate testing of residents when potential exposures occur.

Nursing Home Licensure and Certification Section (NHLC)
The Nursing Home Licensure and Certification Section (NHLC) regulates more than 430 nursing homes. In 2013, training and education of NHLC staff was a priority to provide basic knowledge in infection prevention practices and appropriate corrective action if infection prevention practices were inadequately implemented. The Section participated in a N.C. HAI Program carbapenem-resistant Enterobacteriaceae (CRE) task force targeting identification in nursing homes. The following infection prevention educational sessions were provided:

1. Annual training to all nursing home and acute care surveyors;
2. Dissemination of N.C. SPICE newsletter and routine updates to surveyors and nursing home administrators;
3. Centers for Medicaid and Medicare Services webinar was made available to all surveyors;
4. N.C. HAI Program summary updates;
5. CDC updates and other alerts from NHLC Regional Office disseminated to surveyors and nursing home administrators.
6. Engaged in a partnership with the Centers for Medicaid and Medicare Services and N.C. SPICE to create a DVD series on infection prevention. The first two modules on antibiotic resistant bacteria and isolation precautions are available on DVD and will be offered at no cost to all N.C. nursing homes. Two additional modules, safe injection practices and environmental disinfection, are under development and will be available in 2014.

The Carolinas Center for Medical Excellence (CCME)
North Carolina Quality Improvement Organization (QIO)
Through the Improving Individual Patient Care aim, the Carolinas Center for Medical Excellence (CCME) is working with the Centers for Medicare & Medicaid Services to improve individual patient care. Specifically, CCME and Quality Improvement Organizations (QIOs) across the country are assisting hospitals with reducing the following HAIs:

- **CLABSI** – The goal is to meet one of the following:
  1. CLABSI rate ≤1 per 1,000 patient days
  2. Relative Improvement Rate = 50%
  3. Standardized Infection Ratio (SIR) ≤1

- **CAUTI** – The objective is a SIR ≤1.

- *Clostridium difficile* infections (CDI) – The goal is that all facilities will have an Antimicrobial Stewardship Program in place by August 31, 2013 and achieve SIR ≤1.

- **SSI** – The objective is for all facilities to receive SSI prevention tools and report on current or intended SSI prevention projects.
CCME assist hospitals in implementing best practices to reduce HAIs through ongoing support and education. To date, CCME have recruited 14 hospitals across the state, targeted because of their need for improvement. CCME work with seven units within four hospitals for CLABSI, seven hospitals for CAUTI, and four hospitals for CDI.

Aggregate data demonstrates progress towards meeting collaborative goals*:

- CLABSI: SIR of 0.69
- CAUTI: SIR of 0.45
- CDI: SIR of 1.1. All hospitals working to reduce CDI have implemented general Antimicrobial Stewardship Program strategies.

*Data reporting time frame: September 2013 – February 2014.

Quarterly educational webinars and one in-person learning session were provided to participating hospitals. These educational sessions included topics such as “Comprehensive Unit-based Safety Program (CUSP)”, “The Science of Safety, Engaging Senior Leaders in the Frontline of Care”, “Defect Analysis”, “Interventions to Prevent CAUTI – Focus on Avoiding Unnecessary Catheter Placement”, and CDC guidelines for preventing HAIs. Needs assessments for each hospital were performed through monthly coaching calls and quarterly site visits. Team discussions included data, defect analysis and/or plan, do, study, act (PDSA) cycles, tools and resources, and shared successes, barriers, and challenges. CCME partnered with the NC Quality Center and facilitated an advisory board to provide education and network opportunities to participating hospitals.

**North Carolina Quality Center (NCQC)**

The NC Quality Center (NCQC) is committed to partnering with healthcare providers and communities to provide safe, quality healthcare and to prevent HAIs. Towards this mission, the NCQC has recently engaged in the following HAI prevention activities:

**N.C. Prevent CLABSI Collaborative**

*Targeting Zero (follow up)*

From August 2011 through December 2012, ten NC hospitals entered 14 units into this collaborative. Units housing patients at high risk for acquiring infections such as oncology and trauma patients participated. At the end of 2012, these 14 units saw an overall 28 percent decrease in CLABSI; many had a zero CLABSI rate during the last six months of the collaborative. Ongoing monitoring for sustainability in these units continued through June 2013 and at that point, an analysis was repeated. This analysis revealed the CLABSI rates continued to decrease after the collaborative ended and an overall 52 percent decrease in CLABSI rates was found when comparing calendar year 2011 to July 2012-June 2013.

**North Carolina-Virginia Hospital Engagement Network Healthcare-associated Infections Learning Network**

This learning network is in support of the national Partnership for Patients’ goals and addresses several areas of harm related to infections: CAUTI, CLABSI, ventilator-associated events such as pneumonia, and two types of SSIs: colon surgery and abdominal hysterectomy. The aim of this project is to decrease the Standardized Infection Ratio (SIR) for each HAI by 40% by the end of December 2014. Early results indicate progress in these four areas for the participating facilities as follows, through December 2013:

- CAUTI: 5.5% decrease
- CLABSI: 40.9% decrease
- Colon Surgery SSI: 33.9% decrease
- Abdominal Hysterectomy SSI: 45.4% decrease
- Ventilator-associated Pneumonia: 37% decrease

Partners engaged to lead and deliver this project are: the Virginia Hospital and Healthcare Association, Virginia Department of Public Health, North Carolina Department of Public Health, The Carolinas Center for Medical Excellence, Virginia Health Quality Center, APIC-NC and APIC-VA.
C. Stories of Success in Eliminating and/or Reducing Healthcare-Associated Infections in North Carolina

One Hospital’s Road to Decrease CAUTIs
In July 2012, Harnett Health began its journey to decrease patients’ risk of UTI by decreasing foley catheter utilization. First, we identified that many unnecessary foley catheters were inserted in the Emergency Department (ED). The ED manager and physician director collaboratively developed appropriate foley catheter use and insertion criteria.

Next, we concentrated our efforts on removing foley catheters as soon as possible. A foley catheter algorithm had been created in the past, but compliance had not recently been monitored. This algorithm was reinstated, and admitting physicians were encouraged to order and implement the foley catheter algorithm as appropriate. The algorithm utilizes evidence-based criteria to guide nurses in determining if foley catheters are needed, and when foley catheters should be removed.

We also used our information technology systems to decrease unnecessary foley catheter utilization. First, changes were made so that the foley catheter algorithm automatically populates in the electronic medical record as the nurse completes foley catheter documentation for the shift. Second, information technology staff created an electronic report to identify patients with foley catheters. This report was run daily and rounds were made by the Clinical Leaders to ensure that these patients met criteria for foley catheter use. If the patient did not meet criteria, just-in-time education was performed with the patient’s healthcare provider, describing foley catheter use criteria and emphasizing the importance of reducing the number of days a foley catheter is in place.

Foley catheters are easy to overlook but unnecessary use can lead to infection. We decreased the number of foley catheter associated urinary tract infections through open dialogue, implementation of an evidence-based algorithm and electronic reminders, institution of clinical rounds, feedback, and education.

Contact Susan Davis, RN, QPI Specialist: susan.davis@harnettehealth.org.
II. Surveillance for Healthcare-Associated Infections in North Carolina

HAI s are infections caused by a variety of organisms, including bacteria and fungi, while receiving medical care. Hospitals report specific types of HAI s to the N.C. DPH. Currently, these infections are only reported for patients in the hospital and not for patients in outpatient settings such as clinics, outpatient surgery centers or dialysis facilities. These infections include:

1. Central line-associated bloodstream infections (CLABSI)
2. Catheter-associated urinary tract infections (CAUTI)
3. Surgical site infections (SSI) occurring after inpatient abdominal hysterectomies or colon surgeries
4. Laboratory-identified bloodstream infections caused by methicillin-resistant Staphylococcus aureus (MRSA)
5. Laboratory-identified bloodstream infections caused by Clostridium difficile (CDI).

By North Carolina law, hospital reporting requirements are based on the reporting requirements established by the CMS. The reporting timeline is as follows:

- **January 1, 2012**: Short-term acute care hospitals (ACHs) began reporting CLABSI s, CAUTI s and SSI s.
- **October 2012**: Long-term acute care hospitals (LTACs) began reporting CLABSI s and CAUTI s; Likewise inpatient rehabilitation facilities (IRFs) began reporting CAUTI s.
- **January 2013**: ACHs, state psychiatric hospitals, and specialty hospitals began reporting laboratory-confirmed bloodstream infections caused by methicillin-resistant Staphylococcus aureus (MRSA) and infections caused by Clostridium difficile (CDI).

HAI information is entered into the CDC web-based surveillance system called the National Healthcare Safety Network (NHSN). These data are shared with the N.C. HAI Program within N.C. DPH through an agreement with hospitals that satisfies the reporting requirements of CMS and the N.C. law. Infections should be reported within 30 days following the end of the month in which they are identified. Additionally, the denominator data such as the number of central line days, catheter days, abdominal hysterectomies, and colon surgeries must also be reported within 30 days of the end of a calendar month.

The N.C. HAI Program works with hospitals on a monthly basis to reconcile their data. At the beginning of each month, the N.C. HAI Program generates hospital-specific data reports to share with each hospital. Hospitals are given 30 days from the receipt of the reconciliation report to review and update any errors in NHSN. All data in NHSN are entered and modified by hospitals; the N.C. HAI Program cannot change data in NHSN.

For more information:

- To learn more about CLABSI s, CAUTI s, SSI s, and MRSA and CDI LabID events and other HAI s please visit the N.C. Healthcare-Associated Infections website at [http://epi.publichealth.nc.gov/cd/diseases/hai.html](http://epi.publichealth.nc.gov/cd/diseases/hai.html).
- The link to “Facts and Figures” includes previous Quarterly and Annual Reports as well as a more technical version of this current annual report: [http://epi.publichealth.nc.gov/cd/figures.html](http://epi.publichealth.nc.gov/cd/figures.html)
III. Explanation of Statewide Aggregate Healthcare-Associated Infections Data

The April Quarterly Report serves as the 2013 annual report for HAIs, therefore aggregate data at the state-level have been included. Data for CLABSIs and CAUTIs were restricted to ICUs within ACHs; information from rehabilitation wards in ACHs, LTACs and IRFs were excluded from this section of the report (Sections IV-V) but are included in the hospital-specific summary reports (Sections VI).

The following section describes information presented below in Section IV.

Bar Charts and Rates

Bar charts were used to present the rates of HAIs by unit type (CLABSI and CAUTI only) and hospital size group (all HAIs). Please be aware that rates presented in this report are not adjusted measures of HAI occurrence; this means that there are certain factors that are not accounted for even if they’re known to increase the risk of infection. For example, the risk of acquiring a healthcare-associated infection in some hospital locations such as a burn unit may be higher than other locations as those patients are already more likely to get an infection. All rates presented in this report are estimated rates; this is because only a subset of all North Carolina healthcare facilities are required to report healthcare-associated infections.

CLABSI and CAUTI: All CLABSI and CAUTI rates were calculated by summing the total number of infections for each HAI and in each category (e.g., each ICU unit or each hospital size group), then dividing by the total number of central line or catheter days. This number was then multiplied by 1,000 to get a rate “per 1,000 central line days” or “per 1,000 catheter days”. Rates were not calculated if a hospital had less than 50 central line or catheter days.

E.g., in 2013, a hospital reported 4 CLABSI infections during the 1250 total days that patients had a central line. The rate is calculated by:

\[
\frac{4}{1250} = 0.0032 \text{ infections/day} \times 1000 = 3.2 \text{ infections per 1000 central line days}
\]

SSIs: Likewise for SSIs, the hospital size group rates were calculated by summing the number of infections and dividing by the total number of procedures; this number was then multiplied by 100 to get “per 100 procedures”. If <20 procedures were performed, a rate was not calculated.

E.g., in 2013, a hospital reported 2 SSI infections out of the 170 abdominal hysterectomies procedures they performed. The rate is calculated by:

\[
\frac{2}{170} = 0.0117 \text{ infections/day} \times 100 = 1.17 \text{ infections per 100 surgeries}
\]

MRSA and CDI LabID Events: For MRSA and CDI LabID events, rates were calculated by summing the number of laboratory-identified events and dividing by the number of patient days then multiplying by 1,000 and 10,000 to get rates “per 1,000 patient days” and “per 10,000 patient days”, respectively.

E.g., in 2013, a hospital reported 32 CDI infections during 40,000 total days of patient admissions. The rate is calculated by:

\[
\frac{32}{40,000} = 0.0008 \text{ infections/day} \times 10,000 = 8 \text{ infections per 10,000 patient days}
\]

Error Bars (95% Confidence Intervals): In addition to the rates, the lower limit and upper limit of the 95% Confidence Intervals (CIs) were presented in the bar charts. The 95% CI is a useful measure to describe the precision of the estimated rate (the narrower or smaller the confidence interval, the more precise the rate estimate). A larger number of observations often leads to a narrower confidence interval and a more precise rate estimate. For example, N.C. overall will always have the most observations and thus the most precise rate estimates, followed by each group of similarly-sized hospitals. Individual hospitals will generally have the widest confidence intervals and less precise rate estimates because they have the least number of observations. If the 95% CIs of two HAI rates overlapped, then the observed differences in the rates were not considered statistically significantly different. However, if the 95% CIs of two HAI rates did not overlap, then the rates were considered to be statistically significantly different, e.g., one rate was significantly lower or higher than the other. If the rate was 0, the corresponding 95% CI was not presented.
The hospital groups were categorized by total hospital bed counts: less than 100 beds, 100-199 beds, 200-399 beds, and 400+ beds. Hospitals that served as the primary location for medical schools were included in a separate category (primary medical school affiliation). A list of the hospitals in each category can be found in Appendix E.

An example of 95% Confidence Intervals within a graph and two possible interpretations are provided below in Figures 1A and 1B.

Figure 1A. Rate Comparisons using 95% CI – Not significantly different

Figure 1B. Rate Comparisons using 95% CI – Significantly different
Organisms and Antibiotic Susceptibility Testing
In NHSN, hospitals may report up to three organisms identified from one HAI. These organisms were categorized into one of ten groups, representing some of the leading causes of HAIs. Many of these organisms are part of the normal flora contained within the human body, found on the skin, or in the gastrointestinal and/or urinary tract. Introduction of these organisms into other areas of the body can lead to infection.

Drug-resistant organisms such as methicillin-resistant *Staphylococcus aureus* (MRSA), vancomycin-resistant *Enterococcus* (VRE), and carbapenem-resistant *Enterobacteriaceae* (CRE) are organisms that have become resistant to certain antibiotics.

Currently, several laboratory methods exist for identifying drug-resistance. Laboratory testing differs by hospital, so drug resistance data may be unreliable (or incomplete) and should be interpreted with caution.
Before reviewing this report, a few clarifications about the data need to be made:

A total of 104 North Carolina hospitals reported HAIs in 2013, including 90 short-term acute-care hospitals, nine long-term acute-care hospitals, two inpatient rehabilitation facilities, and five specialty hospitals.

Data included in this report were from January 1, 2013 to December 31, 2013. Data were downloaded from NHSN on March 18, 2014; any changes made to the 2013 data after this date are not reflected in this report.

1. The data are preliminary. Although efforts were made by hospitals and the N.C. HAI Program to ensure that the data were accurate and complete, a formal validation of the data has not yet been performed. Collaboration with partners has been initiated to discuss data validation options for 2014. Until data validation is completed, data should be interpreted with caution.

2. The data were self-reported. Although efforts were made through education and training to improve the standardization and understanding of NHSN surveillance guidelines, definitions, and criteria, there can be variability in interpretation and application, leading to differences in reporting practices among hospitals. This issue will be addressed by data validation.

3. There may be variation between data published by the N.C. HAI Program and data published elsewhere (i.e., CMS, Centers for Medicare and Medicaid Services). This difference may occur as facilities have the ability to modify their data in NHSN at any time. Thus, data may appear to vary if different data collection periods or report cutoff dates are used.

4. All rates presented in this report are estimates. The rates are considered estimated rates because only a subset of all North Carolina healthcare facilities are required to report their healthcare-associated infections. These rates are the best estimates available for the true 2013 HAI rates in North Carolina.

5. The rates of infections were not included for HAIs in a few facilities. Calculating rates with small numbers in the denominator will lead to an unstable estimate. Therefore the N.C. HAI Program chose not to present rates for units, procedures or hospitals that did not meet a minimum threshold 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.

6. Laboratory-Identified Events (LabID): Methicillin-resistant *Staphylococcus aureus* (MRSA) bacteremia (blood infection) LabID events and *Clostridium difficile* (CDI) LabID events rely on laboratory data without requiring clinical information about the patient. Interpret with caution. Laboratory-identified events do not take a patient’s clinical signs or symptoms into consideration and rely on a positive laboratory result only. It is possible to have a positive laboratory result but no clinical signs or symptoms that would define a healthcare-associated infection. For this reason, these LabID rates may be higher than what would be reported if MRSA and CDI events also included clinical information.
IV. Statewide Aggregate Healthcare-Associated Infections

A. Central Line-Associated Bloodstream Infections (CLABSI)

1. CLABSI in Adult and Pediatric Intensive Care Units

<table>
<thead>
<tr>
<th>North Carolina 2013 CLABSI Highlights in Adult/Pediatric ICUs</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The overall North Carolina rate for CLABSI in adult and pediatric ICUs from short-term acute care hospitals was 1.05 per 1,000 central line days.</td>
</tr>
<tr>
<td>• The most commonly identified organisms from adult and pediatric CLABSI patients were Candida and other yeasts/fungi and Enterococcus.</td>
</tr>
<tr>
<td>• There were 3 different types of drug-resistant organisms identified among CLABSI infections: methicillin-resistant Staphylococcus aureus, carbapenem-resistant Enterobacteriaceae, and vancomycin-resistant Enterococcus.</td>
</tr>
</tbody>
</table>

Figure 2. CLABSI Rates by ICU Type, 2013.

- Rates of CLABSI in adult and pediatric ICUs in N.C. ranged from 0.47 to 2.11 per 1,000 central line days (Figure 2).
- The three highest observed rates of CLABSI were in the specialized neurologic, trauma and burn units; patients in these units have an increased risk of infection due to severity of illness, major surgeries, and/or compromised immune systems.
- The lowest rate of CLABSI was in the pediatric cardiothoracic unit.
The rate of CLABSI in adult and pediatric ICUs tended to increase with hospital size (Figure 3), ranging from 0.33 to 1.43 CLABSI per 1,000 central line days based on 2013 data.

The highest 2013 rate was among hospitals with primary medical school affiliations. These hospitals typically have the highest observed rates of CLABSI, because their patients are at higher risk of acquiring HAIs due to severity of illness, underlying health problems, major trauma or major surgical procedures.

Hospitals with a primary medical school affiliation had a higher CLABSI rate than the state overall in 2013.
2. CLABSI in Neonatal Intensive Care Units

North Carolina 2013 CLABSI Highlights in NICUs

The statewide CLABSI rate for NICUs in short-term acute care hospitals was 1.09 per 1,000 central line days.
- The number of reported CLABSI infections was statistically significantly lower than predicted by the national 2006-2008 baseline data.
- *Staphylococcus aureus* was the most commonly identified organism from neonatal CLABSI patients.
- There was one type of drug-resistant organism identified among CLABSI NICU infections: methicillin-resistant *Staphylococcus aureus*.

**Figure 4. CLABSI NICU rates by ICU Type, 2013.**

- The CLABSI rates in Neonatal Level II/III units have a lower rate than a Neonatal Level III (Figure 4), but this is not statistically significant.

**Figure 5. CLABSI NICU Rates by Hospital Size Group and N.C. Overall, 2012-2013.**

- As seen with CLABSI rates in adult/pediatric ICUs, CLABSI rates in the NICU tended to increase with hospital size in 2013.
- Hospital size group rates were not significantly different from N.C. overall in 2012 or 2013.
B. Catheter-Associated Urinary Tract Infections (CAUTI)

North Carolina 2013 CAUTI Highlights
- In North Carolina, the rate of CAUTI in adult and pediatric ICUs in short-term acute care hospitals was 2.50 per 1,000 catheter days.
- The most commonly identified organisms were *Candida* and other yeasts and *E. coli*.
- There were three types of drug-resistant organisms identified among CAUTI infections: methicillin-resistant *Staphylococcus aureus*, carbapenem-resistant *Enterobacteriaceae*, and vancomycin-resistant *Enterococcus*.

Figure 6. CAUTI Rates by ICU Type, 2013.

- CAUTI rates in ICUs ranged from 1.50 to 5.80 per 1,000 catheter days (Figure 6).
- The highest rates of CAUTI were in specialized units such as neurosurgical and trauma. This is not unexpected because patients in these types of units are at increased risk for infection due to severity of illness, major surgery, and/or have compromised immune systems.
Figure 7. CAUTI Rates by Hospital Size Group and N.C. Overall, 2012-2013.

- 2013 CAUTI rates ranged from 1.23 to 3.57 per 1,000 catheter days (Figure 7).
- The rates increased directly with hospital size.
- Hospitals with a primary medical school affiliation in 2013 had rates significantly higher than the overall state CAUTI rate.
- Smaller hospitals with less than 200 beds had significantly lower rates than N.C. overall.
C. Surgical Site Infections (SSI)

1. Abdominal Hysterectomies

**North Carolina 2013 Abdominal Hysterectomy SSI Highlights**

*Post Abdominal Hysterectomy*
- Among inpatient abdominal hysterectomies performed on adults ≥ 18 years in North Carolina short-term acute care hospitals, the SSI rate was 0.82 per 100 inpatient abdominal hysterectomies.
- A variety of organisms were identified from SSIs.
- There was one type of drug-resistant organism identified among abdominal hysterectomy infections: methicillin-resistant *Staphylococcus aureus*.

**Figure 8. SSI Abdominal Hysterectomy Rates by Hospital Size Group and N.C. Overall, 2012-2013.**

- The rates of SSIs in 2013 ranged from 0.46 to 1.32 per 100 inpatient abdominal hysterectomies (Figure 8)
- Rates of abdominal hysterectomies did not increase with increasing hospital size as seen with other HAIs.
- These rates were not significantly different from the overall 2013 rate of abdominal hysterectomies in N.C.
2. Colon Surgeries

North Carolina 2013 Colon Surgery SSI Highlights

Post Colon Surgery
- For inpatient colon surgeries performed on adults (≥ 18 years) in North Carolina short-term acute care hospitals, the SSI rate was 3.08 per 100 inpatient colon surgeries.
- \textit{E. coli} and \textit{Enterococcus} species were the most commonly identified organisms.
- There were three types of drug-resistant organisms identified among colon surgery infections: methicillin-resistant \textit{Staphylococcus aureus}, carbapenem-resistant \textit{Enterobacteriaceae}, and vancomycin-resistant \textit{Enterococcus}.

Figure 9. SSI Colon Surgery Rates by Hospital Size Group and N.C. Overall, 2012-2013.

- The rates of SSIs from colon surgeries varied only slightly across hospital groups, ranging from 2.15 to 4.48 SSIs per 100 inpatient colon surgeries in adults 18 years and older (Figure 9).
- All hospital groups except one (400+) had higher rates in 2013 as compared to 2012.
- Hospitals with a primary medical school had a significantly higher rate in 2013 compared to the N.C overall rate for colon surgeries in 2013.
D. Methicillin-Resistant *Staphylococcus aureus* Laboratory-Identified Events (MRSA LabID)

**North Carolina 2013 MRSA LabID Highlights**

- The overall North Carolina rate for MRSA LabID events from short-term acute care hospitals including specialty hospitals was 0.07 per 1,000 patient days.

**Figure 10. MRSA LabID Rates by Hospital Size Group and N.C. Overall, 2013.**

- The rates of MRSA LabID events increased directly with hospital size group, ranging from 0.02 to 0.09 per 1,000 patient days (Figure 10).
- Hospitals with 1-99 and 100-199 beds had significantly lower MRSA LabID rates in 2013 compared to N.C. overall.
- Hospitals with a primary medical school had a significantly higher rate in 2013 compared to N.C. overall in 2013.
E. *Clostridium difficile* Laboratory-Identified Events (CDI LabID)

**North Carolina 2013 CDI LabID Highlights**

- The overall North Carolina rate for CDI LabID events from short-term acute care hospitals including specialty hospitals was 5.97 per 10,000 patient days.

**Figure 11. CDI LabID Rates by Hospital Size Group and N.C. Overall, 2013.**

- The rates of CDI LabID events increased directly with hospital size group, ranging from 3.57 to 7.85 per 1,000 patient days (Figure 11).
- Hospitals with less than 400 beds had significantly lower CDI LabID rates in 2013 compared to N.C. overall.
- Hospitals with a primary medical school had a significantly higher rate in 2013 compared to N.C. in 2013.
V. Explanation of Hospital-Specific Summary Reports

The last section of the report (Section VII) includes the hospital-specific summary reports for HAIs. Reports were generated for each hospital including ACHs, LTACs, and IRFs. Hospital-specific summary reports of relevant ACHs also included inpatient rehabilitation wards.

Each one-page summary contains seven sections: 1) general hospital information, 2) central line-associated bloodstream infections (CLABSI), 3) catheter associated urinary tract infections (CAUTI), 4) surgical site infections (SSI) for abdominal hysterectomies and colon surgeries, 6) methicillin-resistant *Staphylococcus aureus* LabID events, 6) *Clostridium difficile* LabID events, and 7) commentary from the hospital. These sections are described in detail below.

A. Section Overview

Tables and figures from hospital-specific summary reports have been included in the following sections to provide a pictorial representation of data. These tables and figures do not represent one single hospital and are used as examples to highlight key points.

1. General Hospital Information

This section contains general information about the hospital and includes a map of where the hospital (blue “H” icon) is located in N.C. Data in this section are from the NSHN 2013 Annual Hospital Survey.

2. HAI Information

All HAIs include reporting from short-term acute care hospitals (CLABSI, CAUTI, SSI, MRSA LabID, CDI LabID). Long-term acute care hospitals and inpatient rehabilitation facilities additionally report CLABSI and CAUTI infections, while specialty hospitals also report MRSA and CDI LabID event data. A list of all reporting hospitals by facility category can be found in Appendix E.

There may be more than one reporting unit for a given classification (specifically for CLABSIs and CAUTIs), but the hospital-specific report tables only summarize the year-to-date total for the reporting units in the hospital.

1. **Tables**: The number of infections, number of central line days and rate are provided in the table for each HAI, example provided below.

   ![Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.]

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total For Reporting ICUs</td>
<td>4</td>
<td>3,438</td>
<td>1.16</td>
</tr>
</tbody>
</table>

   *Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.*

   **Bar Graph Interpretations:**
   - Hospital rate is not different from similarly-sized hospitals.
   - Hospital rate is not different from NC hospitals overall.

2. **Rates**: Each HAI rate was calculated slightly differently, also described above in Section III:
   a. **CLABSI Rate** = (number of infections / number of total central line days) x 1,000*;
      Reported per 1,000 central line days
   b. **CAUTI Rate** = (number of infections / number of total catheter days) x 1,000*;
      Reported per 1,000 catheter days
   c. **SSI Rates** = (number of infections / number of total number of procedures) x 100*;
      Reported per 100 procedures (abdominal hysterectomies or colon surgeries)
   d. **MRSA Rate** = (number of positive laboratory events / number of total patient days) x 1,000;
      Reported per 1,000 patient days
   e. **CDI Rate** = (number of positive laboratory events / number of total patient days) x 10,000;
      Reported per 10,000 patient days
*Not all HAI s have rates provided in the reports. If the hospital reported <50 central line days for CLABSI, <50 catheter days for CAUTI, or <20 procedures for SSI (abdominal hysterectomies or colon surgeries) in 2013 then rates and additional statistics were not calculated and the rate would be indicated as blank or “.” in the HAI table, example below.

3. **Bar Graph Interpretations:** These interpretations in the HAI tables above are the result of statistical tests used to determine whether there is a difference between the hospital’s infection rate compared to the rate of similarly-sized hospitals and to the rate of N.C. hospitals overall. Interpretation will indicate the hospital rate was lower, not different, or higher compared to the rate of similarly-sized hospitals and N.C. hospitals overall.

4. **Comparing Bar Graph Rates:** The figure below shows an example of the hospital CLABSI rate along with the rates of similarly-sized hospitals and all hospitals in N.C.; recall from Section III that the categories for “Similarly-sized Hospitals” are based on total hospital bed counts and that hospitals that serve as the primary location for medical schools are included in a separate category (primary medical school affiliation). A list of the hospitals in each category can be found in Appendix E1.
In the above figure, the 2013 CLABSI rate in the hospital appeared to be higher than that of similarly-sized hospitals (Hosp Grp.) and all hospitals in NC overall. For each of the three bars presented in the graph, there is an interval surrounding the estimated rate called the 95% confidence interval (CI), also discussed in Section III above. If the 95% CIs of two CLABSI rates overlapped (as in the example here), then the observed differences in the CLABSI rates were not considered significantly different. However, if the 95% CIs of two CLABSI rates did not overlap (see Section III), then the CLABSI rates were considered to be statistically significantly different.

In the example in the Figure, the 95% CI of the hospital CLABSI rate overlapped with the 95% CIs of both similarly-sized hospitals and all hospitals in N.C. Therefore, one would conclude that there was no statistically significant difference in the hospital CLABSI rate compared to the CLABSI rate of similarly-sized hospitals or all hospitals in N.C.

3. Commentary from Hospital
This section was an opportunity for hospitals to comment on HAIs and infection control activities in their hospitals. There was a 690 character limit (including spaces); therefore hospitals may have chosen to provide a link to their hospital website to provide lengthier comments.
VI. Hospital-Specific Summary Reports
North Carolina Healthcare-Associated Infections Report  
Data from January 1 – December 31, 2013  
Alamance Regional Medical Center, Burlington, Alamance County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
Medical Affiliation: No  
Profit Status: Not for Profit  
Admissions in 2013: 11,288  
Patient Days in 2013: 43,193  
Total Number of Beds: 238  
Number of ICU Beds: 32  
FTE* Infection Preventionists: 1.00  
Number of FTEs* per 100 beds: 0.42  

*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>1</td>
<td>2,431</td>
<td>0.41</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>4</td>
<td>43,193</td>
<td>0.09</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>34</td>
<td>38,940</td>
<td>8.73</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:
Hospital rate is higher than similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Figure 3. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Data as of March 18, 2014.

N.C. Division of Public Health, HAI Prevention Program  
N.C. HAI Quarterly Report (Consumer Version) - April 2014
Cone Health is committed to preventing Healthcare Associated Infections. We have dedicated teams of experts focused on process improvements to improve our patient outcomes. Please contact Cone Health Infection Prevention if you would like further information.


Data as of March 18, 2014.

N.C. Division of Public Health, HAI Prevention Program

N.C. HAI Quarterly Report (Consumer Version) - April 2014
Central Line-Associated Bloodstream Infections (CLABSI)

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>3</td>
<td>22,515</td>
<td>0.13</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>3</td>
<td>22,515</td>
<td>0.13</td>
</tr>
</tbody>
</table>

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.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>9</td>
<td>21,355</td>
<td>4.21</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.


Data as of March 18, 2014.

N.C. Division of Public Health, HAI Prevention Program

N.C. HAI Quarterly Report (Consumer Version) - April 2014
North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Albemarle Health Authority, Elizabeth City, Pasquotank County

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>5</td>
<td>1,374</td>
<td>3.64</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate not calculated if less than 50 catheter days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 4. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>0</td>
<td>83</td>
<td>0</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>0</td>
<td>76</td>
<td>0</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2013.

Commentary from Hospitals:
No comments provided.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program
N.C. HAI Quarterly Report (Consumer Version) - April 2014
2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
Medical Affiliation: No  
Profit Status: Not for Profit  
Admissions in 2013: 3,669  
Patient Days in 2013: 12,311  
Total Number of Beds: 110  
Number of ICU Beds: 8  
FTE* Infection Preventionists: 1.00  
Number of FTEs* per 100 beds: 0.91  

*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>0</td>
<td>623</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:
- A comparison to similarly-sized hospitals was not conducted.
- A comparison to NC hospitals overall was not conducted.

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>0</td>
<td>12,311</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:
- A comparison to similarly-sized hospitals was not conducted.
- A comparison to NC hospitals overall was not conducted.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>5</td>
<td>12,311</td>
<td>4.06</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:
- Hospital rate is not different from similarly-sized hospitals.
- Hospital rate is not different from NC hospitals overall.


Data as of March 18, 2014.

N.C. Division of Public Health, HAI Prevention Program  
N.C. HAI Quarterly Report (Consumer Version) - April 2014
North Carolina Healthcare-Associated Infections Report  
Data from January 1 – December 31, 2013  
Annie Penn Hospital, Reidsville, Rockingham County

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>0</td>
<td>1,086</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>0</td>
<td>31</td>
<td>0</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>1</td>
<td>24</td>
<td>4.17</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Commentary from Hospitals:
Cone Health is committed to preventing Healthcare Associated Infections. We have dedicated teams of experts focused on process improvements to improve our patient outcomes. Please contact Cone Health Infection Prevention if you would like further information.

Data as of March 18, 2014. 
N.C. Division of Public Health, HAI Prevention Program 
N.C. HAI Quarterly Report (Consumer Version) - April 2014  
28
North Carolina Healthcare-Associated Infections Report  
Data from January 1 – December 31, 2013  
Anson Community Hospital, Wadesboro, Anson County

2013 Hospital Survey Information

<table>
<thead>
<tr>
<th>Hospital Type:</th>
<th>Acute Care Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Affiliation:</td>
<td>No</td>
</tr>
<tr>
<td>Profit Status:</td>
<td>Not for Profit</td>
</tr>
<tr>
<td>Admissions in 2013:</td>
<td>370</td>
</tr>
<tr>
<td>Patient Days in 2013:</td>
<td>1,110</td>
</tr>
<tr>
<td>Total Number of Beds:</td>
<td>30</td>
</tr>
<tr>
<td>Number of ICU Beds:</td>
<td>0</td>
</tr>
<tr>
<td>FTE* Infection Preventionists:</td>
<td>0.20</td>
</tr>
<tr>
<td>Number of FTEs* per 100 beds:</td>
<td>0.67</td>
</tr>
<tr>
<td>*FTE = Full-time equivalent</td>
<td></td>
</tr>
</tbody>
</table>

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. Rates reported here may be higher than rates based on clinically-defined illness.

Table 1. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>0</td>
<td>1,110</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Clostridium 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 2. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>1</td>
<td>1,110</td>
<td>9.01</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Other Healthcare-Associated Infections (HAIs)

Anson received an exemption from CMS and therefore does not report CLABSIs, CAUTIs, or SSIs to the N.C. Division of Public Health.

Commentary from Hospitals:

No comments provided.

Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html). 
Data as of March 18, 2014. 
NC Division of Public Health, HAI Prevention Program 
NC HAI Quarterly Report (Consumer Version) - April 2014
Central Line-Associated Bloodstream Infections (CLABSI)

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>0</td>
<td>704</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>0</td>
<td>16,931</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>11</td>
<td>16,931</td>
<td>6.5</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.


Data as of March 18, 2014.

N.C. Division of Public Health, HAI Prevention Program

N.C. HAI Quarterly Report (Consumer Version) - April 2014
Catheter-Associated Urinary Tract Infections (CAUTI)

Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>1</td>
<td>1,365</td>
<td>0.73</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 4. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>0</td>
<td>23</td>
<td>0</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>1</td>
<td>29</td>
<td>3.45</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2013.

Commentary from Hospitals:
No comments provided.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program
N.C. HAI Quarterly Report (Consumer Version) - April 2014
North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Asheville Specialty Hospital, Asheville, Buncombe County

2013 Hospital Survey Information

- Hospital Type: Long-term Acute Care Hospital
- Profit Status: For Profit
- Admissions in 2013: 388
- Patient Days in 2013: 9,594
- Total Number of Beds: 34
- FTE* Infection Preventionists: 1.00
- Number of FTEs* per 100 beds: 2.94

*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting Units</td>
<td>5</td>
<td>6,579</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:
Hospital rate is not different from NC long-term acute care hospitals overall.

Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting Units</td>
<td>2</td>
<td>2,867</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
Hospital rate is not different from NC long-term acute care hospitals overall.

Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Other Healthcare-Associated Infections (HAIs)

Long-term acute care hospitals (LTACs) do not report LabID C. difficile, LabID MRSA Bacteremia or SSIs to the N.C. Division of Public Health.

Commentary from Hospitals:
No comments provided.

Refer to the HAI in N.C. Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).

Data as of March 18, 2014.

N.C. Division of Public Health, HAI Prevention Program

N.C. HAI Quarterly Report (Consumer Version) - April 2014
Central Line-Associated Bloodstream Infections (CLABSI)

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>0</td>
<td>298</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>1</td>
<td>31,641</td>
<td>0.03</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>26</td>
<td>29,932</td>
<td>8.69</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:
Hospital rate is higher than similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.


Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program

N.C. HAI Quarterly Report (Consumer Version) - April 2014

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North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Betsy Johnson Regional, Dunn, Harnett County

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>0</td>
<td>875</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 4. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>0</td>
<td>56</td>
<td>0</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>2</td>
<td>29</td>
<td>6.9</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2013.

Commentary from Hospitals:
No comments provided.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program
N.C. HAI Quarterly Report (Consumer Version) - April 2014
2013 Hospital Survey Information

<table>
<thead>
<tr>
<th>Hospital Type:</th>
<th>Acute Care Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Affiliation:</td>
<td>Graduate</td>
</tr>
<tr>
<td>Profit Status:</td>
<td>Not for Profit</td>
</tr>
<tr>
<td>Admissions in 2013:</td>
<td>6,003</td>
</tr>
<tr>
<td>Patient Days in 2013:</td>
<td>24,460</td>
</tr>
<tr>
<td>Total Number of Beds:</td>
<td>184</td>
</tr>
<tr>
<td>Number of ICU Beds:</td>
<td>10</td>
</tr>
<tr>
<td>FTE Infection Preventionists:</td>
<td>1.00</td>
</tr>
<tr>
<td>Number of FTEs* per 100 beds:</td>
<td>0.54</td>
</tr>
</tbody>
</table>

*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

![Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.](image1)

**Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.**

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>1</td>
<td>399</td>
<td>2.51</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.

Hospital rate is not different from NC hospitals overall.

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

![Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.](image2)

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>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>1</td>
<td>47,446</td>
<td>0.02</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.

Hospital rate is not different from NC hospitals overall.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

![Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.](image3)

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>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>7</td>
<td>45,670</td>
<td>1.53</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

**Bar Graph Interpretations:**

Hospital rate is lower than similarly-sized hospitals.

Hospital rate is lower than NC hospitals overall.

Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Figure 3. Rates and 95% Confidence Intervals, Jan-Dec 2013.


Data as of March 18, 2014.

N.C. Division of Public Health, HAI Prevention Program

N.C. HAI Quarterly Report (Consumer Version) - April 2014
Catheter-Associated Urinary Tract Infections (CAUTI)

Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>1</td>
<td>1,258</td>
<td>0.79</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 4. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>0</td>
<td>19</td>
<td></td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>1</td>
<td>38</td>
<td>2.63</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2013.

Commentary from Hospitals:
The prevention and reduction of healthcare associated infections is a top priority at Blue Ridge Healthcare Hospitals Morganton. 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.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program

N.C. HAI Quarterly Report (Consumer Version) - April 2014
Central Line-Associated Bloodstream Infections (CLABSIs)

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>0</td>
<td>18,193</td>
<td>0</td>
</tr>
</tbody>
</table>

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Notes on CLABSIs:
- Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>0</td>
<td>18,193</td>
<td>0</td>
</tr>
</tbody>
</table>

Note on MRSA LabID:
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.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>7</td>
<td>18,193</td>
<td>3.85</td>
</tr>
</tbody>
</table>

Note on CDI LabID:
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.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.
North Carolina Healthcare-Associated Infections Report  
Data from January 1 – December 31, 2013  
Blue Ridge Healthcare Hospitals-Valdese, Valdese, Burke County

Cryptococcus neoformans in the Blood Stream

![Figure 4. Rates and 95% Confidence Intervals, Jan-Dec 2013.](image)

### Catheter-Associated Urinary Tract Infections (CAUTI)

#### Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>0</td>
<td>957</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

#### Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.  
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

#### Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.  
A comparison to NC hospitals overall was not conducted.

![Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.](image)

### Surgical Site Infections (SSI) after Colon Surgeries

#### Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>2</td>
<td>44</td>
<td>4.55</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.  
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

#### Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.  
Hospital rate is not different from NC hospitals overall.

![Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2013.](image)

### Commentary from Hospitals:

The prevention and reduction of healthcare associated infections is a top priority at Blue Ridge Healthcare Hospitals Valdese. 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.

Data as of March 18, 2014.  
N.C. Division of Public Health, HAI Prevention Program  
N.C. HAI Quarterly Report (Consumer Version) - April 2014
Central Line-Associated Bloodstream Infections (CLABSI)

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>0</td>
<td>109</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>0</td>
<td>6,218</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>4</td>
<td>6,218</td>
<td>6.43</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program

N.C. HAI Quarterly Report (Consumer Version) - April 2014
Catheter-Associated Urinary Tract Infections (CAUTI)

Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>0</td>
<td>368</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 4. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:

Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>1</td>
<td>14</td>
<td></td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2013.

Commentary from Hospitals:
No comments provided.
North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Broughton Hospital, Morganton, Burke County

2013 Hospital Survey Information

Hospital Type: Specialty Acute Care Hospital
Profit Status: Government
Admissions in 2013: 711
Patient Days in 2013: 88,709
Total Number of Beds: 278
FTE* Infection Preventionists: 2.00
Number of FTEs* per 100 beds: 0.72

*MTE = Full-time equivalent

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. Rates reported here may be higher than rates based on clinically-defined illness.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>0</td>
<td>88,709</td>
<td>0.00</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Table 1. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013

Clostridium 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>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>0</td>
<td>88,709</td>
<td>0.00</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Table 2. Number of Infections and Rate of CDI LabID, Jan-Dec 2013

Other Healthcare-Associated Infections (HAIs)

Specialty acute care hospitals do not report CLABSIs, CAUTIs, or SSIs to the N.C. Division of Public Health.

Commentary from Hospitals:
No comments provided.

Refer to Section IV of the N.C. HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program
N.C. HAI Quarterly Report (Consumer Version) - April 2014
2013 Hospital Survey Information

<table>
<thead>
<tr>
<th>Hospital Type:</th>
<th>Acute Care Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Affiliation:</td>
<td>No</td>
</tr>
<tr>
<td>Profit Status:</td>
<td>Not for Profit</td>
</tr>
<tr>
<td>Admissions in 2013:</td>
<td>4,252</td>
</tr>
<tr>
<td>Patient Days in 2013:</td>
<td>15,114</td>
</tr>
<tr>
<td>Total Number of Beds:</td>
<td>74</td>
</tr>
<tr>
<td>Number of ICU Beds:</td>
<td>5</td>
</tr>
<tr>
<td>FTE* Infection Preventionists:</td>
<td>0.60</td>
</tr>
<tr>
<td>Number of FTEs* per 100 beds:</td>
<td>0.81</td>
</tr>
</tbody>
</table>

*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>1</td>
<td>300</td>
<td>3.33</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>0</td>
<td>14,882</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Clostridium 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 Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>2</td>
<td>14,882</td>
<td>1.34</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is lower than NC hospitals overall.

Figure 3. Rates and 95% Confidence Intervals, Jan-Dec 2013.


Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program

N.C. HAI Quarterly Report (Consumer Version) - April 2014
North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Brunswick Novant Medical Center, Bolivia, Brunswick County

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>0</td>
<td>781</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 4. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>0</td>
<td>21</td>
<td>0</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>1</td>
<td>56</td>
<td>1.79</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2013.

Commentary from Hospitals:
At Novant Health, the safety of our patients comes first. Our goal is to have the lowest possible infection rates and we continually monitor infection prevention tactics for improvement opportunities. We support transparency in reporting infection rates and make common infection data available on our website. More information can be found under “quality” on NovantHealth.org.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program
N.C. HAI Quarterly Report (Consumer Version) - April 2014
North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Caldwell Memorial Hospital, Lenoir, Caldwell County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
Medical Affiliation: Undergraduate  
Profit Status: Not for Profit  
Admissions in 2013: 6,014  
Patient Days in 2013: 20,807  
Total Number of Beds: 82  
Number of ICU Beds: 10  
FTE* Infection Preventionists: 1.00  
Number of FTEs* per 100 beds: 1.22  

*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>1</td>
<td>1,435</td>
<td>0.7</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>0</td>
<td>21,763</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>11</td>
<td>20,967</td>
<td>5.25</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 3. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program
N.C. HAI Quarterly Report (Consumer Version) - April 2014
**Catheter-Associated Urinary Tract Infections (CAUTI)**

Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>1</td>
<td>2,044</td>
<td>0.49</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

**Bar Graph Interpretations:**
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 4. Rates and 95% Confidence Intervals, Jan-Dec 2013.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>0</td>
<td>32</td>
<td>0</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations:**
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

**Surgical Site Infections (SSI) after Colon Surgeries**

Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>0</td>
<td>25</td>
<td>0</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations:**
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2013.

**Commentary from Hospitals:**
No comments provided.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program
N.C. HAI Quarterly Report (Consumer Version) - April 2014
North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Cape Fear Valley Health System, Fayetteville, Cumberland County

| Hospital Type: | Acute Care Hospital |
| Medical Affiliation: | No |
| Profit Status: | Not for Profit |
| Admissions in 2013: | 32,081 |
| Patient Days in 2013: | 174,314 |
| Total Number of Beds: | 602 |
| Number of ICU Beds: | 90 |
| Number of FTE* Infection Preventionists: | 3.25 |
| Number of FTEs* per 100 beds: | 0.54 |

*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>12</td>
<td>9,910</td>
<td>1.21</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

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. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>25</td>
<td>156,604</td>
<td>0.16</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:
Hospital rate is higher than similarly-sized hospitals.
Hospital rate is higher than NC hospitals overall.

Clostridium 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 Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>84</td>
<td>134,154</td>
<td>6.26</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.


N.C. Division of Public Health, HAI Prevention Program

N.C. HAI Quarterly Report (Consumer Version) - April 2014
Catheter-Associated Urinary Tract Infections (CAUTI)

Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>32</td>
<td>11,296</td>
<td>2.83</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>3</td>
<td>339</td>
<td>0.88</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>8</td>
<td>294</td>
<td>2.72</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Commentary from Hospitals:
No comments provided.
North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
CarePartners Health Services, Asheville, Buncombe County

2013 Hospital Survey Information

<table>
<thead>
<tr>
<th>Hospital Type:</th>
<th>Inpatient Rehabilitation Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Profit Status:</td>
<td>Not for Profit</td>
</tr>
<tr>
<td>Admissions in 2013:</td>
<td>1,328</td>
</tr>
<tr>
<td>Patient Days in 2013:</td>
<td>17,768</td>
</tr>
<tr>
<td>Total Number of Beds:</td>
<td>80</td>
</tr>
<tr>
<td>FTE* Infection Preventionists:</td>
<td>0.45</td>
</tr>
<tr>
<td>Number of FTEs* per 100 beds:</td>
<td>0.56</td>
</tr>
</tbody>
</table>

*FTE = Full-time equivalent

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 1. Number of Infections and Rate of CAUTI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting Wards</td>
<td>24</td>
<td>1,470</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
Hospital rate is higher than all reporting inpatient rehabilitation wards in NC.

Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Other Healthcare-Associated Infections (HAIs)

Inpatient rehabilitation facilities (IRFs) do not report CLABSIs, LabID C. difficile, LabID MRSA Bacteremia or SSIs to the N.C. Division of Public Health.

Commentary from Hospitals:
No comments provided.

Refer to the HAI in N.C. Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program

N.C. HAI Quarterly Report (Consumer Version) - April 2014
2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
Medical Affiliation: No
Profit Status: Not for Profit
Admissions in 2013: 13,918
Patient Days in 2013: 60,136
Total Number of Beds: 350
Number of ICU Beds: 33
FTE* Infection Preventionists: 3.00
Number of FTEs* per 100 beds: 0.86
*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>0</td>
<td>2,554</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>2</td>
<td>61,691</td>
<td>0.03</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>15</td>
<td>59,122</td>
<td>2.54</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is lower than NC hospitals overall.

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CarolinaEast Medical Center, New Bern, Craven County

Catheter-Associated Urinary Tract Infections (CAUTI)

**Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.**

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>8</td>
<td>3,379</td>
<td>2.37</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

**Bar Graph Interpretations:**
Hospital rate is not different from similarly-sized hospitals.  
Hospital rate is not different from NC hospitals overall.

---

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

**Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.**

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>0</td>
<td>89</td>
<td>0</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.  
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations:**
A comparison to similarly-sized hospitals was not conducted.  
A comparison to NC hospitals overall was not conducted.

---

**Surgical Site Infections (SSI) after Colon Surgeries**

**Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.**

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>4</td>
<td>134</td>
<td>2.99</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.  
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations:**
Hospital rate is not different from similarly-sized hospitals.  
Hospital rate is not different from NC hospitals overall.

---

**Commentary from Hospitals:**
No comments provided.

---

Data as of March 18, 2014.  
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---
Central Line-Associated Bloodstream Infections (CLABSI)

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>1</td>
<td>816</td>
<td>1.23</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:
- Hospital rate is not different from similarly-sized hospitals.
- Hospital rate is not different from NC hospitals overall.

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>0</td>
<td>16,081</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:
- A comparison to similarly-sized hospitals was not conducted.
- A comparison to NC hospitals overall was not conducted.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>8</td>
<td>15,325</td>
<td>5.22</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:
- Hospital rate is not different from similarly-sized hospitals.
- Hospital rate is not different from NC hospitals overall.


N.C. Division of Public Health, HAI Prevention Program

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Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>1</td>
<td>1,512</td>
<td>0.66</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>0</td>
<td>55</td>
<td>0</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>3</td>
<td>31</td>
<td>9.68</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Commentary from Hospitals:
The prevention and reduction of healthcare associated infections is a top priority at Carolinas Healthcare System hospitals. 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.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program
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**Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.**

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>33</td>
<td>26,638</td>
<td>1.24</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.

Hospital rate is not different from NC hospitals overall.

---

**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. Rates reported here may be higher than rates based on clinically-defined illness.

**Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.**

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>33</td>
<td>258,434</td>
<td>0.13</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.

Hospital rate is higher than NC hospitals overall.

---

**Clostridium 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 Infections and Rate of CDI LabID, Jan-Dec 2013.**

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>139</td>
<td>232,441</td>
<td>5.98</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

**Bar Graph Interpretations:**

Hospital rate is lower than similarly-sized hospitals.

Hospital rate is not different from NC hospitals overall.

---


Data as of March 18, 2014.

N.C. Division of Public Health, HAI Prevention Program

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Carolinas Medical Center, Charlotte, Mecklenburg County

---

### Catheter-Associated Urinary Tract Infections (CAUTI)

**Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.**

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>132</td>
<td>23,653</td>
<td>5.58</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

**Bar Graph Interpretations:**
- Hospital rate is higher than similarly-sized hospitals.
- Hospital rate is higher than NC hospitals overall.

**Figure 4. Rates and 95% Confidence Intervals, Jan-Dec 2013.**

---

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

**Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.**

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>12</td>
<td>648</td>
<td>1.85</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.  
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations:**
- Hospital rate is not different from similarly-sized hospitals.
- Hospital rate is not different from NC hospitals overall.

**Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.**

---

### Surgical Site Infections (SSI) after Colon Surgeries

**Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.**

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>18</td>
<td>373</td>
<td>4.83</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.  
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations:**
- Hospital rate is not different from similarly-sized hospitals.
- Hospital rate is not different from NC hospitals overall.

**Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2013.**

---

**Commentary from Hospitals:**

The prevention and reduction of healthcare associated infections is a top priority at Carolinas Healthcare System hospitals. 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.

---

Data as of March 18, 2014.  
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North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Carolinas Medical Center-Mercy, Charlotte, Mecklenburg County

2013 Hospital Survey Information

<table>
<thead>
<tr>
<th>Hospital Type:</th>
<th>Acute Care Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Affiliation:</td>
<td>Graduate</td>
</tr>
<tr>
<td>Profit Status:</td>
<td>Not for Profit</td>
</tr>
<tr>
<td>Admissions in 2013:</td>
<td>8,545</td>
</tr>
<tr>
<td>Patient Days in 2013:</td>
<td>33,867</td>
</tr>
<tr>
<td>Total Number of Beds:</td>
<td>162</td>
</tr>
<tr>
<td>Number of ICU Beds:</td>
<td>20</td>
</tr>
<tr>
<td>FTE* Infection Preventionists:</td>
<td>1.00</td>
</tr>
<tr>
<td>Number of FTEs* per 100 beds:</td>
<td>0.62</td>
</tr>
</tbody>
</table>

*FTE = Full-time equivalent

Central Line-Associated bloodstream Infections (CLABSII)

Table 1. Number of Infections and Rate of CLABSII, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>3</td>
<td>2,093</td>
<td>1.43</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>3</td>
<td>32,403</td>
<td>0.09</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>23</td>
<td>32,403</td>
<td>7.1</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.


Data as of March 18, 2014.

N.C. Division of Public Health, HAI Prevention Program

N.C. HAI Quarterly Report (Consumer Version) - April 2014

55
Catheter-Associated Urinary Tract Infections (CAUTI)

Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>10</td>
<td>2,559</td>
<td>3.91</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
Hospital rate is higher than similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 4. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>0</td>
<td>98</td>
<td>0</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>2</td>
<td>103</td>
<td>1.94</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2013.

Commentary from Hospitals:
The prevention and reduction of healthcare associated infections is a top priority at Carolinas Healthcare System hospitals. 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.


Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program
N.C. HAI Quarterly Report (Consumer Version) - April 2014
### Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>2</td>
<td>4,705</td>
<td>0.43</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**
- Hospital rate is not different from similarly-sized hospitals.
- Hospital rate is not different from NC hospitals overall.

### Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>11</td>
<td>107,841</td>
<td>0.1</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

**Bar Graph Interpretations:**
- Hospital rate is not different from similarly-sized hospitals.
- Hospital rate is not different from NC hospitals overall.

### Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>56</td>
<td>99,160</td>
<td>5.65</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

**Bar Graph Interpretations:**
- Hospital rate is not different from similarly-sized hospitals.
- Hospital rate is not different from NC hospitals overall.
North Carolina Healthcare-Associated Infections Report  
Data from January 1 – December 31, 2013  
Carolinan Medical Center-Northeast, Concord, Cabarrus County

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>24</td>
<td>6,138</td>
<td>3.91</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 4. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>4</td>
<td>345</td>
<td>1.16</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.  
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.  
Hospital rate is not different from NC hospitals overall.

Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>6</td>
<td>233</td>
<td>2.58</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.  
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.  
Hospital rate is not different from NC hospitals overall.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2013.

Commentary from Hospitals:
The prevention and reduction of healthcare associated infections is a top priority at Carolinas Healthcare System hospitals. 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.

Data as of March 18, 2014.  
N.C. Division of Public Health, HAI Prevention Program  
N.C. HAI Quarterly Report (Consumer Version) - April 2014
North Carolina Healthcare-Associated Infections Report  
Data from January 1 – December 31, 2013  
Carolinas Medical Center-Pineville, Charlotte, Mecklenburg County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
Medical Affiliation: No  
Profit Status: Not for Profit  
Admissions in 2013: 14,811  
Patient Days in 2013: 57,020  
Total Number of Beds: 206  
Number of ICU Beds: 40  
FTE* Infection Preventionists: 1.00  
Number of FTEs* per 100 beds: 0.49  

*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>4</td>
<td>3,438</td>
<td>1.16</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>6</td>
<td>58,117</td>
<td>0.1</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>26</td>
<td>50,240</td>
<td>5.18</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 3. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program  
N.C. HAI Quarterly Report (Consumer Version) - April 2014
North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Carolinas Medical Center-Pineville, Charlotte, Mecklenburg County

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>18</td>
<td>4,334</td>
<td>4.15</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 4. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>1</td>
<td>319</td>
<td>0.31</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>1</td>
<td>129</td>
<td>0.78</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2013.

Commentary from Hospitals:
The prevention and reduction of healthcare associated infections is a top priority at Carolinas Healthcare System hospitals. 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.

Data as of March 18, 2014.

N.C. Division of Public Health, HAI Prevention Program
N.C. HAI Quarterly Report (Consumer Version) - April 2014
### 2013 Hospital Survey Information

- **Hospital Type:** Acute Care Hospital
- **Medical Affiliation:** No
- **Profit Status:** Not for Profit
- **Admissions in 2013:** 0
- **Patient Days in 2013:** 0
- **Total Number of Beds:** 0
- **Number of ICU Beds:** 0
- **FTE* Infection Preventionists:** 1.00
- **Number of FTEs* per 100 beds:** .

*FTE = Full-time equivalent

### Central Line-Associated Bloodstream Infections (CLABSI)

#### Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>0</td>
<td>1,566</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

- A comparison to similarly-sized hospitals was not conducted.
- A comparison to NC hospitals overall was not conducted.

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

#### Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>0</td>
<td>28,583</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

**Bar Graph Interpretations:**

- A comparison to similarly-sized hospitals was not conducted.
- A comparison to NC hospitals overall was not conducted.

### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

#### Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>11</td>
<td>25,618</td>
<td>4.29</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

**Bar Graph Interpretations:**

- Hospital rate is not different from similarly-sized hospitals.
- Hospital rate is not different from NC hospitals overall.
Catheter-Associated Urinary Tract Infections (CAUTI)

Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>7</td>
<td>2,347</td>
<td>2.98</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 4. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>2</td>
<td>54</td>
<td>3.7</td>
</tr>
</tbody>
</table>

Infections from deep incisonal and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>1</td>
<td>95</td>
<td>1.05</td>
</tr>
</tbody>
</table>

Infections from deep incisonal and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2013.

Commentary from Hospitals:
The prevention and reduction of healthcare associated infections is a top priority at Carolinas Healthcare System hospitals. 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.
Central Line-Associated Bloodstream Infections (CLABSI)

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>0</td>
<td>1,167</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>1</td>
<td>23,911</td>
<td>0.04</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:
Hospital rate is different from similarly-sized hospitals.
Hospital rate is different from NC hospitals overall.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>2</td>
<td>19,628</td>
<td>1.02</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is lower than NC hospitals overall.


Data as of March 18, 2014.

N.C. Division of Public Health, HAI Prevention Program

N.C. HAI Quarterly Report (Consumer Version) - April 2014
The prevention and reduction of healthcare associated infections is a top priority at Carolinas Healthcare System hospitals. 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.


Data as of March 18, 2014.

N.C. Division of Public Health, HAI Prevention Program

N.C. HAI Quarterly Report (Consumer Version) - April 2014
North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Carolinas Rehabilitation, Charlotte, Mecklenburg County

2013 Hospital Survey Information

<table>
<thead>
<tr>
<th>Information</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Type</td>
<td>Inpatient Rehabilitation Facility</td>
</tr>
<tr>
<td>Profit Status</td>
<td>Not for Profit</td>
</tr>
<tr>
<td>Admissions in 2013</td>
<td>2,850</td>
</tr>
<tr>
<td>Patient Days in 2013</td>
<td>48,420</td>
</tr>
<tr>
<td>Total Number of Beds</td>
<td>159</td>
</tr>
<tr>
<td>FTE* Infection Preventionists</td>
<td>1.00</td>
</tr>
<tr>
<td>Number of FTEs* per 100 beds</td>
<td>0.63</td>
</tr>
</tbody>
</table>

*FTE = Full-time equivalent

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 1. Number of Infections and Rate of CAUTI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th></th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting Wards</td>
<td>4</td>
<td>2,833</td>
<td>1.41</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
Hospital rate is not different from all reporting inpatient rehabilitation wards in NC.

Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Other Healthcare-Associated Infections (HAIs)

Inpatient rehabilitation facilities (IRFs) do not report CLABSIs, LabID C. difficile, LabID MRSA Bacteremia or SSIs to the N.C. Division of Public Health.

Commentary from Hospitals:
The prevention and reduction of healthcare associated infections is a top priority at Carolinas Healthcare System hospitals. 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.

Refer to the HAI in N.C. Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of March 18, 2014.
**2013 Hospital Survey Information**

- **Hospital Type:** Long-term Acute Care Hospital
- **Profit Status:** For Profit
- **Admissions in 2013:** 471
- **Patient Days in 2013:** 11,948
- **Total Number of Beds:** 40
- **FTE* Infection Preventionists:** 1.25
- **Number of FTEs* per 100 beds:** 3.13

*FTE = Full-time equivalent

---

### Central Line-Associated Bloodstream Infections (CLABSI)

**Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.**

<table>
<thead>
<tr>
<th>Total for Reporting Units</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>7,862</td>
<td>0.64</td>
<td></td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

Hospital rate is not different from NC long-term acute care hospitals overall.

---

### Catheter-Associated Urinary Tract Infections (CAUTI)

**Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2013.**

<table>
<thead>
<tr>
<th>Total for Reporting Units</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>7,128</td>
<td></td>
<td>1.4</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

**Bar Graph Interpretations:**

Hospital rate is not different from NC long-term acute care hospitals overall.

---

### Other Healthcare-Associated Infections (HAIs)

Long-term acute care hospitals (LTACs) do not report LabID C. difficile, LabID MRSA Bacteremia or SSIs to the N.C. Division of Public Health.

---

**Commentary from Hospitals:**

No comments provided.

---

Refer to the HAI in N.C. Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).

Data as of March 18, 2014.

N.C. Division of Public Health, HAI Prevention Program

N.C. HAI Quarterly Report (Consumer Version) - April 2014
2013 Hospital Survey Information

<table>
<thead>
<tr>
<th>Hospital Type:</th>
<th>Acute Care Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Affiliation:</td>
<td>No</td>
</tr>
<tr>
<td>Profit Status:</td>
<td>Not for Profit</td>
</tr>
<tr>
<td>Admissions in 2013:</td>
<td>6,993</td>
</tr>
<tr>
<td>Patient Days in 2013:</td>
<td>25,707</td>
</tr>
<tr>
<td>Total Number of Beds:</td>
<td>135</td>
</tr>
<tr>
<td>Number of ICU Beds:</td>
<td>8</td>
</tr>
<tr>
<td>FTE* Infection Preventionists:</td>
<td>1.50</td>
</tr>
<tr>
<td>Number of FTEs* per 100 beds:</td>
<td>1.11</td>
</tr>
</tbody>
</table>

*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>3</td>
<td>1,555</td>
<td>1.93</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:
- Hospital rate is not different from similarly-sized hospitals.
- Hospital rate is not different from NC hospitals overall.

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. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>2</td>
<td>24,720</td>
<td>0.08</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:
- Hospital rate is not different from similarly-sized hospitals.
- Hospital rate is not different from NC hospitals overall.

Clostridium 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 Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>3</td>
<td>22,939</td>
<td>1.35</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:
- Hospital rate is lower than similarly-sized hospitals.
- Hospital rate is lower than NC hospitals overall.

Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Figure 3. Rates and 95% Confidence Intervals, Jan-Dec 2013.


Data as of March 18, 2014.

N.C. Division of Public Health, HAI Prevention Program

N.C. HAI Quarterly Report (Consumer Version) - April 2014
Catheter-Associated Urinary Tract Infections (CAUTI)

Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>3</td>
<td>1,973</td>
<td>1.52</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals. Hospital rate is not different from NC hospitals overall.

Figure 4. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>1</td>
<td>23</td>
<td>4.35</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space. Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals. Hospital rate is not different from NC hospitals overall.

Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>2</td>
<td>89</td>
<td>2.25</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space. Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals. Hospital rate is not different from NC hospitals overall.

Figure 6. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Commentary from Hospitals:
No comments provided.


Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program

N.C. HAI Quarterly Report (Consumer Version) - April 2014
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2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
Medical Affiliation: No  
Profit Status: Not for Profit  
Admissions in 2013: 11,470  
Patient Days in 2013: 53,916  
Total Number of Beds: 190  
Number of ICU Beds: 32  
FTE* Infection Preventionists: 2.00  
Number of FTEs* per 100 beds: 1.05

Central Line-Associated Bloodstream Infections (CLABSII)

Table 1. Number of Infections and Rate of CLABSII, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>1</td>
<td>2,092</td>
<td>0.48</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:
- Hospital rate is not different from similarly-sized hospitals.
- Hospital rate is not different from NC hospitals overall.

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. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>0</td>
<td>49,966</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:
- A comparison to similarly-sized hospitals was not conducted.
- A comparison to NC hospitals overall was not conducted.

Clostridium 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 Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>23</td>
<td>43,918</td>
<td>5.24</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:
- Hospital rate is not different from similarly-sized hospitals.
- Hospital rate is not different from NC hospitals overall.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program  
N.C. HAI Quarterly Report (Consumer Version) - April 2014
Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>9</td>
<td>2,364</td>
<td>3.81</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
Hospital rate is higher than similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>1</td>
<td>103</td>
<td>0.97</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>0</td>
<td>74</td>
<td>0</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.
North Carolina Healthcare-Associated Infections Report  
Data from January 1 – December 31, 2013  
Central Carolina Hospital, Sanford, Lee County

2013 Hospital Survey Information

<table>
<thead>
<tr>
<th>Hospital Type:</th>
<th>Acute Care Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Affiliation:</td>
<td>No</td>
</tr>
<tr>
<td>Profit Status:</td>
<td>For Profit</td>
</tr>
<tr>
<td>Admissions in 2013:</td>
<td>5,062</td>
</tr>
<tr>
<td>Patient Days in 2013:</td>
<td>17,530</td>
</tr>
<tr>
<td>Total Number of Beds:</td>
<td>116</td>
</tr>
<tr>
<td>Number of ICU Beds:</td>
<td>8</td>
</tr>
<tr>
<td>FTE* Infection Preventionists:</td>
<td>0.50</td>
</tr>
<tr>
<td>Number of FTEs* per 100 beds:</td>
<td>0.43</td>
</tr>
</tbody>
</table>

*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSIs)

Table 1. Number of Infections and Rate of CLABSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>0</td>
<td>1,244</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>1</td>
<td>17,530</td>
<td>0.06</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>7</td>
<td>16,095</td>
<td>4.35</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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: 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: 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.


Data as of March 18, 2014.

N.C. Division of Public Health, HAI Prevention Program

N.C. HAI Quarterly Report (Consumer Version) - April 2014
North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Central Carolina Hospital, Sanford, Lee County

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>0</td>
<td>1,327</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>0</td>
<td>67</td>
<td>0</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>0</td>
<td>62</td>
<td>0</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 4. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>0</td>
<td>1,327</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2013.

Commentary from Hospitals:
No comments provided.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program

N.C. HAI Quarterly Report (Consumer Version) - April 2014
Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Table 1. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>1</td>
<td>33,079</td>
<td>0.03</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:
- Hospital rate is not different from similarly-sized hospitals.
- Hospital rate is not different from NC hospitals overall.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Table 2. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>4</td>
<td>88,422</td>
<td>0.45</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:
- Hospital rate is lower than similarly-sized hospitals.
- Hospital rate is lower than NC hospitals overall.

Other Healthcare-Associated Infections (HAIs)

Specialty acute care hospitals do not report CLABSIs, CAUTIs, or SSIs to the N.C. Division of Public Health.

Commentary from Hospitals:
No comments provided.
### 2013 Hospital Survey Information

- **Hospital Type:** Specialty Acute Care Hospital
- **Profit Status:** Government
- **Admissions in 2013:** 932
- **Patient Days in 2013:** 66,357
- **Total Number of Beds:** 241
- **FTE* Infection Preventionists:** 1.00
- **Number of FTEs* per 100 beds:** 0.41

*MTE = Full-time equivalent

### 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. Rates reported here may be higher than rates based on clinically-defined illness.*

#### Table 1. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>0</td>
<td>63,357</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

**Bar Graph Interpretations:**

- A comparison to similarly-sized hospitals was not conducted.
- A comparison to NC hospitals overall was not conducted.

#### Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.

### Clostridium 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 2. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>0</td>
<td>63,357</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

**Bar Graph Interpretations:**

- A comparison to similarly-sized hospitals was not conducted.
- A comparison to NC hospitals overall was not conducted.

#### Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

### Other Healthcare-Associated Infections (HAIs)

Specialty acute care hospitals do not report CLABSIs, CAUTIs, or SSIs to the N.C. Division of Public Health.

### Commentary from Hospitals:

No comments provided.

### 2013 Hospital Survey Information

<table>
<thead>
<tr>
<th>Hospital Type:</th>
<th>Acute Care Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Affiliation:</td>
<td>No</td>
</tr>
<tr>
<td>Profit Status:</td>
<td>Not for Profit</td>
</tr>
<tr>
<td>Admissions in 2013:</td>
<td>9,198</td>
</tr>
<tr>
<td>Patient Days in 2013</td>
<td>37,792</td>
</tr>
<tr>
<td>Total Number of Beds</td>
<td>241</td>
</tr>
<tr>
<td>Number of ICU Beds:</td>
<td>18</td>
</tr>
<tr>
<td>FTE Infection Preventionists:</td>
<td>1.50</td>
</tr>
<tr>
<td>Number of FTEs* per 100 beds:</td>
<td>0.62</td>
</tr>
</tbody>
</table>

*FTE = Full-time equivalent

### Central Line-Associated Bloodstream Infections (CLABSI)

#### Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>3</td>
<td>1,951</td>
<td>1.54</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.  
Hospital rate is not different from NC hospitals overall.

#### Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.

### 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. Rates reported here may be higher than rates based on clinically-defined illness.

#### Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>4</td>
<td>37,792</td>
<td>0.11</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.  
Hospital rate is not different from NC hospitals overall.

#### Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

### Clostridium 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 Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>16</td>
<td>37,792</td>
<td>4.23</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.  
Hospital rate is not different from NC hospitals overall.

#### Figure 3. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Data as of March 18, 2014.  
N.C. Division of Public Health, HAI Prevention Program  
N.C. HAI Quarterly Report (Consumer Version) - April 2014
Catheter-Associated Urinary Tract Infections (CAUTI)

![Graph showing Catheter-Associated Urinary Tract Infections (CAUTI) rates for Cleveland Regional Medical Center, Shelby, Cleveland County.](image)

**Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.**

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>4</td>
<td>3,284</td>
<td>1.22</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

**Bar Graph Interpretations:**
Hospital rate is not different from similarly-sized hospitals. Hospital rate is not different from NC hospitals overall.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

![Graph showing Surgical Site Infections (SSI) after Abdominal Hysterectomies for Cleveland Regional Medical Center, Shelby, Cleveland County.](image)

**Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.**

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>2</td>
<td>112</td>
<td>1.79</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space. Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations:**
Hospital rate is not different from similarly-sized hospitals. Hospital rate is not different from NC hospitals overall.

Surgical Site Infections (SSI) after Colon Surgeries

![Graph showing Surgical Site Infections (SSI) after Colon Surgeries for Cleveland Regional Medical Center, Shelby, Cleveland County.](image)

**Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.**

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>8</td>
<td>95</td>
<td>8.42</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space. Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations:**
Hospital rate is not different from similarly-sized hospitals. Hospital rate is higher than NC hospitals overall.

Commentary from Hospitals:
The prevention and reduction of healthcare associated infections is a top priority at Cleveland County Healthcare System hospitals. 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.


N.C. Division of Public Health, HAI Prevention Program

N.C. HAI Quarterly Report (Consumer Version) - April 2014
North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Columbus Regional Healthcare System, Whiteville, Columbus County

2013 Hospital Survey Information

<table>
<thead>
<tr>
<th>Hospital Type:</th>
<th>Acute Care Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Affiliation:</td>
<td>No</td>
</tr>
<tr>
<td>Profit Status:</td>
<td>Not for Profit</td>
</tr>
<tr>
<td>Admissions in 2013:</td>
<td>5,132</td>
</tr>
<tr>
<td>Patient Days in 2013:</td>
<td>20,225</td>
</tr>
<tr>
<td>Total Number of Beds:</td>
<td>86</td>
</tr>
<tr>
<td>Number of ICU Beds:</td>
<td>9</td>
</tr>
<tr>
<td>FTE* Infection Preventionists:</td>
<td>1.05</td>
</tr>
<tr>
<td>Number of FTEs* per 100 beds:</td>
<td>1.22</td>
</tr>
</tbody>
</table>

*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>0</td>
<td>485</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>2</td>
<td>20,231</td>
<td>0.1</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Clostridium 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 Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>20</td>
<td>19,452</td>
<td>10.3</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:
Hospital rate is higher than similarly-sized hospitals.
Hospital rate is higher than NC hospitals overall.

Figure 3. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program

N.C. HAI Quarterly Report (Consumer Version) - April 2014
Catheter-Associated Urinary Tract Infections (CAUTI)

Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>3</td>
<td>852</td>
<td>3.52</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 4. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>0</td>
<td>71</td>
<td>0</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>0</td>
<td>67</td>
<td>0</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2013.

Commentary from Hospitals:
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.
2013 Hospital Survey Information

Hospital Type: Long-term Acute Care Hospital
Profit Status: Not for Profit
Admissions in 2013: 120
Patient Days in 2013: 2,996
Total Number of Beds: 41
FTE* Infection Preventionists: 0.25
Number of FTEs* per 100 beds: 0.61

*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting Units</td>
<td>0</td>
<td>2,505</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:
A comparison to NC long-term acute care hospitals was not conducted.

Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting Units</td>
<td>1</td>
<td>1,410</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
Hospital rate is not different from NC long-term acute care hospitals overall.

Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Other Healthcare-Associated Infections (HAIs)

Long-term acute care hospitals (LTACs) do not report LabID C. difficile, LabID MRSA Bacteremia or SSIs to the N.C. Division of Public Health.

Commentary from Hospitals:
No comments provided.

Refer to the HAI in N.C. Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program  
N.C. HAI Quarterly Report (Consumer Version) - April 2014
North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Davis Regional Medical Center, Statesville, Iredell County

2013 Hospital Survey Information

<table>
<thead>
<tr>
<th>Hospital Type:</th>
<th>Acute Care Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Affiliation:</td>
<td>No</td>
</tr>
<tr>
<td>Profit Status:</td>
<td>For Profit</td>
</tr>
<tr>
<td>Admissions in 2013:</td>
<td>4,000</td>
</tr>
<tr>
<td>Patient Days in 2013:</td>
<td>19,524</td>
</tr>
<tr>
<td>Total Number of Beds:</td>
<td>131</td>
</tr>
<tr>
<td>Number of ICU Beds:</td>
<td>8</td>
</tr>
<tr>
<td>FTE* Infection Preventionists:</td>
<td>1.00</td>
</tr>
<tr>
<td>Number of FTEs* per 100 beds:</td>
<td>0.76</td>
</tr>
</tbody>
</table>

*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>2</td>
<td>424</td>
<td>4.72</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>0</td>
<td>19,526</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Clostridium 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 Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>1</td>
<td>19,526</td>
<td>0.51</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:
Hospital rate is lower than similarly-sized hospitals.
Hospital rate is lower than NC hospitals overall.

Figure 3. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Data as of March 18, 2014.

N.C. Division of Public Health, HAI Prevention Program

N.C. HAI Quarterly Report (Consumer Version) - April 2014
North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Davis Regional Medical Center, Statesville, Iredell County

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>2</td>
<td>1,140</td>
<td>1.75</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 4. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>1</td>
<td>23</td>
<td>4.35</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>1</td>
<td>25</td>
<td>4</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2013.

Commentary from Hospitals:
No comments provided.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program
N.C. HAI Quarterly Report (Consumer Version) - April 2014
North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Duke Raleigh Hospital, Raleigh, Wake County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
Medical Affiliation: No
Profit Status: Not for Profit
Admissions in 2013: 7,832
Patient Days in 2013: 39,088
Total Number of Beds: 148
Number of ICU Beds: 15
FTE* Infection Preventionists: 2.00
Number of FTEs* per 100 beds: 1.35

*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>0</td>
<td>1,167</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

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. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>0</td>
<td>39,088</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Clostridium 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 Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>27</td>
<td>39,088</td>
<td>6.91</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program
N.C. HAI Quarterly Report (Consumer Version) - April 2014

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North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Duke Raleigh Hospital, Raleigh, Wake County

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>2</td>
<td>2,210</td>
<td>0.9</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>0</td>
<td>108</td>
<td>0</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>4</td>
<td>156</td>
<td>2.56</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Commentary from Hospitals:
No comments provided.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program  
N.C. HAI Quarterly Report (Consumer Version) - April 2014
2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
Medical Affiliation: Major  
Profit Status: Not for Profit  
Admissions in 2013: 15,973  
Patient Days in 2013: 75,194  
Total Number of Beds: 204  
Number of ICU Beds: 22  
FTE* Infection Preventionists: 2.50  
Number of FTEs* per 100 beds: 1.23  

*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSIs)

Table 1. Number of Infections and Rate of CLABSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>3</td>
<td>3,357</td>
<td>0.89</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>1</td>
<td>75,194</td>
<td>0.01</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>64</td>
<td>71,023</td>
<td>9.01</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:
Hospital rate is higher than similarly-sized hospitals.
Hospital rate is higher than NC hospitals overall.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program  
N.C. HAI Quarterly Report (Consumer Version) - April 2014
Catheter-Associated Urinary Tract Infections (CAUTI)

Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>8</td>
<td>4,093</td>
<td>1.95</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 4. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>0</td>
<td>282</td>
<td>0</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>4</td>
<td>86</td>
<td>4.65</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2013.

Commentary from Hospitals:
No comments provided.


Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program
N.C. HAI Quarterly Report (Consumer Version) - April 2014
**2013 Hospital Survey Information**

- Hospital Type: Acute Care Hospital
- Medical Affiliation: Major
- Profit Status: Not for Profit
- Admissions in 2013: 41,812
- Patient Days in 2013: 246,983
- Total Number of Beds: 915
- Number of ICU Beds: 226
- FTE* Infection Preventionists: 1.00
- Number of FTEs* per 100 beds: 0.11

*FTE = Full-time equivalent

**Central Line-Associated Bloodstream Infections (CLABSI)**

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>36</td>
<td>25,556</td>
<td>1.41</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:
- Hospital rate is not different from similarly-sized hospitals.
- Hospital rate is not different from NC hospitals overall.

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>15</td>
<td>274,829</td>
<td>0.05</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:
- Hospital rate is not different from similarly-sized hospitals.
- Hospital rate is not different from NC hospitals overall.

**Clostridium difficile Laboratory-Identified Infections (CDI LabID)**

Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>204</td>
<td>259,758</td>
<td>7.85</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:
- Hospital rate is not different from similarly-sized hospitals.
- Hospital rate is higher than NC hospitals overall.

Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Figure 3. Rates and 95% Confidence Intervals, Jan-Dec 2013.
Catheter-Associated Urinary Tract Infections (CAUTI)

![Bar Chart](image1.png)

**Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.**

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>50</td>
<td>19,850</td>
<td>2.52</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

**Bar Graph Interpretations:**
- Hospital rate is lower than similarly-sized hospitals.
- Hospital rate is not different from NC hospitals overall.

Figure 4. Rates and 95% Confidence Intervals, Jan-Dec 2013.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

![Bar Chart](image2.png)

**Table 5. Number of Infections and Rate of SSI, Jan-Dec 2013.**

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>0</td>
<td>386</td>
<td>0</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations:**
- A comparison to similarly-sized hospitals was not conducted.
- A comparison to NC hospitals overall was not conducted.

Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

**Surgical Site Infections (SSI) after Colon Surgeries**

![Bar Chart](image3.png)

**Table 6. Number of Infections and Rate of SSI, Jan-Dec 2013.**

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>6</td>
<td>277</td>
<td>2.17</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations:**
- Hospital rate is not different from similarly-sized hospitals.
- Hospital rate is not different from NC hospitals overall.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2013.

**Commentary from Hospitals:**
- No comments provided.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program
N.C. HAI Quarterly Report (Consumer Version) - April 2014
North Carolina Healthcare-Associated Infections Report  
Data from January 1 – December 31, 2013  
FirstHealth Moore Regional Hospital, Pinehurst, Moore County

2013 Hospital Survey Information

| Hospital Type: | Acute Care Hospital |
| Medical Affiliation: | No |
| Profit Status: | Not for Profit |
| Admissions in 2013: | 26,666 |
| Patient Days in 2013: | 108,981 |
| Total Number of Beds: | 470 |
| Number of ICU Beds: | 62 |
| FTE* Infection Preventionists: | 4.00 |
| Number of FTEs* per 100 beds: | 0.85 |

*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>0</td>
<td>5,729</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>8</td>
<td>108,641</td>
<td>0.07</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>63</td>
<td>102,891</td>
<td>6.12</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Figure 3. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program  
N.C. HAI Quarterly Report (Consumer Version) - April 2014
North Carolina Healthcare-Associated Infections Report  
Data from January 1 – December 31, 2013  
FirstHealth Moore Regional Hospital, Pinehurst, Moore County

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>15</td>
<td>7,497</td>
<td>2</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 4. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>0</td>
<td>91</td>
<td>0</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.  
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.  
A comparison to NC hospitals overall was not conducted.

Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>4</td>
<td>174</td>
<td>2.3</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.  
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.  
Hospital rate is not different from NC hospitals overall.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2013.

Commentary from Hospitals:
Over the past year, FirstHealth has strived to continue to reduce our infections by continuing to educate staff on infection prevention, emphasizing hand hygiene, and following all evidence based practices to reduce infections. We have worked to decrease use of urinary catheters and worked with our operating room to assure all measures are taken to prevent surgical site infections such as appropriate use of antibiotics. We are also participating in the Partnership for Patients Collaborative with the North Carolina Quality Center.


N.C. Division of Public Health, HAI Prevention Program  
N.C. HAI Quarterly Report (Consumer Version) - April 2014
2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
Medical Affiliation: No
Profit Status: Not for Profit
Admissions in 2013: 41,421
Patient Days in 2013: 235,066
Total Number of Beds: 913
Number of ICU Beds: 132
Number of FTE* Infection Preventionists: 5.00
Number of FTEs* per 100 beds: 0.55

*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>12</td>
<td>15,650</td>
<td>0.77</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

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. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>22</td>
<td>235,066</td>
<td>0.09</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Clostridium 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 Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>190</td>
<td>221,120</td>
<td>8.59</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:
Hospital rate is higher than similarly-sized hospitals.
Hospital rate is higher than NC hospitals overall.

N.C. Division of Public Health, HAI Prevention Program
N.C. HAI Quarterly Report (Consumer Version) - April 2014
North Carolina Healthcare-Associated Infections Report  
Data from January 1 – December 31, 2013  
Forsyth Medical Center, Winston Salem, Forsyth County

**Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.**

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>39</td>
<td>16,976</td>
<td>2.3</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

**Bar Graph Interpretations:**
Hospital rate is not different from similarly-sized hospitals.  
Hospital rate is not different from NC hospitals overall.

Figure 4. Rates and 95% Confidence Intervals, Jan-Dec 2013.

**Surgical Site Infections (SSI) after Abdominal Hysterectomies**

**Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.**

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>2</td>
<td>163</td>
<td>1.23</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.  
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations:**
Hospital rate is not different from similarly-sized hospitals.  
Hospital rate is not different from NC hospitals overall.

Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

**Surgical Site Infections (SSI) after Colon Surgeries**

**Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.**

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>10</td>
<td>256</td>
<td>3.91</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.  
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations:**
Hospital rate is not different from similarly-sized hospitals.  
Hospital rate is not different from NC hospitals overall.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2013.

**Commentary from Hospitals:**
At Novant Health, the safety of our patients comes first. Our goal is to have the lowest possible infection rates and we continually monitor infection prevention tactics for improvement opportunities. We support transparency in reporting infection rates and make common infection data available on our website. More information can be found under “quality” on NovantHealth.org.

**Commentary from Hospitals:**
Data as of March 18, 2014.  
N.C. Division of Public Health, HAI Prevention Program  
N.C. HAI Quarterly Report (Consumer Version) - April 2014
### 2013 Hospital Survey Information

- **Hospital Type:** Acute Care Hospital
- **Medical Affiliation:** No
- **Profit Status:** Not for Profit
- **Admissions in 2013:** 1,387
- **Patient Days in 2013:** 4,539
- **Total Number of Beds:** 70
- **Number of ICU Beds:** 6
- **FTE* Infection Preventionists:** 0.50
- **Number of FTEs* per 100 beds:** 0.71

*FTE = Full-time equivalent

A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>0</td>
<td>163</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

### Central Line-Associated Bloodstream Infections (CLABSI)

#### Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>0</td>
<td>3,872</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

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

#### Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>0</td>
<td>3,872</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

#### Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>1</td>
<td>4,531</td>
<td>2.21</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Data as of March 18, 2014.

N.C. Division of Public Health, HAI Prevention Program
N.C. HAI Quarterly Report (Consumer Version) - April 2014
Catheter-Associated Urinary Tract Infections (CAUTI)

Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>0</td>
<td>376</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 4. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2013.

Commentary from Hospitals:
At Novant Health, the safety of our patients comes first. Our goal is to have the lowest possible infection rates and we continually monitor infection prevention tactics for improvement opportunities. We support transparency in reporting infection rates and make common infection data available on our website. More information can be found under “quality” on NovantHealth.org.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program
N.C. HAI Quarterly Report (Consumer Version) - April 2014
2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
Medical Affiliation: No
Profit Status: For Profit
Admissions in 2013: 9,096
Patient Days in 2013: 36,658
Total Number of Beds: 355
Number of ICU Beds: 24
FTE* Infection Preventionists: 1.90
Number of FTEs* per 100 beds: 0.54

*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>0</td>
<td>2,738</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:
- A comparison to similarly-sized hospitals was not conducted.
- A comparison to NC hospitals overall was not conducted.

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>0</td>
<td>37,395</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:
- A comparison to similarly-sized hospitals was not conducted.
- A comparison to NC hospitals overall was not conducted.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>12</td>
<td>36,702</td>
<td>3.27</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:
- Hospital rate is not different from similarly-sized hospitals.
- Hospital rate is lower than NC hospitals overall.


Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program

N.C. HAI Quarterly Report (Consumer Version) - April 2014
Catheter-Associated Urinary Tract Infections (CAUTI)

Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>13</td>
<td>3,955</td>
<td>3.29</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>1</td>
<td>67</td>
<td>1.49</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>2</td>
<td>96</td>
<td>2.08</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Commentary from Hospitals:
FRMC has zero central line blood stream infections. We implemented an alcohol impregnated port protector that guards against infection by keeping the needless valves of central lines protected and clean. Foley catheter related urinary tract infection is a challenge and we continue to work on removing the catheter when not necessary. Our commitment to the prevention of infections is a goal we take very seriously. Our commitment to our community to make certain our processes and policies are in line with achieving zero infections.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program
N.C. HAI Quarterly Report (Consumer Version) - April 2014
North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Gaston Memorial Hospital, Gastonia, Gaston County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
Medical Affiliation: No
Profit Status: Not for Profit
Admissions in 2013: 20,495
Patient Days in 2013: 101,051
Total Number of Beds: 402
Number of ICU Beds: 44
FTE* Infection Preventionists: 4.00
Number of FTEs* per 100 beds: 1.00

*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

![Central Line-Associated Bloodstream Infections (CLABSI) Graph]

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>4</td>
<td>6,157</td>
<td>0.65</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

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. Rates reported here may be higher than rates based on clinically-defined illness.

![Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID) Graph]

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>6</td>
<td>101,063</td>
<td>0.06</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Clostridium 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.

![Clostridium difficile Laboratory-Identified Infections (CDI LabID) Graph]

Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>71</td>
<td>91,973</td>
<td>7.72</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.


N.C. Division of Public Health, HAI Prevention Program
N.C. HAI Quarterly Report (Consumer Version) - April 2014
North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Gaston Memorial Hospital, Gastonia, Gaston County

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>13</td>
<td>6,237</td>
<td>2.08</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 4. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>1</td>
<td>171</td>
<td>0.58</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>8</td>
<td>166</td>
<td>4.82</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2013.

Commentary from Hospitals:
No comments provided.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program
N.C. HAI Quarterly Report (Consumer Version) - April 2014
Hospital Type: Acute Care Hospital
Medical Affiliation: No
Profit Status: Government
Admissions in 2013: 4,210
Patient Days in 2013: 12,345
Total Number of Beds: 62
Number of ICU Beds: 6
FTE* Infection Preventionists: 0.50
Number of FTEs* per 100 beds: 0.81

*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>0</td>
<td>473</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

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. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>0</td>
<td>7,956</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Clostridium 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 Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>2</td>
<td>7,462</td>
<td>2.68</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program
N.C. HAI Quarterly Report (Consumer Version) - April 2014
Catheter-Associated Urinary Tract Infections (CAUTI)

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Hosp Grp.</th>
<th>NC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>Hosp Grp.</td>
<td>NC</td>
</tr>
</tbody>
</table>

Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>0</td>
<td>752</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 4. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>0</td>
<td>28</td>
<td>0</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>0</td>
<td>23</td>
<td>0</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2013.

Commentary from Hospitals:
No comments provided.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program
N.C. HAI Quarterly Report (Consumer Version) - April 2014
North Carolina Healthcare-Associated Infections Report  
Data from January 1 – December 31, 2013  
Halifax Regional Medical Center, Roanoke Rapids, Halifax County

2013 Hospital Survey Information

<table>
<thead>
<tr>
<th>Hospital Type:</th>
<th>Acute Care Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Affiliation:</td>
<td>No</td>
</tr>
<tr>
<td>Profit Status:</td>
<td>Not for Profit</td>
</tr>
<tr>
<td>Admissions in 2013:</td>
<td>5,414</td>
</tr>
<tr>
<td>Patient Days in 2013:</td>
<td>26,620</td>
</tr>
<tr>
<td>Total Number of Beds:</td>
<td>114</td>
</tr>
<tr>
<td>Number of ICU Beds:</td>
<td>10</td>
</tr>
<tr>
<td>FTE* Infection Preventionists:</td>
<td>1.00</td>
</tr>
<tr>
<td>Number of FTEs* per 100 beds:</td>
<td>0.88</td>
</tr>
<tr>
<td>FTE = Full-time equivalent</td>
<td></td>
</tr>
</tbody>
</table>

Central Line-Associated Bloodstream Infections (CLABSI)

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>0</td>
<td>427</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>1</td>
<td>22,405</td>
<td>0.04</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>4</td>
<td>21,394</td>
<td>1.87</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is lower than NC hospitals overall.

Figure 3. Rates and 95% Confidence Intervals, Jan-Dec 2013.


Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program  
N.C. HAI Quarterly Report (Consumer Version) - April 2014  
100
Catheter-Associated Urinary Tract Infections (CAUTI)

Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>1</td>
<td>1,086</td>
<td>0.92</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 4. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>0</td>
<td>26</td>
<td>0</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>0</td>
<td>29</td>
<td>0</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2013.

Commentary from Hospitals:
No comments provided.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program

N.C. HAI Quarterly Report (Consumer Version) - April 2014
2013 Hospital Survey Information

<table>
<thead>
<tr>
<th>Type</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Type</td>
<td>Acute Care Hospital</td>
</tr>
<tr>
<td>Medical Affiliation</td>
<td>No</td>
</tr>
<tr>
<td>Profit Status</td>
<td>Not for Profit</td>
</tr>
<tr>
<td>Admissions in 2013</td>
<td>5,936</td>
</tr>
<tr>
<td>Patient Days in 2013</td>
<td>21,523</td>
</tr>
<tr>
<td>Total Number of Beds</td>
<td>100</td>
</tr>
<tr>
<td>Number of ICU Beds</td>
<td>12</td>
</tr>
<tr>
<td>Number of FTE* Infection Preventionists</td>
<td>1.00</td>
</tr>
<tr>
<td>Number of FTE* per 100 beds</td>
<td>1.00</td>
</tr>
</tbody>
</table>

*FTE = Full-time equivalent

A comparison to similarly-sized hospitals was not conducted.

A comparison to NC hospitals overall was not conducted.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>0</td>
<td>379</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.

A comparison to NC hospitals overall was not conducted.

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. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>0</td>
<td>22,799</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.

A comparison to NC hospitals overall was not conducted.

Clostridium 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 Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>2</td>
<td>22,439</td>
<td>0.89</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

Hospital rate is lower than similarly-sized hospitals.

Hospital rate is lower than NC hospitals overall.


Data as of March 18, 2014.

N.C. Division of Public Health, HAI Prevention Program

N.C. HAI Quarterly Report (Consumer Version) - April 2014
Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>0</td>
<td>738</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>0</td>
<td>51</td>
<td>0</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>2</td>
<td>51</td>
<td>3.92</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Commentary from Hospitals:
The prevention and reduction of healthcare associated infections is a top priority at MedWest-Haywood. 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.
North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
High Point Regional Health System, High Point, Guilford County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
Medical Affiliation: No
Profit Status: Not for Profit
Admissions in 2013: 17,129
Patient Days in 2013: 69,091
Total Number of Beds: 355
Number of ICU Beds: 20
FTE* Infection Preventionists: 2.00
Number of FTEs* per 100 beds: 0.56

*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>4</td>
<td>3,341</td>
<td>1.2</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>2</td>
<td>71,696</td>
<td>0.03</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>57</td>
<td>68,438</td>
<td>8.33</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:
Hospital rate is higher than similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 3. Rates and 95% Confidence Intervals, Jan-Dec 2013.


Data as of March 18, 2014.

N.C. Division of Public Health, HAI Prevention Program

N.C. HAI Quarterly Report (Consumer Version) - April 2014
North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
High Point Regional Health System, High Point, Guilford County

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>9</td>
<td>5,554</td>
<td>1.62</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 4. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>0</td>
<td>161</td>
<td>0</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>0</td>
<td>107</td>
<td>0</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2013.

Commentary from Hospitals:
No comments provided.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program
N.C. HAI Quarterly Report (Consumer Version) - April 2014
Highsmith Rainey Specialty Hospital, Fayetteville, Cumberland County

**Hospital Type:** Long-term Acute Care Hospital  
**Profit Status:** Not for Profit  
**Admissions in 2013:** 336  
**Patient Days in 2013:** 20,373  
**Total Number of Beds:** 66  
**FTE* Infection Preventionists:** 0.50  
**Number of FTEs* per 100 beds:** 0.76

*FTE = Full-time equivalent

---

**Central Line-Associated Bloodstream Infections (CLABSI)**

<table>
<thead>
<tr>
<th>Hospital</th>
<th>NC (LTACs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate per 1,000 Central Line Days</td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>3.5</td>
</tr>
<tr>
<td>2013</td>
<td>3.5</td>
</tr>
</tbody>
</table>

**Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.**

<table>
<thead>
<tr>
<th>Total for Reporting Units</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>36</td>
<td>18,881</td>
<td>91</td>
<td>1.91</td>
</tr>
</tbody>
</table>

*Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**
Hospital rate is higher than NC long-term acute care hospitals overall.

---

**Catheter-Associated Urinary Tract Infections (CAUTI)**

<table>
<thead>
<tr>
<th>Hospital</th>
<th>NC (LTACs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate per 1,000 Catheter Days</td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>3.5</td>
</tr>
<tr>
<td>2013</td>
<td>3.5</td>
</tr>
</tbody>
</table>

**Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2013.**

<table>
<thead>
<tr>
<th>Total for Reporting Units</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>102</td>
<td>11,510</td>
<td>8.86</td>
<td></td>
</tr>
</tbody>
</table>

*Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

**Bar Graph Interpretations:**
Hospital rate is higher than NC long-term acute care hospitals overall.

---

**Other Healthcare-Associated Infections (HAIs)**

Long-term acute care hospitals (LTACs) do not report LabID C. difficile, LabID MRSA Bacteremia or SSIs to the N.C. Division of Public Health.

---

**Commentary from Hospitals:**
No comments provided.

---

Refer to the HAI in N.C. Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).  
Data as of March 18, 2014.

N.C. Division of Public Health, HAI Prevention Program

N.C. HAI Quarterly Report (Consumer Version) - April 2014
2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
Medical Affiliation: No  
Profit Status: Not for Profit  
Admissions in 2013: 4,329  
Patient Days in 2013: 13,405  
Total Number of Beds: 81  
Number of ICU Beds: 8  
FTE* Infection Preventionists: 0.75  
Number of FTEs* per 100 beds: 0.93  

*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>0</td>
<td>170</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.  
A comparison to NC hospitals overall was not conducted.

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>0</td>
<td>14,870</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.  
A comparison to NC hospitals overall was not conducted.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>0</td>
<td>12,187</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.  
A comparison to NC hospitals overall was not conducted.

Data as of March 18, 2014.  
N.C. Division of Public Health, HAI Prevention Program  
N.C. HAI Quarterly Report (Consumer Version) - April 2014
Catheter-Associated Urinary Tract Infections (CAUTI)

Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>0</td>
<td>343</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 4. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>0</td>
<td>67</td>
<td>0</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>0</td>
<td>31</td>
<td>0</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2013.

Commentary from Hospitals:
No comments provided.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program
N.C. HAI Quarterly Report (Consumer Version) - April 2014
2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
Medical Affiliation: No
Profit Status: Not for Profit
Admissions in 2013: 11,050
Patient Days in 2013: 41,539
Total Number of Beds: 199
Number of ICU Beds: 16
FTE* Infection Preventionists: 1.00
Number of FTEs* per 100 beds: 0.50

*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>0</td>
<td>1,644</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>0</td>
<td>41,539</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>23</td>
<td>39,755</td>
<td>5.79</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 3. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program

N.C. HAI Quarterly Report (Consumer Version) - April 2014
### Catheter-Associated Urinary Tract Infections (CAUTI)

#### Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>1</td>
<td>2,698</td>
<td>0.37</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

#### Bar Graph Interpretations:
- Hospital rate is not different from similarly-sized hospitals.
- Hospital rate is lower than NC hospitals overall.

#### Figure 4. Rates and 95% Confidence Intervals, Jan-Dec 2013.

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

#### Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>0</td>
<td>91</td>
<td>0</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

#### Bar Graph Interpretations:
- A comparison to similarly-sized hospitals was not conducted.
- A comparison to NC hospitals overall was not conducted.

#### Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

### Surgical Site Infections (SSI) after Colon Surgeries

#### Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>2</td>
<td>86</td>
<td>2.33</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

#### Bar Graph Interpretations:
- Hospital rate is not different from similarly-sized hospitals.
- Hospital rate is not different from NC hospitals overall.

#### Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2013.

### Commentary from Hospitals:

No comments provided.


Data as of March 18, 2014.

N.C. Division of Public Health, HAI Prevention Program  
N.C. HAI Quarterly Report (Consumer Version) - April 2014
North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Johnston Health, Smithfield, Johnston County

2013 Hospital Survey Information

<table>
<thead>
<tr>
<th>Hospital Type:</th>
<th>Acute Care Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Affiliation:</td>
<td>No</td>
</tr>
<tr>
<td>Profit Status:</td>
<td>Not for Profit</td>
</tr>
<tr>
<td>Admissions in 2013:</td>
<td>9,843</td>
</tr>
<tr>
<td>Patient Days in 2013:</td>
<td>36,794</td>
</tr>
<tr>
<td>Total Number of Beds:</td>
<td>199</td>
</tr>
<tr>
<td>Number of ICU Beds:</td>
<td>16</td>
</tr>
<tr>
<td>FTE* Infection Preventionists:</td>
<td>1.00</td>
</tr>
<tr>
<td>Number of FTEs* per 100 beds:</td>
<td>0.50</td>
</tr>
</tbody>
</table>

*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>1</td>
<td>1,317</td>
<td>0.76</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>2</td>
<td>36,361</td>
<td>0.06</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>7</td>
<td>33,614</td>
<td>2.08</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is lower than NC hospitals overall.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program

N.C. HAI Quarterly Report (Consumer Version) - April 2014
North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Johnston Health, Smithfield, Johnston County

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>4</td>
<td>1,981</td>
<td>2.02</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 4. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>1</td>
<td>82</td>
<td>1.22</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>0</td>
<td>72</td>
<td>0</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2013.

Commentary from Hospitals:
No comments provided.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program
N.C. HAI Quarterly Report (Consumer Version) - April 2014
2013 Hospital Survey Information

<table>
<thead>
<tr>
<th>Hospital Type:</th>
<th>Long-term Acute Care Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Profit Status:</td>
<td>For Profit</td>
</tr>
<tr>
<td>Admissions in 2013:</td>
<td>521</td>
</tr>
<tr>
<td>Patient Days in 2013:</td>
<td>17,637</td>
</tr>
<tr>
<td>Total Number of Beds:</td>
<td>101</td>
</tr>
<tr>
<td>FTE Infection Preventionists:</td>
<td>0.50</td>
</tr>
<tr>
<td>Number of FTEs per 100 beds:</td>
<td>0.50</td>
</tr>
</tbody>
</table>

*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting Units</td>
<td>0</td>
<td>15,883</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:
A comparison to NC long-term acute care hospitals was not conducted.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting Units</td>
<td>2</td>
<td>10,458</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
Hospital rate is lower than NC long-term acute care hospitals overall.

Other Healthcare-Associated Infections (HAIs)

Long-term acute care hospitals (LTACs) do not report LabID C. difficile, LabID MRSA Bacteremia or SSIs to the N.C. Division of Public Health.

Commentary from Hospitals:
No comments provided.

Refer to the HAI in N.C. Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).

Data as of March 18, 2014.

N.C. Division of Public Health, HAI Prevention Program
N.C. HAI Quarterly Report (Consumer Version) - April 2014
North Carolina Healthcare-Associated Infections Report  
Data from January 1 – December 31, 2013  
Kings Mountain Hospital, Kings Mountain, Cleveland County

<table>
<thead>
<tr>
<th>Hospital Survey Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hospital Type:</strong> Acute Care Hospital</td>
</tr>
<tr>
<td><strong>Medical Affiliation:</strong> No</td>
</tr>
<tr>
<td><strong>Profit Status:</strong> Not for Profit</td>
</tr>
<tr>
<td><strong>Admissions in 2013:</strong> 2,640</td>
</tr>
<tr>
<td><strong>Patient Days in 2013:</strong> 13,305</td>
</tr>
<tr>
<td><strong>Total Number of Beds:</strong> 59</td>
</tr>
<tr>
<td><strong>Number of ICU Beds:</strong> 6</td>
</tr>
<tr>
<td><strong>FTE Infection Preventionists:</strong> 0.50</td>
</tr>
<tr>
<td><strong>Number of FTEs per 100 beds:</strong> 0.85</td>
</tr>
</tbody>
</table>

*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>0</td>
<td>269</td>
<td>0</td>
</tr>
</tbody>
</table>

*Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:
- A comparison to similarly-sized hospitals was not conducted.
- A comparison to NC hospitals overall was not conducted.

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>0</td>
<td>13,305</td>
<td>0</td>
</tr>
</tbody>
</table>

*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.

Bar Graph Interpretations:
- A comparison to similarly-sized hospitals was not conducted.
- A comparison to NC hospitals overall was not conducted.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>1</td>
<td>13,305</td>
<td>0.75</td>
</tr>
</tbody>
</table>

*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.

Bar Graph Interpretations:
- Hospital rate is not different from similarly-sized hospitals.
- Hospital rate is lower than NC hospitals overall.


Data as of March 18, 2014.

N.C. Division of Public Health, HAI Prevention Program  
N.C. HAI Quarterly Report (Consumer Version) - April 2014
The prevention and reduction of healthcare associated infections is a top priority at Cleveland County Healthcare System hospitals. 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.


Data as of March 18, 2014.

N.C. Division of Public Health, HAI Prevention Program

N.C. HAI Quarterly Report (Consumer Version) - April 2014
North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Lake Norman Regional Medical Center, Mooresville, Iredell County

**2013 Hospital Survey Information**

- **Hospital Type:** Acute Care Hospital
- **Medical Affiliation:** No
- **Profit Status:** For Profit
- **Admissions in 2013:** 4,136
- **Patient Days in 2013:** 15,015
- **Total Number of Beds:** 123
- **Number of ICU Beds:** 12
- **FTE* Infection Preventionists:** 1.00
- **Number of FTEs* per 100 beds:** 0.81
  
  *FTE = Full-time equivalent

**Central Line-Associated Bloodstream Infections (CLABSI)**

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>0</td>
<td>986</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>1</td>
<td>16,727</td>
<td>0.06</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

**Clostridium difficile Laboratory-Identified Infections (CDI LabID)**

Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>5</td>
<td>14,323</td>
<td>3.49</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

---

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program

N.C. HAI Quarterly Report (Consumer Version) - April 2014
Catheter-Associated Urinary Tract Infections (CAUTI)

Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>0</td>
<td>1,307</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 4. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>0</td>
<td>76</td>
<td>0</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>0</td>
<td>45</td>
<td>0</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2013.

Commentary from Hospitals:
No comments provided.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program
North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Lenoir Memorial Hospital, Kinston, Lenoir County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
Medical Affiliation: No
Profit Status: Not for Profit
Admissions in 2013: 6,610
Patient Days in 2013: 32,111
Total Number of Beds: 235
Number of ICU Beds: 14
FTE* Infection Preventionists: 1.00
Number of FTEs* per 100 beds: 0.43

*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>2</td>
<td>1,045</td>
<td>1.91</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>5</td>
<td>34,836</td>
<td>0.14</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Clostridium 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 Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>29</td>
<td>33,895</td>
<td>8.56</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:
Hospital rate is higher than similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 3. Rates and 95% Confidence Intervals, Jan-Dec 2013.


Data as of March 18, 2014.

N.C. Division of Public Health, HAI Prevention Program

N.C. HAI Quarterly Report (Consumer Version) - April 2014
North Carolina Healthcare-Associated Infections Report  
Data from January 1 – December 31, 2013  
Lenoir Memorial Hospital, Kinston, Lenoir County

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>0</td>
<td>1,993</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 4. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>2</td>
<td>39</td>
<td>5.13</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.  
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.  
Hospital rate is not different from NC hospitals overall.

Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>1</td>
<td>28</td>
<td>3.57</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.  
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.  
Hospital rate is not different from NC hospitals overall.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2013.

Commentary from Hospitals:
No comments provided.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program  
N.C. HAI Quarterly Report (Consumer Version) - April 2014

119
Lifecare Hospitals Of North Carolina, Rocky Mount, Nash County

**Hospital Type:** Long-term Acute Care Hospital

**Profit Status:** For Profit

**Admissions in 2013:** 505

**Patient Days in 2013:** 14,040

**Total Number of Beds:** 50

**FTE* Infection Preventionists:** 1.00

**Number of FTEs* per 100 beds:** 2.00

*FTE = Full-time equivalent

---

### Central Line-Associated Bloodstream Infections (CLABSI)

#### Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting Units</td>
<td>3</td>
<td>9,309</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

Hospital rate is not different from NC long-term acute care hospitals overall.

---

### Catheter-Associated Urinary Tract Infections (CAUTI)

#### Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting Units</td>
<td>8</td>
<td>8,185</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

**Bar Graph Interpretations:**

Hospital rate is lower than NC long-term acute care hospitals overall.

---

### Other Healthcare-Associated Infections (HAIs)

Long-term acute care hospitals (LTACs) do not report LabID C. difficile, LabID MRSA Bacteremia or SSIs to the N.C. Division of Public Health.

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**Commentary from Hospitals:**

No comments provided.

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**Refer to the HAI in N.C. Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).**

Data as of March 18, 2014.

N.C. Division of Public Health, HAI Prevention Program

N.C. HAI Quarterly Report (Consumer Version) - April 2014
### 2013 Hospital Survey Information

<table>
<thead>
<tr>
<th>Category</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Type:</td>
<td>Acute Care Hospital</td>
</tr>
<tr>
<td>Medical Affiliation:</td>
<td>No</td>
</tr>
<tr>
<td>Profit Status:</td>
<td>For Profit</td>
</tr>
<tr>
<td>Admissions in 2013:</td>
<td>5,839</td>
</tr>
<tr>
<td>Patient Days in 2013:</td>
<td>24,552</td>
</tr>
<tr>
<td>Total Number of Beds:</td>
<td>102</td>
</tr>
<tr>
<td>Number of ICU Beds:</td>
<td>8</td>
</tr>
<tr>
<td>FTE* Infection Preventionists:</td>
<td>1.00</td>
</tr>
<tr>
<td>Number of FTEs* per 100 beds:</td>
<td>0.98</td>
</tr>
</tbody>
</table>

*FTE = Full-time equivalent

---

### Central Line-Associated Bloodstream Infections (CLABSI)

#### Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>0</td>
<td>1,230</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

#### Bar Graph Interpretations:

- A comparison to similarly-sized hospitals was not conducted.
- A comparison to NC hospitals overall was not conducted.

---

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

#### Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>0</td>
<td>25,472</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

#### Bar Graph Interpretations:

- A comparison to similarly-sized hospitals was not conducted.
- A comparison to NC hospitals overall was not conducted.

---

### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

#### Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>14</td>
<td>24,293</td>
<td>5.76</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

#### Bar Graph Interpretations:

- Hospital rate is not different from similarly-sized hospitals.
- Hospital rate is not different from NC hospitals overall.

---


Data as of March 18, 2014.

N.C. Division of Public Health, HAI Prevention Program

N.C. HAI Quarterly Report (Consumer Version) - April 2014
North Carolina Healthcare-Associated Infections Report  
Data from January 1 – December 31, 2013  
Maria Parham Medical Center, Henderson, Vance County

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>1</td>
<td>1,672</td>
<td>0.6</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 4. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>0</td>
<td>52</td>
<td>0</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>2</td>
<td>56</td>
<td>3.57</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2013.

Commentary from Hospitals:
No comments provided.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program  
N.C. HAI Quarterly Report (Consumer Version) - April 2014
2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
Medical Affiliation: Graduate
Profit Status: For Profit
Admissions in 2013: 4,476
Patient Days in 2013: 6,262
Total Number of Beds: 45
Number of ICU Beds: 6
FTE* Infection Preventionists: 1.00
Number of FTEs* per 100 beds: 2.22

Central Line-Associated Bloodstream Infections (CLABSI)

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>0</td>
<td>152</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

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. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>0</td>
<td>7,606</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Clostridium 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 Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>0</td>
<td>7,606</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program
N.C. HAI Quarterly Report (Consumer Version) - April 2014
Catheter-Associated Urinary Tract Infections (CAUTI)

Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>0</td>
<td>594</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 4. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>0</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>0</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2013.

Commentary from Hospitals:
No comments provided.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program

N.C. HAI Quarterly Report (Consumer Version) - April 2014
North Carolina Healthcare-Associated Infections Report  
Data from January 1 – December 31, 2013  
McDowell Hospital, Marion, McDowell County

2013 Hospital Survey Information

<table>
<thead>
<tr>
<th>Hospital Type:</th>
<th>Acute Care Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Affiliation:</td>
<td>No</td>
</tr>
<tr>
<td>Profit Status:</td>
<td>Not for Profit</td>
</tr>
<tr>
<td>Admissions in 2013:</td>
<td>2,947</td>
</tr>
<tr>
<td>Patient Days in 2013:</td>
<td>7,688</td>
</tr>
<tr>
<td>Total Number of Beds:</td>
<td>49</td>
</tr>
<tr>
<td>Number of ICU Beds:</td>
<td>10</td>
</tr>
<tr>
<td>FTE* Infection Preventionists:</td>
<td>0.38</td>
</tr>
<tr>
<td>Number of FTEs* per 100 beds:</td>
<td>0.77</td>
</tr>
</tbody>
</table>

*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>0</td>
<td>214</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>0</td>
<td>6,899</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>1</td>
<td>6,899</td>
<td>1.45</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Data as of March 18, 2014.  
N.C. Division of Public Health, HAI Prevention Program  
N.C. HAI Quarterly Report (Consumer Version) - April 2014
North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
McDowell Hospital, Marion, McDowell County

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>1</td>
<td>819</td>
<td>1.22</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 4. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>0</td>
<td>27</td>
<td>0</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>0</td>
<td>14</td>
<td>.</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2013.

Commentary from Hospitals:
No comments provided.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program

N.C. HAI Quarterly Report (Consumer Version) - April 2014

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### 2013 Hospital Survey Information

- **Hospital Type:** Acute Care Hospital
- **Medical Affiliation:** No
- **Profit Status:** Not for Profit
- **Admissions in 2013:** 782
- **Patient Days in 2013:** 2,766
- **Total Number of Beds:** 22
- **Number of ICU Beds:** 0
- **FTE* Infection Preventionists:** 0.50
- **Number of FTEs* per 100 beds:** 2.27

#### Table 1. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>0</td>
<td>2,766</td>
<td>0.07</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

#### Bar Graph Interpretations:

- A comparison to similarly-sized hospitals was not conducted.
- A comparison to NC hospitals overall was not conducted.

#### 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>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>6</td>
<td>2,766</td>
<td>21.7</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

#### Table 2. Number of Infections and Rate of CDI LabID, Jan-Dec 2013

- **Location:** Facility-wide inpatient
- **Infections:** 6
- **Patient Days:** 2,766
- **Rate:** 21.7

Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

#### Bar Graph Interpretations:

- Hospital rate is higher than similarly-sized hospitals.
- Hospital rate is higher than NC hospitals overall.

### 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. Rates reported here may be higher than rates based on clinically-defined illness.

#### Table 1. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>0</td>
<td>2,766</td>
<td>0.07</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

#### Bar Graph Interpretations:

- A comparison to similarly-sized hospitals was not conducted.
- A comparison to NC hospitals overall was not conducted.

### Clostridium 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 2. Number of Infections and Rate of CDI LabID, Jan-Dec 2013

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>0</td>
<td>2,766</td>
<td>0.07</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

#### Bar Graph Interpretations:

- Hospital rate is higher than similarly-sized hospitals.
- Hospital rate is higher than NC hospitals overall.

### Surgical Site Infections (SSI)

#### Note:

- Infections from deep incisional and/or organ space.
- Rate was not calculated if less than 20 inpatient surgeries.

#### Table 1. Number of Infections and Rate of SSI, Jan-Dec 2013

<table>
<thead>
<tr>
<th>Type of Surgery</th>
<th>Infections</th>
<th>Surgeries</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>1</td>
<td>88</td>
<td>1.14</td>
</tr>
<tr>
<td>Colon surgery</td>
<td>12</td>
<td>200</td>
<td>6</td>
</tr>
</tbody>
</table>

#### Bar Graph Interpretations (Abdominal Hysterectomies):

- Hospital rate is not different from similarly-sized hospitals.
- Hospital rate is not different from NC hospitals overall.

#### Bar Graph Interpretations (Colon Surgeries):

- Hospital rate is not different from similarly-sized hospitals.
- Hospital rate is not different from NC hospitals overall.

### Commentary from Hospitals:

At Novant Health, the safety of our patients comes first. Our goal is to have the lowest possible infection rates and we continually monitor infection prevention tactics for improvement opportunities. We support transparency in reporting infection rates and make common infection data available on our website. More information can be found under [quality](#) on NovantHealth.org.

Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).

Data as of March 18, 2014.

NC Division of Public Health, HAI Prevention Program

NC HAI Quarterly Report (Consumer Version) - April 2014

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## 2013 Hospital Survey Information

- **Hospital Type:** Acute Care Hospital
- **Medical Affiliation:** No
- **Profit Status:** Not for Profit
- **Admissions in 2013:** 3,975
- **Patient Days in 2013:** 13,842
- **Total Number of Beds:** 94
- **Number of ICU Beds:** 8
- **FTE* Infection Preventionists:** 1.00
- **Number of FTEs* per 100 beds:** 1.06

*FTE = Full-time equivalent

---

## Central Line-Associated Bloodstream Infections (CLABSIs)

**Table 1.** Number of Infections and Rate of CLABSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>0</td>
<td>522</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

---

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

**Table 2.** Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>0</td>
<td>13,547</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

**Bar Graph Interpretations:**
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

---

## Clostridium difficile Laboratory-Identified Infections (CDI LabID)

**Table 3.** Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>5</td>
<td>11,913</td>
<td>4.2</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

**Bar Graph Interpretations:**
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

---

**Figure 1.** Rates and 95% Confidence Intervals, Jan-Dec 2013.

---

**Figure 2.** Rates and 95% Confidence Intervals, Jan-Dec 2013.

---

**Figure 3.** Rates and 95% Confidence Intervals, Jan-Dec 2013.

---

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program

N.C. HAI Quarterly Report (Consumer Version) - April 2014

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North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Westcare - Harris Regional Hospital, Sylva, Jackson County

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>0</td>
<td>1,305</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 4. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>0</td>
<td>14</td>
<td>.</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>1</td>
<td>20</td>
<td>5</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2013.

Commentary from Hospitals:
No comments provided.


Data as of March 18, 2014.

N.C. Division of Public Health, HAI Prevention Program

N.C. HAI Quarterly Report (Consumer Version) - April 2014

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2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
Medical Affiliation: Graduate
Profit Status: Not for Profit
Admissions in 2013: 27,483
Patient Days in 2013: 209,622
Total Number of Beds: 739
Number of ICU Beds: 131
FTE* Infection Preventionists: 6.80
Number of FTEs* per 100 beds: 0.92

Central Line-Associated Bloodstream Infections (CLABSI)

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>9</td>
<td>13,731</td>
<td>0.66</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>11</td>
<td>209,622</td>
<td>0.05</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>140</td>
<td>189,221</td>
<td>7.4</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 3. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program
N.C. HAI Quarterly Report (Consumer Version) - April 2014
North Carolina Healthcare-Associated Infections Report  
Data from January 1 – December 31, 2013  
Mission Hospital, Asheville, Buncombe County

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>27</td>
<td>15,000</td>
<td>1.8</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.  
Hospital rate is not different from NC hospitals overall.

Figure 4. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>3</td>
<td>434</td>
<td>0.69</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.  
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.  
Hospital rate is not different from NC hospitals overall.

Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>8</td>
<td>457</td>
<td>1.75</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.  
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.  
Hospital rate is not different from NC hospitals overall.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2013.

Commentary from Hospitals:
No comments provided.

Data as of March 18, 2014.  
N.C. Division of Public Health, HAI Prevention Program

N.C. HAI Quarterly Report (Consumer Version) - April 2014
North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Morehead Memorial Hospital, Eden, Rockingham County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
Medical Affiliation: No
Profit Status: Not for Profit
Admissions in 2013: 4,380
Patient Days in 2013: 17,153
Total Number of Beds: 108
Number of ICU Beds: 9
FTE* Infection Preventionists: 1.00
Number of FTEs* per 100 beds: 0.93

*FTE = Full-time equivalent

Data from January 1 – December 31, 2013

Central Line-Associated Bloodstream Infections (CLABSII)

Table 1. Number of Infections and Rate of CLABSII, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>0</td>
<td>243</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>1</td>
<td>17,153</td>
<td>0.06</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>10</td>
<td>16,134</td>
<td>6.2</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 3. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program
N.C. HAI Quarterly Report (Consumer Version) - April 2014
North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Morehead Memorial Hospital, Eden, Rockingham County

Catheter-Associated Urinary Tract Infections (CAUTI)

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>0</td>
<td>1,206</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 4. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>0</td>
<td>26</td>
<td>0</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>1</td>
<td>34</td>
<td>2.94</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2013.

Commentary from Hospitals:
No comments provided.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program
N.C. HAI Quarterly Report (Consumer Version) - April 2014

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2013 Hospital Survey Information

<table>
<thead>
<tr>
<th>Hospital Type:</th>
<th>Acute Care Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Affiliation:</td>
<td>No</td>
</tr>
<tr>
<td>Profit Status:</td>
<td>Not for Profit</td>
</tr>
<tr>
<td>Admissions in 2013:</td>
<td>24,700</td>
</tr>
<tr>
<td>Patient Days in 2013:</td>
<td>109,525</td>
</tr>
<tr>
<td>Total Number of Beds:</td>
<td>536</td>
</tr>
<tr>
<td>Number of ICU Beds:</td>
<td>66</td>
</tr>
<tr>
<td>FTE* Infection Preventionists:</td>
<td>2.00</td>
</tr>
<tr>
<td>Number of FTEs* per 100 beds:</td>
<td>0.37</td>
</tr>
</tbody>
</table>

*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>3</td>
<td>9,758</td>
<td>0.31</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is lower than NC hospitals overall.

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>2</td>
<td>109,525</td>
<td>0.02</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:
Hospital rate is lower than similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>86</td>
<td>109,525</td>
<td>7.85</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is higher than NC hospitals overall.

Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Figure 3. Rates and 95% Confidence Intervals, Jan-Dec 2013.


Data as of March 18, 2014.

N.C. Division of Public Health, HAI Prevention Program

N.C. HAI Quarterly Report (Consumer Version) - April 2014

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North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Moses Cone Hospital, Greensboro, Guilford County

Catheter-Associated Urinary Tract Infections (CAUTI)

![Graph showing rates and 95% confidence intervals for CAUTI.]  
Figure 4. Rates and 95% Confidence Intervals, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>18</td>
<td>11,143</td>
<td>1.62</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Surgical Site Infections (SSI) after Colon Surgeries

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>3</td>
<td>114</td>
<td>2.63</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Commentary from Hospitals:
Cone Health is committed to preventing Healthcare Associated Infections. We have dedicated teams of experts focused on process improvements to improve our patient outcomes. Please contact Cone Health Infection Prevention if you would like further information.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program
N.C. HAI Quarterly Report (Consumer Version) - April 2014

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### 2013 Hospital Survey Information

- **Hospital Type:** Acute Care Hospital
- **Medical Affiliation:** No
- **Profit Status:** Not for Profit
- **Admissions in 2013:** 2,179
- **Patient Days in 2013:** 7,563
- **Total Number of Beds:** 43
- **Number of ICU Beds:** 6
- **FTE* Infection Preventionists:** 1.00
- **Number of FTEs** per 100 beds: 2.33

*FTE = Full-time equivalent

### Central Line-Associated Bloodstream Infections (CLABSI)

#### Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>0</td>
<td>199</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

A comparison to similarly-sized hospitals was not conducted.

A comparison to NC hospitals overall was not conducted.

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

#### Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>0</td>
<td>6,664</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

**Bar Graph Interpretations:**

A comparison to similarly-sized hospitals was not conducted.

A comparison to NC hospitals overall was not conducted.

### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

#### Table 3. Number of Infections and Rate of CDI LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>1</td>
<td>6,609</td>
<td>1.51</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.

Hospital rate is not different from NC hospitals overall.

---


Data as of March 18, 2014.

N.C. Division of Public Health, HAI Prevention Program  
N.C. HAI Quarterly Report (Consumer Version) - April 2014
Catheter-Associated Urinary Tract Infections (CAUTI)

Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>0</td>
<td>569</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 4. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>2</td>
<td>17</td>
<td>.</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>0</td>
<td>13</td>
<td>.</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2013.

Commentary from Hospitals:
No comments provided.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program
N.C. HAI Quarterly Report (Consumer Version) - April 2014
North Carolina Healthcare-Associated Infections Report  
Data from January 1 – December 31, 2013  
Nash Health Care Systems, Rocky Mount, Nash County

### 2013 Hospital Survey Information

- **Hospital Type:** Acute Care Hospital  
- **Medical Affiliation:** No  
- **Profit Status:** Not for Profit  
- **Admissions in 2013:** 11,657  
- **Patient Days in 2013:** 52,810  
- **Total Number of Beds:** 237  
- **Number of ICU Beds:** 30  
- **FTE* Infection Preventionists:** 2.00  
- **Number of FTEs* per 100 beds:** 0.84  

*FTE = Full-time equivalent

### Central Line-Associated Bloodstream Infections (CLABSI)

#### Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>0</td>
<td>2,364</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**
A comparison to similarly-sized hospitals was not conducted.  
A comparison to NC hospitals overall was not conducted.

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

#### Table 2. Number of Infections and Rate of MRSA LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>2</td>
<td>52,810</td>
<td>0.04</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

**Bar Graph Interpretations:**
Hospital rate is not different from similarly-sized hospitals.  
Hospital rate is not different from NC hospitals overall.

### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

#### Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>19</td>
<td>49,577</td>
<td>3.83</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

**Bar Graph Interpretations:**
Hospital rate is not different from similarly-sized hospitals.  
Hospital rate is not different from NC hospitals overall.

---

Data as of March 18, 2014. 
N.C. Division of Public Health, HAI Prevention Program 
N.C. HAI Quarterly Report (Consumer Version) - April 2014
North Carolina Healthcare-Associated Infections Report  
Data from January 1 – December 31, 2013  
Nash Health Care Systems, Rocky Mount, Nash County  

Catheter-Associated Urinary Tract Infections (CAUTI)

Legend: DOT, Day of Treatment; OBS, Observation; HR, Heart Rate; RESP, Respiratory Rate; TEMP, Temperature; MAP, Mean Arterial Pressure; GCS, Glasgow Coma Scale.

Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>12</td>
<td>3,563</td>
<td>3.37</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 4. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>5</td>
<td>174</td>
<td>2.87</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>3</td>
<td>67</td>
<td>4.48</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2013.

Commentary from Hospitals:
No comments provided.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program  
N.C. HAI Quarterly Report (Consumer Version) - April 2014

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2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
Medical Affiliation: Major
Profit Status: Not for Profit
Admissions in 2013: 36,520
Patient Days in 2013: 175,142
Total Number of Beds: 579
Number of ICU Beds: 112
FTE* Infection Preventionists: 4.00
Number of FTEs* per 100 beds: 0.69

*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>9</td>
<td>10,692</td>
<td>0.84</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>14</td>
<td>164,314</td>
<td>0.09</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>95</td>
<td>143,135</td>
<td>6.64</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.
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.


Data as of March 18, 2014.

N.C. Division of Public Health, HAI Prevention Program  
N.C. HAI Quarterly Report (Consumer Version) - April 2014  
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North Carolina Healthcare-Associated Infections Report  
Data from January 1 – December 31, 2013  
North Carolina Specialty Hospital, Durham, Durham County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
Profit Status: Physician-owned  
Admissions in 2013: 2,041  
Patient Days in 2013: 3,573  
Total Number of Beds: 18  
FTE* Infection Preventionists: 0.70  
Number of FTEs* per 100 beds: 3.89

*MTE = Full-time equivalent

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. Rates reported here may be higher than rates based on clinically-defined illness.

Table 1. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>0</td>
<td>3,573</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Clostridium 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 2. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>0</td>
<td>3,573</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Other Healthcare-Associated Infections (HAIs)

Specialty acute care hospitals do not report CLABSIs, CAUTIs, or SSIs to the N.C. Division of Public Health.

Commentary from Hospitals:
No comments provided.

Refer to Section IV of the N.C. HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program  
N.C. HAI Quarterly Report (Consumer Version) - April 2014
2013 Hospital Survey Information

<table>
<thead>
<tr>
<th>Hospital Type:</th>
<th>Acute Care Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Affiliation:</td>
<td>No</td>
</tr>
<tr>
<td>Profit Status:</td>
<td>Not for Profit</td>
</tr>
<tr>
<td>Admissions in 2013:</td>
<td>4,138</td>
</tr>
<tr>
<td>Patient Days in 2013:</td>
<td>13,398</td>
</tr>
<tr>
<td>Total Number of Beds:</td>
<td>100</td>
</tr>
<tr>
<td>Number of ICU Beds:</td>
<td>10</td>
</tr>
<tr>
<td>FTE* Infection Preventionists:</td>
<td>1.00</td>
</tr>
<tr>
<td>Number of FTEs* per 100 beds:</td>
<td>1.00</td>
</tr>
</tbody>
</table>

*FTE = Full-time equivalent

Figures:
1. Rates and 95% Confidence Intervals, Jan-Dec 2013.
2. Rates and 95% Confidence Intervals, Jan-Dec 2013.
3. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Central Line-Associated Bloodstream Infections (CLABSIs)

Table 1. Number of Infections and Rate of CLABSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northern Hospital Of Surry County, Mount Airy, Surry County</td>
<td>0</td>
<td>271</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:
- A comparison to similarly-sized hospitals was not conducted.
- A comparison to NC hospitals overall was not conducted.

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>1</td>
<td>15,751</td>
<td>0.06</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:
- Hospital rate is not different from similarly-sized hospitals.
- Hospital rate is not different from NC hospitals overall.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>6</td>
<td>15,130</td>
<td>3.97</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:
- Hospital rate is not different from similarly-sized hospitals.
- Hospital rate is not different from NC hospitals overall.
North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Northern Hospital Of Surry County, Mount Airy, Surry County

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>0</td>
<td>713</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 4. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>0</td>
<td>44</td>
<td>0</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>2</td>
<td>38</td>
<td>5.26</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2013.

Commentary from Hospitals:
No comments provided.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program
N.C. HAI Quarterly Report (Consumer Version) - April 2014
### Hospital Information

- **Hospital Type:** Acute Care Hospital
- **Medical Affiliation:** No
- **Profit Status:** Not for Profit
- **Admissions in 2013:** 9,351
- **Patient Days in 2013:** 34,322
- **Total Number of Beds:** 162
- **Number of ICU Beds:** 30
- **FTE Infection Preventionists:** 1.00
- **Number of FTEs* per 100 beds:** 0.62

*FTE = Full-time equivalent

---

### Central Line-Associated Bloodstream Infections (CLABSI)

**Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.**

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Total for Reporting ICUs</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>0</td>
<td>1,006</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

A comparison to similarly-sized hospitals was not conducted.

A comparison to NC hospitals overall was not conducted.

---

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

**Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.**

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>2</td>
<td>34,355</td>
<td>0.06</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.

Hospital rate is not different from NC hospitals overall.

---

### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

**Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.**

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>23</td>
<td>28,854</td>
<td>7.97</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

**Bar Graph Interpretations:**

Hospital rate is higher than similarly-sized hospitals.

Hospital rate is not different from NC hospitals overall.

---


Data as of March 18, 2014.

N.C. Division of Public Health, HAI Prevention Program  
N.C. HAI Quarterly Report (Consumer Version) - April 2014  
145
North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Onslow Memorial Hospital, Jacksonville, Onslow County

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>0</td>
<td>2,639</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 4. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>0</td>
<td>22</td>
<td>0</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>1</td>
<td>62</td>
<td>1.61</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2013.

Commentary from Hospitals:
No comments provided.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program

N.C. HAI Quarterly Report (Consumer Version) - April 2014
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North Carolina Healthcare-Associated Infections Report  
Data from January 1 – December 31, 2013  
Pardee Hospital, Hendersonville, Henderson County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
Medical Affiliation: Graduate  
Profit Status: Not for Profit  
Admissions in 2013: 7,242  
Patient Days in 2013: 30,116  
Total Number of Beds: 138  
Number of ICU Beds: 8  
FTE* Infection Preventionists: 1.00  
Number of FTEs* per 100 beds: 0.72  
*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>0</td>
<td>404</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>2</td>
<td>27,418</td>
<td>0.07</td>
</tr>
</tbody>
</table>

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.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>9</td>
<td>27,418</td>
<td>3.28</td>
</tr>
</tbody>
</table>

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.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.


Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program  
N.C. HAI Quarterly Report (Consumer Version) - April 2014  
147
North Carolina Healthcare-Associated Infections Report  
Data from January 1 – December 31, 2013  
Pardee Hospital, Hendersonville, Henderson County  

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>1</td>
<td>1,286</td>
<td>0.78</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 4. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>0</td>
<td>51</td>
<td>0</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>0</td>
<td>37</td>
<td>0</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2013.

Commentary from Hospitals:
No comments provided.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program  
N.C. HAI Quarterly Report (Consumer Version) - April 2014
2013 Hospital Survey Information

- Hospital Type: Acute Care Hospital
- Medical Affiliation: No
- Profit Status: Not for Profit
- Admissions in 2013: 8,345
- Patient Days in 2013: 22,934
- Total Number of Beds: 103
- Number of ICU Beds: 6
- FTE* Infection Preventionists: 1.00
- Number of FTEs* per 100 beds: 0.97

*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>1</td>
<td>406</td>
<td>2.46</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:
- Hospital rate is not different from similarly-sized hospitals.
- Hospital rate is not different from NC hospitals overall.

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>2</td>
<td>22,878</td>
<td>0.09</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:
- Hospital rate is not different from similarly-sized hospitals.
- Hospital rate is not different from NC hospitals overall.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>8</td>
<td>22,878</td>
<td>3.5</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:
- Hospital rate is not different from similarly-sized hospitals.
- Hospital rate is not different from NC hospitals overall.


Data as of March 18, 2014.

N.C. Division of Public Health, HAI Prevention Program

N.C. HAI Quarterly Report (Consumer Version) - April 2014
North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Park Ridge Health, Hendersonville, Henderson County

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>1</td>
<td>744</td>
<td>1.34</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 4. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>1</td>
<td>81</td>
<td>1.23</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>0</td>
<td>40</td>
<td>0</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2013.

Commentary from Hospitals:
No comments provided.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program
N.C. HAI Quarterly Report (Consumer Version) - April 2014
2013 Hospital Survey Information

- Hospital Type: Acute Care Hospital
- Medical Affiliation: No
- Profit Status: For Profit
- Admissions in 2013: 1,645
- Patient Days in 2013: 6,010
- Total Number of Beds: 38
- Number of ICU Beds: 6
- FTE* Infection Preventionists: 0.40
- Number of FTEs* per 100 beds: 1.05

*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>0</td>
<td>143</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:
- A comparison to similarly-sized hospitals was not conducted.
- A comparison to NC hospitals overall was not conducted.

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>1</td>
<td>6,010</td>
<td>0.17</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:
- Hospital rate is not different from similarly-sized hospitals.
- Hospital rate is not different from NC hospitals overall.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>1</td>
<td>6,010</td>
<td>1.66</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:
- Hospital rate is not different from similarly-sized hospitals.
- Hospital rate is not different from NC hospitals overall.


Data as of March 18, 2014.

N.C. Division of Public Health, HAI Prevention Program

N.C. HAI Quarterly Report (Consumer Version) - April 2014
Catheter-Associated Urinary Tract Infections (CAUTI)

Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>0</td>
<td>459</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 4. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>0</td>
<td>0</td>
<td>.</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>0</td>
<td>11</td>
<td>.</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2013.

Commentary from Hospitals:
No comments provided.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program
N.C. HAI Quarterly Report (Consumer Version) - April 2014
North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Presbyterian Hospital-Charlotte, Charlotte, Mecklenburg County

2013 Hospital Survey Information

| Hospital Type: | Acute Care Hospital |
| Medical Affiliation: | No |
| Profit Status: | Not for Profit |
| Admissions in 2013: | 26,818 |
| Patient Days in 2013: | 152,525 |
| Total Number of Beds: | 609 |
| Number of ICU Beds: | 86 |
| FTE* Infection Preventionists: | 4.50 |
| Number of FTEs* per 100 beds: | 0.74 |

*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>8</td>
<td>8,407</td>
<td>0.95</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>14</td>
<td>153,610</td>
<td>0.09</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Clostridium 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 Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>55</td>
<td>137,991</td>
<td>3.99</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:
Hospital rate is lower than similarly-sized hospitals.
Hospital rate is lower than NC hospitals overall.

Figure 3. Rates and 95% Confidence Intervals, Jan-Dec 2013.


Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program
N.C. HAI Quarterly Report (Consumer Version) - April 2014

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Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>20</td>
<td>5,631</td>
<td>3.55</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>2</td>
<td>293</td>
<td>0.68</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>8</td>
<td>232</td>
<td>3.45</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Commentary from Hospitals:
At Novant Health, the safety of our patients comes first. Our goal is to have the lowest possible infection rates and we continually monitor infection prevention tactics for improvement opportunities. We support transparency in reporting infection rates and make common infection data available on our website. More information can be found under “quality” on NovantHealth.org.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program
N.C. HAI Quarterly Report (Consumer Version) - April 2014
North Carolina Healthcare-Associated Infections Report  
Data from January 1 – December 31, 2013  
Presbyterian Hospital-Huntersville, Huntersville, Mecklenburg County

### 2013 Hospital Survey Information

- **Hospital Type:** Acute Care Hospital  
- **Medical Affiliation:** No  
- **Profit Status:** Not for Profit  
- **Admissions in 2013:** 6,035  
- **Patient Days in 2013:** 21,139  
- **Total Number of Beds:** 75  
- **Number of ICU Beds:** 8  
- **FTE* Infection Preventionists:** 0.80  
- **Number of FTEs* per 100 beds:** 1.07  

\*FTE = Full-time equivalent

### Central Line-Associated Bloodstream Infections (CLABSI)

**Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.**

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>0</td>
<td>820</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

- A comparison to similarly-sized hospitals was not conducted.
- A comparison to NC hospitals overall was not conducted.

### 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. Rates reported here may be higher than rates based on clinically-defined illness.

**Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.**

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>0</td>
<td>21,139</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

**Bar Graph Interpretations:**

- A comparison to similarly-sized hospitals was not conducted.
- A comparison to NC hospitals overall was not conducted.

### Clostridium 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 Infections and Rate of CDI LabID, Jan-Dec 2013.**

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>17</td>
<td>20,273</td>
<td>8.39</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

**Bar Graph Interpretations:**

- Hospital rate is higher than similarly-sized hospitals.
- Hospital rate is not different from NC hospitals overall.

Data as of March 18, 2014.
At Novant Health, the safety of our patients comes first. Our goal is to have the lowest possible infection rates and we continually monitor infection prevention tactics for improvement opportunities. We support transparency in reporting infection rates and make common infection data available on our website. More information can be found under “quality” on NovantHealth.org.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program
N.C. HAI Quarterly Report (Consumer Version) - April 2014
North Carolina Healthcare-Associated Infections Report  
Data from January 1 – December 31, 2013  
Novant Health Matthews Medical Center, Matthews, Mecklenburg County

Hospital Type: Acute Care Hospital  
Medical Affiliation: No  
Profit Status: Not for Profit  
Admissions in 2013: 7,733  
Patient Days in 2013: 29,476  
Total Number of Beds: 137  
Number of ICU Beds: 18  
FTE* Infection Preventionists: 1.00  
Number of FTEs* per 100 beds: 0.73  

*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

![Bar Graph Interpretations:](Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.

Hospital rate is not different from NC hospitals overall.

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>0</td>
<td>905</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

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. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>1</td>
<td>29,575</td>
<td>0.03</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.

Hospital rate is not different from NC hospitals overall.

Clostridium 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 Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>15</td>
<td>28,547</td>
<td>5.25</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.

Hospital rate is not different from NC hospitals overall.

References:


Data as of March 18, 2014.

N.C. Division of Public Health, HAI Prevention Program  
N.C. HAI Quarterly Report (Consumer Version) - April 2014  
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Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>2</td>
<td>766</td>
<td>2.61</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 4. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>1</td>
<td>37</td>
<td>2.7</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>5</td>
<td>69</td>
<td>7.25</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2013.

Commentary from Hospitals:
At Novant Health, the safety of our patients comes first. Our goal is to have the lowest possible infection rates and we continually monitor infection prevention tactics for improvement opportunities. We support transparency in reporting infection rates and make common infection data available on our website. More information can be found under “quality” on NovantHealth.org.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program
N.C. HAI Quarterly Report (Consumer Version) - April 2014
North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Presbyterian Orthopaedic Hospital, Charlotte, Mecklenburg County

2013 Hospital Survey Information

Hospital Type: Specialty Acute Care Hospital
Profit Status: Not for Profit
Admissions in 2013: 3,731
Patient Days in 2013: 14,269
Total Number of Beds: 80
FTE* Infection Preventionists: 0.50
Number of FTEs* per 100 beds: 0.63

*MTE = Full-time equivalent

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. Rates reported here may be higher than rates based on clinically-defined illness.

Table 1. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>0</td>
<td>14,269</td>
<td>0.00</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Clostridium 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 2. Number of Infections and Rate of CDI LabID, Jan-Dec 2013

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>5</td>
<td>14,269</td>
<td>3.5</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Other Healthcare-Associated Infections (HAIs)

Specialty acute care hospitals do not report CLABSIs, CAUTIs, or SSIs to the N.C. Division of Public Health.

Commentary from Hospitals:
No comments provided.


N.C. HAI Quarterly Report (Consumer Version) - April 2014
N.C. Division of Public Health, HAI Prevention Program
2013 Hospital Survey Information

| Hospital Type: | Acute Care Hospital |
| Medical Affiliation: | No |
| Profit Status: | Not for Profit |
| Admissions in 2013: | 5,433 |
| Patient Days in 2013: | 21,208 |
| Total Number of Beds: | 102 |
| Number of ICU Beds: | 9 |
| FTE* Infection Preventionists: | 1.00 |
| Number of FTEs* per 100 beds: | 0.98 |

*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>0</td>
<td>820</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>0</td>
<td>21,208</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>15</td>
<td>21,208</td>
<td>7.07</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program
N.C. HAI Quarterly Report (Consumer Version) - April 2014
North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Randolph Hospital, Asheboro, Randolph County

Catheter-AssociatedUrinary Tract Infections (CAUTI)

Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>1</td>
<td>1,278</td>
<td>0.78</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 4. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>1</td>
<td>65</td>
<td>1.54</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>2</td>
<td>83</td>
<td>2.41</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2013.

Commentary from Hospitals:
No comments provided.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program

N.C. HAI Quarterly Report (Consumer Version) - April 2014
North Carolina Healthcare-Associated Infections Report  
Data from January 1 – December 31, 2013  
Rex Healthcare, Raleigh, Wake County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
Medical Affiliation: No  
Profit Status: Not for Profit  
Admissions in 2013: 31,134  
Patient Days in 2013: 121,583  
Total Number of Beds: 479  
Number of ICU Beds: 38  
FTE* Infection Preventionists: 4.00  
Number of FTEs* per 100 beds: 0.84  

*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>1</td>
<td>4,754</td>
<td>0.21</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

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. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>5</td>
<td>121,583</td>
<td>0.04</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Clostridium 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 Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>65</td>
<td>105,404</td>
<td>6.17</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Bar Graph Interpretations:

Data as of March 18, 2014.  
N.C. Division of Public Health, HAI Prevention Program  
N.C. HAI Quarterly Report (Consumer Version) - April 2014
North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Rex Healthcare, Raleigh, Wake County

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>8</td>
<td>6,848</td>
<td>1.17</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is lower than NC hospitals overall.

Figure 4. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>2</td>
<td>446</td>
<td>0.45</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>16</td>
<td>482</td>
<td>3.32</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2013.

Commentary from Hospitals:
No comments provided.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program
N.C. HAI Quarterly Report (Consumer Version) - April 2014
North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Rowan Regional Medical Center, Salisbury, Rowan County

2013 Hospital Survey Information

<table>
<thead>
<tr>
<th>Hospital Type:</th>
<th>Acute Care Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Affiliation:</td>
<td>No</td>
</tr>
<tr>
<td>Profit Status:</td>
<td>Not for Profit</td>
</tr>
<tr>
<td>Admissions in 2013:</td>
<td>9,724</td>
</tr>
<tr>
<td>Patient Days in 2013:</td>
<td>47,499</td>
</tr>
<tr>
<td>Total Number of Beds:</td>
<td>268</td>
</tr>
<tr>
<td>Number of ICU Beds:</td>
<td>12</td>
</tr>
<tr>
<td>FTE* Infection Preventionists:</td>
<td>0.75</td>
</tr>
<tr>
<td>Number of FTEs* per 100 beds:</td>
<td>0.28</td>
</tr>
</tbody>
</table>

*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>1</td>
<td>2,190</td>
<td>0.46</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>2</td>
<td>47,518</td>
<td>0.04</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>16</td>
<td>47,518</td>
<td>3.37</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is lower than NC hospitals overall.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program
N.C. HAI Quarterly Report (Consumer Version) - April 2014
North Carolina Healthcare-Associated Infections Report  
Data from January 1 – December 31, 2013 
Rowan Regional Medical Center, Salisbury, Rowan County

### Catheter-Associated Urinary Tract Infections (CAUTI)

#### Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>7</td>
<td>4,385</td>
<td>1.6</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

**Bar Graph Interpretations:**
Hospital rate is not different from similarly-sized hospitals. 
Hospital rate is not different from NC hospitals overall.

#### Figure 4. Rates and 95% Confidence Intervals, Jan-Dec 2013.

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

#### Table 5. Number of Infections and Rate of SSI after Abdominal Hysterectomies, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>1</td>
<td>21</td>
<td>4.76</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space. 
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations:**
Hospital rate is not different from similarly-sized hospitals. 
Hospital rate is not different from NC hospitals overall.

#### Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

### Surgical Site Infections (SSI) after Colon Surgeries

#### Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>3</td>
<td>78</td>
<td>3.85</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space. 
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations:**
Hospital rate is not different from similarly-sized hospitals. 
Hospital rate is not different from NC hospitals overall.

#### Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2013.

#### Commentary from Hospitals:
At Novant Health, the safety of our patients comes first. Our goal is to have the lowest possible infection rates and we continually monitor infection prevention tactics for improvement opportunities. We support transparency in reporting infection rates and make common infection data available on our website. More information can be found under "quality" on NovantHealth.org.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program 
N.C. HAI Quarterly Report (Consumer Version) - April 2014
North Carolina Healthcare-Associated Infections Report  
Data from January 1 – December 31, 2013  
Rutherford Regional Medical Center, Rutherfordton, Rutherford County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital  
Medical Affiliation: No  
Profit Status: Not for Profit  
Admissions in 2013: 6,599  
Patient Days in 2013: 24,343  
Total Number of Beds: 120  
Number of ICU Beds: 10  
FTE* Infection Preventionists: 1.00  
Number of FTEs* per 100 beds: 0.83  
*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>1</td>
<td>249</td>
<td>4.02</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>0</td>
<td>22,794</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Clostridium 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 Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>16</td>
<td>21,666</td>
<td>7.38</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 3. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program  
N.C. HAI Quarterly Report (Consumer Version) - April 2014
### Catheter-Associated Urinary Tract Infections (CAUTI)

#### Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>8</td>
<td>1,235</td>
<td>6.48</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

#### Bar Graph Interpretations:
- Hospital rate is higher than similarly-sized hospitals.
- Hospital rate is higher than NC hospitals overall.

![Graph](image1.png)

**Figure 4. Rates and 95% Confidence Intervals, Jan-Dec 2013.**

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

#### Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>0</td>
<td>38</td>
<td>0</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

#### Bar Graph Interpretations:
- A comparison to similarly-sized hospitals was not conducted.
- A comparison to NC hospitals overall was not conducted.

![Graph](image2.png)

**Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.**

### Surgical Site Infections (SSI) after Colon Surgeries

#### Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>5</td>
<td>51</td>
<td>9.8</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

#### Bar Graph Interpretations:
- Hospital rate is not different from similarly-sized hospitals.
- Hospital rate is not different from NC hospitals overall.

![Graph](image3.png)

**Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2013.**

### Commentary from Hospitals:

No comments provided.

---


Data as of March 18, 2014.

N.C. Division of Public Health, HAI Prevention Program

N.C. HAI Quarterly Report (Consumer Version) - April 2014
Central Line-Associated Bloodstream Infections (CLABSI)

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>0</td>
<td>211</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:
- A comparison to similarly-sized hospitals was not conducted.
- A comparison to NC hospitals overall was not conducted.

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>1</td>
<td>15,521</td>
<td>0.06</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:
- Hospital rate is not different from similarly-sized hospitals.
- Hospital rate is not different from NC hospitals overall.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>3</td>
<td>14,456</td>
<td>2.08</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:
- Hospital rate is not different from similarly-sized hospitals.
- Hospital rate is not different from NC hospitals overall.
North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Sampson Regional Medical Center, Clinton, Sampson County

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>0</td>
<td>873</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 4. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>0</td>
<td>8</td>
<td>0</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>1</td>
<td>26</td>
<td>3.85</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2013.

Commentary from Hospitals:
No comments provided.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program
N.C. HAI Quarterly Report (Consumer Version) - April 2014
### 2013 Hospital Survey Information

- Hospital Type: Acute Care Hospital
- Medical Affiliation: No
- Profit Status: For Profit
- Admissions in 2013: 2,332
- Patient Days in 2013: 9,469
- Total Number of Beds: 66
- Number of ICU Beds: 6
- FTE* Infection Preventionists: 0.85
- Number of FTEs* per 100 beds: 1.29

*FTE = Full-time equivalent

### Central Line-Associated Bloodstream Infections (CLABSIs)

#### Table 1. Number of Infections and Rate of CLABSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>0</td>
<td>121</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

- A comparison to similarly-sized hospitals was not conducted.
- A comparison to NC hospitals overall was not conducted.

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

#### Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>1</td>
<td>9,469</td>
<td>0.11</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

**Bar Graph Interpretations:**

- Hospital rate is not different from similarly-sized hospitals.
- Hospital rate is not different from NC hospitals overall.

### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

#### Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>0</td>
<td>9,469</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

**Bar Graph Interpretations:**

- A comparison to similarly-sized hospitals was not conducted.
- A comparison to NC hospitals overall was not conducted.

---


Data as of March 18, 2014.

N.C. Division of Public Health, HAI Prevention Program

N.C. HAI Quarterly Report (Consumer Version) - April 2014
### Catheter-Associated Urinary Tract Infections (CAUTI)

![Graph showing CAUTI rates for different years](image)

**Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.**

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>0</td>
<td>403</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

**Bar Graph Interpretations:**
- A comparison to similarly-sized hospitals was not conducted.
- A comparison to NC hospitals overall was not conducted.

#### Surgical Site Infections (SSI) after Abdominal Hysterectomies

**Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.**

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>0</td>
<td>24</td>
<td>0</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations:**
- A comparison to similarly-sized hospitals was not conducted.
- A comparison to NC hospitals overall was not conducted.

![Graph showing SSI rates for abdominal hysterectomies for different years](image)

#### Surgical Site Infections (SSI) after Colon Surgeries

**Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.**

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>0</td>
<td>4</td>
<td>0</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations:**
- A comparison to similarly-sized hospitals was not conducted.
- A comparison to NC hospitals overall was not conducted.

![Graph showing SSI rates for colon surgeries for different years](image)

**Commentary from Hospitals:**
No comments provided.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program
**2013 Hospital Survey Information**

<table>
<thead>
<tr>
<th>Hospital Type:</th>
<th>Acute Care Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Affiliation:</td>
<td>No</td>
</tr>
<tr>
<td>Profit Status:</td>
<td>Not for Profit</td>
</tr>
<tr>
<td>Admissions in 2013:</td>
<td>6,074</td>
</tr>
<tr>
<td>Patient Days in 2013:</td>
<td>21,154</td>
</tr>
<tr>
<td>Total Number of Beds:</td>
<td>104</td>
</tr>
<tr>
<td>Number of ICU Beds:</td>
<td>7</td>
</tr>
<tr>
<td>FTE* Infection Preventionists:</td>
<td>0.80</td>
</tr>
<tr>
<td>Number of FTEs* per 100 beds:</td>
<td>0.77</td>
</tr>
</tbody>
</table>

*FTE = Full-time equivalent

**Central Line-Associated Bloodstream Infections (CLABSI)**

**Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.**

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>0</td>
<td>463</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

A comparison to similarly-sized hospitals was not conducted.

A comparison to NC hospitals overall was not conducted.

**Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.**

---

**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. Rates reported here may be higher than rates based on clinically-defined illness.

**Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.**

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>2</td>
<td>21,154</td>
<td>0.09</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.

Hospital rate is not different from NC hospitals overall.

**Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.**

---

**Clostridium 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 Infections and Rate of CDI LabID, Jan-Dec 2013.**

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>1</td>
<td>19,457</td>
<td>0.51</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

**Bar Graph Interpretations:**

Hospital rate is lower than similarly-sized hospitals.

Hospital rate is lower than NC hospitals overall.

**Figure 3. Rates and 95% Confidence Intervals, Jan-Dec 2013.**

---


Data as of March 18, 2014.

N.C. Division of Public Health, HAI Prevention Program

N.C. HAI Quarterly Report (Consumer Version) - April 2014
North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Scotland Memorial Hospital, Laurinburg, Scotland County

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>0</td>
<td>637</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 4. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>0</td>
<td>33</td>
<td>0</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>1</td>
<td>44</td>
<td>2.27</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2013.

Commentary from Hospitals:
No comments provided.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program
N.C. HAI Quarterly Report (Consumer Version) - April 2014
North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Select Specialty Hospital-Durham, Durham, Durham County

**2013 Hospital Survey Information**

- **Hospital Type:** Long-term Acute Care Hospital
- **Profit Status:** For Profit
- **Admissions in 2013:** 307
- **Patient Days in 2013:** 8,732
- **Total Number of Beds:** 30
- **FTE* Infection Preventionists:** 0.25
- **Number of FTEs* per 100 beds:** 0.83

*FTE = Full-time equivalent

**Central Line-Associated Bloodstream Infections (CLABSI)**

<table>
<thead>
<tr>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting Units</td>
<td>11</td>
<td>4,258</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**
Hospital rate is higher than NC long-term acute care hospitals overall.

**Catheter-Associated Urinary Tract Infections (CAUTI)**

<table>
<thead>
<tr>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting Units</td>
<td>15</td>
<td>2,810</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

**Bar Graph Interpretations:**
Hospital rate is not different from NC long-term acute care hospitals overall.

**Other Healthcare-Associated Infections (HAIs)**

Long-term acute care hospitals (LTACs) do not report LabID C. difficile, LabID MRSA Bacteremia or SSIs to the N.C. Division of Public Health.

**Commentary from Hospitals:**
No comments provided.

Refer to the HAI in N.C. Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).

Data as of March 18, 2014.

N.C. Division of Public Health, HAI Prevention Program

N.C. HAI Quarterly Report (Consumer Version) - April 2014
North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Select Specialty Hospital-Greensboro, Greensboro, Guilford County

2013 Hospital Survey Information

Hospital Type: Long-term Acute Care Hospital
Profit Status: For Profit
Admissions in 2013: 345
Patient Days in 2013: 9,146
Total Number of Beds: 30
FTE* Infection Preventionists: 0.45
Number of FTEs* per 100 beds: 1.50

*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting Units</td>
<td>2</td>
<td>5,191</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:
Hospital rate is not different from NC long-term acute care hospitals overall.

Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting Units</td>
<td>0</td>
<td>4,595</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
A comparison to NC long-term acute care hospitals was not conducted.

Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Other Healthcare-Associated Infections (HAIs)

Long-term acute care hospitals (LTACs) do not report LabID C. difficile, LabID MRSA Bacteremia or SSIs to the N.C. Division of Public Health.

Commentary from Hospitals:
No comments provided.

Refer to the HAI in N.C. Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program
N.C. HAI Quarterly Report (Consumer Version) - April 2014
North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Select Specialty Hospital-Winston Salem, Winston Salem, Forsyth County

2013 Hospital Survey Information

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Type</td>
<td>Long-term Acute Care Hospital</td>
</tr>
<tr>
<td>Profit Status</td>
<td>For Profit</td>
</tr>
<tr>
<td>Admissions in 2013</td>
<td>410</td>
</tr>
<tr>
<td>Patient Days in 2013</td>
<td>10,529</td>
</tr>
<tr>
<td>Total Number of Beds</td>
<td>42</td>
</tr>
<tr>
<td>FTE* Infection Preventionists</td>
<td>0.35</td>
</tr>
<tr>
<td>Number of FTEs* per 100 beds</td>
<td>0.83</td>
</tr>
</tbody>
</table>

*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting Units</td>
<td>11</td>
<td>6,666</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:
Hospital rate is not different from NC long-term acute care hospitals overall.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting Units</td>
<td>20</td>
<td>6,894</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
Hospital rate is not different from NC long-term acute care hospitals overall.

Other Healthcare-Associated Infections (HAIs)

Long-term acute care hospitals (LTACs) do not report LabID C. difficile, LabID MRSA Bacteremia or SSIs to the N.C. Division of Public Health.

Commentary from Hospitals:
No comments provided.

Refer to the HAI in N.C. Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).

Data as of March 18, 2014.

N.C. Division of Public Health, HAI Prevention Program  N.C. HAI Quarterly Report (Consumer Version) - April 2014
North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Southeastern Regional Medical Center, Lumberton, Robeson County

2013 Hospital Survey Information

- Hospital Type: Acute Care Hospital
- Medical Affiliation: No
- Profit Status: Not for Profit
- Admissions in 2013: 16,793
- Patient Days in 2013: 77,437
- Total Number of Beds: 319
- Number of ICU Beds: 18
- FTE* Infection Preventionists: 2.00
- Number of FTEs* per 100 beds: 0.63

*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>4</td>
<td>2,190</td>
<td>1.83</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>6</td>
<td>77,437</td>
<td>0.08</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>40</td>
<td>73,441</td>
<td>5.45</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 3. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program
N.C. HAI Quarterly Report (Consumer Version) - April 2014
Catheter-Associated Urinary Tract Infections (CAUTI)

Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>7</td>
<td>2,941</td>
<td>2.38</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 4. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>1</td>
<td>150</td>
<td>0.67</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>2</td>
<td>84</td>
<td>2.38</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2013.

Commentary from Hospitals:
No comments provided.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program
N.C. HAI Quarterly Report (Consumer Version) - April 2014
178
North Carolina Healthcare-Associated Infections Report  
Data from January 1 – December 31, 2013  
Stanly Regional Medical Center, Albemarle, Stanly County

2013 Hospital Survey Information

- Hospital Type: Acute Care Hospital
- Medical Affiliation: No
- Profit Status: Not for Profit
- Admissions in 2013: 4,568
- Patient Days in 2013: 16,001
- Total Number of Beds: 119
- Number of ICU Beds: 10
- FTE* Infection Preventionists: 0.88
- Number of FTEs* per 100 beds: 0.74

*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>1</td>
<td>594</td>
<td>1.68</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:
- Hospital rate is not different from similarly-sized hospitals.
- Hospital rate is not different from NC hospitals overall.

Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>0</td>
<td>17,053</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:
- A comparison to similarly-sized hospitals was not conducted.
- A comparison to NC hospitals overall was not conducted.

Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Clostridium 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 Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>7</td>
<td>15,800</td>
<td>4.43</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:
- Hospital rate is not different from similarly-sized hospitals.
- Hospital rate is not different from NC hospitals overall.

Figure 3. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Data as of March 18, 2014. 
N.C. Division of Public Health, HAI Prevention Program  
N.C. HAI Quarterly Report (Consumer Version) - April 2014
North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Stanly Regional Medical Center, Albemarle, Stanly County

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>0</td>
<td>1,412</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 4. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>0</td>
<td>17</td>
<td></td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>0</td>
<td>32</td>
<td>0</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2013.

Commentary from Hospitals:
No comments provided.
2013 Hospital Survey Information

<table>
<thead>
<tr>
<th>Hospital Type:</th>
<th>Acute Care Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Affiliation:</td>
<td>No</td>
</tr>
<tr>
<td>Profit Status:</td>
<td>Not for Profit</td>
</tr>
<tr>
<td>Admissions in 2013:</td>
<td>4,209</td>
</tr>
<tr>
<td>Patient Days in 2013:</td>
<td>24,331</td>
</tr>
<tr>
<td>Total Number of Beds:</td>
<td>149</td>
</tr>
<tr>
<td>Number of ICU Beds:</td>
<td>11</td>
</tr>
<tr>
<td>FTE* Infection Preventionists:</td>
<td>0.50</td>
</tr>
<tr>
<td>Number of FTEs* per 100 beds:</td>
<td>0.34</td>
</tr>
</tbody>
</table>
*FTE = Full-time equivalent

A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>0</td>
<td>230</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Central Line-Associated Bloodstream Infections (CLABSI)

Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>0</td>
<td>24,370</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Clostridium 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 Infections and Rate of CDI LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>5</td>
<td>24,370</td>
<td>2.05</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is lower than NC hospitals overall.

Figure 3. Rates and 95% Confidence Intervals, Jan-Dec 2013.


Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program
N.C. HAI Quarterly Report (Consumer Version) - April 2014
Catheter-Associated Urinary Tract Infections (CAUTI)

Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>1</td>
<td>931</td>
<td>1.07</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>1</td>
<td>14</td>
<td></td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>2</td>
<td>60</td>
<td>3.33</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Commentary from Hospitals:
At Novant Health, the safety of our patients comes first. Our goal is to have the lowest possible infection rates and we continually monitor infection prevention tactics for improvement opportunities. We support transparency in reporting infection rates and make common infection data available on our website. More information can be found under “quality” on NovantHealth.org.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program

N.C. HAI Quarterly Report (Consumer Version) - April 2014
North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
UNC Health Care, Chapel Hill, Orange County

2013 Hospital Survey Information

<table>
<thead>
<tr>
<th>Hospital Type</th>
<th>Acute Care Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Affiliation</td>
<td>Major</td>
</tr>
<tr>
<td>Profit Status</td>
<td>Government</td>
</tr>
<tr>
<td>Admissions in 2013</td>
<td>40,872</td>
</tr>
<tr>
<td>Patient Days in 2013</td>
<td>254,256</td>
</tr>
<tr>
<td>Total Number of Beds</td>
<td>848</td>
</tr>
<tr>
<td>Number of ICU Beds</td>
<td>171</td>
</tr>
<tr>
<td>FTE* Infection Preventionists</td>
<td>5.50</td>
</tr>
<tr>
<td>Number of FTEs* per 100 beds</td>
<td>0.65</td>
</tr>
</tbody>
</table>

*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>26</td>
<td>253,632</td>
<td>0.1</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:
- Hospital rate is not different from similarly-sized hospitals.
- Hospital rate is not different from NC hospitals overall.

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>17</td>
<td>229,959</td>
<td>7.61</td>
</tr>
</tbody>
</table>

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.

Bar Graph Interpretations:
- Hospital rate is not different from similarly-sized hospitals.
- Hospital rate is not different from NC hospitals overall.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>175</td>
<td>229,959</td>
<td>7.61</td>
</tr>
</tbody>
</table>

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.

Bar Graph Interpretations:
- Hospital rate is not different from similarly-sized hospitals.
- Hospital rate is higher than NC hospitals overall.
North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
UNC Health Care, Chapel Hill, Orange County

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>80</td>
<td>26,295</td>
<td>3.04</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 4. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>11</td>
<td>588</td>
<td>1.87</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>32</td>
<td>379</td>
<td>8.44</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
Hospital rate is higher than similarly-sized hospitals.
Hospital rate is higher than NC hospitals overall.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2013.

Commentary from Hospitals:
UNC Health Care is pleased that our rates of all reported healthcare-associated infections are statistically similar to 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 corrected 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).

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program
N.C. HAI Quarterly Report (Consumer Version) - April 2014
**Central Line-Associated Bloodstream Infections (CLABSI)**

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>0</td>
<td>163</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

---

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>0</td>
<td>14,780</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

**Bar Graph Interpretations:**

A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

---

**Clostridium difficile Laboratory-Identified Infections (CDI LabID)**

Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>5</td>
<td>14,780</td>
<td>3.38</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

---

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program

N.C. HAI Quarterly Report (Consumer Version) - April 2014
Catheter-Associated Urinary Tract Infections (CAUTI)

Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>0</td>
<td>299</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 4. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>2</td>
<td>28</td>
<td>7.14</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>0</td>
<td>25</td>
<td>0</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2013.

Commentary from Hospitals:
No comments provided.


Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program

N.C. HAI Quarterly Report (Consumer Version) - April 2014

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North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Vidant Duplin Hospital, Kenansville, Duplin County

2013 Hospital Survey Information

<table>
<thead>
<tr>
<th>Hospital Type:</th>
<th>Acute Care Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Affiliation:</td>
<td>No</td>
</tr>
<tr>
<td>Profit Status:</td>
<td>Not for Profit</td>
</tr>
<tr>
<td>Admissions in 2013:</td>
<td>2,975</td>
</tr>
<tr>
<td>Patient Days in 2013:</td>
<td>15,950</td>
</tr>
<tr>
<td>Total Number of Beds:</td>
<td>79</td>
</tr>
<tr>
<td>Number of ICU Beds:</td>
<td>9</td>
</tr>
<tr>
<td>Number of FTE* Infection Preventionists:</td>
<td>1.00</td>
</tr>
<tr>
<td>Number of FTEs* per 100 beds:</td>
<td>1.27</td>
</tr>
</tbody>
</table>

*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

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<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>1</td>
<td>280</td>
<td>3.57</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>0</td>
<td>15,969</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Clostridium 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 Infections and Rate of CDI LabID, Jan-Dec 2013.

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<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>1</td>
<td>15,969</td>
<td>0.63</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is lower than NC hospitals overall.

Figure 3. Rates and 95% Confidence Intervals, Jan-Dec 2013.


Data as of March 18, 2014.

N.C. Division of Public Health, HAI Prevention Program
N.C. HAI Quarterly Report (Consumer Version) - April 2014
North Carolina Healthcare-Associated Infections Report
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Vidant Duplin Hospital, Kenansville, Duplin County

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>0</td>
<td>510</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 4. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>0</td>
<td>9</td>
<td>.</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>0</td>
<td>3</td>
<td>.</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2013.

Commentary from Hospitals:
No comments provided.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program
N.C. HAI Quarterly Report (Consumer Version) - April 2014
North Carolina Healthcare-Associated Infections Report  
Data from January 1 – December 31, 2013  
Vidant Edgecombe Hospital, Tarboro, Edgecombe County

**2013 Hospital Survey Information**

- Hospital Type: Acute Care Hospital
- Medical Affiliation: Major
- Profit Status: Not for Profit
- Admissions in 2013: 4,240
- Patient Days in 2013: 17,071
- Total Number of Beds: 117
- Number of ICU Beds: 8
- FTE* Infection Preventionists: 1.00
- Number of FTEs* per 100 beds: 0.85

*FTE = Full-time equivalent

**Central Line-Associated Bloodstream Infections (CLABSI)**

![Central Line-Associated Bloodstream Infections (CLABSI)](image)

**Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.**

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>0</td>
<td>909</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

A comparison to similarly-sized hospitals was not conducted.

A comparison to NC hospitals overall was not conducted.

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

![Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)](image)

**Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.**

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>2</td>
<td>16,167</td>
<td>0.12</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.

Hospital rate is not different from NC hospitals overall.

**Clostridium difficile Laboratory-Identified Infections (CDI LabID)**

![Clostridium difficile Laboratory-Identified Infections (CDI LabID)](image)

**Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.**

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>6</td>
<td>14,853</td>
<td>4.04</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.

Hospital rate is not different from NC hospitals overall.

---

Data as of March 18, 2014. 
N.C. Division of Public Health, HAI Prevention Program  
N.C. HAI Quarterly Report (Consumer Version) - April 2014

189
Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>1</td>
<td>1,080</td>
<td>0.93</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>0</td>
<td>41</td>
<td>0</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>0</td>
<td>24</td>
<td>0</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.
# North Carolina Healthcare-Associated Infections Report
## Data from January 1 – December 31, 2013

Vidant Medical Center, Greenville, Pitt County

## 2013 Hospital Survey Information

- **Hospital Type:** Acute Care Hospital
- **Medical Affiliation:** Major
- **Profit Status:** Not for Profit
- **Admissions in 2013:** 46,203
- **Patient Days in 2013:** 266,285
- **Total Number of Beds:** 909
- **Number of ICU Beds:** 164
- **FTE* Infection Preventionists:** 8.00
- **Number of FTEs* per 100 beds:** 0.88

*FTE = Full-time equivalent

### Central Line-Associated Bloodstream Infections (CLABSI)

#### Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>37</td>
<td>20,753</td>
<td>1.78</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

#### Bar Graph Interpretations:
- Hospital rate is not different from similarly-sized hospitals.
- Hospital rate is higher than NC hospitals overall.

![Graph showing CLABSI rates](image)

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

#### Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>19</td>
<td>267,818</td>
<td>0.07</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

#### Bar Graph Interpretations:
- Hospital rate is not different from similarly-sized hospitals.
- Hospital rate is not different from NC hospitals overall.

![Graph showing MRSA LabID rates](image)

### Clostridium difficile Laboratory-Identified Infections (CDI LabID)

#### Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>154</td>
<td>251,259</td>
<td>6.13</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

#### Bar Graph Interpretations:
- Hospital rate is lower than similarly-sized hospitals.
- Hospital rate is not different from NC hospitals overall.

![Graph showing CDI LabID rates](image)


Data as of March 18, 2014.

N.C. Division of Public Health, HAI Prevention Program

N.C. HAI Quarterly Report (Consumer Version) - April 2014
Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>90</td>
<td>16,130</td>
<td>5.58</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
Hospital rate is higher than similarly-sized hospitals.
Hospital rate is higher than NC hospitals overall.

Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>5</td>
<td>335</td>
<td>1.49</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>14</td>
<td>495</td>
<td>2.83</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Commentary from Hospitals:
The infection rates above reflect our initiatives to make patient care at Vidant Medical Center safe for all of our patients, and those efforts are ongoing.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program
N.C. HAI Quarterly Report (Consumer Version) - April 2014
North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Vidant Roanoke Chowan Hospital, Ahoskie, Hertford County

2013 Hospital Survey Information

<table>
<thead>
<tr>
<th>Hospital Type:</th>
<th>Acute Care Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Affiliation:</td>
<td>No</td>
</tr>
<tr>
<td>Profit Status:</td>
<td>Not for Profit</td>
</tr>
<tr>
<td>Admissions in 2013:</td>
<td>4,595</td>
</tr>
<tr>
<td>Patient Days in 2013:</td>
<td>20,596</td>
</tr>
<tr>
<td>Total Number of Beds:</td>
<td>144</td>
</tr>
<tr>
<td>Number of ICU Beds:</td>
<td>10</td>
</tr>
<tr>
<td>FTE* Infection Preventionists:</td>
<td>0.75</td>
</tr>
<tr>
<td>Number of FTEs* per 100 beds:</td>
<td>0.52</td>
</tr>
</tbody>
</table>

*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>1</td>
<td>529</td>
<td>1.89</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>0</td>
<td>17,121</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>4</td>
<td>15,102</td>
<td>2.65</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 3. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program
N.C. HAI Quarterly Report (Consumer Version) - April 2014
North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Vidant Roanoke Chowan Hospital, Ahoskie, Hertford County

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>0</td>
<td>746</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 4. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>0</td>
<td>26</td>
<td>0</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>0</td>
<td>24</td>
<td>0</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2013.

Commentary from Hospitals:
No comments provided.


Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program
N.C. HAI Quarterly Report (Consumer Version) - April 2014

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Wake Forest Baptist Health-Lexington Medical Center, Lexington, Davidson County

2013 Hospital Survey Information

<table>
<thead>
<tr>
<th>Hospital Type:</th>
<th>Acute Care Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Affiliation:</td>
<td>No</td>
</tr>
<tr>
<td>Profit Status:</td>
<td>Not for Profit</td>
</tr>
<tr>
<td>Admissions in 2013:</td>
<td>3,820</td>
</tr>
<tr>
<td>Patient Days in 2013:</td>
<td>10,692</td>
</tr>
<tr>
<td>Total Number of Beds:</td>
<td>85</td>
</tr>
<tr>
<td>Number of ICU Beds:</td>
<td>21</td>
</tr>
<tr>
<td>FTE* Infection Preventionists:</td>
<td>1.00</td>
</tr>
<tr>
<td>Number of FTEs* per 100 beds:</td>
<td>1.18</td>
</tr>
<tr>
<td>*FTE = Full-time equivalent</td>
<td></td>
</tr>
<tr>
<td>Total for Reporting ICUs</td>
<td>0</td>
</tr>
<tr>
<td>Location Infections Patient Days Rate</td>
<td>0</td>
</tr>
</tbody>
</table>

A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>0</td>
<td>353</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

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. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>0</td>
<td>10,692</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Clostridium 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 Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>4</td>
<td>9,362</td>
<td>4.27</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program
N.C. HAI Quarterly Report (Consumer Version) - April 2014
North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Wake Forest Baptist Health-Lexington Medical Center, Lexington, Davidson County

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>1</td>
<td>1,024</td>
<td>0.98</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 4. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>0</td>
<td>50</td>
<td>0</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>0</td>
<td>24</td>
<td>0</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2013.

Commentary from Hospitals:
No comments provided.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program
N.C. HAI Quarterly Report (Consumer Version) - April 2014
2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
Medical Affiliation: Major
Profit Status: Not for Profit
Admissions in 2013: 37,505
Patient Days in 2013: 230,320
Total Number of Beds: 885
Number of ICU Beds: 176
FTE* Infection Preventionists: 6.00
Number of FTEs* per 100 beds: 0.68

*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>19</td>
<td>17,492</td>
<td>1.09</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>28</td>
<td>232,873</td>
<td>0.12</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is higher than NC hospitals overall.

Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Clostridium 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 Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>267</td>
<td>223,121</td>
<td>12</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:
Hospital rate is higher than similarly-sized hospitals.
Hospital rate is higher than NC hospitals overall.

Figure 3. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program

N.C. HAI Quarterly Report (Consumer Version) - April 2014
North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Wake Forest University Baptist Medical Center, Winston-Salem, Forsyth County

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>49</td>
<td>26,471</td>
<td>1.85</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
Hospital rate is lower than similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 4. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>0</td>
<td>168</td>
<td>0</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>14</td>
<td>351</td>
<td>3.99</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2013.

Commentary from Hospitals:
Wake Forest Baptist Health continually strives to provide a safe environment for patients, their families and our community. In response to the C. difficile rate (CDI LabID), Wake Forest Baptist Health is reinforcing appropriate infection prevention measures to help decrease the numbers (e.g., proper hand hygiene, environmental cleaning, and appropriate isolation of patients).

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program
N.C. HAI Quarterly Report (Consumer Version) - April 2014
North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
WakeMed Cary Hospital, Cary, Wake County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
Medical Affiliation: No
Profit Status: Not for Profit
Admissions in 2013: 17,522
Patient Days in 2013: 53,188
Total Number of Beds: 182
Number of ICU Beds: 12
FTE* Infection Preventionists: 1.00
Number of FTEs* per 100 beds: 0.55

*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>2</td>
<td>1,214</td>
<td>1.65</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>3</td>
<td>43,384</td>
<td>0.07</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>20</td>
<td>35,965</td>
<td>5.56</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 3. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Data as of March 18, 2014.

N.C. Division of Public Health, HAI Prevention Program
N.C. HAI Quarterly Report (Consumer Version) - April 2014
### Catheter-Associated Urinary Tract Infections (CAUTI)

**Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.**

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>4</td>
<td>1,782</td>
<td>2.24</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

**Bar Graph Interpretations:**
- Hospital rate is not different from similarly-sized hospitals.
- Hospital rate is not different from NC hospitals overall.

**Figure 4. Rates and 95% Confidence Intervals, Jan-Dec 2013.**

### Surgical Site Infections (SSI) after Abdominal Hysterectomies

**Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.**

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>0</td>
<td>83</td>
<td>0</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space. Rate was not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations:**
- A comparison to similarly-sized hospitals was not conducted.
- A comparison to NC hospitals overall was not conducted.

**Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.**

### Surgical Site Infections (SSI) after Colon Surgeries

**Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.**

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>7</td>
<td>206</td>
<td>3.4</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space. Rate not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations:**
- Hospital rate is not different from similarly-sized hospitals.
- Hospital rate is not different from NC hospitals overall.

**Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2013.**

**Commentary from Hospitals:**
No comments provided.

Central Line-Associated Bloodstream Infections (CLABSI)

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>31</td>
<td>16,483</td>
<td>1.88</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:
Hospital rate is higher than similarly-sized hospitals.
Hospital rate is higher than NC hospitals overall.

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>19</td>
<td>161,709</td>
<td>0.12</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>98</td>
<td>135,856</td>
<td>7.23</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.


Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program

N.C. HAI Quarterly Report (Consumer Version) - April 2014
Catheter-Associated Urinary Tract Infections (CAUTI)

Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>62</td>
<td>19,173</td>
<td>3.23</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 4. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>1</td>
<td>299</td>
<td>0.33</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>4</td>
<td>200</td>
<td>2</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2013.

Commentary from Hospitals:
No comments provided.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program
N.C. HAI Quarterly Report (Consumer Version) - April 2014
2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
Medical Affiliation: No
Profit Status: Not for Profit
Admissions in 2013: 12,083
Patient Days in 2013: 53,049
Total Number of Beds: 306
Number of ICU Beds: 16
FTE* Infection Preventionists: 2.13
Number of FTEs* per 100 beds: 0.69

*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>2</td>
<td>3,411</td>
<td>0.59</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>4</td>
<td>53,390</td>
<td>0.07</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>29</td>
<td>50,068</td>
<td>5.79</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.
Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.
Figure 3. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program
N.C. HAI Quarterly Report (Consumer Version) - April 2014
North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Wayne Memorial Hospital, Goldsboro, Wayne County

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>8</td>
<td>3,604</td>
<td>2.22</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 4. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>0</td>
<td>126</td>
<td>0</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>2</td>
<td>96</td>
<td>2.08</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2013.

Commentary from Hospitals:
No comments provided.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program N.C. HAI Quarterly Report (Consumer Version) - April 2014 204
2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
Medical Affiliation: No
Profit Status: Not for Profit
Admissions in 2013: 10,319
Patient Days in 2013: 45,242
Total Number of Beds: 175
Number of ICU Beds: 20
FTE* Infection Preventionists: 1.00
Number of FTEs* per 100 beds: 0.57
*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSIs)

Table 1. Number of Infections and Rate of CLABSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>2</td>
<td>2,015</td>
<td>0.99</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>0</td>
<td>45,242</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>36</td>
<td>45,242</td>
<td>7.96</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:
Hospital rate is higher than similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.


Data as of March 18, 2014.

N.C. Division of Public Health, HAI Prevention Program
N.C. HAI Quarterly Report (Consumer Version) - April 2014
North Carolina Healthcare-Associated Infections Report  
Data from January 1 – December 31, 2013  
Wesley Long Hospital, Greensboro, Guilford County

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>1</td>
<td>3,193</td>
<td>0.31</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is lower than NC hospitals overall.

Figure 4. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>0</td>
<td>34</td>
<td>0</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>2</td>
<td>88</td>
<td>2.27</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2013.

Commentary from Hospitals:
Cone Health is committed to preventing Healthcare Associated Infections. We have dedicated teams of experts focused on process improvements to improve our patient outcomes. Please contact Cone Health Infection Prevention if you would like further information.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program  
N.C. HAI Quarterly Report (Consumer Version) - April 2014  
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North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Wilkes Regional Medical Center, North Wilkesboro, Wilkes County

2013 Hospital Survey Information

<table>
<thead>
<tr>
<th>Hospital Type:</th>
<th>Acute Care Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Affiliation:</td>
<td>No</td>
</tr>
<tr>
<td>Profit Status:</td>
<td>Not for Profit</td>
</tr>
<tr>
<td>Admissions in 2013:</td>
<td>4,744</td>
</tr>
<tr>
<td>Patient Days in 2013:</td>
<td>20,845</td>
</tr>
<tr>
<td>Total Number of Beds:</td>
<td>130</td>
</tr>
<tr>
<td>Number of ICU Beds:</td>
<td>8</td>
</tr>
<tr>
<td>FTE* Infection Preventionists:</td>
<td>0.38</td>
</tr>
<tr>
<td>Number of FTEs* per 100 beds:</td>
<td>0.29</td>
</tr>
</tbody>
</table>

*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>0</td>
<td>20,835</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

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. Rates reported here may be higher than rates based on clinically-defined illness.

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>0</td>
<td>20,835</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Clostridium 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>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>2</td>
<td>20,030</td>
<td>1</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

Bar Graph Interpretations:
Hospital rate is lower than similarly-sized hospitals.
Hospital rate is lower than NC hospitals overall.

Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Figure 3. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program
N.C. HAI Quarterly Report (Consumer Version) - April 2014
The prevention and reduction of healthcare associated infections is a top priority at Wilkes Regional Medical Center. 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.


Data as of March 18, 2014.

N.C. Division of Public Health, HAI Prevention Program

N.C. HAI Quarterly Report (Consumer Version) - April 2014

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### 2013 Hospital Survey Information

<table>
<thead>
<tr>
<th>Hospital Type:</th>
<th>Acute Care Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Affiliation:</td>
<td>No</td>
</tr>
<tr>
<td>Profit Status:</td>
<td>Not for Profit</td>
</tr>
<tr>
<td>Admissions in 2013:</td>
<td>7,755</td>
</tr>
<tr>
<td>Patient Days in 2013:</td>
<td>33,194</td>
</tr>
<tr>
<td>Total Number of Beds:</td>
<td>193</td>
</tr>
<tr>
<td>Number of ICU Beds:</td>
<td>14</td>
</tr>
<tr>
<td>FTE* Infection Preventionists:</td>
<td>1.50</td>
</tr>
<tr>
<td>Number of FTEs* per 100 beds:</td>
<td>0.78</td>
</tr>
</tbody>
</table>

*FTE = Full-time equivalent

**Central Line-Associated Bloodstream Infections (CLABSI)**

**Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.**

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>4</td>
<td>1,551</td>
<td>2.58</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.

Hospital rate is not different from NC hospitals overall.

**Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.**

---

**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. Rates reported here may be higher than rates based on clinically-defined illness.

**Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.**

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>2</td>
<td>33,194</td>
<td>0.06</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.

Hospital rate is not different from NC hospitals overall.

**Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.**

---

**Clostridium 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 Infections and Rate of CDI LabID, Jan-Dec 2013.**

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>28</td>
<td>31,401</td>
<td>8.92</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

**Bar Graph Interpretations:**

Hospital rate is higher than similarly-sized hospitals.

Hospital rate is not different from NC hospitals overall.

**Figure 3. Rates and 95% Confidence Intervals, Jan-Dec 2013.**

---


Data as of March 18, 2014.

N.C. Division of Public Health, HAI Prevention Program

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North Carolina Healthcare-Associated Infections Report  
Data from January 1 – December 31, 2013  
Wilson Medical Center, Wilson, Wilson County

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Catheter Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>2</td>
<td>1,778</td>
<td>1.12</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 4. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>0</td>
<td>134</td>
<td>0</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>4</td>
<td>55</td>
<td>7.27</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2013.

Commentary from Hospitals:
In 2013, Wilson Medical Center changed the laboratory method for testing C. difficile to a more sensitive molecular test. As expected, the increase in sensitivity of this test resulted in more positive C. difficile reported in 2013. Not all hospitals have converted to this advanced testing method.

Data as of March 18, 2014.  
N.C. Division of Public Health, HAI Prevention Program  
N.C. HAI Quarterly Report (Consumer Version) - April 2014
### 2013 Hospital Survey Information

- **Hospital Type:** Acute Care Hospital - Women's
- **Medical Affiliation:** No
- **Profit Status:** Not for Profit
- **Admissions in 2013:** 7,818
- **Patient Days in 2013:** 42,248
- **Total Number of Beds:** 134
- **Number of ICU Beds:** 40
- **FTE* Infection Preventionists:** 0.50
- **Number of FTEs* per 100 beds:** 0.37

\*FTE = Full-time equivalent

### Central Line-Associated Bloodstream Infections (CLABSI)

**Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.**

<table>
<thead>
<tr>
<th>Type of ICU</th>
<th>Infections</th>
<th>Line Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Reporting ICUs</td>
<td>1</td>
<td>2,059</td>
<td>0.49</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.

Hospital rate is not different from NC hospitals overall.

### 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. Rates reported here may be higher than rates based on clinically-defined illness.

**Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013.**

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>0</td>
<td>42,248</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 patient days.

**Bar Graph Interpretations:**

A comparison to similarly-sized hospitals was not conducted.

A comparison to NC hospitals overall was not conducted.

### Clostridium 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 Infections and Rate of CDI LabID, Jan-Dec 2013.**

<table>
<thead>
<tr>
<th>Location</th>
<th>Infections</th>
<th>Patient Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide inpatient</td>
<td>0</td>
<td>18,911</td>
<td>0</td>
</tr>
</tbody>
</table>

Note: Rate per 10,000 patient days.

**Bar Graph Interpretations:**

A comparison to similarly-sized hospitals was not conducted.

A comparison to NC hospitals overall was not conducted.

---


Data as of March 18, 2014.

N.C. Division of Public Health, HAI Prevention Program

N.C. HAI Quarterly Report (Consumer Version) - April 2014
North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Women's Hospital, Greensboro, Guilford County

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>1</td>
<td>123</td>
<td>0.81</td>
</tr>
</tbody>
</table>

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 4. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal hysterectomy</td>
<td>1</td>
<td>123</td>
<td>0.81</td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Infections</th>
<th>Procedures</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon surgery</td>
<td>0</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

Infections from deep incisional and/or organ space.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:
A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2013.

Commentary from Hospitals:
Cone Health is committed to preventing Healthcare Associated Infections. We have dedicated teams of experts focused on process improvements to improve our patient outcomes. Please contact Cone Health infection Prevention if you would like further information.

Data as of March 18, 2014.
N.C. Division of Public Health, HAI Prevention Program  
N.C. HAI Quarterly Report (Consumer Version) - April 2014
APPENDICES
## APPENDIX A. Definitions

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggregate data</td>
<td>Sum or total data. For example, aggregate N.C. HAI data refers to the sum, or total, of all hospital HAI data in N.C.</td>
</tr>
</tbody>
</table>
| 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 staffers 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 within the 48-hour period 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 within the 48-hour period 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 hour 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.  
**Routine hand washing** 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.  
**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. |
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgical hand antisepsis</td>
<td><em>Surgical hand antisepsis</em> is the use of water and antimicrobial soap to remove or kill germs and takes 2-6 minutes to complete as both hands and forearms are cleaned. Water and non-antimicrobial soap can also be used but must be followed with an alcohol-based surgical hand scrub.</td>
</tr>
<tr>
<td>Healthcare-associated infections</td>
<td>Healthcare-associated infections (HAI) are infections caused by a wide variety of common and unusual bacteria, fungi, and viruses during the course of receiving medical care.</td>
</tr>
<tr>
<td>Intensive care unit</td>
<td>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.</td>
</tr>
<tr>
<td>Medical affiliation</td>
<td>Affiliation with a medical school. There are four categories.</td>
</tr>
<tr>
<td></td>
<td><em>Major teaching</em> – Hospital is an important part of the teaching program of a medical school and the majority of medical students rotate through multiple clinical services.</td>
</tr>
<tr>
<td></td>
<td><em>Graduate</em> – Hospital used by the medical school for graduate training programs only (i.e., residency and/or fellowships).</td>
</tr>
<tr>
<td></td>
<td><em>Limited</em> – Hospital used in the medical school’s teaching program to a limited extent.</td>
</tr>
<tr>
<td></td>
<td><em>No</em> – Hospital not affiliated with a medical school.</td>
</tr>
<tr>
<td>Patient days</td>
<td>A daily count of the number of patients in the patient care location during a specified time period.</td>
</tr>
<tr>
<td>Rate</td>
<td>Describes the speed with which disease or events occur. The number of diseases or events per unit of time.</td>
</tr>
<tr>
<td>Standardized infection ratio</td>
<td>A ratio of observed to expected (or predicted) numbers of events that is adjusted for selected risk factors.</td>
</tr>
<tr>
<td>Surgical site infection</td>
<td>Infection that occurs after surgery, in the part of the body where the surgery took place.</td>
</tr>
<tr>
<td>Umbilical catheter</td>
<td>Long, thin plastic tubes that travel from the stump of a newborn baby’s umbilical cord into the large vessels near the heart.</td>
</tr>
<tr>
<td>Urinary catheter</td>
<td>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.</td>
</tr>
<tr>
<td>Validity (data)</td>
<td>The extent to which reported cases of a disease or event correspond accurately to cases of a disease event that actually occurred.</td>
</tr>
</tbody>
</table>
APPENDIX B. Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACH</td>
<td>Acute care hospital (short-term)</td>
</tr>
<tr>
<td>ACL</td>
<td>Adult Care Licensure</td>
</tr>
<tr>
<td>APIC-NC</td>
<td>Association for Professionals in Infection Control and Epidemiology, N.C. Chapter</td>
</tr>
<tr>
<td>ASA</td>
<td>American Society of Anesthesiologists</td>
</tr>
<tr>
<td>BSI</td>
<td>Bloodstream infection</td>
</tr>
<tr>
<td>CAUTI</td>
<td>Catheter-associated urinary tract infection</td>
</tr>
<tr>
<td>CCME</td>
<td>Carolinas Center for Medical Excellence</td>
</tr>
<tr>
<td>CCU</td>
<td>Critical care unit</td>
</tr>
<tr>
<td>CDB</td>
<td>Communicable Disease Branch</td>
</tr>
<tr>
<td>CDC</td>
<td>Centers for Disease Control and Prevention</td>
</tr>
<tr>
<td>C. diff</td>
<td><em>Clostridium difficile</em></td>
</tr>
<tr>
<td>CDI</td>
<td><em>Clostridium difficile</em> infection</td>
</tr>
<tr>
<td>CI</td>
<td>Confidence interval</td>
</tr>
<tr>
<td>CMS</td>
<td>Centers for Medicare and Medicaid Services</td>
</tr>
<tr>
<td>CLABSI</td>
<td>Central line-associated bloodstream infections</td>
</tr>
<tr>
<td>CRE</td>
<td>Carbapenem-resistant Enterobacteriaceae</td>
</tr>
<tr>
<td>CUSP</td>
<td>Comprehensive Unit-based Safety Program</td>
</tr>
<tr>
<td>DHHS</td>
<td>Department of Health and Human Services</td>
</tr>
<tr>
<td>DHSR</td>
<td>Division of Health Services Regulation</td>
</tr>
<tr>
<td>DPH</td>
<td>Division of Public Health</td>
</tr>
<tr>
<td>ED</td>
<td>Emergency department</td>
</tr>
<tr>
<td>FTE</td>
<td>Full-time equivalent</td>
</tr>
<tr>
<td>G.S.</td>
<td>General statute</td>
</tr>
<tr>
<td>HAI</td>
<td>Healthcare-associated Infections</td>
</tr>
<tr>
<td>HRET</td>
<td>American Hospital Associations’ Health Research and Trust</td>
</tr>
<tr>
<td>ICU</td>
<td>Intensive care unit</td>
</tr>
<tr>
<td>IPs</td>
<td>Infection preventionists</td>
</tr>
<tr>
<td>IRF</td>
<td>Inpatient rehabilitation facility</td>
</tr>
<tr>
<td>LTAC</td>
<td>Long-term acute care hospital</td>
</tr>
<tr>
<td>MRSA</td>
<td>Methicillin resistant <em>Staphylococcus aureus</em></td>
</tr>
<tr>
<td>NCHA</td>
<td>North Carolina Hospital Association</td>
</tr>
<tr>
<td>N.C. SPICE</td>
<td>North Carolina Statewide Program for Infection Control and Epidemiology</td>
</tr>
<tr>
<td>NCQC</td>
<td>North Carolina Quality Center</td>
</tr>
<tr>
<td>NHLC</td>
<td>Nursing Home Licensure and Certification</td>
</tr>
</tbody>
</table>
APPENDIX B. Acronyms (continued)

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
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<tr>
<td>NHSN</td>
<td>National Healthcare Safety Network</td>
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<td>Neonatal intensive (critical) care unit</td>
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<td>QIO</td>
<td>Quality improvement organization</td>
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<td>SIR</td>
<td>Standardized infection ratio</td>
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<td>SSI</td>
<td>Surgical site infection</td>
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<td>VAST</td>
<td>Vascular Access Safety Team</td>
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<td>VRE</td>
<td>Vancomycin-resistant <em>Enterococcus</em></td>
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APPENDIX C. Healthcare-Associated Infections Prevention Tips

Appendix C1. Catheter (Central Line)-Associated Bloodstream Infections

Appendix C2. Catheter-Associated Urinary Tract Infections

Appendix C3. Surgical Site Infections

Appendix C4. Methicillin-Resistant *Staphylococcus aureus* LabID Events

Appendix C5. *Clostridium difficile* LabID Events
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 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.
What is “catheter-associated urinary tract infection”?
A urinary tract infection (also called “UTI”) is an infection in the urinary system, which includes the bladder (which stores the urine) and the kidneys (which filter the blood to make urine). Germs (for example, bacteria or yeasts) do not normally live in these areas; but if germs are introduced, an infection can occur.

If you have a urinary catheter, germs can travel along the catheter and cause an infection in your bladder or your kidney; in that case it is called a catheter-associated urinary tract infection (or “CA-UTI”).

What is a urinary catheter?
A urinary catheter is a thin tube placed in the bladder to drain urine. Urine drains through the tube into a bag that collects the urine. A urinary catheter may be used:

• If you are not able to urinate on your own
• To measure the amount of urine that you make, for example, during intensive care
• During and after some types of surgery
• During some tests of the kidneys and bladder

People with urinary catheters have a much higher chance of getting a urinary tract infection than people who don’t have a catheter.

How do I get a catheter-associated urinary tract infection (CA-UTI)?
If germs enter the urinary tract, they may cause an infection. Many of the germs that cause a catheter-associated urinary tract infection are common germs found in your intestines that do not usually cause an infection there. Germs can enter the urinary tract when the catheter is being put in or while the catheter remains in the bladder.

What are the symptoms of a urinary tract infection?
Some of the common symptoms of a urinary tract infection are:

• Burning or pain in the lower abdomen (that is, below the stomach)
• Fever
• Bloody urine may be a sign of infection, but is also caused by other problems
• Burning during urination or an increase in the frequency of urination after the catheter is removed.

Sometimes people with catheter-associated urinary tract infections do not have these symptoms of infection.

Can catheter-associated urinary tract infections be treated?
Yes, most catheter-associated urinary tract infections can be treated with antibiotics and removal or change of the catheter. Your doctor will determine which antibiotic is best for you.

What are some of the things that hospitals are doing to prevent catheter-associated urinary tract infections?
To prevent urinary tract infections, doctors and nurses take the following actions.

Catheter insertion
• 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.
• The skin in the area where the catheter will be inserted is cleaned before inserting the catheter.
• 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.

• Avoid disconnecting the catheter and drain tube. This helps to prevent germs from getting into the catheter tube.
• The catheter is secured to the leg to prevent pulling on the catheter.
• Avoid twisting or kinking the catheter.
• Keep the bag lower than the bladder to prevent urine from backflowing to the bladder.
• 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.
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.
- 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.
**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](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:
  - Whenever possible, patients with MRSA will have a single room or will share a room only with someone else who also has MRSA.
  - Healthcare providers will put on gloves and wear a gown over their clothing while taking care of patients with MRSA.
- **K**_et your hands often, especially before and after changing your wound dressing or bandage.
- **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.**

**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.
**FAQs**

(frequently asked questions)

**“Clostridium Difficile”**

**What is Clostridium difficile infection?**

*Clostridium difficile* [pronounced Klo-STRID-ee-um dif-uh-SEEL], also known as “*C. diff*” [See-dif], is a germ that can cause diarrhea. Most cases of *C. diff* infection occur in patients taking antibiotics. The most common symptoms of a *C. diff* infection include:

- Watery diarrhea
- Fever
- Loss of appetite
- Nausea
- Belly pain and tenderness

**Who is most likely to get *C. diff* infection?**

The elderly and people with certain medical problems have the greatest chance of getting *C. diff*. *C. diff* spores can live outside the human body for a very long time and may be found on things in the environment such as bed linens, bed rails, bathroom fixtures, and medical equipment. *C. diff* infection can spread from person-to-person on contaminated equipment and on the hands of doctors, nurses, other healthcare providers and visitors.

**Can *C. diff* infection be treated?**

Yes, there are antibiotics that can be used to treat *C. diff*. In some severe cases, a person might have to have surgery to remove the infected part of the intestines. This surgery is needed in only 1 or 2 out of every 100 persons with *C. diff*.

**What are some of the things that hospitals are doing to prevent *C. diff* infections?**

To prevent *C. diff* 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. This can prevent *C. diff* and other germs from being passed from one patient to another on their hands.
- Carefully clean hospital rooms and medical equipment that have been used for patients with *C. diff*.
- Use Contact Precautions to prevent *C. diff* from spreading to other patients. Contact Precautions mean:
  - Whenever possible, patients with *C. diff* will have a single room or share a room only with someone else who also has *C. diff*.
  - Healthcare providers will put on gloves and wear a gown over their clothing while taking care of patients with *C. diff*.
  - 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.

**What can I do to help prevent *C. diff* infections?**

- Only take antibiotics as prescribed by your doctor.
- Be sure to clean your own hands often, especially after using the bathroom and before eating.

**Can my friends and family get *C. diff* when they visit me?**

*C. diff* infection usually does not occur in persons who are not taking antibiotics. Visitors are not likely to get *C. diff*. Still, to make it safer for visitors, they should:

- Clean their hands before they enter your room and as they leave your room
- Ask the nurse 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?**

Once you are back at home, you can return to your normal routine. Often, the diarrhea will be better or completely gone before you go home. This makes giving *C. diff* to other people much less likely. There are a few things you should do, however, to lower the chances of developing *C. diff* infection again or of spreading it to others.

- If you are given a prescription to treat *C. diff*, take the medicine exactly as prescribed by your doctor and pharmacist. Do not take half-doses or stop before you run out.
- Wash your hands often, especially after going to the bathroom and before preparing food.
- People who live with you should wash their hands often as well.
- If you develop more diarrhea after you get home, tell your doctor immediately.
- Your doctor may give you additional instructions.

If you have questions, please ask your doctor or nurse.

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## Appendix E1. Healthcare Facility Group: Short-term Acute Care Hospitals

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<th>Hospital Groups</th>
<th>Hospital Name</th>
<th>Number of Beds</th>
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<tr>
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<tr>
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<td></td>
<td>Duke Regional Hospital</td>
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<tr>
<td></td>
<td>Frye Regional Medical Center</td>
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<tr>
<td></td>
<td>High Point Regional Health System</td>
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</tr>
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<td></td>
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</tr>
<tr>
<td></td>
<td>Nash Health Care Systems</td>
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<td></td>
<td>Southeastern Regional Medical Center</td>
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<tr>
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<tr>
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<tr>
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<tr>
<td></td>
<td>Presbyterian Hospital-Charlotte</td>
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<td></td>
<td>Rex Healthcare</td>
<td>479</td>
</tr>
<tr>
<td></td>
<td>WakeMed</td>
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</tbody>
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### Primary Medical School Affiliation
- Carolinas Medical Center: 880
- Duke University Hospital: 915
- UNC Health Care: 848
### Appendix E1. Healthcare Facility Group: Short-term Acute Care Hospitals

<table>
<thead>
<tr>
<th>Hospital Groups</th>
<th>Hospital Name</th>
<th>Number of Beds</th>
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<tbody>
<tr>
<td></td>
<td>Vidant Medical Center</td>
<td>909</td>
</tr>
<tr>
<td></td>
<td>Wake Forest University Baptist MC</td>
<td>885</td>
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### Appendix E2. Healthcare Facility Group: Long-term Acute Care Hospitals

<table>
<thead>
<tr>
<th>Hospital Name</th>
</tr>
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<tbody>
<tr>
<td>Asheville Specialty Hospital</td>
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<tr>
<td>Carolinas Specialty Hospital</td>
</tr>
<tr>
<td>Crawley Memorial Hospital</td>
</tr>
<tr>
<td>Highsmith Rainey Specialty Hospital</td>
</tr>
<tr>
<td>Kindred Hospital-Greensboro</td>
</tr>
<tr>
<td>Lifecare Hospitals Of North Carolina</td>
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<tr>
<td>Select Specialty Hospital-Durham</td>
</tr>
<tr>
<td>Select Specialty Hospital-Greensboro</td>
</tr>
<tr>
<td>Select Specialty Hospital-Winston Salem</td>
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### Appendix E3. Healthcare Facility Group: Inpatient Rehabilitation Facilities & Wards

<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>Rehabilitation Facility or Ward</th>
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<tbody>
<tr>
<td>Cape Fear Valley Health System</td>
<td>Adult rehabilitation ward</td>
</tr>
<tr>
<td>CarePartners Health Services</td>
<td>Inpatient Rehabilitation Facility</td>
</tr>
<tr>
<td>CarolinaEast Medical Center</td>
<td>Adult rehabilitation ward</td>
</tr>
<tr>
<td>Carolinas Medical Center</td>
<td>Pediatric rehabilitation ward</td>
</tr>
<tr>
<td>Carolinas Rehabilitation</td>
<td>Inpatient Rehabilitation Facility</td>
</tr>
<tr>
<td>Catawba Valley Medical Center</td>
<td>Adult rehabilitation ward</td>
</tr>
<tr>
<td>Duke Regional Hospital</td>
<td>Adult rehabilitation ward</td>
</tr>
<tr>
<td>FirstHealth Moore Regional Hospital</td>
<td>Adult rehabilitation ward</td>
</tr>
<tr>
<td>Forsyth Medical Center</td>
<td>Adult rehabilitation ward</td>
</tr>
<tr>
<td>Forsyth Medical Center</td>
<td>Pediatric rehabilitation ward</td>
</tr>
<tr>
<td>Frye Regional Medical Center</td>
<td>Adult rehabilitation ward</td>
</tr>
<tr>
<td>High Point Regional Health System</td>
<td>Adult rehabilitation ward</td>
</tr>
<tr>
<td>Lenoir Memorial Hospital</td>
<td>Adult rehabilitation ward</td>
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<tr>
<td>Maria Parham Medical Center</td>
<td>Adult rehabilitation ward</td>
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<tr>
<td>Moses Cone Hospital</td>
<td>Adult rehabilitation ward</td>
</tr>
<tr>
<td>Nash Health Care Systems</td>
<td>Adult rehabilitation ward</td>
</tr>
<tr>
<td>New Hanover Regional Medical Center</td>
<td>Adult rehabilitation ward</td>
</tr>
<tr>
<td>Rowan Regional Medical Center</td>
<td>Adult rehabilitation ward</td>
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<tr>
<td>Scotland Memorial Hospital</td>
<td>Adult rehabilitation ward</td>
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<tr>
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</tr>
<tr>
<td>UNC Health Care</td>
<td>Adult rehabilitation ward</td>
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<td>Adult rehabilitation ward</td>
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<tr>
<td>Vidant Medical Center</td>
<td>Adult rehabilitation ward</td>
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<tr>
<td>Wake Forest University Baptist Medical Center</td>
<td>Adult rehabilitation ward</td>
</tr>
<tr>
<td>WakeMed</td>
<td>Adult rehabilitation ward</td>
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</table>