

2014

Healthcare-Associated Infections in North Carolina

2013 Annual Report
Healthcare Consumer Version

N.C. Department of Health and Human Services

N.C. Healthcare-Associated Infections Prevention Program
N.C. Communicable Disease Branch



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

¹ Magil, SS, Edwards, JR, Bamberg W, et al. Multistate point-prevalence survey of healthcare-associated infections. *N Engl J Med*. 2014;370:1198-1208. Available at <http://www.cdc.gov/HAI/surveillance/index.html>.

² Klevens RM, Edwards JR, Richards CL, Jr., et al. Estimating health care-associated infections and deaths in U.S. hospitals, 2002. *Public Health Rep*. Mar-Apr 2007;122(2):160-166. Available at <http://www.cdc.gov/HAI/surveillance/index.html>.

³ Scott R. *The Direct Medical Costs of Healthcare-Associated Infections in U.S. Hospitals and the Benefits of Prevention. Internal Report*. Division of Healthcare Quality Promotion, National Center for Preparedness, Detection, and Control of Infectious Diseases, Coordinating Center for Infectious Diseases, Centers for Disease Control and Prevention; February 2009. Available at <http://www.cdc.gov/HAI/surveillance/index.html>.

⁴ Anderson DJ, Pyatt DG, Weber DJ, Rutala WA; North Carolina Department of Public Health HAI Advisory Group. Statewide costs of health care-associated infections: Estimates for acute care hospitals in North Carolina. *Am J Infect Control*. 2013;41:764-8. doi: 10.1016/j.ajic.2012.11.022.

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.

Table of Contents

Introduction.....	i
Acknowledgements	ii
I. Highlights of Healthcare-Associated Infections Activities in 2013.....	1
A. N.C. Healthcare-Associated Infections Prevention Program	1
B. Healthcare-Associated Infections Partner Updates.....	1
C. Stories of Success in Eliminating and/or Reducing Healthcare-Associated Infections in North Carolina	4
II. Surveillance for Healthcare-Associated Infections in North Carolina	5
III. Explanation of Statewide Aggregate Healthcare-Associated Infections Data.....	6
IV. Statewide Aggregate Healthcare-Associated Infections	10
A. Central Line-Associated Bloodstream Infections (CLABSI)	10
1. CLABSI in Adult and Pediatric Intensive Care Units.....	10
2. CLABSI in Neonatal Intensive Care Units.....	12
B. Catheter-Associated Urinary Tract Infections (CAUTI)	13
C. Surgical Site Infections (SSI)	15
1. Abdominal Hysterectomies.....	15
2. Colon Surgeries	16
D. Methicillin-Resistant <i>Staphylococcus aureus</i> Laboratory-Identified Events (MRSA LabID).....	17
E. <i>Clostridium difficile</i> Laboratory-Identified Events (CDI LabID)	18
V. Explanation of Hospital-Specific Summary Reports	19
A. Section Overview	19
1. General Hospital Information	19
2. HAI Information.....	19
3. Commentary from Hospital	21
VI. Hospital-Specific Summary Reports	26

APPENDICES

APPENDIX A. Definitions

APPENDIX B. Acronyms

APPENDIX C. Healthcare-Associated Infections Prevention Tips

APPENDIX D. N.C. Healthcare-Associated Infections Advisory Group

APPENDIX E. Healthcare Facility Groupings, 2013 National Healthcare Safety Network Annual Hospital Survey

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 blood stream 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 SPICEducation.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;

- current guidelines governing environmental cleaning;
- infection prevention in specialized areas including cardiac catheter laboratories, pharmacy, and operating suites;
- regulatory requirements (OSHA, CMS, JCAHO) impacting healthcare organizations; and
- patient and family centered care.

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 an 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 CLABSIs; 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@harnetthealth.org.

II. Surveillance for Healthcare-Associated Infections in North Carolina

HAI are infections caused by a variety of organisms, including bacteria and fungi, while receiving medical care. Hospitals report specific types of HAIs 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 CLABSIs, CAUTIs and SSIs.
- **October 2012:** Long-term acute care hospitals (LTACs) began reporting CLABSIs and CAUTIs; Likewise inpatient rehabilitation facilities (IRFs) began reporting CAUTIs.
- **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 CLABSIs, CAUTIs, SSIs, and MRSA and CDI LabID events and other HAIs please visit the N.C. Healthcare-Associated Infections website at <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/hai/figures.html>
- The October 2012 Quarterly Report (http://epi.publichealth.nc.gov/cd/hai/figures/hai_oct2012.pdf), contains background information on HAI surveillance in North Carolina and detailed information on statistics commonly used to describe and summarize HAIs.

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:

$$4 / 1250 = 0.0032 \text{ infections/day} * 1000 = 3.2 \text{ infections per 1000 central line days}$$

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:

$$2 / 170 = 0.0117 \text{ infections/day} * 100 = 1.17 \text{ infections per 100 surgeries}$$

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:

$$32 / 40,000 = 0.0008 \text{ infections/day} * 10,000 = 8 \text{ infections per 10,000 patient days}$$

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

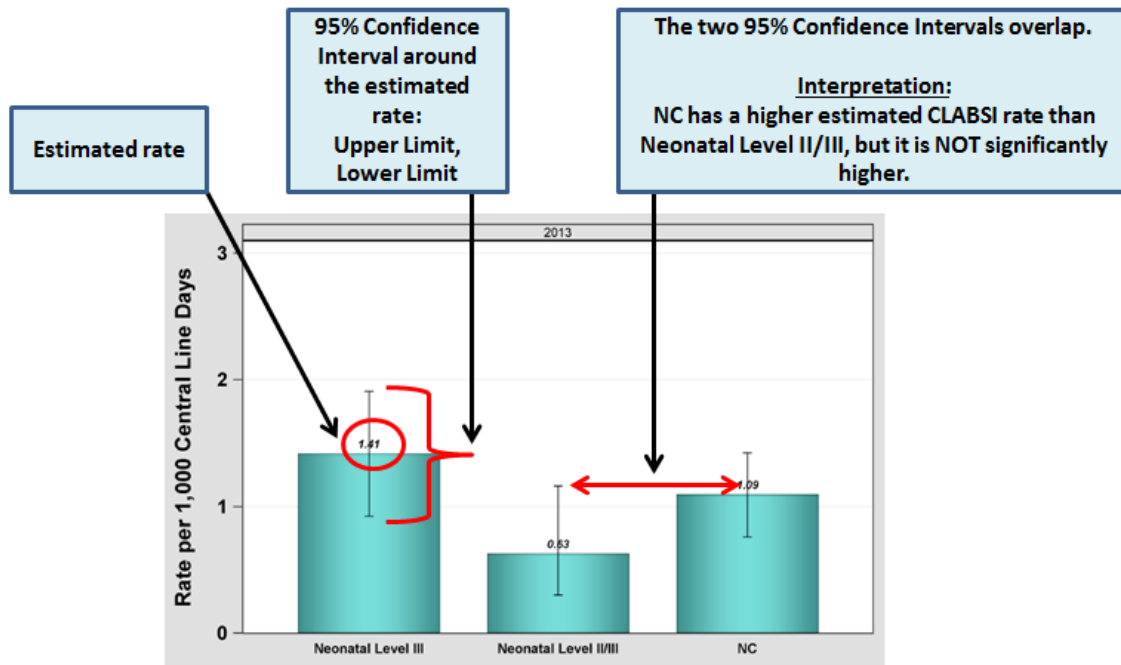
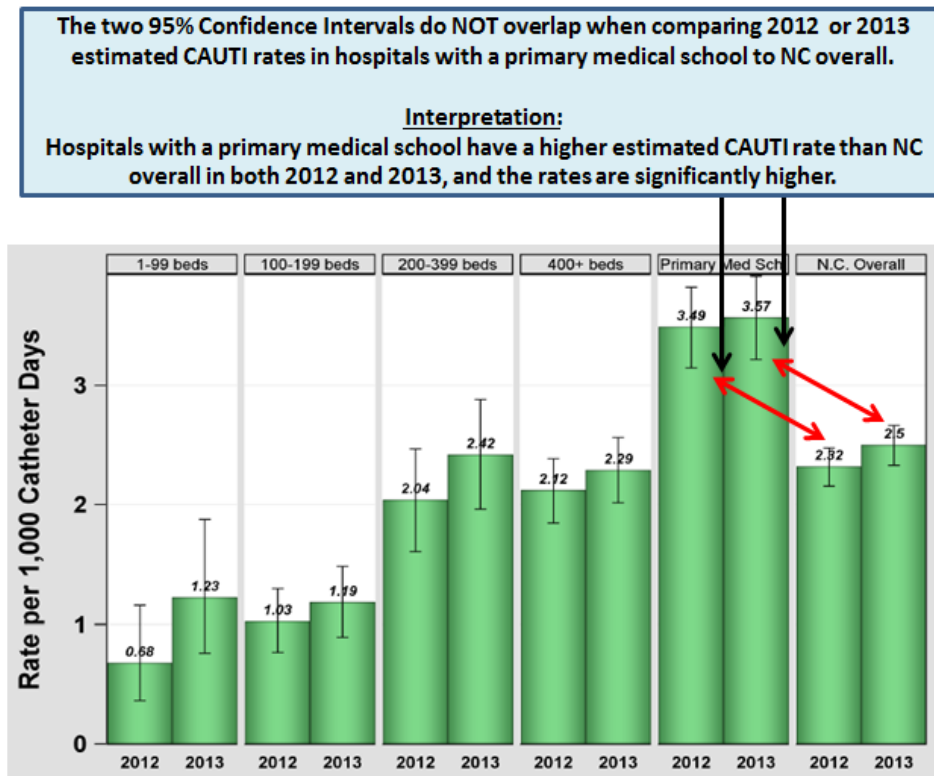


Figure 1B. Rate Comparisons using 95% CI - Significantly different



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

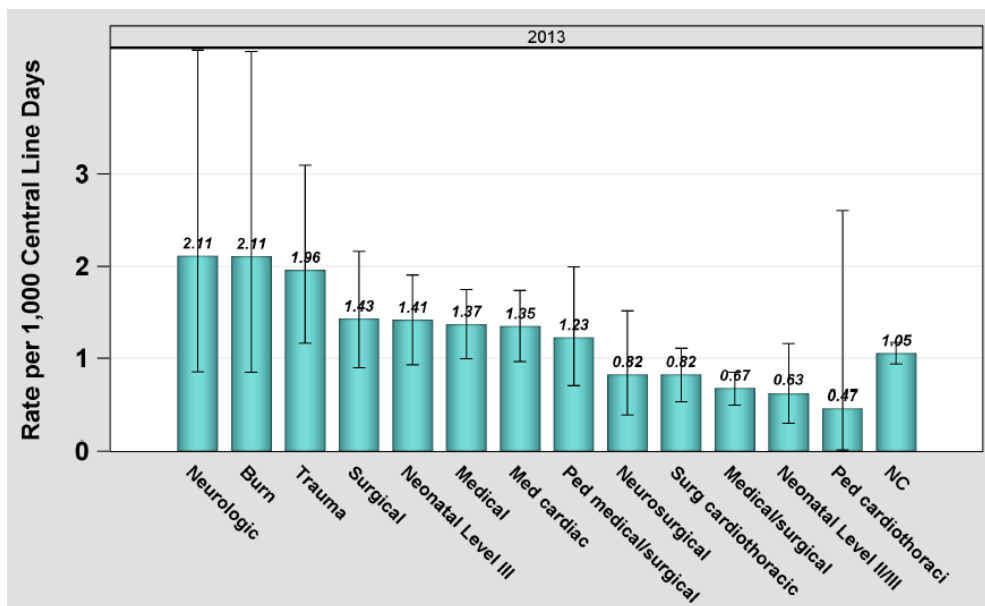
A. Central Line-Associated Bloodstream Infections (CLABSI)

1. CLABSI in Adult and Pediatric Intensive Care Units

North Carolina 2013 CLABSI Highlights in Adult/Pediatric ICUs

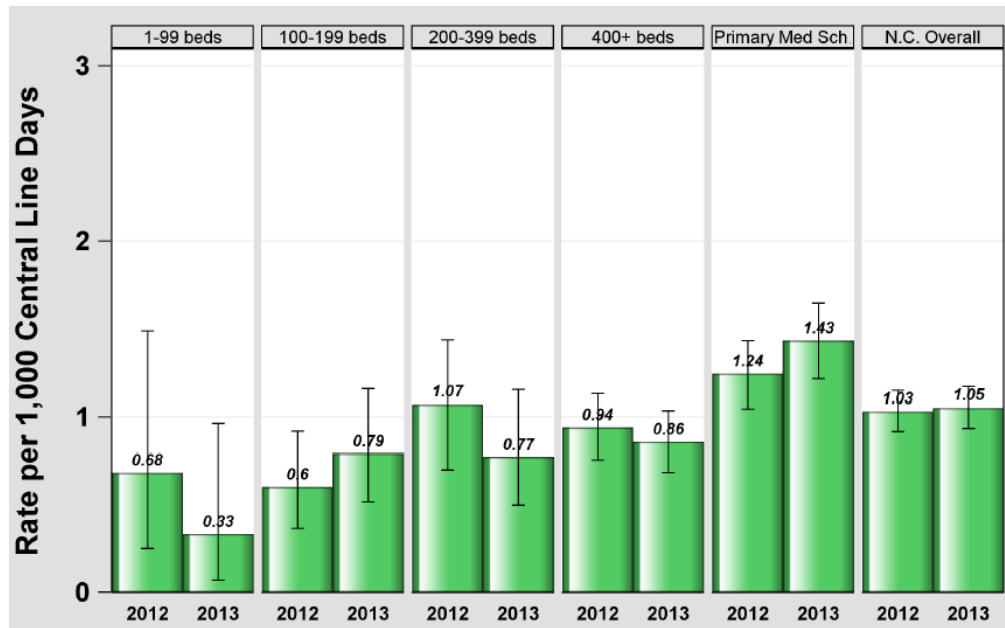
- The overall North Carolina rate for CLABSIs in adult and pediatric ICUs from short-term acute care hospitals was 1.05 per 1,000 central line days.
- The most commonly identified organisms from adult and pediatric CLABSI patients were *Candida* and other yeasts/fungi and *Enterococcus*.
- There were 3 different types of drug-resistant organisms identified among CLABSI infections: methicillin-resistant *Staphylococcus aureus*, carbapenem-resistant Enterobacteriaceae, and vancomycin-resistant *Enterococcus*.

Figure 2. CLABSI Rates by ICU Type, 2013.



- Rates of CLABSIs 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 CLABSIs 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 CLABSIs was in the pediatric cardiothoracic unit.

Figure 3. CLABSI Rates by Hospital Size Group and N.C. Overall, 2012-2013.



- The rate of CLABSIs in adult and pediatric ICUs tended to increase with hospital size (Figure 3), ranging from 0.33 to 1.43 CLABSIs 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.

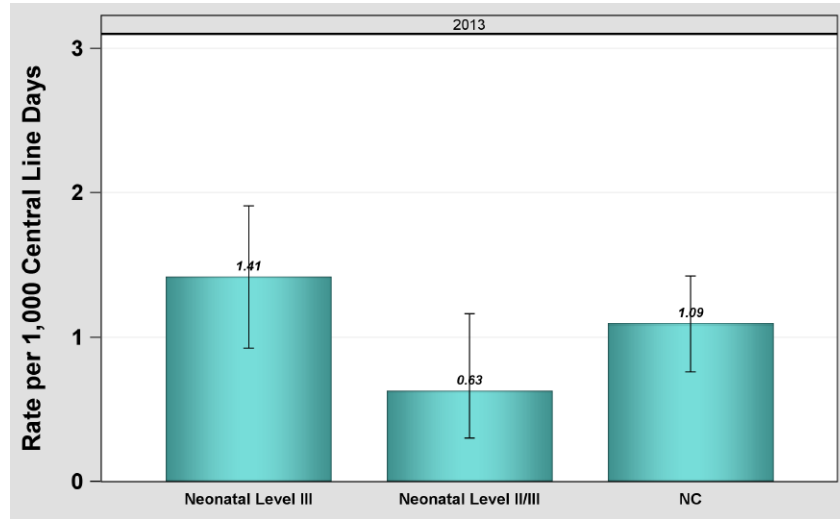
2. CLABSI in Neonatal Intensive Care Units

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.

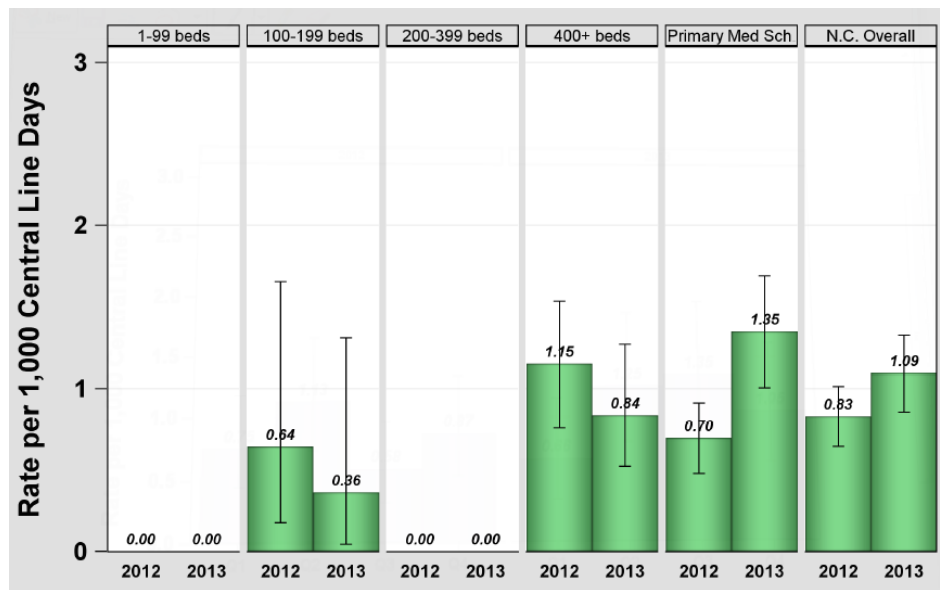
- The number of reported CLABSI infections was statistically significantly lower than predicted by the national 2006-2008 baseline data.
- *Staphylococcus aureus* was the most commonly identified organism from neonatal CLABSI patients.
- There was one type of drug-resistant organism identified among 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.



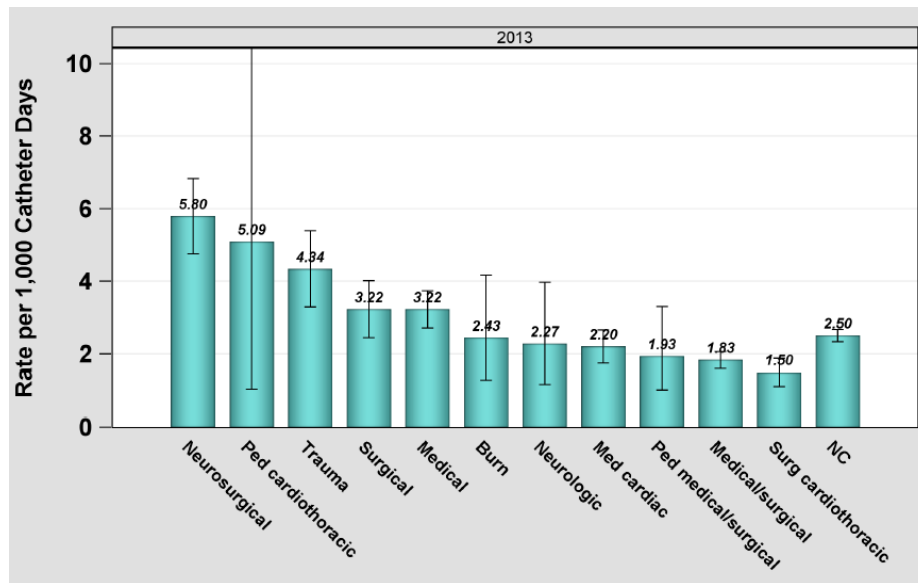
- As seen with CLABSI rates in adult/pediatric ICUs, CLABSI rates in the NICU tended to increase with hospital size in 2013.
- Hospital size group rates were not significantly different from N.C. overall in 2012 or 2013.

B. Catheter-Associated Urinary Tract Infections (CAUTI)

North Carolina 2013 CAUTI Highlights

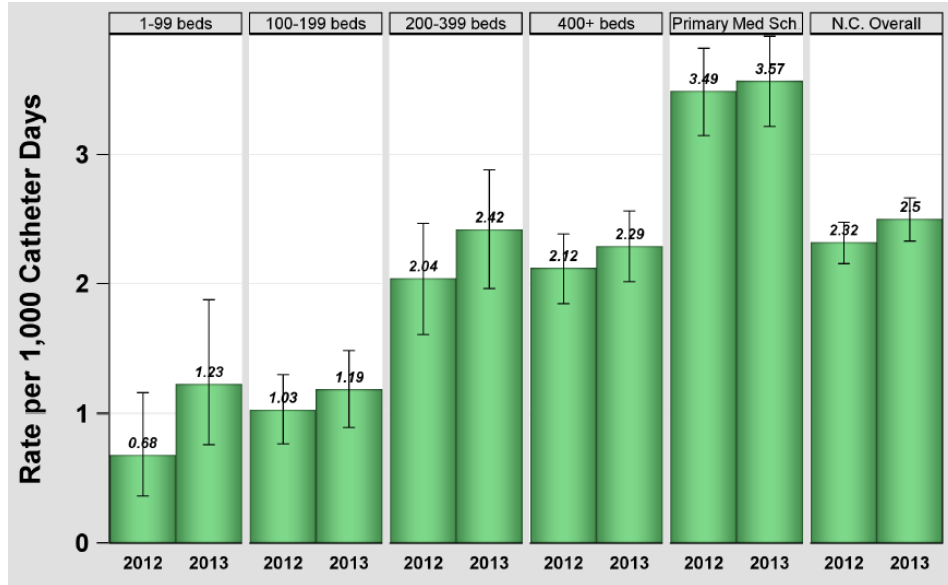
- In North Carolina, the rate of CAUTI in adult and pediatric ICUs in short-term acute care hospitals was 2.50 per 1,000 catheter days.
- The most commonly identified organisms were *Candida* and other yeasts and *E. coli*.
- There were three types of drug-resistant organisms identified among CAUTI infections: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

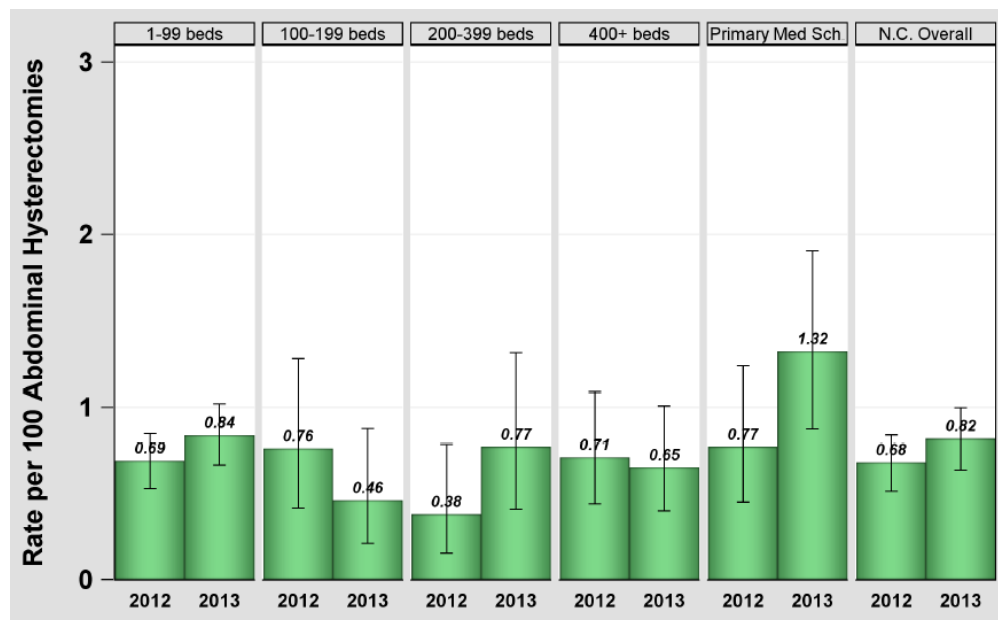
1. Abdominal Hysterectomies

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.

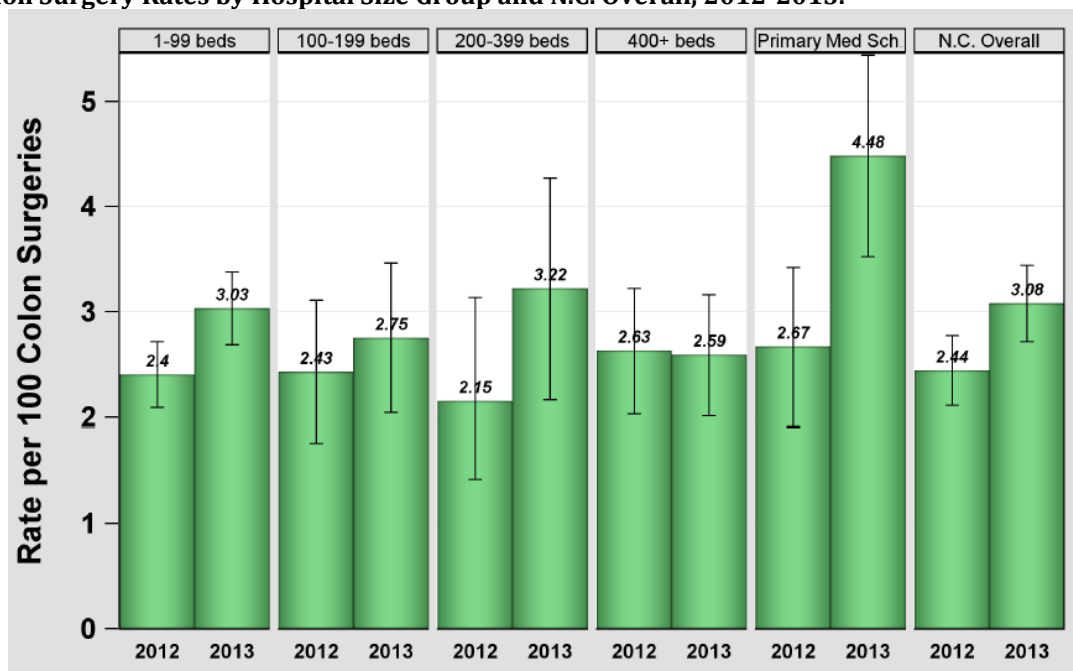
2. Colon Surgeries

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.
- *E. coli* and *Enterococcus* species were the most commonly identified organisms.
- There were three types of drug-resistant organisms identified among colon surgery infections: methicillin-resistant *Staphylococcus aureus*, carbapenem-resistant Enterobacteriaceae, and vancomycin-resistant *Enterococcus*.

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



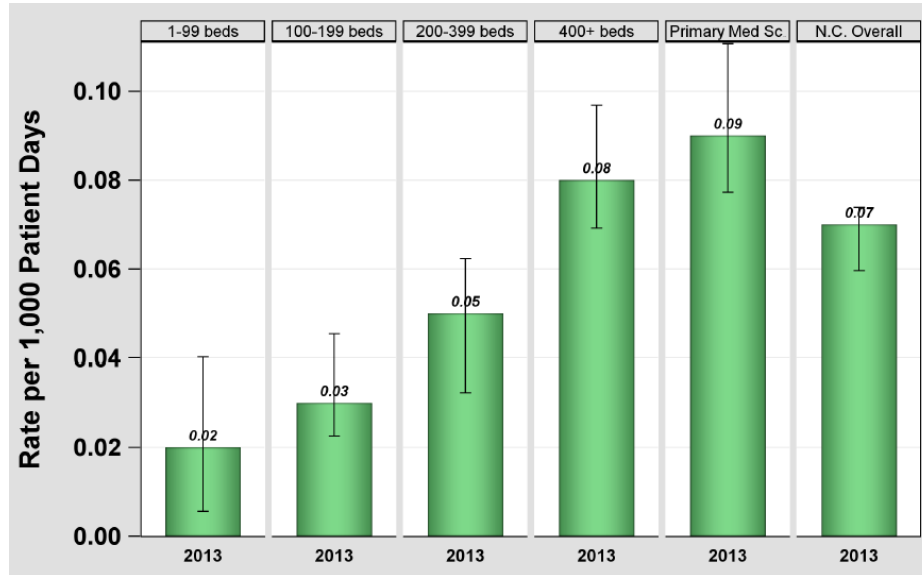
- The rates of SSIs from colon surgeries varied only slightly across hospital groups, ranging from 2.15 to 4.48 SSIs per 100 inpatient colon surgeries in adults 18 years and older (Figure 9).
- All hospital groups except one (400+) had higher rates in 2013 as compared to 2012.
- Hospitals with a primary 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.



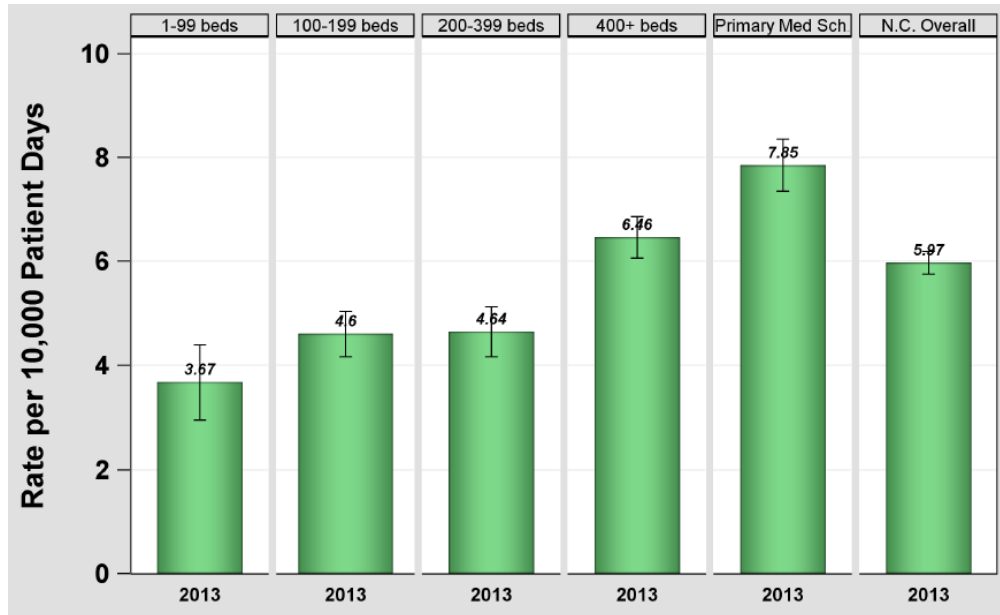
- The rates of MRSA LabID events increased directly with hospital size group, ranging from 0.02 to 0.09 per 1,000 patient days (Figure 10).
- Hospitals with 1-99 and 100-199 beds had significantly lower MRSA LabID rates in 2013 compared to N.C. overall.
- Hospitals with a primary medical school had a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

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	4	3,438	1.16

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 HAIs 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.

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

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	1	.

Infections from deep incisional and/or organ space.

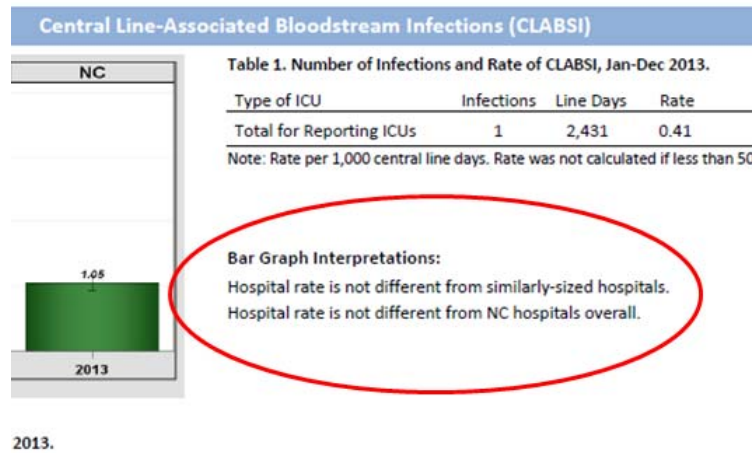
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.

A comparison to NC hospitals overall was not conducted.

- 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.



- 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.

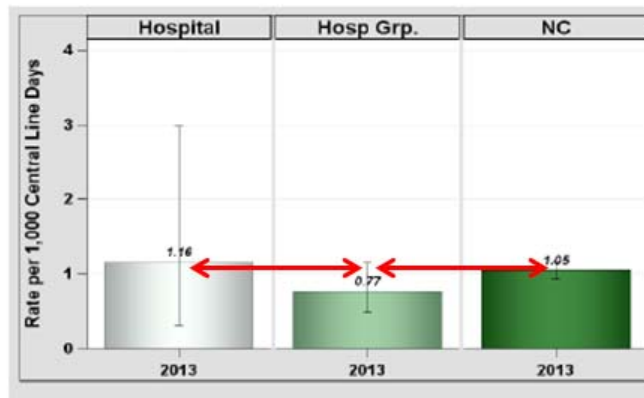


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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

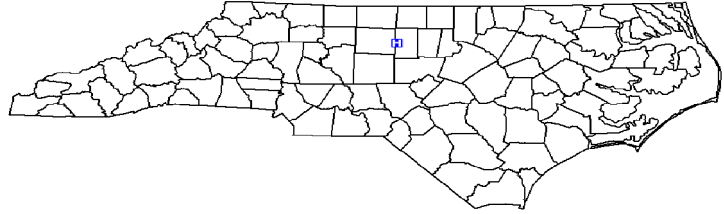
Data from January 1 – December 31, 2013

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)

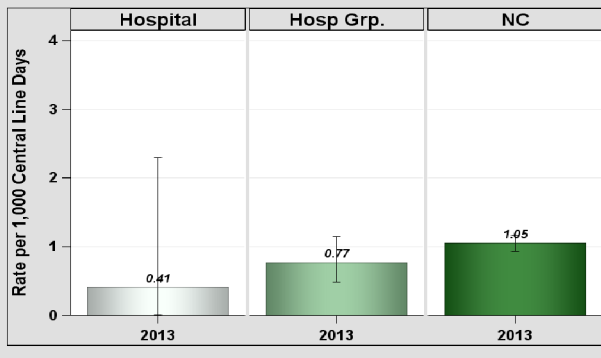


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	1	2,431	0.41

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	4	43,193	0.09

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.

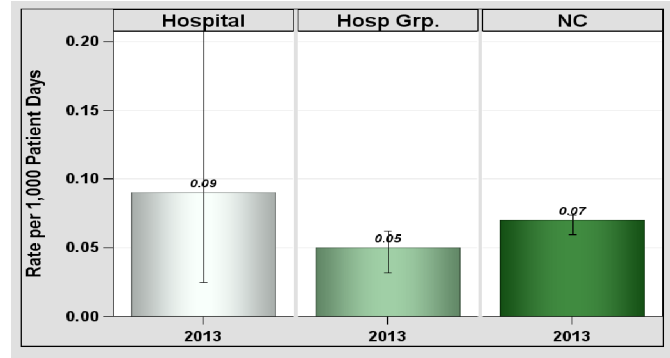


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

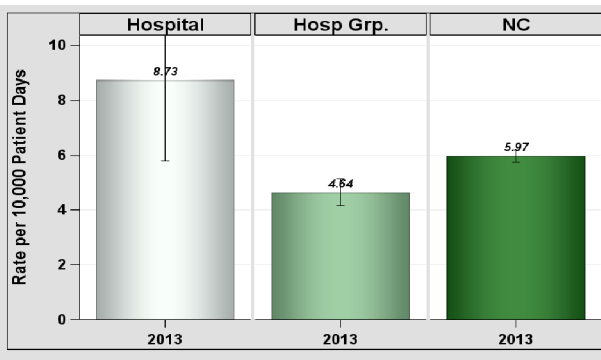


Figure 3. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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

Location	Infections	Patient Days	Rate
Facility-wide inpatient	34	38,940	8.73

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.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
 Alamance Regional Medical Center, Burlington, Alamance County

Catheter-Associated Urinary Tract Infections (CAUTI)

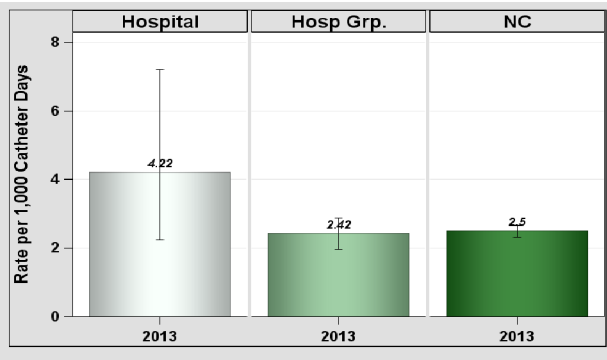


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	13	3,084	4.22

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	156	0

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.

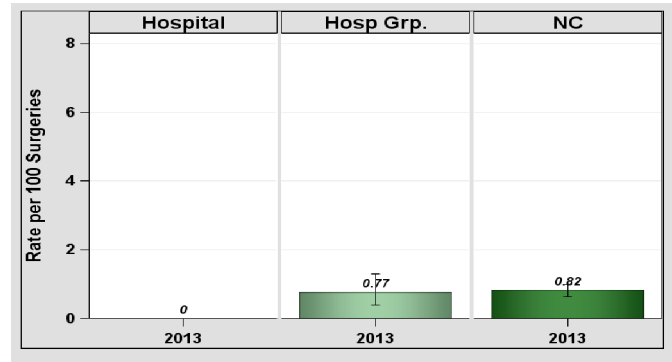


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

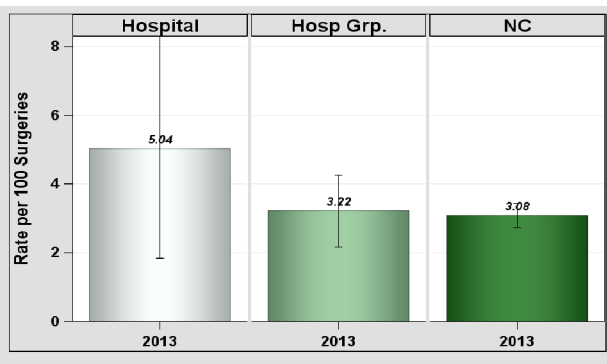


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	6	119	5.04

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.

North Carolina Healthcare-Associated Infections Report

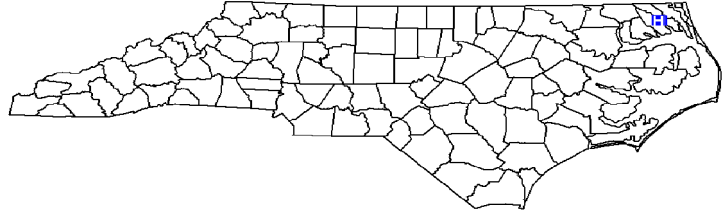
Data from January 1 – December 31, 2013

Albemarle Health Authority, Elizabeth City, Pasquotank County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: No
 Profit Status: Not for Profit
 Admissions in 2013: 5,768
 Patient Days in 2013: 22,515
 Total Number of Beds: 135
 Number of ICU Beds: 10
 FTE* Infection Preventionists: 1.00
 Number of FTEs* per 100 beds: 0.74

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

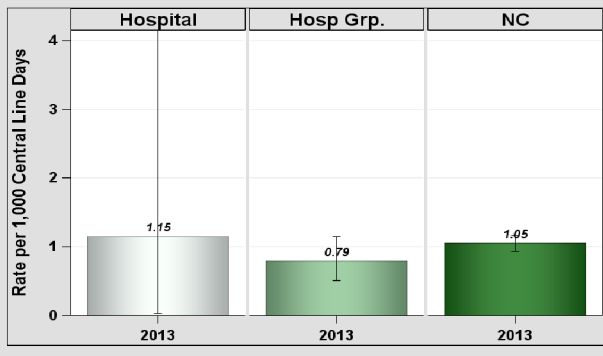


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	1	872	1.15

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	3	22,515	0.13

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.

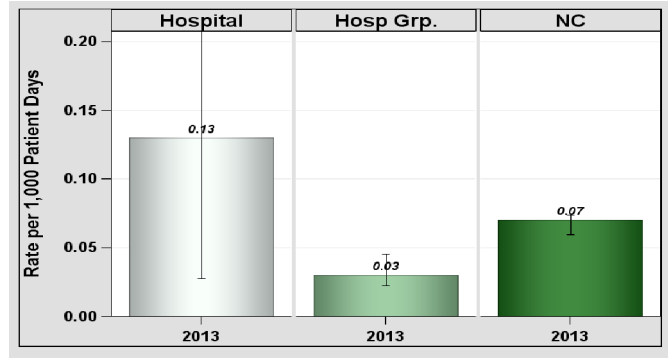


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

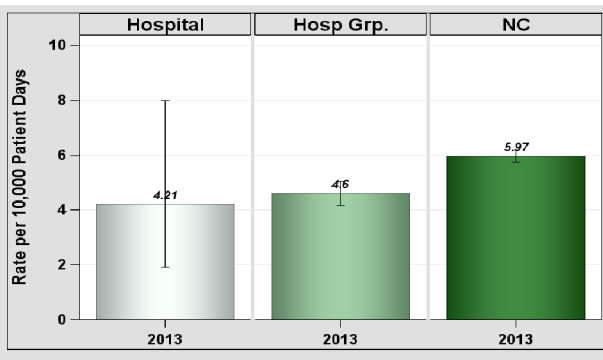


Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	9	21,355	4.21

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.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 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
 Albemarle Health Authority, Elizabeth City, Pasquotank County

Catheter-Associated Urinary Tract Infections (CAUTI)

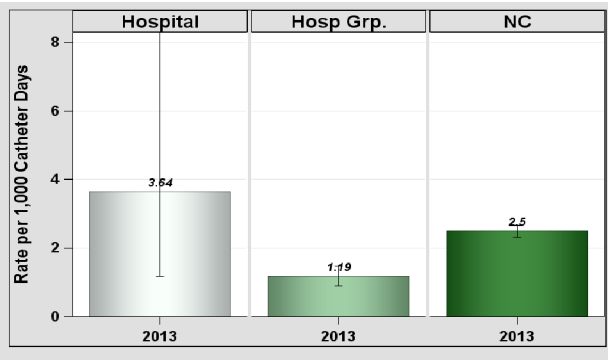


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	5	1,374	3.64

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	83	0

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.

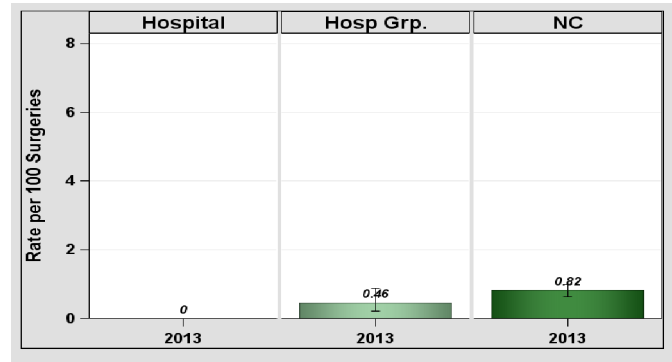


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

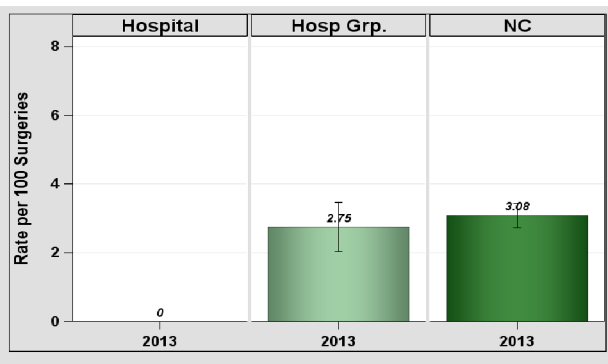


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	0	76	0

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

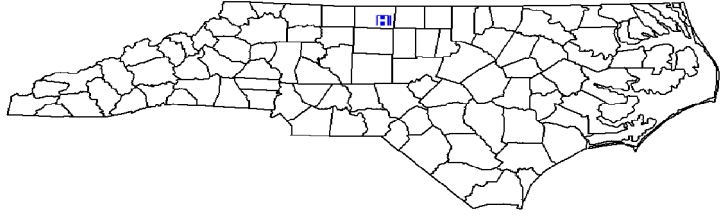
Data from January 1 – December 31, 2013

Annie Penn Hospital, Reidsville, Rockingham County

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)

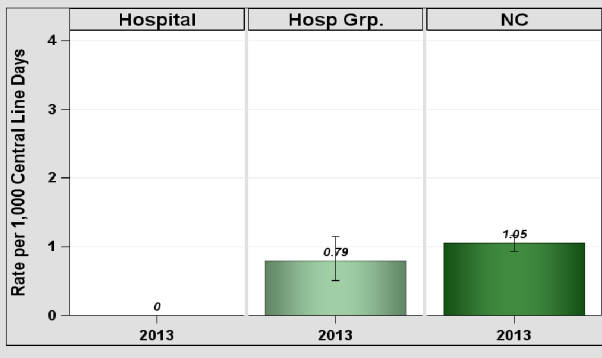


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	623	0

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	12,311	0

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.

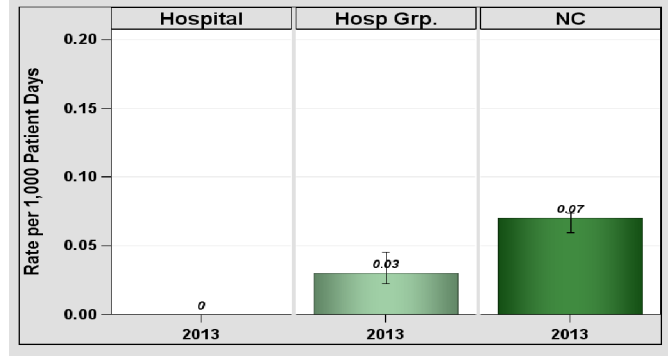


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

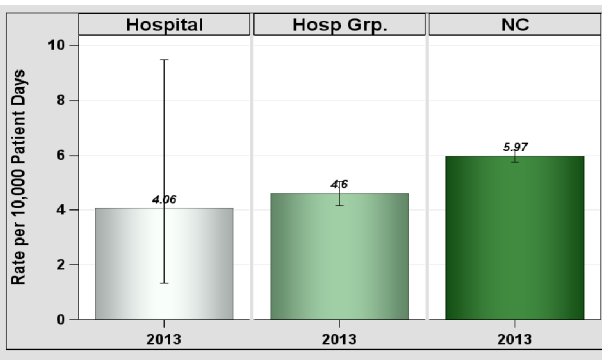


Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	5	12,311	4.06

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.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of March 18, 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)

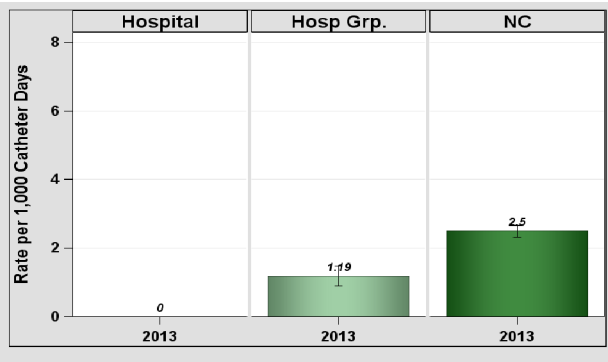


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	1,086	0

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	31	0

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.

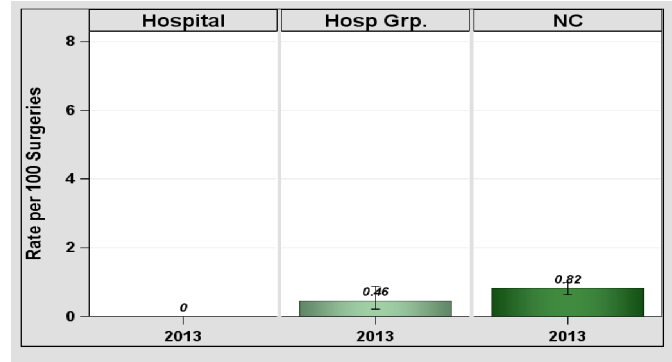


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

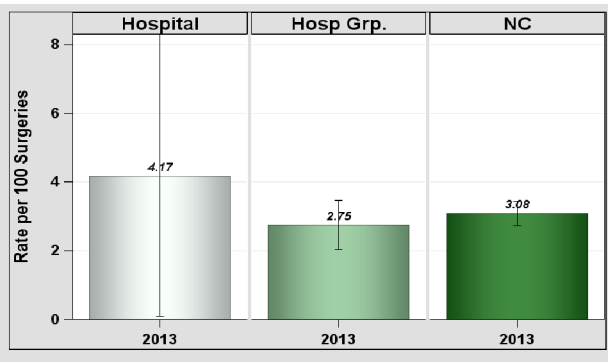


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	1	24	4.17

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.

North Carolina Healthcare-Associated Infections Report

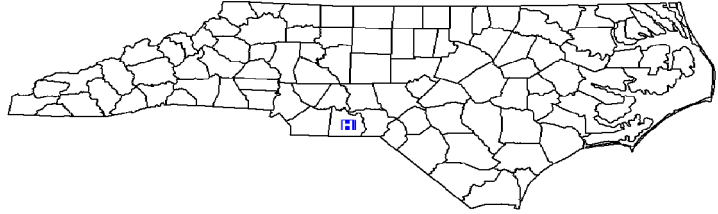
Data from January 1 – December 31, 2013

Anson Community Hospital, Wadesboro, Anson County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: No
 Profit Status: Not for Profit
 Admissions in 2013: 370
 Patient Days in 2013: 1,110
 Total Number of Beds: 30
 Number of ICU Beds: 0
 FTE* Infection Preventionists: 0.20
 Number of FTEs* per 100 beds: 0.67

*FTE = 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.

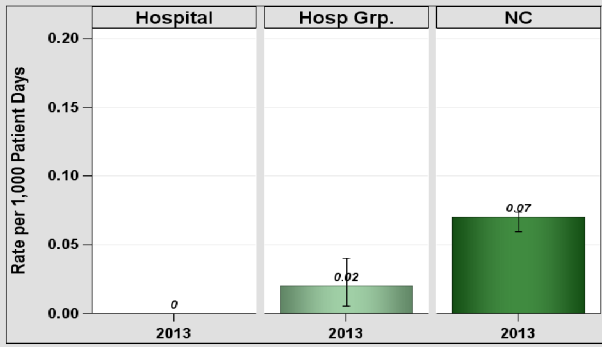


Table 1. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	1,110	0

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	1	1,110	9.01

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.

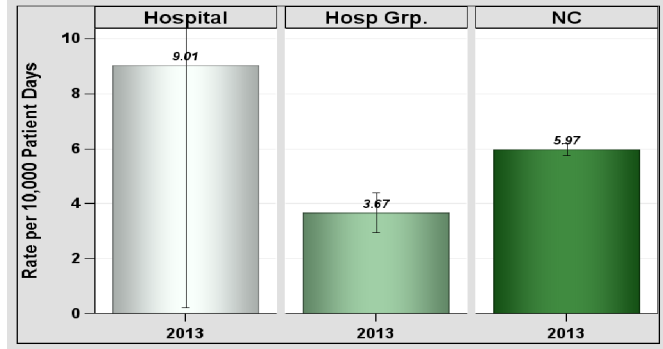


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

North Carolina Healthcare-Associated Infections Report

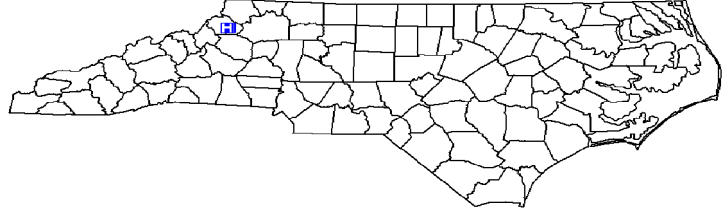
Data from January 1 – December 31, 2013

ARHS-Watauga Medical Center, Boone, Watauga County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: No
 Profit Status: Not for Profit
 Admissions in 2013: 3,902
 Patient Days in 2013: 16,694
 Total Number of Beds: 110
 Number of ICU Beds: 10
 FTE* Infection Preventionists: 1.00
 Number of FTEs* per 100 beds: 0.91

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

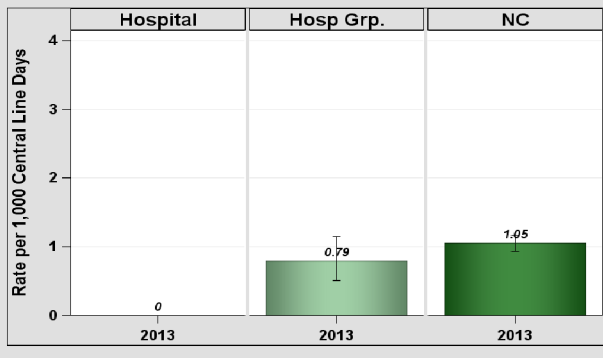


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	704	0

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	16,931	0

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.

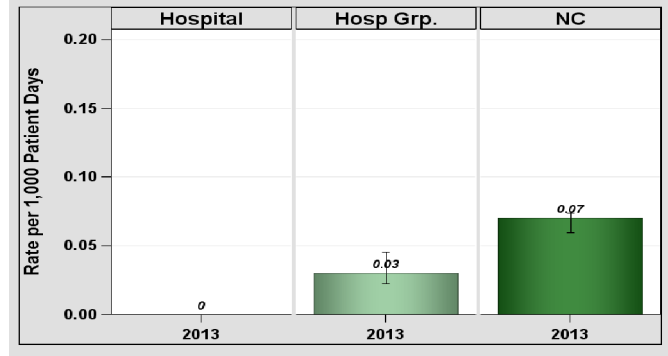


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

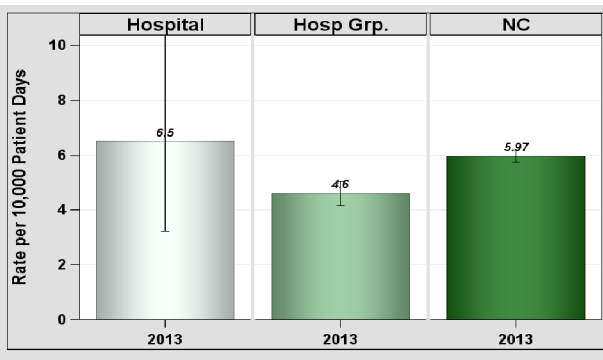


Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	11	16,931	6.5

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.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
ARHS-Watauga Medical Center, Boone, Watauga County

Catheter-Associated Urinary Tract Infections (CAUTI)

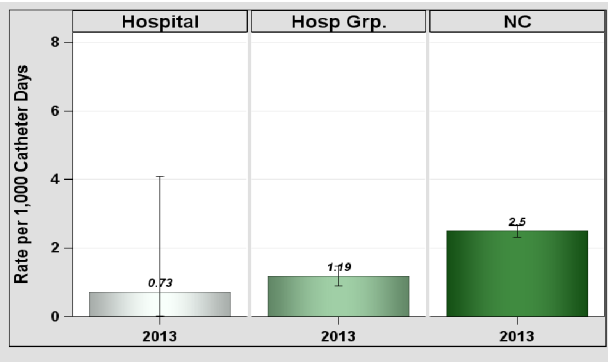


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	1	1,365	0.73

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	23	0

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.

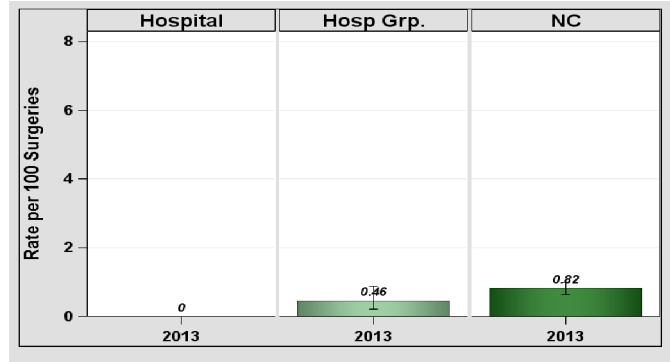


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

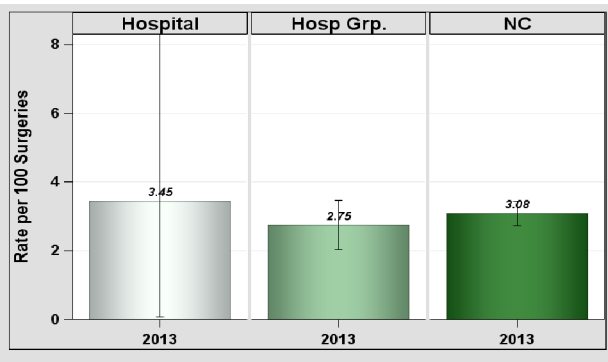


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	1	29	3.45

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.

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)

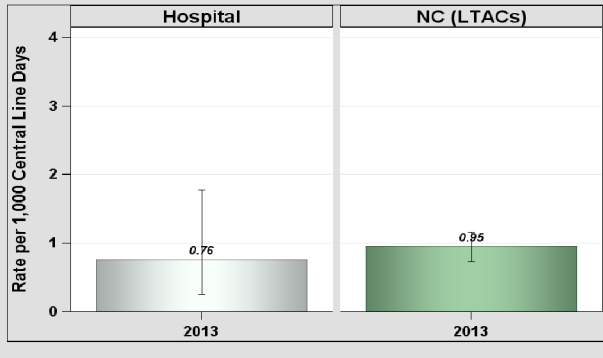


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

	Infections	Line Days	Rate
Total for Reporting Units	5	6,579	0.76

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.

	Infections	Catheter Days	Rate
Total for Reporting Units	2	2,867	0.7

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.

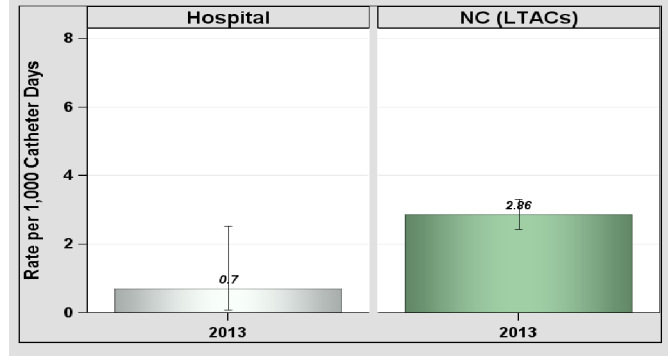


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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

North Carolina Healthcare-Associated Infections Report

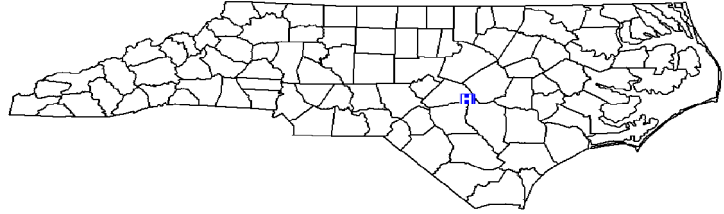
Data from January 1 – December 31, 2013

Betsy Johnson Regional, Dunn, Harnett County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: No
 Profit Status: Not for Profit
 Admissions in 2013: 9,865
 Patient Days in 2013: 31,641
 Total Number of Beds: 135
 Number of ICU Beds: 6
 FTE* Infection Preventionists: 1.00
 Number of FTEs* per 100 beds: 0.74

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

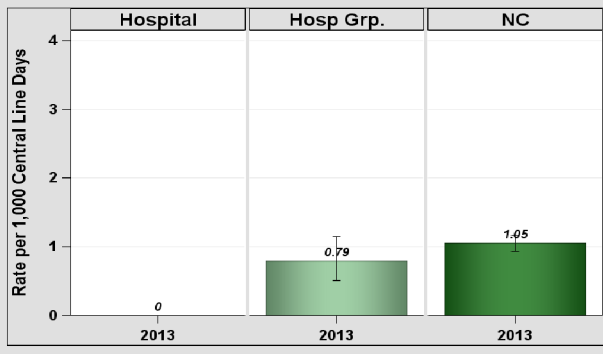


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	298	0

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	1	31,641	0.03

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.

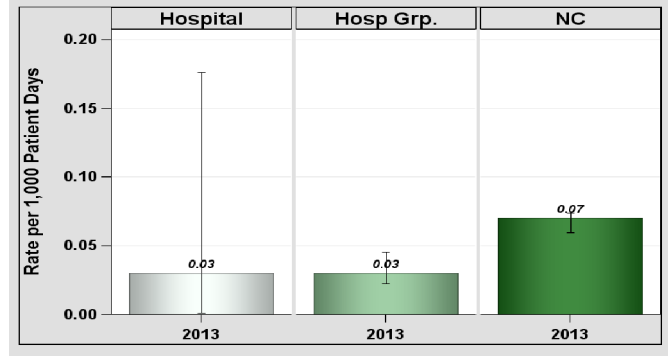


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

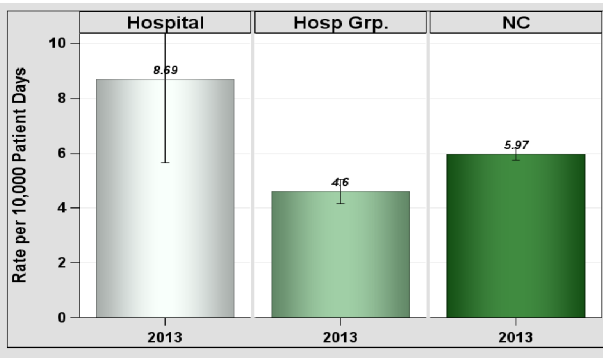


Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	26	29,932	8.69

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.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of March 18, 2014.

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)

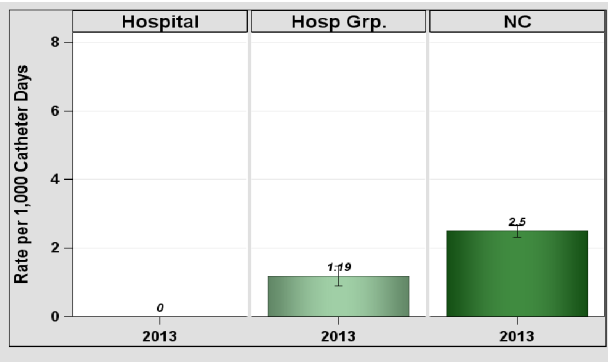


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	875	0

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	56	0

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.

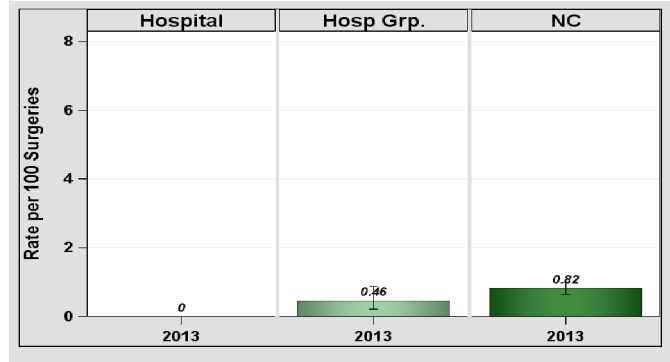


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

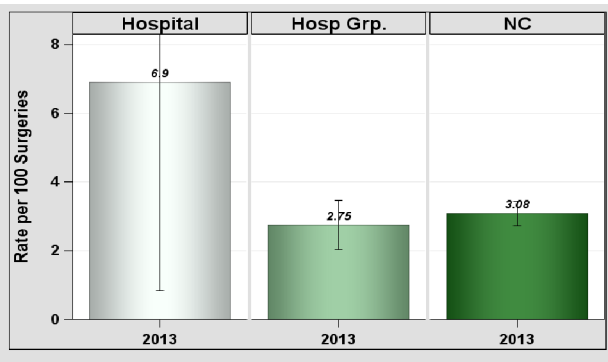


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	2	29	6.9

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.

North Carolina Healthcare-Associated Infections Report

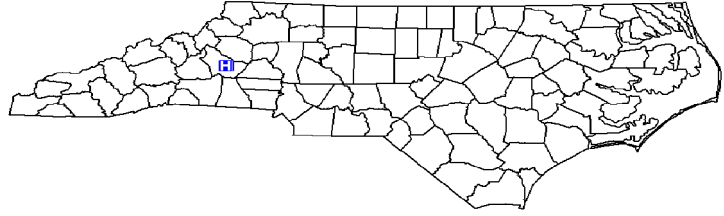
Data from January 1 – December 31, 2013

Blue Ridge Healthcare Hospitals-Morganton, Morganton, Burke County

2013 Hospital Survey Information

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

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

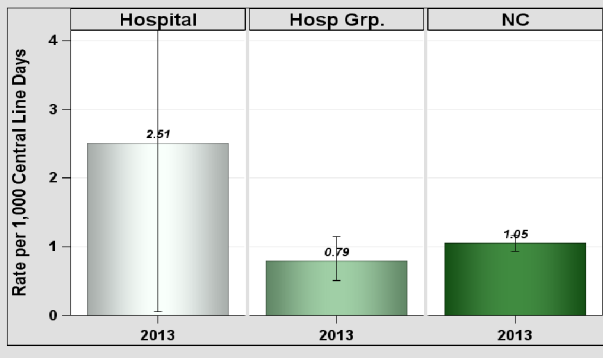


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	1	399	2.51

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	1	47,446	0.02

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.

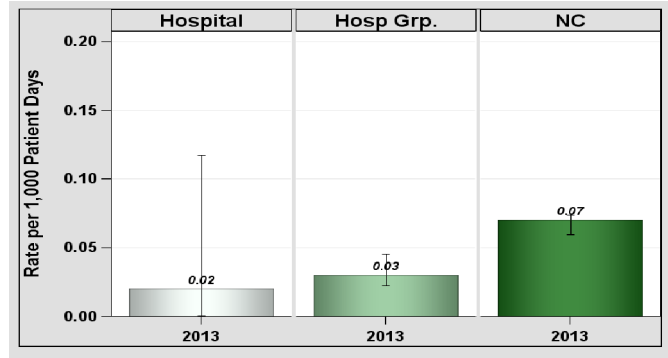


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

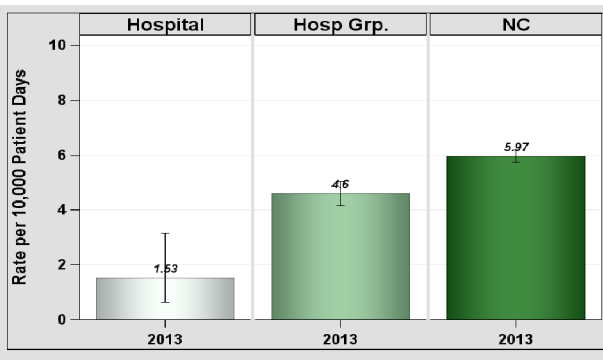


Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	7	45,670	1.53

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.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
 Blue Ridge Healthcare Hospitals-Morganton, Morganton, Burke County

Catheter-Associated Urinary Tract Infections (CAUTI)

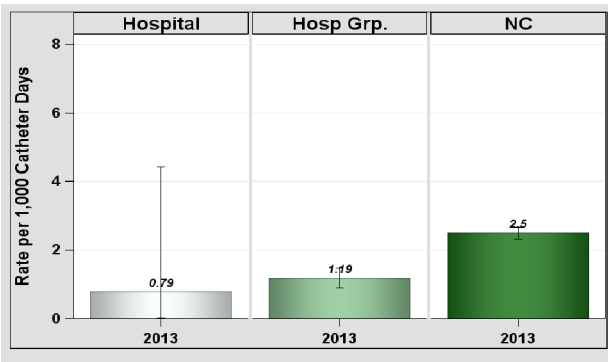


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	1	1,258	0.79

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	19	.

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.

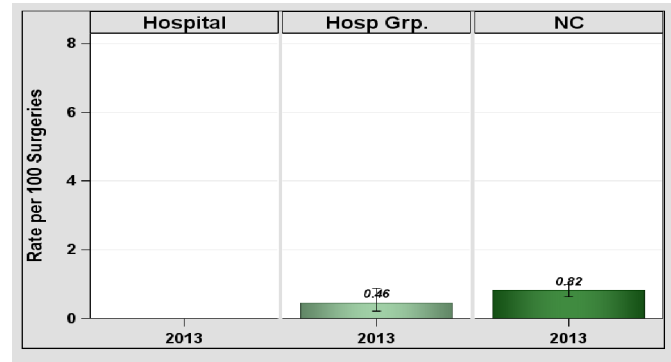


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

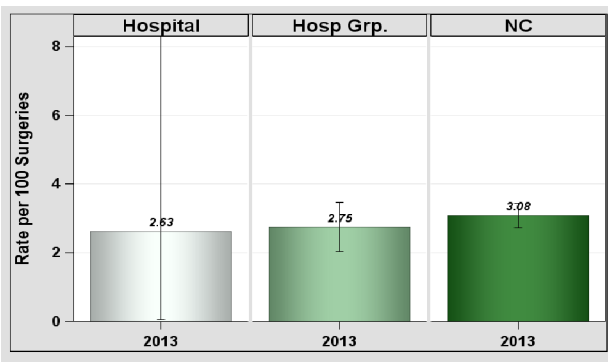


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	1	38	2.63

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.

North Carolina Healthcare-Associated Infections Report

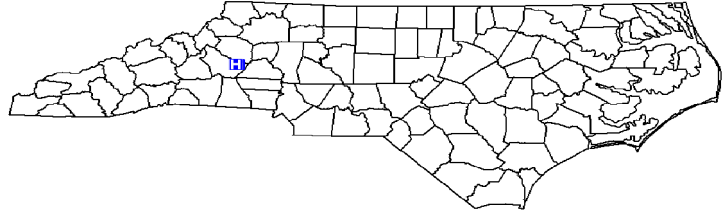
Data from January 1 – December 31, 2013

Blue Ridge Healthcare Hospitals-Valdese, Valdese, Burke County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: Graduate
 Profit Status: Not for Profit
 Admissions in 2013: 2,119
 Patient Days in 2013: 8,832
 Total Number of Beds: 131
 Number of ICU Beds: 10
 FTE* Infection Preventionists: 1.00
 Number of FTEs* per 100 beds: 0.76

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

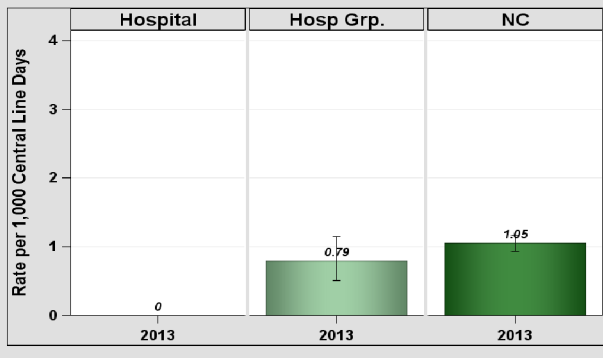


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	263	0

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	18,193	0

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.

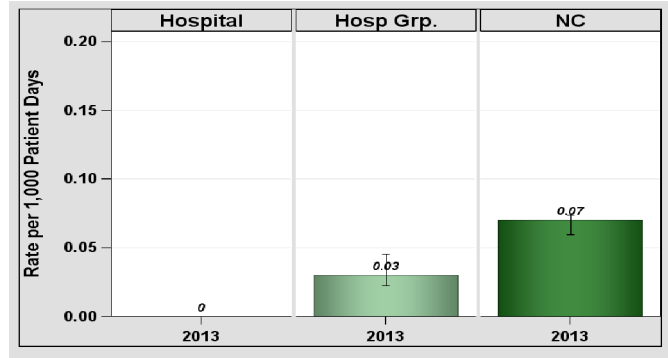


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

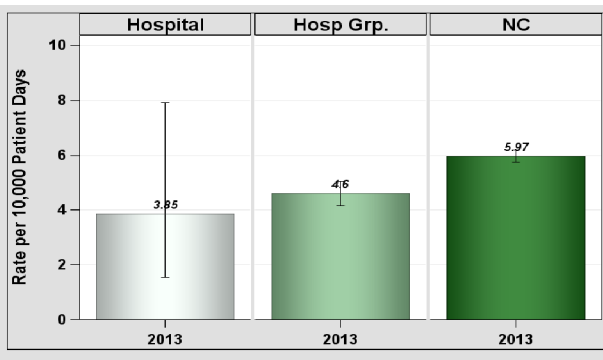


Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	7	18,193	3.85

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.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Blue Ridge Healthcare Hospitals-Valdese, Valdese, Burke County

Catheter-Associated Urinary Tract Infections (CAUTI)

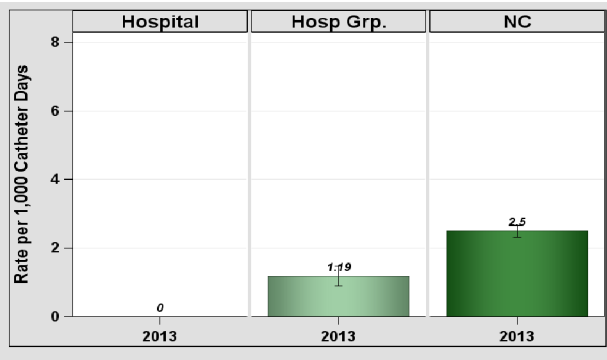


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	957	0

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	0	.

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.

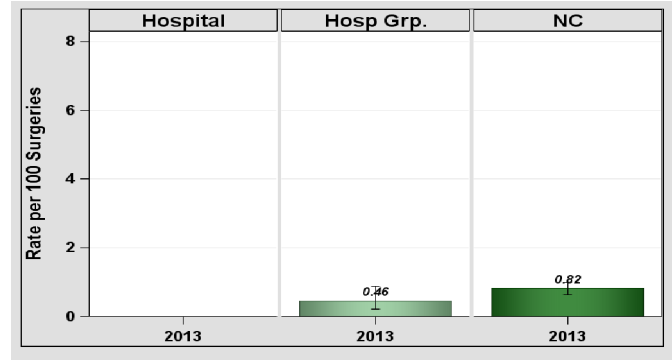


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

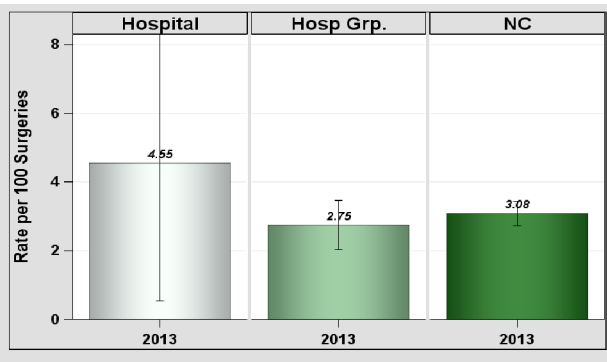


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	2	44	4.55

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 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.

North Carolina Healthcare-Associated Infections Report

Data from January 1 – December 31, 2013

Blue Ridge Regional Hospital, Spruce Pine, Mitchell County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: No
 Profit Status: Not for Profit
 Admissions in 2013: 2,070
 Patient Days in 2013: 6,218
 Total Number of Beds: 46
 Number of ICU Beds: 8
 FTE* Infection Preventionists: 0.88
 Number of FTEs* per 100 beds: 1.90

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

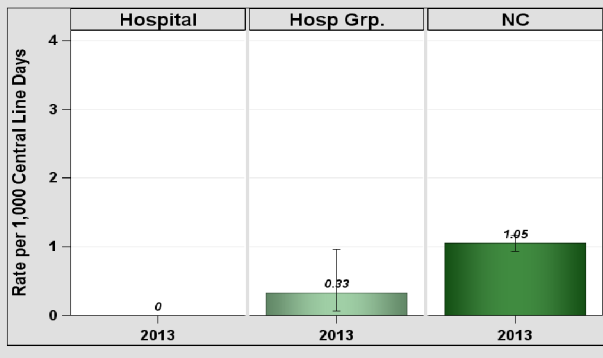


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	109	0

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	6,218	0

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.

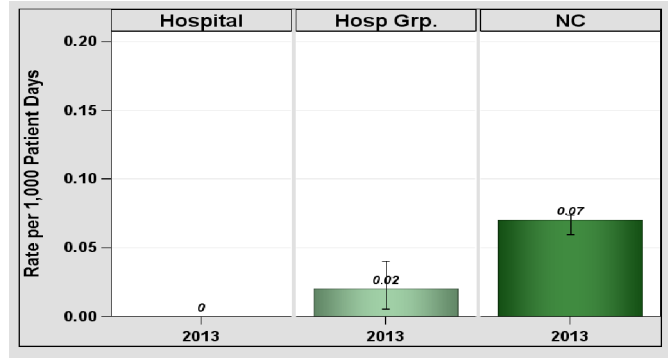


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

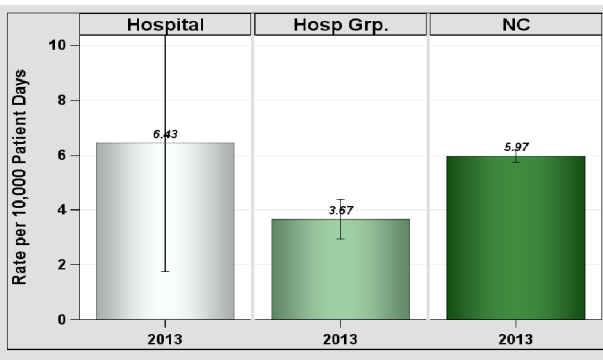


Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	4	6,218	6.43

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.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
 Blue Ridge Regional Hospital, Spruce Pine, Mitchell County

Catheter-Associated Urinary Tract Infections (CAUTI)

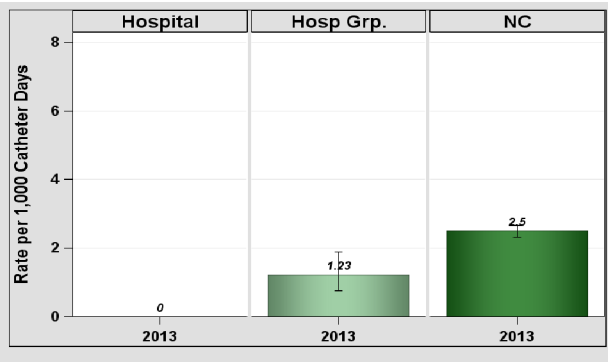


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	368	0

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	1	.

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:

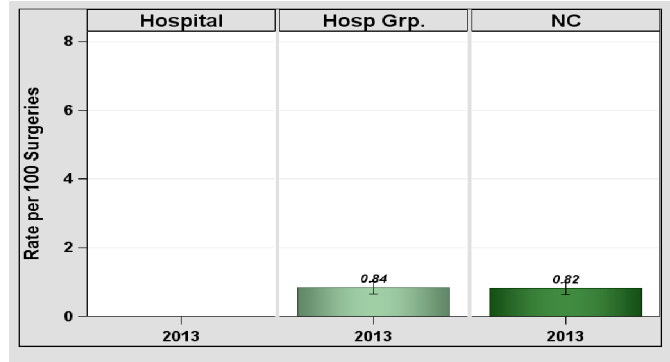


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

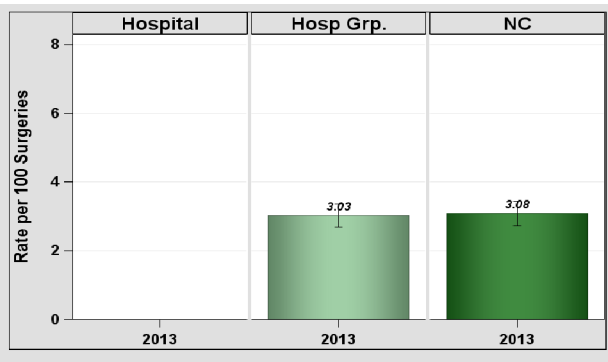


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	1	14	.

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.

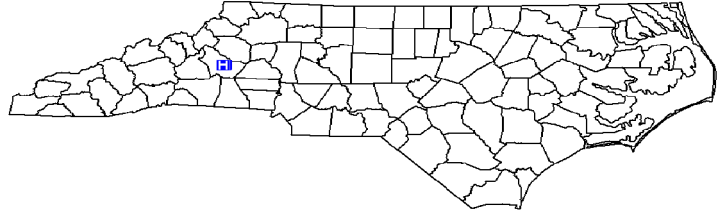
North Carolina Healthcare-Associated Infections Report

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



*FTE = 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.

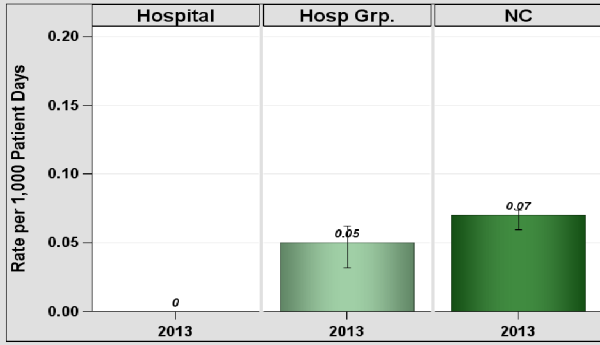


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	88,709	0

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	88,709	0

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.

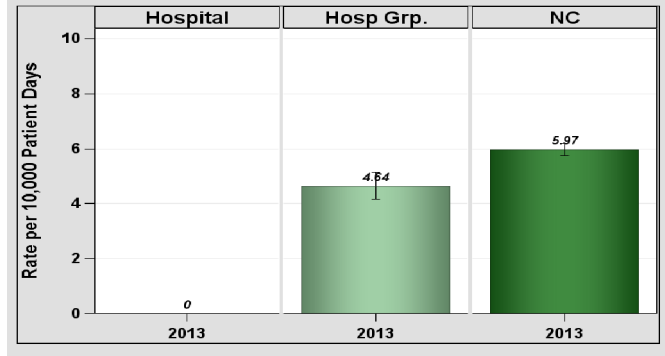


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

North Carolina Healthcare-Associated Infections Report

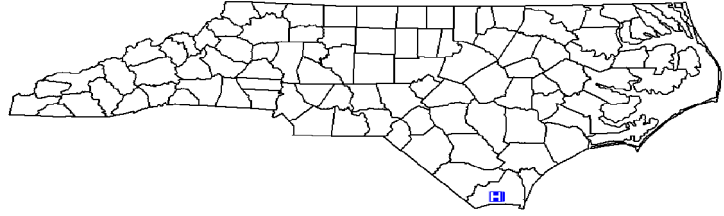
Data from January 1 – December 31, 2013

Brunswick Novant Medical Center, Bolivia, Brunswick County

2013 Hospital Survey Information

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

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

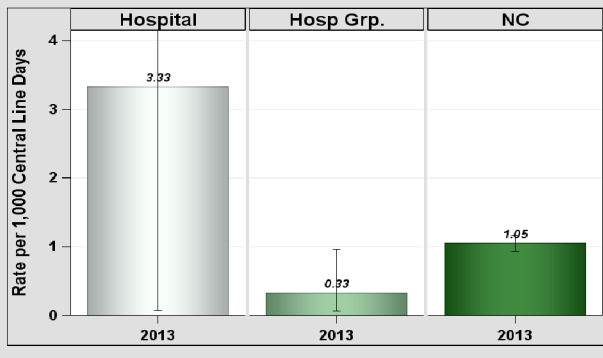


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	1	300	3.33

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	14,882	0

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.

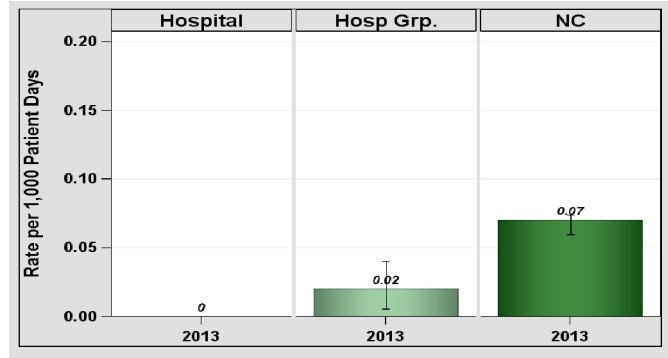


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

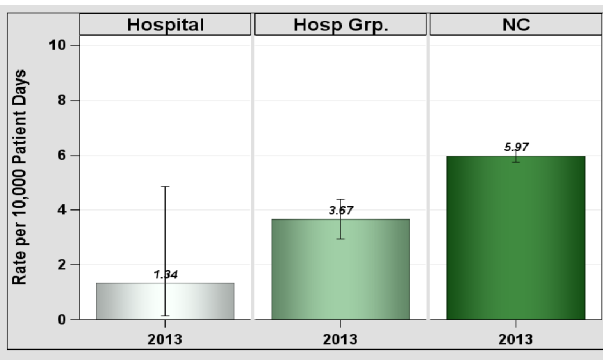


Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	2	14,882	1.34

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.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of March 18, 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)

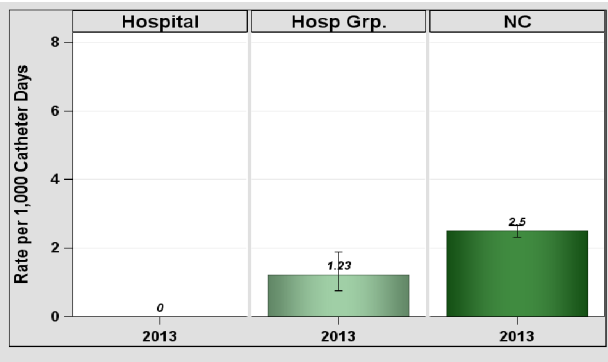


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	781	0

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	21	0

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.

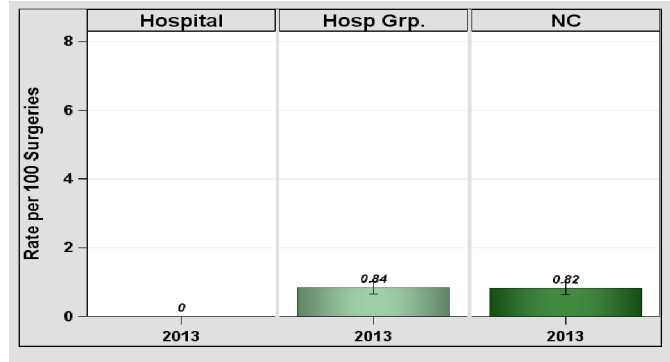


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

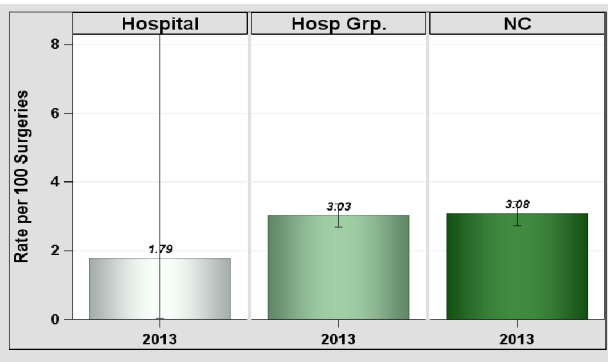


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	1	56	1.79

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.

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)

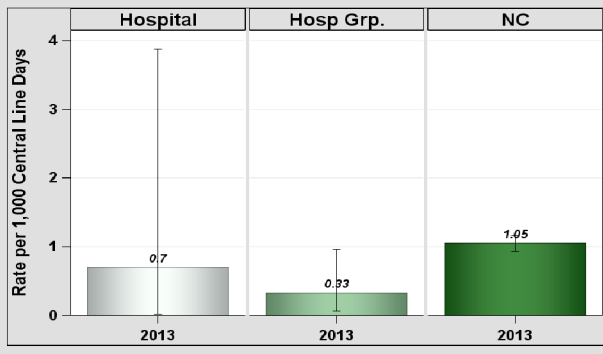


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	1	1,435	0.7

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	21,763	0

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.

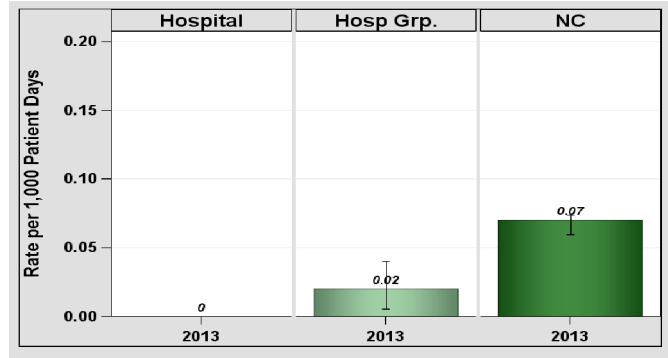


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

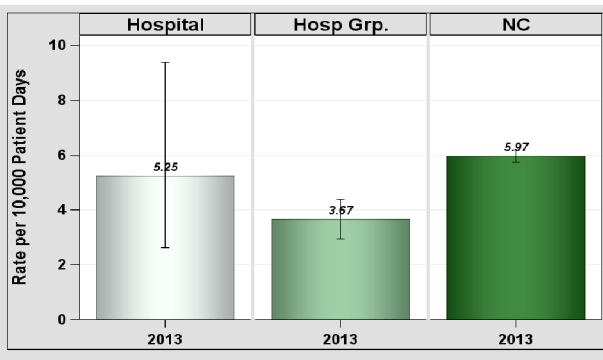


Figure 3. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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

Location	Infections	Patient Days	Rate
Facility-wide inpatient	11	20,967	5.25

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
Caldwell Memorial Hospital, Lenoir, Caldwell County

Catheter-Associated Urinary Tract Infections (CAUTI)

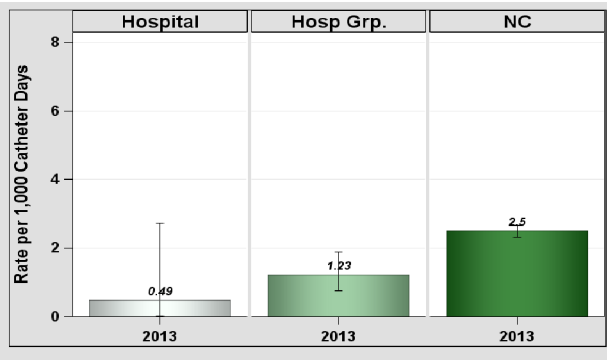


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	1	2,044	0.49

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	32	0

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.

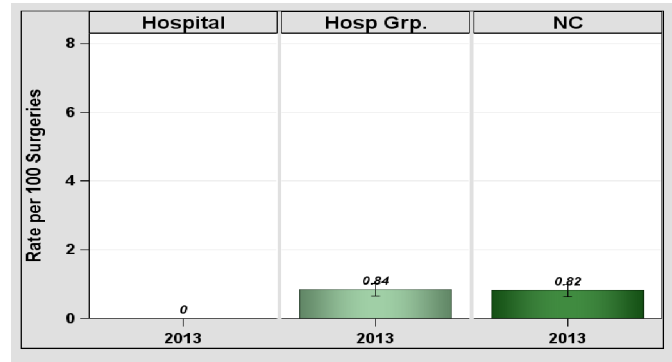


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

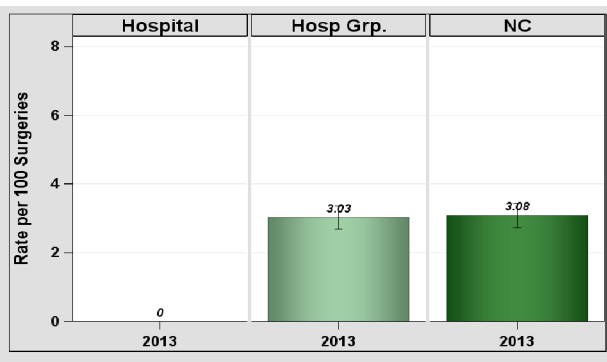


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	0	25	0

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

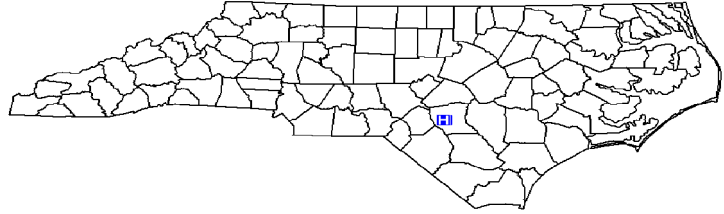
Data from January 1 – December 31, 2013

Cape Fear Valley Health System, Fayetteville, Cumberland County

2013 Hospital Survey Information

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
 FTE* Infection Preventionists: 3.25
 Number of FTEs* per 100 beds: 0.54

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

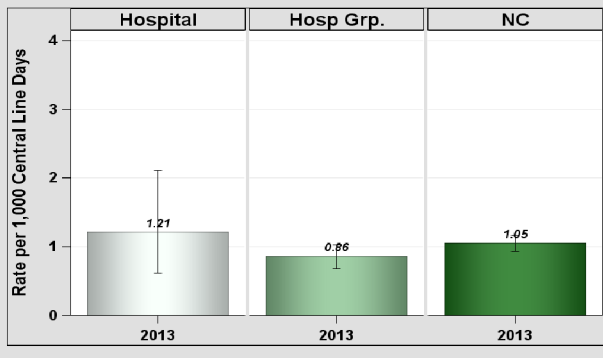


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	12	9,910	1.21

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	25	156,604	0.16

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.

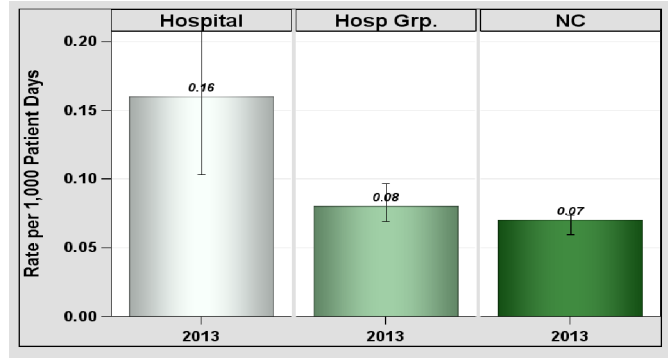


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

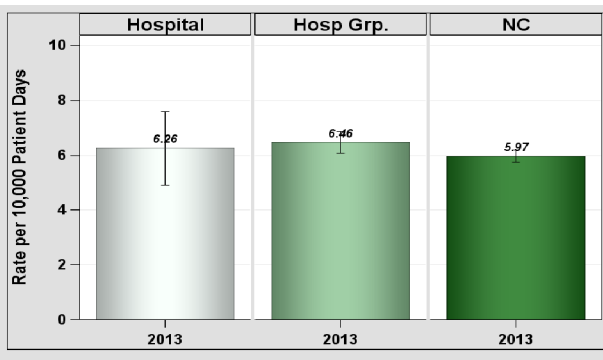


Figure 3. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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

Location	Infections	Patient Days	Rate
Facility-wide inpatient	84	134,154	6.26

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
 Cape Fear Valley Health System, Fayetteville, Cumberland County

Catheter-Associated Urinary Tract Infections (CAUTI)

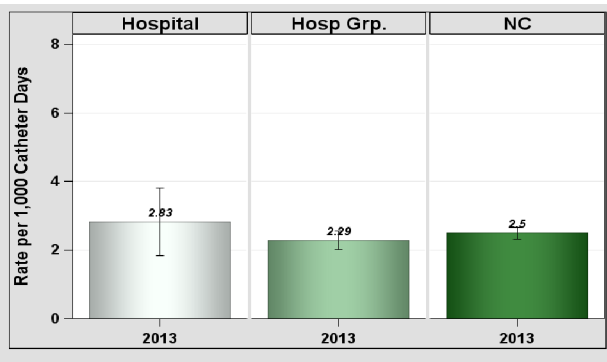


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	32	11,296	2.83

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	3	339	0.88

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.

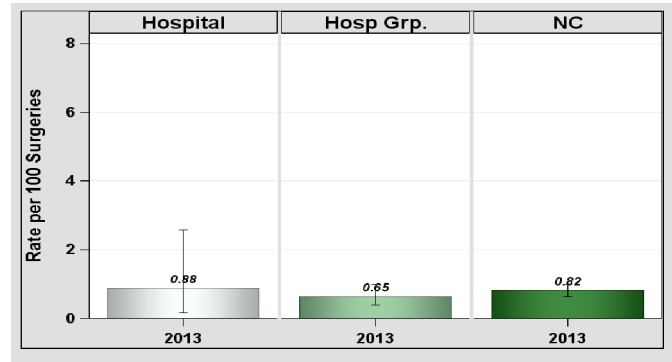


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

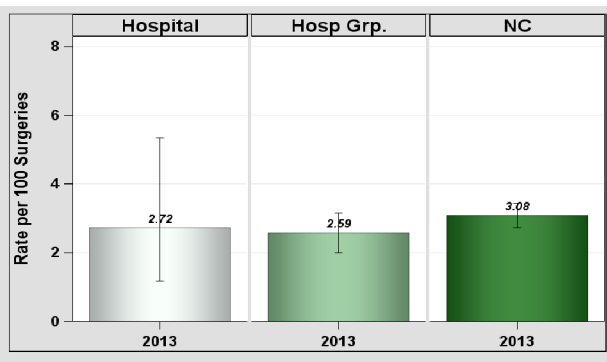


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	8	294	2.72

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.

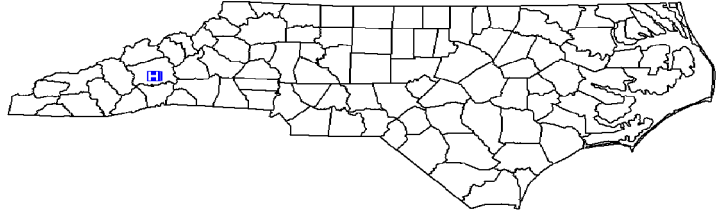
Commentary from Hospitals:

No comments provided.

**North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
CarePartners Health Services, Asheville, Buncombe County**

2013 Hospital Survey Information

Hospital Type:	Inpatient Rehabilitation Facility
Profit Status:	Not for Profit
Admissions in 2013:	1,328
Patient Days in 2013:	17,768
Total Number of Beds:	80
FTE* Infection Preventionists:	0.45
Number of FTEs* per 100 beds:	0.56



*FTE = Full-time equivalent

Catheter-Associated Urinary Tract Infections (CAUTI)

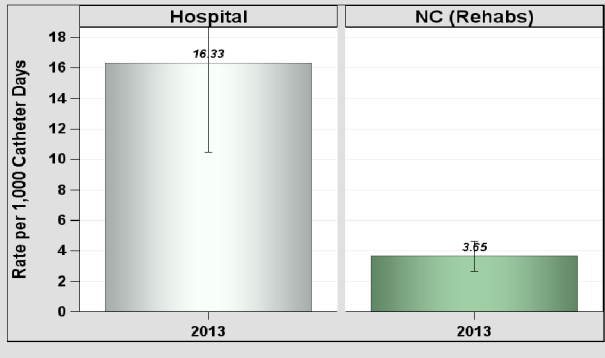


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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

	Infections	Catheter Days	Rate
Total for Reporting Wards	24	1,470	16.3

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.

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.

North Carolina Healthcare-Associated Infections Report

Data from January 1 – December 31, 2013

CarolinaEast Medical Center, New Bern, Craven County

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)

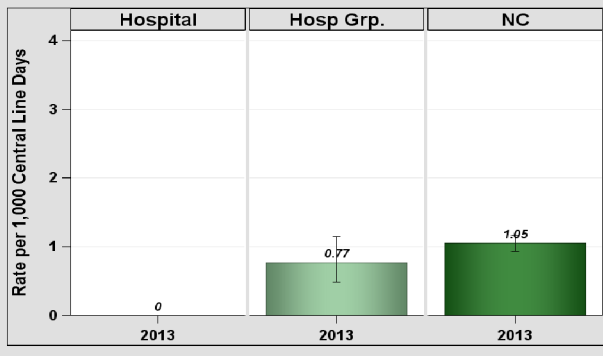


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	2,554	0

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	2	61,691	0.03

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.

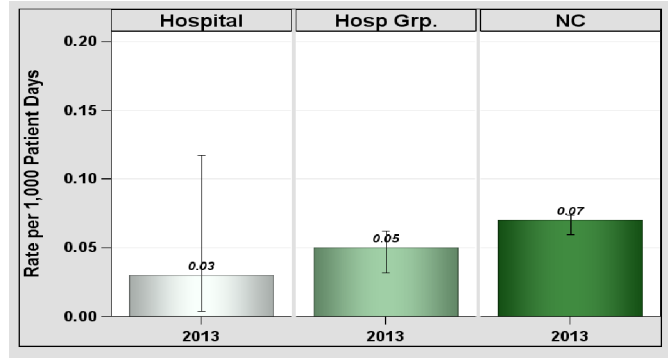


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

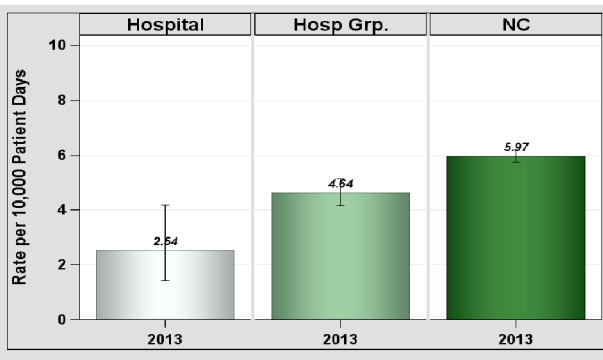


Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	15	59,122	2.54

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.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
 CarolinaEast Medical Center, New Bern, Craven County

Catheter-Associated Urinary Tract Infections (CAUTI)

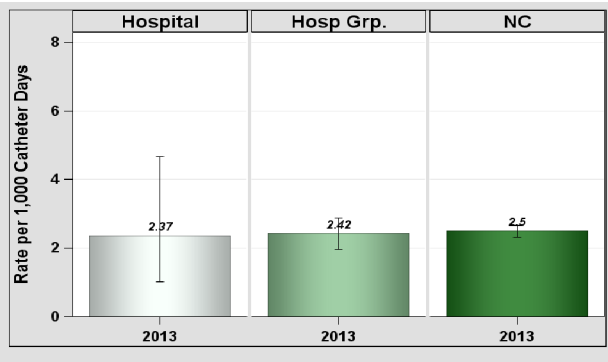


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	8	3,379	2.37

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	89	0

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.

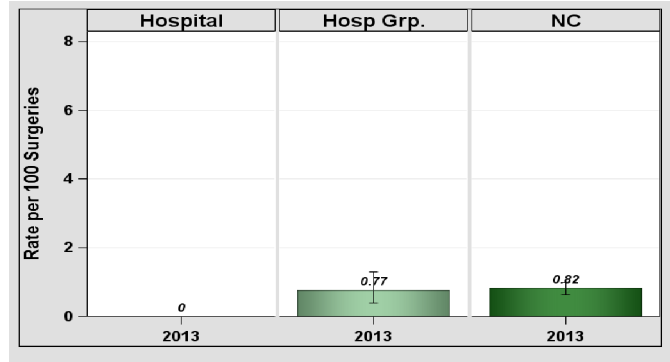


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

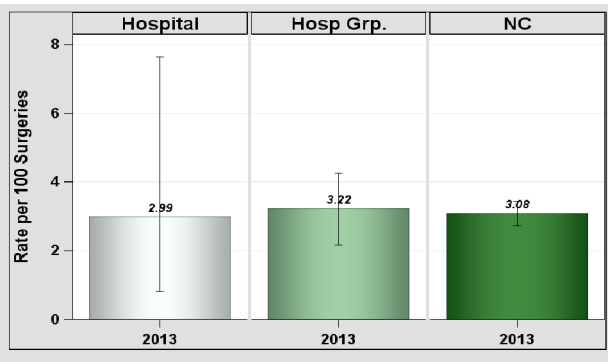


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	4	134	2.99

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.

North Carolina Healthcare-Associated Infections Report

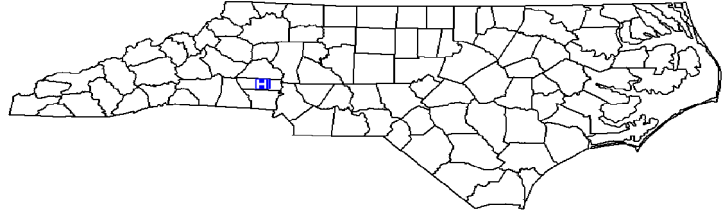
Data from January 1 – December 31, 2013

Carolinas Medical Center-Lincoln, Lincoln County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: No
 Profit Status: Not for Profit
 Admissions in 2013: 2,446
 Patient Days in 2013: 16,081
 Total Number of Beds: 101
 Number of ICU Beds: 10
 FTE* Infection Preventionists: 0.50
 Number of FTEs* per 100 beds: 0.50

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

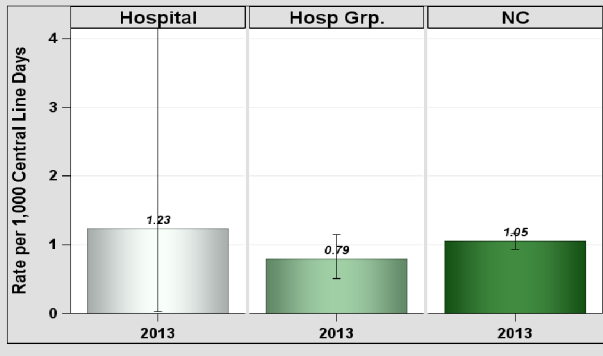


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	1	816	1.23

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	16,081	0

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.

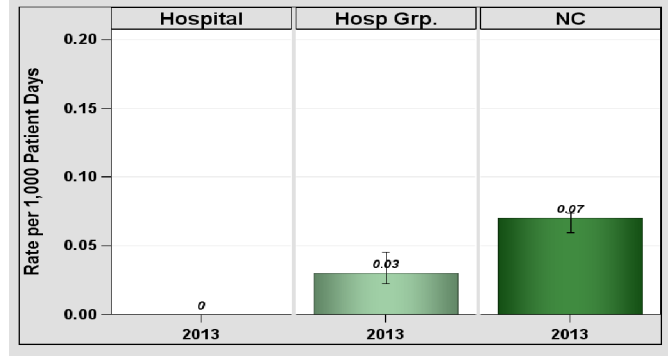


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

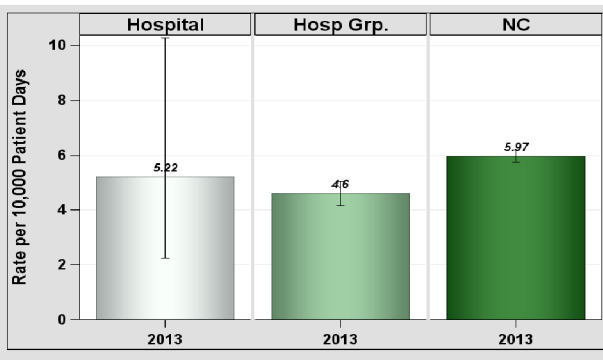


Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	8	15,325	5.22

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.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
 Carolinas Medical Center-Lincoln, Lincoln, Lincoln County

Catheter-Associated Urinary Tract Infections (CAUTI)

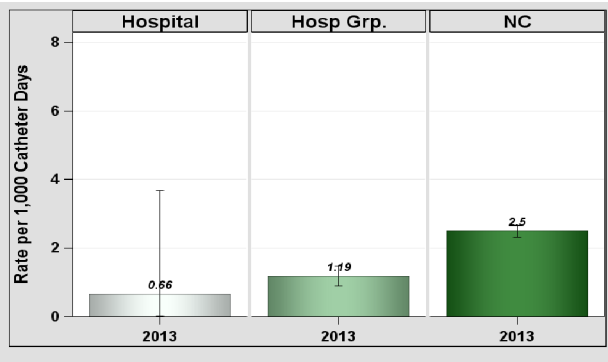


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	1	1,512	0.66

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	55	0

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.

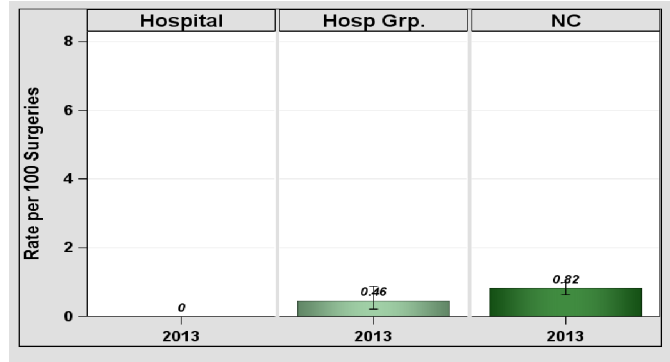


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

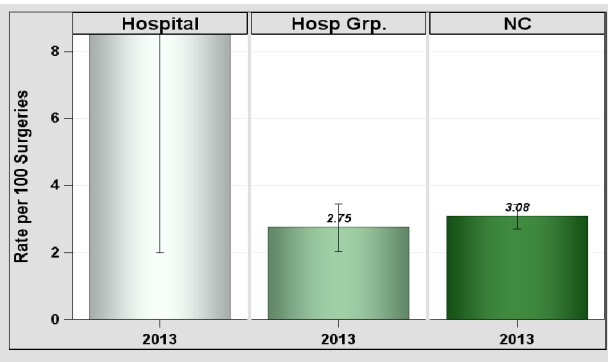


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	3	31	9.68

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.

North Carolina Healthcare-Associated Infections Report

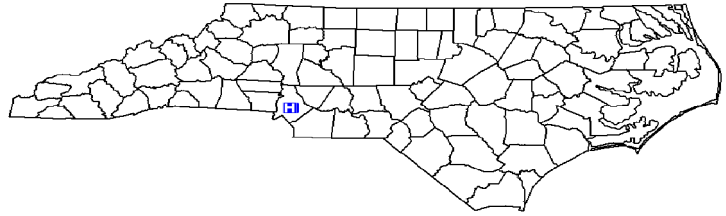
Data from January 1 – December 31, 2013

Carolinas Medical Center, Charlotte, Mecklenburg County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: Major
 Profit Status: Not for Profit
 Admissions in 2013: 51,118
 Patient Days in 2013: 256,862
 Total Number of Beds: 880
 Number of ICU Beds: 218
 FTE* Infection Preventionists: 7.00
 Number of FTEs* per 100 beds: 0.80

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

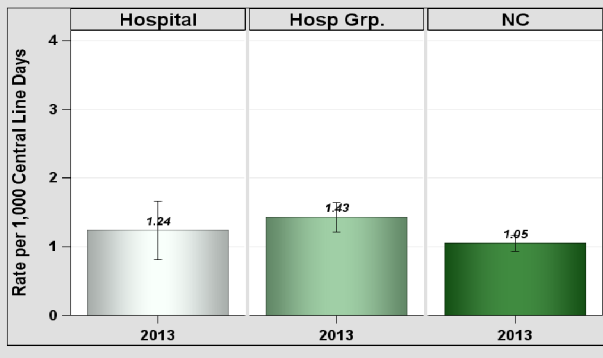


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	33	26,638	1.24

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	33	258,434	0.13

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.

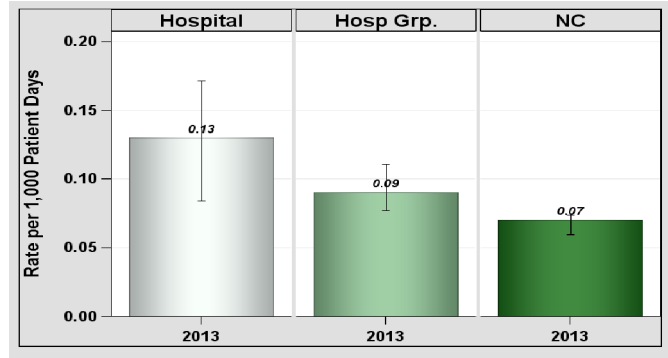


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

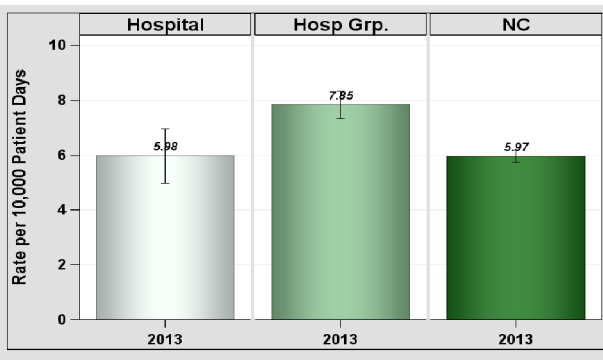


Figure 3. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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

Location	Infections	Patient Days	Rate
Facility-wide inpatient	139	232,441	5.98

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.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
 Carolinas Medical Center, Charlotte, Mecklenburg County

Catheter-Associated Urinary Tract Infections (CAUTI)

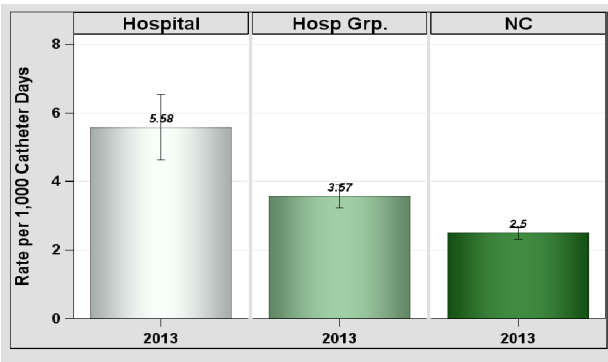


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	132	23,653	5.58

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	12	648	1.85

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.

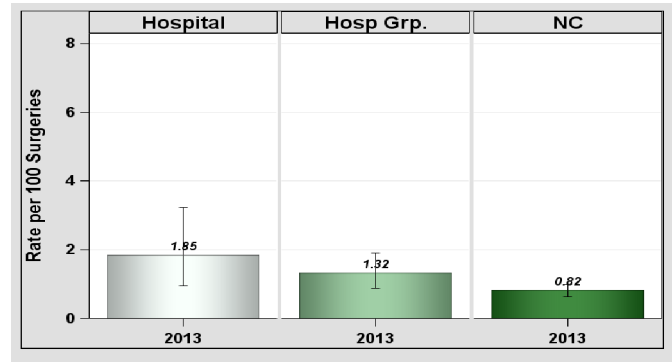


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

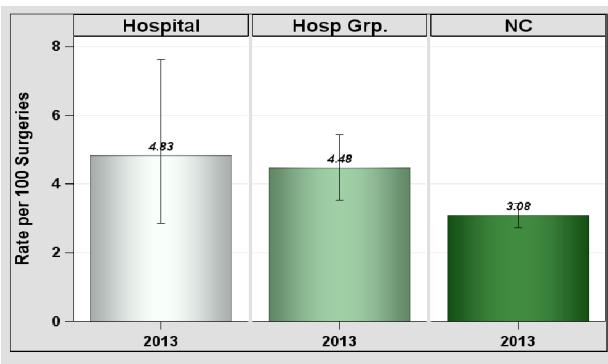


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	18	373	4.83

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.

North Carolina Healthcare-Associated Infections Report

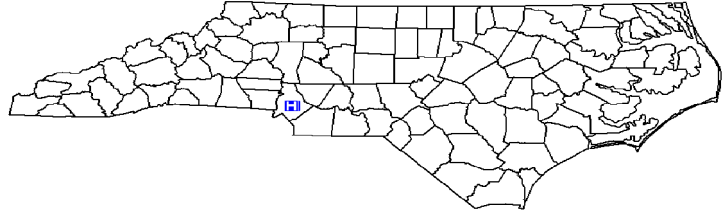
Data from January 1 – December 31, 2013

Carolinas Medical Center-Mercy, Charlotte, Mecklenburg County

2013 Hospital Survey Information

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

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

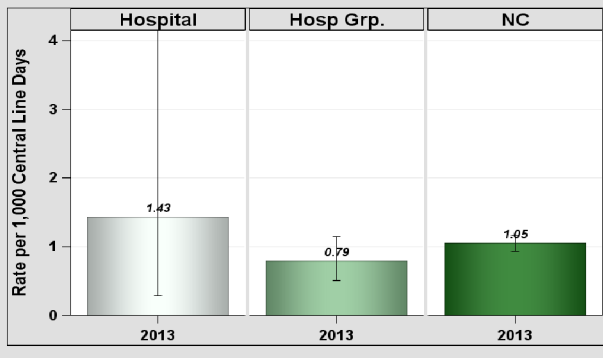


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	3	2,093	1.43

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	3	32,403	0.09

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.

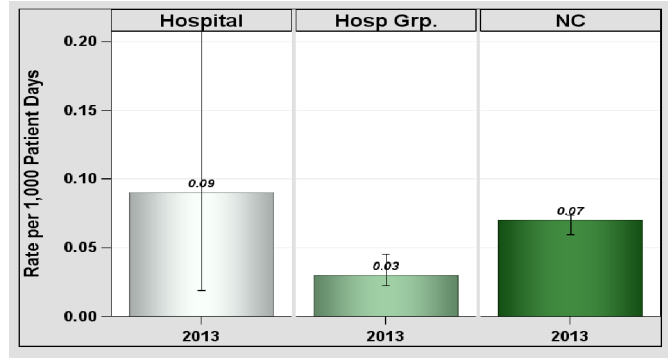


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

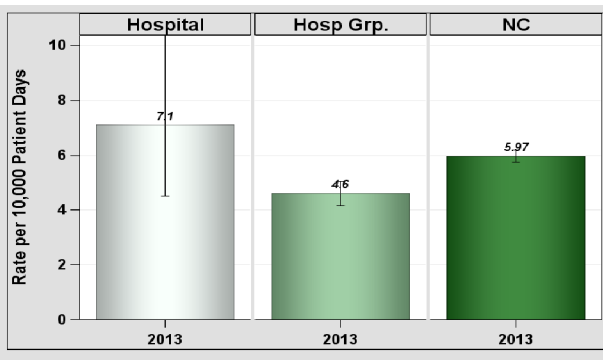


Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	23	32,403	7.1

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.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
 Carolinas Medical Center-Mercy, Charlotte, Mecklenburg County

Catheter-Associated Urinary Tract Infections (CAUTI)

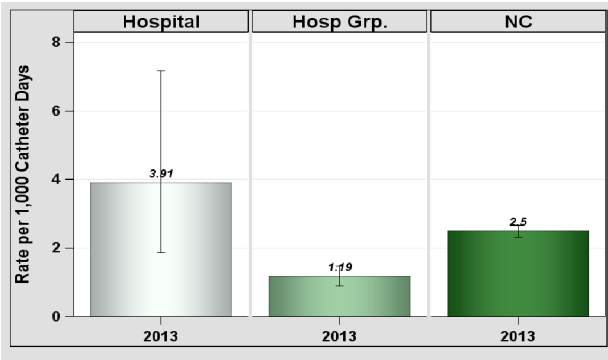


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	10	2,559	3.91

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	98	0

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.

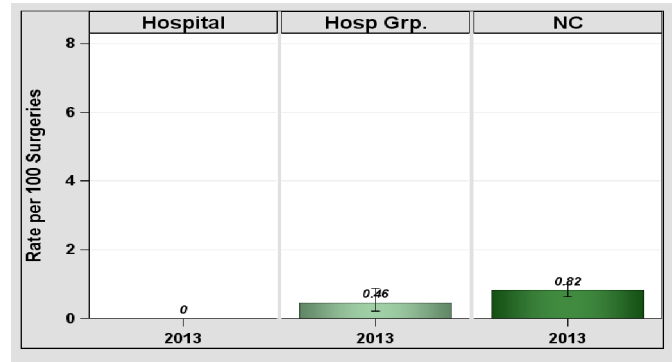


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

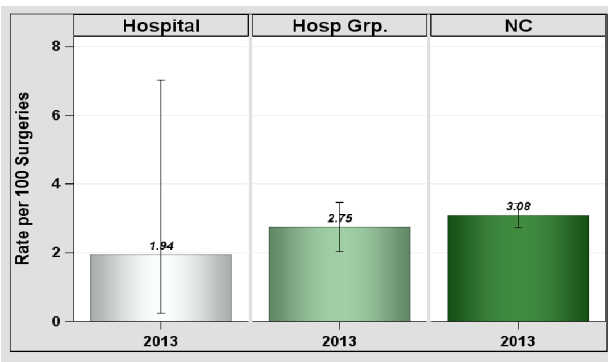


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	2	103	1.94

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.

North Carolina Healthcare-Associated Infections Report

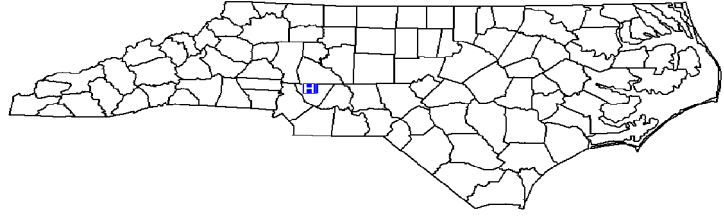
Data from January 1 – December 31, 2013

Carolinas Medical Center-Northeast, Concord, Cabarrus County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: No
 Profit Status: Not for Profit
 Admissions in 2013: 34,705
 Patient Days in 2013: 107,841
 Total Number of Beds: 457
 Number of ICU Beds: 52
 FTE* Infection Preventionists: 3.00
 Number of FTEs* per 100 beds: 0.66

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

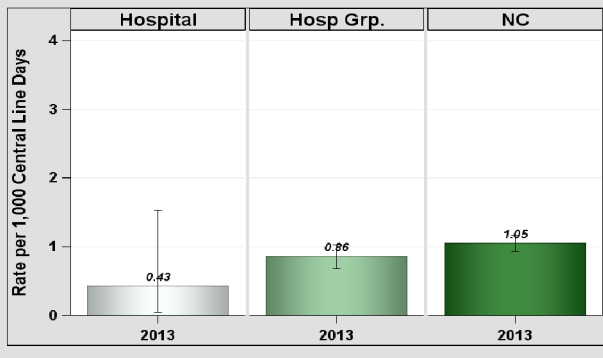


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	2	4,705	0.43

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	11	107,841	0.1

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.

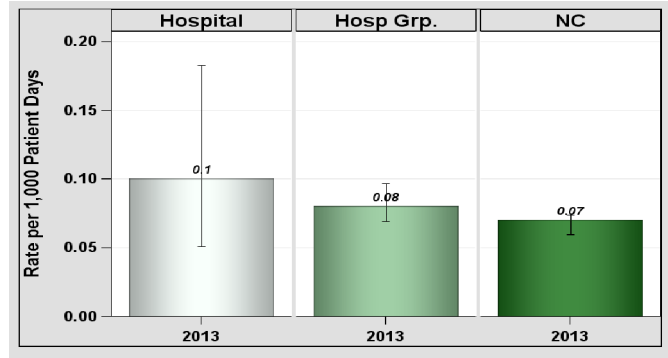


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

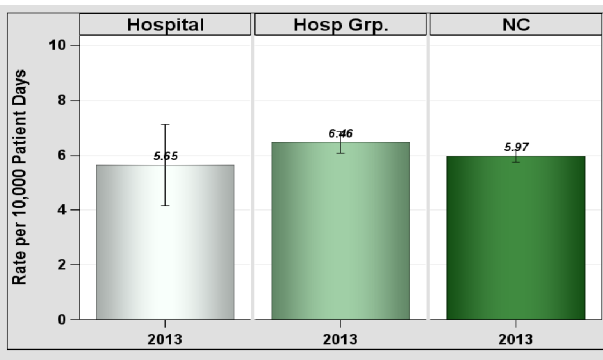


Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	56	99,160	5.65

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.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
 Carolinas Medical Center-Northeast, Concord, Cabarrus County

Catheter-Associated Urinary Tract Infections (CAUTI)

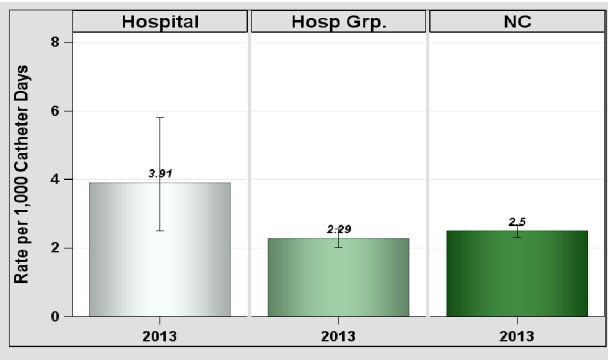


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	24	6,138	3.91

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	4	345	1.16

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.

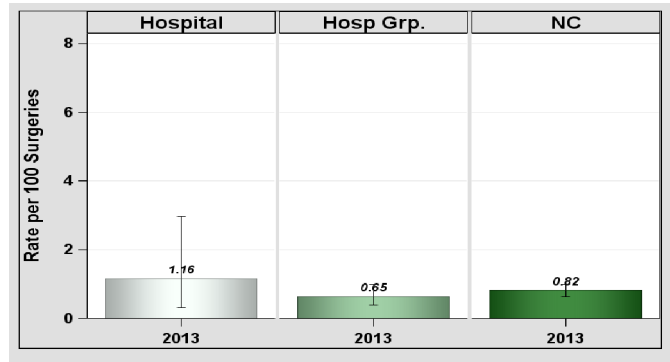


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

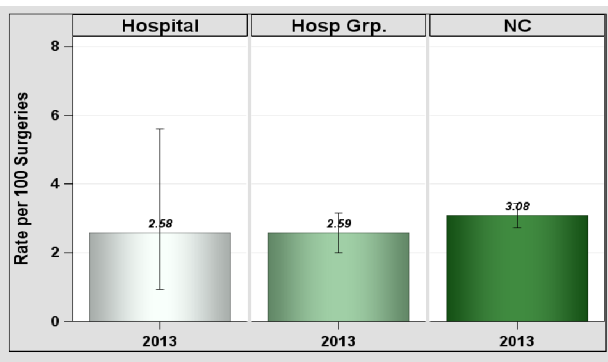


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	6	233	2.58

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.

North Carolina Healthcare-Associated Infections Report

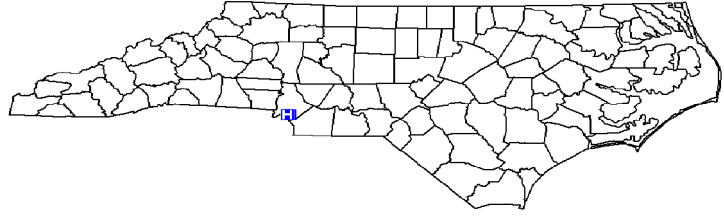
Data from January 1 – December 31, 2013

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)

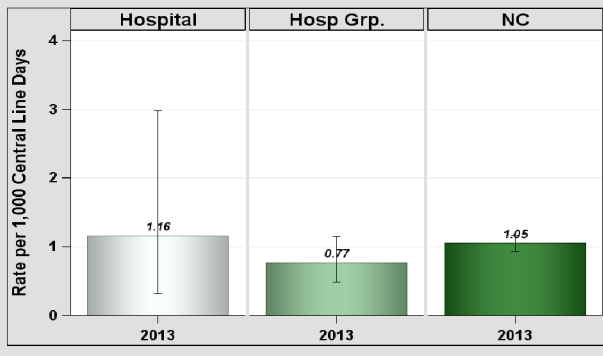


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	4	3,438	1.16

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	6	58,117	0.1

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.

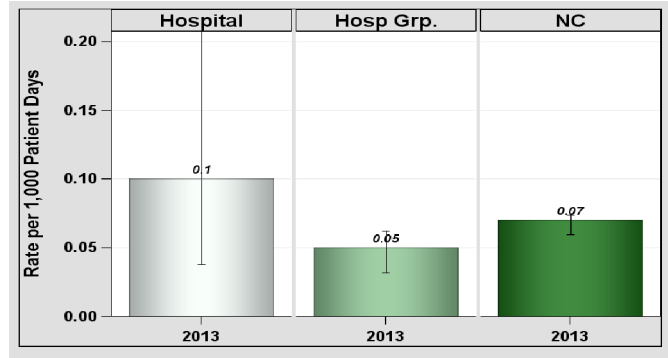


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

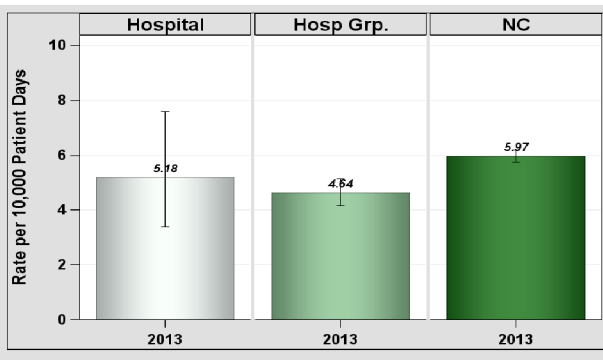


Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	26	50,240	5.18

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.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of March 18, 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)

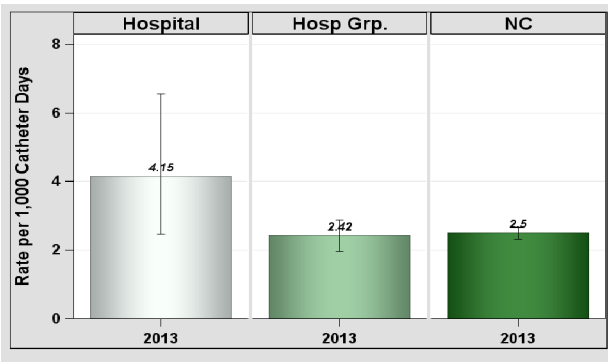


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	18	4,334	4.15

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	1	319	0.31

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.

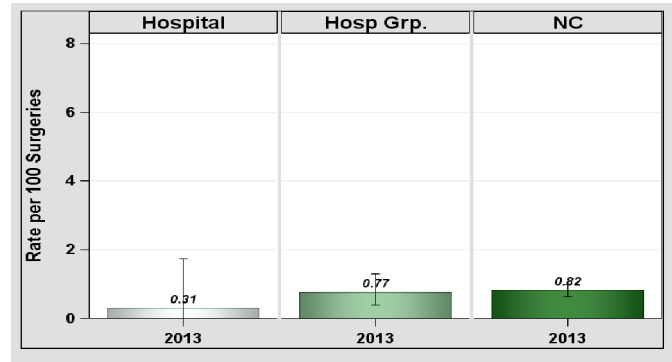


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

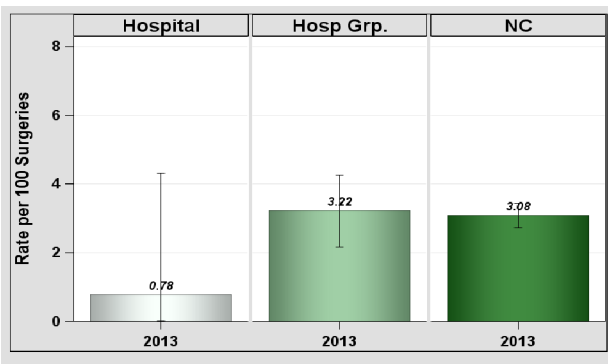


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	1	129	0.78

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.

North Carolina Healthcare-Associated Infections Report

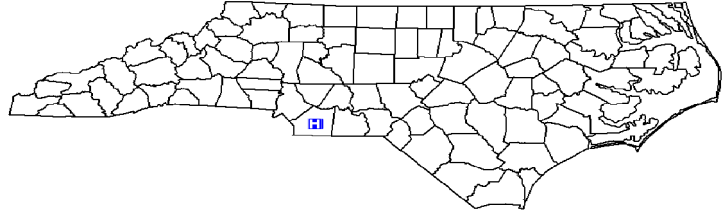
Data from January 1 – December 31, 2013

Carolinas Medical Center-Union, Monroe, Union County

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)

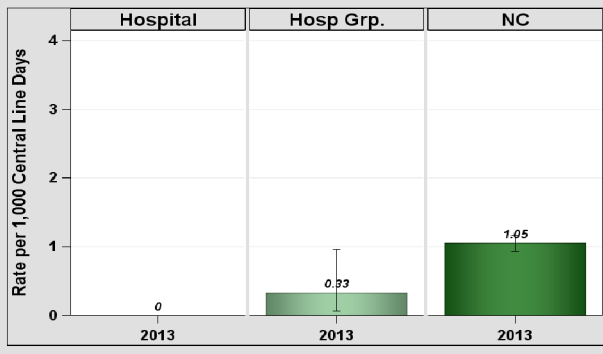


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	1,566	0

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	28,583	0

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.

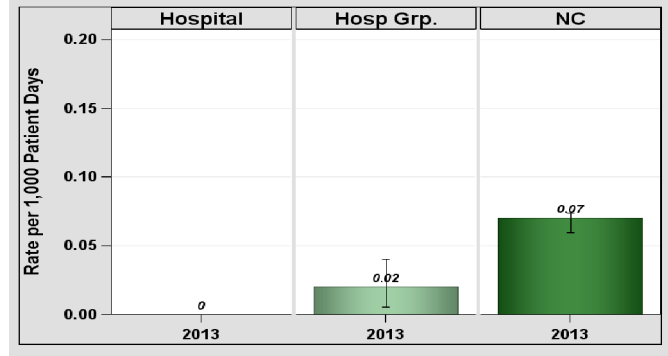


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

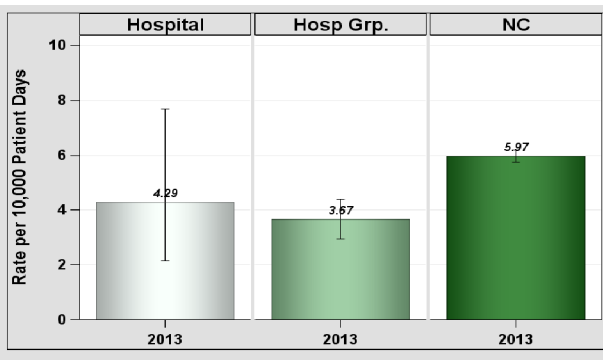


Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	11	25,618	4.29

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.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
 Carolinas Medical Center-Union, Monroe, Union County

Catheter-Associated Urinary Tract Infections (CAUTI)

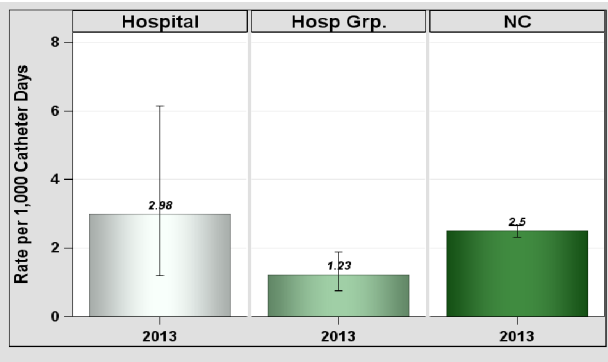


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	7	2,347	2.98

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	2	54	3.7

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.

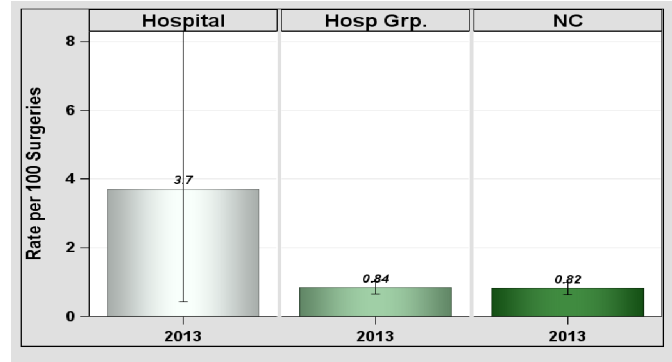


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

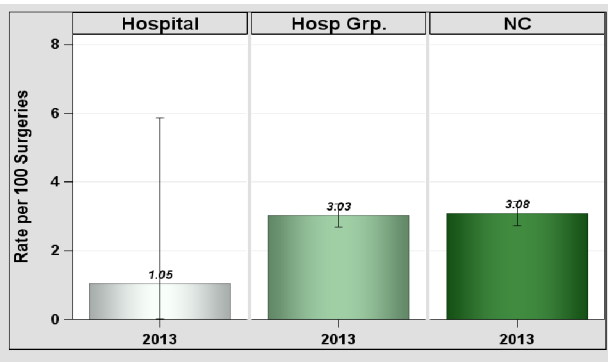


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	1	95	1.05

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.

North Carolina Healthcare-Associated Infections Report

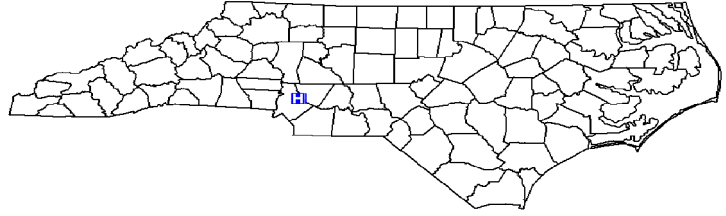
Data from January 1 – December 31, 2013

Carolinas Medical Center-University, Charlotte, Mecklenburg County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: No
 Profit Status: Not for Profit
 Admissions in 2013: 6,568
 Patient Days in 2013: 23,911
 Total Number of Beds: 94
 Number of ICU Beds: 15
 FTE* Infection Preventionists: 1.00
 Number of FTEs* per 100 beds: 1.06

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

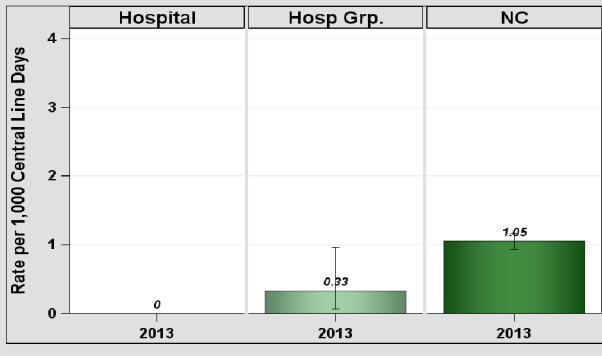


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	1,167	0

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	1	23,911	0.04

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.

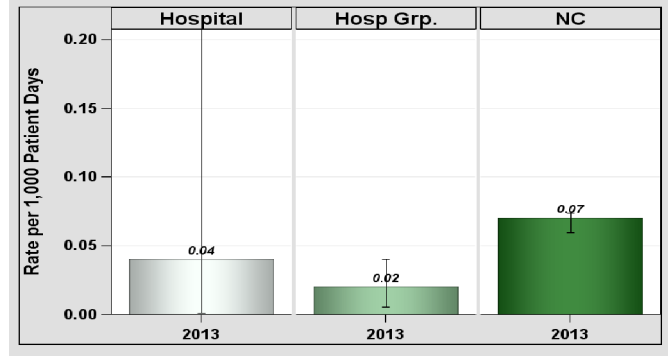


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

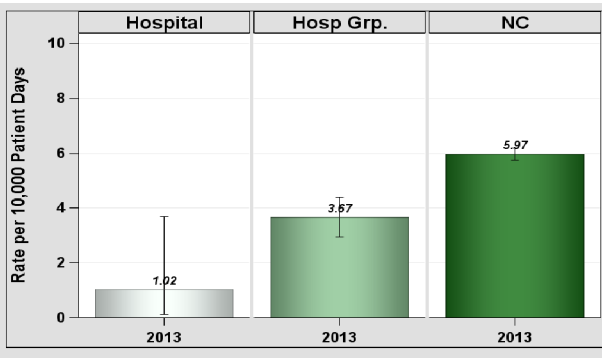


Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	2	19,628	1.02

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.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
 Carolinas Medical Center-University, Charlotte, Mecklenburg County

Catheter-Associated Urinary Tract Infections (CAUTI)

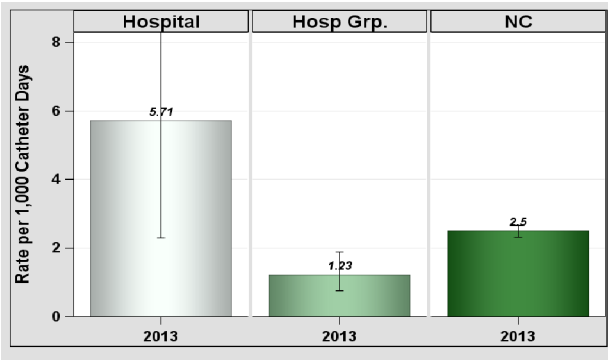


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	7	1,225	5.71

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	1	111	0.9

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.

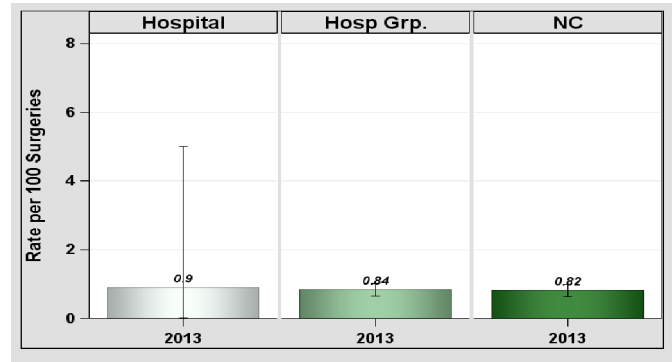


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

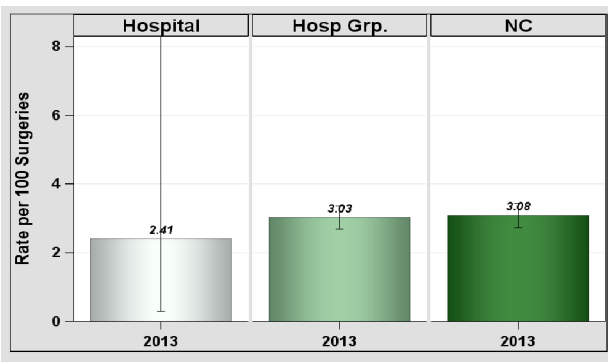


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	2	83	2.41

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.

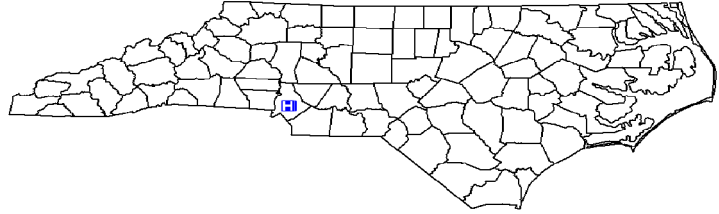
Commentary from Hospitals:

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.

**North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Carolinas Rehabilitation, Charlotte, Mecklenburg County**

2013 Hospital Survey Information

Hospital Type: Inpatient Rehabilitation Facility
 Profit Status: Not for Profit
 Admissions in 2013: 2,850
 Patient Days in 2013: 48,420
 Total Number of Beds: 159
 FTE* Infection Preventionists: 1.00
 Number of FTEs* per 100 beds: 0.63



*FTE = Full-time equivalent

Catheter-Associated Urinary Tract Infections (CAUTI)

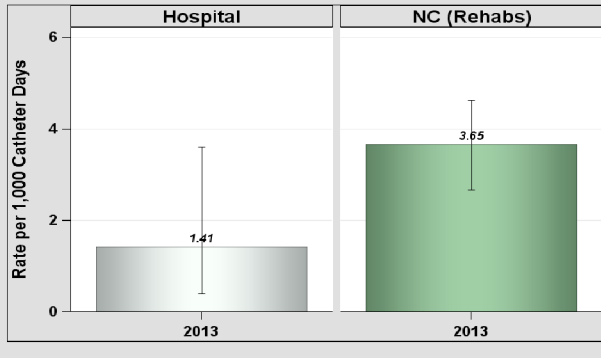


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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

	Infections	Catheter Days	Rate
Total for Reporting Wards	4	2,833	1.41

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.

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.

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

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

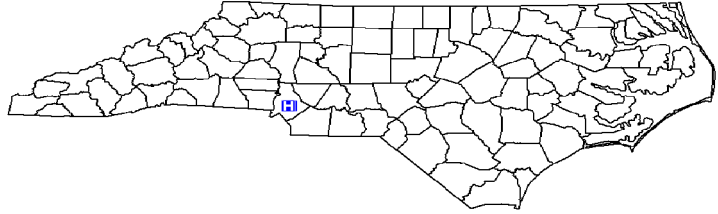
North Carolina Healthcare-Associated Infections Report

Data from January 1 – December 31, 2013

Carolinas Specialty Hospital, Charlotte, Mecklenburg County

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)

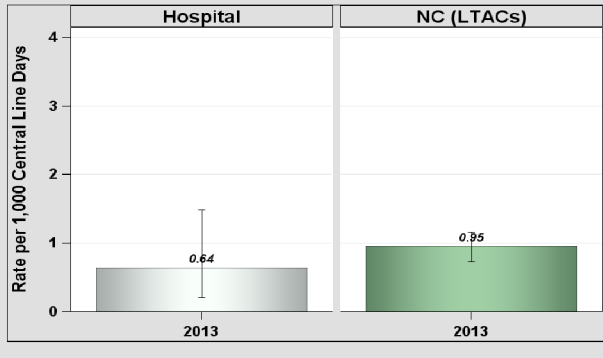


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

	Infections	Line Days	Rate
Total for Reporting Units	5	7,862	0.64

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.

	Infections	Catheter Days	Rate
Total for Reporting Units	10	7,128	1.4

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.

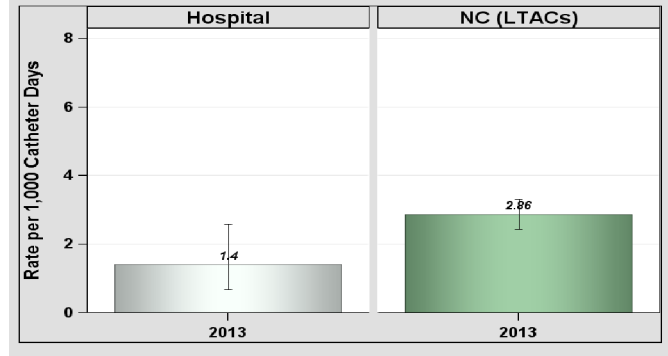


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

North Carolina Healthcare-Associated Infections Report

Data from January 1 – December 31, 2013

Carteret General Hospital, Morehead City, Carteret County

2013 Hospital Survey Information

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

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

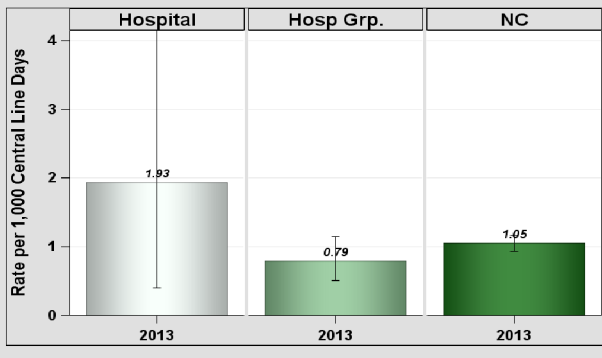


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	3	1,555	1.93

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	2	24,720	0.08

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.

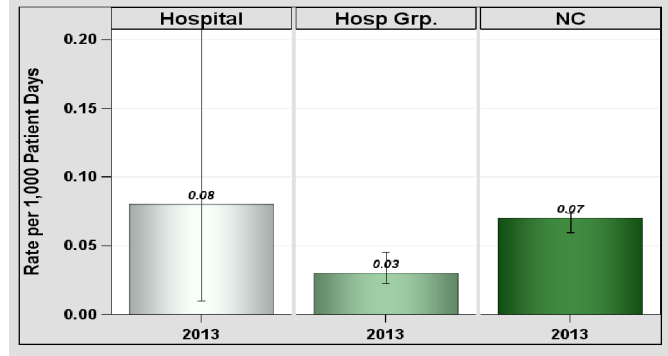


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

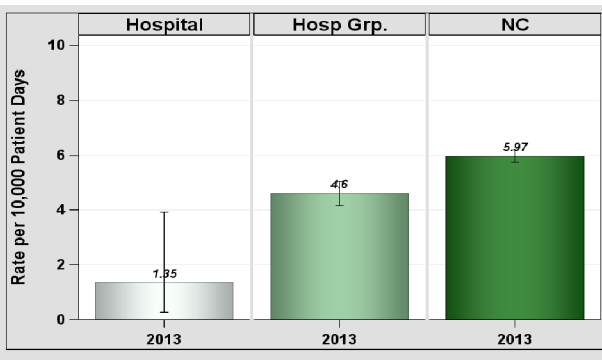


Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	3	22,293	1.35

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.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Carteret General Hospital, Morehead City, Carteret County

Catheter-Associated Urinary Tract Infections (CAUTI)

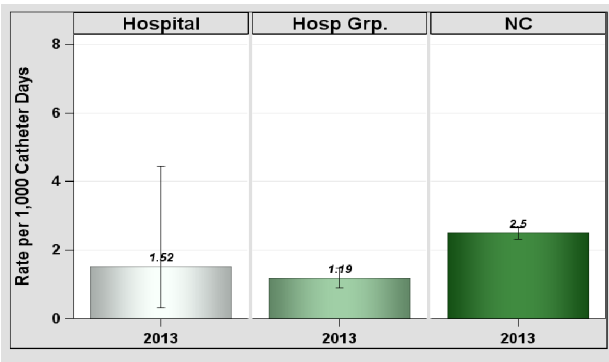


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	3	1,973	1.52

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	1	23	4.35

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.

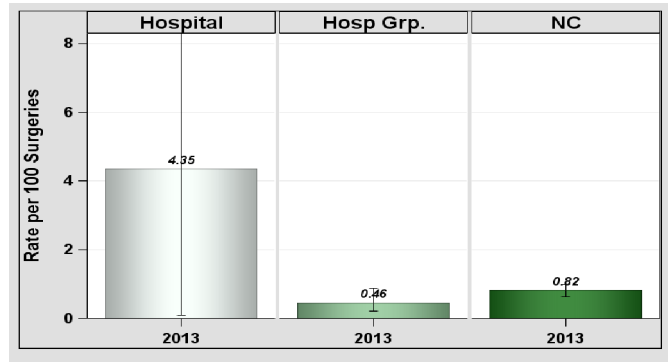


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

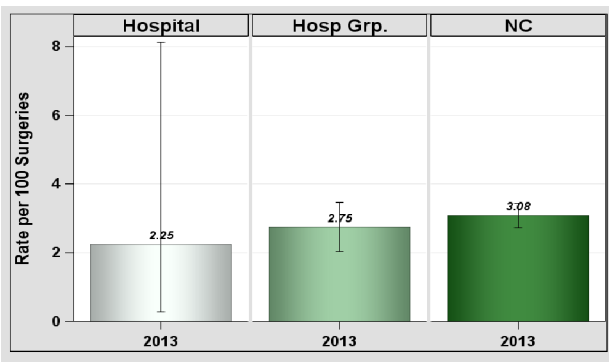


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	2	89	2.25

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.

North Carolina Healthcare-Associated Infections Report

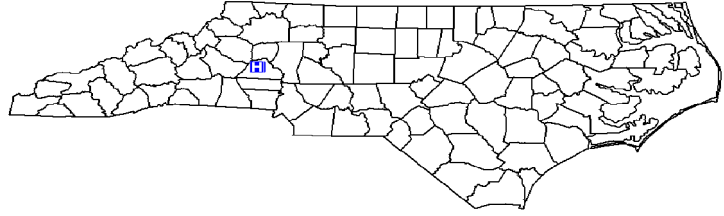
Data from January 1 – December 31, 2013

Catawba Valley Medical Center, Hickory, Catawba County

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

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

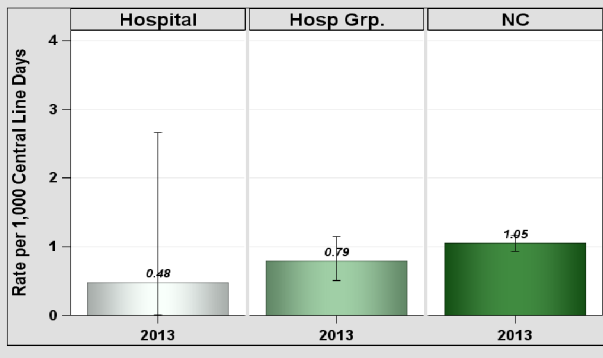


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	1	2,092	0.48

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	49,966	0

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.

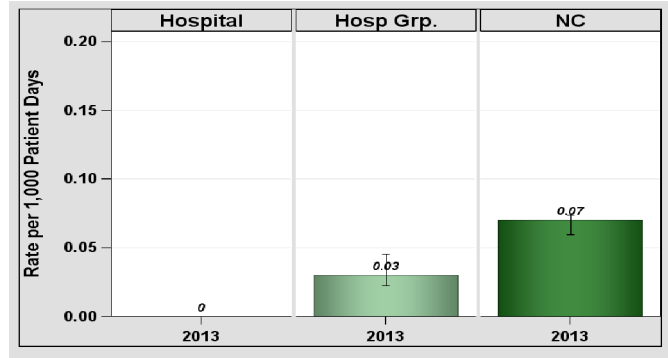


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

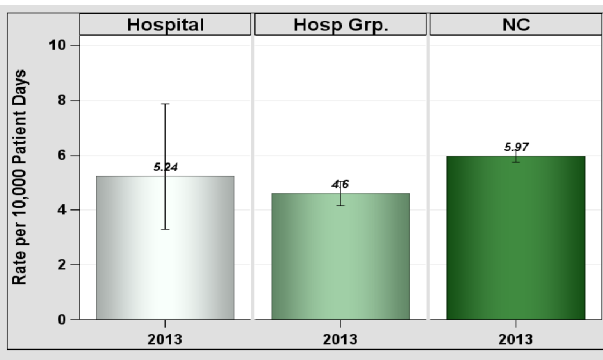


Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	23	43,918	5.24

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.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
 Catawba Valley Medical Center, Hickory, Catawba County

Catheter-Associated Urinary Tract Infections (CAUTI)

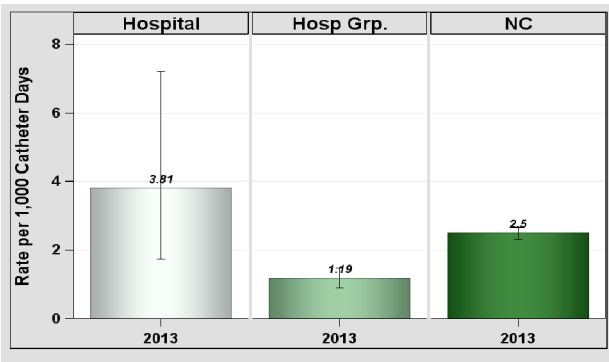


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	9	2,364	3.81

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	1	103	0.97

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.

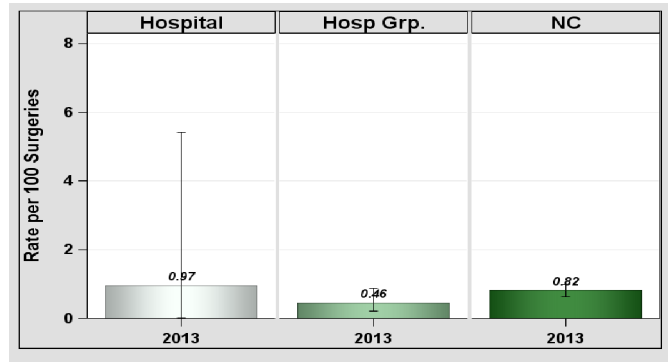


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

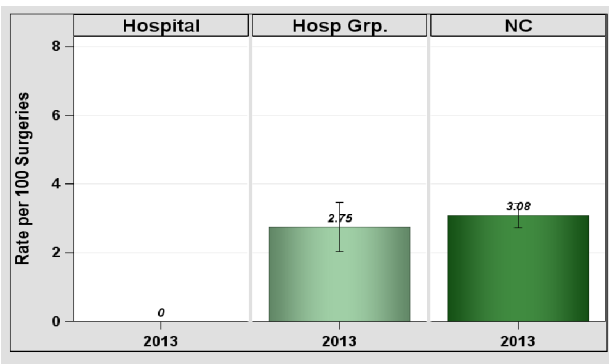


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	0	74	0

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

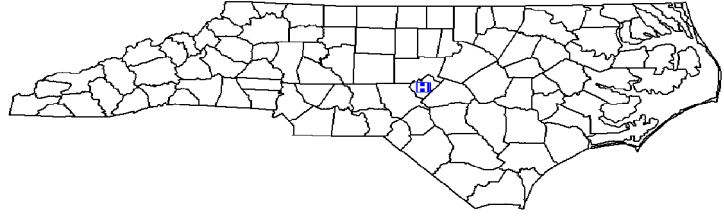
Data from January 1 – December 31, 2013

Central Carolina Hospital, Sanford, Lee County

2013 Hospital Survey Information

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

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

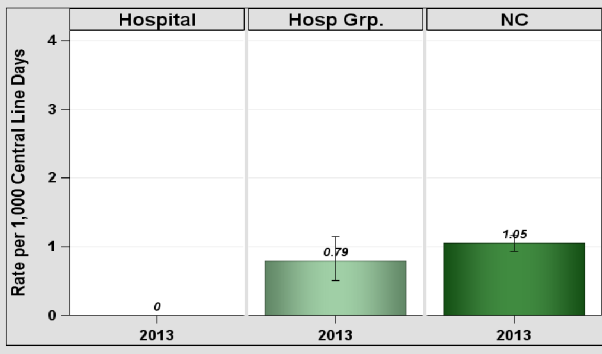


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	1,244	0

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	1	17,530	0.06

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.

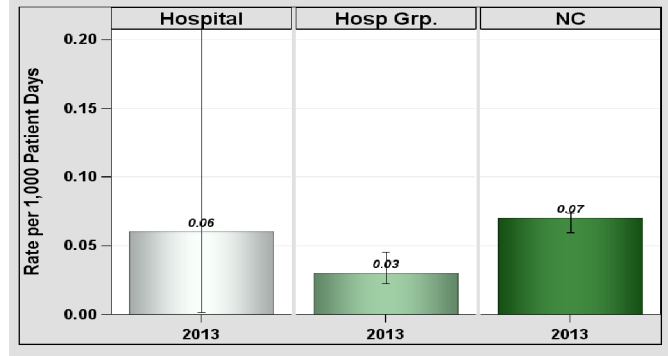


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

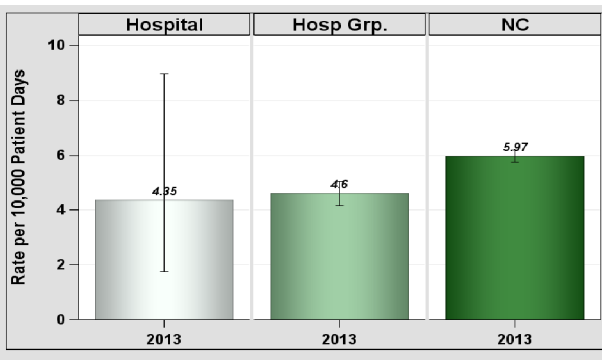


Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	7	16,095	4.35

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.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of March 18, 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)

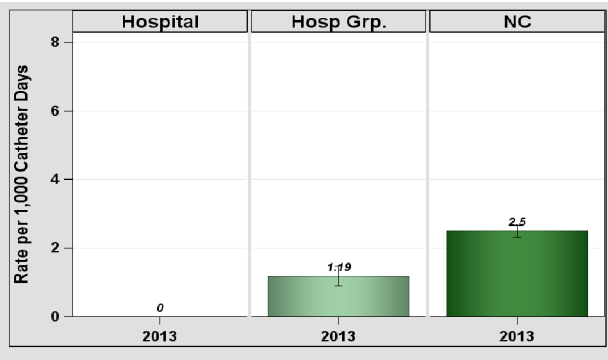


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	1,327	0

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	67	0

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.

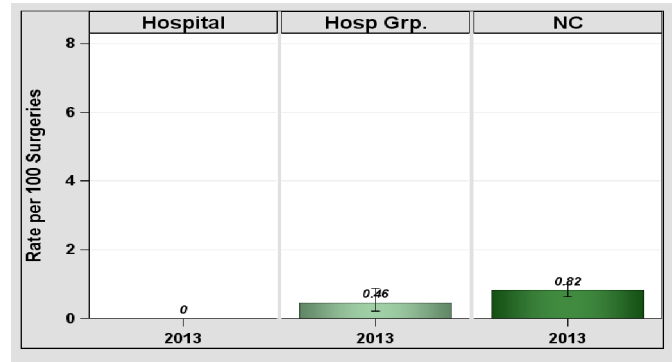


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

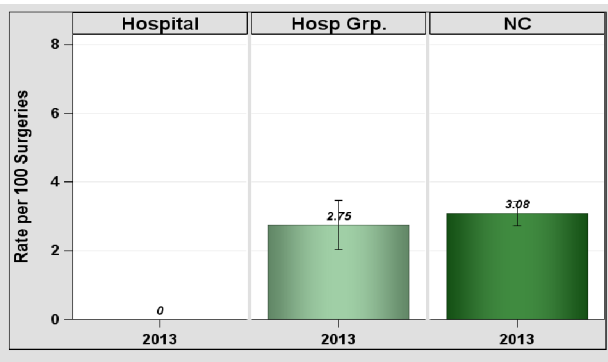


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	0	62	0

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.

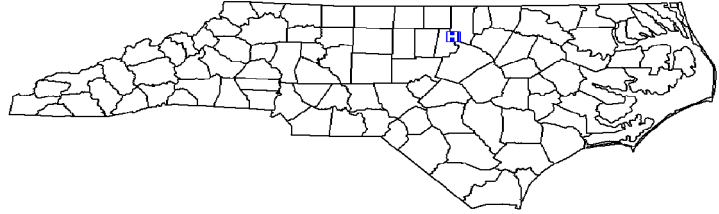
North Carolina Healthcare-Associated Infections Report

Data from January 1 – December 31, 2013

Central Regional Hospital, Butner, Granville County

2013 Hospital Survey Information

Hospital Type: Specialty Acute Care Hospital
 Profit Status: Government
 Admissions in 2013: 660
 Patient Days in 2013: 65,927
 Total Number of Beds: 405
 FTE* Infection Preventionists: 1.00
 Number of FTEs* per 100 beds: 0.25



*FTE = 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.

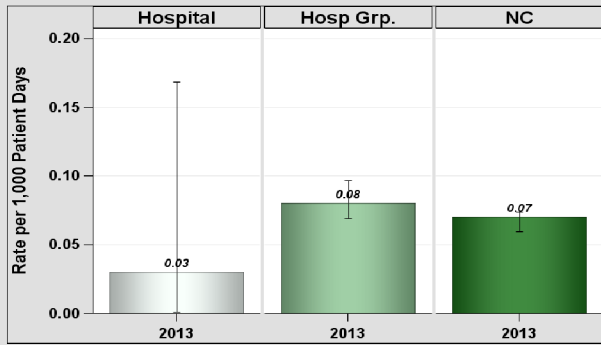


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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

Location	Infections	Patient Days	Rate
Facility-wide inpatient	1	33,079	0.03

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

Location	Infections	Patient Days	Rate
Facility-wide inpatient	4	88,422	0.45

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.

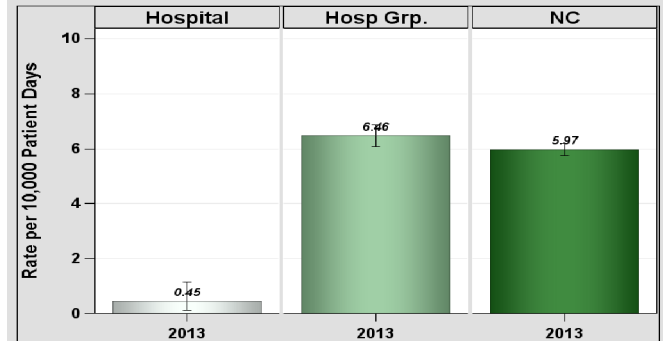


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

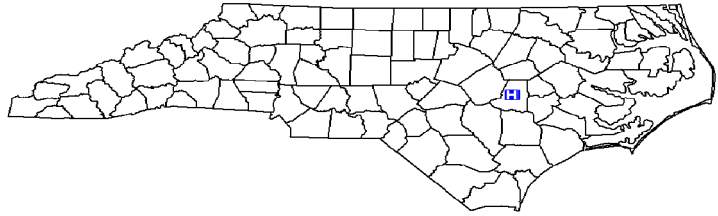
North Carolina Healthcare-Associated Infections Report

Data from January 1 – December 31, 2013

Cherry Hospital, Goldsboro, Wayne County

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



*FTE = 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.

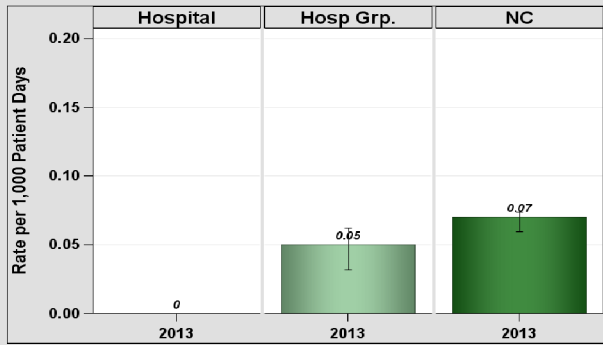


Table 1. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	63,357	0

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	63,357	0

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.

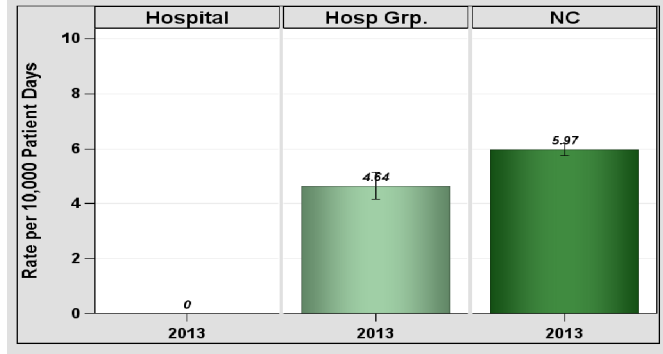


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

North Carolina Healthcare-Associated Infections Report

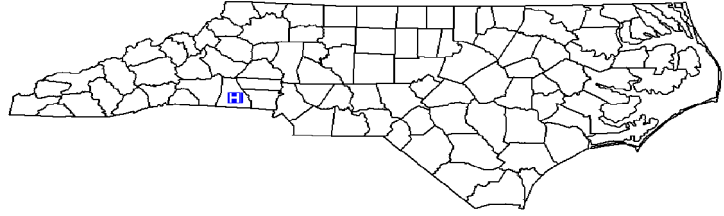
Data from January 1 – December 31, 2013

Cleveland Regional Medical Center, Shelby, Cleveland County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: No
 Profit Status: Not for Profit
 Admissions in 2013: 9,198
 Patient Days in 2013: 37,792
 Total Number of Beds: 241
 Number of ICU Beds: 18
 FTE* Infection Preventionists: 1.50
 Number of FTEs* per 100 beds: 0.62

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

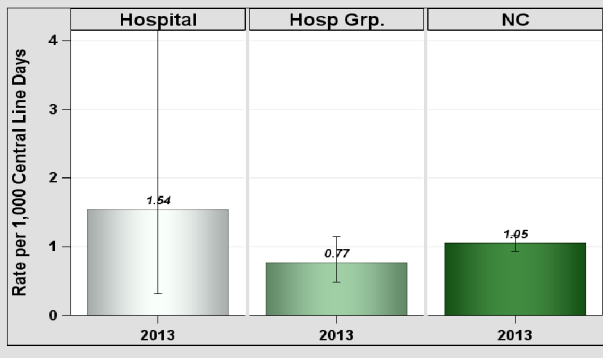


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	3	1,951	1.54

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	4	37,792	0.11

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.

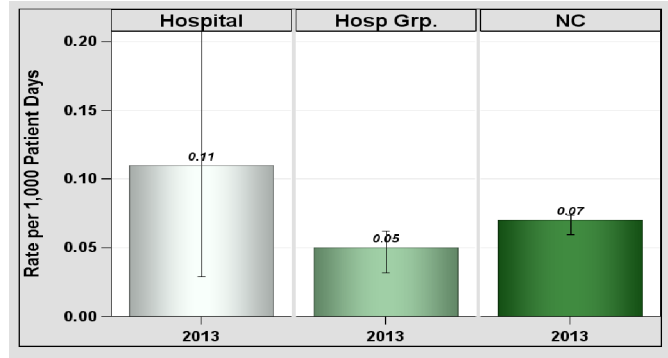


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

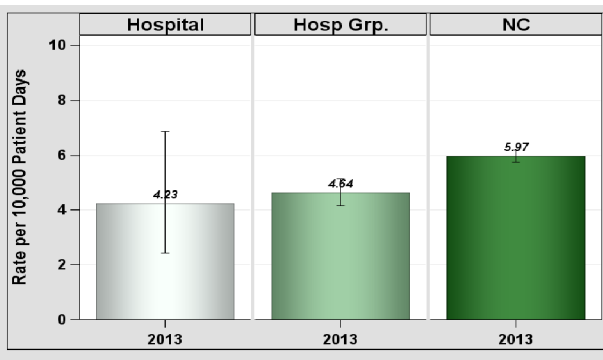


Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	16	37,792	4.23

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.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf). Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
 Cleveland Regional Medical Center, Shelby, Cleveland County

Catheter-Associated Urinary Tract Infections (CAUTI)

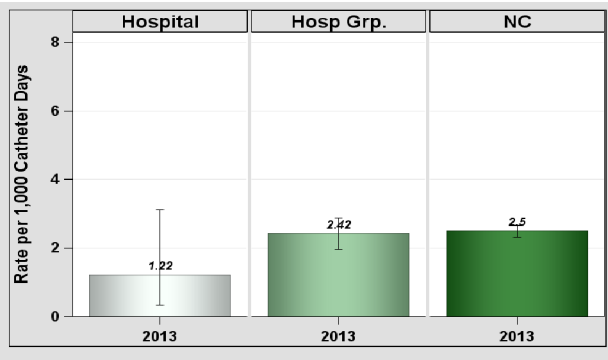


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	4	3,284	1.22

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	2	112	1.79

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.

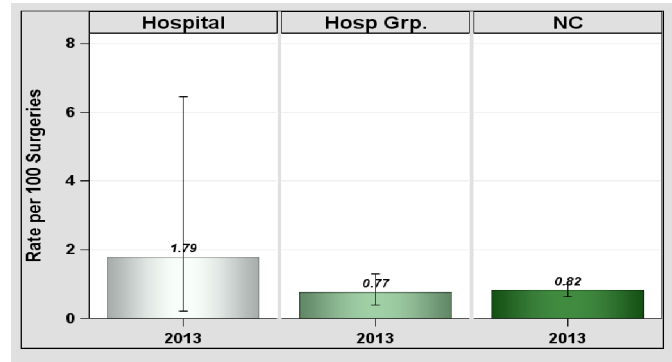


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

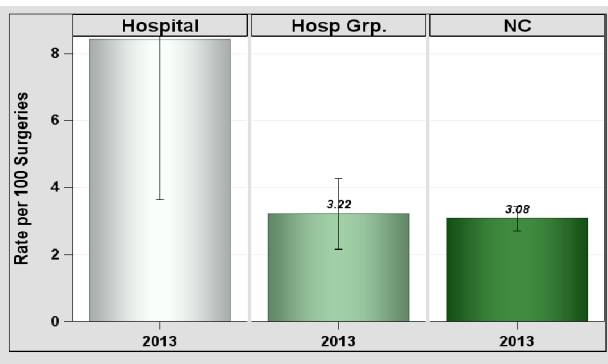


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	8	95	8.42

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.

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 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.

North Carolina Healthcare-Associated Infections Report

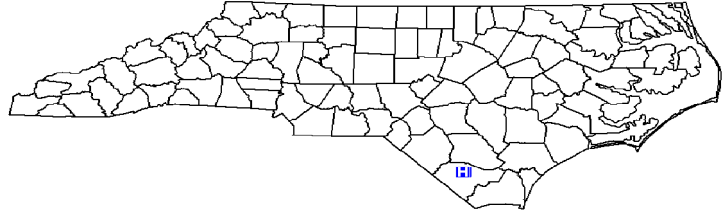
Data from January 1 – December 31, 2013

Columbus Regional Healthcare System, Whiteville, Columbus County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: No
 Profit Status: Not for Profit
 Admissions in 2013: 5,132
 Patient Days in 2013: 20,225
 Total Number of Beds: 86
 Number of ICU Beds: 9
 FTE* Infection Preventionists: 1.05
 Number of FTEs* per 100 beds: 1.22

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

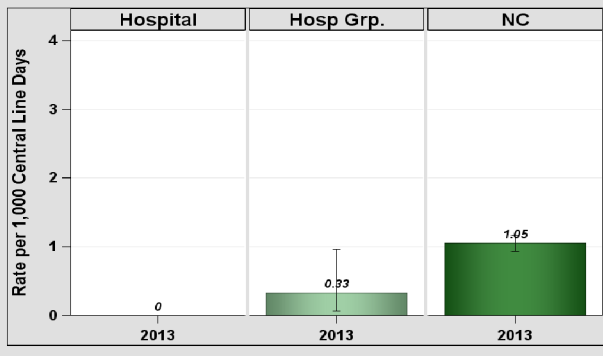


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	485	0

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	2	20,231	0.1

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.

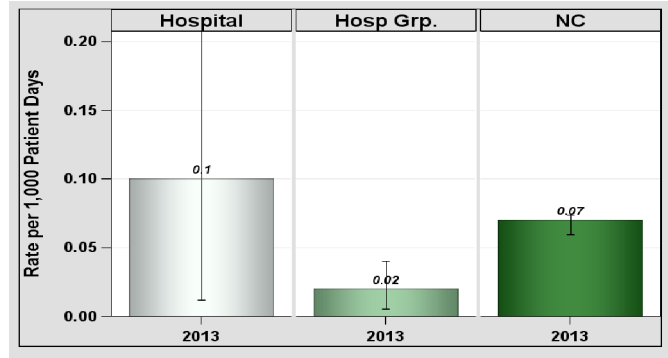


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

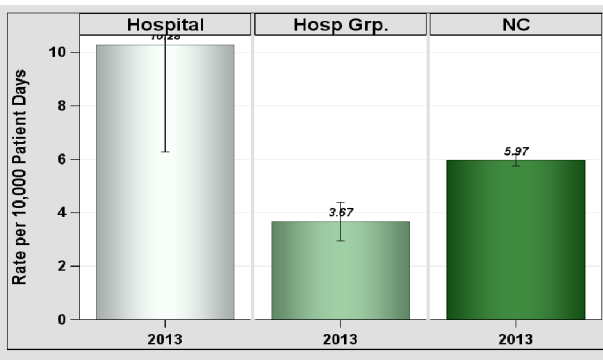


Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	20	19,452	10.3

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.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Columbus Regional Healthcare System, Whiteville, Columbus County

Catheter-Associated Urinary Tract Infections (CAUTI)

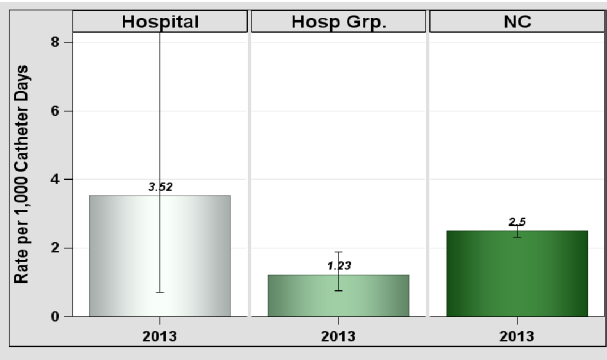


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	3	852	3.52

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	71	0

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.

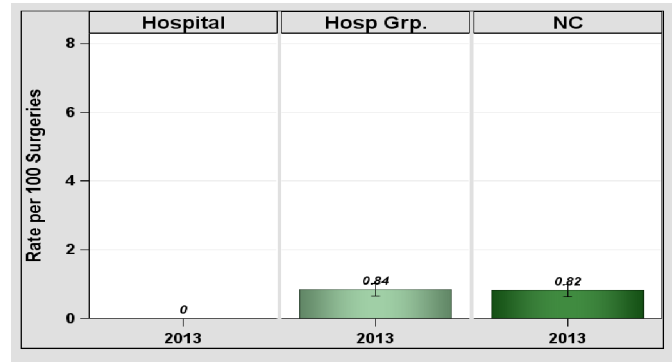


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

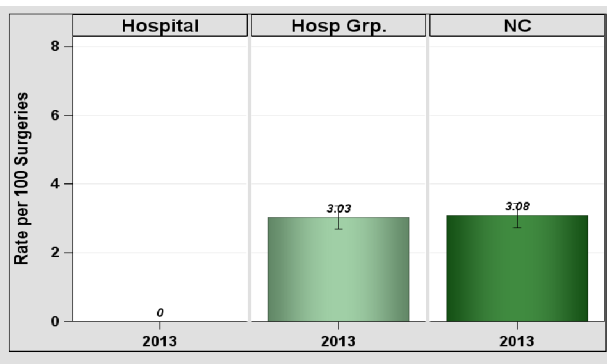


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	0	67	0

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.

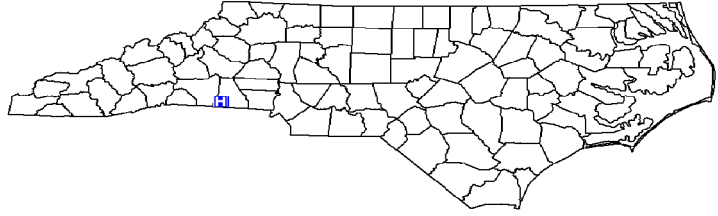
North Carolina Healthcare-Associated Infections Report

Data from January 1 – December 31, 2013

Crawley Memorial Hospital, Shelby, Cleveland County

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)

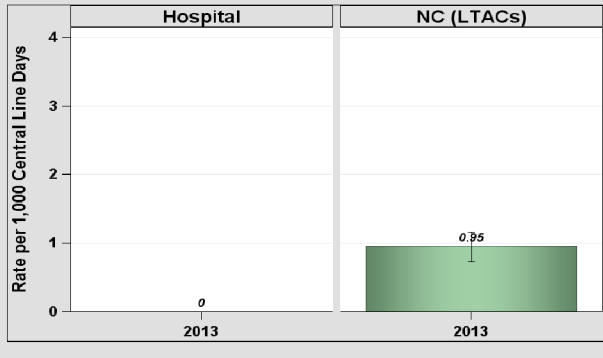


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

	Infections	Line Days	Rate
Total for Reporting Units	0	2,505	0.00

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.

	Infections	Catheter Days	Rate
Total for Reporting Units	1	1,410	0.71

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.

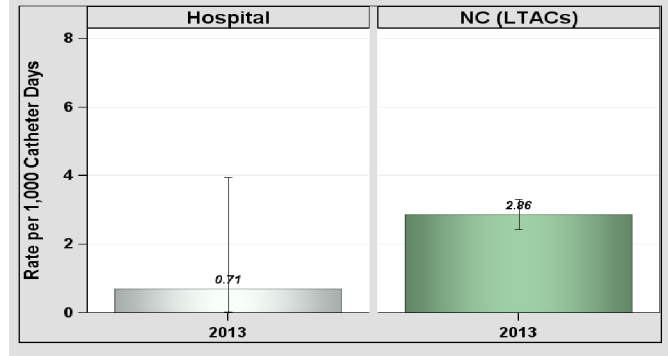


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

North Carolina Healthcare-Associated Infections Report

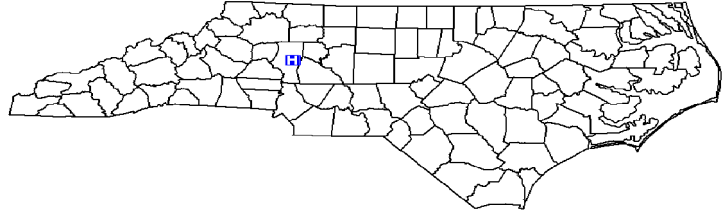
Data from January 1 – December 31, 2013

Davis Regional Medical Center, Statesville, Iredell County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: No
 Profit Status: For Profit
 Admissions in 2013: 4,000
 Patient Days in 2013: 19,524
 Total Number of Beds: 131
 Number of ICU Beds: 8
 FTE* Infection Preventionists: 1.00
 Number of FTEs* per 100 beds: 0.76

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

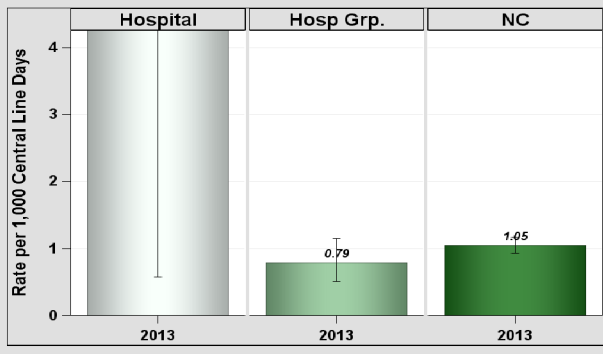


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	2	424	4.72

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	19,526	0

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.

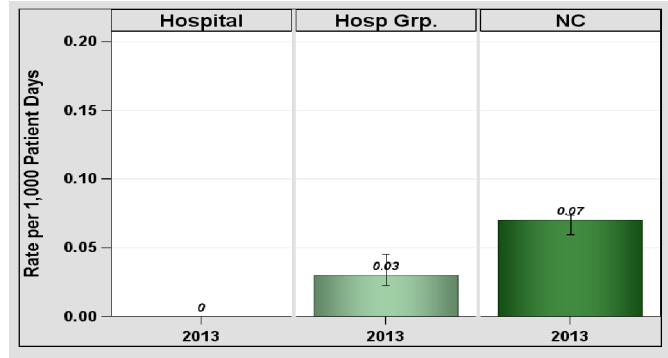


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

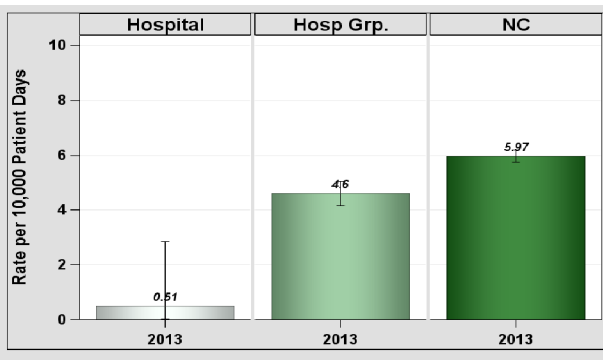


Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	1	19,526	0.51

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.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of March 18, 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)

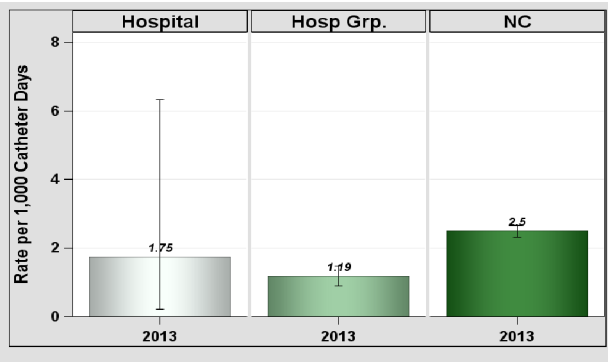


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	2	1,140	1.75

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	1	23	4.35

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.

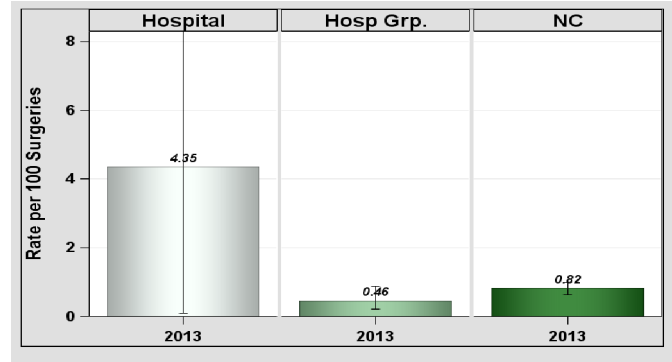


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

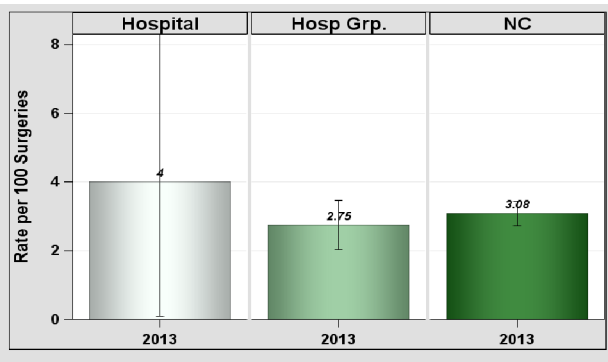


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	1	25	4

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.

North Carolina Healthcare-Associated Infections Report

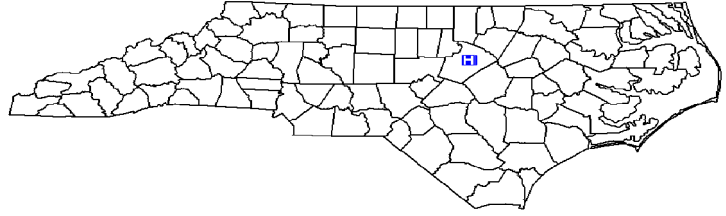
Data from January 1 – December 31, 2013

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)

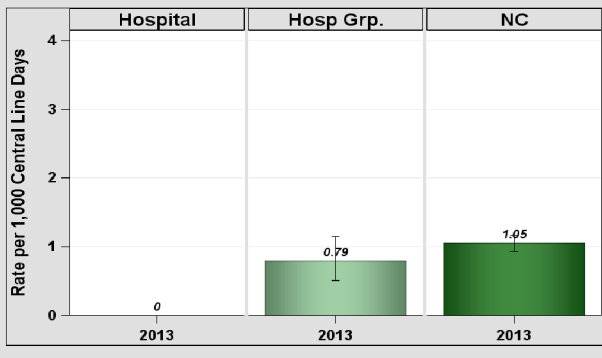


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	1,167	0

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	39,088	0

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.

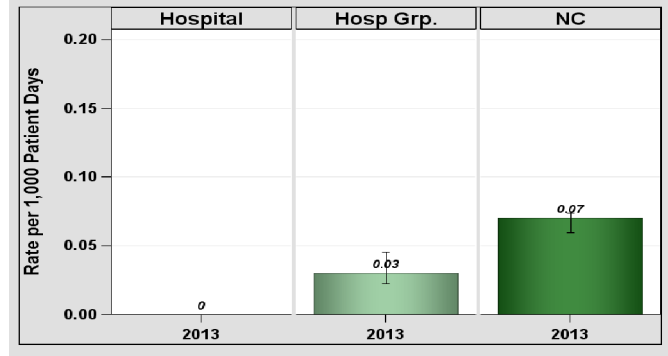


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

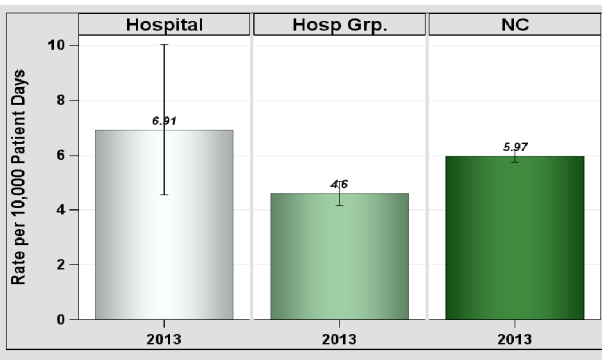


Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	27	39,088	6.91

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.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of March 18, 2014.

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)

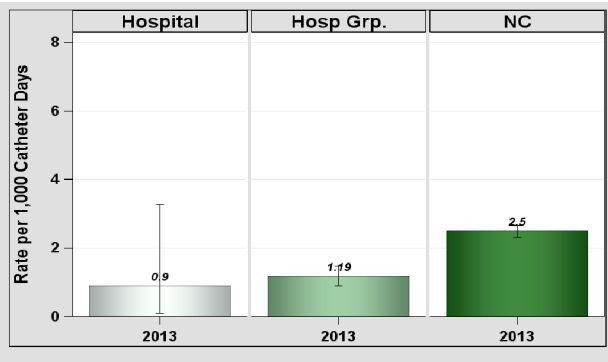


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	2	2,210	0.9

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	108	0

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.

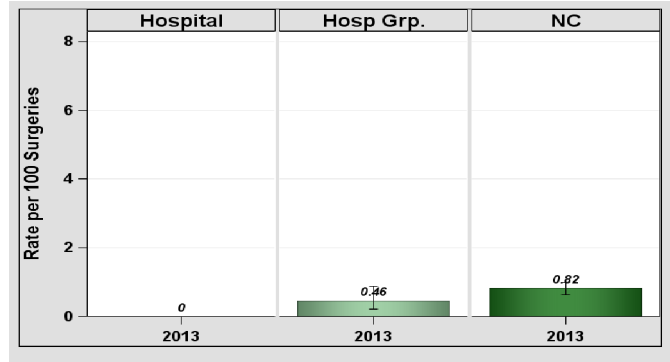


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

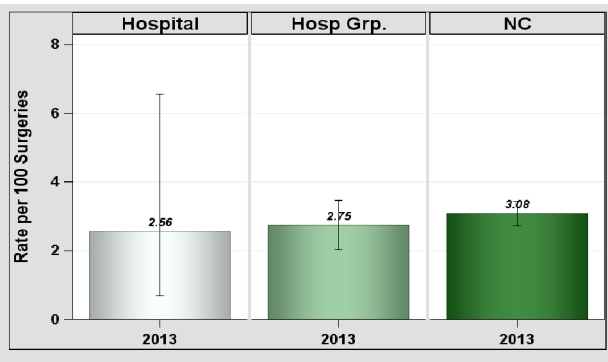


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	4	156	2.56

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.

North Carolina Healthcare-Associated Infections Report

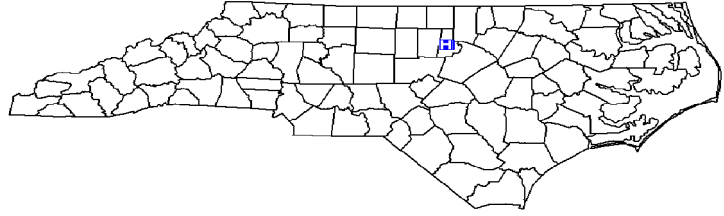
Data from January 1 – December 31, 2013

Duke Regional Hospital, Durham, Durham County

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 (CLABSI)

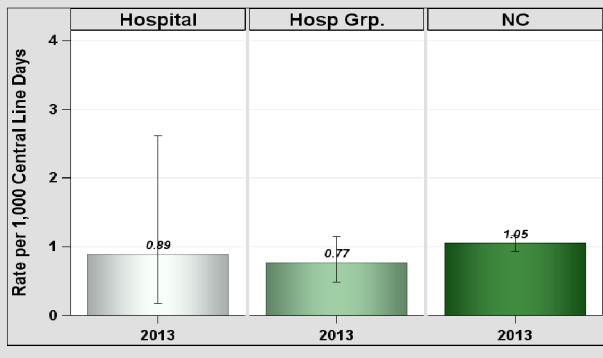


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	3	3,357	0.89

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	1	75,194	0.01

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.

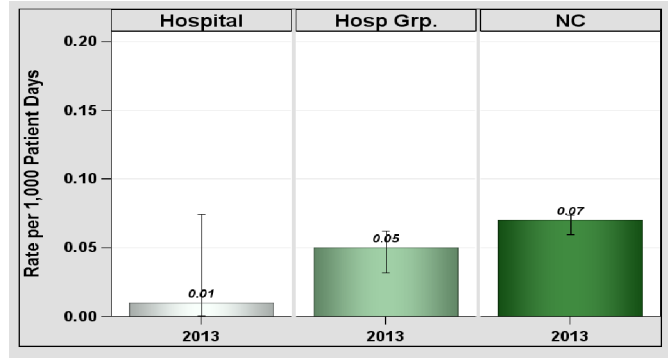


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

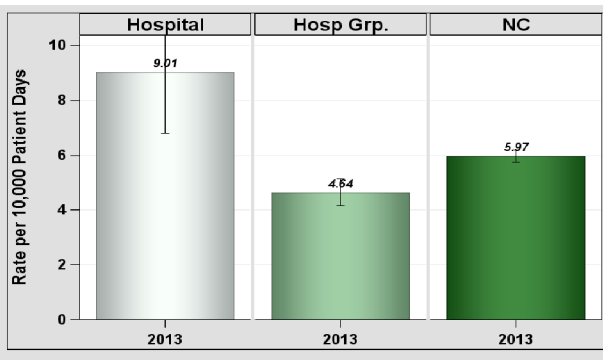


Figure 3. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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

Location	Infections	Patient Days	Rate
Facility-wide inpatient	64	71,023	9.01

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.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
 Duke Regional Hospital, Durham, Durham County

Catheter-Associated Urinary Tract Infections (CAUTI)

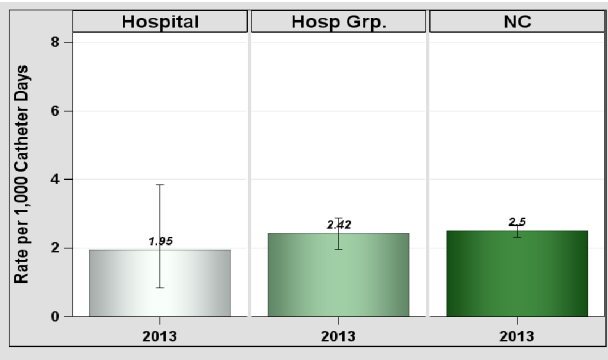


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	8	4,093	1.95

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	282	0

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.

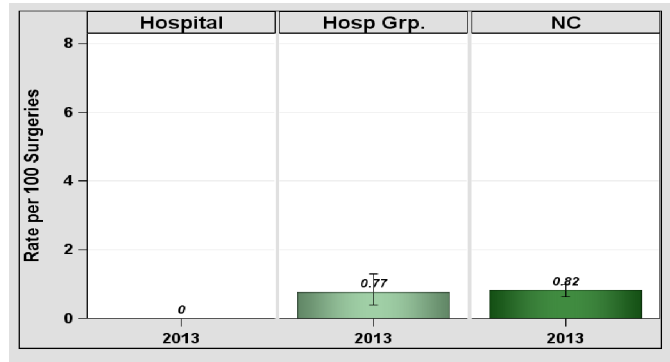


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

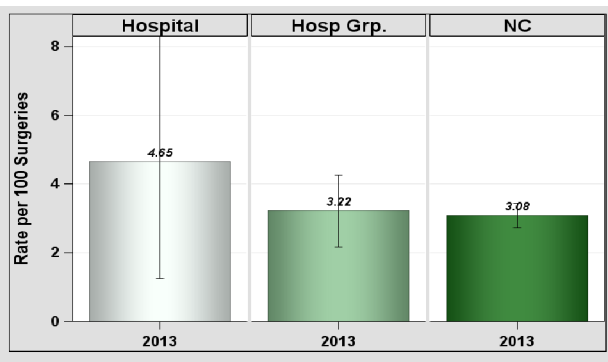


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	4	86	4.65

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.

North Carolina Healthcare-Associated Infections Report

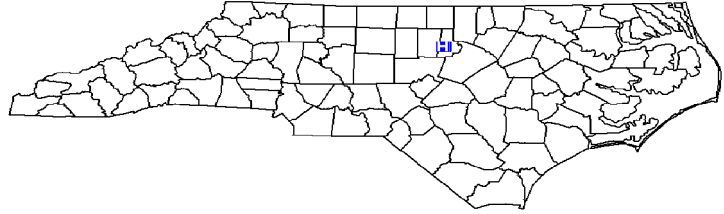
Data from January 1 – December 31, 2013

Duke University Hospital, Durham, Durham County

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)

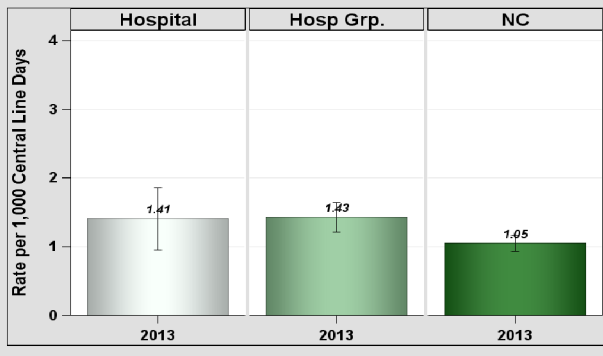


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	36	25,556	1.41

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	15	274,829	0.05

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.

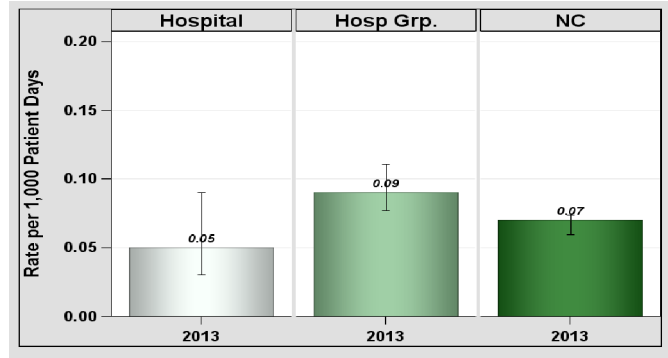


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

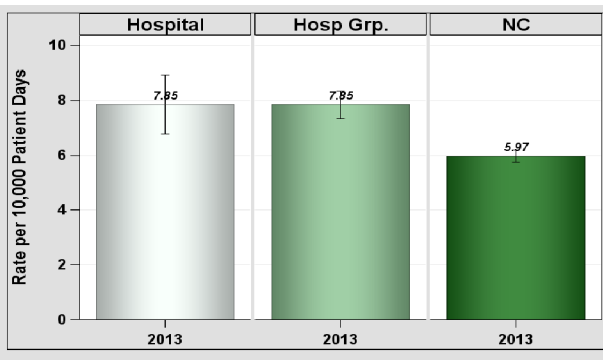


Figure 3. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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

Location	Infections	Patient Days	Rate
Facility-wide inpatient	204	259,758	7.85

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.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Duke University Hospital, Durham, Durham County

Catheter-Associated Urinary Tract Infections (CAUTI)

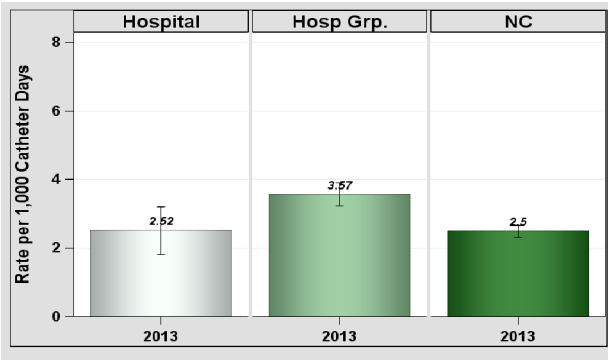


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	50	19,850	2.52

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	386	0

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.

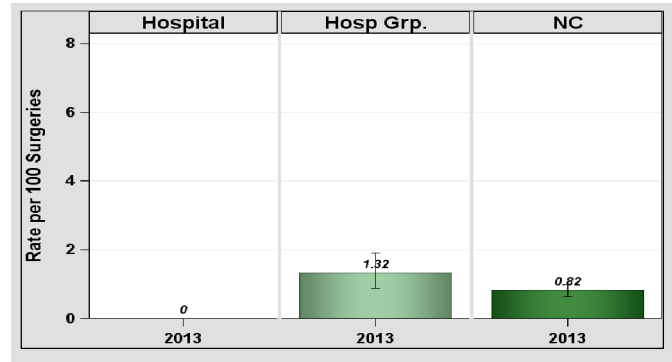


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

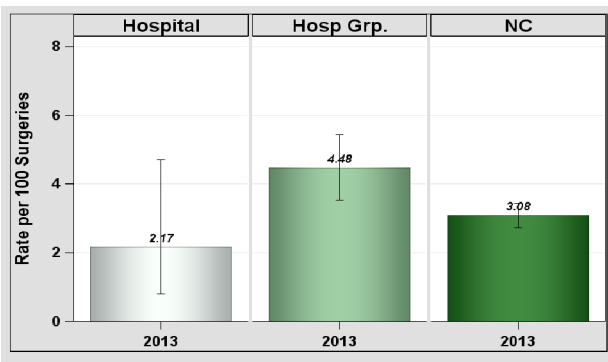


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	6	277	2.17

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.

North Carolina Healthcare-Associated Infections Report

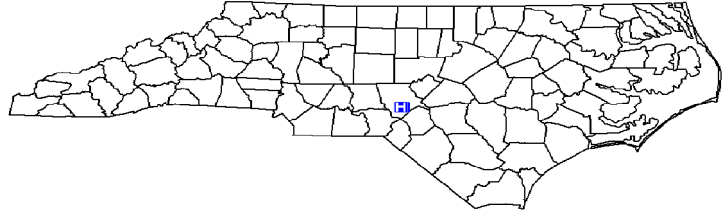
Data from January 1 – December 31, 2013

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)

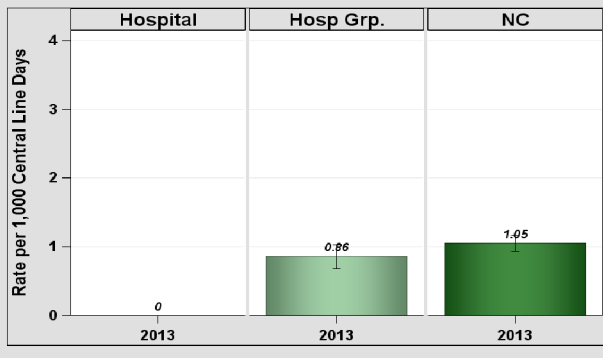


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	5,729	0

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	8	108,641	0.07

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.

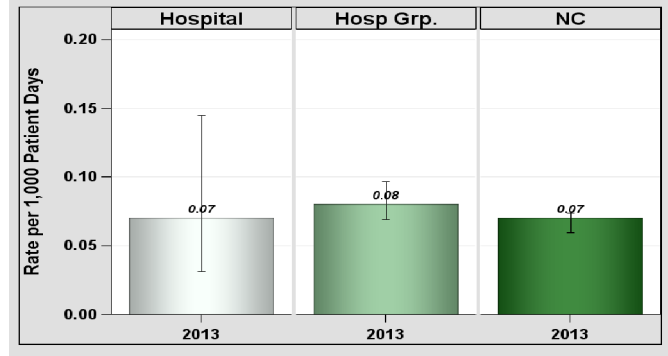


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

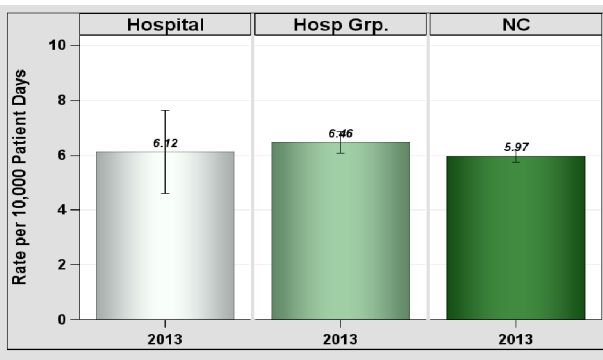


Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	63	102,891	6.12

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.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of March 18, 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)

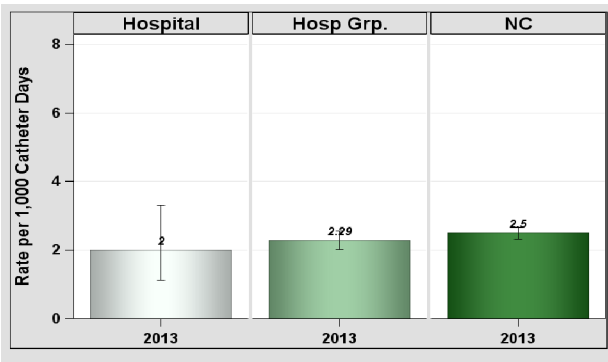


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	15	7,497	2

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	91	0

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.

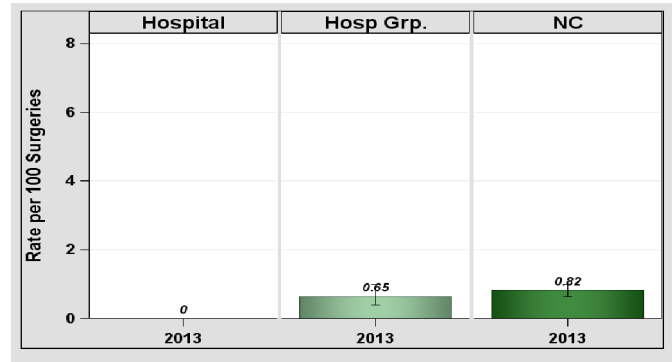


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

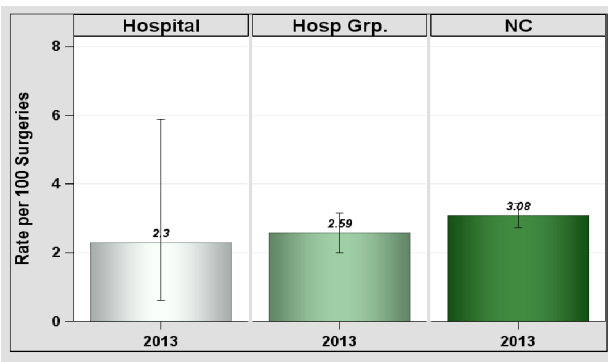


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	4	174	2.3

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.

North Carolina Healthcare-Associated Infections Report

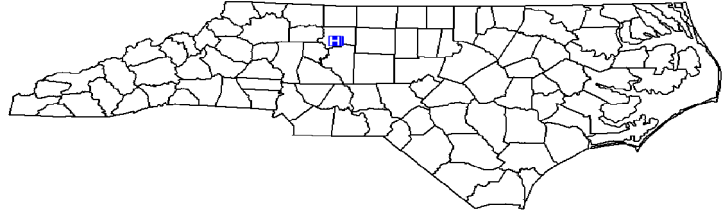
Data from January 1 – December 31, 2013

Forsyth Medical Center, Winston Salem, Forsyth County

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
 FTE* Infection Preventionists: 5.00
 Number of FTEs* per 100 beds: 0.55

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

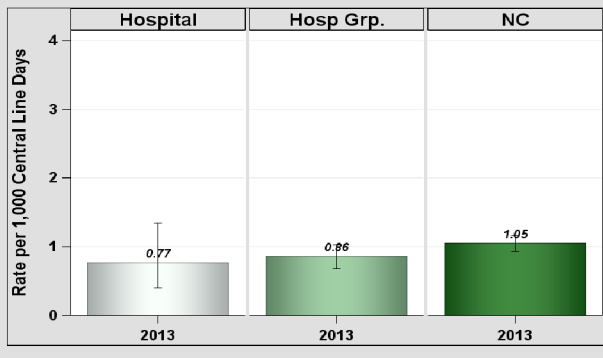


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	12	15,650	0.77

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	22	235,066	0.09

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.

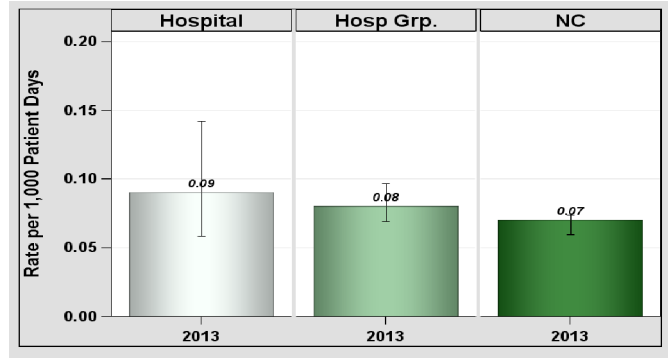


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

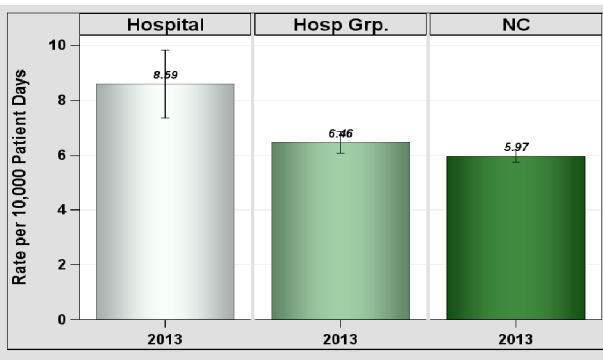


Figure 3. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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

Location	Infections	Patient Days	Rate
Facility-wide inpatient	190	221,120	8.59

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.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Forsyth Medical Center, Winston Salem, Forsyth County

Catheter-Associated Urinary Tract Infections (CAUTI)

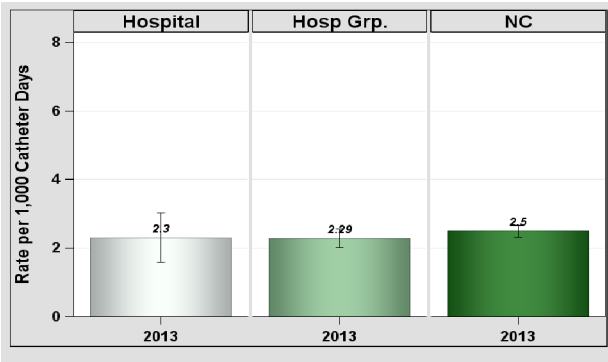


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	39	16,976	2.3

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	2	163	1.23

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.

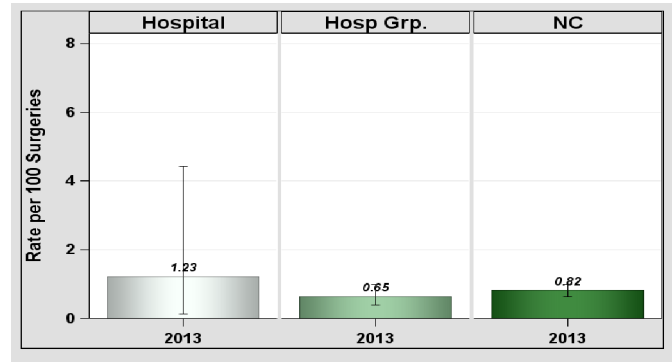


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

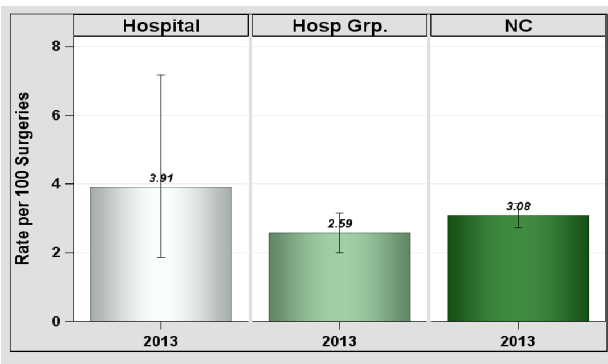


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	10	256	3.91

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.

North Carolina Healthcare-Associated Infections Report

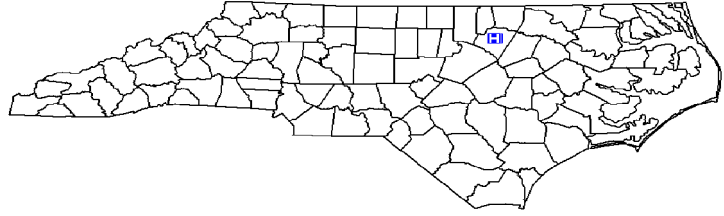
Data from January 1 – December 31, 2013

Franklin Regional Medical Center, Louisburg, Franklin County

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



Central Line-Associated Bloodstream Infections (CLABSI)

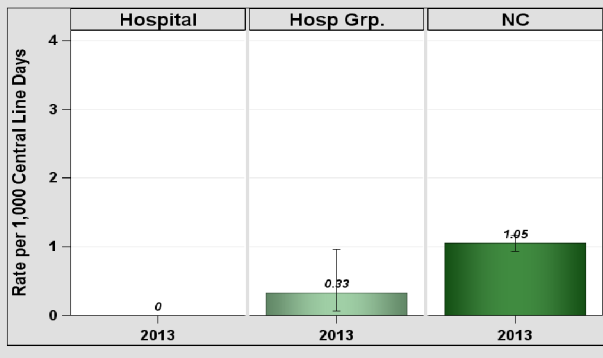


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	163	0

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	3,872	0

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.

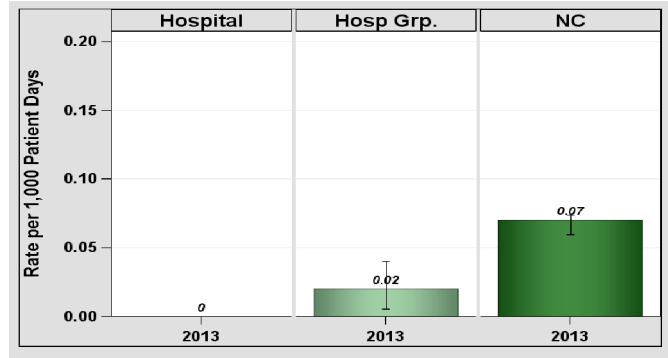


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

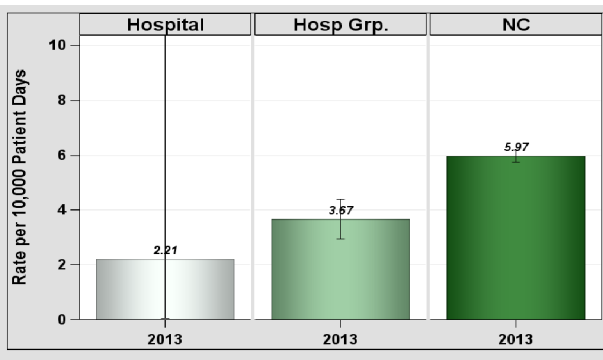


Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	1	4,531	2.21

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.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
 Franklin Regional Medical Center, Louisburg, Franklin County

Catheter-Associated Urinary Tract Infections (CAUTI)

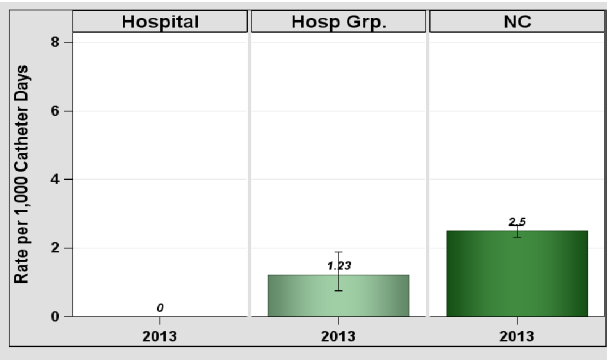


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	376	0

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	0	.

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.

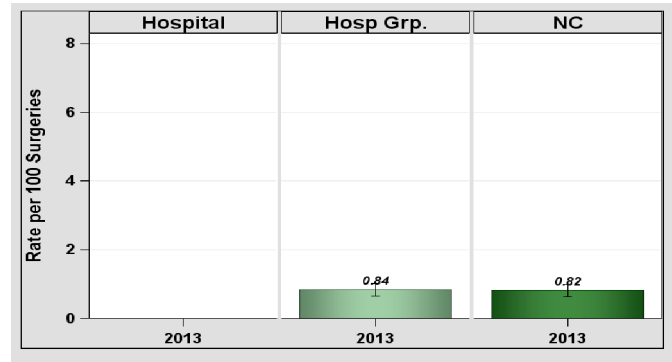


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

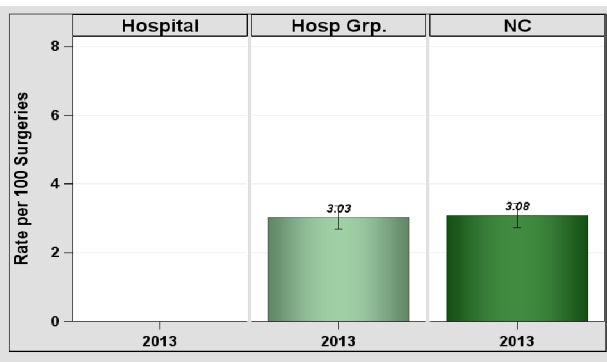


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	0	0	.

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.

North Carolina Healthcare-Associated Infections Report

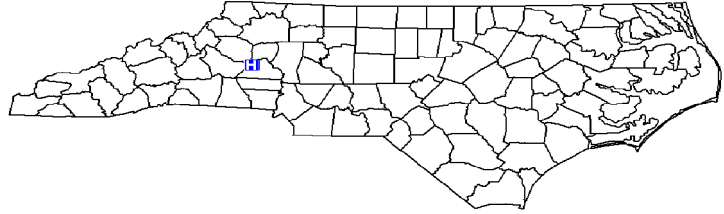
Data from January 1 – December 31, 2013

Frye Regional Medical Center, Hickory, Catawba County

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)

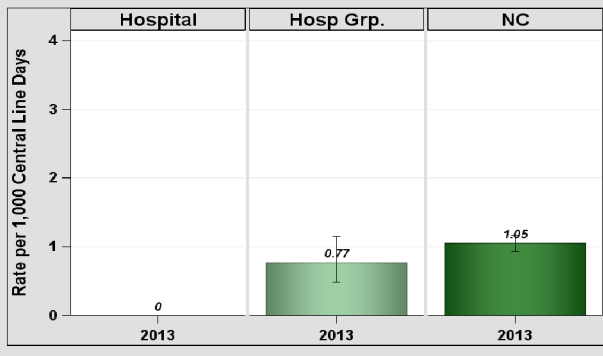


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	2,738	0

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	37,395	0

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.

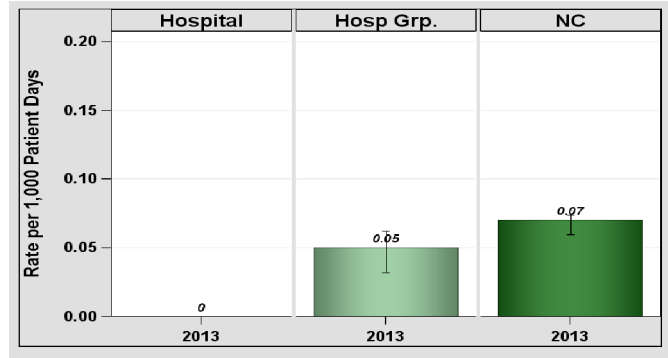


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

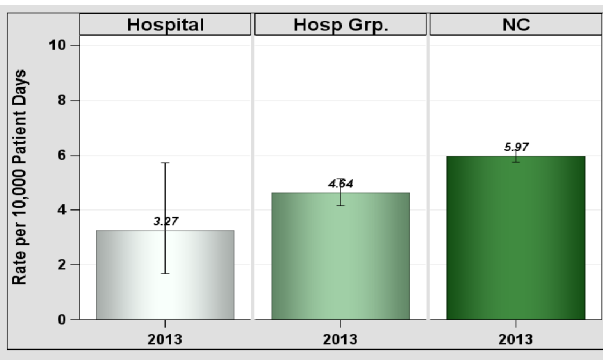


Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	12	36,702	3.27

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.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
 Frye Regional Medical Center, Hickory, Catawba County

Catheter-Associated Urinary Tract Infections (CAUTI)

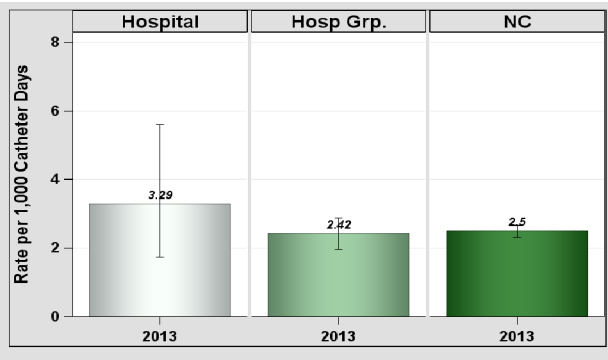


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	13	3,955	3.29

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	1	67	1.49

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.

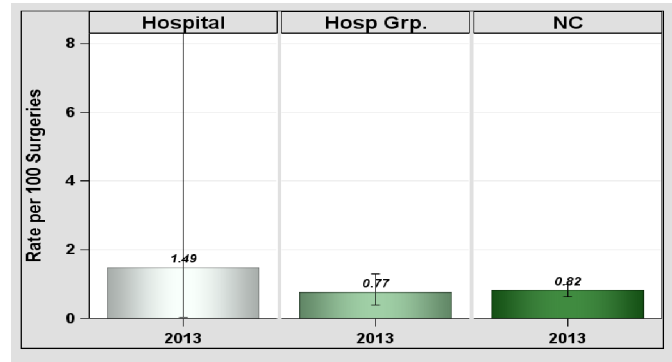


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

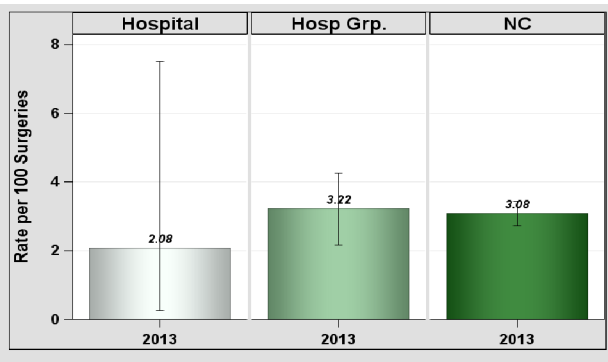


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	2	96	2.08

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:

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.

North Carolina Healthcare-Associated Infections Report

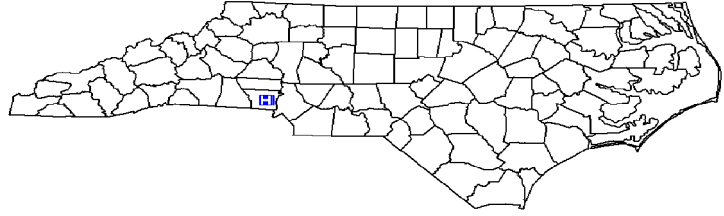
Data from January 1 – December 31, 2013

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)

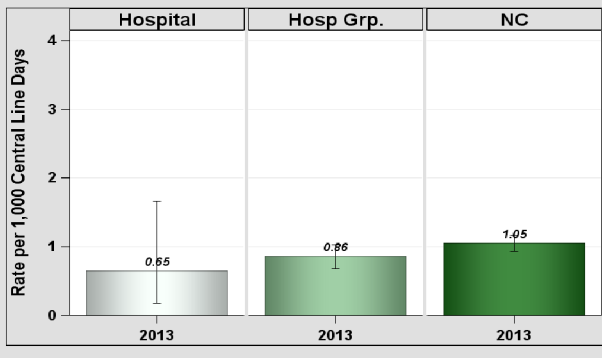


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	4	6,157	0.65

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	6	101,063	0.06

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.

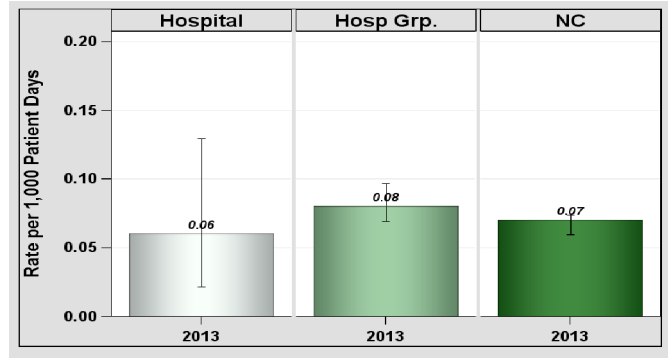


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

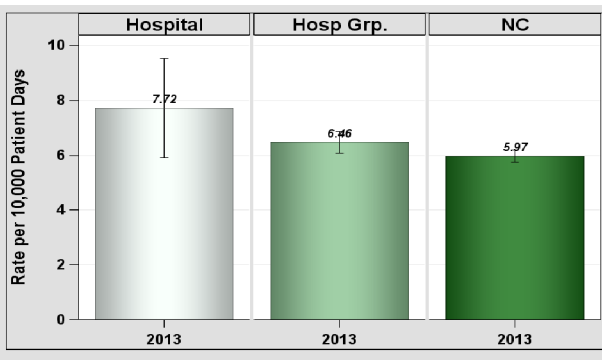


Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	71	91,973	7.72

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.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of March 18, 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)

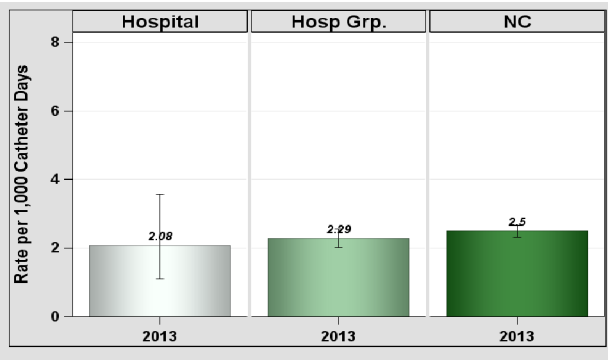


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	13	6,237	2.08

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	1	171	0.58

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.

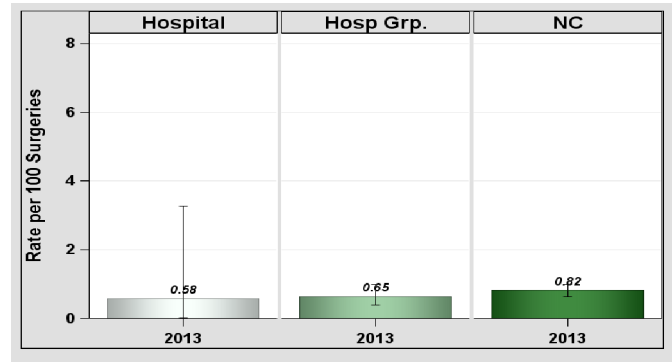


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

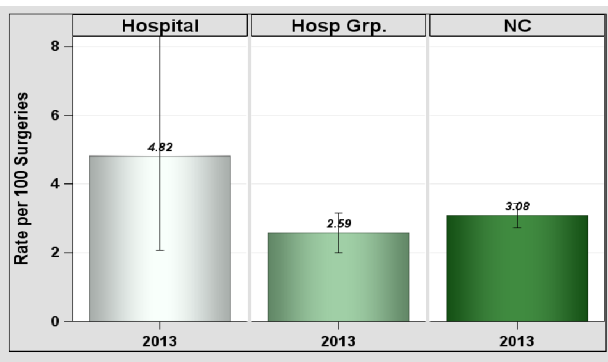


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	8	166	4.82

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.

North Carolina Healthcare-Associated Infections Report

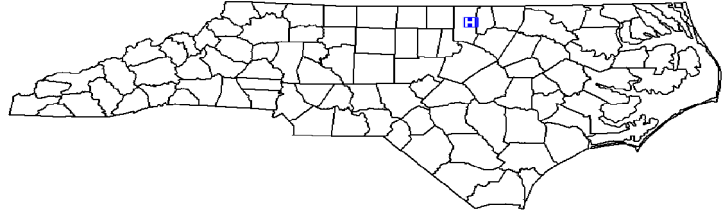
Data from January 1 – December 31, 2013

Granville Medical Center, Oxford, Granville County

2013 Hospital Survey Information

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)

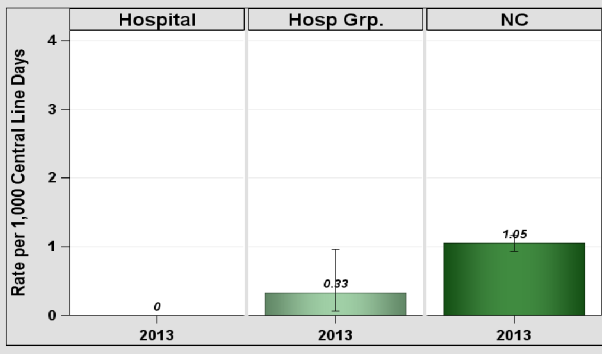


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	473	0

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	7,956	0

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.

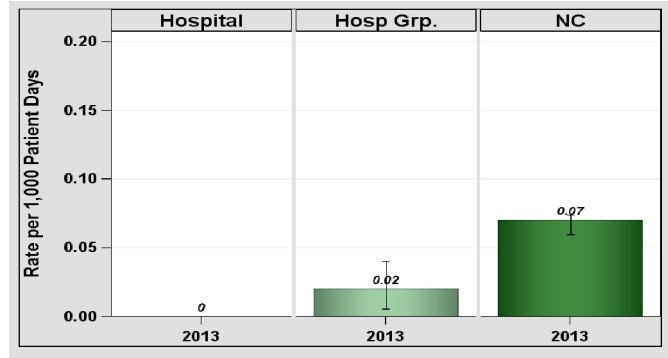


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

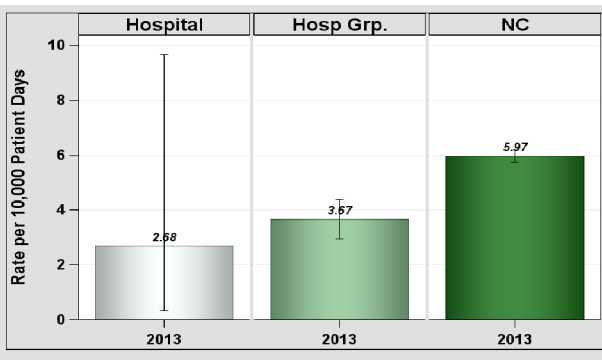


Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	2	7,462	2.68

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.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
 Granville Medical Center, Oxford, Granville County

Catheter-Associated Urinary Tract Infections (CAUTI)

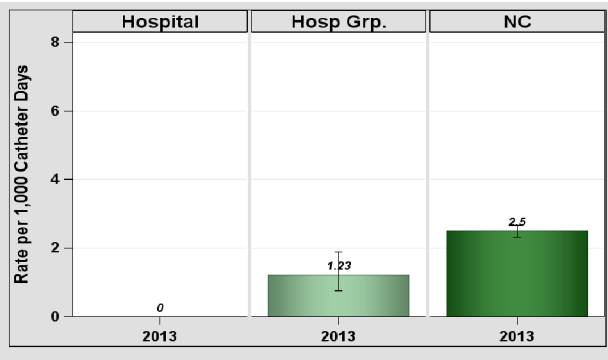


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	752	0

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	28	0

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.

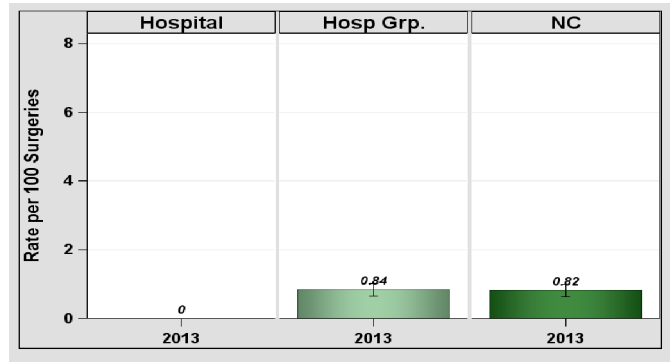


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

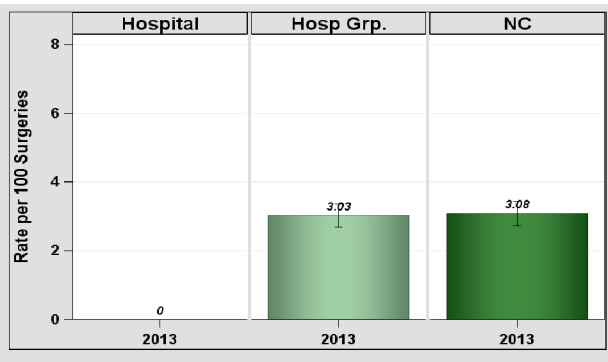


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	0	23	0

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

Halifax Regional Medical Center, Roanoke Rapids, Halifax County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: No
 Profit Status: Not for Profit
 Admissions in 2013: 5,414
 Patient Days in 2013: 26,620
 Total Number of Beds: 114
 Number of ICU Beds: 10
 FTE* Infection Preventionists: 1.00
 Number of FTEs* per 100 beds: 0.88

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

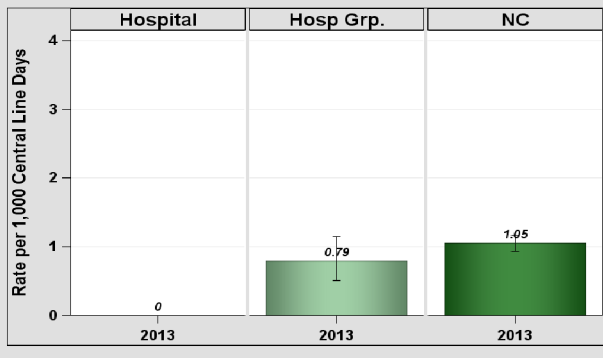


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	427	0

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	1	22,405	0.04

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.

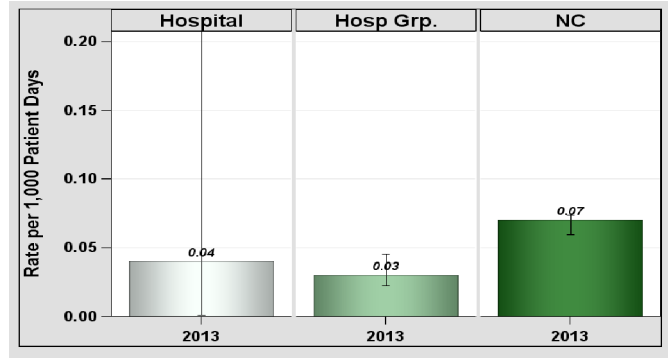


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

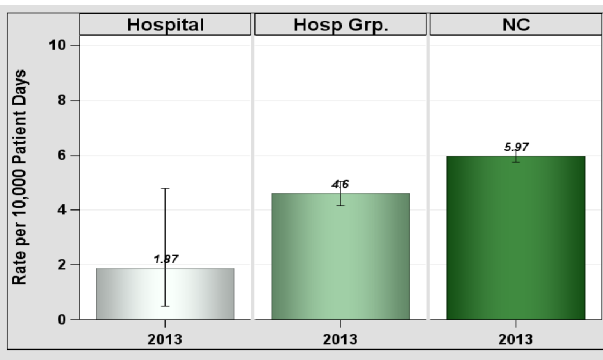


Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	4	21,394	1.87

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.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
 Halifax Regional Medical Center, Roanoke Rapids, Halifax County

Catheter-Associated Urinary Tract Infections (CAUTI)

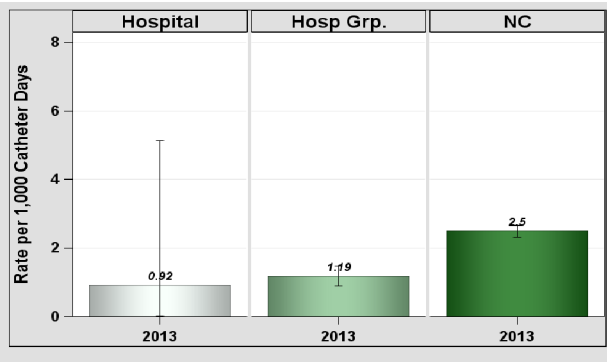


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	1	1,086	0.92

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	26	0

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.

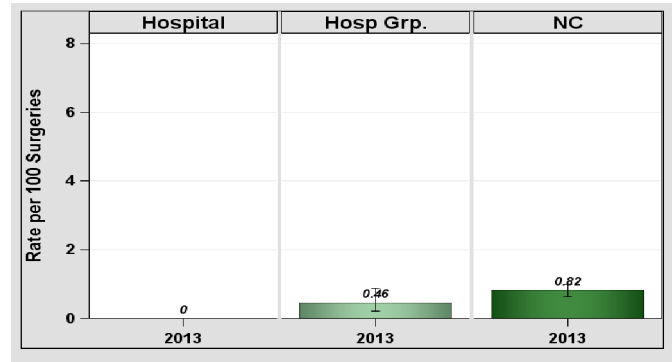


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

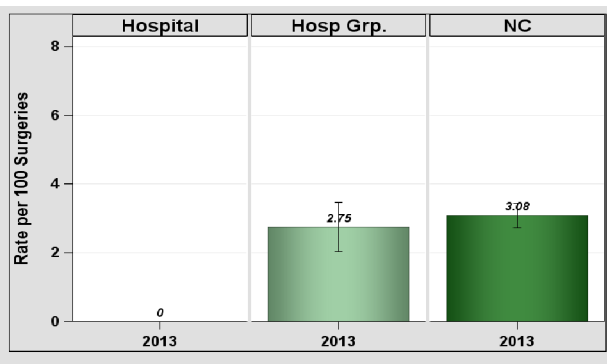


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	0	29	0

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

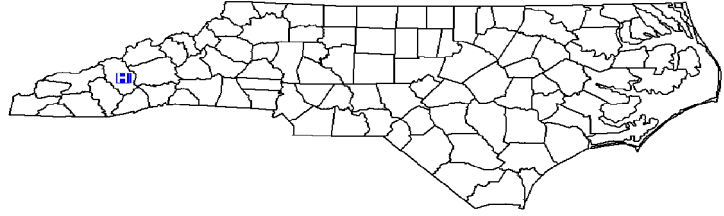
Data from January 1 – December 31, 2013

Haywood Regional Medical Center, Clyde, Haywood County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: No
 Profit Status: Not for Profit
 Admissions in 2013: 5,936
 Patient Days in 2013: 21,523
 Total Number of Beds: 100
 Number of ICU Beds: 12
 FTE* Infection Preventionists: 1.00
 Number of FTEs* per 100 beds: 1.00

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

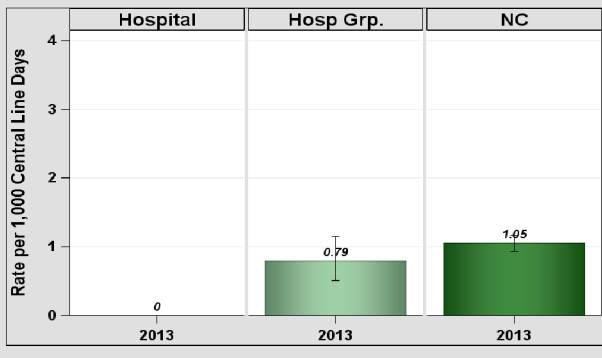


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	379	0

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	22,799	0

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.

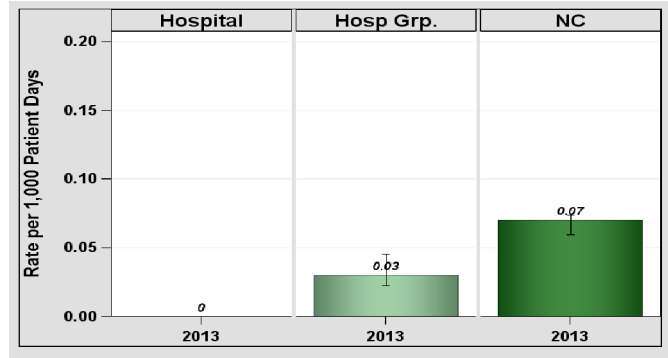


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

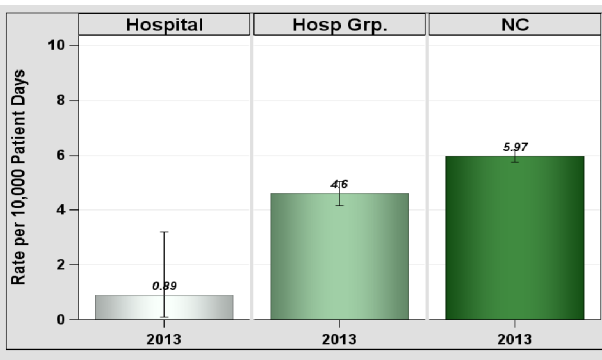


Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	2	22,439	0.89

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.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
 Haywood Regional Medical Center, Clyde, Haywood County

Catheter-Associated Urinary Tract Infections (CAUTI)

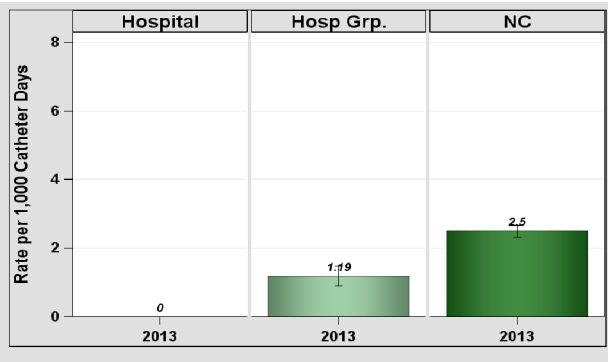


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	738	0

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	51	0

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.

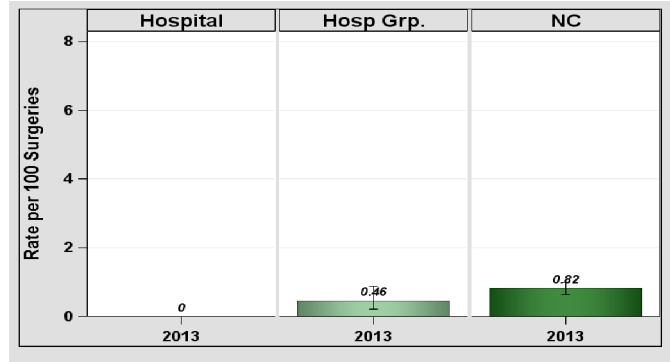


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

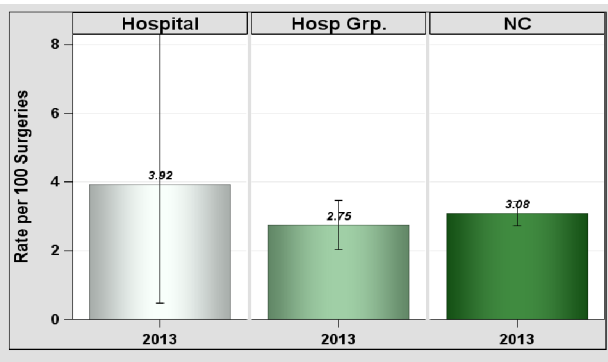


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	2	51	3.92

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 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

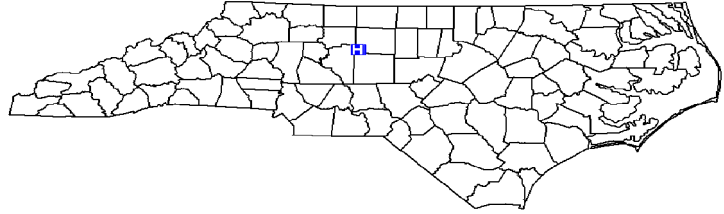
Data from January 1 – December 31, 2013

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)

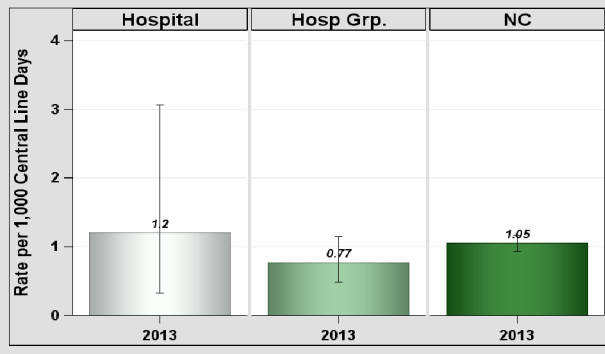


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	4	3,341	1.2

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	2	71,696	0.03

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.

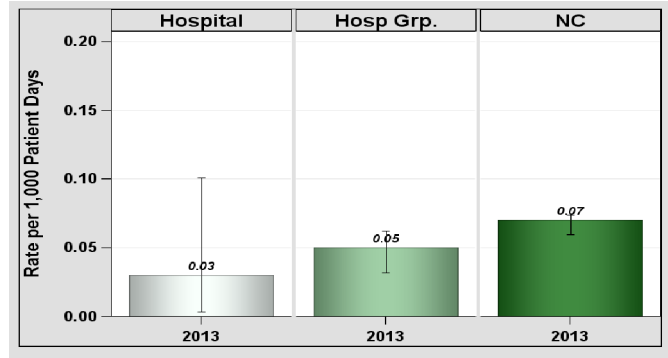


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

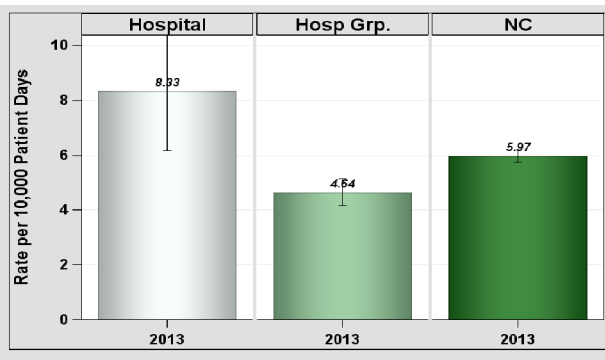


Figure 3. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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

Location	Infections	Patient Days	Rate
Facility-wide inpatient	57	68,438	8.33

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.

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)

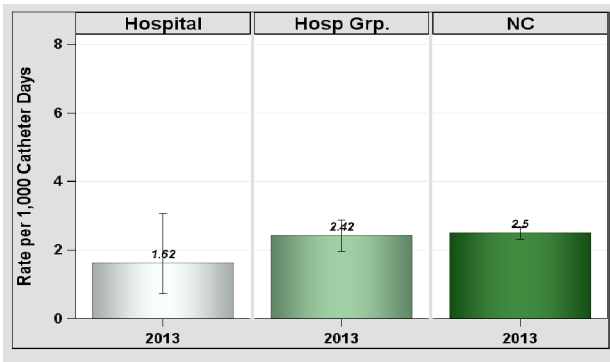


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	9	5,554	1.62

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	161	0

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.

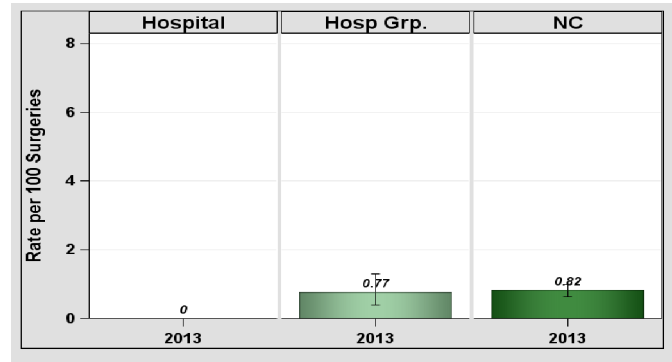


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

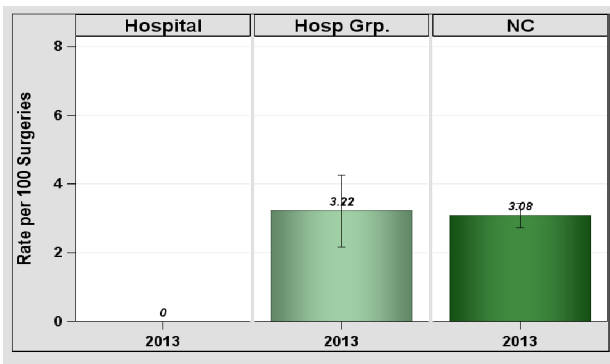


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	0	107	0

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.

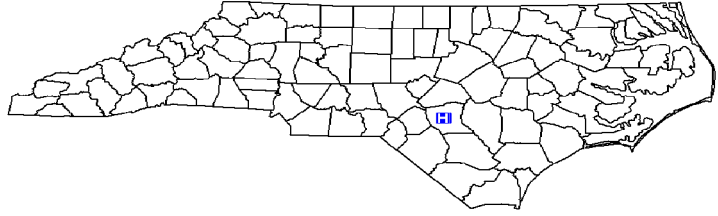
North Carolina Healthcare-Associated Infections Report

Data from January 1 – December 31, 2013

Highsmith Rainey Specialty Hospital, Fayetteville, Cumberland County

2013 Hospital Survey Information

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)

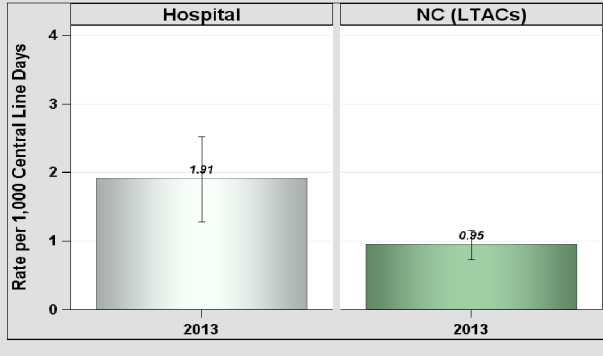


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

	Infections	Line Days	Rate
Total for Reporting Units	36	18,881	1.91

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.

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.

	Infections	Catheter Days	Rate
Total for Reporting Units	102	11,510	8.86

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.

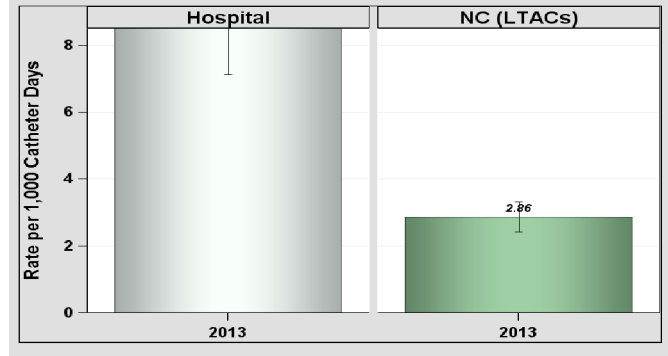


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

North Carolina Healthcare-Associated Infections Report

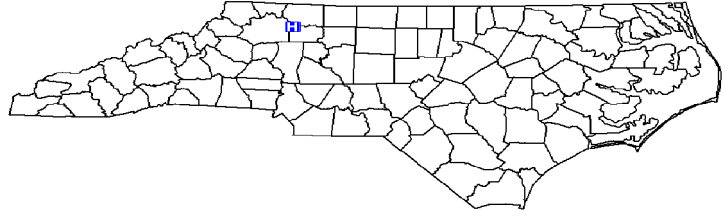
Data from January 1 – December 31, 2013

Hugh Chatham Memorial Hospital, Elkin, Surry County

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)

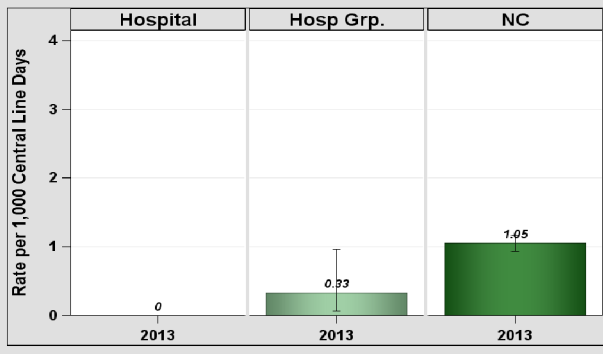


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	170	0

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	14,870	0

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.

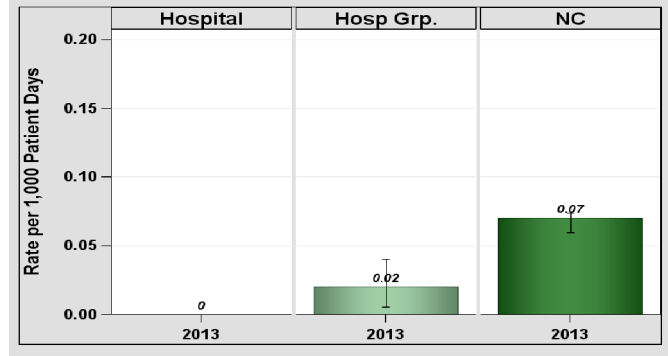


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

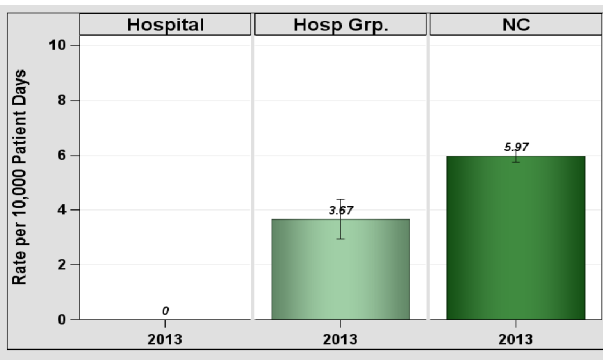


Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	12,187	0

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

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
 Hugh Chatham Memorial Hospital, Elkin, Surry County

Catheter-Associated Urinary Tract Infections (CAUTI)

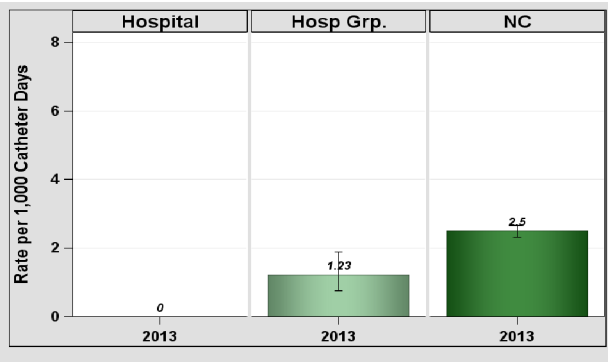


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	343	0

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	67	0

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.

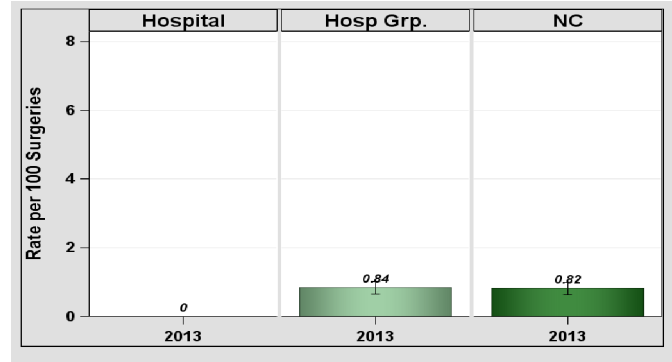


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

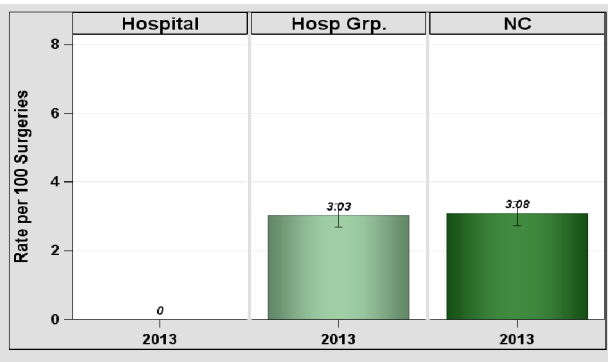


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	0	31	0

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

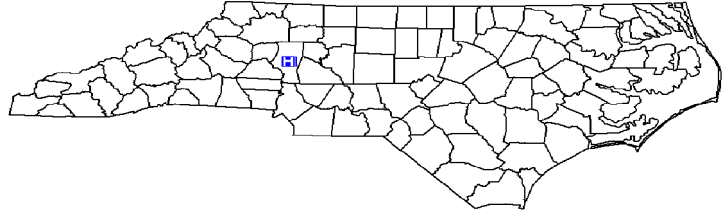
Data from January 1 – December 31, 2013

Iredell Memorial Hospital, Statesville, Iredell County

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)

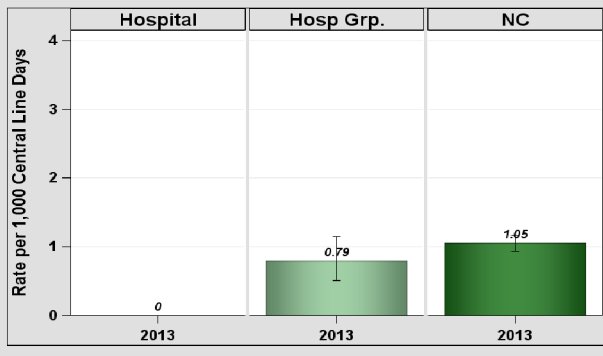


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	1,644	0

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	41,539	0

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.

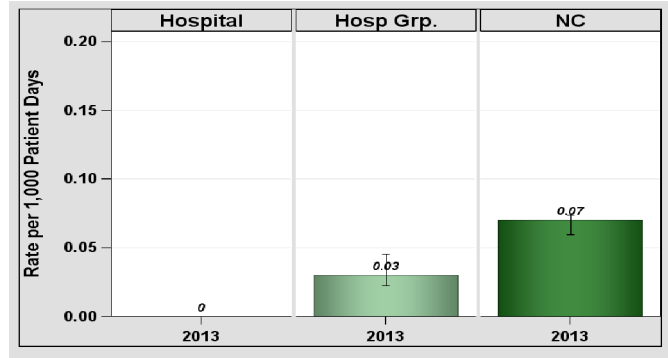


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

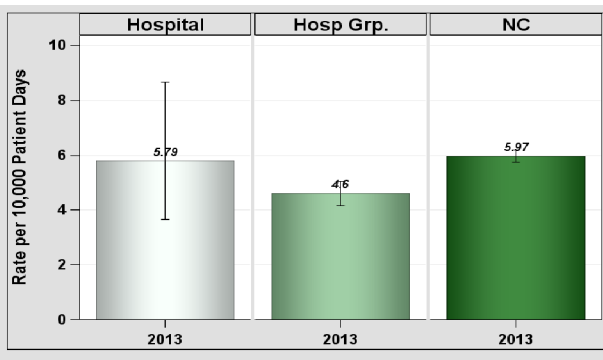


Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	23	39,755	5.79

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.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report

Data from January 1 – December 31, 2013

Iredell Memorial Hospital, Statesville, Iredell County

Catheter-Associated Urinary Tract Infections (CAUTI)

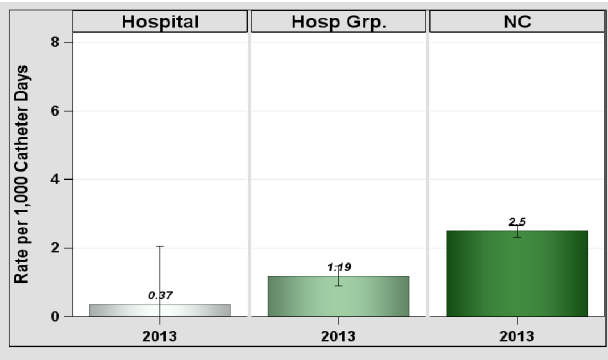


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	1	2,698	0.37

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	91	0

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.

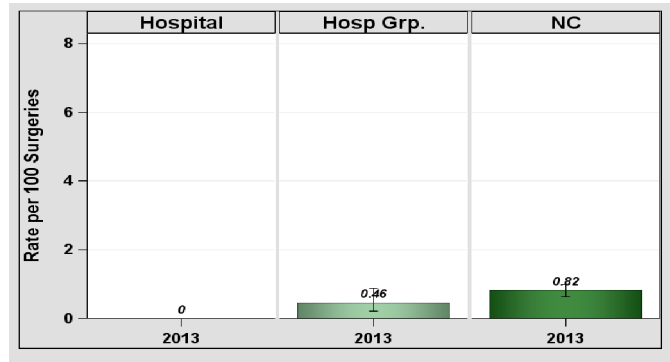


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

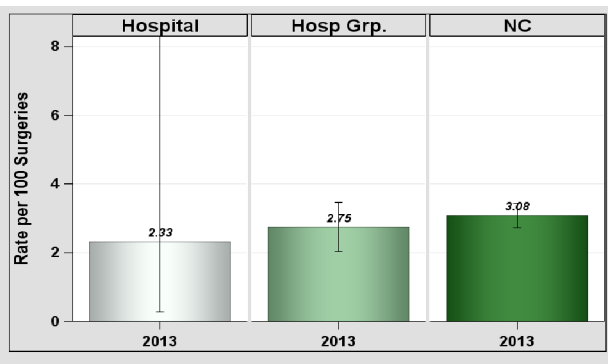


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	2	86	2.33

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.

North Carolina Healthcare-Associated Infections Report

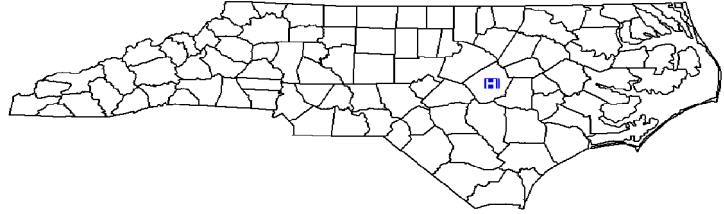
Data from January 1 – December 31, 2013

Johnston Health, Smithfield, Johnston County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: No
 Profit Status: Not for Profit
 Admissions in 2013: 9,843
 Patient Days in 2013: 36,794
 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)

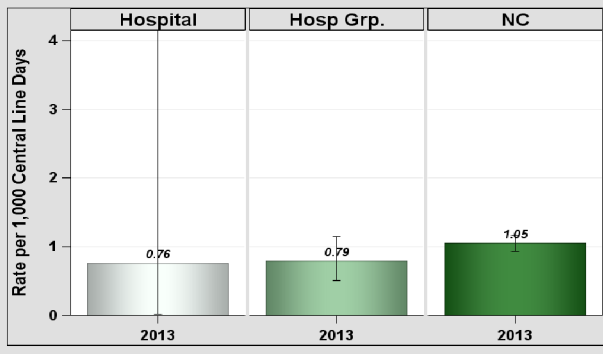


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	1	1,317	0.76

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	2	36,361	0.06

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.

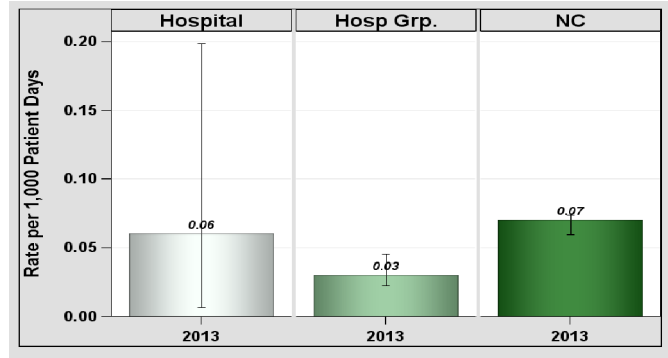


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

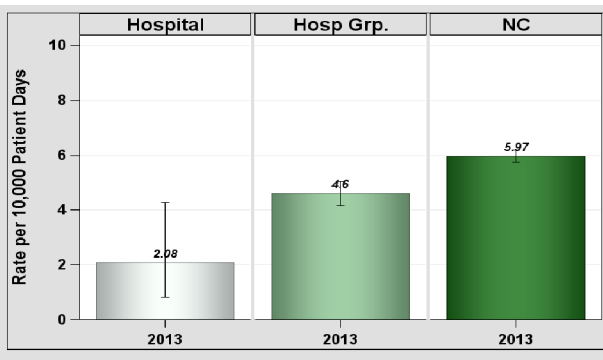


Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	7	33,614	2.08

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.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of March 18, 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)

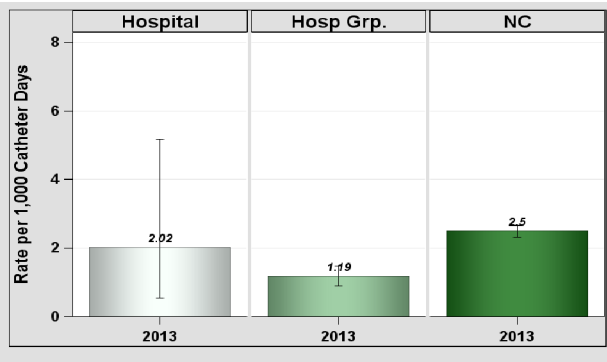


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	4	1,981	2.02

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	1	82	1.22

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.

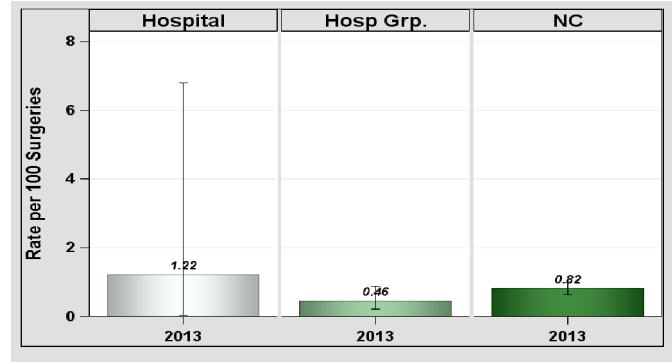


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

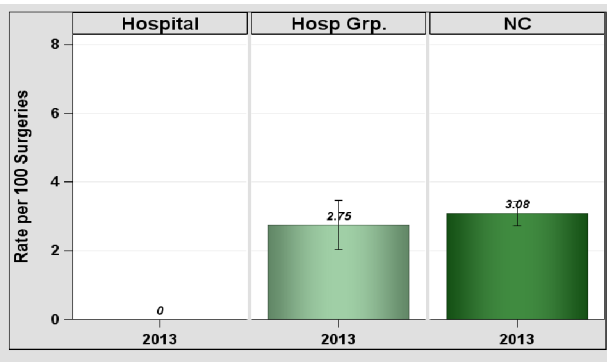


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	0	72	0

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.

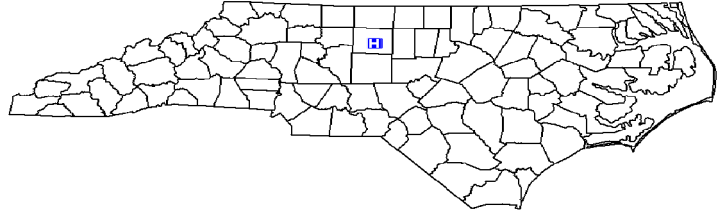
North Carolina Healthcare-Associated Infections Report

Data from January 1 – December 31, 2013

Kindred Hospital-Greensboro, Greensboro, Guilford County

2013 Hospital Survey Information

Hospital Type: Long-term Acute Care Hospital
 Profit Status: For Profit
 Admissions in 2013: 521
 Patient Days in 2013: 17,637
 Total Number of Beds: 101
 FTE* Infection Preventionists: 0.50
 Number of FTEs* per 100 beds: 0.50



*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

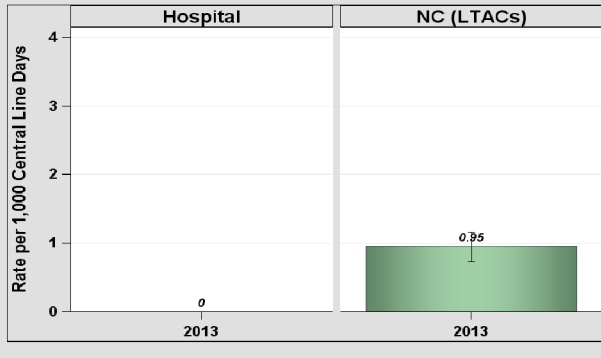


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

	Infections	Line Days	Rate
Total for Reporting Units	0	15,883	0.00

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.

	Infections	Catheter Days	Rate
Total for Reporting Units	2	10,458	0.19

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.

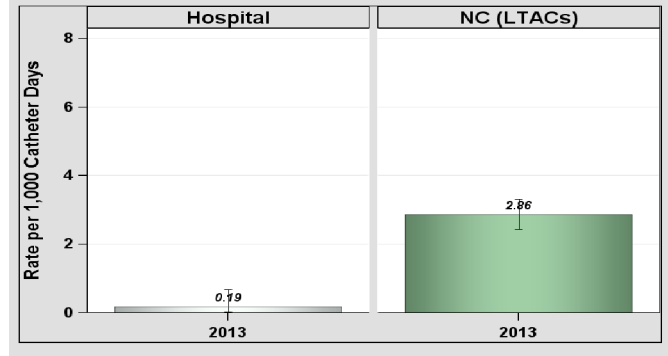


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

North Carolina Healthcare-Associated Infections Report

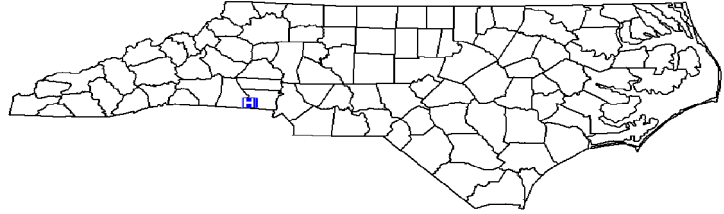
Data from January 1 – December 31, 2013

Kings Mountain Hospital, Kings Mountain, Cleveland County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: No
 Profit Status: Not for Profit
 Admissions in 2013: 2,640
 Patient Days in 2013: 13,305
 Total Number of Beds: 59
 Number of ICU Beds: 6
 FTE* Infection Preventionists: 0.50
 Number of FTEs* per 100 beds: 0.85

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

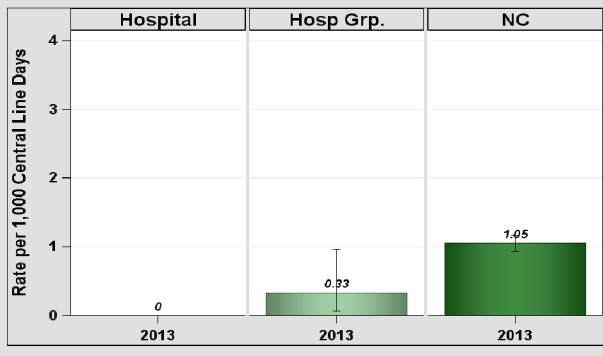


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	269	0

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	13,305	0

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.

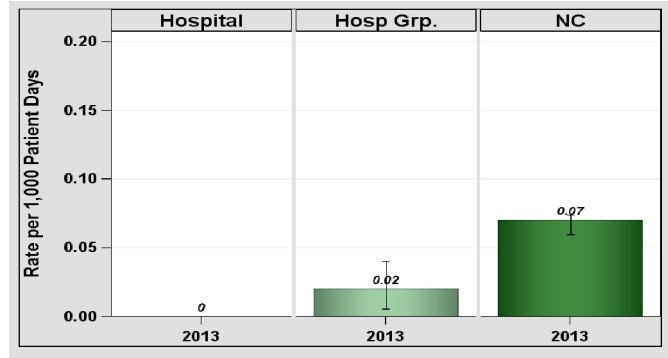


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

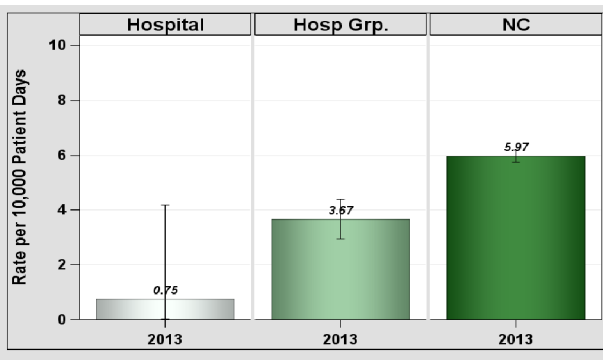


Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	1	13,305	0.75

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.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Kings Mountain Hospital, Kings Mountain, Cleveland County

Catheter-Associated Urinary Tract Infections (CAUTI)

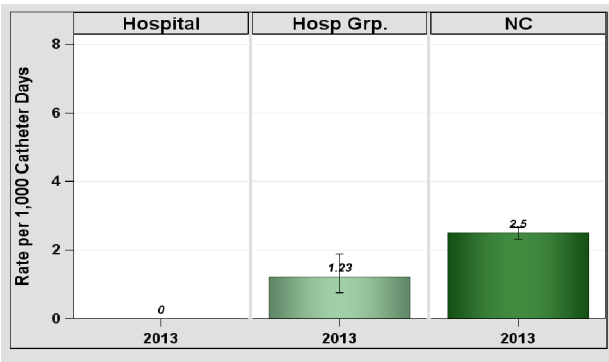


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	756	0

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	0	.

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.

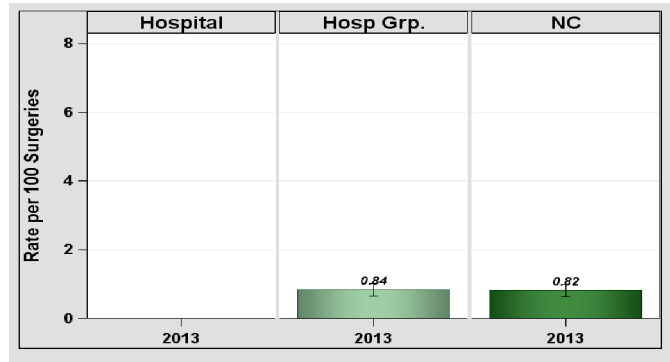


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

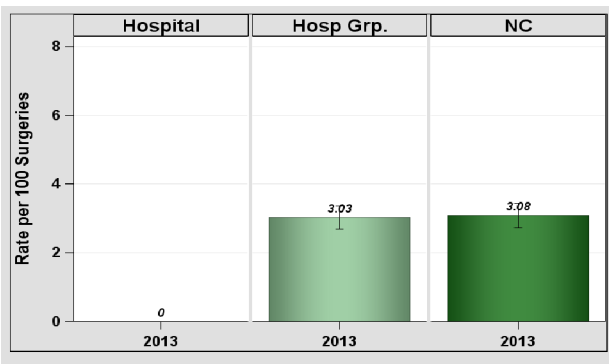


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	0	22	0

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 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.

North Carolina Healthcare-Associated Infections Report

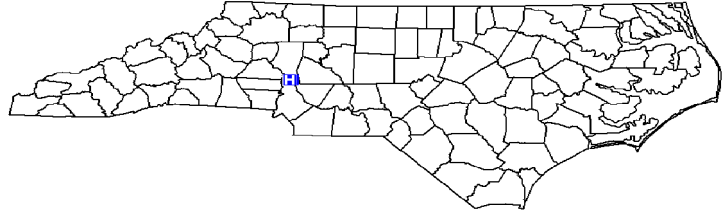
Data from January 1 – December 31, 2013

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)

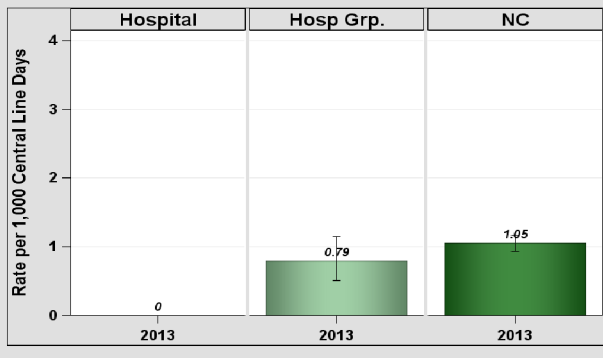


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	986	0

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	1	16,727	0.06

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.

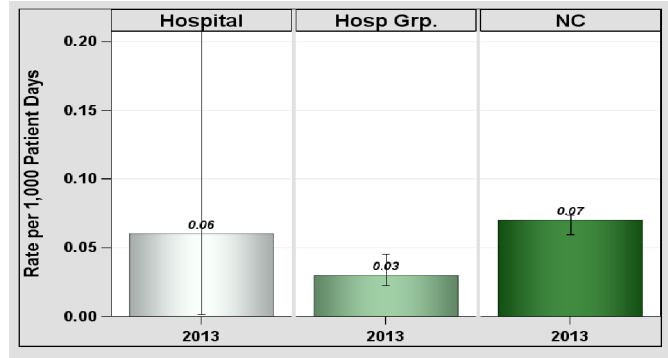


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

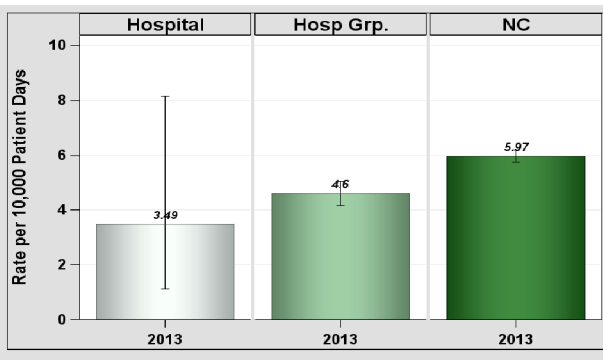


Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	5	14,323	3.49

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.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
 Lake Norman Regional Medical Center, Mooresville, Iredell County

Catheter-Associated Urinary Tract Infections (CAUTI)

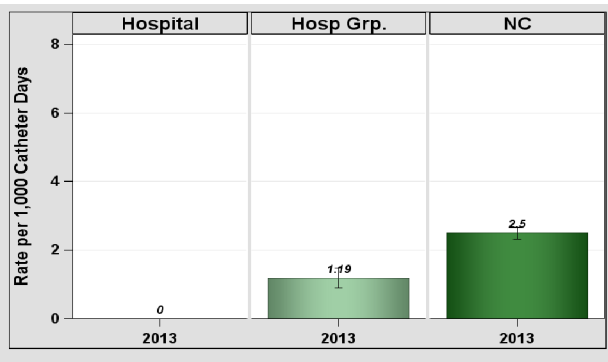


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	1,307	0

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	76	0

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.

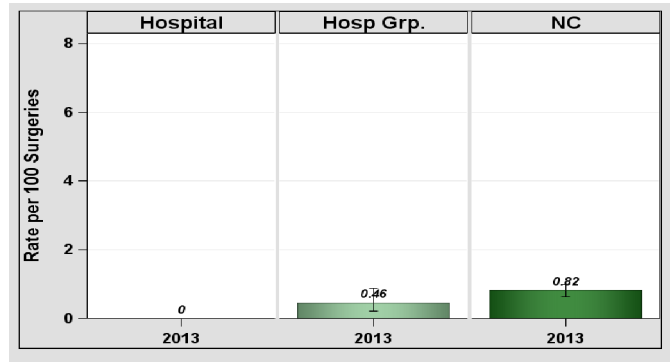


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

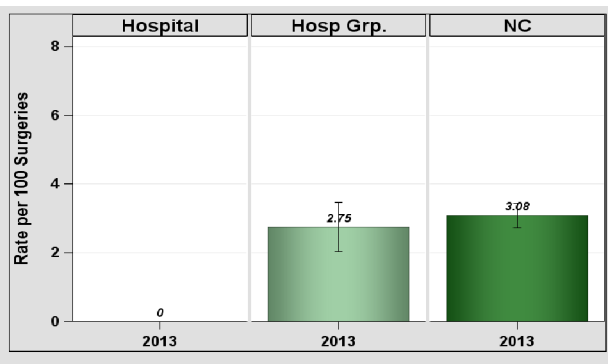


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	0	45	0

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

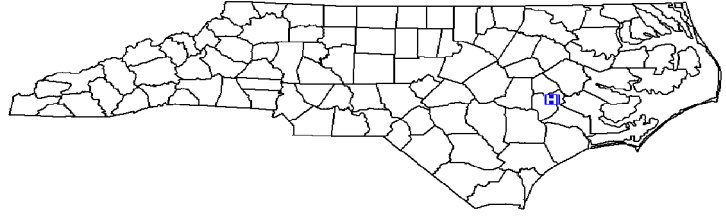
Data from January 1 – December 31, 2013

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)

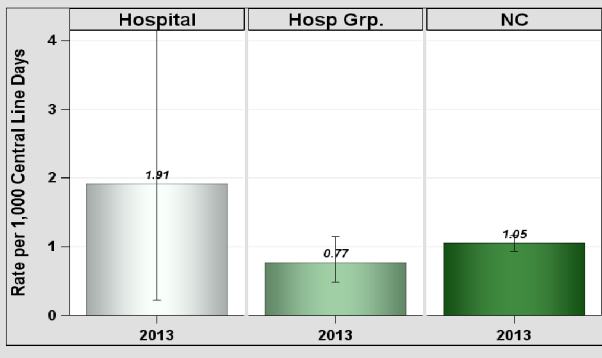


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	2	1,045	1.91

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	5	34,836	0.14

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.

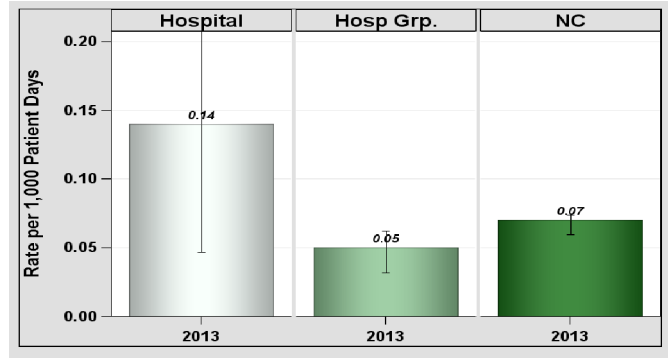


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

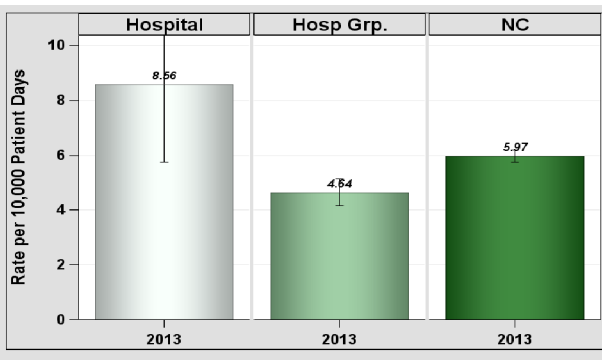


Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	29	33,895	8.56

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.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of March 18, 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)

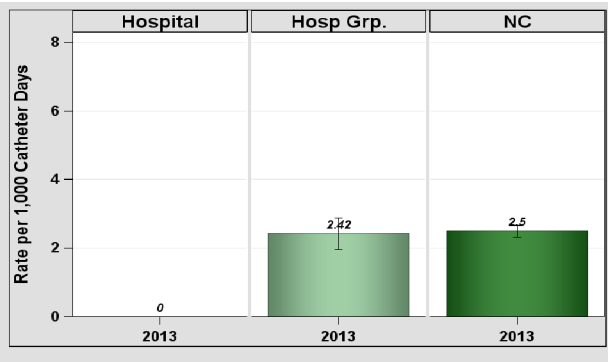


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	1,993	0

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	2	39	5.13

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.

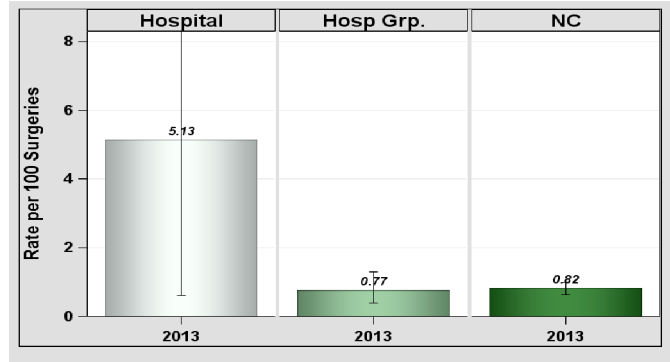


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

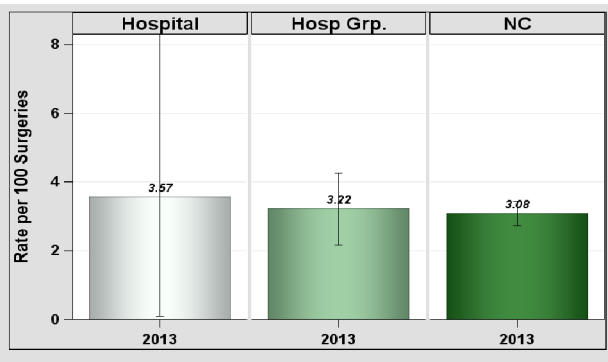


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	1	28	3.57

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.

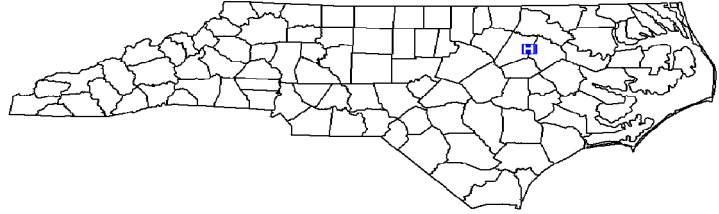
Commentary from Hospitals:

No comments provided.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Lifecare Hospitals Of North Carolina, Rocky Mount, Nash County

2013 Hospital Survey Information

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)

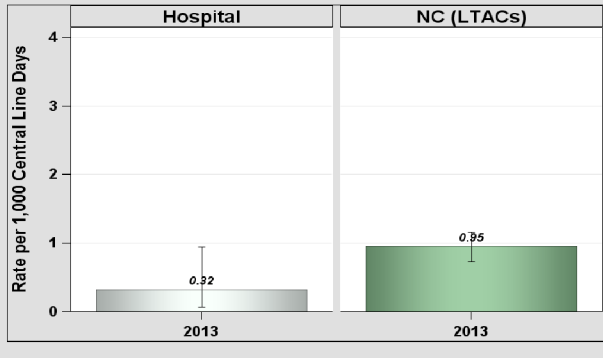


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

	Infections	Line Days	Rate
Total for Reporting Units	3	9,309	0.32

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.

	Infections	Catheter Days	Rate
Total for Reporting Units	8	8,185	0.98

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.

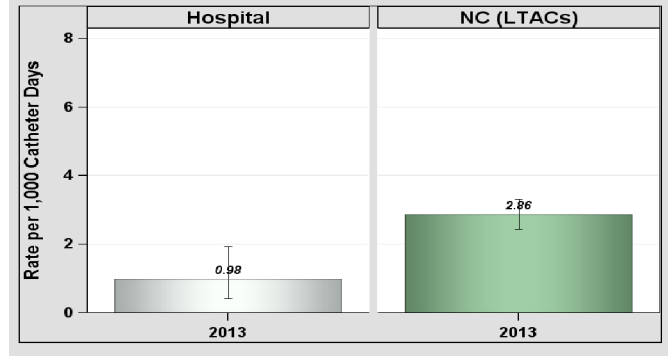


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

North Carolina Healthcare-Associated Infections Report

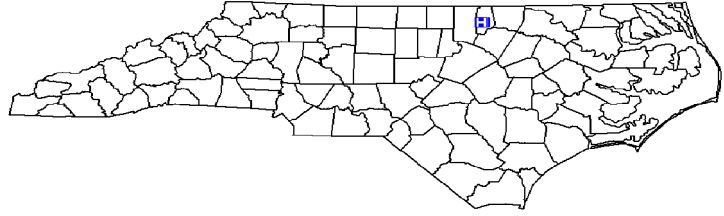
Data from January 1 – December 31, 2013

Maria Parham Medical Center, Henderson, Vance County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: No
 Profit Status: For Profit
 Admissions in 2013: 5,839
 Patient Days in 2013: 24,552
 Total Number of Beds: 102
 Number of ICU Beds: 8
 FTE* Infection Preventionists: 1.00
 Number of FTEs* per 100 beds: 0.98

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

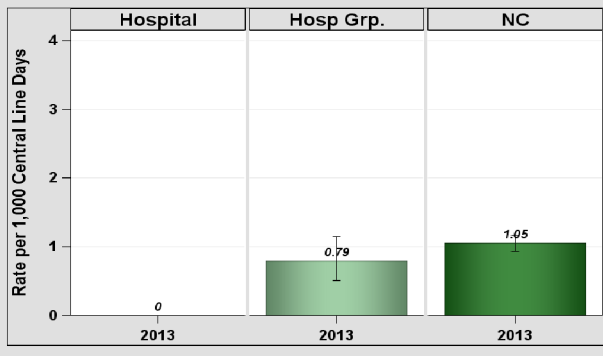


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	1,230	0

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	25,472	0

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.

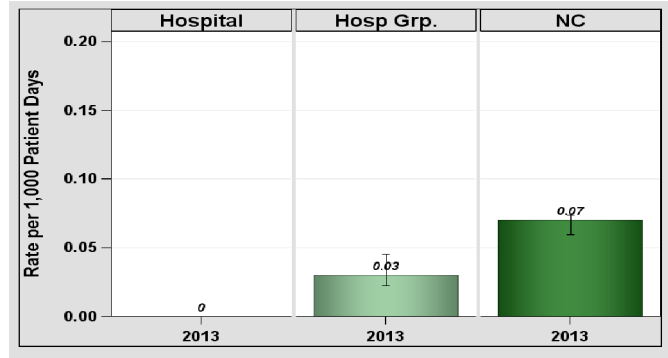


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

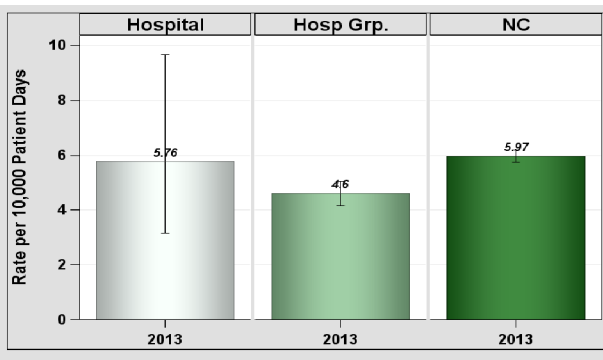


Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	14	24,293	5.76

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.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of March 18, 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)

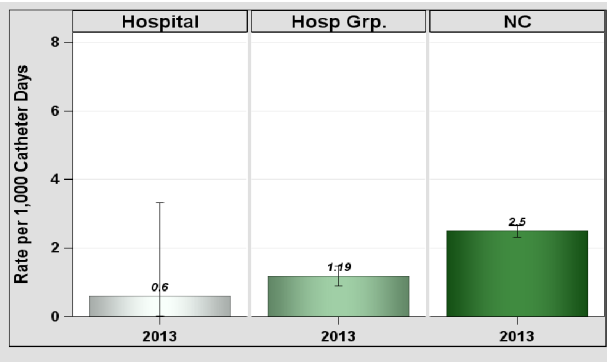


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	1	1,672	0.6

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	52	0

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.

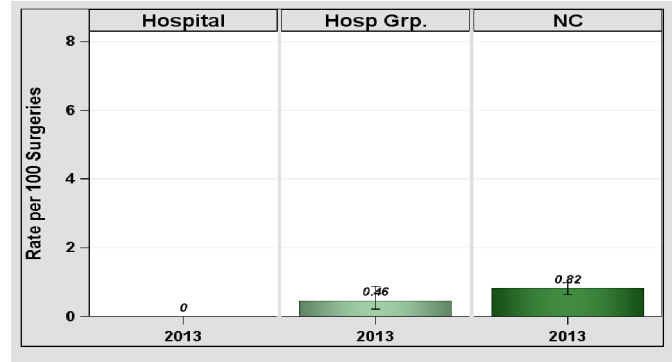


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

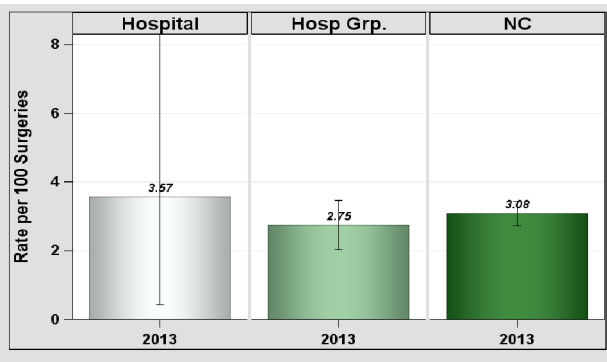


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	2	56	3.57

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.

North Carolina Healthcare-Associated Infections Report

Data from January 1 – December 31, 2013

Martin General Hospital, Williamston, Martin County

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

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

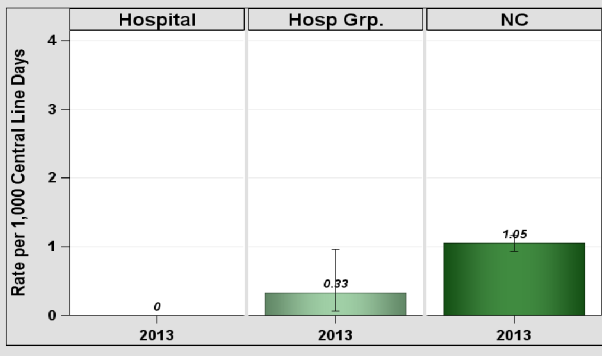


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	152	0

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	7,606	0

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.

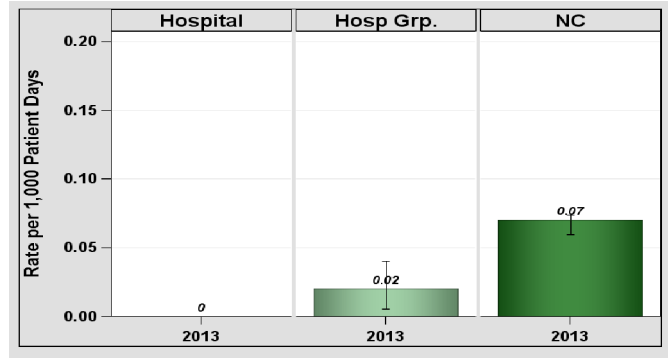


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

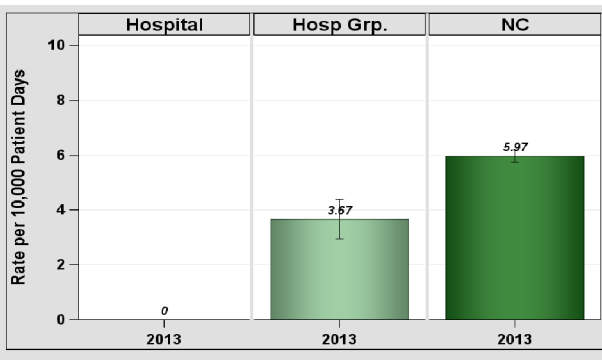


Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	7,606	0

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

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Martin General Hospital, Williamston, Martin County

Catheter-Associated Urinary Tract Infections (CAUTI)

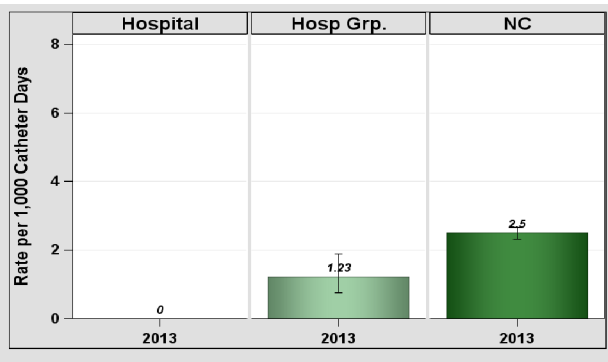


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	594	0

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	2	.

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.

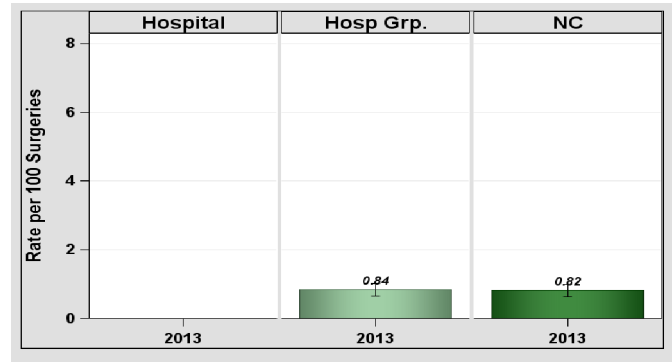


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

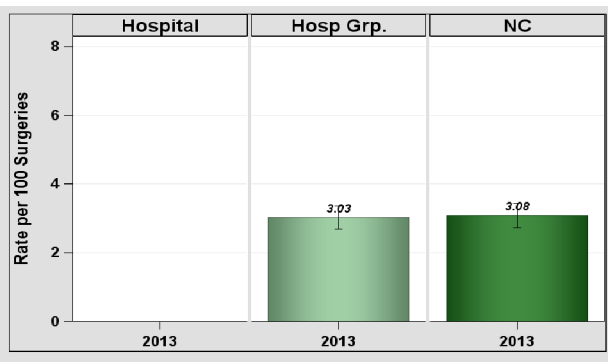


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	0	4	.

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

McDowell Hospital, Marion, McDowell County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: No
 Profit Status: Not for Profit
 Admissions in 2013: 2,947
 Patient Days in 2013: 7,688
 Total Number of Beds: 49
 Number of ICU Beds: 10
 FTE* Infection Preventionists: 0.38
 Number of FTEs* per 100 beds: 0.77

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

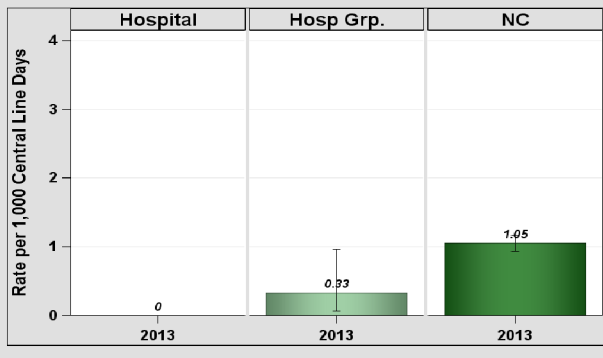


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	214	0

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	6,899	0

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.

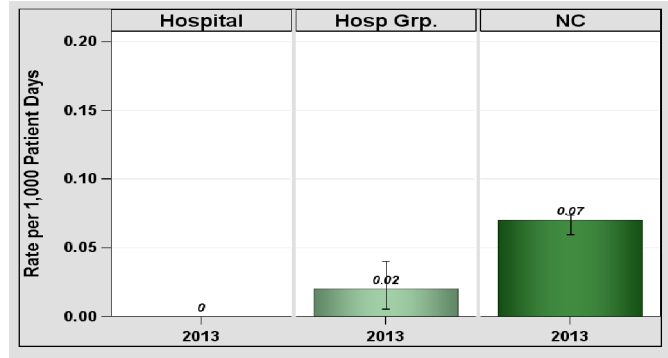


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

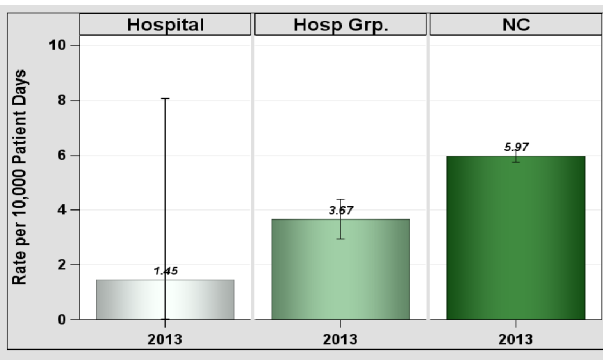


Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	1	6,899	1.45

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.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of March 18, 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)

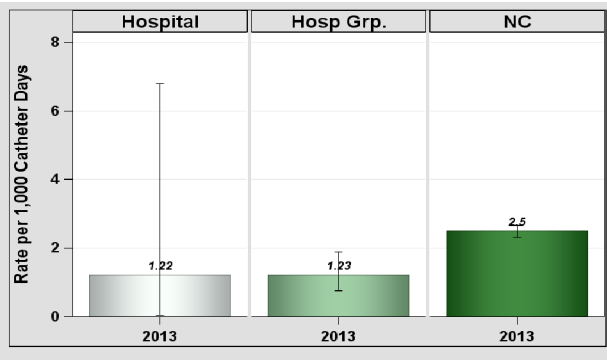


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	1	819	1.22

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	27	0

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.

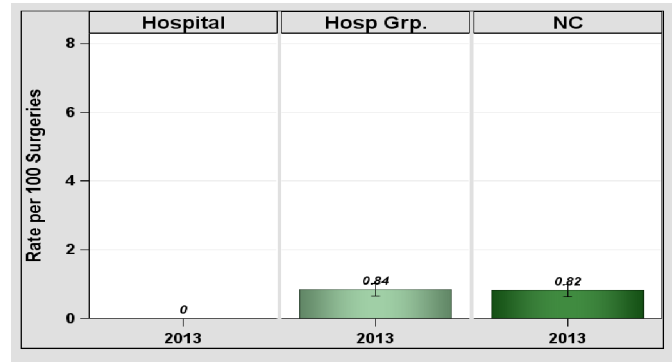


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

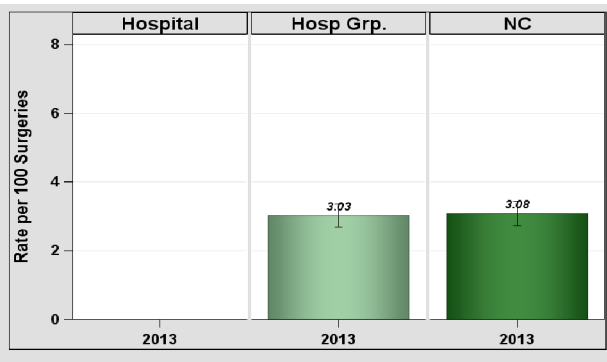


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	0	14	.

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.

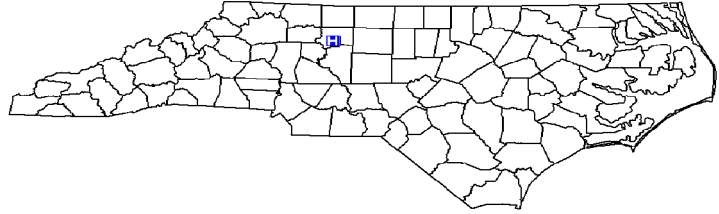
North Carolina Healthcare-Associated Infections Report

Data from January 1 – December 31, 2013

Medical Park Hospital, Winston Salem, Forsyth County

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 - Does not report CLABSIs or CAUTIs
 FTE* Infection Preventionists: 0.50
 Number of FTEs* per 100 beds: 2.27
 *FTE = 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.

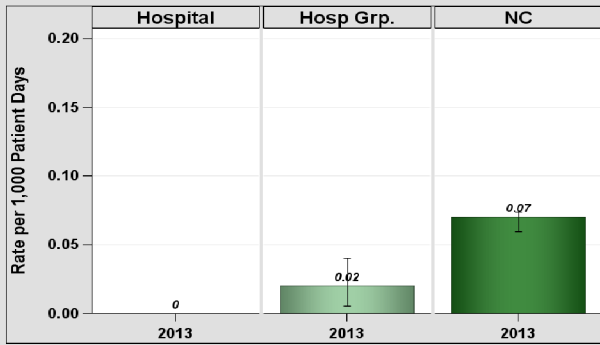


Table 1. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	2,766	0

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	6	2,766	21.7

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.

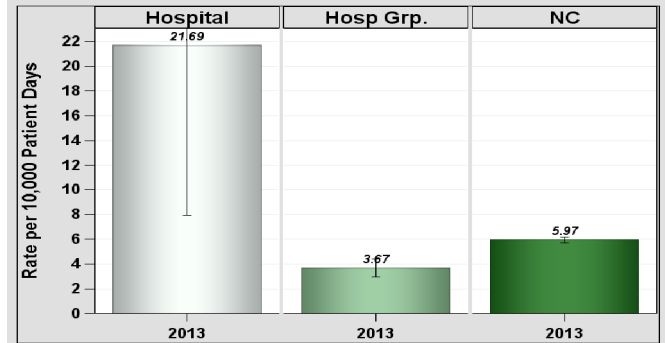


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI)

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

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	1	88	1.14
Colon surgery	12	200	6

*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 (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.

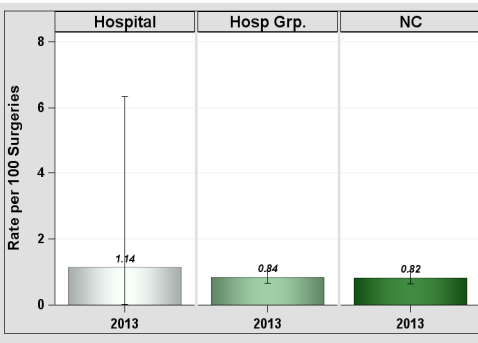


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2013.

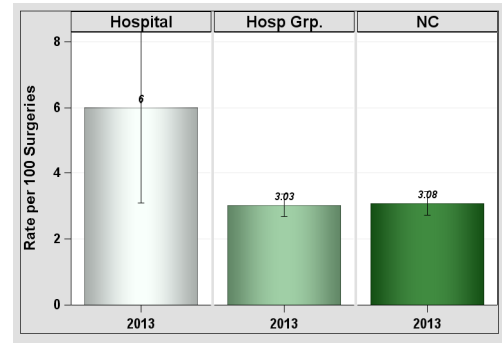


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2013.

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](http://quality.novanthealth.org) 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

North Carolina Healthcare-Associated Infections Report

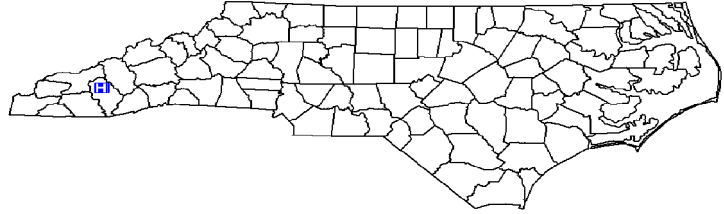
Data from January 1 – December 31, 2013

Westcare - Harris Regional Hospital, Sylva, Jackson County

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 (CLABSI)

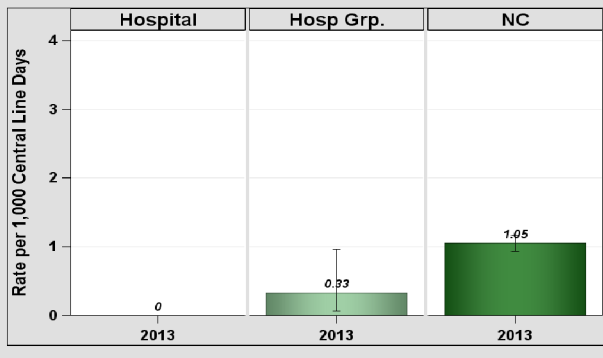


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	522	0

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	13,547	0

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.

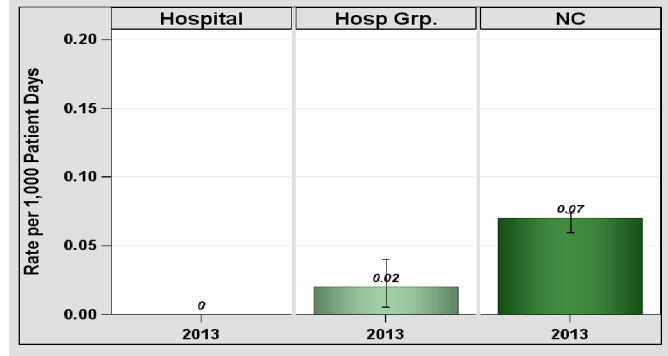


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

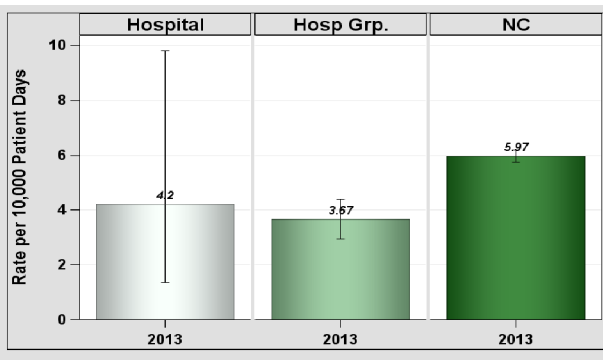


Figure 3. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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

Location	Infections	Patient Days	Rate
Facility-wide inpatient	5	11,913	4.2

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
 Westcare - Harris Regional Hospital, Sylva, Jackson County

Catheter-Associated Urinary Tract Infections (CAUTI)

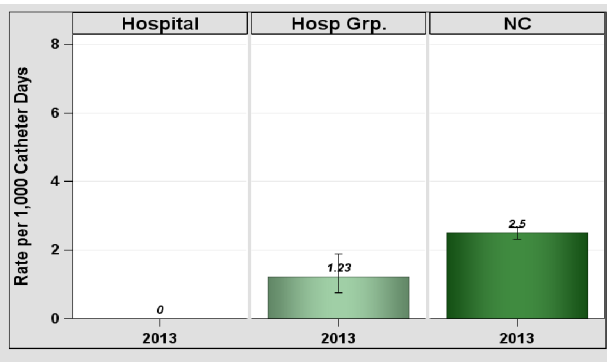


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	1,305	0

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	14	.

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.

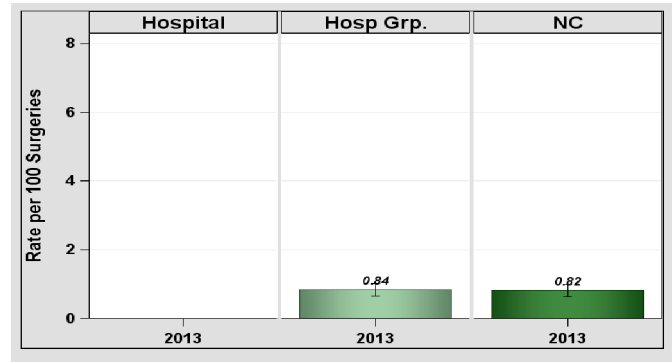


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

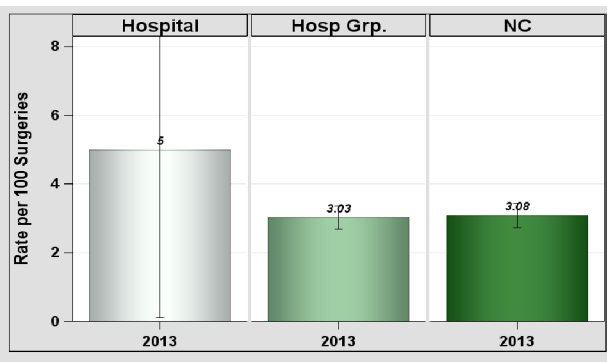


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	1	20	5

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.

North Carolina Healthcare-Associated Infections Report

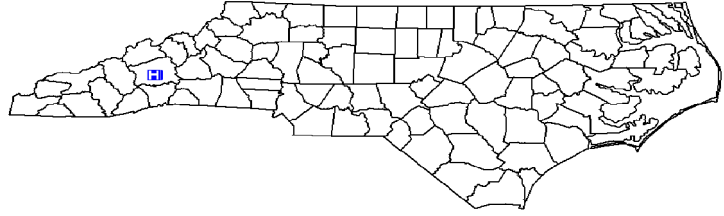
Data from January 1 – December 31, 2013

Mission Hospital, Asheville, Buncombe County

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

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

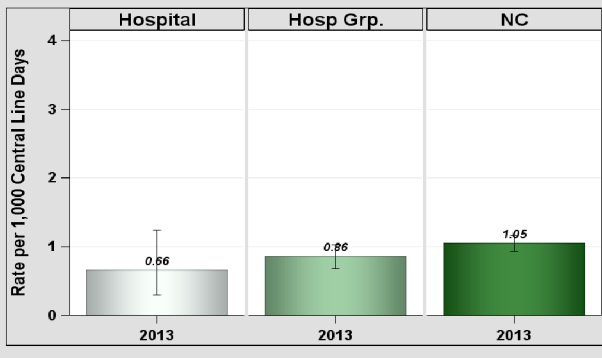


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	9	13,731	0.66

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	11	209,622	0.05

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.

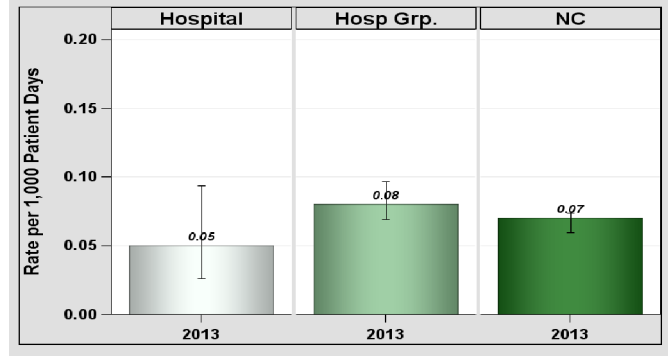


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

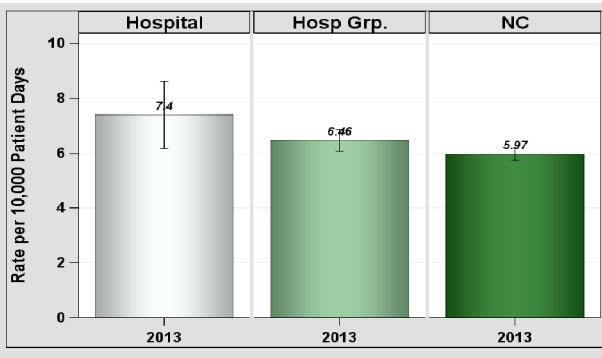


Figure 3. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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

Location	Infections	Patient Days	Rate
Facility-wide inpatient	140	189,221	7.4

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
 Mission Hospital, Asheville, Buncombe County

Catheter-Associated Urinary Tract Infections (CAUTI)

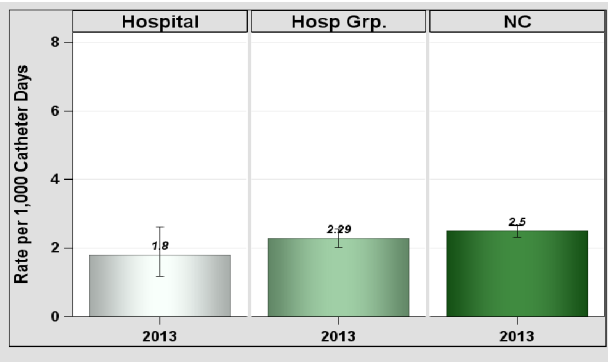


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	27	15,000	1.8

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	3	434	0.69

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.

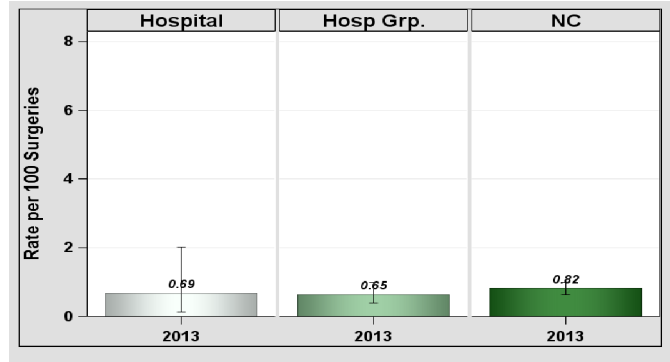


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

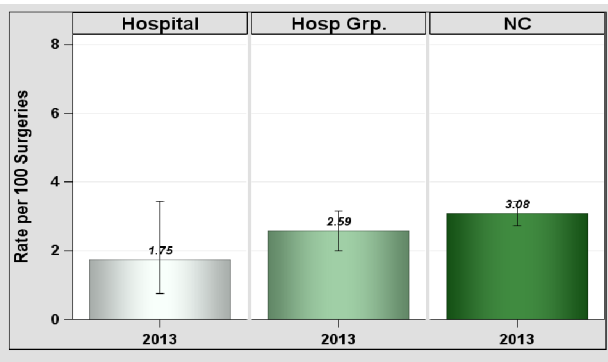


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	8	457	1.75

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.

North Carolina Healthcare-Associated Infections Report

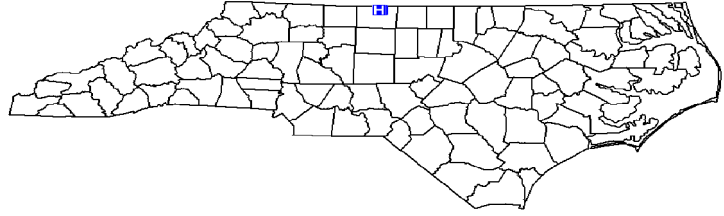
Data from January 1 – December 31, 2013

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



Central Line-Associated Bloodstream Infections (CLABSI)

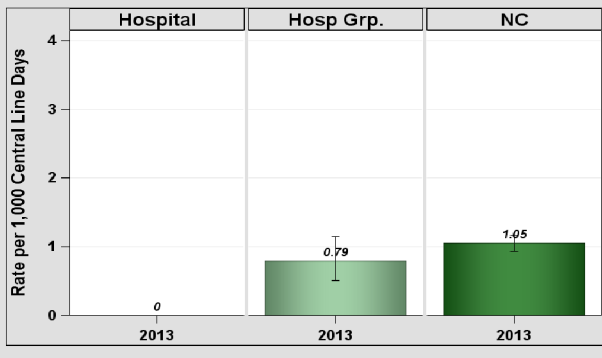


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	243	0

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	1	17,153	0.06

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.

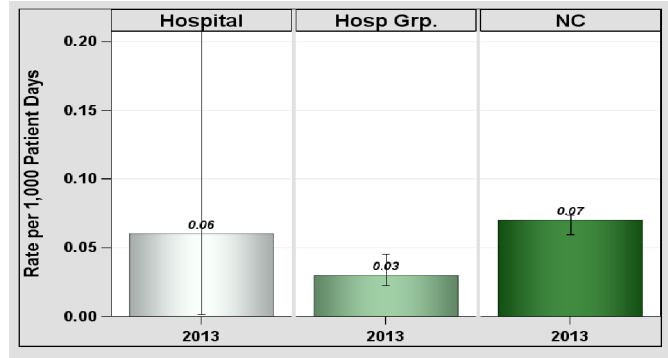


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

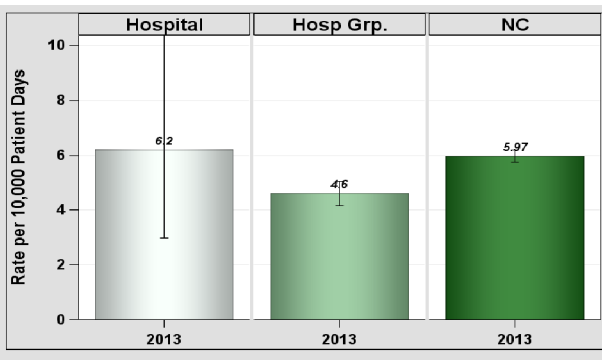


Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	10	16,134	6.2

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.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of March 18, 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)

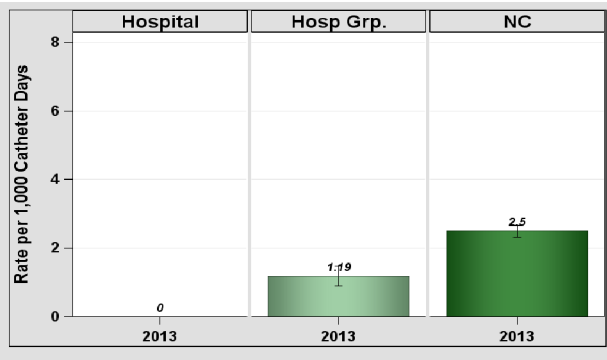


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	1,206	0

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	26	0

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.

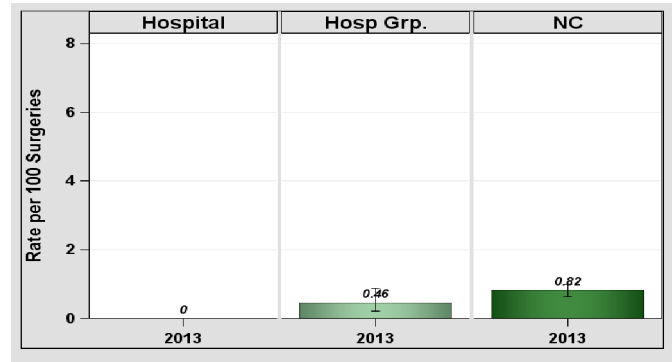


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

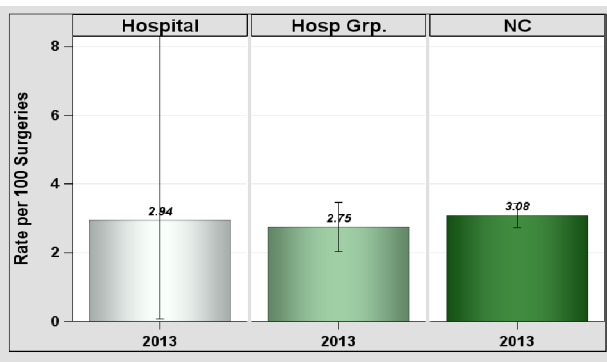


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	1	34	2.94

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.

North Carolina Healthcare-Associated Infections Report

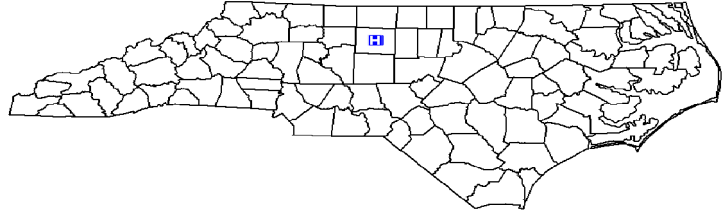
Data from January 1 – December 31, 2013

Moses Cone Hospital, Greensboro, Guilford County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: No
 Profit Status: Not for Profit
 Admissions in 2013: 24,700
 Patient Days in 2013: 109,525
 Total Number of Beds: 536
 Number of ICU Beds: 66
 FTE* Infection Preventionists: 2.00
 Number of FTEs* per 100 beds: 0.37

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

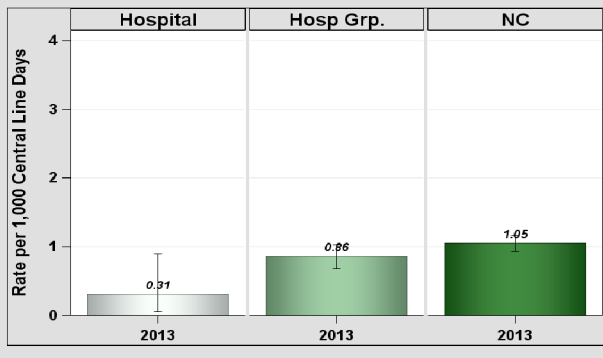


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	3	9,758	0.31

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.

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	2	109,525	0.02

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.

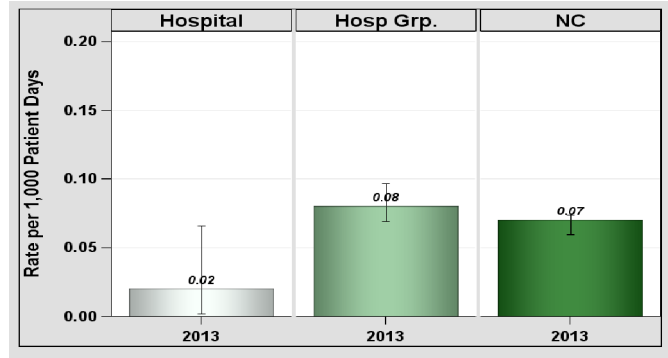


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

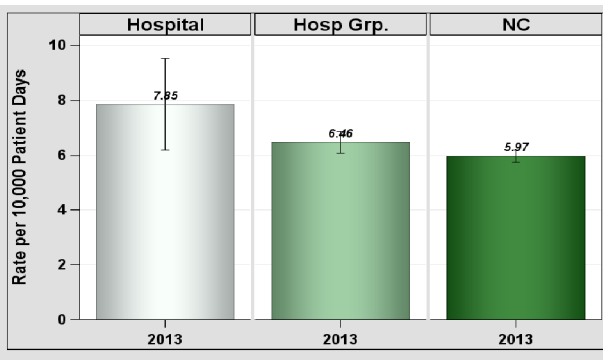


Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	86	109,525	7.85

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

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of March 18, 2014.

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)

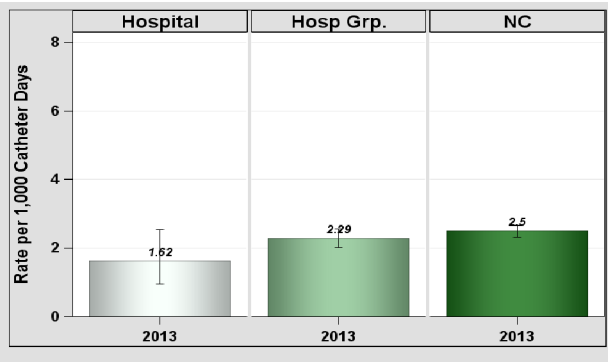


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	18	11,143	1.62

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	1	.

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.

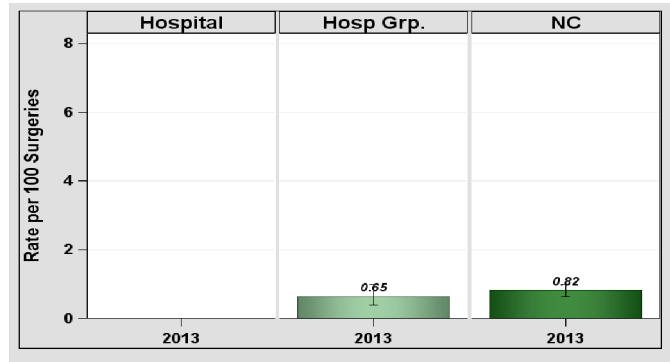


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

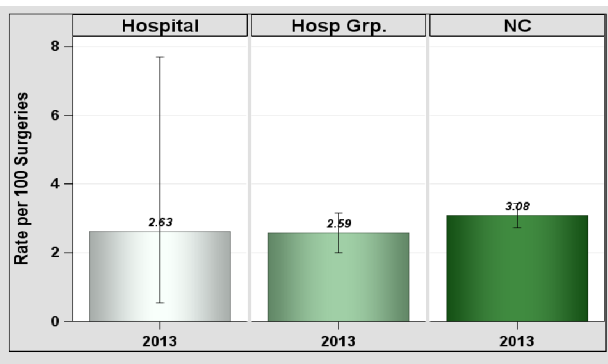


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	3	114	2.63

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.

North Carolina Healthcare-Associated Infections Report

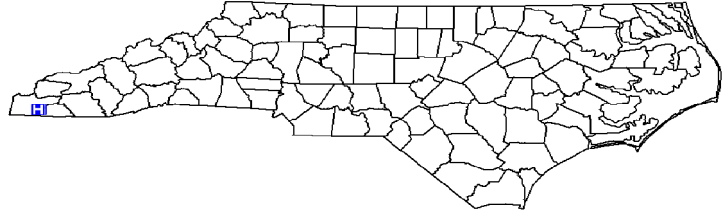
Data from January 1 – December 31, 2013

Murphy Medical Center, Murphy, Cherokee County

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)

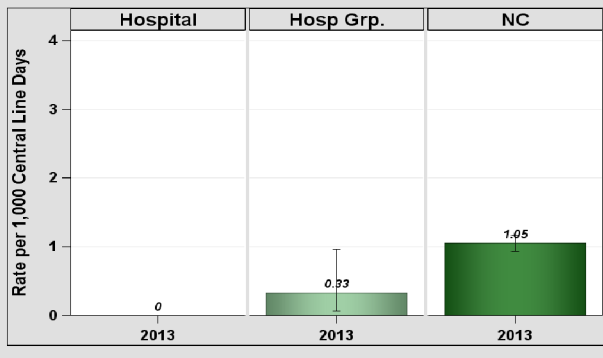


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	199	0

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	6,664	0

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.

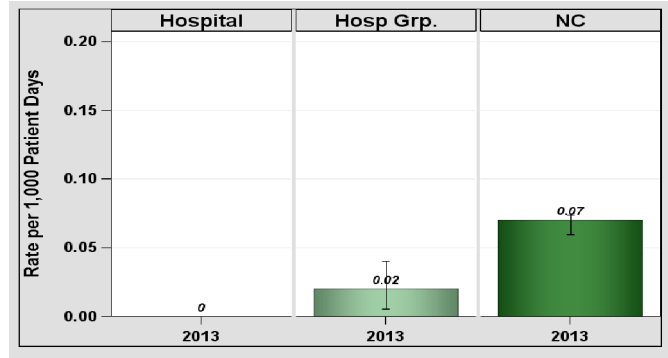


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

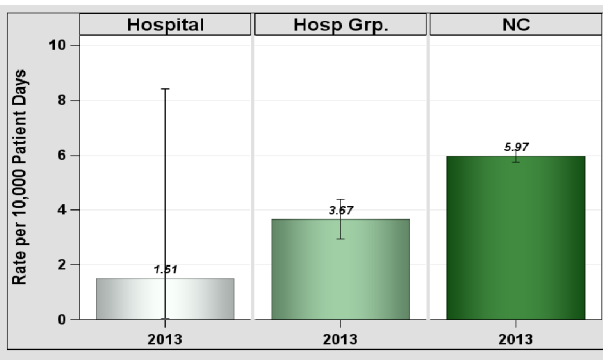


Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	1	6,609	1.51

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.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
 Murphy Medical Center, Murphy, Cherokee County

Catheter-Associated Urinary Tract Infections (CAUTI)

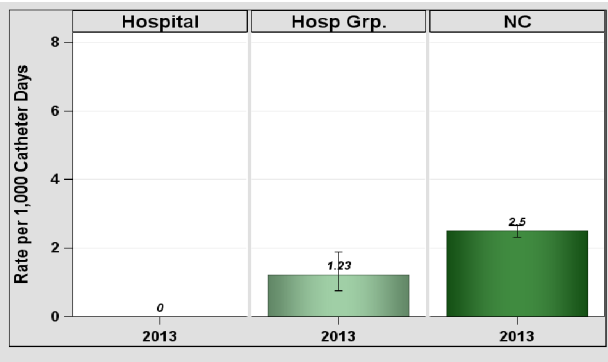


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	569	0

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	2	17	.

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.

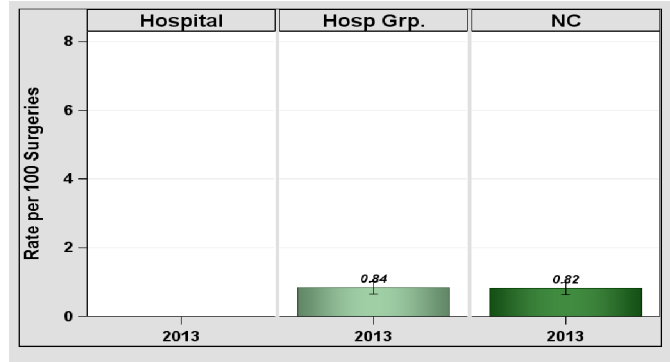


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

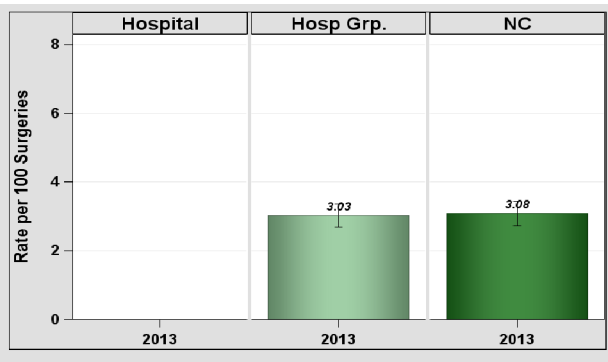


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	0	13	.

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

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)

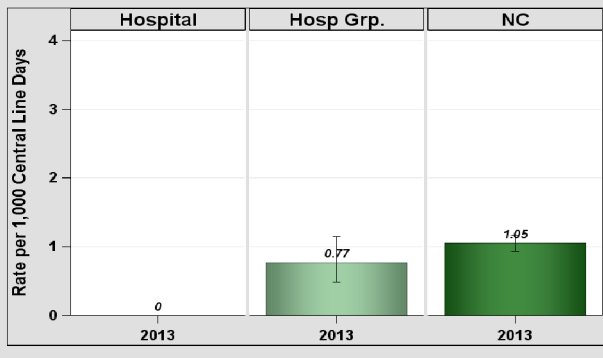


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	2,364	0

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	2	52,810	0.04

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.

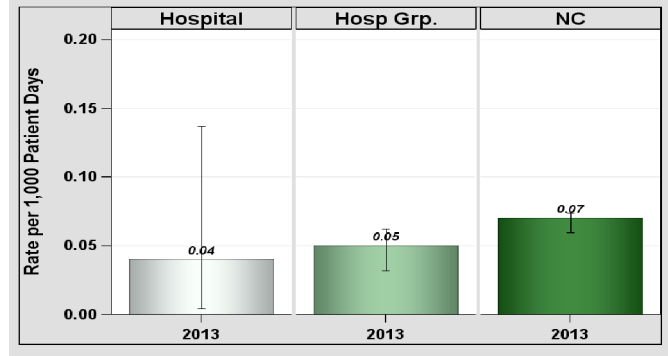


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

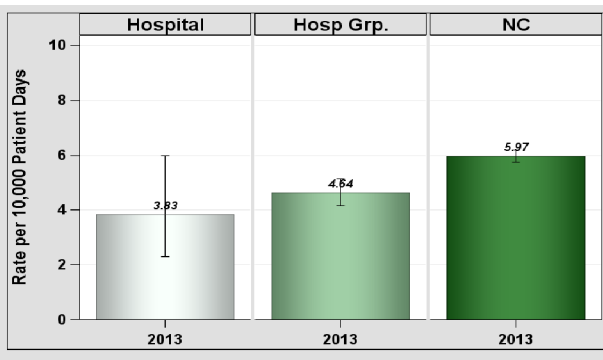


Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	19	49,577	3.83

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.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of March 18, 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)

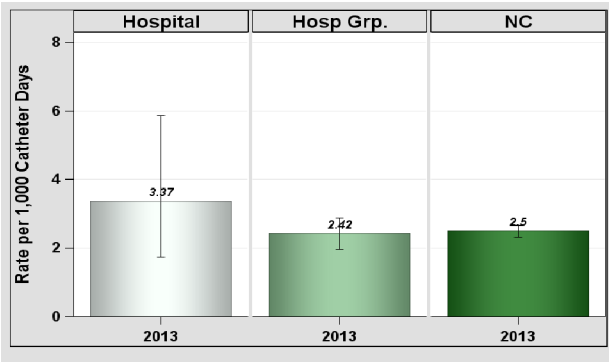


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	12	3,563	3.37

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	5	174	2.87

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.

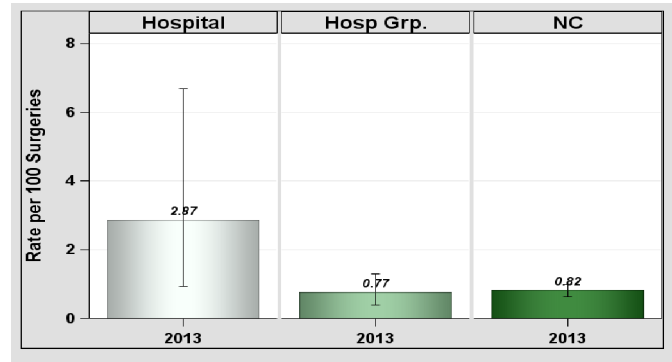


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

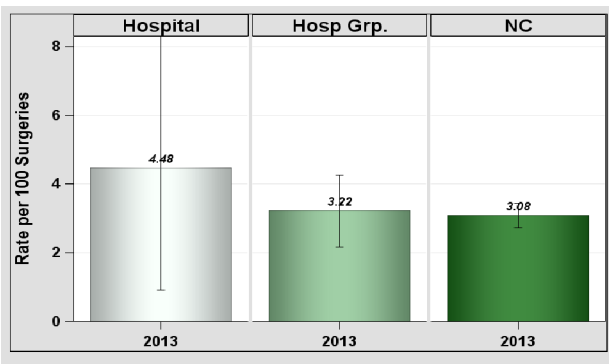


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	3	67	4.48

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.

North Carolina Healthcare-Associated Infections Report

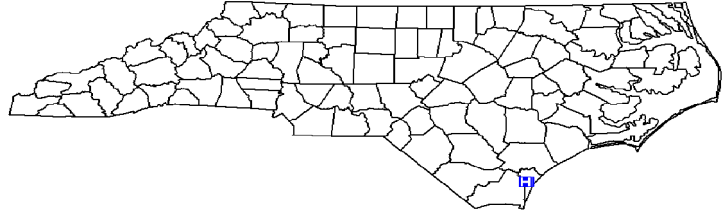
Data from January 1 – December 31, 2013

New Hanover Regional Medical Center, Wilmington, New Hanover County

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)

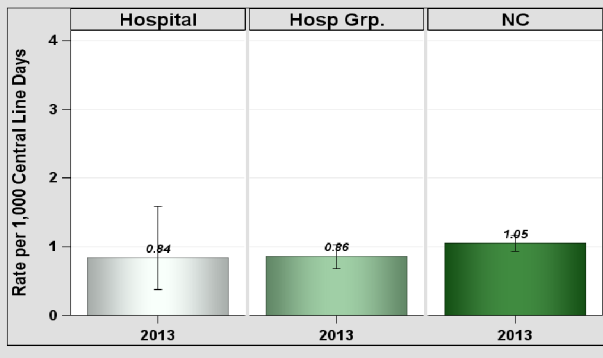


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	9	10,692	0.84

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	14	164,314	0.09

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.

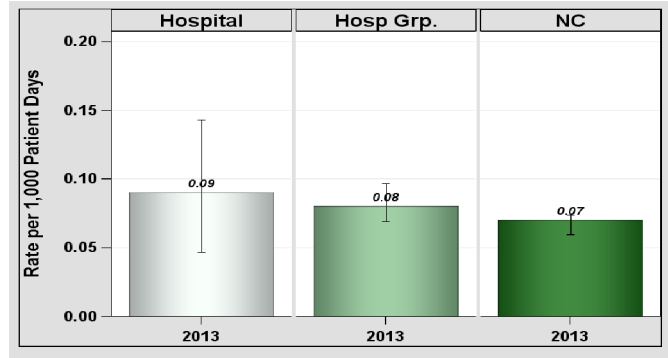


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

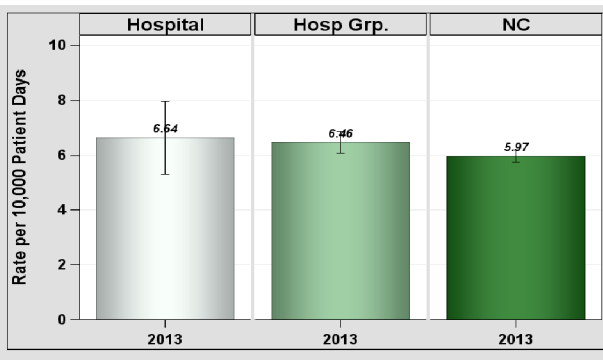


Figure 3. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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

Location	Infections	Patient Days	Rate
Facility-wide inpatient	95	143,135	6.64

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
New Hanover Regional Medical Center, Wilmington, New Hanover County

Catheter-Associated Urinary Tract Infections (CAUTI)

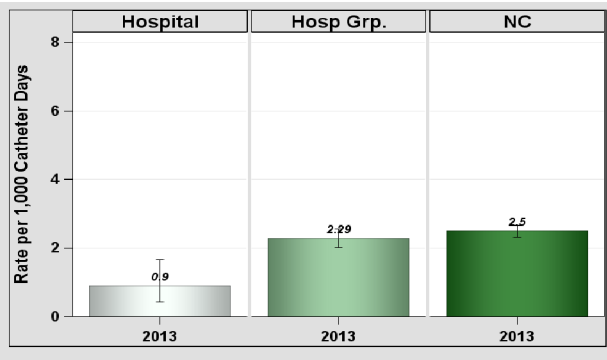


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	10	11,114	0.9

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 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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	2	485	0.41

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.

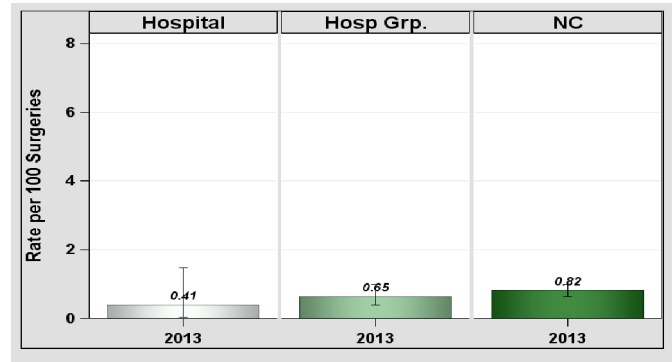


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

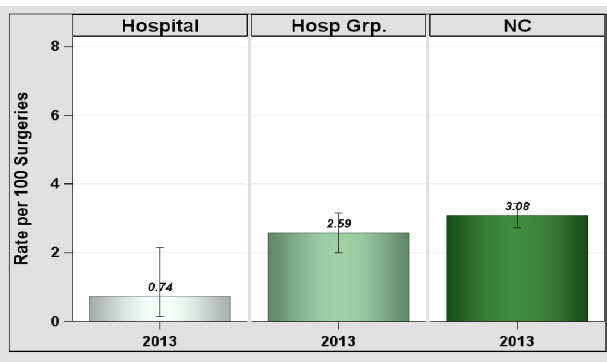


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	3	408	0.74

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 lower than NC hospitals overall.

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

Commentary from Hospitals:

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.

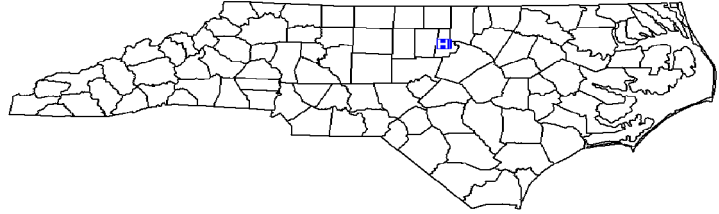
North Carolina Healthcare-Associated Infections Report

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



*FTE = 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.

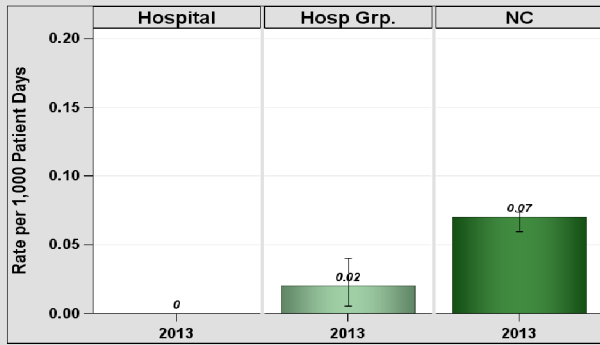


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	3,573	0

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	3,573	0

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.

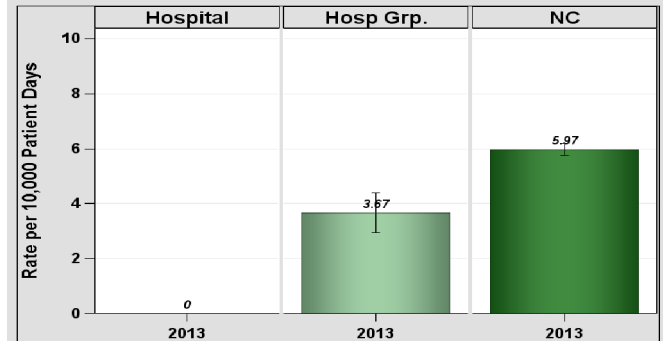


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

North Carolina Healthcare-Associated Infections Report

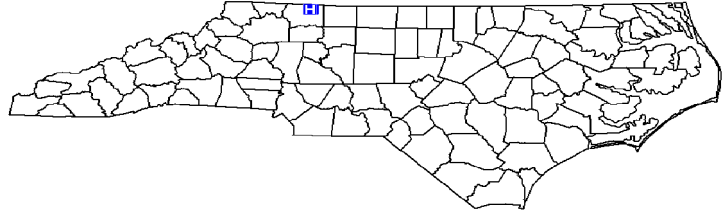
Data from January 1 – December 31, 2013

Northern Hospital Of Surry County, Mount Airy, Surry County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: No
 Profit Status: Not for Profit
 Admissions in 2013: 4,138
 Patient Days in 2013: 13,398
 Total Number of Beds: 100
 Number of ICU Beds: 10
 FTE* Infection Preventionists: 1.00
 Number of FTEs* per 100 beds: 1.00

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

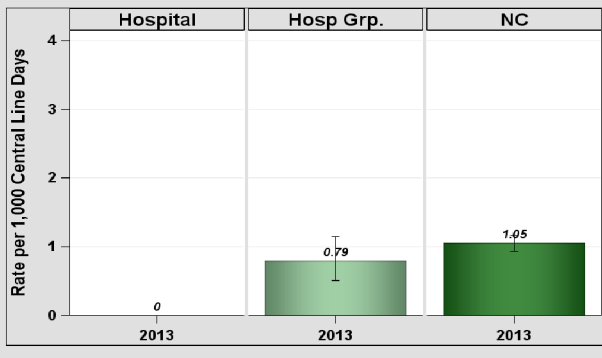


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	271	0

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	1	15,751	0.06

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.

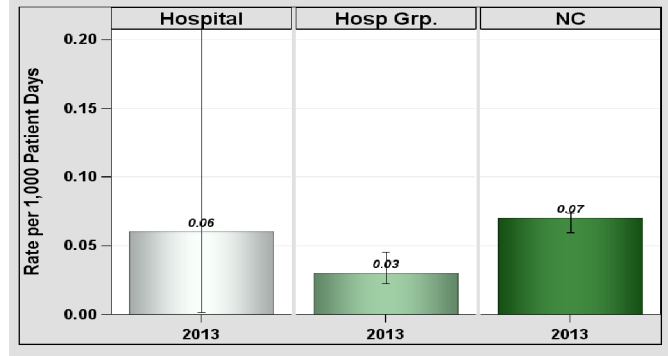


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

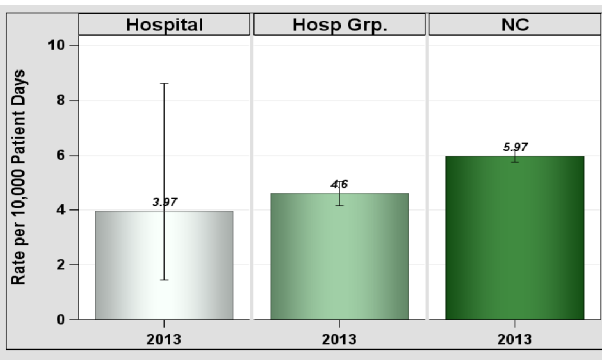


Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	6	15,130	3.97

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.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 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
 Northern Hospital Of Surry County, Mount Airy, Surry County

Catheter-Associated Urinary Tract Infections (CAUTI)

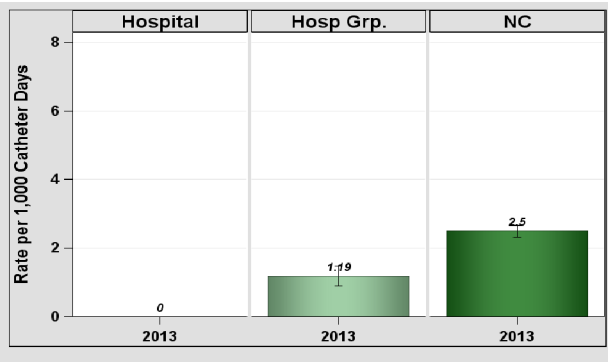


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	713	0

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	44	0

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.

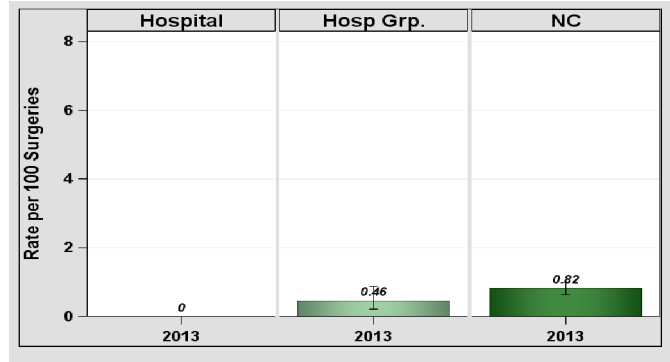


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

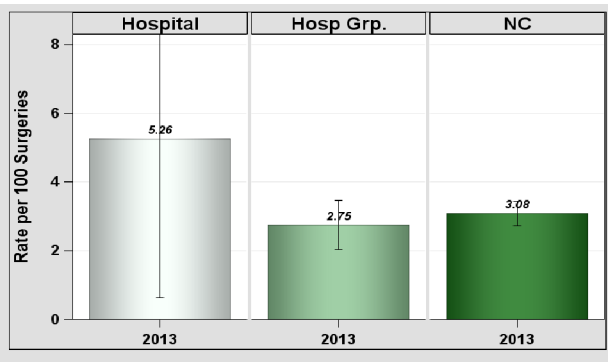


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	2	38	5.26

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.

North Carolina Healthcare-Associated Infections Report

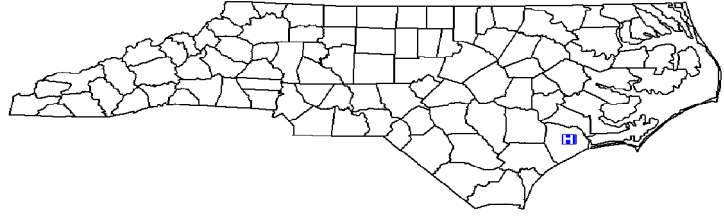
Data from January 1 – December 31, 2013

Onslow Memorial Hospital, Jacksonville, Onslow County

2013 Hospital Survey 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)

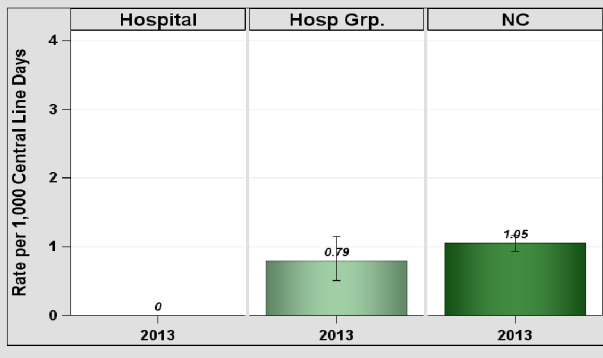


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	1,006	0

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	2	34,355	0.06

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.

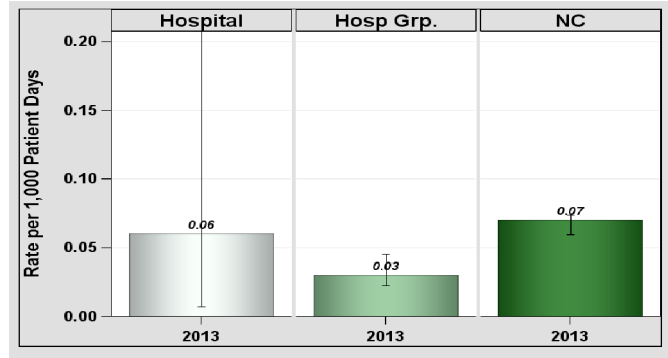


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

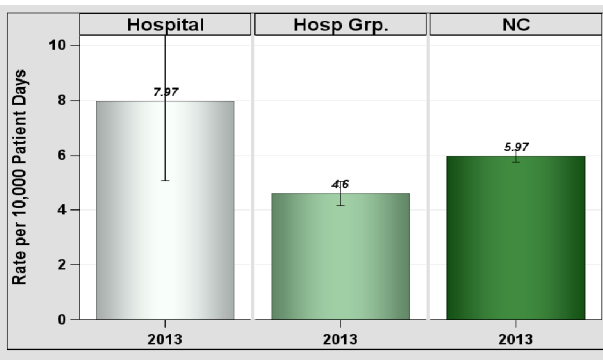


Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	23	28,854	7.97

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.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of March 18, 2014.

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)

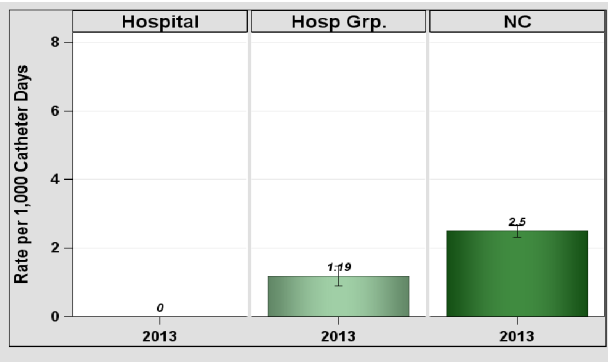


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	2,639	0

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	22	0

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.

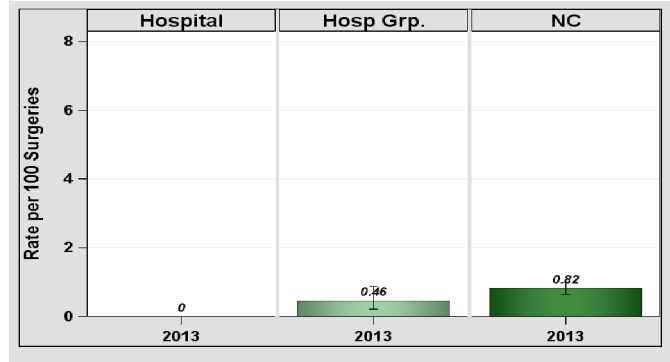


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

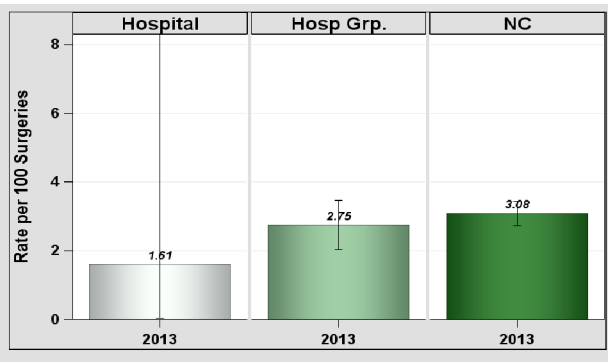


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	1	62	1.61

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.

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)

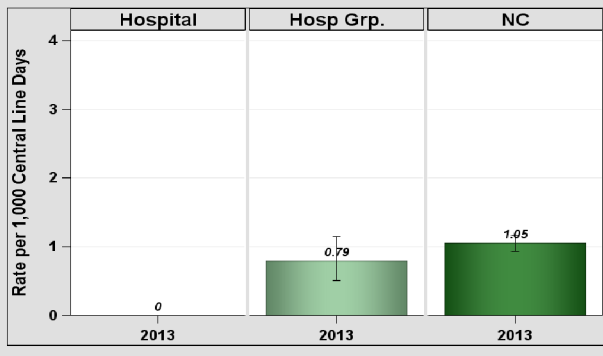


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	404	0

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	2	27,418	0.07

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.

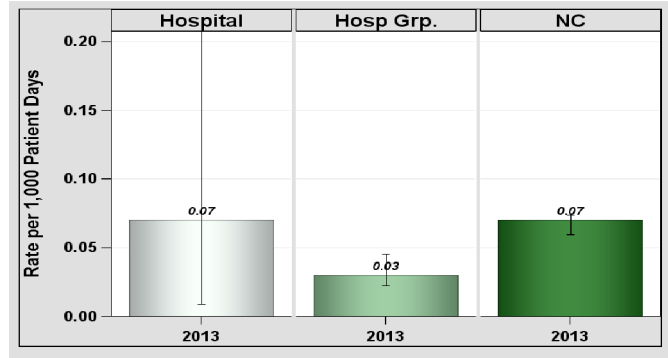


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

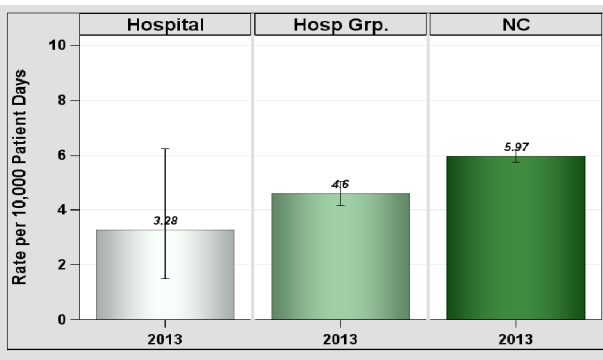


Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	9	27,418	3.28

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.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Pardee Hospital, Hendersonville, Henderson County

Catheter-Associated Urinary Tract Infections (CAUTI)

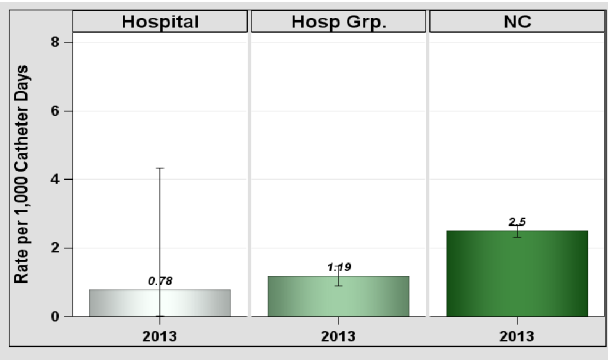


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	1	1,286	0.78

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	51	0

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.

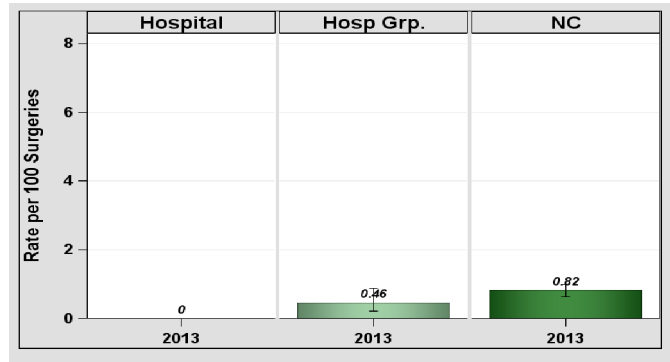


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

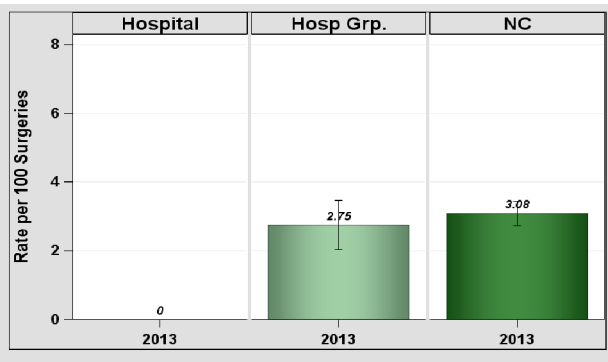


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	0	37	0

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

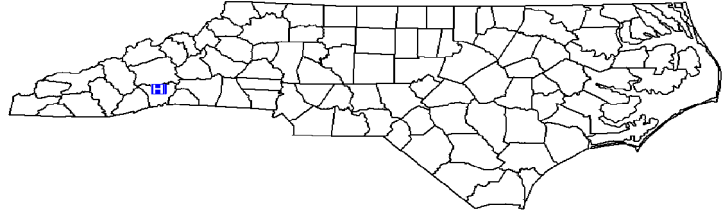
Data from January 1 – December 31, 2013

Park Ridge Health, Hendersonville, Henderson County

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)

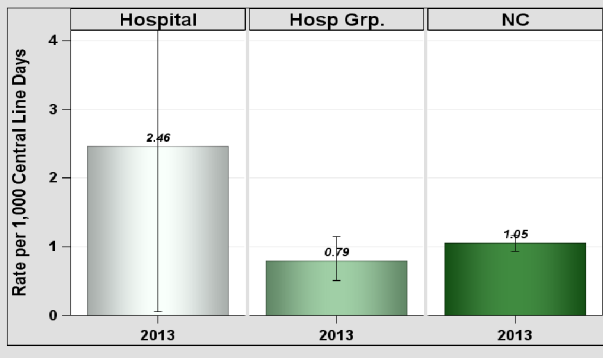


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	1	406	2.46

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	2	22,878	0.09

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.

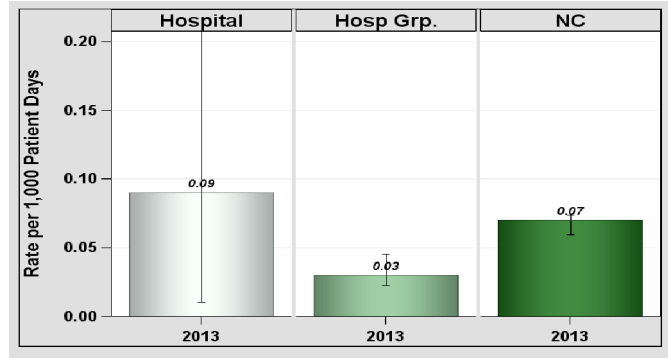


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

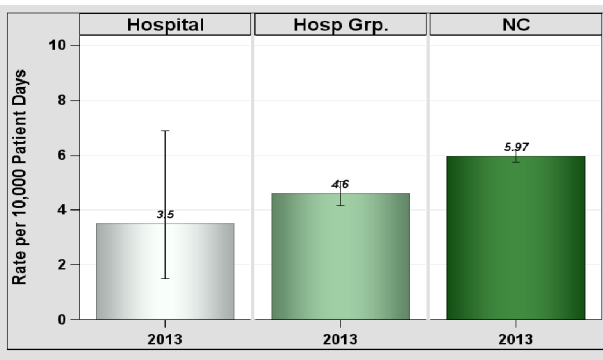


Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	8	22,878	3.5

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.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of March 18, 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)

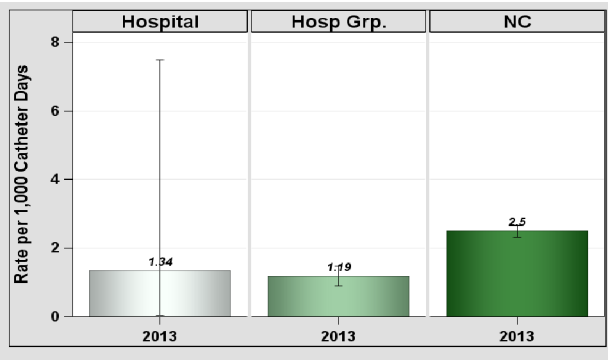


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	1	744	1.34

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	1	81	1.23

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.

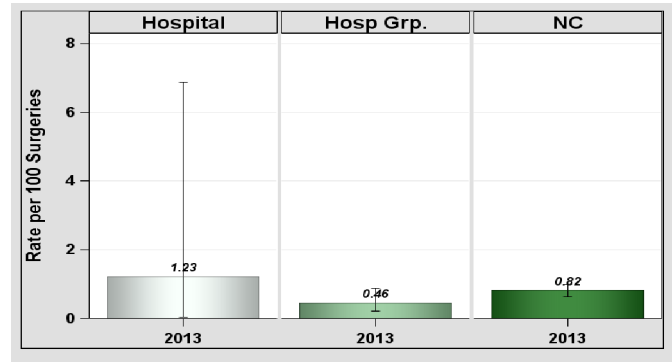


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

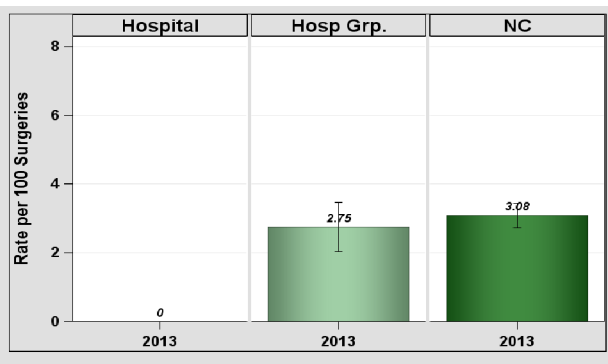


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	0	40	0

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

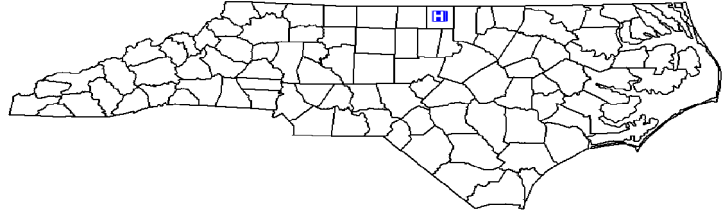
Data from January 1 – December 31, 2013

Person Memorial Hospital, Roxboro, Person County

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)

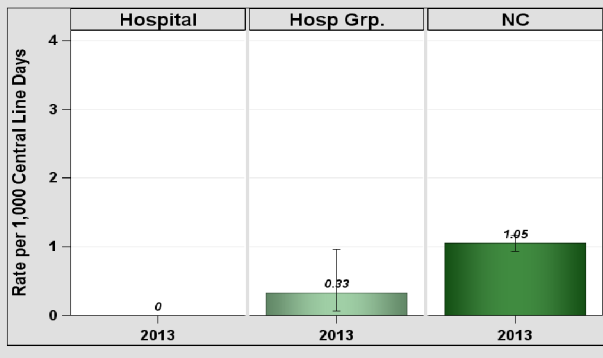


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	143	0

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	1	6,010	0.17

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.

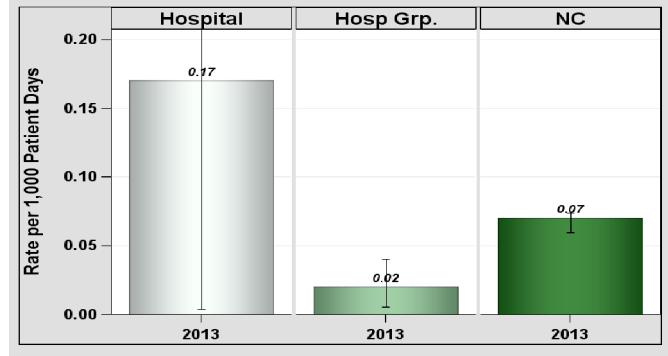


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

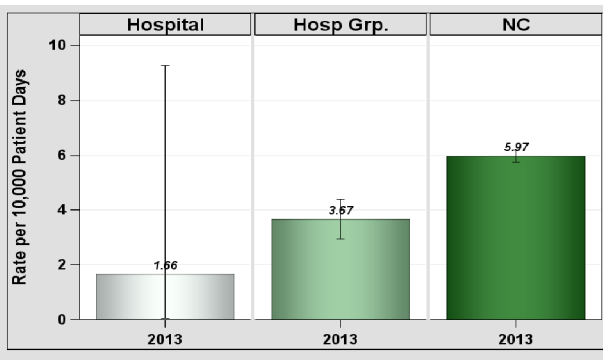


Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	1	6,010	1.66

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.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
 Person Memorial Hospital, Roxboro, Person County

Catheter-Associated Urinary Tract Infections (CAUTI)

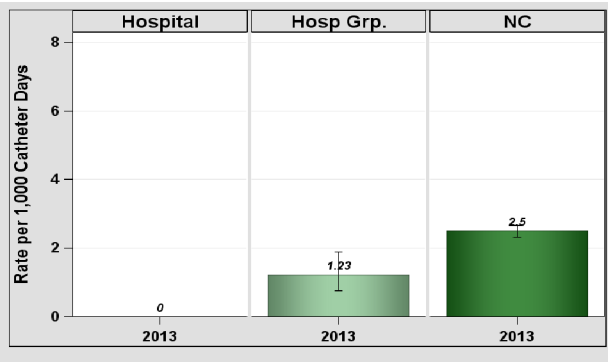


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	459	0

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	0	.

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.

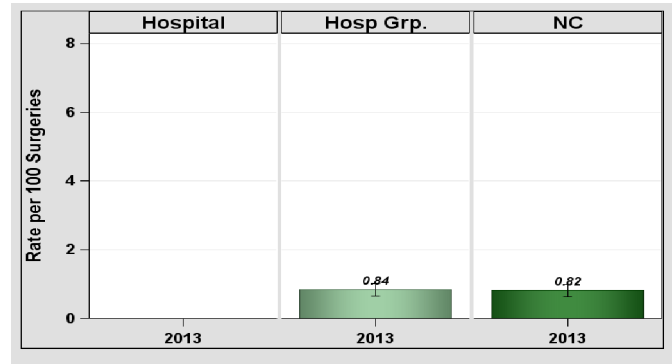


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

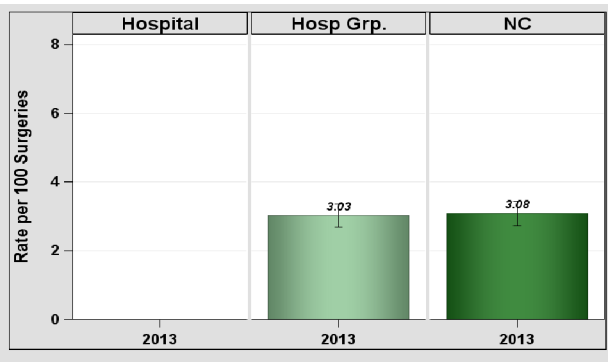


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	0	11	.

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

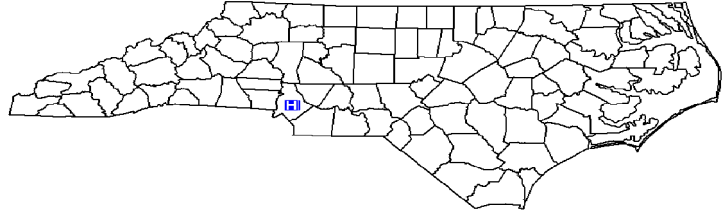
Data from January 1 – December 31, 2013

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)

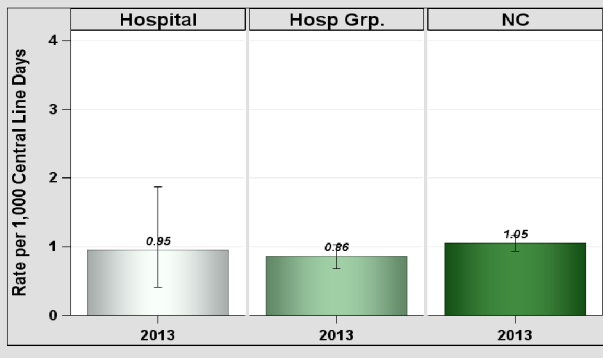


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	8	8,407	0.95

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	14	153,610	0.09

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.

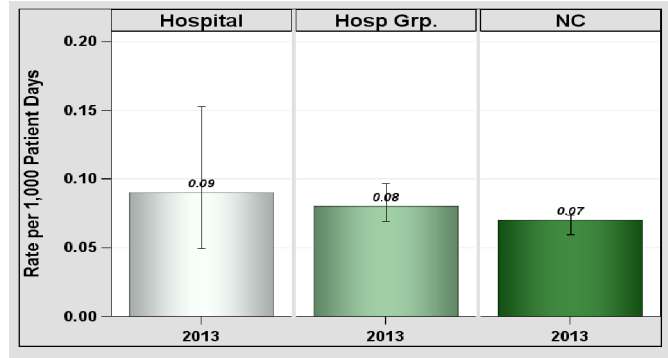


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

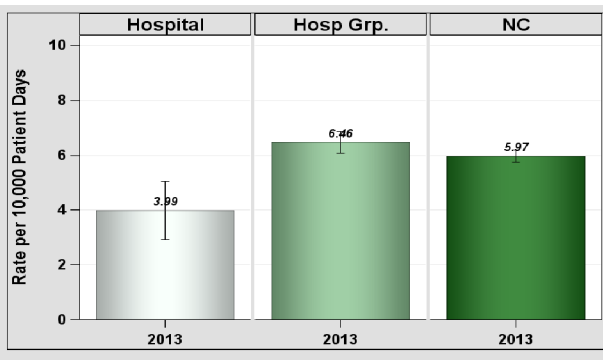


Figure 3. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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

Location	Infections	Patient Days	Rate
Facility-wide inpatient	55	137,991	3.99

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.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
 Presbyterian Hospital-Charlotte, Charlotte, Mecklenburg County

Catheter-Associated Urinary Tract Infections (CAUTI)

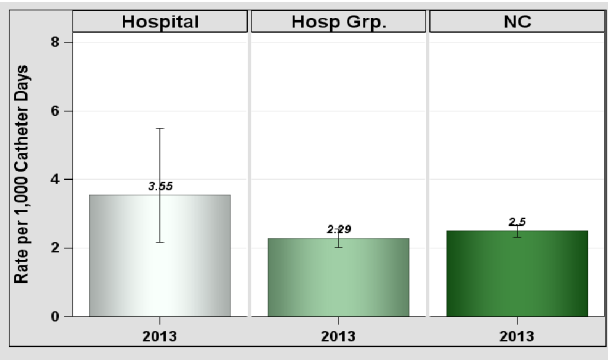


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	20	5,631	3.55

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	2	293	0.68

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.

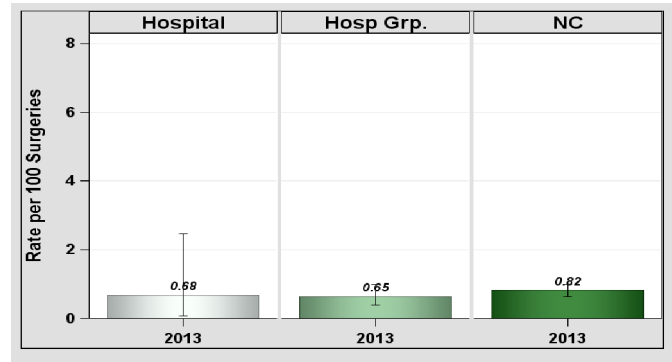


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

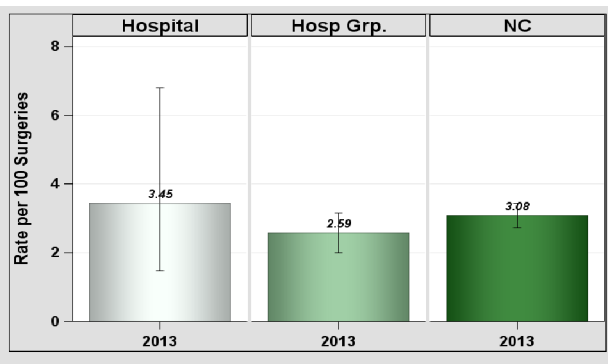


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	8	232	3.45

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.

North Carolina Healthcare-Associated Infections Report

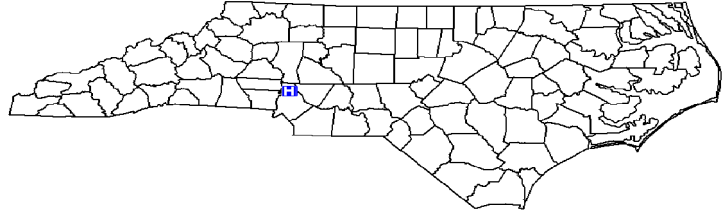
Data from January 1 – December 31, 2013

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)

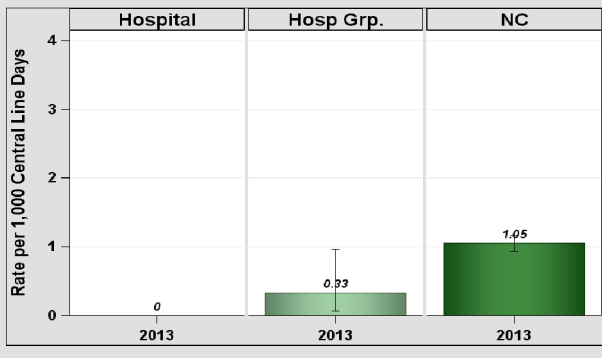


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	820	0

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	21,139	0

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.

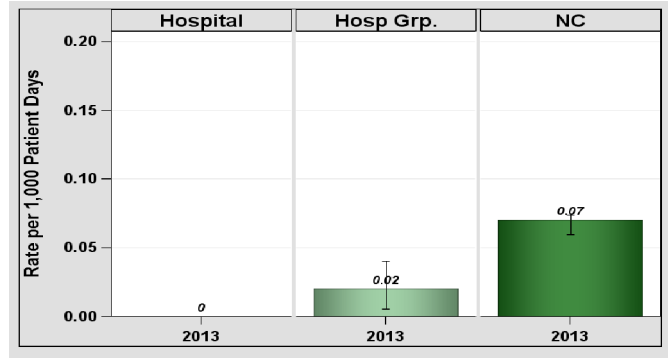


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

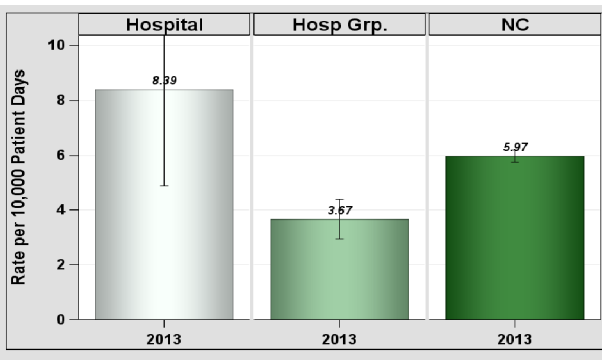


Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	17	20,273	8.39

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.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
 Presbyterian Hospital-Huntersville, Huntersville, Mecklenburg County

Catheter-Associated Urinary Tract Infections (CAUTI)

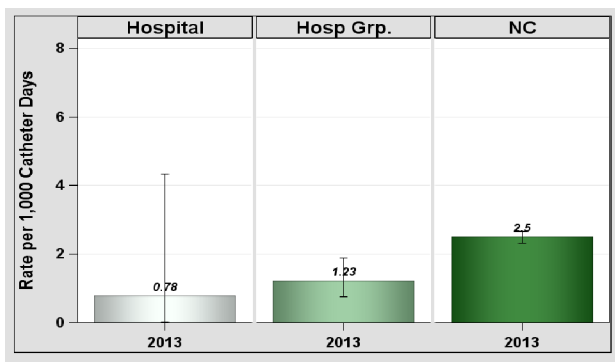


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	1	1,286	0.78

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	20	0

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.

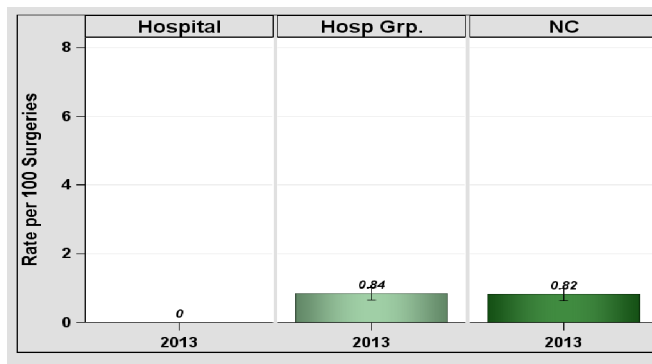


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

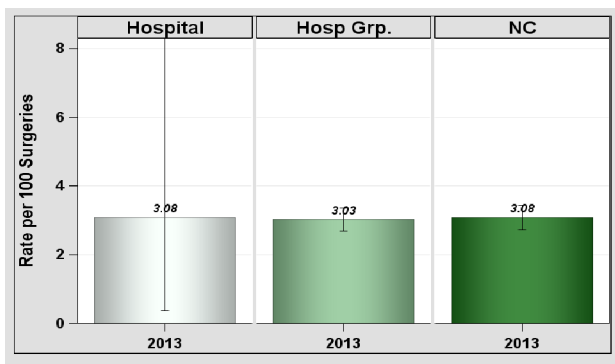


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	2	65	3.08

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.

North Carolina Healthcare-Associated Infections Report

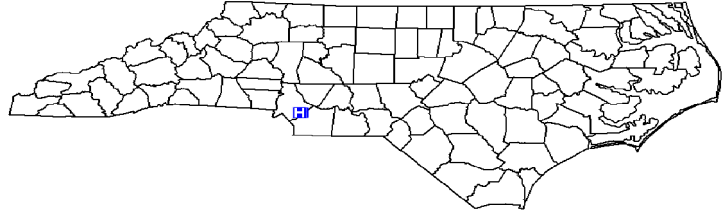
Data from January 1 – December 31, 2013

Novant Health Matthews Medical Center, Matthews, Mecklenburg County

2013 Hospital Survey Information

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)

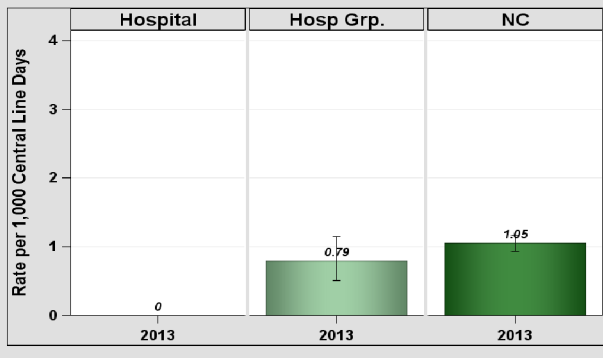


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	905	0

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	1	29,575	0.03

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.

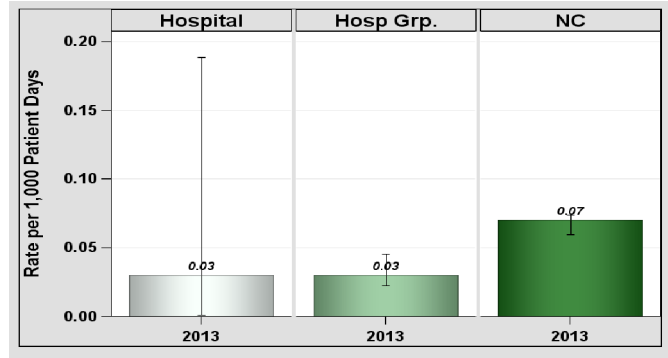


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

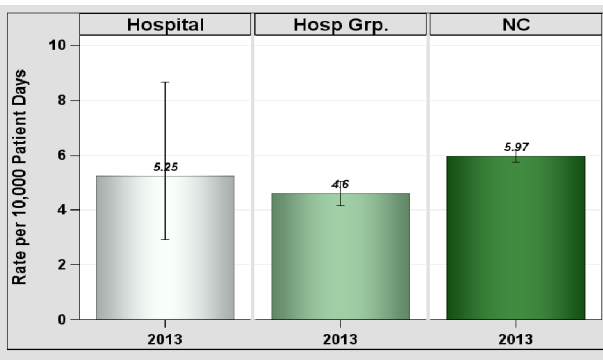


Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	15	28,547	5.25

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.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
 Novant Health Matthews Medical Center, Matthews, Mecklenburg County

Catheter-Associated Urinary Tract Infections (CAUTI)

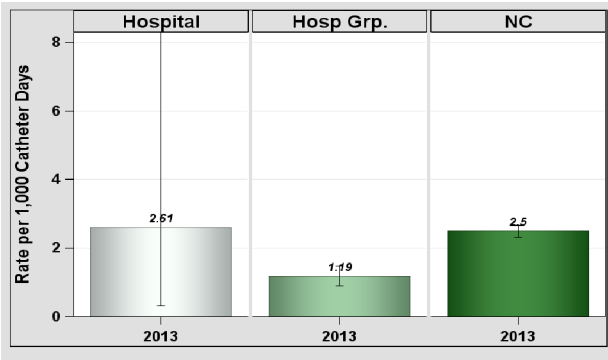


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	2	766	2.61

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	1	37	2.7

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.

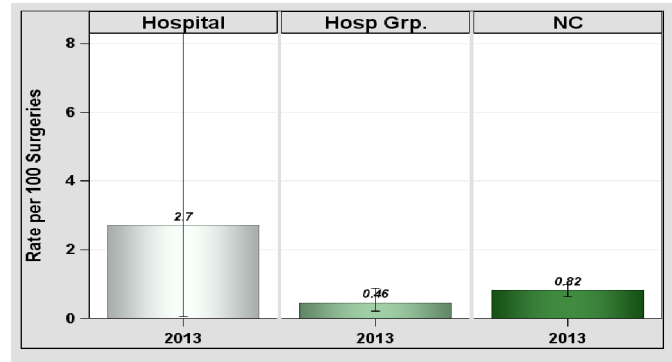


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

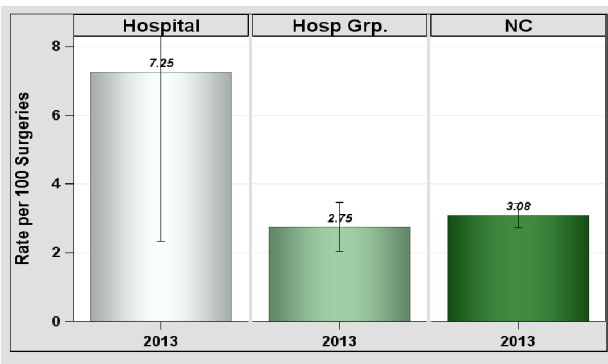


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	5	69	7.25

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.

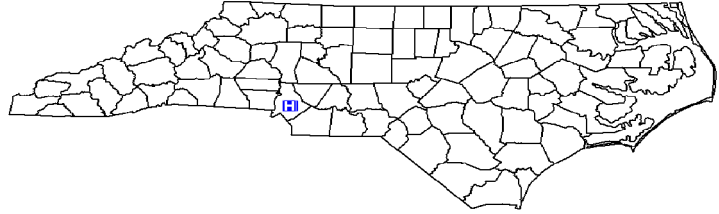
North Carolina Healthcare-Associated Infections Report

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



*FTE = 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.

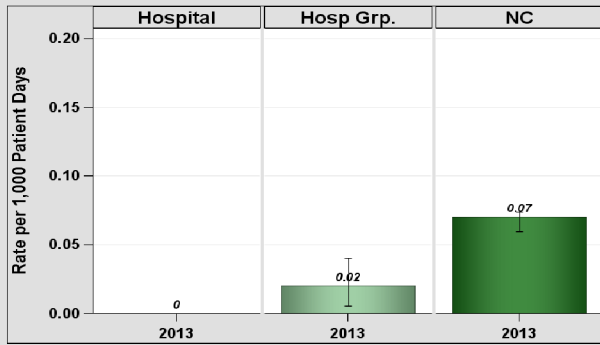


Table 1. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Dec 2013

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	14,269	0

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	5	14,269	3.5

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.

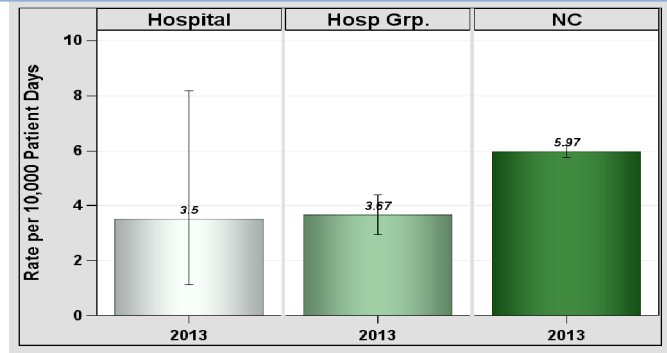


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Other Healthcare-Associated Infections (HAIs)

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.

North Carolina Healthcare-Associated Infections Report

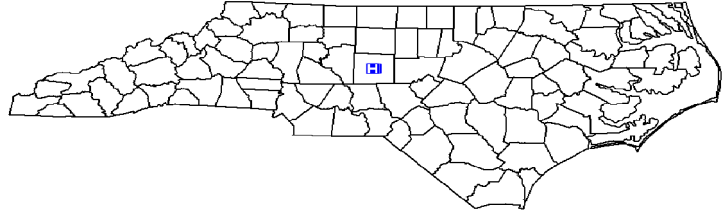
Data from January 1 – December 31, 2013

Randolph Hospital, Asheboro, Randolph County

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)

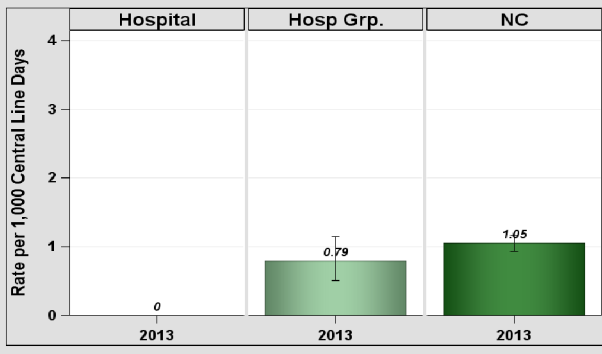


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	820	0

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	21,208	0

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.

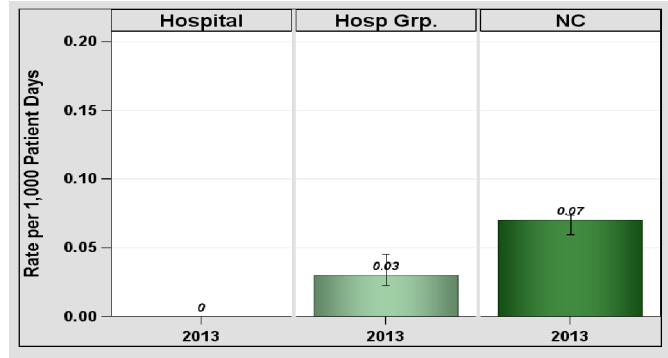


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

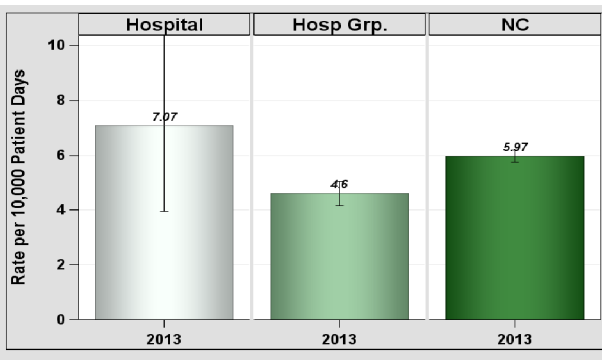


Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	15	21,208	7.07

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.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Randolph Hospital, Asheboro, Randolph County

Catheter-Associated Urinary Tract Infections (CAUTI)

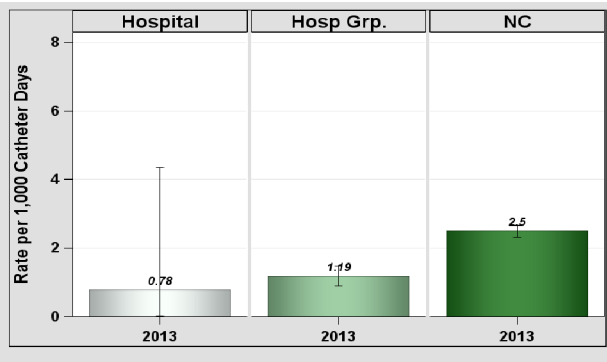


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	1	1,278	0.78

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	1	65	1.54

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.

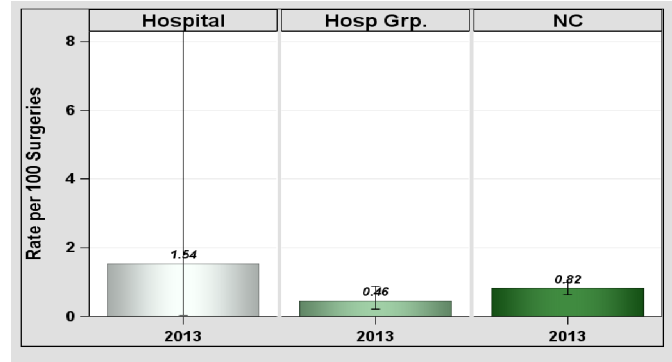


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

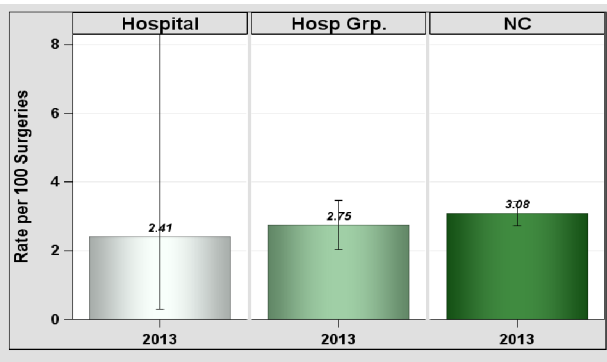


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	2	83	2.41

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.

North Carolina Healthcare-Associated Infections Report

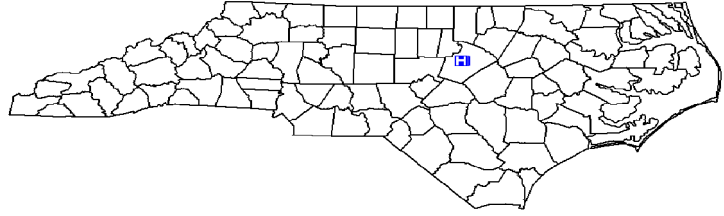
Data from January 1 – December 31, 2013

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)

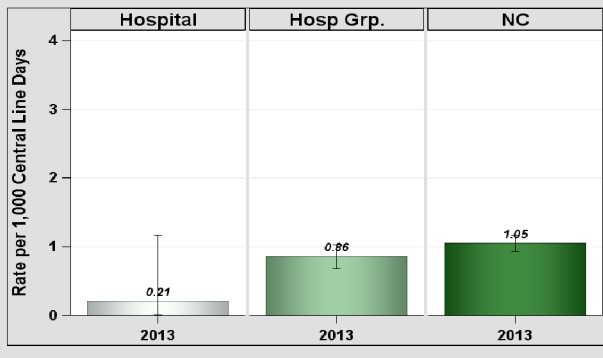


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	1	4,754	0.21

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	5	121,583	0.04

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.

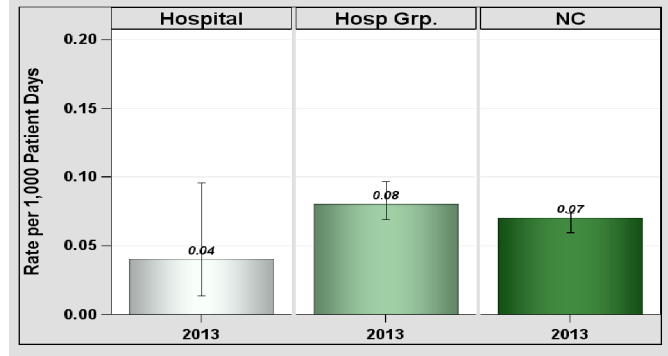


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

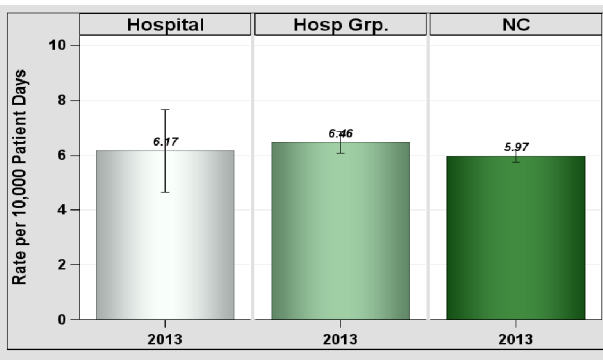


Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	65	105,404	6.17

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.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of March 18, 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)

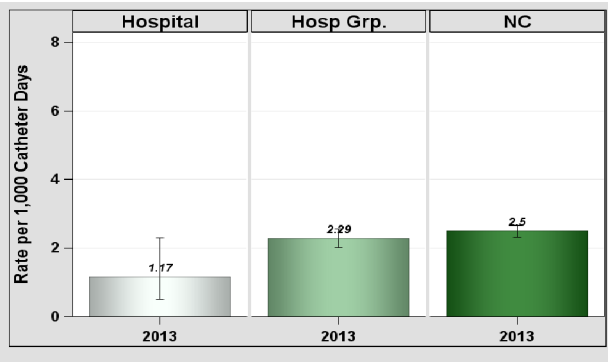


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	8	6,848	1.17

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	2	446	0.45

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.

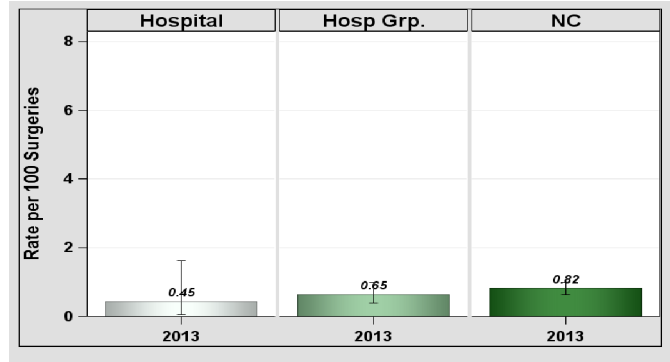


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

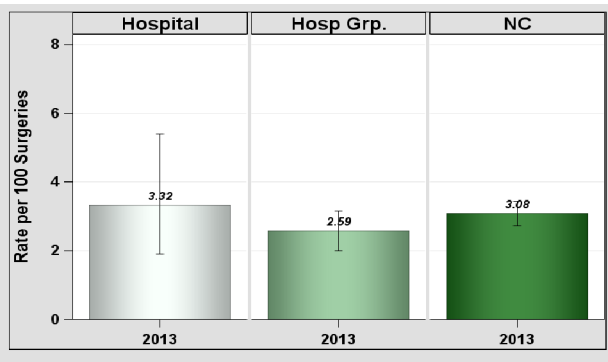


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	16	482	3.32

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.

North Carolina Healthcare-Associated Infections Report

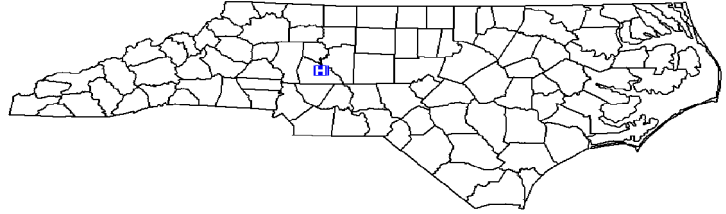
Data from January 1 – December 31, 2013

Rowan Regional Medical Center, Salisbury, Rowan County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: No
 Profit Status: Not for Profit
 Admissions in 2013: 9,724
 Patient Days in 2013: 47,499
 Total Number of Beds: 268
 Number of ICU Beds: 12
 FTE* Infection Preventionists: 0.75
 Number of FTEs* per 100 beds: 0.28

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

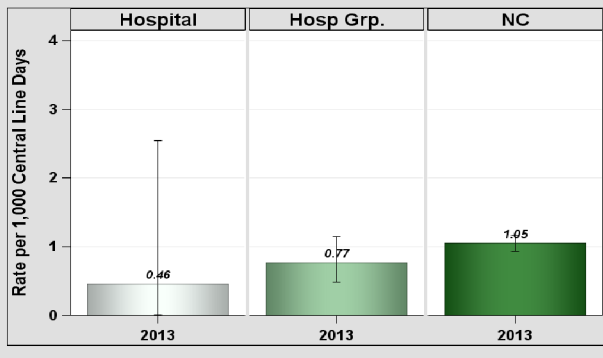


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	1	2,190	0.46

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	2	47,518	0.04

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.

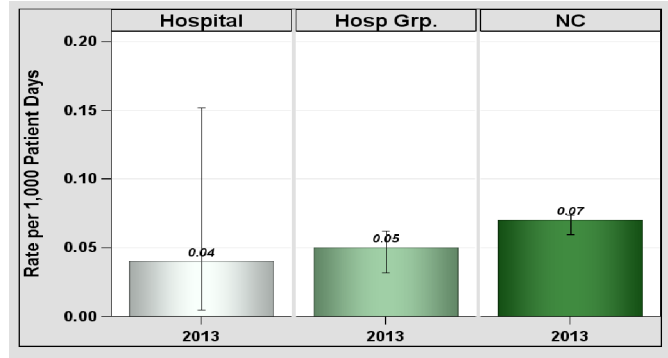


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

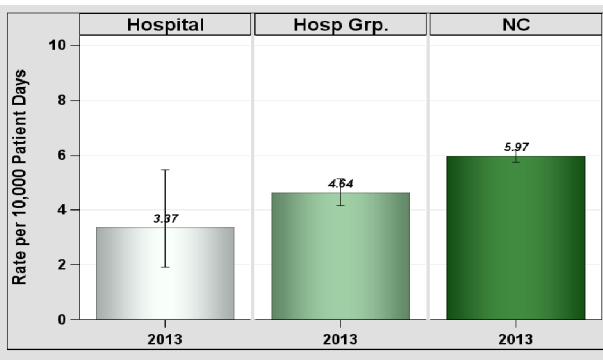


Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	16	47,518	3.37

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.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf). Data as of March 18, 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)

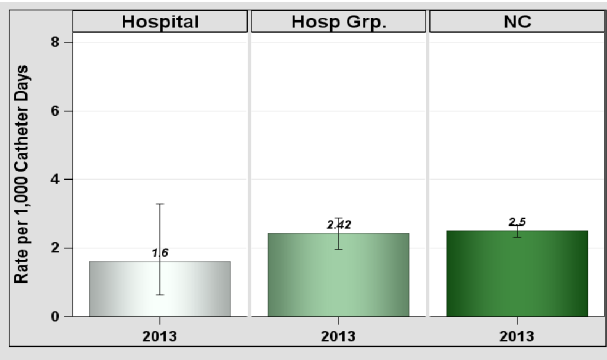


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	7	4,385	1.6

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	1	21	4.76

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.

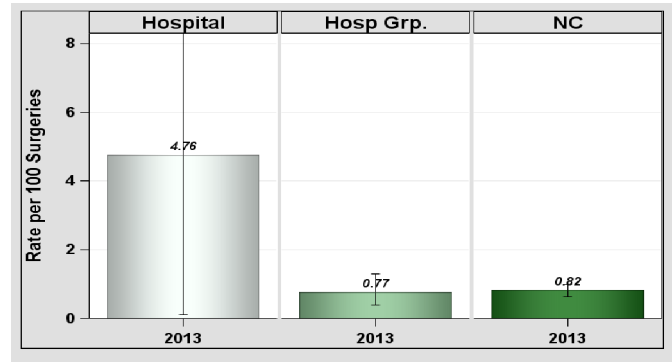


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

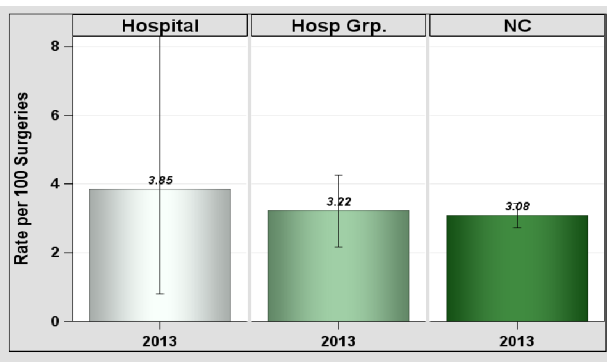


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	3	78	3.85

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.

North Carolina Healthcare-Associated Infections Report

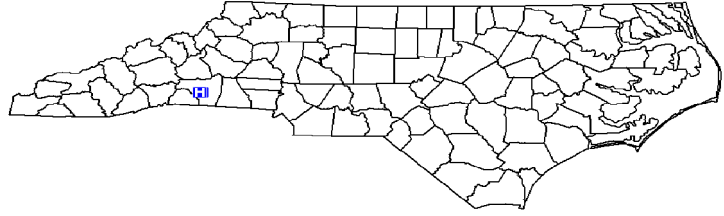
Data from January 1 – December 31, 2013

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)

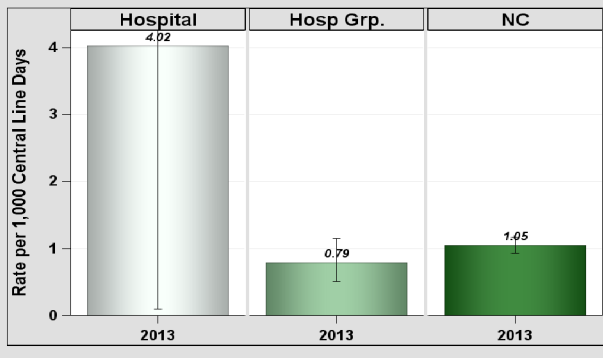


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	1	249	4.02

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	22,794	0

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.

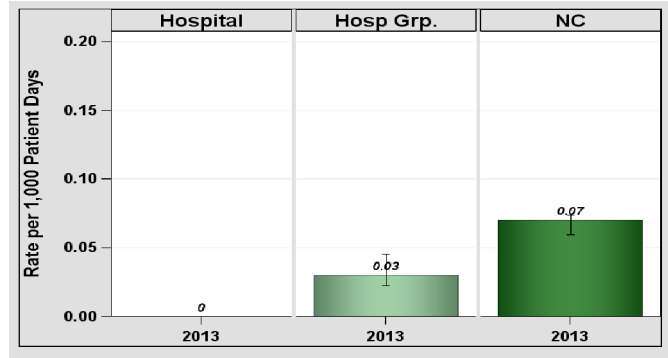


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

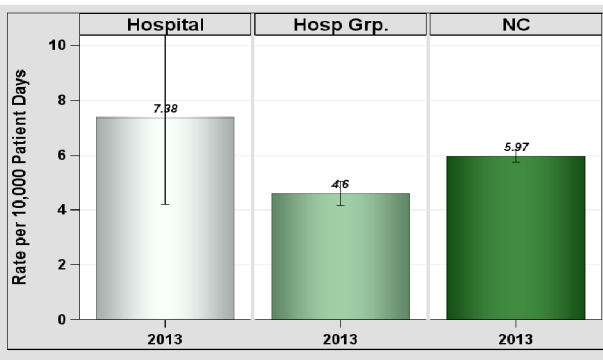


Figure 3. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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

Location	Infections	Patient Days	Rate
Facility-wide inpatient	16	21,666	7.38

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
Rutherford Regional Medical Center, Rutherfordton, Rutherford County

Catheter-Associated Urinary Tract Infections (CAUTI)

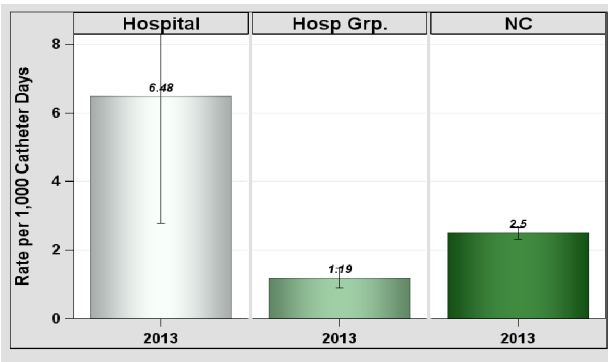


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	8	1,235	6.48

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	38	0

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.

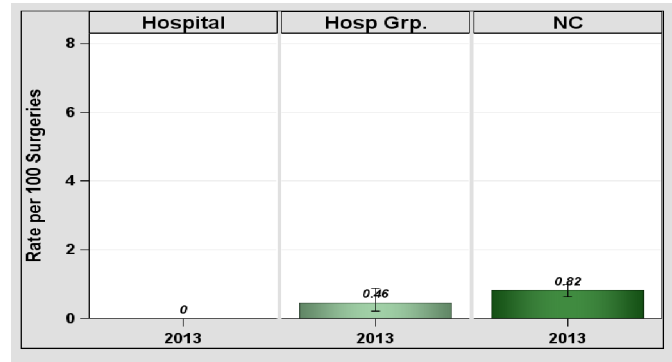


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

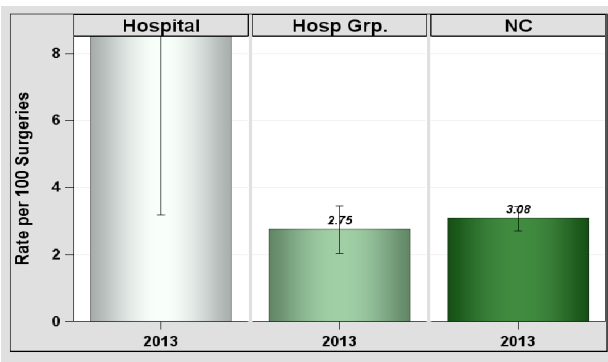


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	5	51	9.8

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.

North Carolina Healthcare-Associated Infections Report

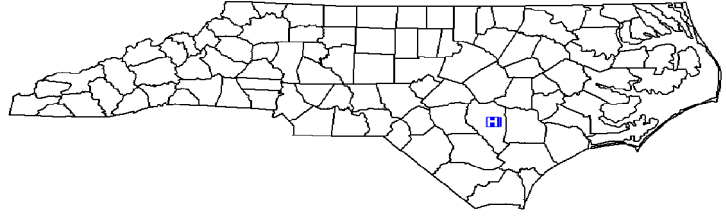
Data from January 1 – December 31, 2013

Sampson Regional Medical Center, Clinton, Sampson County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: No
 Profit Status: Not for Profit
 Admissions in 2013: 4,464
 Patient Days in 2013: 15,521
 Total Number of Beds: 116
 Number of ICU Beds: 8
 FTE* Infection Preventionists: 1.00
 Number of FTEs* per 100 beds: 0.86

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

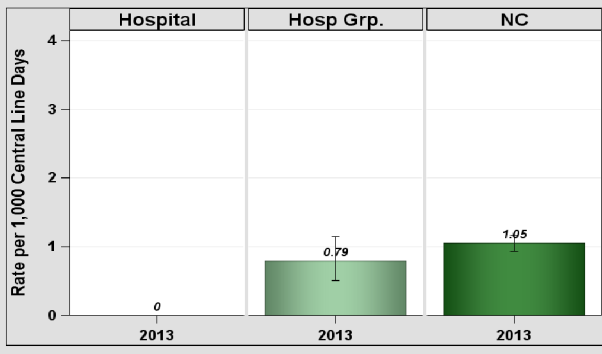


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	211	0

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	1	15,521	0.06

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.

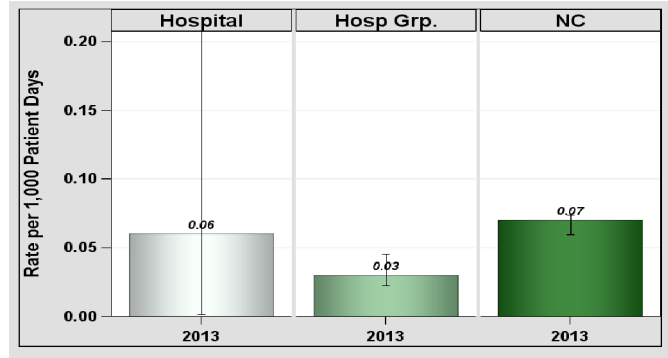


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

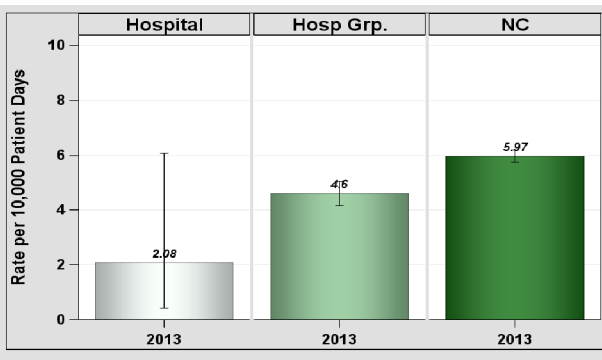


Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	3	14,456	2.08

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.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of March 18, 2014.

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)

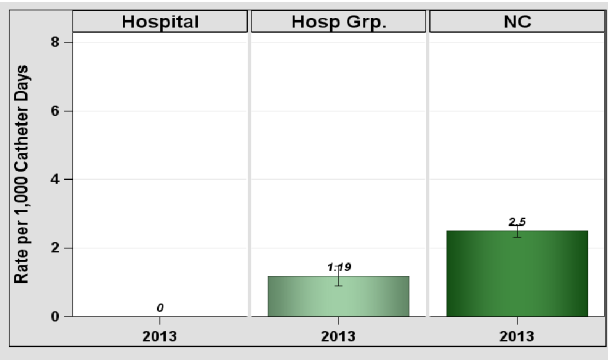


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	873	0

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	8	.

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.

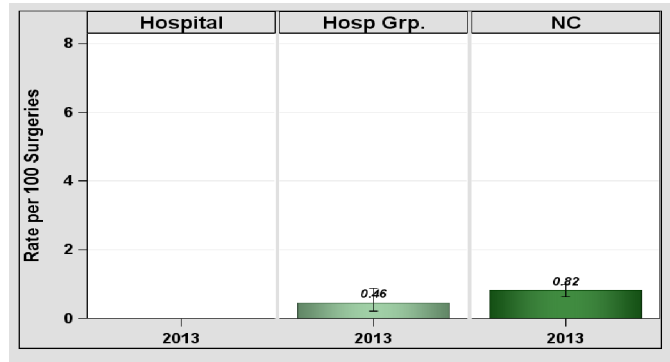


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

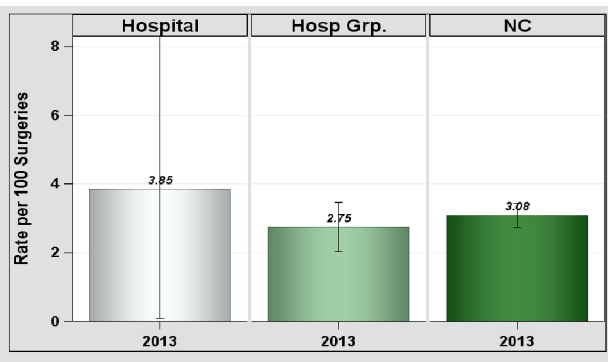


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	1	26	3.85

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.

North Carolina Healthcare-Associated Infections Report

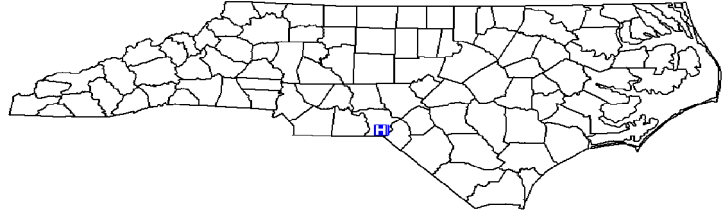
Data from January 1 – December 31, 2013

Sandhills Regional Medical Center, Hamlet, Richmond County

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 (CLABSI)

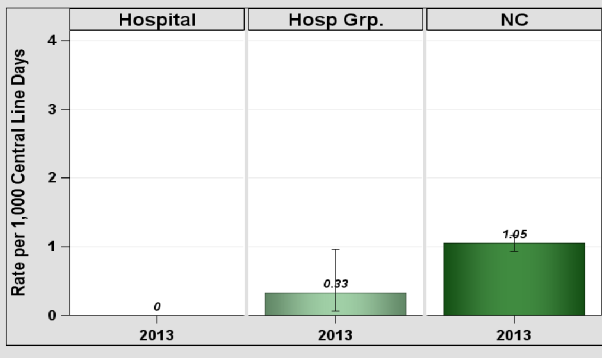


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	121	0

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	1	9,469	0.11

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.

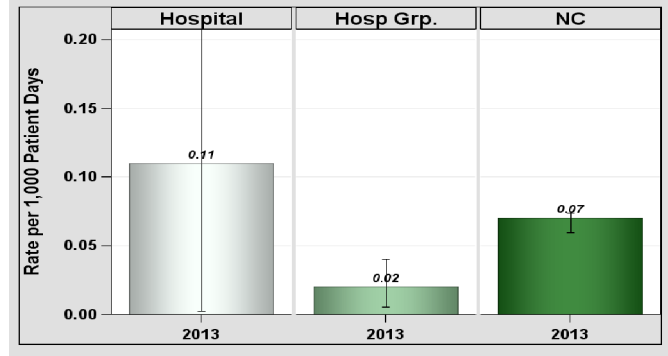


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

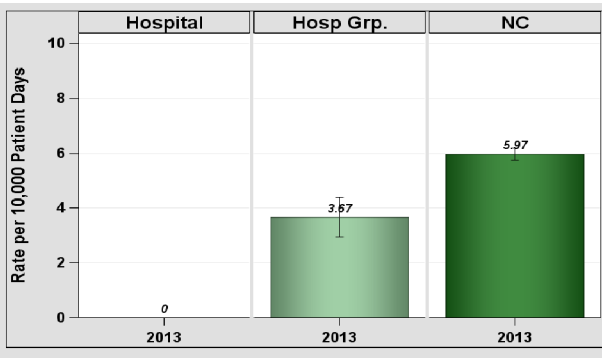


Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	9,469	0

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

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Sandhills Regional Medical Center, Hamlet, Richmond County

Catheter-Associated Urinary Tract Infections (CAUTI)

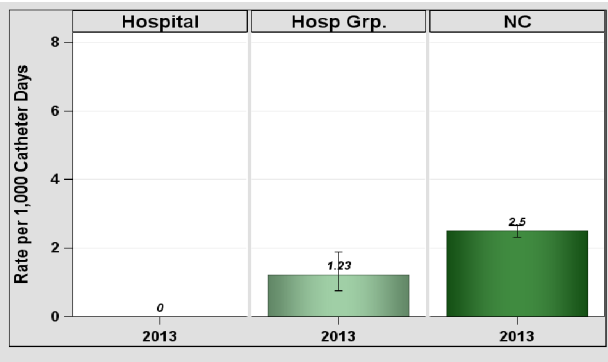


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	403	0

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	24	0

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.

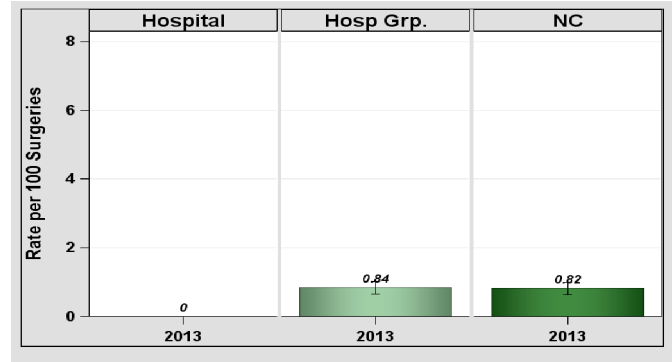


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

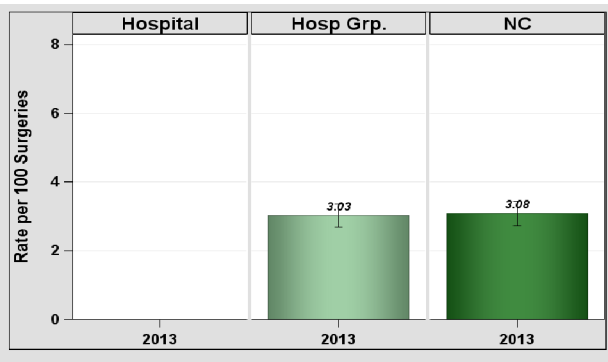


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	0	4	.

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

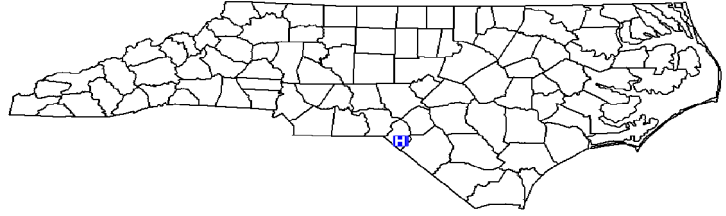
Data from January 1 – December 31, 2013

Scotland Memorial Hospital, Laurinburg, Scotland County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: No
 Profit Status: Not for Profit
 Admissions in 2013: 6,074
 Patient Days in 2013: 21,154
 Total Number of Beds: 104
 Number of ICU Beds: 7
 FTE* Infection Preventionists: 0.80
 Number of FTEs* per 100 beds: 0.77

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

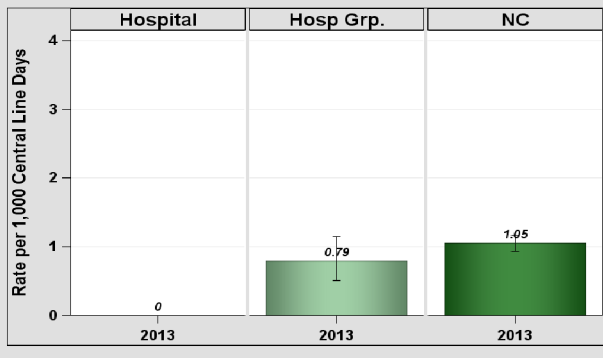


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	463	0

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	2	21,154	0.09

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.

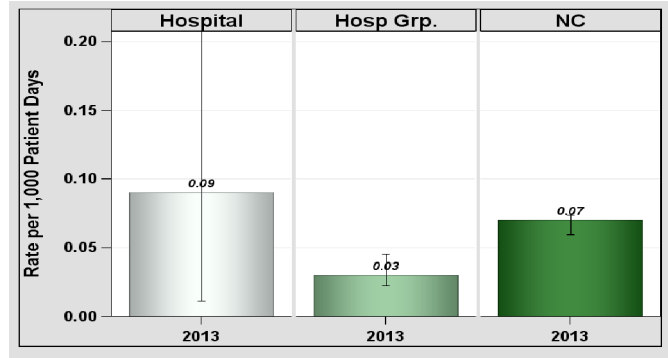


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

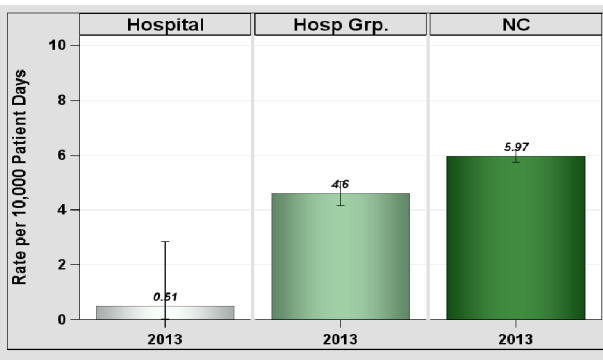


Figure 3. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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

Location	Infections	Patient Days	Rate
Facility-wide inpatient	1	19,457	0.51

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.

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)

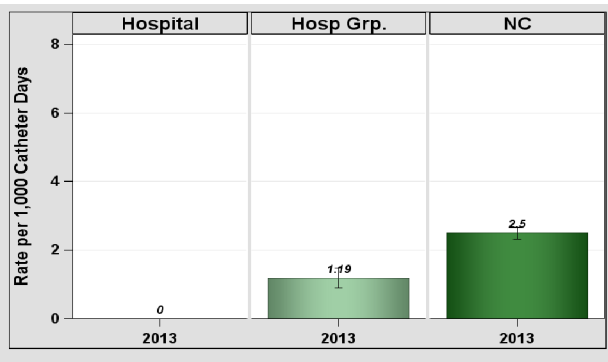


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	637	0

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	33	0

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.

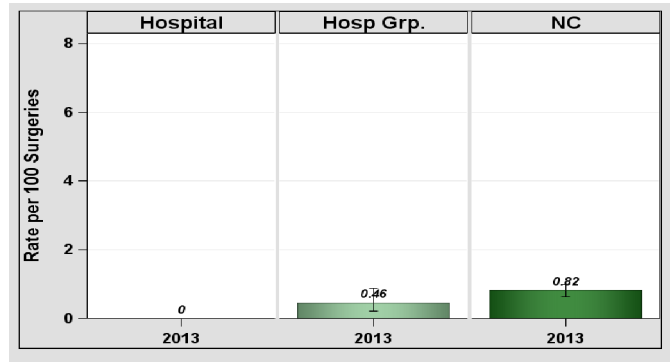


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

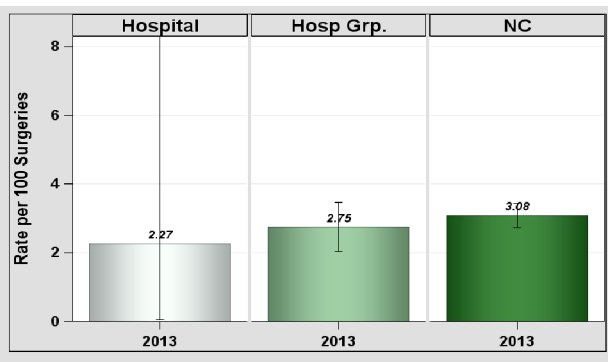


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	1	44	2.27

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.

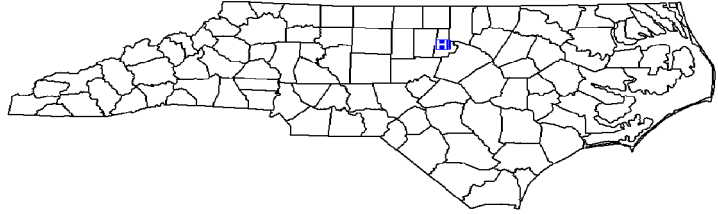
North Carolina Healthcare-Associated Infections Report

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)

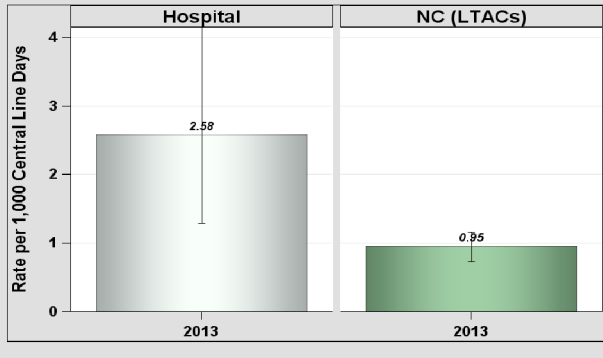


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

	Infections	Line Days	Rate
Total for Reporting Units	11	4,258	2.58

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.

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.

	Infections	Catheter Days	Rate
Total for Reporting Units	15	2,810	5.34

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.

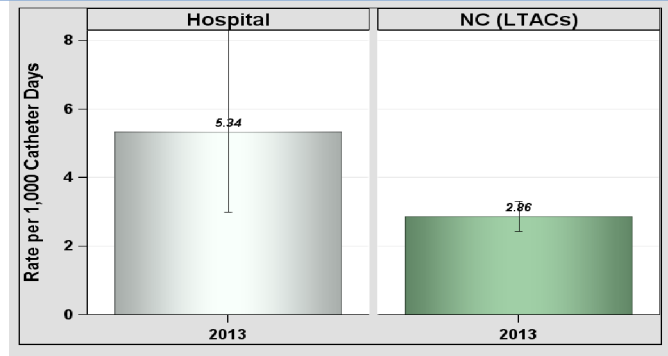


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

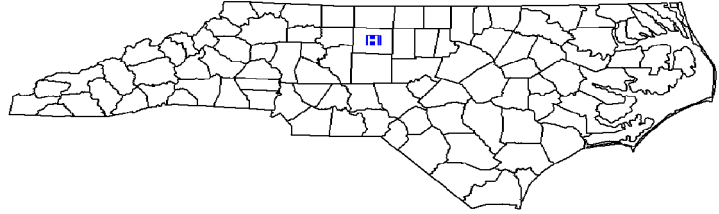
North Carolina Healthcare-Associated Infections Report

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)

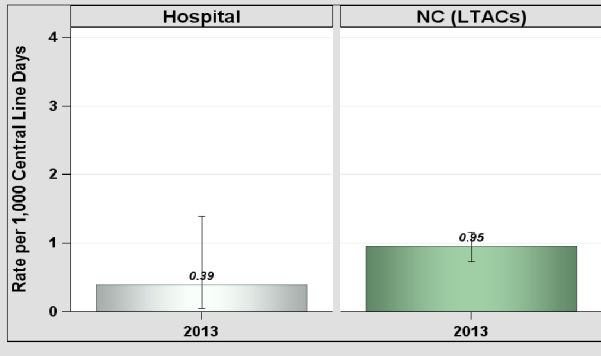


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

	Infections	Line Days	Rate
Total for Reporting Units	2	5,191	0.39

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.

	Infections	Catheter Days	Rate
Total for Reporting Units	0	4,595	0.00

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.

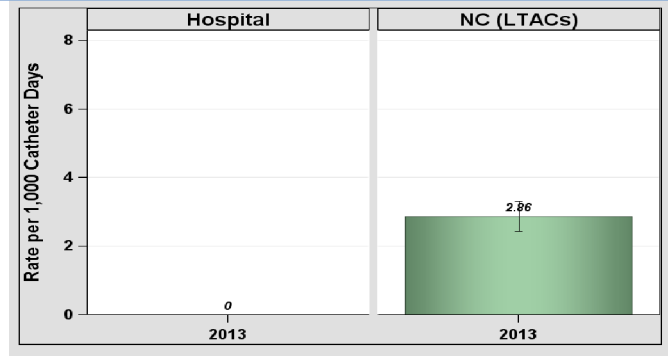


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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

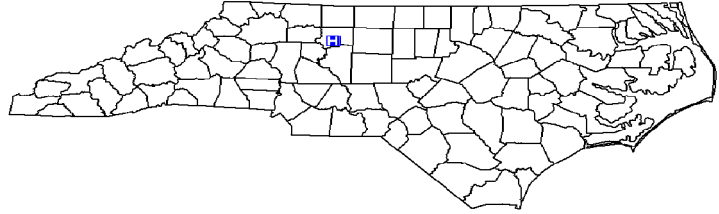
North Carolina Healthcare-Associated Infections Report

Data from January 1 – December 31, 2013

Select Specialty Hospital-Winston Salem, Winston Salem, Forsyth County

2013 Hospital Survey Information

Hospital Type: Long-term Acute Care Hospital
 Profit Status: For Profit
 Admissions in 2013: 410
 Patient Days in 2013: 10,529
 Total Number of Beds: 42
 FTE* Infection Preventionists: 0.35
 Number of FTEs* per 100 beds: 0.83



*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

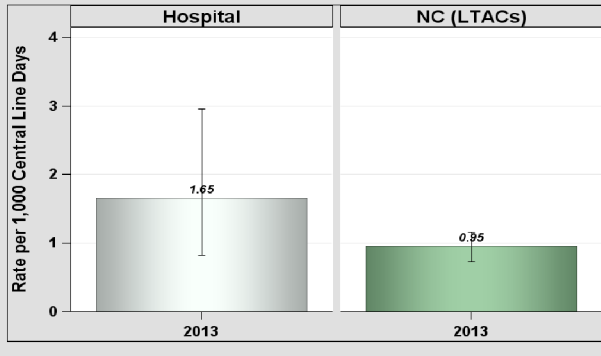


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

	Infections	Line Days	Rate
Total for Reporting Units	11	6,666	1.65

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.

	Infections	Catheter Days	Rate
Total for Reporting Units	20	6,894	2.9

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.

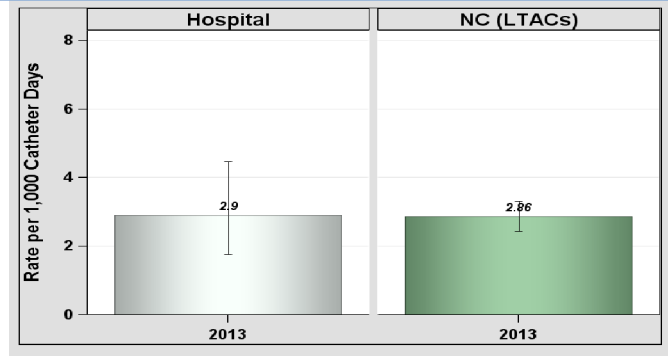


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

North Carolina Healthcare-Associated Infections Report

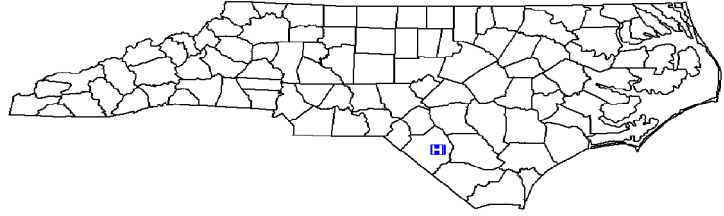
Data from January 1 – December 31, 2013

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)

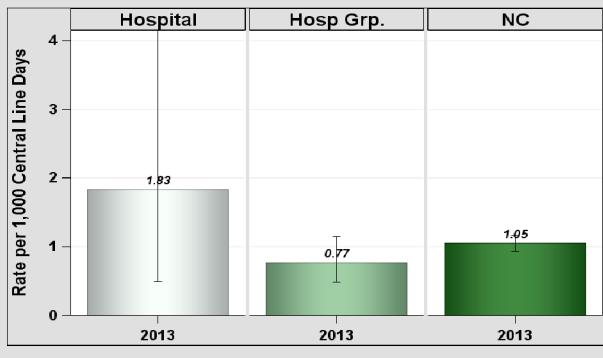


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	4	2,190	1.83

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	6	77,437	0.08

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.

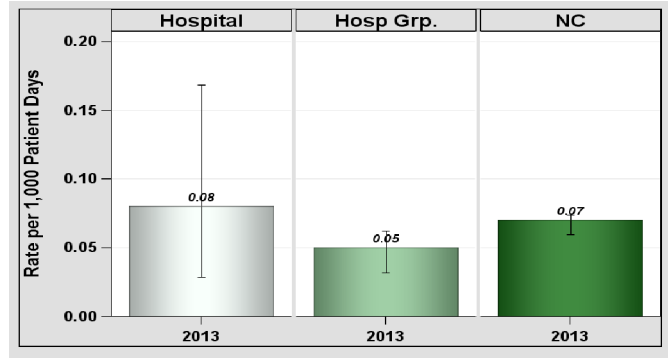


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

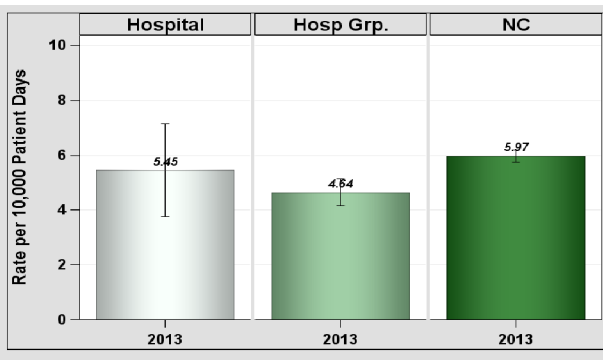


Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	40	73,441	5.45

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.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
 Southeastern Regional Medical Center, Lumberton, Robeson County

Catheter-Associated Urinary Tract Infections (CAUTI)

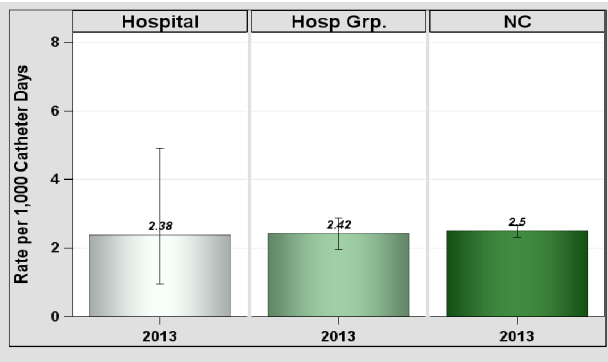


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	7	2,941	2.38

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	1	150	0.67

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.

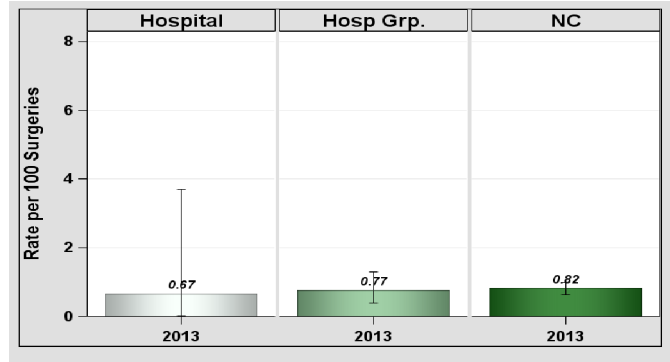


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

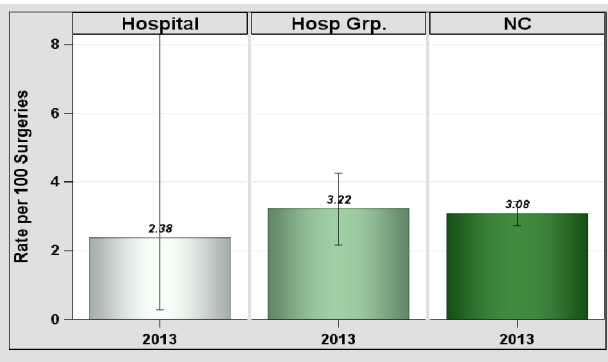


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	2	84	2.38

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.

North Carolina Healthcare-Associated Infections Report

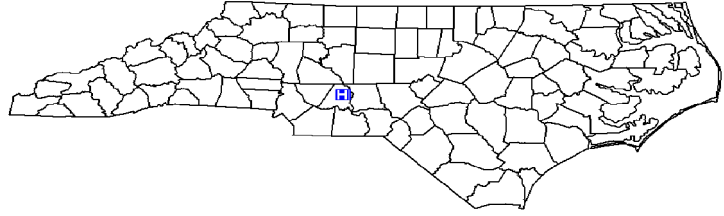
Data from January 1 – December 31, 2013

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)

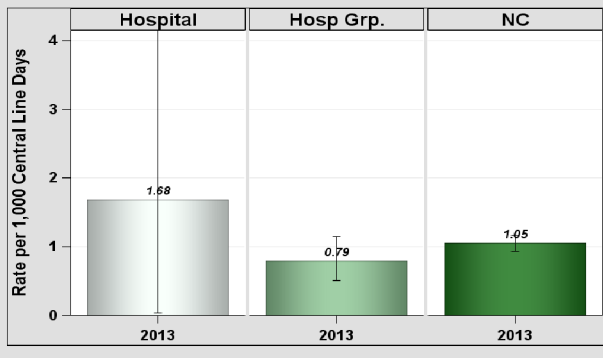


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	1	594	1.68

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	17,053	0

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.

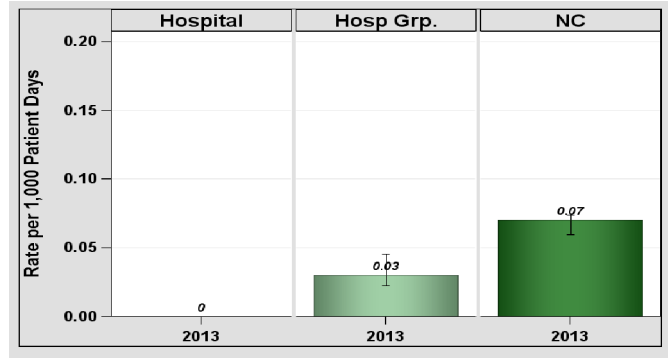


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

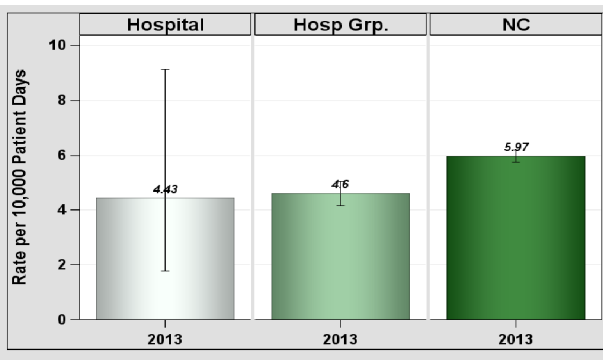


Figure 3. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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

Location	Infections	Patient Days	Rate
Facility-wide inpatient	7	15,800	4.43

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
Stanly Regional Medical Center, Albemarle, Stanly County

Catheter-Associated Urinary Tract Infections (CAUTI)

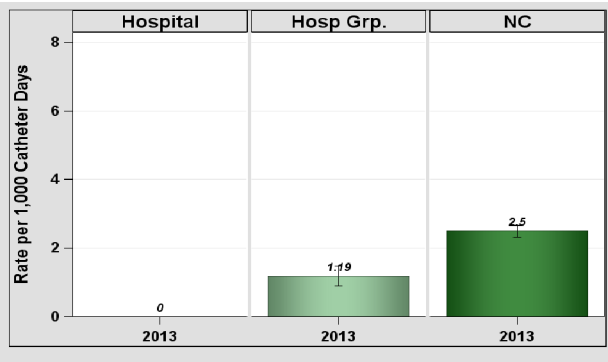


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	1,412	0

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	17	.

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.

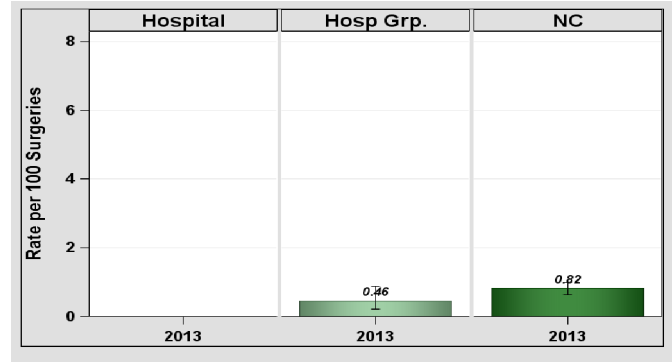


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

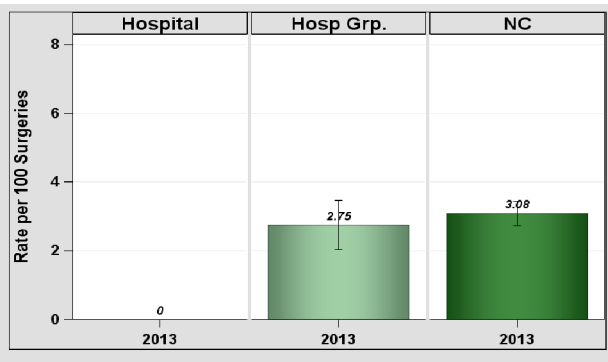


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	0	32	0

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

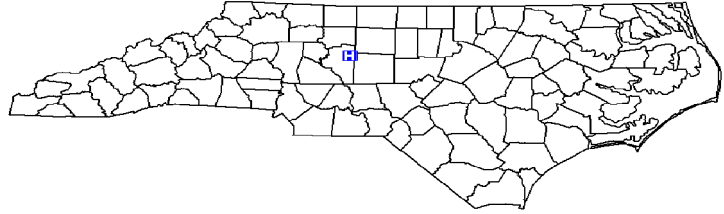
Data from January 1 – December 31, 2013

Thomasville Medical Center, Thomasville, Davidson County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: No
 Profit Status: Not for Profit
 Admissions in 2013: 4,209
 Patient Days in 2013: 24,331
 Total Number of Beds: 149
 Number of ICU Beds: 11
 FTE* Infection Preventionists: 0.50
 Number of FTEs* per 100 beds: 0.34

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

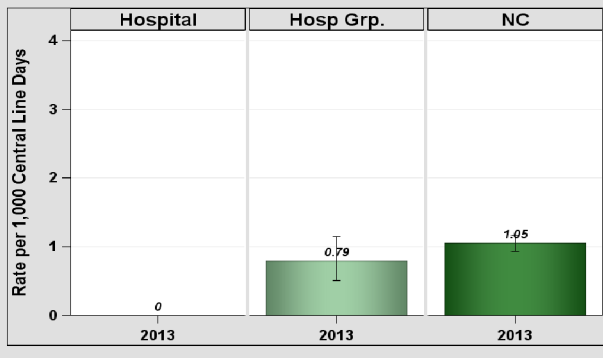


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	230	0

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	24,370	0

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.

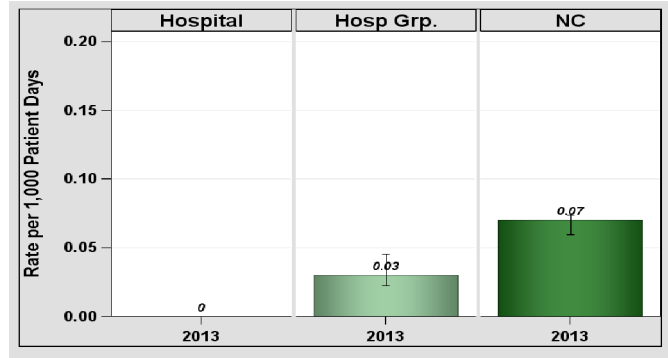


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

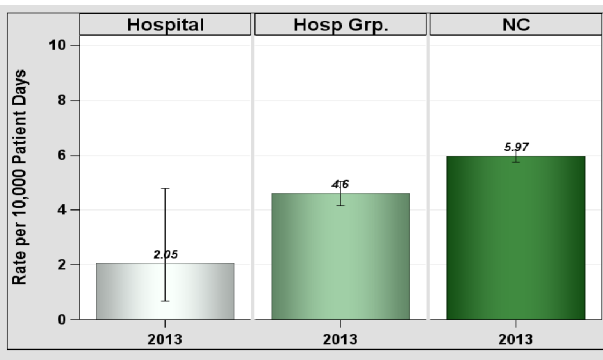


Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	5	24,370	2.05

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.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
 Thomasville Medical Center, Thomasville, Davidson County

Catheter-Associated Urinary Tract Infections (CAUTI)

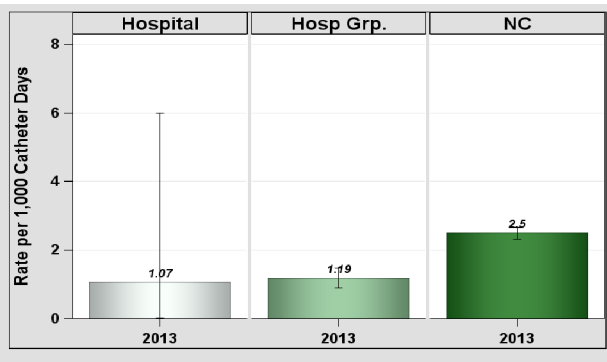


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	1	931	1.07

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	1	14	.

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.

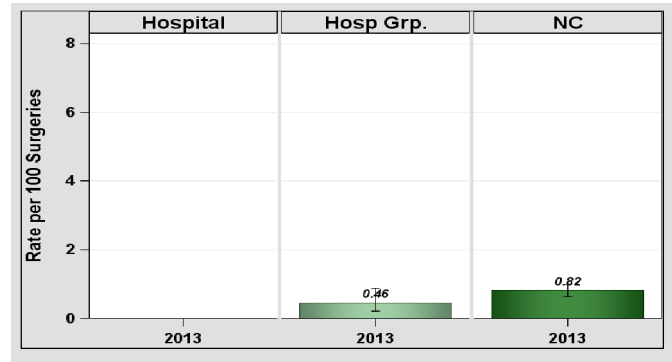


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

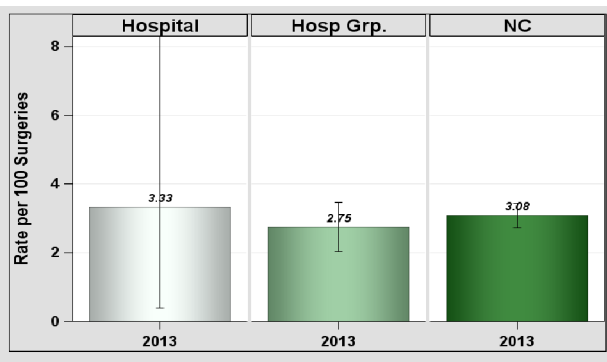


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	2	60	3.33

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.

North Carolina Healthcare-Associated Infections Report

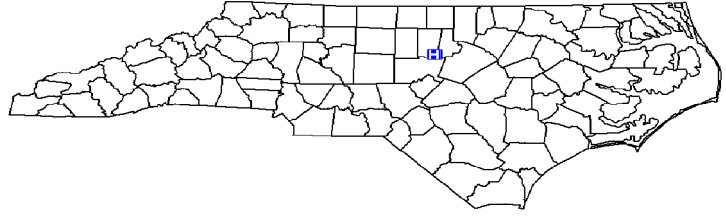
Data from January 1 – December 31, 2013

UNC Health Care, Chapel Hill, Orange County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Profit Status:	Government
Admissions in 2013:	40,872
Patient Days in 2013:	254,256
Total Number of Beds:	848
Number of ICU Beds:	171
FTE* Infection Preventionists:	5.50
Number of FTEs* per 100 beds:	0.65

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

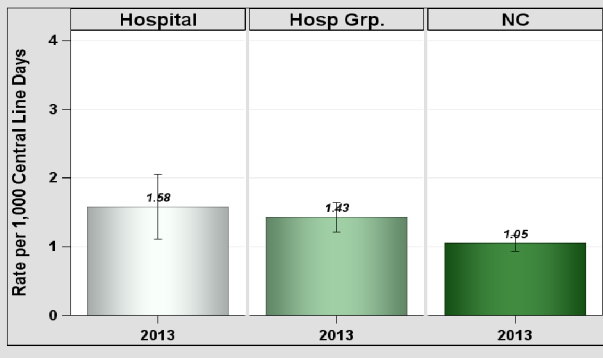


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	44	27,802	1.58

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	26	253,632	0.1

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.

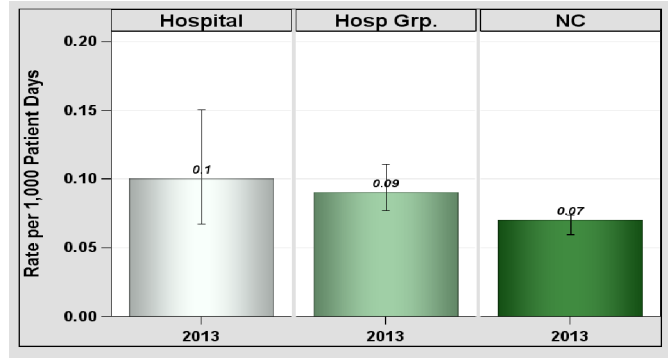


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

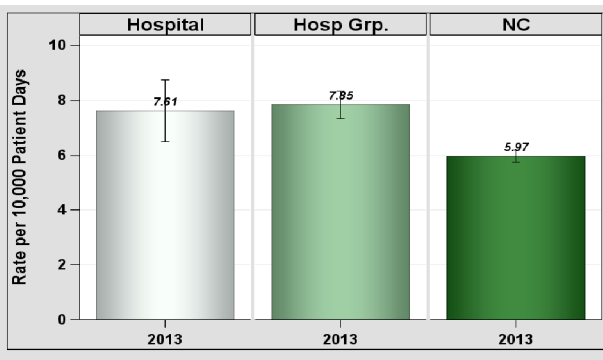


Figure 3. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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

Location	Infections	Patient Days	Rate
Facility-wide inpatient	175	229,959	7.61

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.

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)

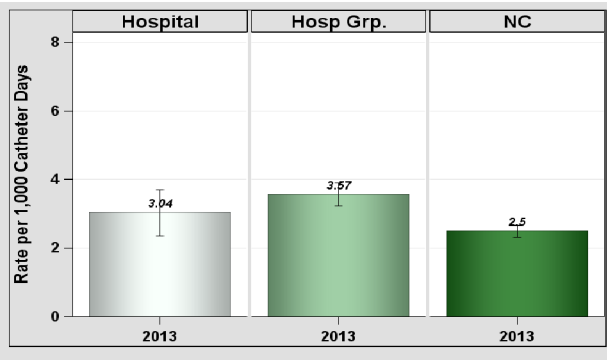


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	80	26,295	3.04

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	11	588	1.87

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.

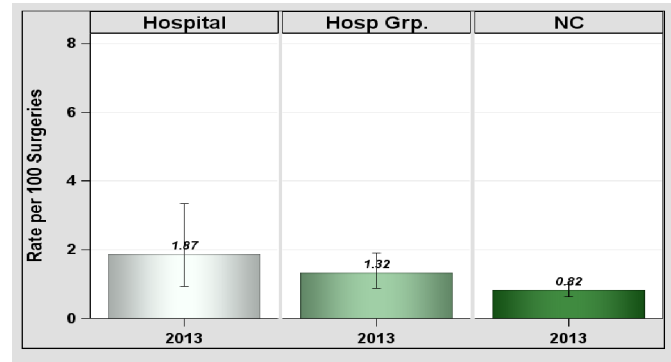


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

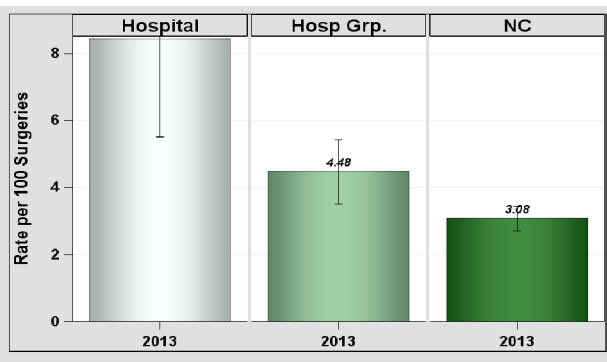


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	32	379	8.44

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).

North Carolina Healthcare-Associated Infections Report

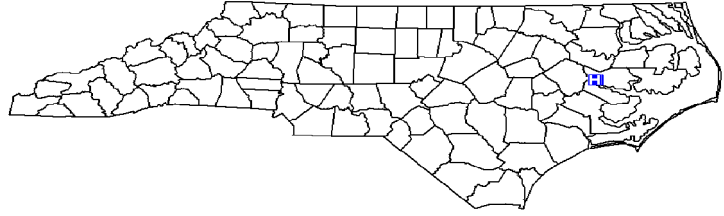
Data from January 1 – December 31, 2013

Vidant Beaufort Hospital, Washington, Beaufort County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: No
 Profit Status: Not for Profit
 Admissions in 2013: 3,387
 Patient Days in 2013: 15,957
 Total Number of Beds: 83
 Number of ICU Beds: 8
 FTE* Infection Preventionists: 1.00
 Number of FTEs* per 100 beds: 1.20

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

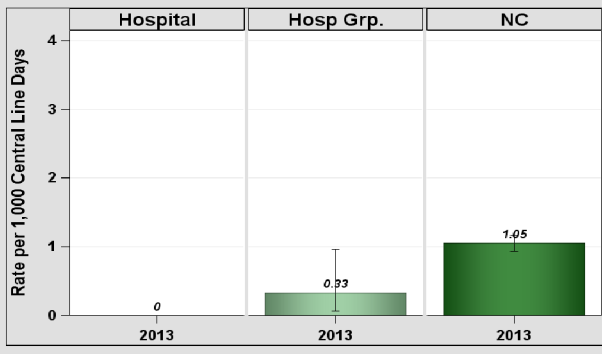


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	163	0

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	14,780	0

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.

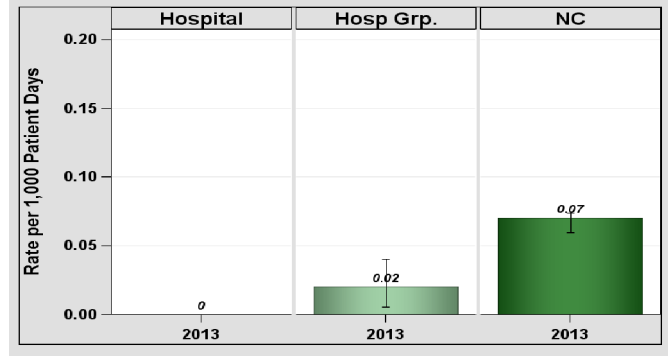


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

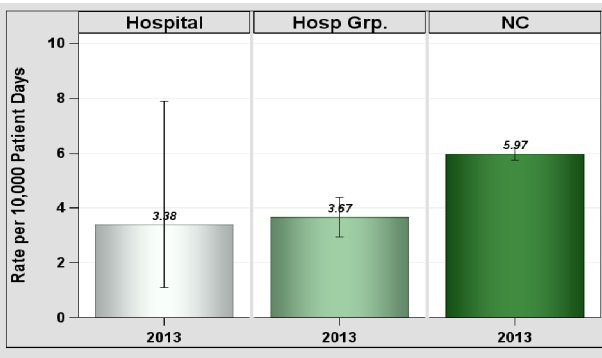


Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	5	14,780	3.38

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.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Vidant Beaufort Hospital, Washington, Beaufort County

Catheter-Associated Urinary Tract Infections (CAUTI)

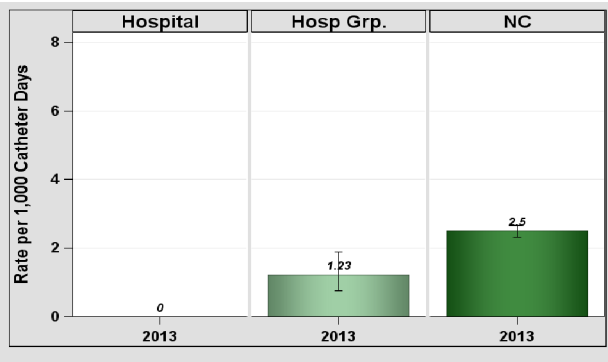


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	299	0

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	2	28	7.14

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.

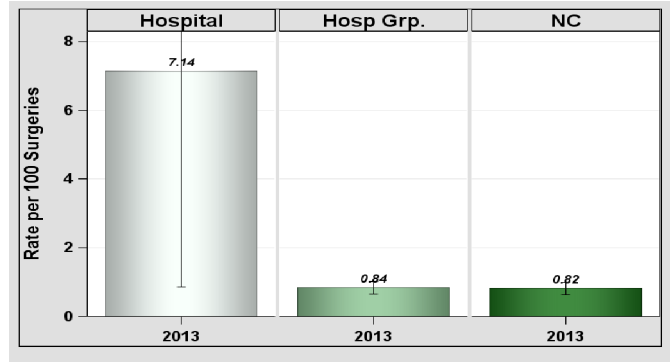


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

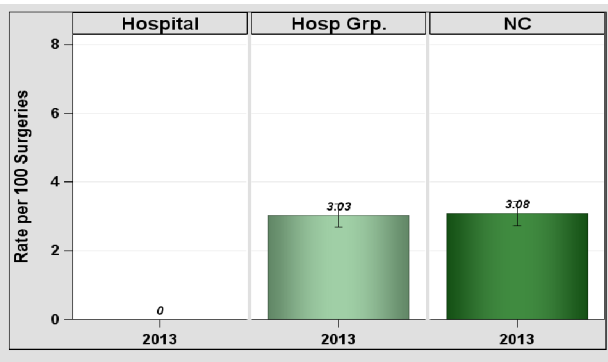


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	0	25	0

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

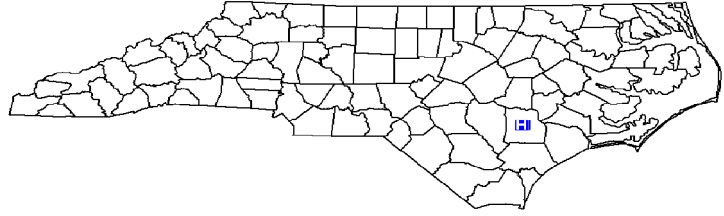
Data from January 1 – December 31, 2013

Vidant Duplin Hospital, Kenansville, Duplin County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: No
 Profit Status: Not for Profit
 Admissions in 2013: 2,975
 Patient Days in 2013: 15,950
 Total Number of Beds: 79
 Number of ICU Beds: 9
 FTE* Infection Preventionists: 1.00
 Number of FTEs* per 100 beds: 1.27

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

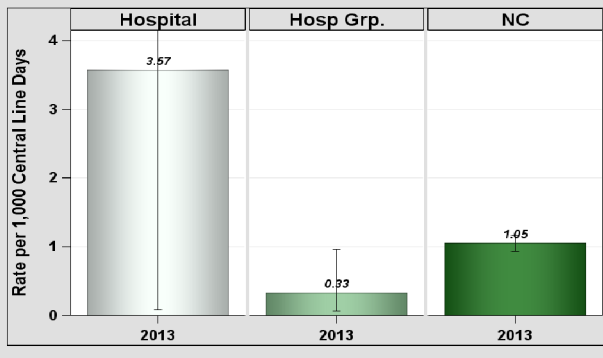


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	1	280	3.57

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	15,969	0

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.

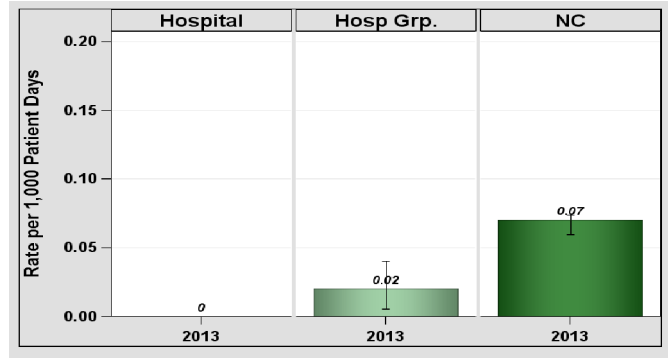


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

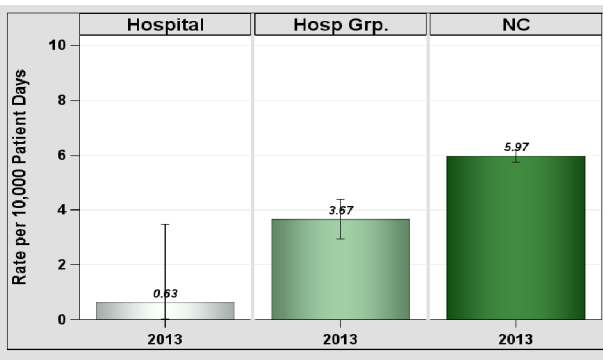


Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	1	15,969	0.63

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.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Vidant Duplin Hospital, Kenansville, Duplin County

Catheter-Associated Urinary Tract Infections (CAUTI)

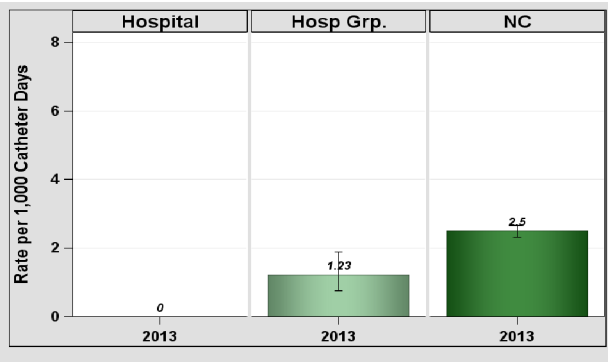


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	510	0

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	9	.

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.

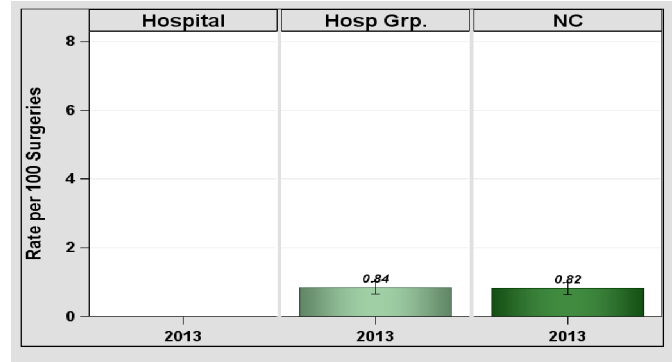


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

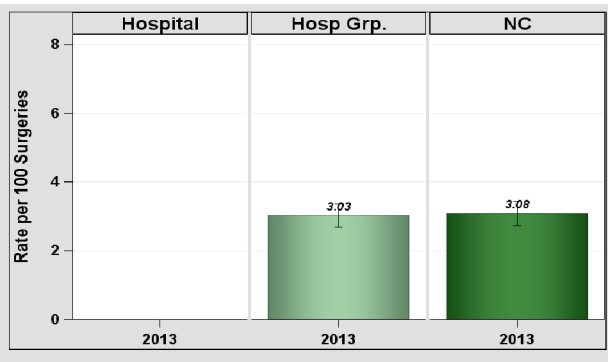


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	0	3	.

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

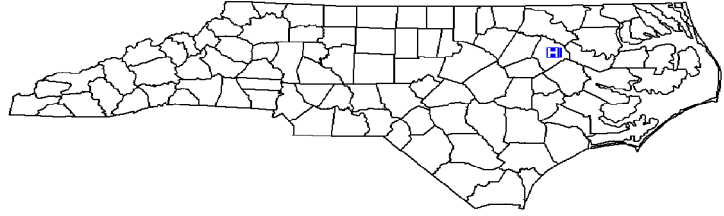
Data from January 1 – December 31, 2013

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)

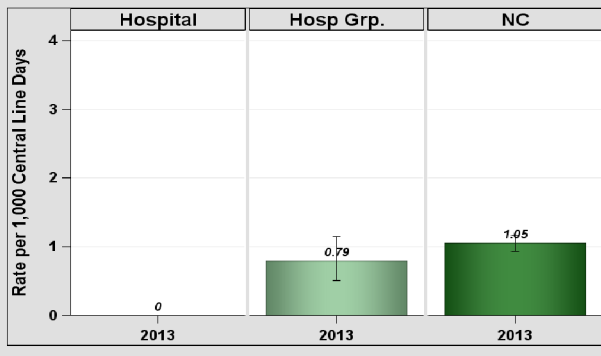


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	909	0

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	2	16,167	0.12

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.

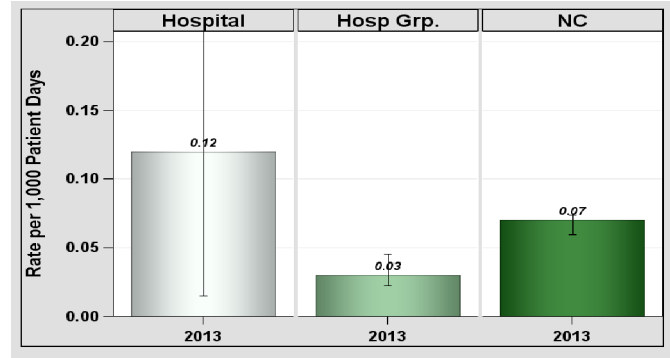


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

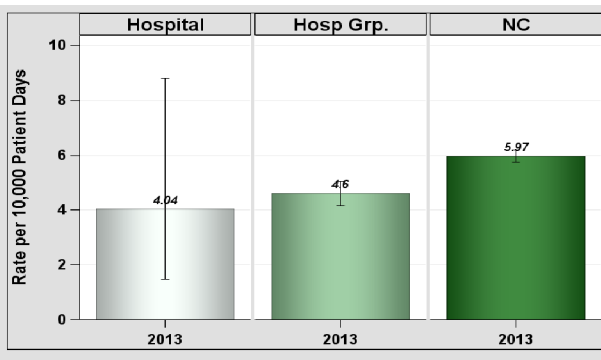


Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	6	14,853	4.04

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.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
 Vidant Edgecombe Hospital, Tarboro, Edgecombe County

Catheter-Associated Urinary Tract Infections (CAUTI)

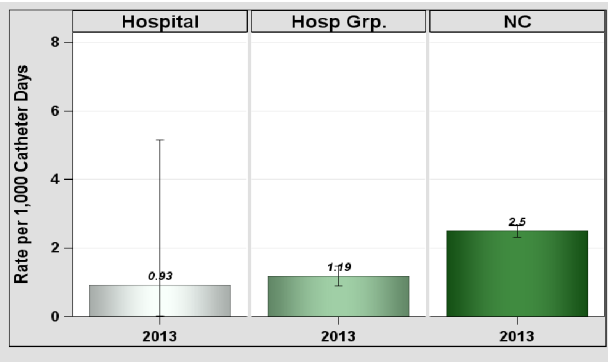


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	1	1,080	0.93

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	41	0

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.

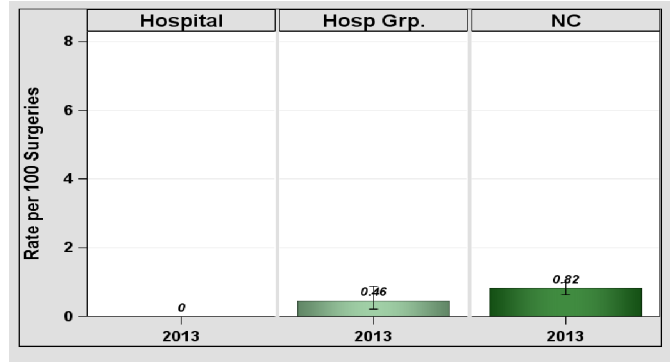


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

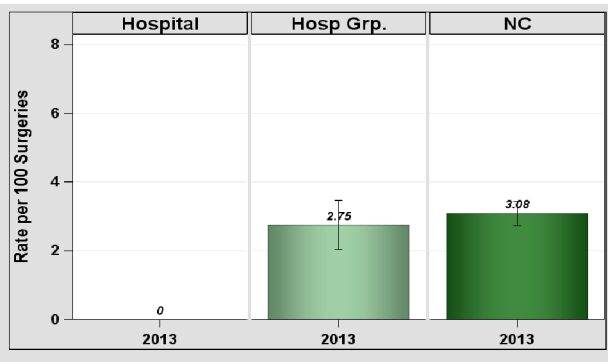


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	0	24	0

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

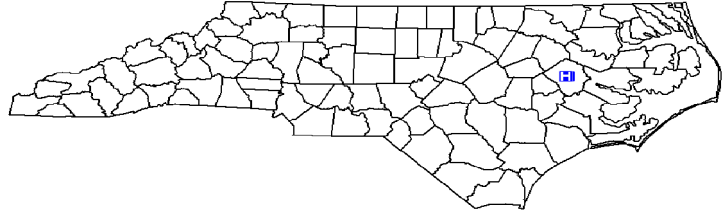
Data from January 1 – December 31, 2013

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)

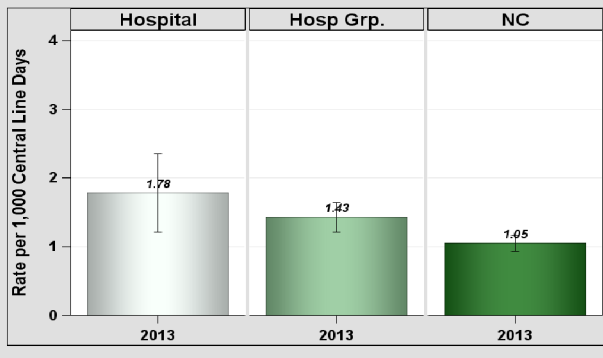


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	37	20,753	1.78

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.

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	19	267,818	0.07

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.

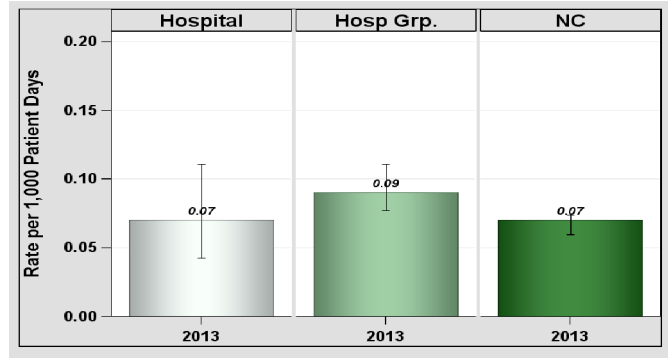


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

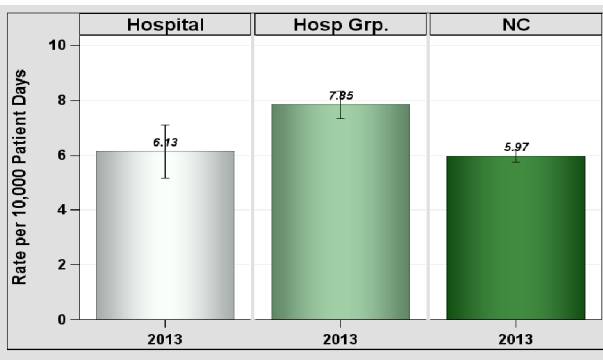


Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	154	251,259	6.13

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.

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

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Vidant Medical Center, Greenville, Pitt County

Catheter-Associated Urinary Tract Infections (CAUTI)

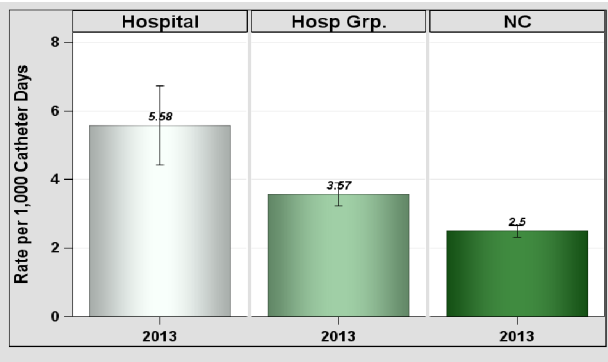


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	90	16,130	5.58

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	5	335	1.49

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.

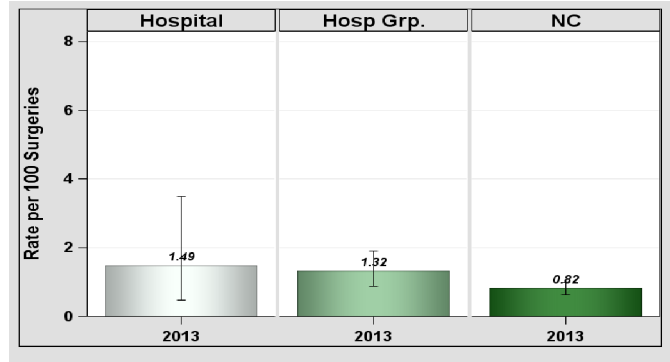


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

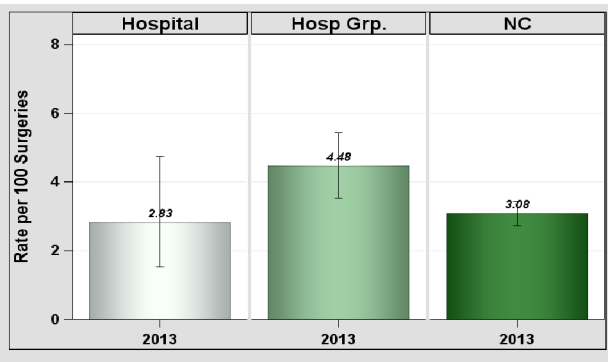


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	14	495	2.83

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 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.

North Carolina Healthcare-Associated Infections Report

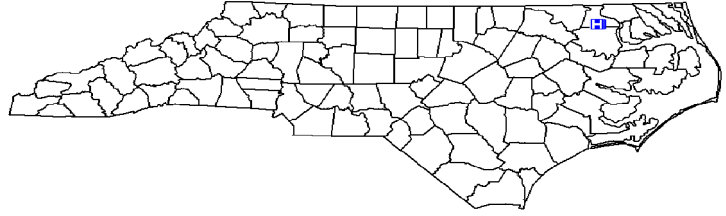
Data from January 1 – December 31, 2013

Vidant Roanoke Chowan Hospital, Ahoskie, Hertford County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	4,595
Patient Days in 2013:	20,596
Total Number of Beds:	144
Number of ICU Beds:	10
FTE* Infection Preventionists:	0.75
Number of FTEs* per 100 beds:	0.52

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

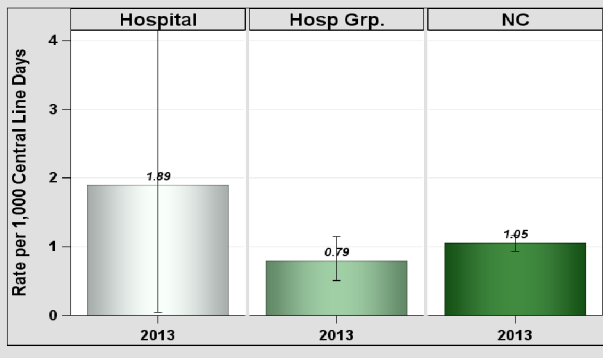


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	1	529	1.89

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	17,121	0

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.

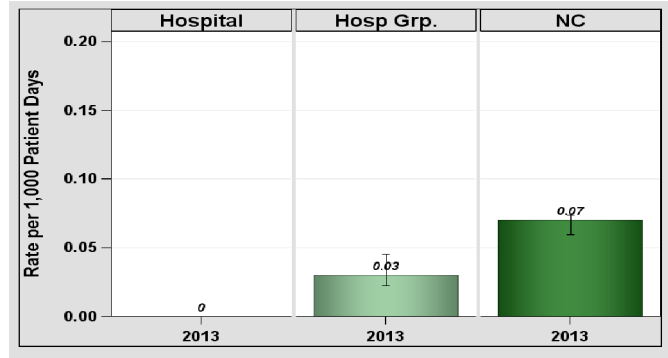


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

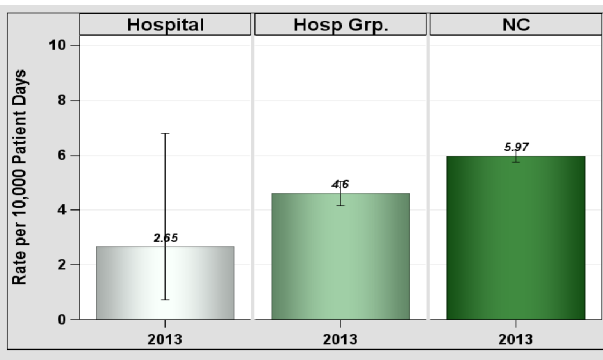


Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	4	15,102	2.65

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.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of March 18, 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)

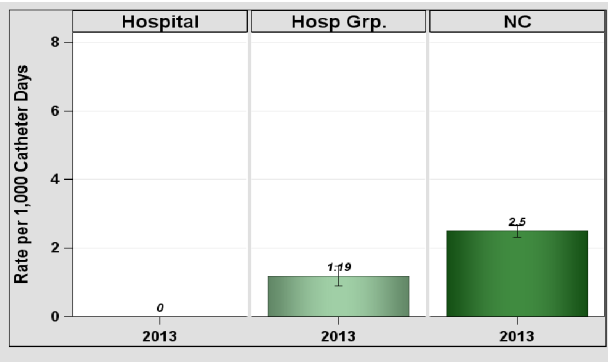


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	746	0

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	26	0

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.

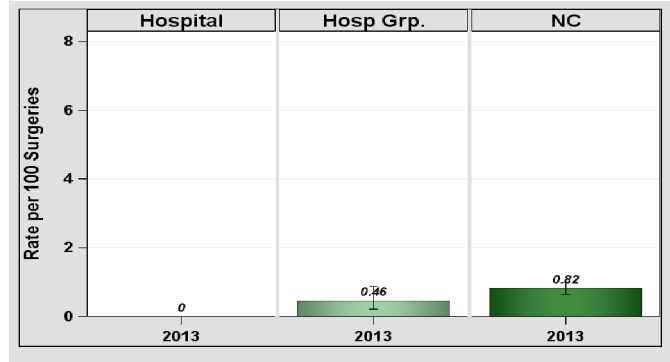


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

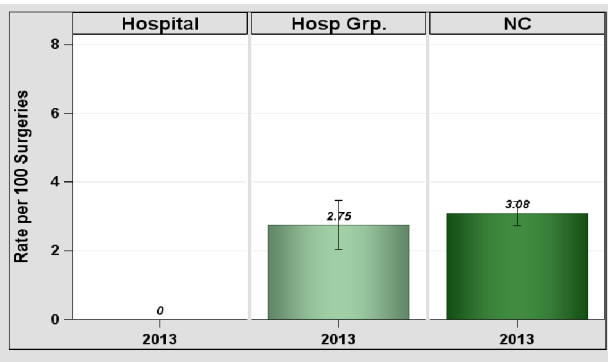


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	0	24	0

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

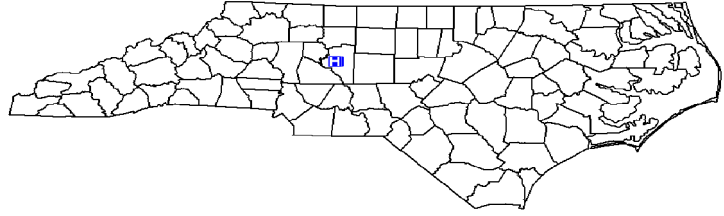
Data from January 1 – December 31, 2013

Wake Forest Baptist Health-Lexington Medical Center, Lexington, Davidson County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: No
 Profit Status: Not for Profit
 Admissions in 2013: 3,820
 Patient Days in 2013: 10,692
 Total Number of Beds: 85
 Number of ICU Beds: 21
 FTE* Infection Preventionists: 1.00
 Number of FTEs* per 100 beds: 1.18

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

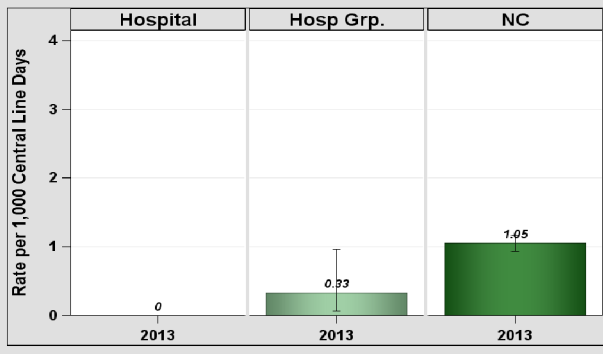


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	353	0

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	10,692	0

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.

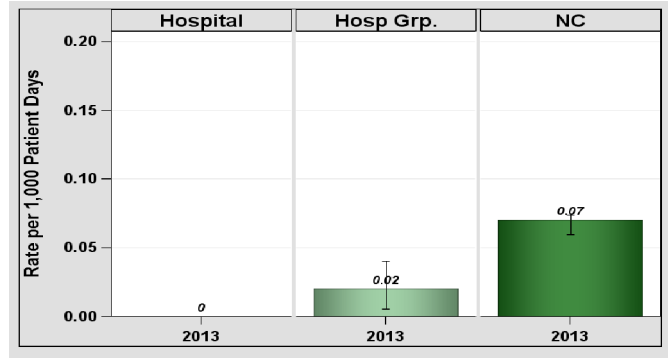


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

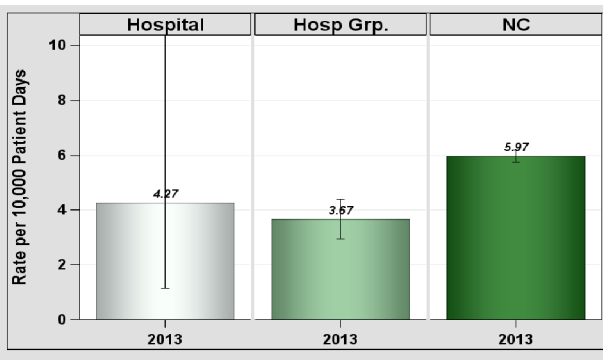


Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	4	9,362	4.27

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.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of March 18, 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)

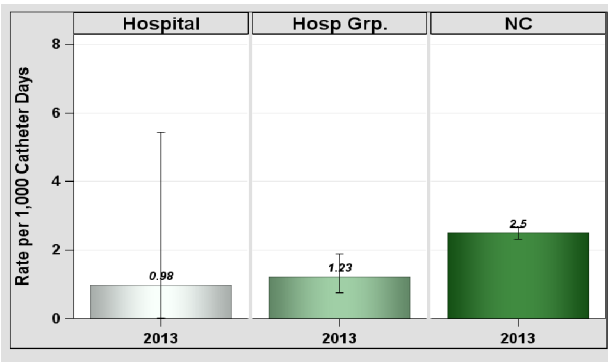


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	1	1,024	0.98

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	50	0

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.

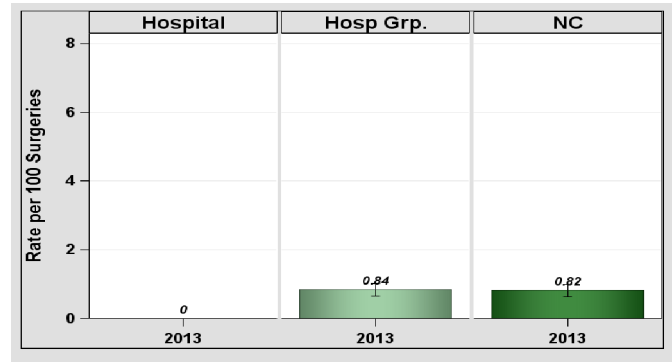


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

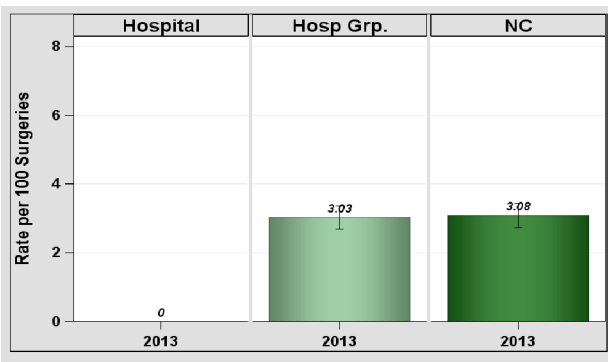


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	0	24	0

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

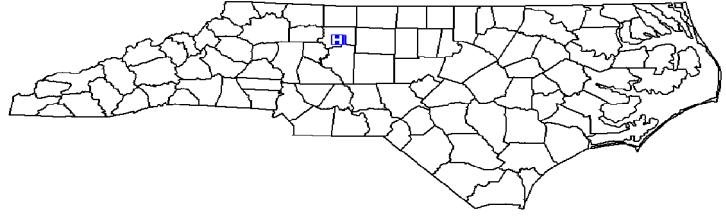
Data from January 1 – December 31, 2013

Wake Forest University Baptist Medical Center, Winston-Salem, Forsyth County

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)

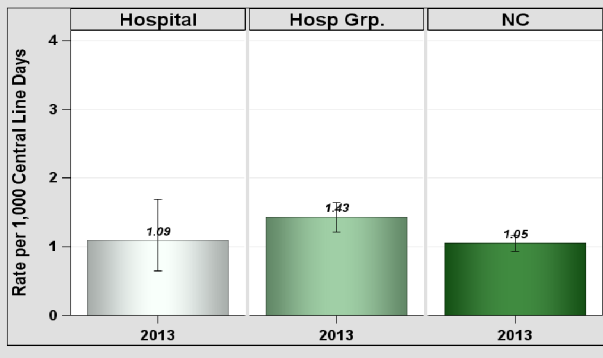


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	19	17,492	1.09

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	28	232,873	0.12

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.

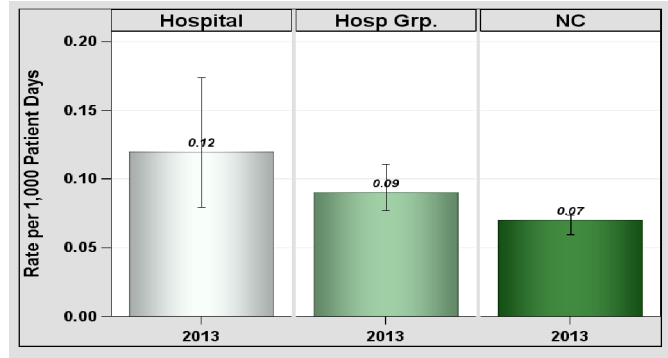


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

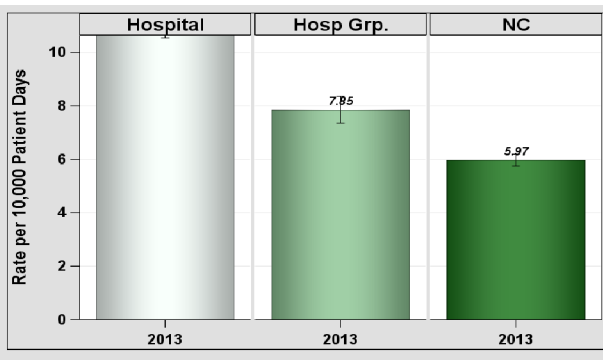


Figure 3. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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

Location	Infections	Patient Days	Rate
Facility-wide inpatient	267	223,121	12

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.

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)

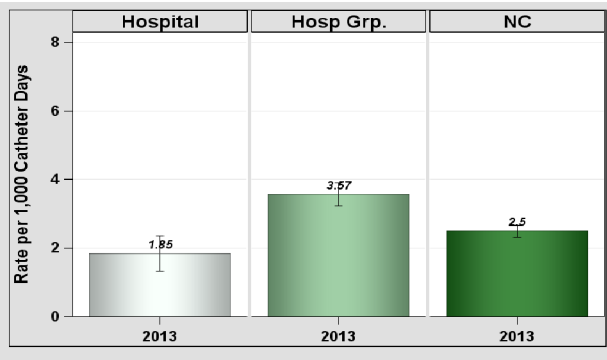


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	49	26,471	1.85

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	168	0

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.

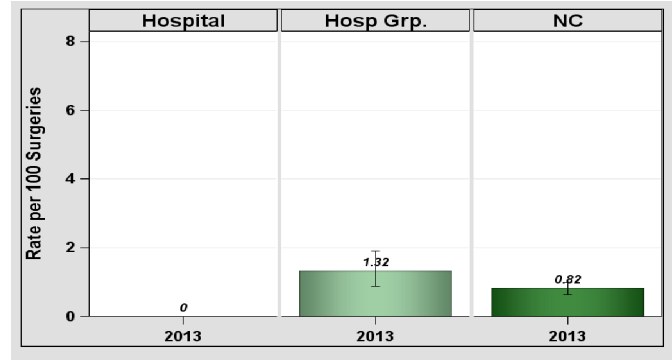


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

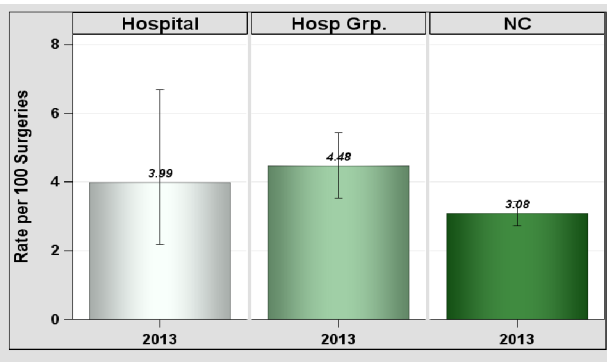


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	14	351	3.99

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).

North Carolina Healthcare-Associated Infections Report

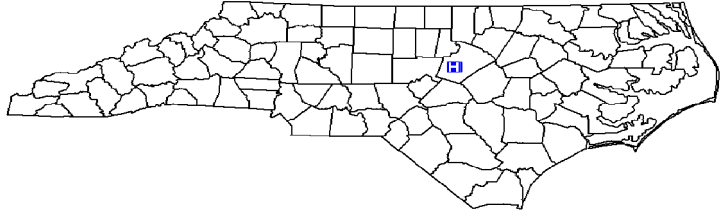
Data from January 1 – December 31, 2013

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)

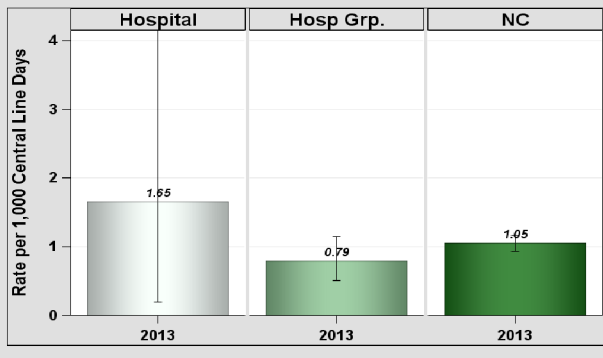


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	2	1,214	1.65

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	3	43,384	0.07

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.

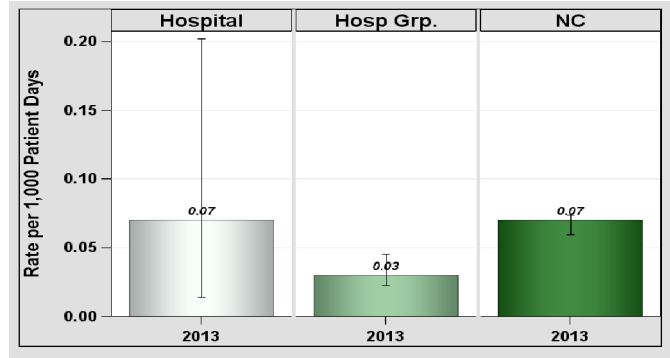


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

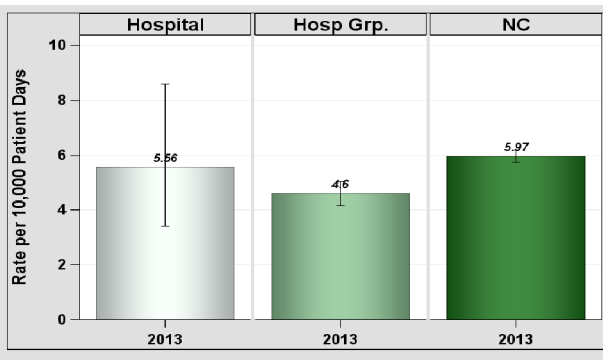


Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	20	35,965	5.56

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.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
 WakeMed Cary Hospital, Cary, Wake County

Catheter-Associated Urinary Tract Infections (CAUTI)

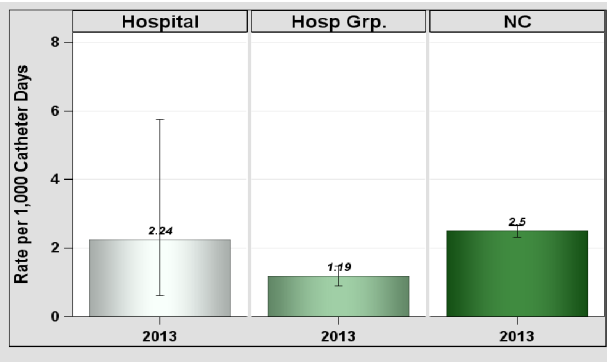


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	4	1,782	2.24

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	83	0

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.

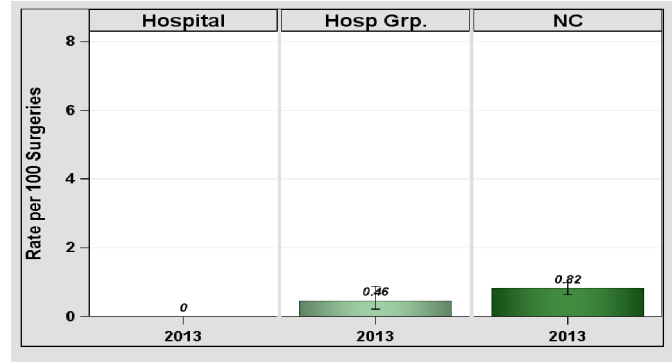


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

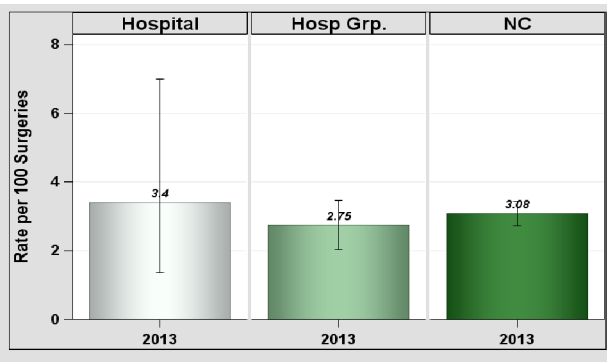


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	7	206	3.4

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.

North Carolina Healthcare-Associated Infections Report

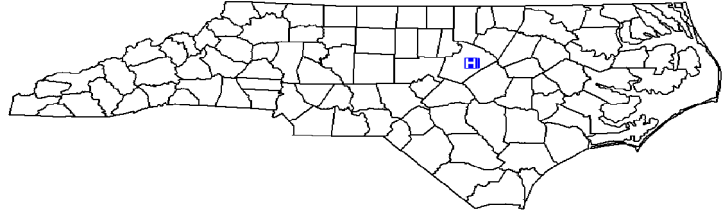
Data from January 1 – December 31, 2013

WakeMed, Raleigh, Wake County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: Major
 Profit Status: Not for Profit
 Admissions in 2013: 58,791
 Patient Days in 2013: 210,639
 Total Number of Beds: 614
 Number of ICU Beds: 122
 FTE* Infection Preventionists: 7.50
 Number of FTEs* per 100 beds: 1.22

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

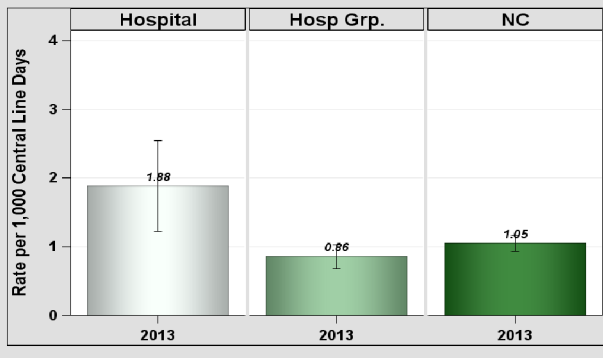


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	31	16,483	1.88

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.

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	19	161,709	0.12

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.

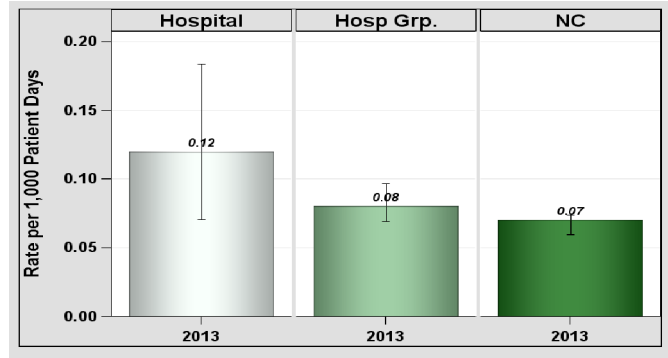


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

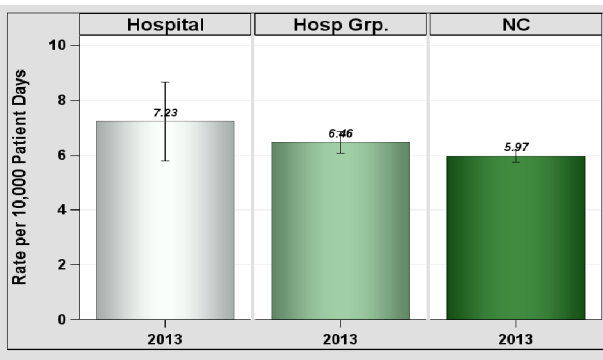


Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	98	135,585	7.23

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.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report

Data from January 1 – December 31, 2013

WakeMed, Raleigh, Wake County

Catheter-Associated Urinary Tract Infections (CAUTI)

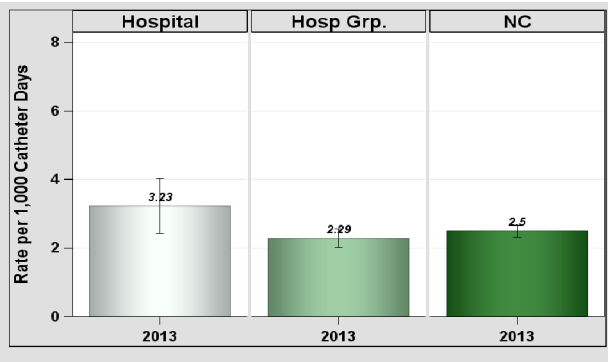


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	62	19,173	3.23

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	1	299	0.33

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.

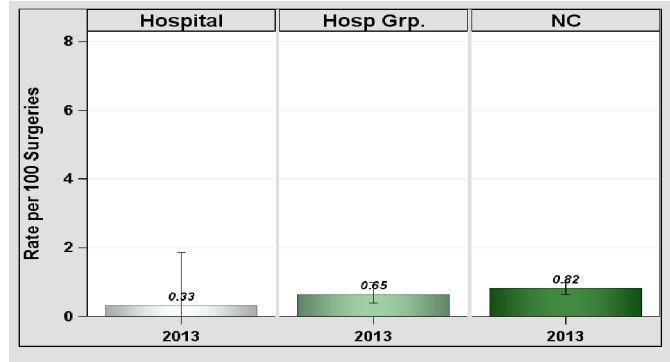


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

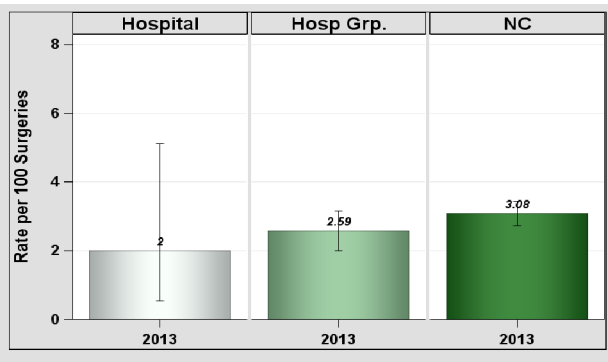


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	4	200	2

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.

North Carolina Healthcare-Associated Infections Report

Data from January 1 – December 31, 2013

Wayne Memorial Hospital, Goldsboro, Wayne County

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)

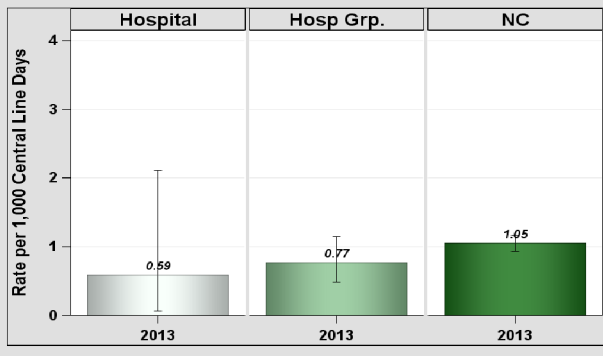


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	2	3,411	0.59

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	4	53,390	0.07

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.

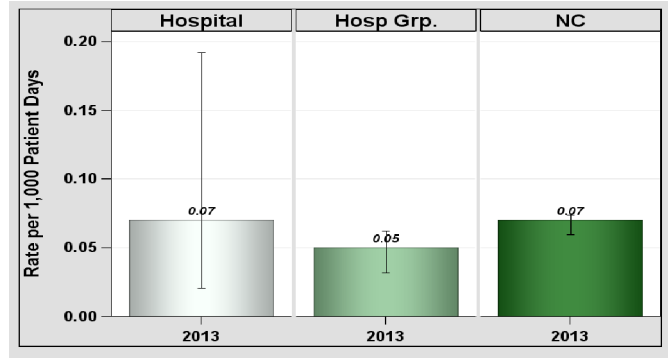


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

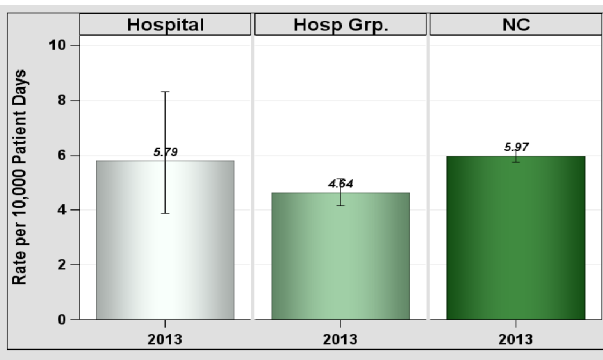


Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	29	50,068	5.79

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.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of March 18, 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)

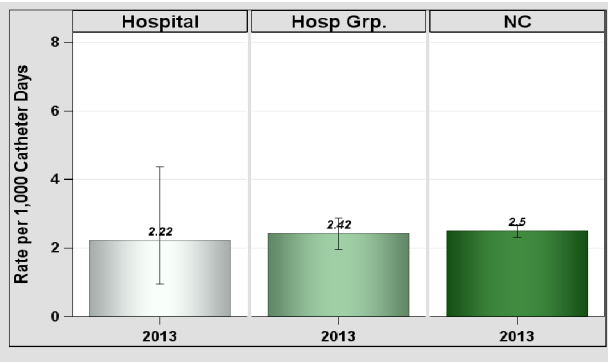


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	8	3,604	2.22

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	126	0

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.

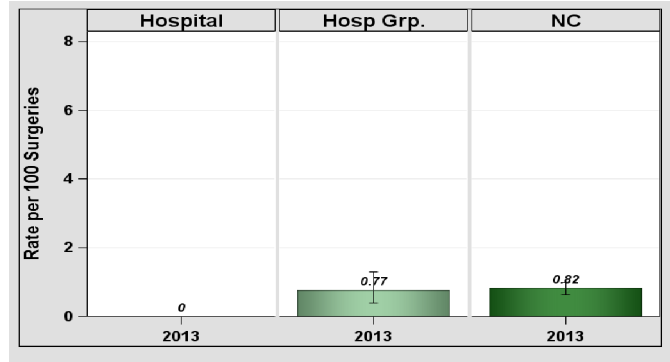


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

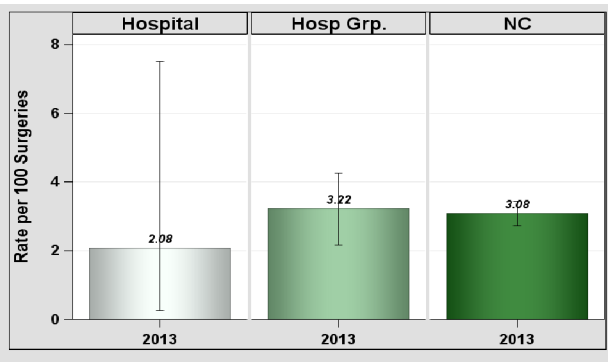


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	2	96	2.08

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.

North Carolina Healthcare-Associated Infections Report

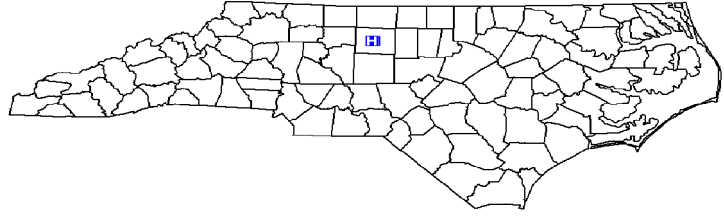
Data from January 1 – December 31, 2013

Wesley Long Hospital, Greensboro, Guilford County

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 (CLABSI)

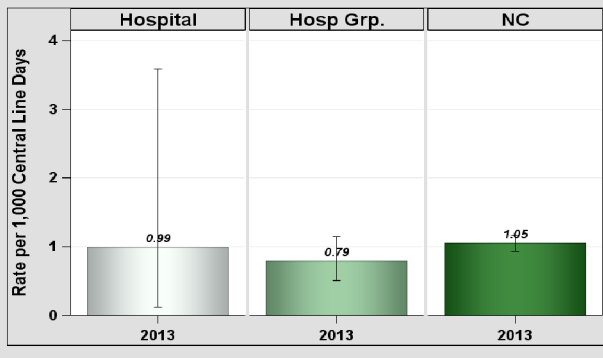


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	2	2,015	0.99

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	45,242	0

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.

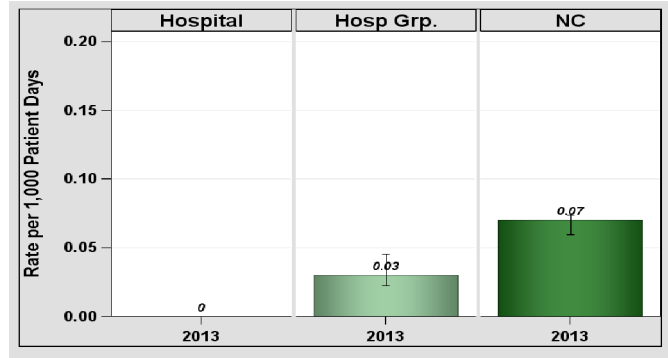


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

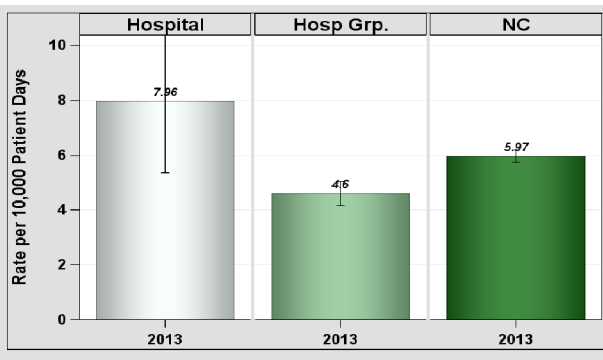


Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	36	45,242	7.96

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.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of March 18, 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)

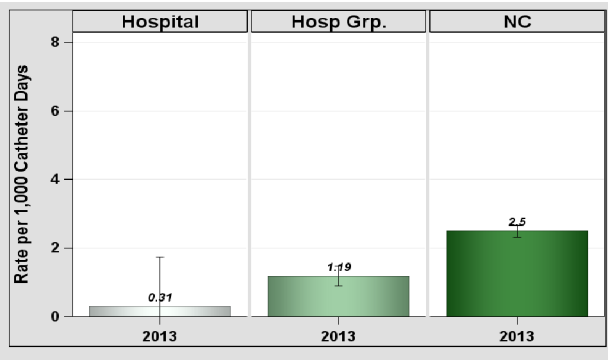


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	1	3,193	0.31

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	34	0

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.

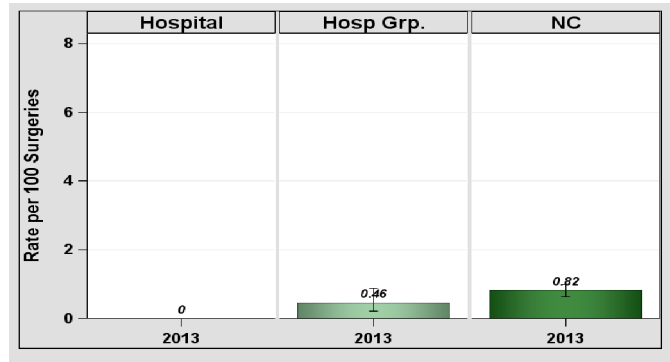


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

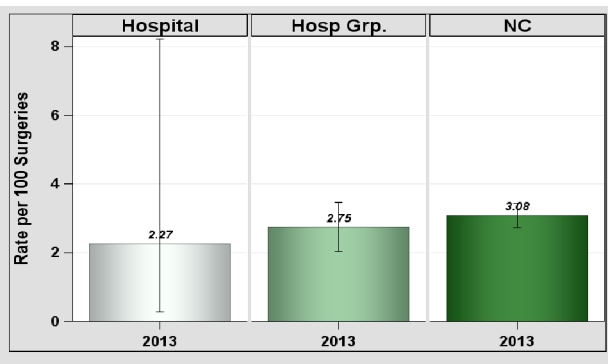


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	2	88	2.27

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.

North Carolina Healthcare-Associated Infections Report

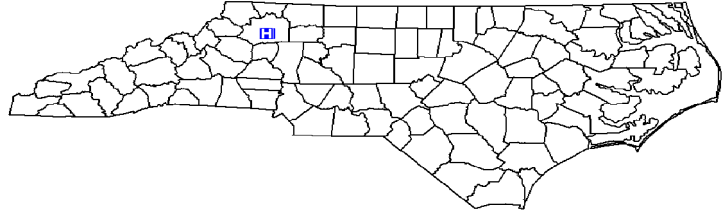
Data from January 1 – December 31, 2013

Wilkes Regional Medical Center, North Wilkesboro, Wilkes County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: No
 Profit Status: Not for Profit
 Admissions in 2013: 4,744
 Patient Days in 2013: 20,845
 Total Number of Beds: 130
 Number of ICU Beds: 8
 FTE* Infection Preventionists: 0.38
 Number of FTEs* per 100 beds: 0.29

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

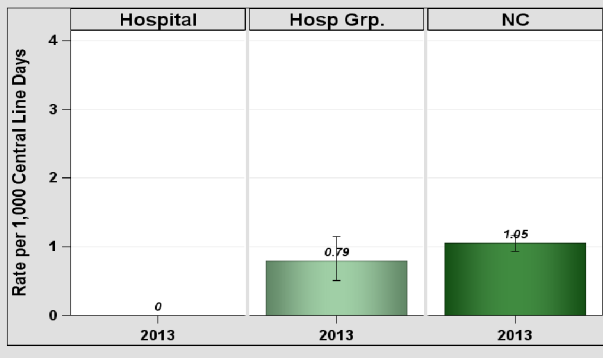


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	329	0

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	20,835	0

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.

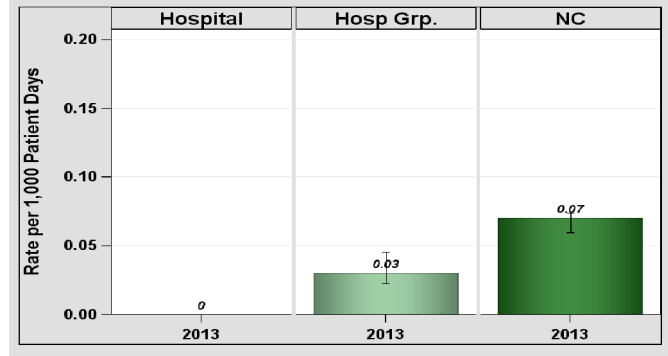


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

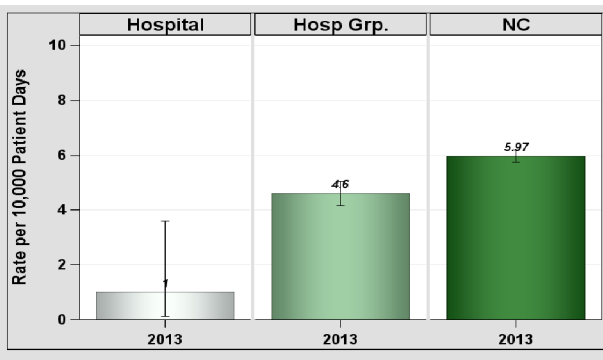


Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	2	20,030	1

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.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
 Wilkes Regional Medical Center, North Wilkesboro, Wilkes County

Catheter-Associated Urinary Tract Infections (CAUTI)

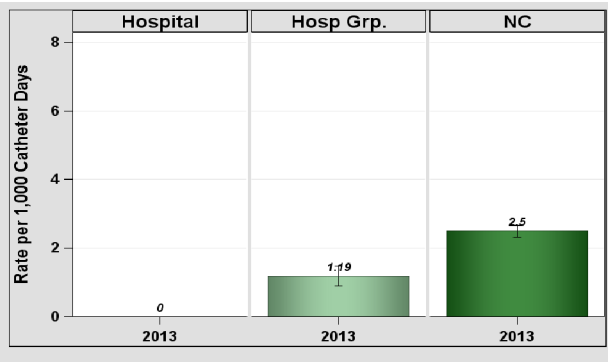


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	1,064	0

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	2	.

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.

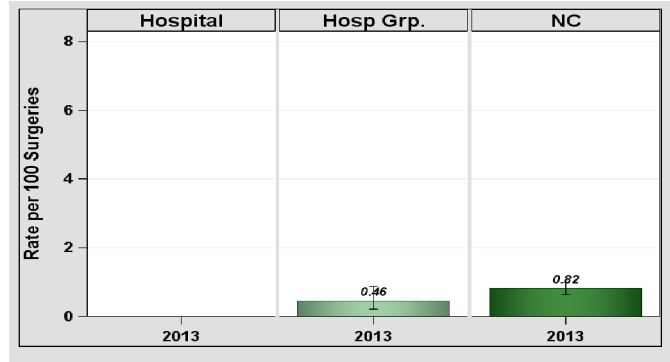


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

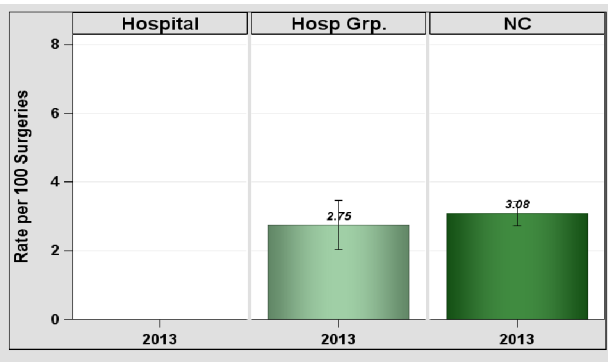


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	0	11	.

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 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.

North Carolina Healthcare-Associated Infections Report

Data from January 1 – December 31, 2013

Wilson Medical Center, Wilson, Wilson County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: No
 Profit Status: Not for Profit
 Admissions in 2013: 7,755
 Patient Days in 2013: 33,194
 Total Number of Beds: 193
 Number of ICU Beds: 14
 FTE* Infection Preventionists: 1.50
 Number of FTEs* per 100 beds: 0.78

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

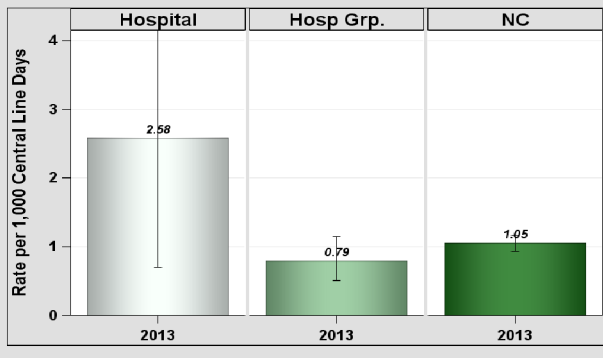


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	4	1,551	2.58

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	2	33,194	0.06

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.

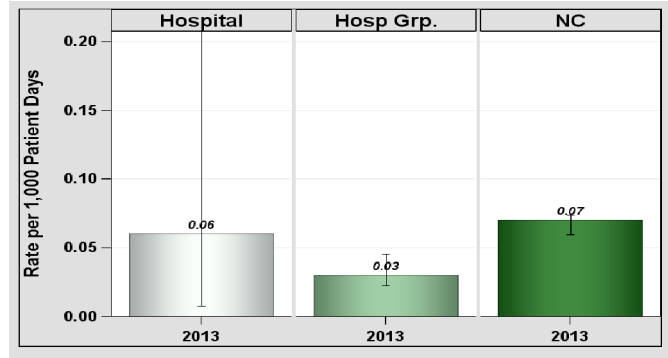


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

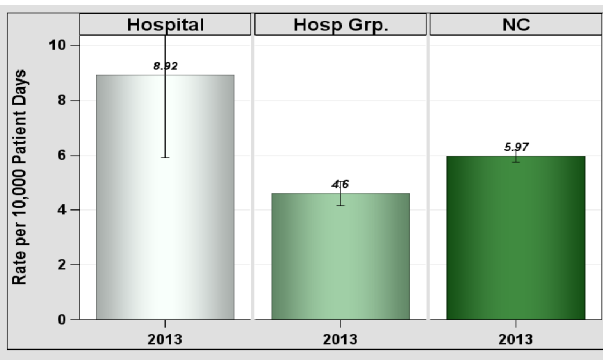


Figure 3. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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

Location	Infections	Patient Days	Rate
Facility-wide inpatient	28	31,401	8.92

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.

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)

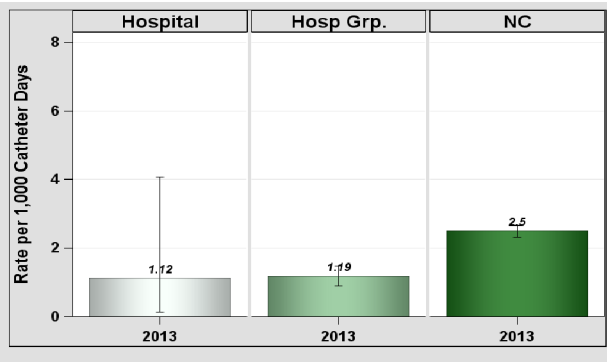


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	2	1,778	1.12

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	134	0

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.

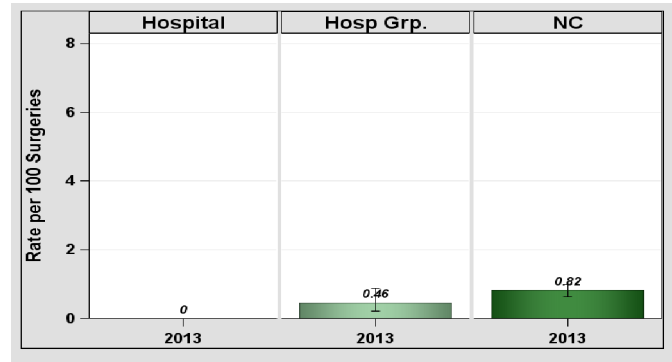


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

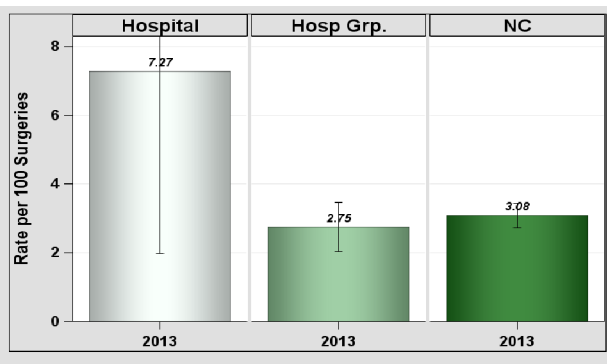


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	4	55	7.27

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.

North Carolina Healthcare-Associated Infections Report

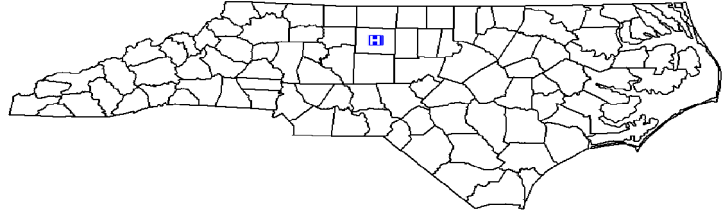
Data from January 1 – December 31, 2013

Women's Hospital, Greensboro, Guilford County

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)

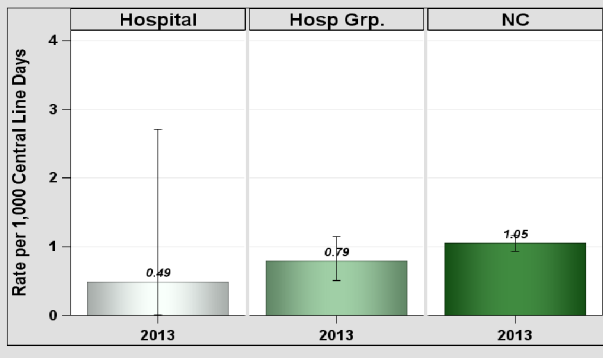


Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2013.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	1	2,059	0.49

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.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	42,248	0

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.

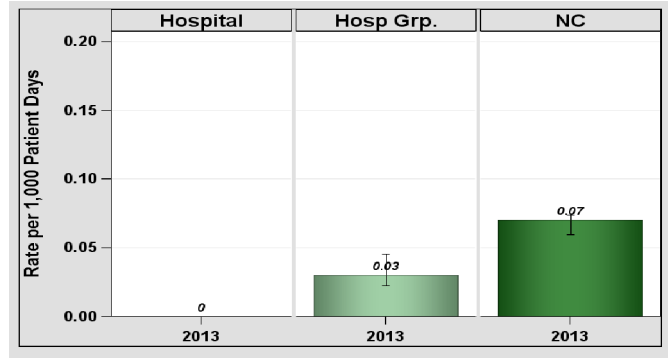


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

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.

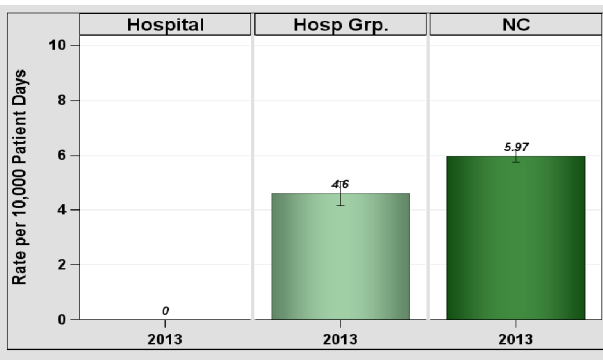


Table 3. Number of Infections and Rate of CDI LabID, Jan-Dec 2013.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	18,911	0

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

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of March 18, 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)

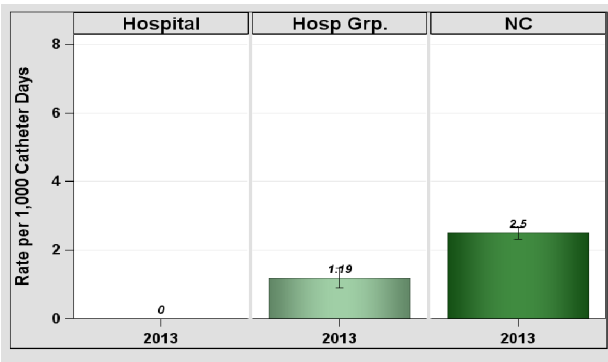


Table 4. Number of Infections and Rate of CAUTIs, Jan-Dec 2013.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	174	0

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.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	1	123	0.81

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.

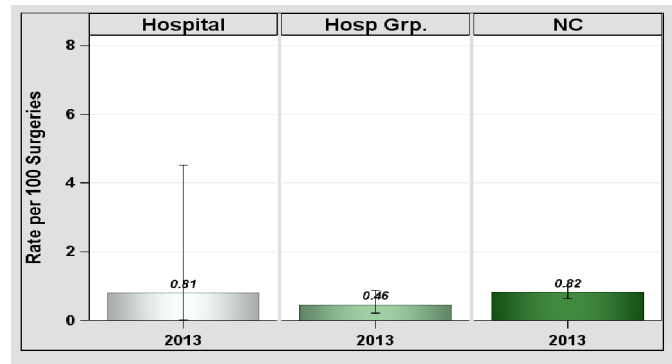


Figure 5. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI) after Colon Surgeries

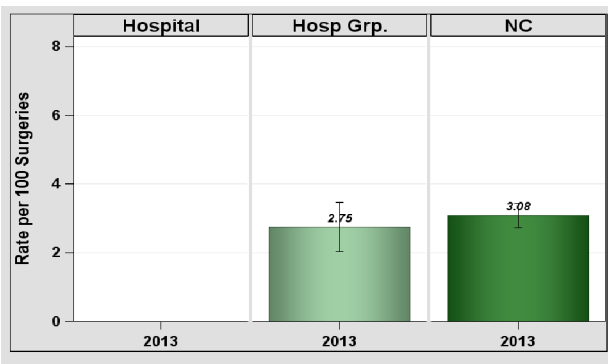


Table 6. Number of Infections and Rate of SSIs, Jan-Dec 2013.

Procedure Type	Infections	Procedures	Rate
Colon surgery	0	3	.

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.

APPENDICES

APPENDIX A. Definitions

<u>Term</u>	<u>Definition</u>
Aggregate data	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.
ASA Class	Anesthesiologist's pre-operative assessment of the patient's physical condition, using the American Society of Anesthesiologists' (ASA) Classification of Physical Status. 1. Normally healthy patient 2. Patient with mild systemic disease 3. Patient with severe systemic disease that is not incapacitating 4. Patient with an incapacitating systemic disease, constant threat to life 5. Patient not expected to survive for 24 hours with or without the operation
Beds	The number of staffed beds in a facility or patient care location. This may be different from the number of licensed beds.
Catheter days	A daily count of the number of patients with an indwelling urinary catheter. For example, one patient with an indwelling catheter in place for two days or two patients with indwelling catheters in place for one day each would both result in two catheter days. This number is used when presenting rates of catheter-associated urinary tract infections.
Catheter-associated urinary tract infection	Urinary tract infection (UTI) that occurs in a patient who had an indwelling urinary catheter in place 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. <i>Routine hand washing</i> is the use of clean water and non-antimicrobial soap to remove germs, soil and other debris from the hands. <i>Antiseptic hand washing</i> is the use of water and antimicrobial soap to remove or kill germs on the hands. <i>Antiseptic hand rub</i> is the use of alcohol-based hand rubs to remove or destroy germs from the hands. Antiseptic hand rubs are less effective when hands are visibly dirty.

<u>Term</u>	<u>Definition</u>
	<i>Surgical hand antisepsis</i> is the use of water and antimicrobial soap to remove or kill germs and takes 2-6 minutes to complete as both hands and forearms are cleaned. Water and non-antimicrobial soap can also be used but must be followed with an alcohol-based surgical hand scrub.
Healthcare-associated infections	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.
Intensive care unit	A nursing care area that provides intensive observation, diagnosis, and therapeutic procedures for adults and/or children who are critically ill. Also referred to as critical care unit.
Medical affiliation	Affiliation with a medical school. There are four categories. <i>Major teaching</i> – Hospital is an important part of the teaching program of a medical school and the majority of medical students rotate through multiple clinical services. <i>Graduate</i> – Hospital used by the medical school for graduate training programs only (i.e., residency and/or fellowships). <i>Limited</i> – Hospital used in the medical school’s teaching program to a limited extent. <i>No</i> – Hospital not affiliated with a medical school.
Patient days	A daily count of the number of patients in the patient care location during a specified time period.
Rate	Describes the speed with which disease or events occur. The number of diseases or events per unit of time.
Standardized infection ratio	A ratio of observed to expected (or predicted) numbers of events that is adjusted for selected risk factors.
Surgical site infection	Infection that occurs after surgery, in the part of the body where the surgery took place.
Umbilical catheter	Long, thin plastic tubes that travel from the stump of a newborn baby’s umbilical cord into the large vessels near the heart
Urinary catheter	A drainage tube that is inserted into the urinary bladder through the urethra, is left in place, and is connected to a closed collection system.
Validity (data)	The extent to which reported cases of a disease or event correspond accurately to cases of a disease event that actually occurred.

APPENDIX B. Acronyms

ACH	Acute care hospital (short-term)
ACL	Adult Care Licensure
APIC-NC	Association for Professionals in Infection Control and Epidemiology, N.C. Chapter
ASA	American Society of Anesthesiologists
BSI	Bloodstream infection
CAUTI	Catheter-associated urinary tract infection
CCME	Carolinas Center for Medical Excellence
CCU	Critical care unit
CDB	Communicable Disease Branch
CDC	Centers for Disease Control and Prevention
<i>C. diff</i>	<i>Clostridium difficile</i>
CDI	<i>Clostridium difficile</i> infection
CI	Confidence interval
CMS	Centers for Medicare and Medicaid Services
CLABSI	Central line-associated bloodstream infections
CRE	Carbapenem-resistant Enterobacteriaceae
CUSP	Comprehensive Unit-based Safety Program
DHHS	Department of Health and Human Services
DHSR	Division of Health Services Regulation
DPH	Division of Public Health
ED	Emergency department
FTE	Full-time equivalent
G.S.	General statute
HAI	Healthcare-associated Infections
HRET	American Hospital Associations' Health Research and Trust
ICU	Intensive care unit
IPs	Infection preventionists
IRF	Inpatient rehabilitation facility
LTAC	Long-term acute care hospital
MRSA	Methicillin resistant <i>Staphylococcus aureus</i>
NCHA	North Carolina Hospital Association
N.C. SPICE	North Carolina Statewide Program for Infection Control and Epidemiology
NCQC	North Carolina Quality Center
NHLC	Nursing Home Licensure and Certification

APPENDIX B. Acronyms (continued)

NHSN	National Healthcare Safety Network
NICU	Neonatal intensive (critical) care unit
QIO	Quality improvement organization
SIR	Standardized infection ratio
SSI	Surgical site infection
VAST	Vascular Access Safety Team
VRE	Vancomycin-resistant <i>Enterococcus</i>

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

FAQs

(frequently asked questions)

about

“Catheter-Associated Bloodstream Infections”

(also known as “Central Line-Associated Bloodstream Infections”)

What is a catheter-associated bloodstream infection?

A “central line” or “central catheter” is a tube that is placed into a patient’s large vein, usually in the neck, chest, arm, or groin. The catheter is often used to draw blood, or give fluids or medications. It may be left in place for several weeks. A bloodstream infection can occur when bacteria or other germs travel down a “central line” and enter the blood. If you develop a catheter-associated bloodstream infection you may become ill with fevers and chills or the skin around the catheter may become sore and red.

Can a catheter-related bloodstream infection be treated?

A catheter-associated bloodstream infection is serious, but often can be successfully treated with antibiotics. The catheter might need to be removed if you develop an infection.

What are some of the things that hospitals are doing to prevent catheter-associated bloodstream infections?

To prevent catheter-associated bloodstream infections doctors and nurses will:

- Choose a vein where the catheter can be safely inserted and where the risk for infection is small.
- Clean their hands with soap and water or an alcohol-based hand rub before putting in the catheter.
- Wear a mask, cap, sterile gown, and sterile gloves when putting in the catheter to keep it sterile. The patient will be covered with a sterile sheet.
- Clean the patient’s skin with an antiseptic cleanser before putting in the catheter.
- Clean their hands, wear gloves, and clean the catheter opening with an antiseptic solution before using the catheter to draw blood or give medications. Healthcare providers also clean their hands and wear gloves when changing the bandage that covers the area where the catheter enters the skin.
- Decide every day if the patient still needs to have the catheter. The catheter will be removed as soon as it is no longer needed.
- Carefully handle medications and fluids that are given through the catheter.

What can I do to help prevent a catheter-associated bloodstream infection?

- Ask your doctors and nurses to explain why you need the catheter and how long you will have it.

- Ask your doctors and nurses if they will be using all of the prevention methods discussed above.
- Make sure that all doctors and nurses caring for you clean their hands with soap and water or an alcohol-based hand rub before and after caring for you.

If you do not see your providers clean their hands, please ask them to do so.

- If the bandage comes off or becomes wet or dirty, tell your nurse or doctor immediately.
- Inform your nurse or doctor if the area around your catheter is sore or red.
- Do not let family and friends who visit touch the catheter or the tubing.
- Make sure family and friends clean their hands with soap and water or an alcohol-based hand rub before and after visiting you.

What do I need to do when I go home from the hospital?

Some patients are sent home from the hospital with a catheter in order to continue their treatment. If you go home with a catheter, your doctors and nurses will explain everything you need to know about taking care of your catheter.

- Make sure you understand how to care for the catheter before leaving the hospital. For example, ask for instructions on showering or bathing with the catheter and how to change the catheter dressing.
- Make sure you know who to contact if you have questions or problems after you get home.
- Make sure you wash your hands with soap and water or an alcohol-based hand rub before handling your catheter.
- Watch for the signs and symptoms of catheter-associated bloodstream infection, such as soreness or redness at the catheter site or fever, and call your healthcare provider immediately if any occur.

If you have additional questions, please ask your doctor or nurse.

Co-sponsored by:



FAQs

(frequently asked questions)

about “Catheter-Associated Urinary Tract Infection”

What is “catheter-associated urinary tract infection”?

A urinary tract infection (also called “UTI”) is an infection in the urinary system, which includes the bladder (which stores the urine) and the kidneys (which filter the blood to make urine). Germs (for example, bacteria or yeasts) do not normally live in these areas; but if germs are introduced, an infection can occur.

If you have a urinary catheter, germs can travel along the catheter and cause an infection in your bladder or your kidney; in that case it is called a catheter-associated urinary tract infection (or “CA-UTI”).

What is a urinary catheter?

A urinary catheter is a thin tube placed in the bladder to drain urine. Urine drains through the tube into a bag that collects the urine. A urinary catheter may be used:

- If you are not able to urinate on your own
- To measure the amount of urine that you make, for example, during intensive care
- During and after some types of surgery
- During some tests of the kidneys and bladder

People with urinary catheters have a much higher chance of getting a urinary tract infection than people who don’t have a catheter.

How do I get a catheter-associated urinary tract infection (CA-UTI)?

If germs enter the urinary tract, they may cause an infection. Many of the germs that cause a catheter-associated urinary tract infection are common germs found in your intestines that do not usually cause an infection there. Germs can enter the urinary tract when the catheter is being put in or while the catheter remains in the bladder.

What are the symptoms of a urinary tract infection?

Some of the common symptoms of a urinary tract infection are:

- Burning or pain in the lower abdomen (that is, below the stomach)
- Fever
- Bloody urine may be a sign of infection, but is also caused by other problems
- Burning during urination or an increase in the frequency of urination after the catheter is removed.

Sometimes people with catheter-associated urinary tract infections do not have these symptoms of infection.

Can catheter-associated urinary tract infections be treated?

Yes, most catheter-associated urinary tract infections can be treated with antibiotics and removal or change of the catheter. Your doctor will determine which antibiotic is best for you.

What are some of the things that hospitals are doing to prevent catheter-associated urinary tract infections?

To prevent urinary tract infections, doctors and nurses take the following actions.

Catheter insertion

- o Catheters are put in only when necessary and they are removed as soon as possible.
- o Only properly trained persons insert catheters using sterile (“clean”) technique.
- o The skin in the area where the catheter will be inserted is cleaned before inserting the catheter.
- o Other methods to drain the urine are sometimes used, such as
- External catheters in men (these look like condoms and are placed over the penis rather than into the penis)
- Putting a temporary catheter in to drain the urine and removing it right away. This is called intermittent urethral catheterization.

Catheter care

- o Healthcare providers clean their hands by washing them with soap and water or using an alcohol-based hand rub before and after touching your catheter.

If you do not see your providers clean their hands, please ask them to do so.

- o Avoid disconnecting the catheter and drain tube. This helps to prevent germs from getting into the catheter tube.
- o The catheter is secured to the leg to prevent pulling on the catheter.
- o Avoid twisting or kinking the catheter.
- o Keep the bag lower than the bladder to prevent urine from backflowing to the bladder.
- o Empty the bag regularly. The drainage spout should not touch anything while emptying the bag.

What can I do to help prevent catheter-associated urinary tract infections if I have a catheter?

- Always clean your hands before and after doing catheter care.
- Always keep your urine bag below the level of your bladder.
- Do not tug or pull on the tubing.
- Do not twist or kink the catheter tubing.
- Ask your healthcare provider each day if you still need the catheter.

What do I need to do when I go home from the hospital?

- If you will be going home with a catheter, your doctor or nurse should explain everything you need to know about taking care of the catheter. Make sure you understand how to care for it before you leave the hospital.
- If you develop any of the symptoms of a urinary tract infection, such as burning or pain in the lower abdomen, fever, or an increase in the frequency of urination, contact your doctor or nurse immediately.
- Before you go home, make sure you know who to contact if you have questions or problems after you get home.

If you have questions, please ask your doctor or nurse.

Co-sponsored by:



FAQs

(frequently asked questions)

about “Surgical Site Infections”

What is a Surgical Site Infection (SSI)?

A surgical site infection is an infection that occurs after surgery in the part of the body where the surgery took place. Most patients who have surgery do not develop an infection. However, infections develop in about 1 to 3 out of every 100 patients who have surgery.

Some of the common symptoms of a surgical site infection are:

- Redness and pain around the area where you had surgery
- Drainage of cloudy fluid from your surgical wound
- Fever

Can SSIs be treated?

Yes. Most surgical site infections can be treated with antibiotics. The antibiotic given to you depends on the bacteria (germs) causing the infection. Sometimes patients with SSIs also need another surgery to treat the infection.

What are some of the things that hospitals are doing to prevent SSIs?

To prevent SSIs, doctors, nurses, and other healthcare providers:

- Clean their hands and arms up to their elbows with an antiseptic agent just before the surgery.
- Clean their hands with soap and water or an alcohol-based hand rub before and after caring for each patient.
- May remove some of your hair immediately before your surgery using electric clippers if the hair is in the same area where the procedure will occur. They should not shave you with a razor.
- Wear special hair covers, masks, gowns, and gloves during surgery to keep the surgery area clean.
- Give you antibiotics before your surgery starts. In most cases, you should get antibiotics within 60 minutes before the surgery starts and the antibiotics should be stopped within 24 hours after surgery.
- Clean the skin at the site of your surgery with a special soap that kills germs.

What can I do to help prevent SSIs?

Before your surgery:

- Tell your doctor about other medical problems you may have. Health problems such as allergies, diabetes, and obesity could affect your surgery and your treatment.

- Quit smoking. Patients who smoke get more infections. Talk to your doctor about how you can quit before your surgery.
- Do not shave near where you will have surgery. Shaving with a razor can irritate your skin and make it easier to develop an infection.

At the time of your surgery:

- Speak up if someone tries to shave you with a razor before surgery. Ask why you need to be shaved and talk with your surgeon if you have any concerns.
- Ask if you will get antibiotics before surgery.

After your surgery:

- Make sure that your healthcare providers clean their hands before examining you, either with soap and water or an alcohol-based hand rub.

If you do not see your providers clean their hands, please ask them to do so.

- Family and friends who visit you should not touch the surgical wound or dressings.
- Family and friends should clean their hands with soap and water or an alcohol-based hand rub before and after visiting you. If you do not see them clean their hands, ask them to clean their hands.

What do I need to do when I go home from the hospital?

- Before you go home, your doctor or nurse should explain everything you need to know about taking care of your wound. Make sure you understand how to care for your wound before you leave the hospital.
- Always clean your hands before and after caring for your wound.
- Before you go home, make sure you know who to contact if you have questions or problems after you get home.
- If you have any symptoms of an infection, such as redness and pain at the surgery site, drainage, or fever, call your doctor immediately.

If you have additional questions, please ask your doctor or nurse.

Co-sponsored by:



FAQs

(frequently asked questions)

about "MRSA"

(Methicillin-Resistant *Staphylococcus aureus*)

What is MRSA?

Staphylococcus aureus (pronounced staff-ill-oh-KOK-us AW-ree-us), or "Staph" is a very common germ that about 1 out of every 3 people have on their skin or in their nose. This germ does not cause any problems for most people who have it on their skin. But sometimes it can cause serious infections such as skin or wound infections, pneumonia, or infections of the blood.

Antibiotics are given to kill Staph germs when they cause infections. Some Staph are resistant, meaning they cannot be killed by some antibiotics. "Methicillin-resistant *Staphylococcus aureus*" or "MRSA" is a type of Staph that is resistant to some of the antibiotics that are often used to treat Staph infections.

Who is most likely to get an MRSA infection?

In the hospital, people who are more likely to get an MRSA infection are people who:

- have other health conditions making them sick
- have been in the hospital or a nursing home
- have been treated with antibiotics.

People who are healthy and who have not been in the hospital or a nursing home can also get MRSA infections. These infections usually involve the skin. More information about this type of MRSA infection, known as "community-associated MRSA" infection, is available from the Centers for Disease Control and Prevention (CDC). <http://www.cdc.gov/mrsa>

How do I get an MRSA infection?

People who have MRSA germs on their skin or who are infected with MRSA may be able to spread the germ to other people. MRSA can be passed on to bed linens, bed rails, bathroom fixtures, and medical equipment. It can spread to other people on contaminated equipment and on the hands of doctors, nurses, other healthcare providers and visitors.

Can MRSA infections be treated?

Yes, there are antibiotics that can kill MRSA germs. Some patients with MRSA abscesses may need surgery to drain the infection. Your healthcare provider will determine which treatments are best for you.

What are some of the things that hospitals are doing to prevent MRSA infections?

To prevent MRSA infections, doctors, nurses, and other healthcare providers:

- **Clean their hands** with soap and water or an alcohol-based hand rub before and after caring for every patient.
- Carefully **clean hospital rooms and medical equipment**.
- Use **Contact Precautions** when caring for patients with MRSA. Contact Precautions mean:
 - o Whenever possible, patients with MRSA will have a single room or will share a room only with someone else who also has MRSA.
 - o Healthcare providers will put on gloves and wear a gown over their clothing while taking care of patients with MRSA.

- o Visitors may also be asked to wear a gown and gloves.
- o When leaving the room, hospital providers and visitors remove their gown and gloves and clean their hands.
- o Patients on Contact Precautions are asked to stay in their hospital rooms as much as possible. They should not go to common areas, such as the gift shop or cafeteria. They may go to other areas of the hospital for treatments and tests.

- **May test** some patients to see if they have MRSA on their skin. This test involves rubbing a cotton-tipped swab in the patient's nostrils or on the skin.

What can I do to help prevent MRSA infections?

In the hospital

- Make sure that all doctors, nurses, and other healthcare providers clean their hands with soap and water or an alcohol-based hand rub before and after caring for you.

If you do not see your providers clean their hands, please ask them to do so.

When you go home

- If you have wounds or an intravascular device (such as a catheter or dialysis port) make sure that you know how to take care of them.

Can my friends and family get MRSA when they visit me?

The chance of getting MRSA while visiting a person who has MRSA is very low. To decrease the chance of getting MRSA your family and friends should:

- Clean their hands before they enter your room and when they leave.
- Ask a healthcare provider if they need to wear protective gowns and gloves when they visit you.

What do I need to do when I go home from the hospital?

To prevent another MRSA infection and to prevent spreading MRSA to others:

- Keep taking any antibiotics prescribed by your doctor. Don't take half-doses or stop before you complete your prescribed course.
- Clean your hands often, especially before and after changing your wound dressing or bandage.
- People who live with you should clean their hands often as well.
- Keep any wounds clean and change bandages as instructed until healed.
- Avoid sharing personal items such as towels or razors.
- Wash and dry your clothes and bed linens in the warmest temperatures recommended on the labels.
- Tell your healthcare providers that you have MRSA. This includes home health nurses and aides, therapists, and personnel in doctors' offices.
- Your doctor may have more instructions for you.

If you have questions, please ask your doctor or nurse.

Co-sponsored by:



FAQs

(frequently asked questions)

about “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:
 - o Whenever possible, patients with *C. diff* will have a single room or share a room only with someone else who also has *C. diff*.
 - o Healthcare providers will put on gloves and wear a gown over their clothing while taking care of patients with *C. diff*.
 - o Visitors may also be asked to wear a gown and gloves.
 - o When leaving the room, hospital providers and visitors remove their gown and gloves and clean their hands.

- o Patients on Contact Precautions are asked to stay in their hospital rooms as much as possible. They should not go to common areas, such as the gift shop or cafeteria. They can go to other areas of the hospital for treatments and tests.
- Only give patients antibiotics when it is necessary.

What can I do to help prevent C. diff infections?

- 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.

- 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.

Co-sponsored by:



APPENDIX D. Healthcare-Associated Infections (HAI) Advisory Group, 2013

Deverick Anderson, MD, MPH

Duke Infection Control Outreach Network
Duke University Medical Center

Margaret A. Comin, RN, BSN, MPA

Division of Medical Assistance

Evelyn Cook, RN, CIC

APIC – N.C.
Duke Infection Control Outreach Network

Megan Davies, MD (Chair)

N.C. Division of Public Health

Chris DeRienzo, MD, MPP

Duke University Medical Center
Durham-Orange County Medical Society

Evelyn Foust, MPH, CPM

N.C. Division of Public Health

Robert M. Gabel, MD, MSc, FACOEM

Womack Army Medical Center

Teresa M. Gilbert, MT (AMT), CIC

Womack Army Medical Center

Dorothea Handron, APRN, EdD

Consumer/patient advocate

Millie R. Harding, CPA

North Carolina Hospital Association

Debbie S. Holloman, CSSBB

Consumer/patient advocate

G. Mark Holmes, PhD

UNC Gillings School of Global Public Health

Kirk Huslage, RN, BSN, MSPH, CIC

N.C. Statewide Program for Infection Control and Epidemiology

Representative Verla Insko (Orange County)

N.C. House of Representatives

Constance (Connie) D. Jones, RN, CIC

N.C. Division of Public Health

Carol Koeble, MD, MS, CPE

N.C. Center for Hospital Quality and Patient Safety

James Lederer, MD

Novant Health Systems

Jennifer MacFarquhar, RN, MPH, CIC

N.C. Division of Public Health

Jean-Marie Maillard, MD

N.C. Division of Public Health

MJ McCaffrey, MD, CAPT USN (Ret)

Perinatal Quality Collaborative of North Carolina
UNC School of Medicine

Catherine Moore, RN, MSN

North Carolina Nurses Association

Zack Moore, MD, MPH

N.C. Division of Public Health

John Morrow, MD

NC Association of Local Health Directors
Pitt County Health Department

Vivek Nanda

Blue Cross and Blue Shield of North Carolina

Katie Passaretti, MD

Carolinas Metro Facilities

Sylvia I. Pegg, RN, BSN, CIC

Wake Forest Baptist Health

Charles Riddick, CEO

The Carolinas Center for Medical Excellence

William A. Rutala, PhD, MPH

N.C. Statewide Program in Infection Control and Epidemiology
UNC Health Care System

Megan Sanza, MPH

N.C. Division of Public Health

Robert L. Sautter, PhD, HCLD (ABB)

N.C. Laboratory Response Forum
Carolinas Pathology Group

Daniel J. Sexton, MD

Duke Infection Control Outreach Network
Duke University Health System

Kristin M. Sullivan, MPH

N.C. Division of Public Health

Michael E. Toedt, MD, FAAFP

Cherokee Indian Hospital

Christopher W. Woods, MD, MPH

Duke University Health System
Durham VAMC

APPENDIX E. Healthcare Facility Groupings, 2013 National Healthcare Safety Network Annual Hospital Survey

Appendix E1. Healthcare Facility Group: Short-term Acute Care Hospitals

Hospital Groups	Hospital Name	Number of Beds
1-99 beds	Anson Community Hospital	30
	Blue Ridge Regional Hospital	46
	Brunswick Novant Medical Center	74
	Caldwell Memorial Hospital	82
	Carolinas Medical Center-Union	0
	Carolinas Medical Center-University	94
	Columbus Regional Healthcare System	86
	Franklin Regional Medical Center	70
	Granville Medical Center	62
	Hugh Chatham Memorial Hospital	81
	Kings Mountain Hospital	59
	Martin General Hospital	45
	McDowell Hospital	52
	Medical Park Hospital	22
	Murphy Medical Center	43
	North Carolina Specialty Hospital	18
	Person Memorial Hospital	38
	Presbyterian Hospital-Huntersville	75
	Presbyterian Orthopaedic Hospital	80
	Sandhills Regional Medical Center	66
	Vidant Beaufort Hospital	83
	Vidant Duplin Hospital	79
	Wake Forest Baptist Health-Lexington MC	85
	Westcare - Harris Regional Hospital	94
100-199 beds	ARHS-Watauga Medical Center	110
	Albemarle Health Authority	135
	Annie Penn Hospital	110
	Betsy Johnson Regional	135
	Blue Ridge Healthcare Hospitals-Morganton	184
	Blue Ridge Healthcare Hospitals-Valdese	131
	Carolinas Medical Center-Lincoln	101
	Carolinas Medical Center-Mercy	162
	Carteret General Hospital	135
	Catawba Valley Medical Center	190
	Central Carolina Hospital	108
	Davis Regional Medical Center	131
	Duke Raleigh Hospital	148
	Halifax Regional Medical Center	114
	Haywood Regional Medical Center	100
	Iredell Memorial Hospital	199
	Johnston Health	199
	Lake Norman Regional Medical Center	123
	Maria Parham Medical Center	102
	Morehead Memorial Hospital	108
	Northern Hospital Of Surry County	100
	Novant Health Matthews Medical Center	137

APPENDIX E. Healthcare Facility Groupings, 2013 National Healthcare Safety Network Annual Hospital Survey

Appendix E1. Healthcare Facility Group: Short-term Acute Care Hospitals

Hospital Groups	Hospital Name	Number of Beds
	Onslow Memorial Hospital	162
	Pardee Hospital	138
	Park Ridge Health	103
	Randolph Hospital	102
	Rutherford Regional Medical Center	120
	Sampson Regional Medical Center	116
	Scotland Memorial Hospital	104
	Stanly Regional Medical Center	119
	Thomasville Medical Center	149
	Vidant Edgecombe Hospital	117
	Vidant Roanoke Chowan Hospital	144
	WakeMed Cary Hospital	182
	Wesley Long Hospital	175
	Wilkes Regional Medical Center	130
	Wilson Medical Center	193
	Women's Hospital	134
200-399 beds	Alamance Regional Medical Center	202
	Broughton Hospital	278
	CarolinaEast Medical Center	350
	Carolinas Medical Center-Pineville	206
	Cherry Hospital	241
	Cleveland Regional Medical Center	241
	Duke Regional Hospital	204
	Frye Regional Medical Center	355
	High Point Regional Health System	355
	Lenoir Memorial Hospital	216
	Nash Health Care Systems	237
	Rowan Regional Medical Center	268
	Southeastern Regional Medical Center	319
	Wayne Memorial Hospital	306
400+ beds	Cape Fear Valley Health System	602
	Carolinas Medical Center-Northeast	457
	Central Regional Hospital	405
	FirstHealth Moore Regional Hospital	470
	Forsyth Medical Center	913
	Gaston Memorial Hospital	402
	Mission Hospital	739
	Moses Cone Hospital	536
	New Hanover Regional Medical Center	579
	Presbyterian Hospital-Charlotte	609
	Rex Healthcare	479
	WakeMed	614
Primary Medical School Affiliation	Carolinas Medical Center	880
	Duke University Hospital	915
	UNC Health Care	848

APPENDIX E. Healthcare Facility Groupings, 2013 National Healthcare Safety Network Annual Hospital Survey

Appendix E1. Healthcare Facility Group: Short-term Acute Care Hospitals

<u>Hospital Groups</u>	<u>Hospital Name</u>	<u>Number of Beds</u>
	Vidant Medical Center	909
	Wake Forest University Baptist MC	885

APPENDIX E. Healthcare Facility Groupings, 2013 National Healthcare Safety Network Annual Hospital Survey

Appendix E2. Healthcare Facility Group: Long-term Acute Care Hospitals

Hospital Name

Asheville Specialty Hospital

Carolinas Specialty Hospital

Crawley Memorial Hospital

Highsmith Rainey Specialty Hospital

Kindred Hospital-Greensboro

Lifecare Hospitals Of North Carolina

Select Specialty Hospital-Durham

Select Specialty Hospital-Greensboro

Select Specialty Hospital-Winston Salem

APPENDIX E. Healthcare Facility Groupings, 2013 National Healthcare Safety Network Annual Hospital Survey**Appendix E3. Healthcare Facility Group: Inpatient Rehabilitation Facilities & Wards**

<u>Hospital Name</u>	<u>Rehabilitation Facility or Ward</u>
Cape Fear Valley Health System	Adult rehabilitation ward
CarePartners Health Services	Inpatient Rehabilitation Facility
CarolinaEast Medical Center	Adult rehabilitation ward
Carolinas Medical Center	Pediatric rehabilitation ward
Carolinas Rehabilitation	Inpatient Rehabilitation Facility
Catawba Valley Medical Center	Adult rehabilitation ward
Duke Regional Hospital	Adult rehabilitation ward
FirstHealth Moore Regional Hospital	Adult rehabilitation ward
Forsyth Medical Center	Adult rehabilitation ward
	Pediatric rehabilitation ward
Frye Regional Medical Center	Adult rehabilitation ward
High Point Regional Health System	Adult rehabilitation ward
Lenoir Memorial Hospital	Adult rehabilitation ward
Maria Parham Medical Center	Adult rehabilitation ward
Moses Cone Hospital	Adult rehabilitation ward
Nash Health Care Systems	Adult rehabilitation ward
New Hanover Regional Medical Center	Adult rehabilitation ward
Rowan Regional Medical Center	Adult rehabilitation ward
Scotland Memorial Hospital	Adult rehabilitation ward
Stanly Regional Medical Center	Adult rehabilitation ward
UNC Health Care	Adult rehabilitation ward
Vidant Edgecombe Hospital	Adult rehabilitation ward
Vidant Medical Center	Adult rehabilitation ward
Wake Forest University Baptist Medical Center	Adult rehabilitation ward
WakeMed	Adult rehabilitation ward