2014

Quarterly Report April 2014

Healthcare-Associated Infections in North Carolina

2013 Annual Report
Healthcare Provider 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, culminating in approximately 721,800 infections[1] and 99,000 deaths each year[2] as well as $28–$33 billion in excess costs.[3] In North Carolina, healthcare-associated infections result in approximate direct costs to facilities ranging from $124 million to $348 million annually.[4] These numbers likely underestimate the true burden of healthcare-associated infections 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 healthcare-associated infections 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, and *Clostridium difficile* laboratory-identified events. These five types of infections account for a large proportion of illnesses and deaths attributed to healthcare, but they do not represent the full spectrum of healthcare-associated infections.

This report was prepared by the Healthcare-Associated Infections Prevention Program located in the Communicable Disease Branch of the Epidemiology Section of the North Carolina Division of Public Health. The N.C. Healthcare-Associated Infections 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 providers. Data are intended to provide an understanding of the burden of healthcare-associated infections in North Carolina. Furthermore, providers can use these data to assess their hospital's healthcare-associated infections burden in conjunction with other healthcare facilities. This may help to identify potential resources and opportunities to strengthen their hospital's healthcare-associated infections prevention program. Prevention tips on healthcare-associated infections are also provided (Appendix C). A separate healthcare consumer 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. Healthcare-Associated Infections Prevention Program, please visit http://epi.publichealth.nc.gov/cd/diseases/hai.

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Acknowledgements

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

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

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

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I. Highlights of Healthcare-Associated Infections Activities in 2013

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

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

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

HAIs 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 (NSHN). 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 groups (all HAIs). For CLABSIs and CAUTIs, the rate by unit type and hospital size groups was calculated by summing the number of infections in each category and dividing by the total number of device days (central line or catheter days); this number was then multiplied by 1,000 to get "per 1,000 device days". If the minimum threshold number of 50 device days was not met, then a rate was not calculated. Likewise for SSIs, the hospital size group rates were calculated by summing the number of infections in each category and dividing by the total number of procedures within the category and then multiplied by 100 to get "per 100 procedures". If <20 procedures were performed, a rate was not calculated. 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 within the category then multiplying by 1,000 and 10,000 to get rates "per 1,000 patient days" and "per 10,000 patient days", respectively.

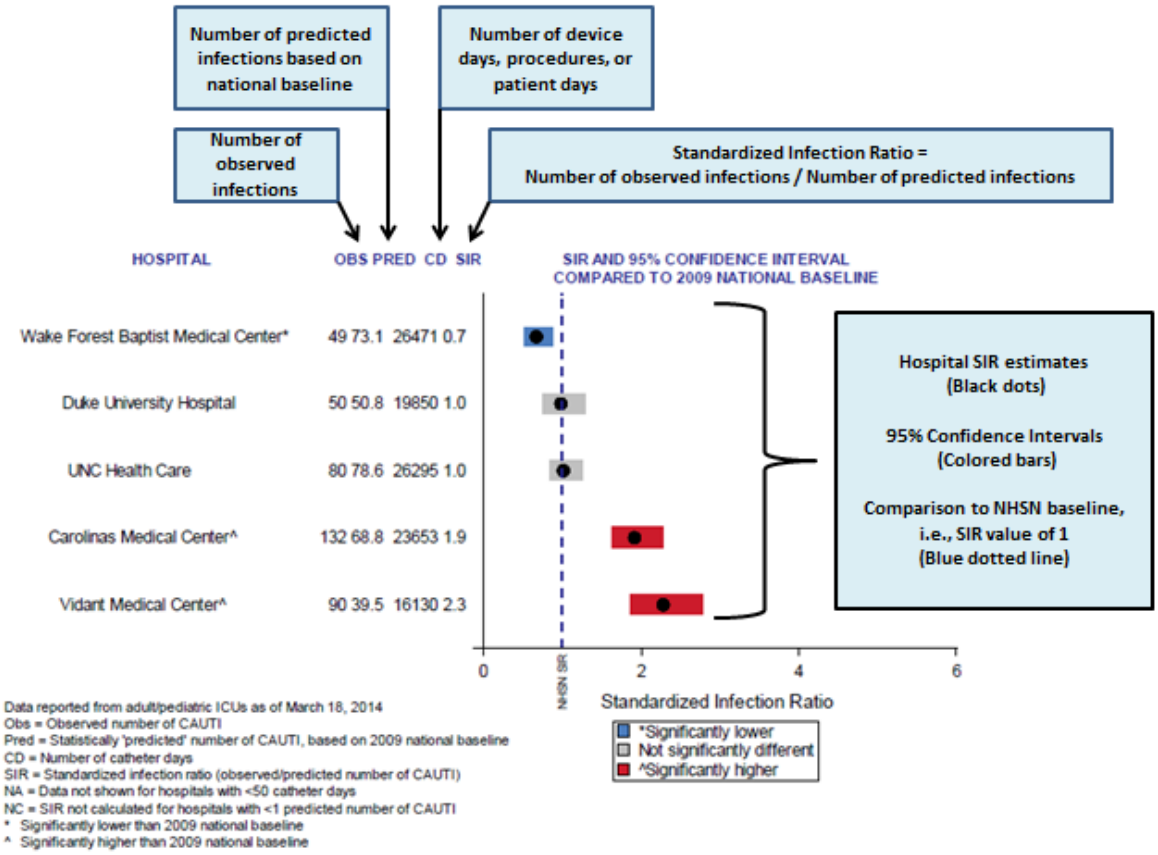
In addition to the rates, the lower limit and upper limit of the 95% confidence intervals (CIs) were presented in the bar charts. The 95% CI is a useful measure to describe the precision of the estimate (the narrower the confidence interval, the more precise the estimate). The 95% CI can also be used for hypothesis testing. In the bar charts, the 95% CI can be used to test the hypothesis that there were no differences in the HAI rates between one category and another. 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. 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.

Standardized Infection Ratio (SIR) Plots

Standardized infection ratio (SIR) plots have been included for each HAI. This plot (Figure 1 below) summarizes information about HAIs for each hospital from January 1, 2013 to December 31, 2013, by hospital size group. Each plot includes the names of hospitals, the number of reported infections (OBS), the number of predicted infections based on NHSN baseline data (PRED), the number of central line days (CLD), catheter days (CD), procedures (PROCS), or patient days (PD), SIRs, and the corresponding 95% CIs and interpretations (significantly lower than national baseline, not significantly different than national baseline, significantly higher than national baseline).

Figure 1. Example of a Standardized Infection Ratio (SIR) Plot.



The predicted number of infections was calculated using rates from national data collected during a baseline time period. For CLABSI and SSI, the predicted number of infections was based on 2006-2008 NSHN national data. For CAUTI, the predicted number of infections was based on the 2009 NHSN national data. For MRSA and CDI LabID, the predicted number of infections was based on 2010-2011 NHSN national data.

The standardized infection ratio (SIR) was calculated by dividing the observed number of infections by the predicted number of infections. A calculated SIR of 1.0 indicated that the number of observed and predicted infections was the not statistically significantly different. If the SIR was greater than 1.0, the number of observed infections was significantly greater than the number of predicted infections. If the SIR was less than 1.0, the number of observed infections was significantly less than the number of predicted infections. If the number of predicted infections was less than 1, the SIR was not calculated because the number of device days or procedures was too low to calculate a precise SIR.

The 95% confidence interval (CI) in the SIR plots corresponds to the SIR presented in the table. When the number of infections was 0, the lower bound of the 95% CI was not calculated. The 95% CI is a useful measure for precision – the wider the interval, the less precise the estimate. The 95% CI can also be used for hypothesis testing, or to confirm that there were no differences in the numbers of observed and predicted infections. If the 95% CI included the value of 1, then there was no statistically significant difference between the numbers of observed and predicted infections. The gray colored bars indicate those SIRs that are the "same" or not statistically different from 1. However, if the 95% CI did not include the NHSN SIR value of 1.0, then there was a statistically significant difference in the number of observed and predicted infections. This may have been a significantly lower (blue bars) number of infections or a significantly higher (red bars) number of infections.

Detailed information on all of the measures included in the SIR plot can be found in the October 2012 Quarterly Report at http://epi.publichealth.nc.gov/cd/hai/figures/hai_oct2012.pdf.

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: *Candida* & other yeasts/fungi, *Enterobacter, Enterococcus, Escherichia coli* (*E. coli*), *Klebsiella, Pseudomonas, Staphylococcus aureus, Staphylococcus* coagulase negative, and two "other" categories – Other Gram-Positive Bacteria and Other Gram-Negative Bacteria. The first eight categories or organisms listed represent 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.

Antibiotic-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. In general, these antibiotic resistant organisms are most often detected in specialized healthcare settings, such as ICUs, where patients are hospitalized for extended periods of time, treated with multiple antibiotics and have weakened immune systems, therefore making them more vulnerable to infections.

Facilities entered limited antibiotic susceptibility information into NHSN. Susceptibility testing results were entered as susceptible (S), intermediate (I), resistant (R), or not tested. Antibiotic resistant organisms were classified according to NHSN guidance as follows:

1. CRE: any Enterobacteriaceae that was intermediate (I) or resistant (R) to imipenem, meropenem or doripenem;
2. MRSA: Staphylococcus aureus resistant (R) to oxacillin, cefoxitin, or methicillin; and
3. VRE: any Enterococcus species resistant (R) to vancomycin.

Currently, several laboratory methods exist for antibiotic susceptibility testing. Testing for antibiotic susceptibility may be routine at some hospitals while rarely performed at others. As a standardized approach to antibiotic susceptibility testing across clinical laboratories does not exist, data on antibiotic resistance organisms in this report 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. Standardized infection ratios (SIRs): SIRs allow facilities to see how the number of hospital-onset events reported to NHSN compares to the number that would be predicted, based on historical data from other hospitals nationwide. This measure can be used to compare hospitals to each other and to a national baseline. These comparisons can drive prevention practices that will lead to improved outcomes, including the reduction of patient morbidity and mortality. It is important to note some caveats with respect to SIR data. First, the NHSN reference datasets used as the national baselines are somewhat outdated; some going as far back as 2006. Once these national baselines are updated or state-specific baselines are established, the SIRs will likely increase. Additionally, SIRs are a ratio; not a rate or an actual number of infections. The number or rate of infections cannot be determined by the SIR; these data are reported separately in this report.

7. 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. This allows for a much less labor-intensive means to track MRSA and CDI infections. The N.C. HAI Prevention Program would like to highlight certain caveats in using and interpreting LabID event data. For example, experience in other states has shown that CDI infection rates tend to be higher when using LabID event data compared to a clinical case definition. Reasons for this may include differences in how individual facilities define and classify clinical disease and variations in hospital laboratory testing methods and practices. LabID events should be considered a 'proxy' measure to estimate the number of MRSA and CDI infections actually occurring. Despite these caveats, there are benefits to using LabID data. LabID events do not depend on clinical interpretation by providers and thus offer a more standardized and consistent method of collecting and reporting MRSA and CDI surveillance data. Moreover, LabID events are currently being used by CMS for surveillance of MRSA and CDI. Improving prevention practices as described in existing clinical guidelines should result in a decrease in the number of observed MRSA and CDI LabID events as well as a decrease in the number of clinical infections.

IV. Statewide Aggregate Healthcare-Associated Infections

A. Central Line-Associated Bloodstream Infections (CLABSI)

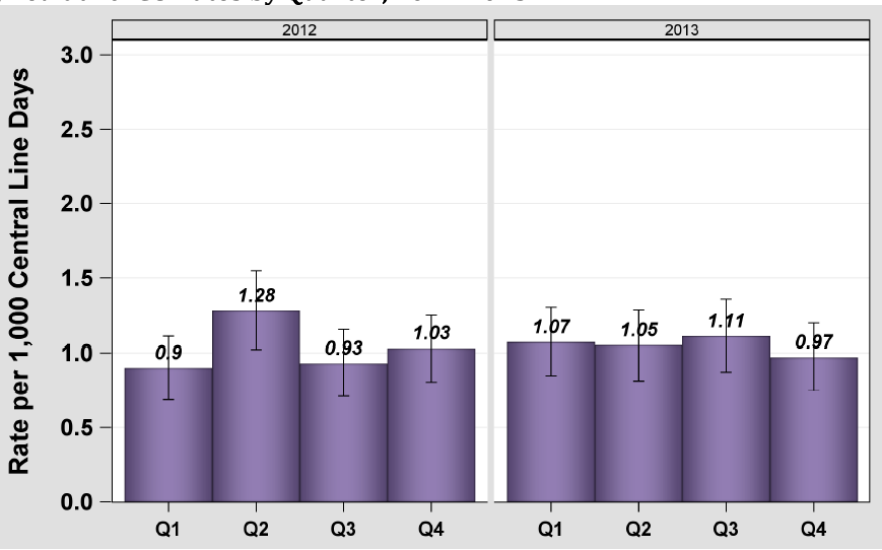
1. CLABSI in Adult and Pediatric Intensive Care Units

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.

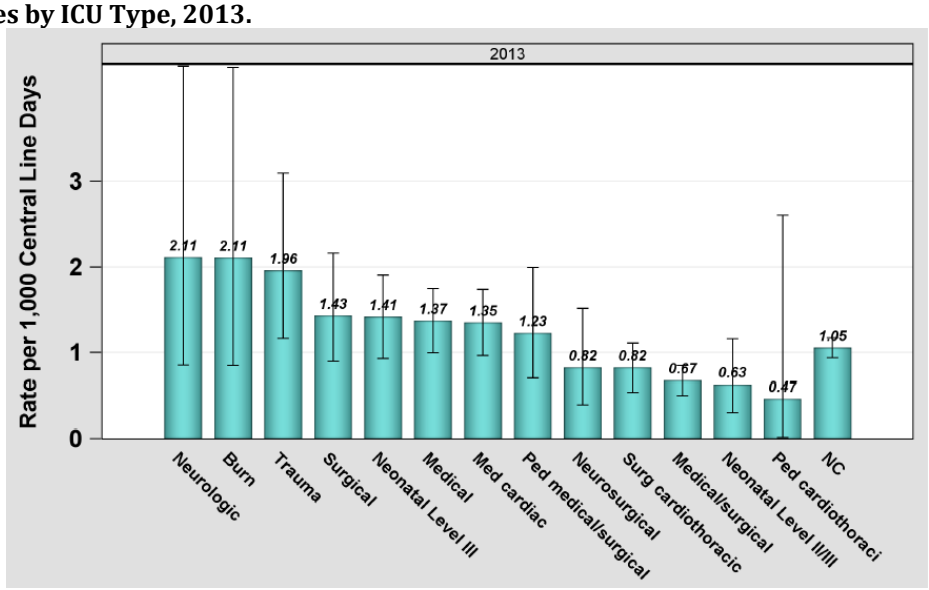
- When compared to the national 2006-2008 baseline data, the number of reported CLABSIs in N.C. was statistically significantly lower than predicted by the baseline data.
- The most commonly identified organisms from adult and pediatric CLABSI patients were *Candida* and other yeasts/fungi and *Enterococcus*.

Figure 2. CLABSI Adult/Pediatric ICU Rates by Quarter, 2012-2013.



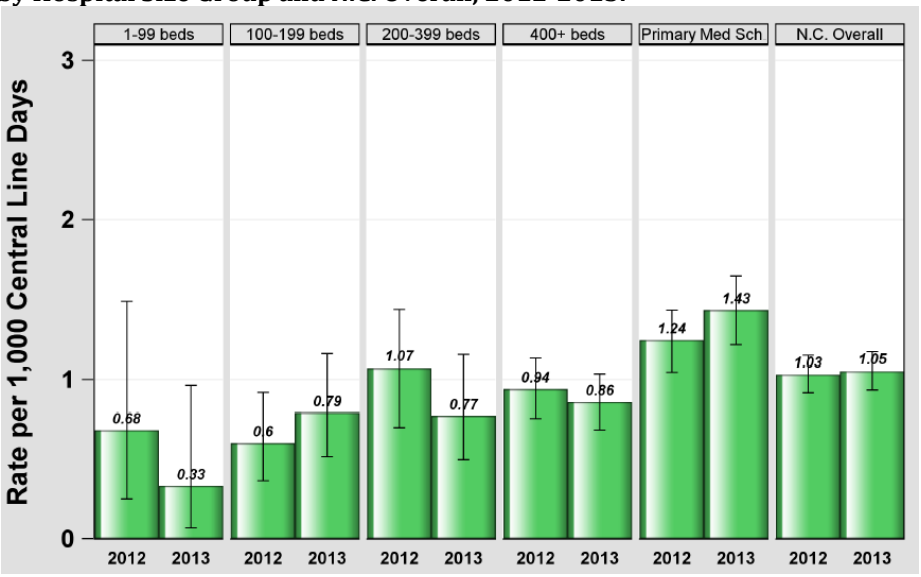
Overall, there was no statistically significant trend in CLABSI rates during 2012 and 2013, by year or by quarter.

Figure 3. CLABSI Rates by ICU Type, 2013.



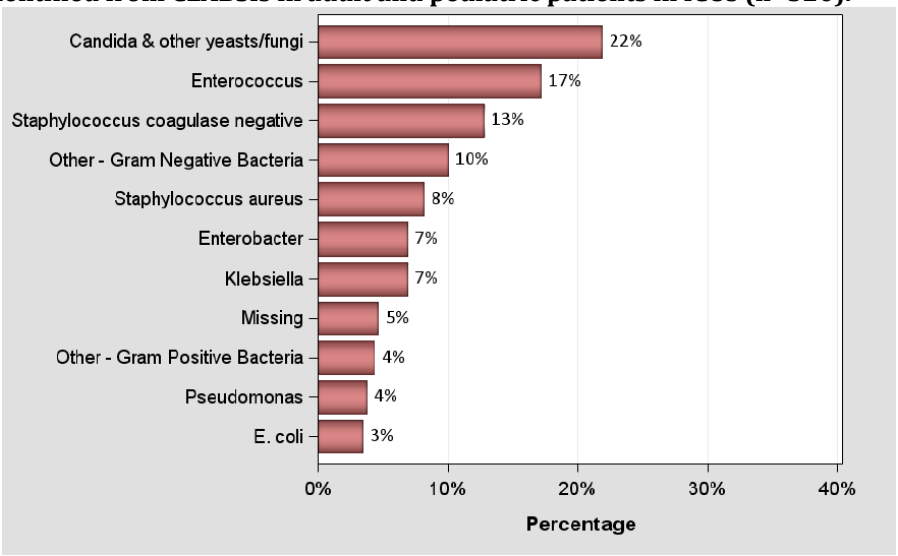
- Although the rates of CLABSIs in adult and pediatric ICUs in N.C. ranged from 0.47 to 2.11 per 1,000 central line days (Figure 3), only the medical/surgical unit had a significantly lower rate compared to the statewide rate of 1.05.
- The three highest observed rates of CLABSIs were in the specialized neurologic, trauma and burn units. This observation was similar to recent published national 2011 data, in which burn and trauma units reported higher rates of CLABSIs than other units. Patients in these specialized units are at increased risk of acquiring infections due to severity of illness, major surgeries, and/or compromised immune systems.
- The lowest rate of CLABSIs was in the pediatric cardiothoracic unit. The observed rate in the national 2011 data was 1.6 CLABSIs per 1,000 central line days.

Figure 4. 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 4), 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.
- Despite the observed trend, the only CLABSI rate significantly different than the overall state CLABSI rate was for hospitals with primary medical school affiliations in 2013; these hospitals had a higher CLABSI rate than N.C.

Figure 5. Organisms identified from CLABSIs in adult and pediatric patients in ICUs (n=320).



- A total of 320 organisms were identified from 313 CLABSIs (Figure 5). More than one organism may have been identified from a CLABSI.

- The most commonly identified organisms were *Candida* and other yeasts/fungi (22%) and *Enterococcus* (17%).
- *Serratia marcescens* (31%) and *Stenotrophomonas maltophilia* (22%) were the top two organisms among the 32 "Other – Gram-Negative Bacteria".
- *Streptococcus* species (29%), *Mycobacterium abscessus* (15%), and diptheroids (15%) were the most commonly reported organisms among the 14 "Other – Gram-Positive Bacteria".
- All three antibiotic-resistant organisms – CRE, VRE, and MRSA – were identified from CLABSI infections (Table 1). These represented 14% of the 320 organisms identified in 2013. Antibiotic-resistant organisms are an increasing source of infection among ICU patients. Patients with CLABSIs caused by antibiotic-resistant organisms are more likely to have longer hospital stays, and may be more likely to die as a result of the infection.

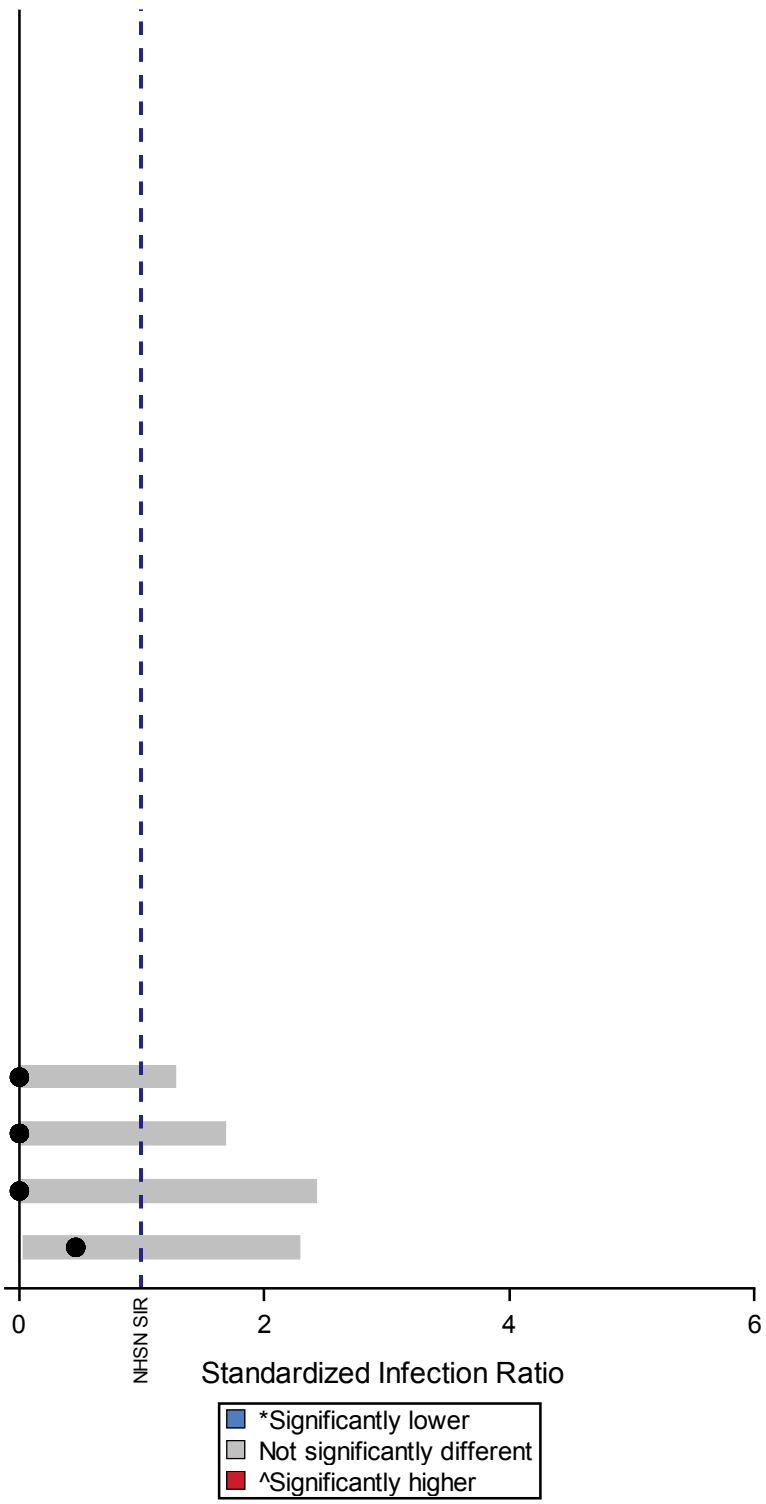
Table 1. Antibiotic-resistant organisms identified from CLABSIs in adult and pediatric patients in ICUs (n=44).

Organism	Count (Percent)
Enterobacteriaceae	71 (100)
Carbapenem-resistant Enterobacteriaceae (CRE)	3 (4)
Enterococcus	55 (100)
Vancomycin-resistant *Enterococcus* (VRE)	28 (51)
Staphylococcus aureus	26 (100)
Methicillin-resistant *Staphylococcus aureus* (MRSA)	13 (50)

The following SIR plots summarize CLABSI information for adult and pediatric ICUs in North Carolina hospitals by hospital size group (Appendix E).

CLABSI Adult/Pediatric ICUs, Standardized Infection Ratios: Jan 1, 2013 - Dec 31, 2013
Hospital Group: Hospitals with Less than 100 Beds

HOSPITAL	OBS	PRED	CLD	SIR
Anson Community Hospital			No ICU	
Blue Ridge Regional Hospital	0	0.2	109	NC
Brunswick Novant Medical Center	1	0.5	300	NC
Columbus Regional Healthcare System	0	0.7	485	NC
Franklin Regional Medical Center	0	0.3	163	NC
Granville Medical Center	0	0.7	473	NC
Hugh Chatham Memorial Hospital	0	0.3	170	NC
Kings Mountain Hospital	0	0.5	269	NC
Martin General Hospital	0	0.2	152	NC
McDowell Hospital	0	0.3	214	NC
Medical Park Hospital			No ICU	
Murphy Medical Center	0	0.3	199	NC
Person Memorial Hospital	0	0.2	143	NC
Sandhills Regional Medical Center	0	0.2	121	NC
Vidant Beaufort Hospital	0	0.2	163	NC
Vidant Duplin Hospital	1	0.4	280	NC
Wake Forest Baptist-Lexington Medical Ce	0	0.5	353	NC
Westcare - Harris Regional Hospital	0	0.8	522	NC
Carolinas Medical Center-Union	0	2.4	1566	0.0
Carolinas Medical Center-University	0	1.8	1167	0.0
Presbyterian Hospital-Huntersville	0	1.2	820	0.0
Caldwell Memorial Hospital	1	2.2	1435	0.5

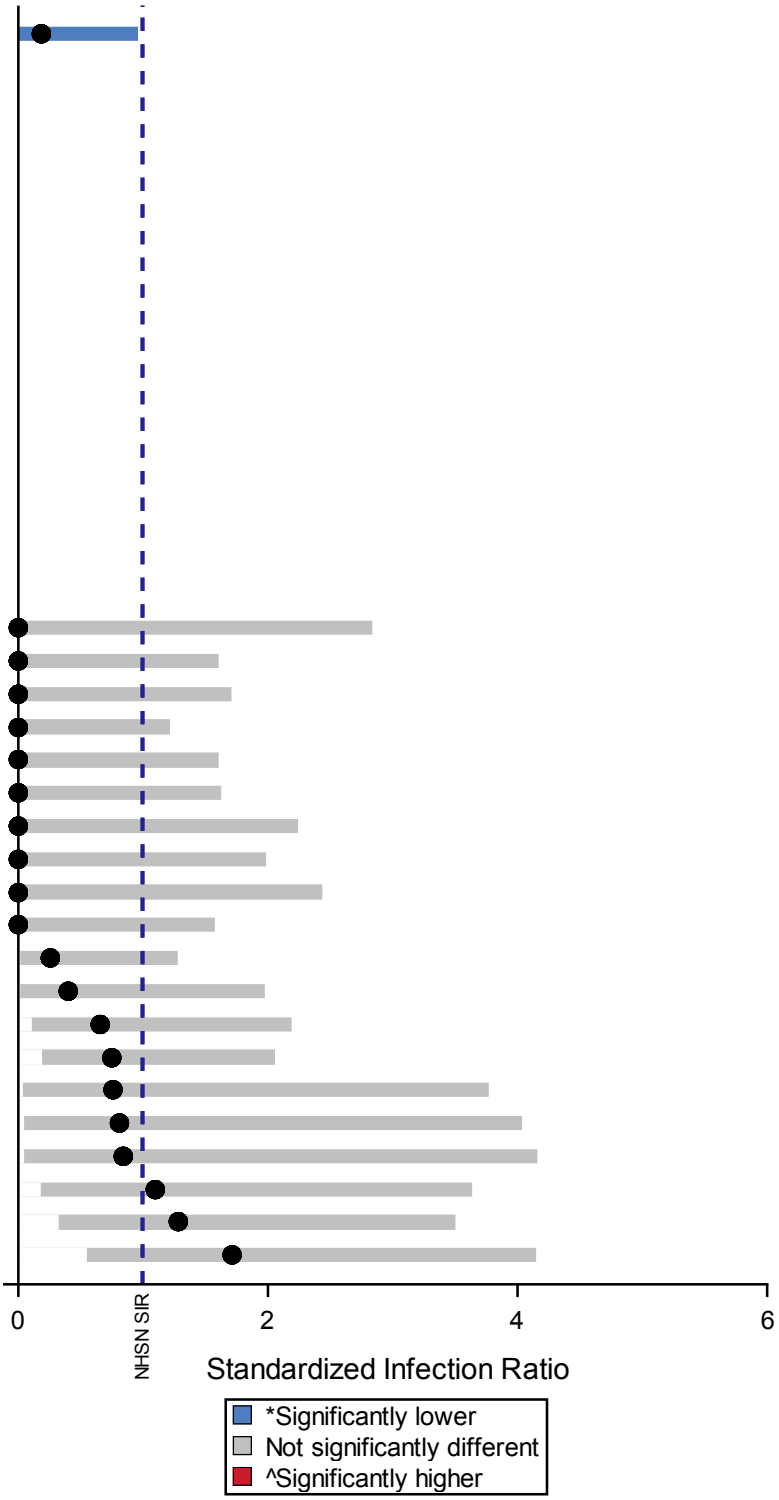


Data reported from adult/pediatric ICUs as of March 18, 2014
Obs = Observed number of CLABSI
Pred = Statistically 'predicted' number of CLABSI, based on national 2006-2008 baseline
CLD = Number of central line days
SIR = Standardized infection ratio (observed/predicted number of CLABSI)
NA = Data not shown for hospitals with <50 central line days
NC = SIR not calculated for hospitals with <1 predicted number of CLABSI
* Significantly lower than national 2006-2008 baseline
^ Significantly higher than national 2006-2008 baseline

CLABSI Adult/Pediatric ICUs, Standardized Infection Ratios: Jan 1, 2013 - Dec 31, 2013
Hospital Group: Hospitals with 100-199 Beds

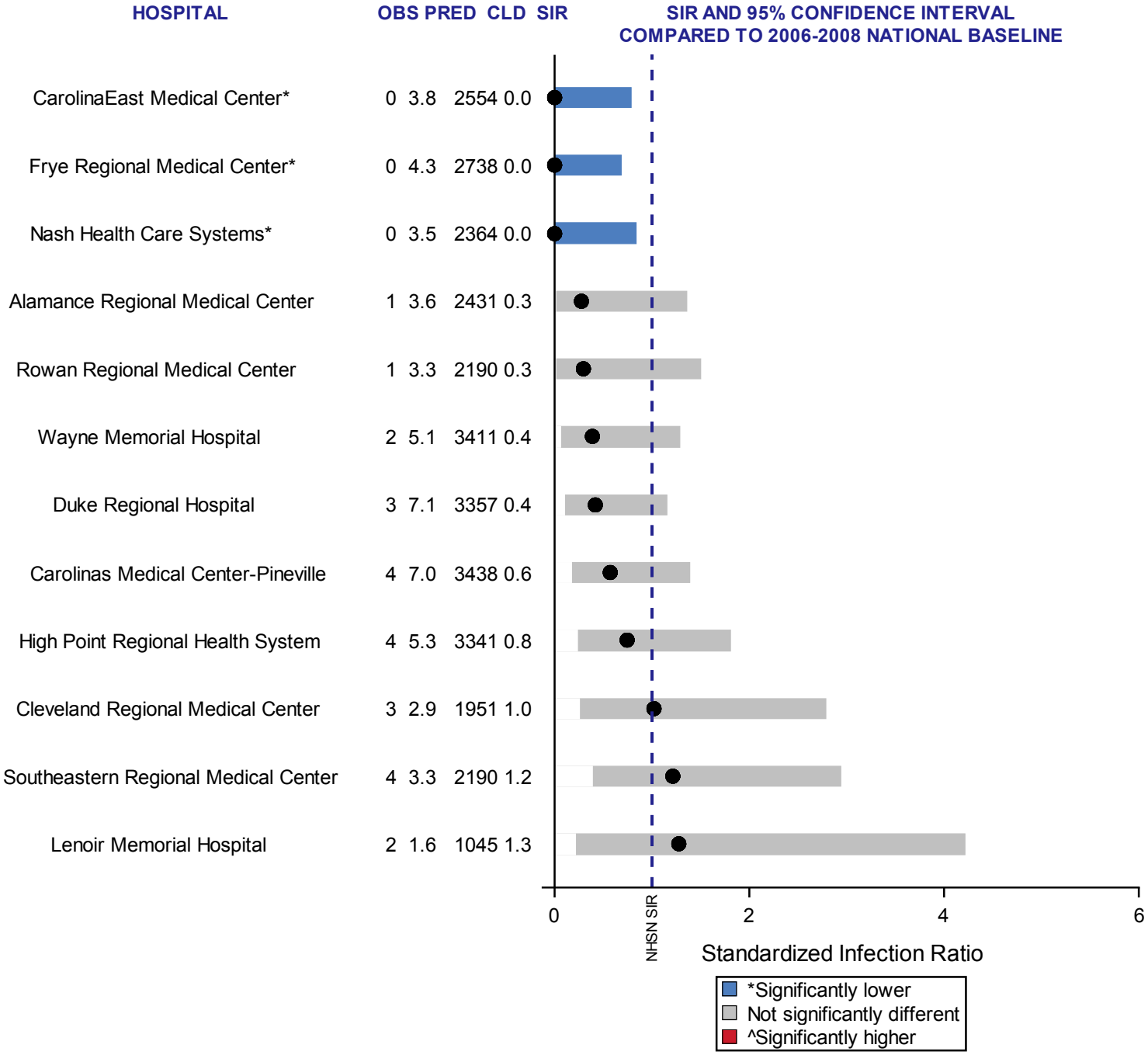
HOSPITAL	OBS	PRED	CLD	SIR
Women's Hospital*	1	5.2	2059	0.2
Annie Penn Hospital	0	0.9	623	NC
Betsy Johnson Regional	0	0.5	298	NC
Blue Ridge Healthcare-Morganton	1	0.8	399	NC
Blue Ridge Healthcare-Valdese	0	0.5	263	NC
Davis Regional Medical Center	2	0.9	424	NC
Halifax Regional Medical Center	0	0.6	427	NC
Haywood Regional Medical Center	0	0.6	379	NC
Morehead Memorial Hospital	0	0.4	243	NC
Northern Hospital Of Surry County	0	0.4	271	NC
Pardee Hospital	0	0.6	404	NC
Park Ridge Health	1	0.8	406	NC
Rutherford Regional Medical Center	1	0.4	249	NC
Sampson Regional Medical Center	0	0.3	211	NC
Scotland Memorial Hospital	0	0.7	463	NC
Thomasville Medical Center	0	0.3	230	NC
Vidant Roanoke Chowan Hospital	1	0.8	529	NC
Wilkes Regional Medical Center	0	0.5	329	NC
ARHS-Watauga Medical Center	0	1.1	704	0.0
Central Carolina Hospital	0	1.9	1244	0.0
Duke Raleigh Hospital	0	1.8	1167	0.0
Iredell Memorial Hospital	0	2.5	1644	0.0
Lake Norman Regional Medical Center	0	1.9	986	0.0
Maria Parham Medical Center	0	1.8	1230	0.0
Novant Health Matthews Medical Center	0	1.3	905	0.0
Onslow Memorial Hospital	0	1.5	1006	0.0
Randolph Hospital	0	1.2	820	0.0
Vidant Edgecombe Hospital	0	1.9	909	0.0
Catawba Valley Medical Center	1	3.9	2092	0.3
Johnston Health	1	2.5	1317	0.4
Wesley Long Hospital	2	3.0	2015	0.7
Carolinas Medical Center-Mercy	3	4.0	2093	0.8
Albemarle Health Authority	1	1.3	872	0.8
Carolinas Medical Center-Lincoln	1	1.2	816	0.8
Stanly Regional Medical Center	1	1.2	594	0.8
WakeMed Cary Hospital	2	1.8	1214	1.1
Carteret General Hospital	3	2.3	1555	1.3
Wilson Medical Center	4	2.3	1551	1.7

SIR AND 95% CONFIDENCE INTERVAL COMPARED TO 2006-2008 NATIONAL BASELINE



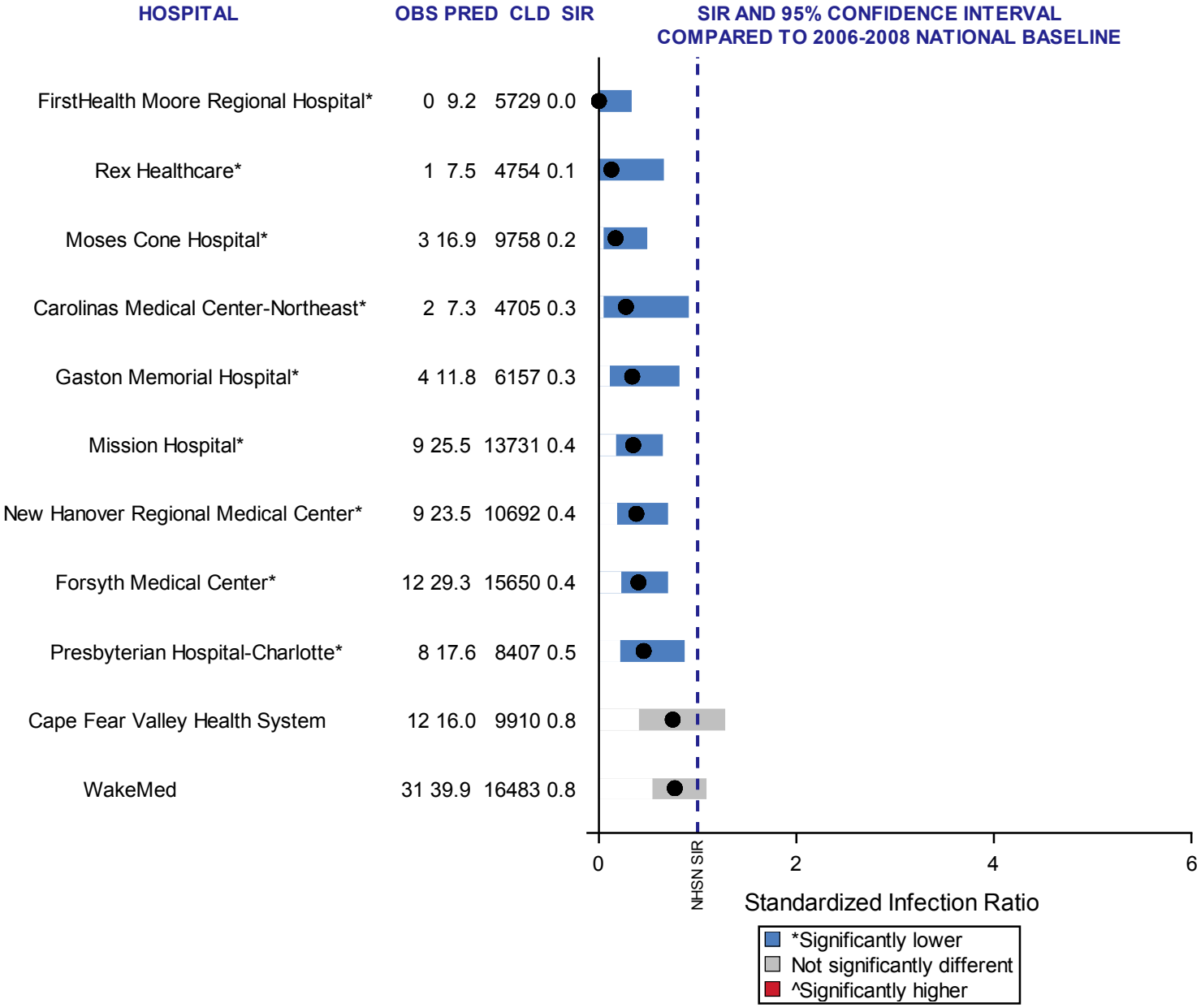
Data reported from adult/pediatric ICUs as of March 18, 2014
Obs = Observed number of CLABSI
Pred = Statistically 'predicted' number of CLABSI, based on national 2006-2008 baseline
CLD = Number of central line days
SIR = Standardized infection ratio (observed/predicted number of CLABSI)
NA = Data not shown for hospitals with <50 central line days
NC = SIR not calculated for hospitals with <1 predicted number of CLABSI
* Significantly lower than national 2006-2008 baseline
^ Significantly higher than national 2006-2008 baseline

CLABSI Adult/Pediatric ICUs, Standardized Infection Ratios: Jan 1, 2013 - Dec 31, 2013
Hospital Group: Hospitals with 200-399 Beds



Data reported from adult/pediatric ICUs as of March 18, 2014
Obs = Observed number of CLABSI
Pred = Statistically 'predicted' number of CLABSI, based on national 2006-2008 baseline
CLD = Number of central line days
SIR = Standardized infection ratio (observed/predicted number of CLABSI)
NA = Data not shown for hospitals with <50 central line days
NC = SIR not calculated for hospitals with <1 predicted number of CLABSI
* Significantly lower than 2006-2008 national baseline
^ Significantly higher than 2006-2008 national baseline

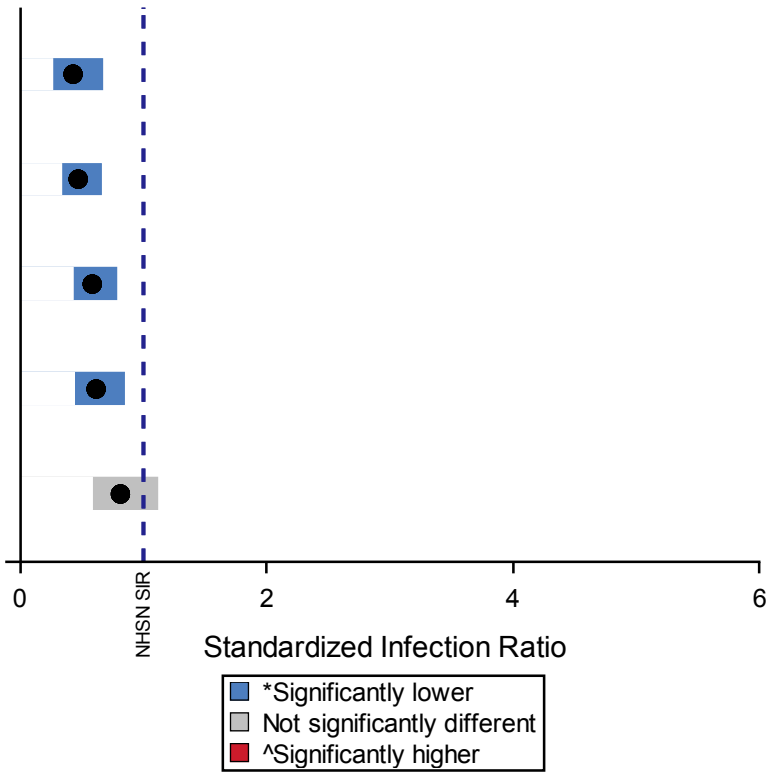
CLABSI Adult/Pediatric ICUs, Standardized Infection Ratios: Jan 1, 2013 - Dec 31, 2013
Hospital Group: Hospitals with 400 or More Beds



Data reported from adult/pediatric ICUs as of March 18, 2014
Obs = Observed number of CLABSI
Pred = Statistically 'predicted' number of CLABSI, based on national 2006-2008 baseline
CLD = Number of central line days
SIR = Standardized infection ratio (observed/predicted number of CLABSI)
NA = Data not shown for hospitals with <50 central line days
NC = SIR not calculated for hospitals with <1 predicted number of CLABSI
* Significantly lower than 2006-2008 national baseline
^ Significantly higher than 2006-2008 national baseline

CLABSI Adult/Pediatric ICUs, Standardized Infection Ratios: Jan 1, 2013 - Dec 31, 2013
Hospital Group: Hospitals with Primary Medical School Affiliation

HOSPITAL	OBS	PRED	CLD	SIR
Wake Forest Baptist Medical Center*	19	43.7	17492	0.4
Carolinas Medical Center*	33	69.2	26638	0.5
UNC Health Care*	44	74.6	27802	0.6
Duke University Hospital*	36	58.1	25556	0.6
Vidant Medical Center	37	45.1	20753	0.8



Data reported from adult/pediatric ICUs as of March 18, 2014
Obs = Observed number of CLABSI
Pred = Statistically 'predicted' number of CLABSI, based on national 2006-2008 baseline
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NA = Data not shown for hospitals with <50 central line days
NC = SIR not calculated for hospitals with <1 predicted number of CLABSI
* Significantly lower than 2006-2008 national baseline
^ Significantly higher than 2006-2008 national baseline

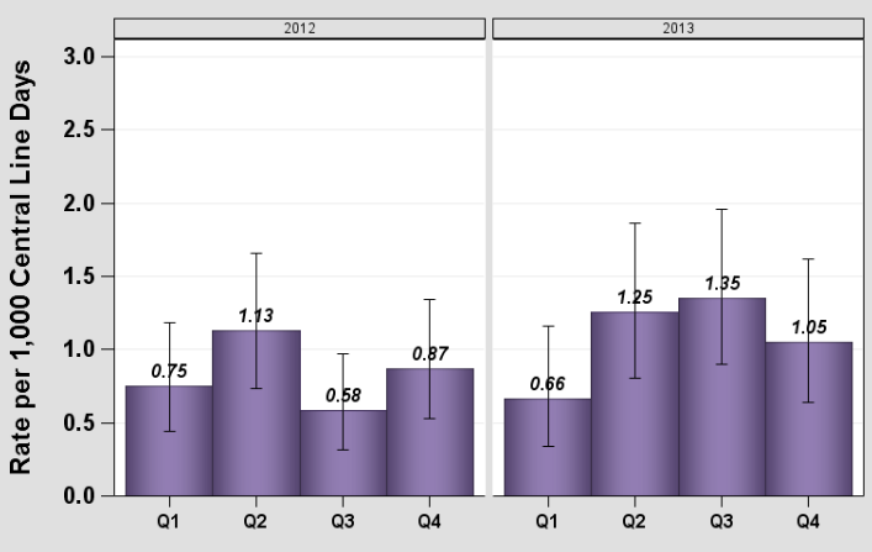
2. CLABSI in Neonatal Intensive Care Units

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.

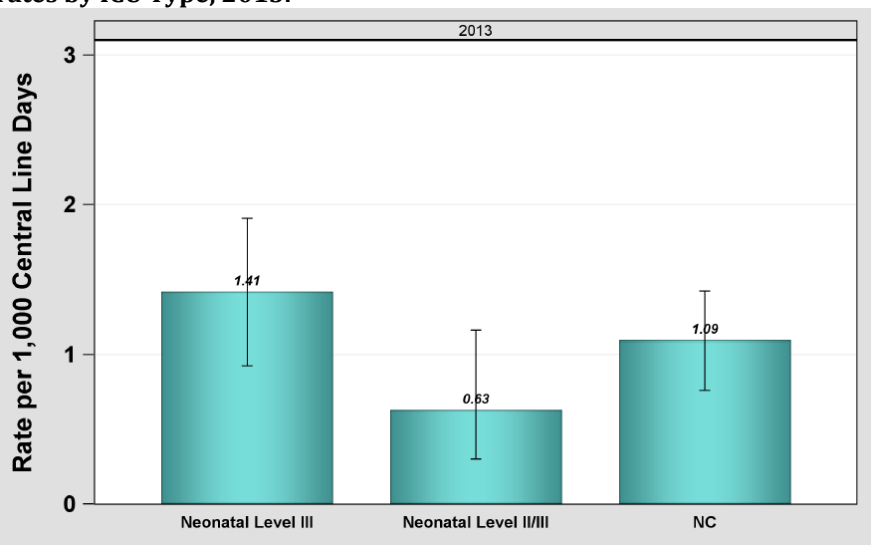
- The number of reported CLABSI infections was statistically significantly lower than predicted by the national 2006-2008 baseline data.
- *Staphylococcus aureus* was the most commonly identified organism from neonatal CLABSI patients.

Figure 5. CLABSI NICU rates by Quarter, 2012-2013.



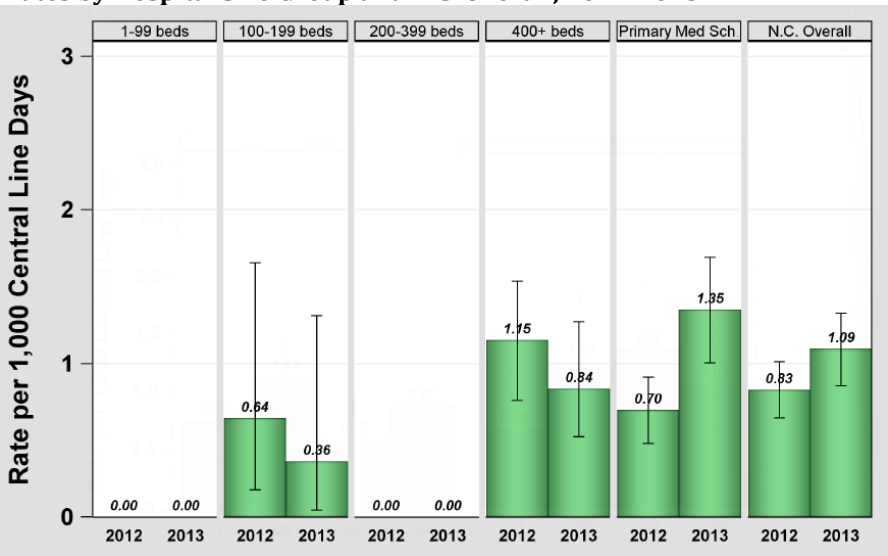
- Overall, there was no statistically significant trend in CLABSI NICU rates during 2012 and 2013, by year or by quarter.

Figure 6. CLABSI NICU rates by ICU Type, 2013.



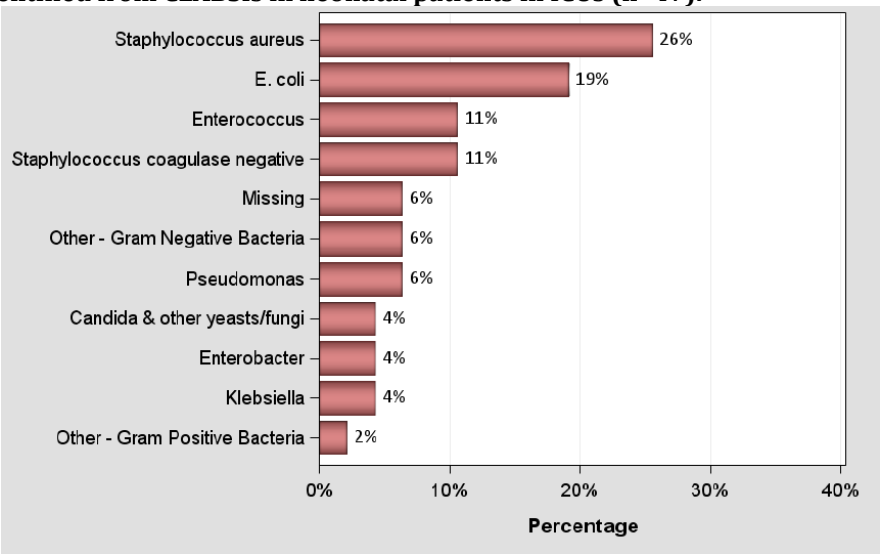
- The CLABSI rates in the two types of NICUs, Level II/III and Level III, were not significantly different from each other or from the state CLABSI rate for all NICUs (Figure 6).

Figure 7. CLABSI NICU Rates by Hospital Size Group and N.C. Overall, 2012-2013.



- None of the hospital size groups significantly differed from the overall state CLABSI NICU rates in 2012 or 2013. Comparisons were not made between groups that had a rate of 0.
- As seen with CLABSI rates in adult/pediatric ICUs, NICU rates increased with hospital size in 2013.

Figure 8. Organisms identified from CLABSIs in neonatal patients in ICUs (n=47).



- As shown in Figure 8, 47 organisms were identified from the 42 reported NICU CLABSIs. More than one organism may have been identified from a CLABSI.
- The most commonly identified organisms was *Staphylococcus aureus* (26%). Because *Staphylococcus* is very common in the environment and can colonize the skin, it is one of the most common causes of infections within NICUs. Hands of care givers (nurses, doctors, parents) can easily become contaminated with *Staphylococcus* and if hand hygiene is not performed properly, *Staphylococcus* can be transmitted to susceptible neonates.
- *Serratia marcescens* (n=2) and an unspecified Gram-negative rod were the three identified "Other – Gram-Negative Bacteria".
- *Streptococcus* was the only organism identified from "Other – Gram-Positive Bacteria".
- Among the 12 *Staphylococcus aureus* organisms identified, 67% were MRSA; this was the only antibiotic-resistant organism identified among the reported CLABSI NICU infections (Table 2).

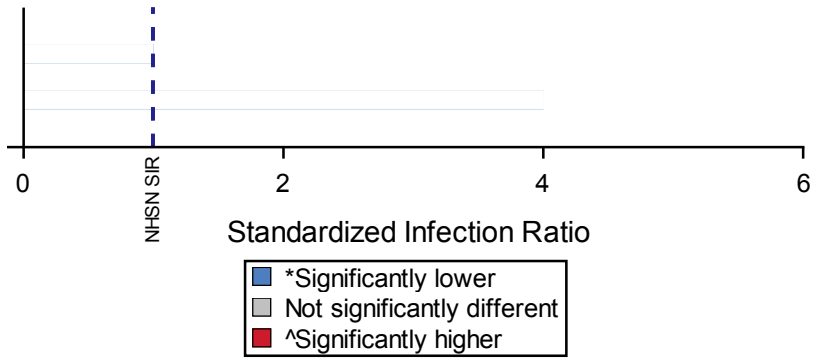
Table 2. Antibiotic-resistant organisms identified from CLABSIs in neonatal patients in ICUs (n=8).

Organism	Count (Percent)
Enterobacteriaceae	15 (100)
Carbapenem-resistant Enterobacteriaceae (CRE)	0 (0)
Enterococcus	5 (100)
Vancomycin-resistant *Enterococcus* (VRE)	0 (0)
Staphylococcus aureus	12 (100)
Methicillin-resistant *Staphylococcus aureus* (MRSA)	8 (67)

The following SIR plots summarize CLABSI information for NICUs in North Carolina hospitals by hospital groups (Appendix E).

CLABSI Neonatal ICUs, Standardized Infection Ratios: Jan 1, 2013 - Dec 31, 2013
Hospital Group: Hospitals with Less than 100 Beds

HOSPITAL	OBS	PRED	CLD	SIR
Carolinas Medical Center-University	0	0.2	84	NC
Presbyterian Hospital-Huntersville	NA	NA	NA	NA



Data reported from NICUs as of March 18, 2014
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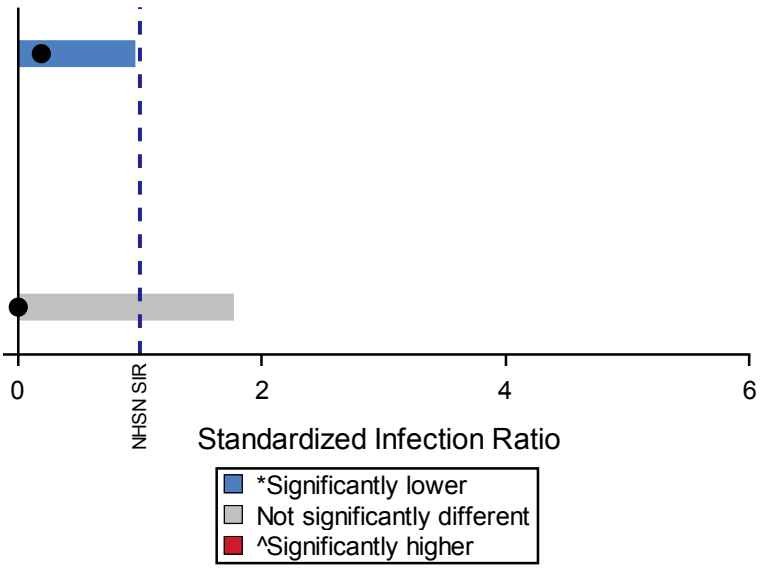
* Significantly lower than 2006-2008 national baseline
^ Significantly higher than 2006-2008 national baseline

CLABSI Neonatal ICUs, Standardized Infection Ratios: Jan 1, 2013 - Dec 31, 2013
Hospital Group: Hospitals with 100-199 Beds

HOSPITAL	OBS	PRED	CLD	SIR
Women's Hospital*	1	5.1	2049	0.2
Lake Norman Regional Medical Center	NA	NA	NA	NA
Novant Health Matthews Medical Center	0	0.1	71	NC
Onslow Memorial Hospital	NA	NA	NA	NA
Catawba Valley Medical Center	0	1.7	642	0.0



Data reported from NICUs as of March 18, 2014
Obs = Observed number of CLABSI
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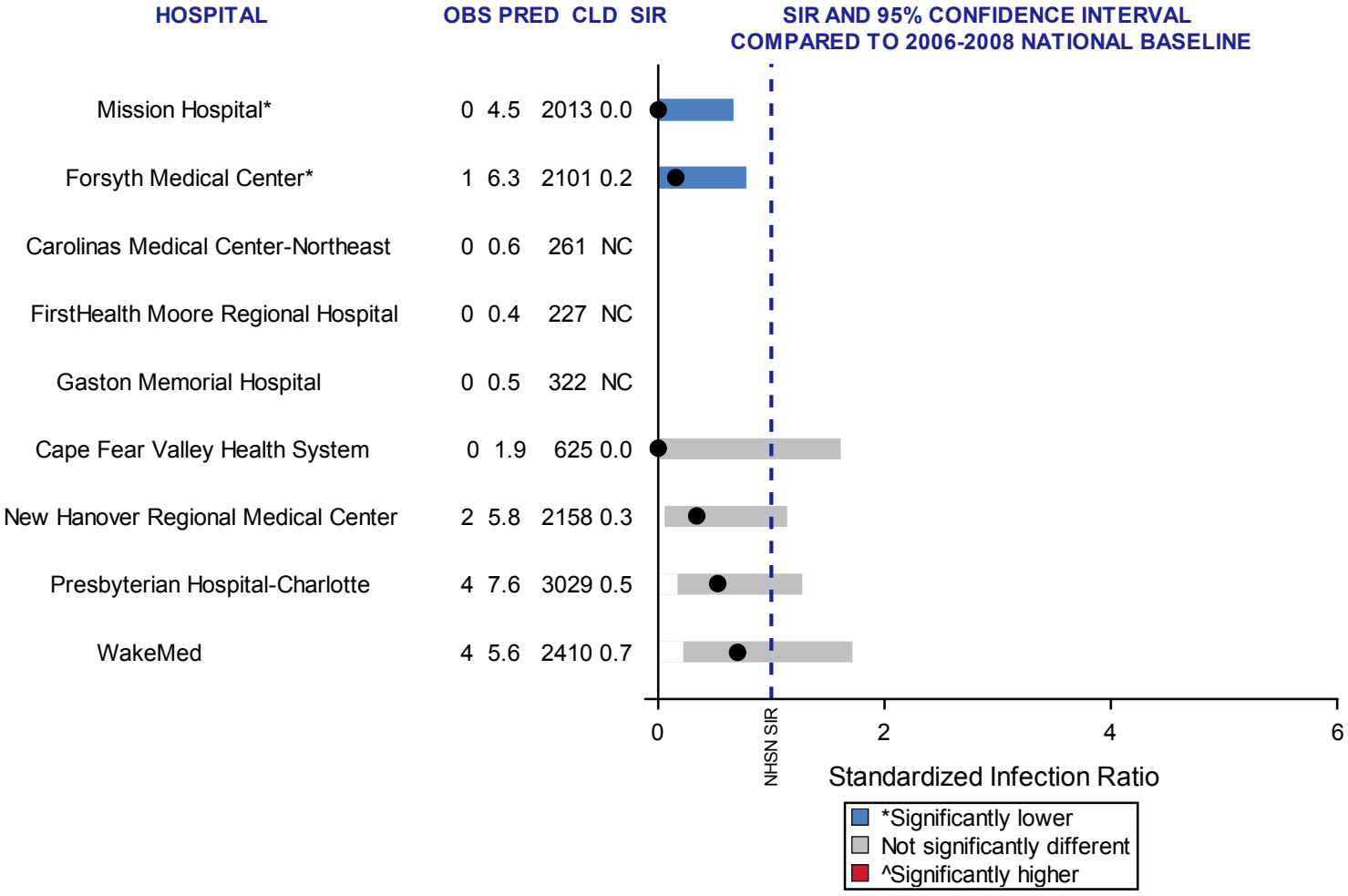
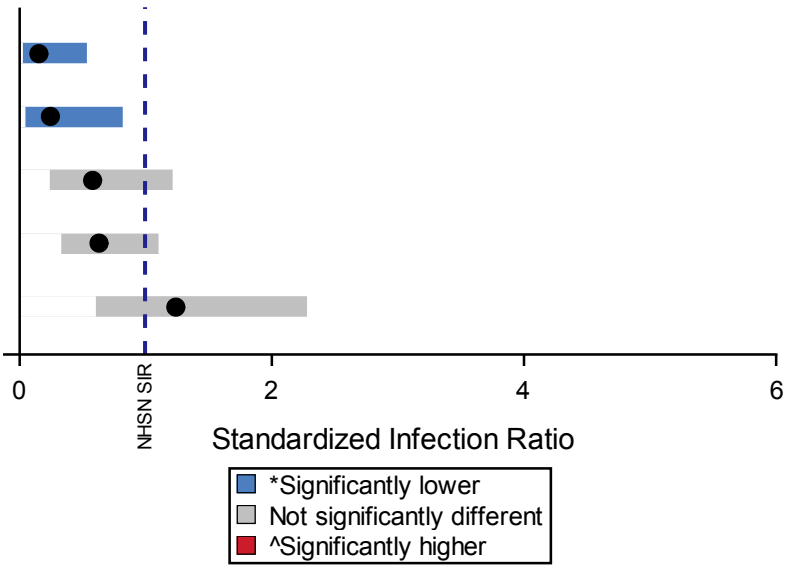
CLABSI Neonatal ICUs, Standardized Infection Ratios: Jan 1, 2013 - Dec 31, 2013
Hospital Group: Hospitals with 400 or More Beds



Data reported from NICUs as of March 18, 2014
Obs = Observed number of CLABSI
Pred = Statistically 'predicted' number of CLABSI, based on national 2006-2008 baseline
CLD = Number of central line days
SIR = Standardized infection ratio (observed/predicted number of CLABSI)
NA = Data not shown for hospitals with <50 central line days
NC = SIR not calculated for hospitals with <1 predicted number of CLABSI
* Significantly lower than 2006-2008 national baseline
^ Significantly higher than 2006-2008 national baseline

CLABSI Neonatal ICUs, Standardized Infection Ratios: Jan 1, 2013 - Dec 31, 2013
Hospital Group: Hospitals with Primary Medical School Affiliation

HOSPITAL	OBS	PRED	CLD	SIR
Duke University Hospital*	2	12.5	4861	0.2
Wake Forest Baptist Medical Center*	2	8.1	3177	0.2
UNC Health Care	6	10.3	4118	0.6
Carolinas Medical Center	11	17.4	7285	0.6
Vidant Medical Center	9	7.3	2834	1.2



Data reported from NICUs as of March 18, 2014
Obs = Observed number of CLABSI
Pred = Statistically 'predicted' number of CLABSI, based on national 2006-2008 baseline
CLD = Number of central line days
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NC = SIR not calculated for hospitals with <1 predicted number of CLABSI
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^ Significantly higher than 2006-2008 national baseline

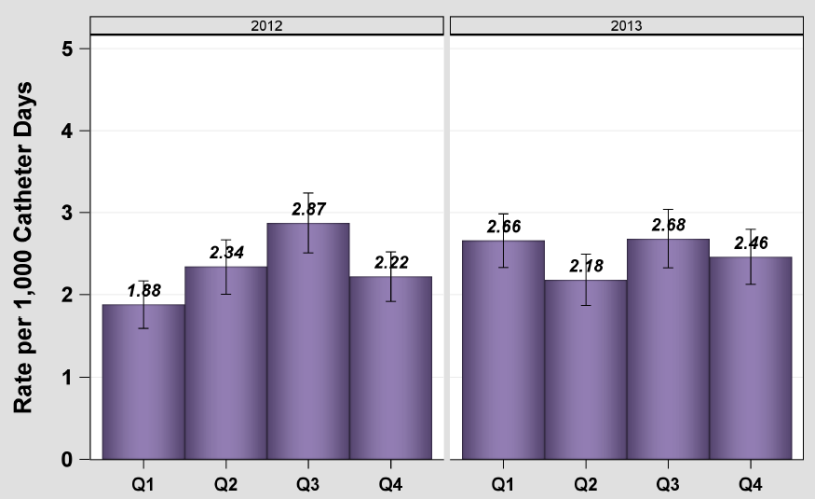
B. Catheter-Associated Urinary Tract Infections (CAUTI)

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.

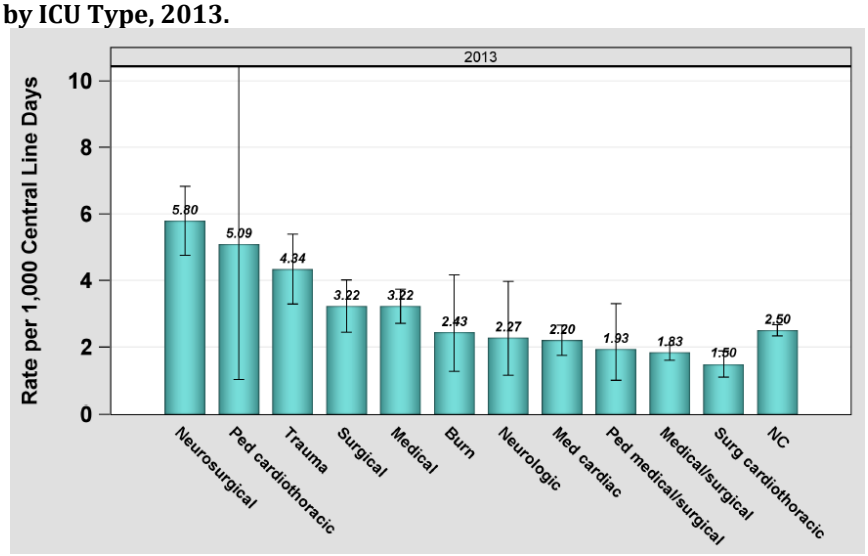
- When compared to the national 2009 baseline data, the number of reported CAUTI infections was statistically significantly higher than predicted.
- The most commonly identified organisms were *Candida* and other yeasts and *E. coli.*

Figure 9. CAUTI Rates by Quarter, 2012-2013.



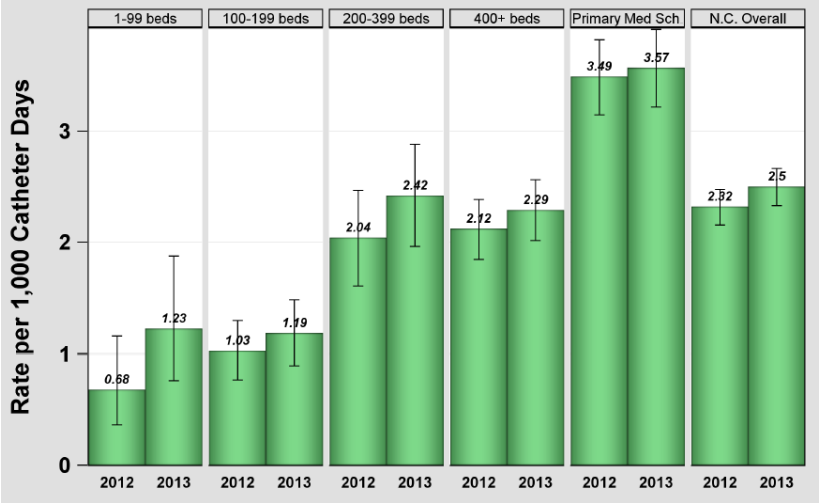
- Overall, there was no statistically significant trend in CAUTI rates during 2012 and 2013, by year or by quarter.
- In Q3 of 2012, the rate was significantly higher than Q1.

Figure 10. CAUTI Rates by ICU Type, 2013.



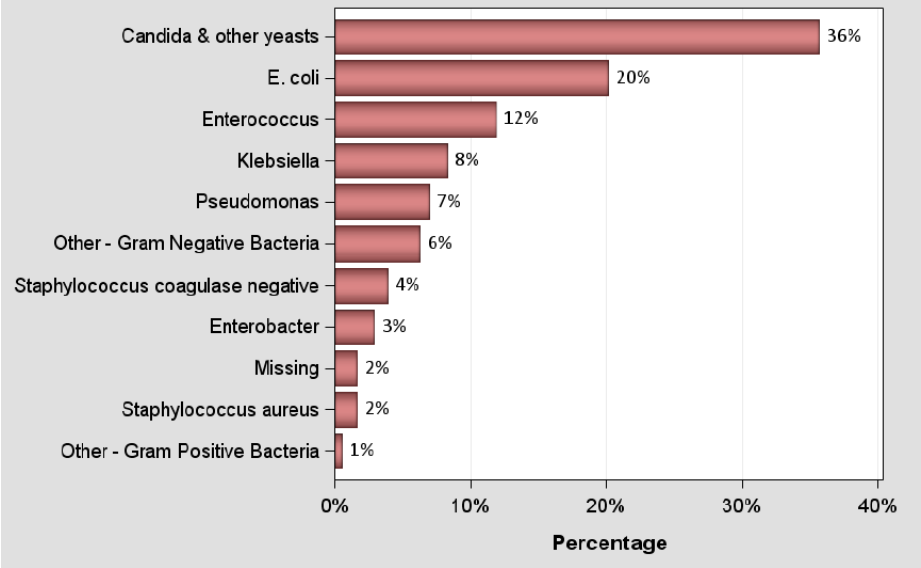
- CAUTI rates in ICUs ranged from 1.50 to 5.80 per 1,000 catheter days (Figure 10).
- The highest rates of CAUTI were in specialized units such as neurosurgical and trauma. These types of units also had the highest CAUTI rates in the 2011 national data. This is not unexpected because patients in these types of units are at increased risk of acquiring infections due to severity of illness, have had major surgery, and/or have compromised immune systems.
- The CAUTI rates in the neurosurgical, trauma, and medical units were significantly higher than the overall N.C. rate of CAUTIs. Medical/surgical and surgical cardiothoracic units had significantly lower rates compared to the state.

Figure 11. 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. The rates increased with hospital size.
- Hospitals with a primary medical school affiliation had 2013 rates significantly higher than the overall state CAUTI rate. This was also seen in 2012.
- Smaller hospitals with less than 200 beds had significantly lower rates than North Carolina.

Figure 12. Organisms identified from CAUTIs in adults and pediatric patients in ICUs (n=917).



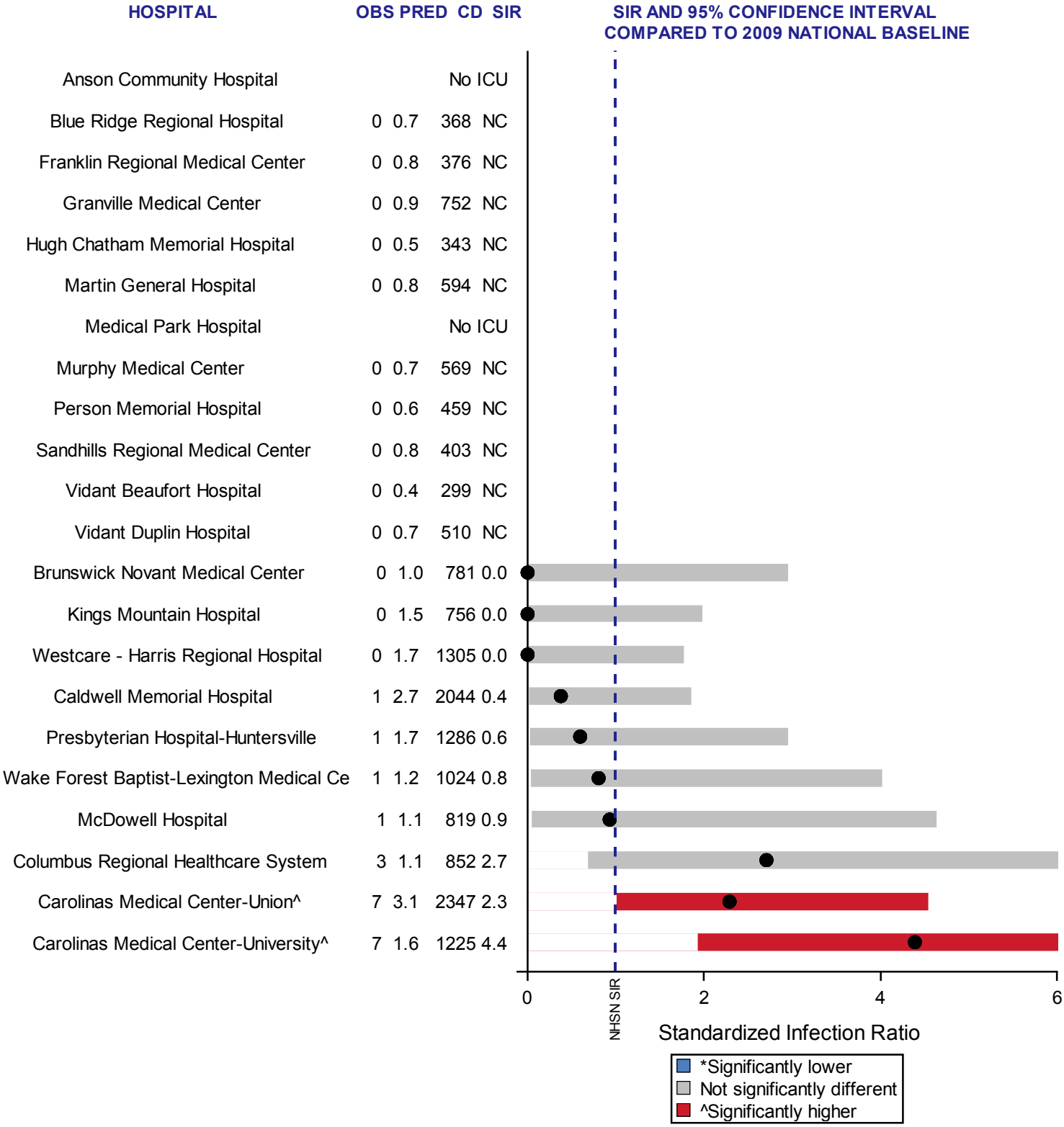
- As shown in Figure 12, 917 organisms were identified from 860 CAUTI infections in adult and pediatric ICU patients. More than one organism may have been identified from a single CAUTI.
- The most commonly identified organisms were *Candida* (36%) and other yeasts and *E. coli* (20%). *Candida* and other yeasts may be increasingly identified in the ICU because patients have compromised immune systems, urinary catheters and may be receiving antibiotics. *E. coli,* a type of bacteria commonly found in the gastrointestinal tract, can easily contaminate the perineum or the urinary catheter and cause a urinary tract infection.
- *Proteus* species (54%) and *Serratia marcescens* (14%) comprise the majority of the 58 "Other – Gram-Negative Bacteria".
- *Streptococcus* group B, *Lactobacillus* species, and one unspecified Gram-positive rod comprised the five total "Other – Gram-Positive Bacteria".
- There were 18 organisms identified that were resistant to antibiotics (Table 3), 4 of which were CREs. The detection of Enterobacteriaceae in a CAUTI is not uncommon as they are normal intestinal flora and failure to adhere to proper hand hygiene and catheter care can result in contamination of the perineum and catheters.

Table 3. Antibiotic resistant organisms identified from CAUTIs in adult and pediatric patients in ICUs (n=18).

Organism	Count (Percent)
Enterobacteriaceae	336 (100)
Carbapenem-resistant Enterobacteriaceae (CRE)	4 (1)
Enterococcus	109 (100)
Vancomycin-resistant *Enterococcus* (VRE)	11 (10)
Staphylococcus aureus	15 (100)
Methicillin-resistant *Staphylococcus aureus* (MRSA)	3 (20)

The following SIR plots summarize CAUTI information for adult and pediatric ICUs in North Carolina hospitals by hospital groups (Appendix E).

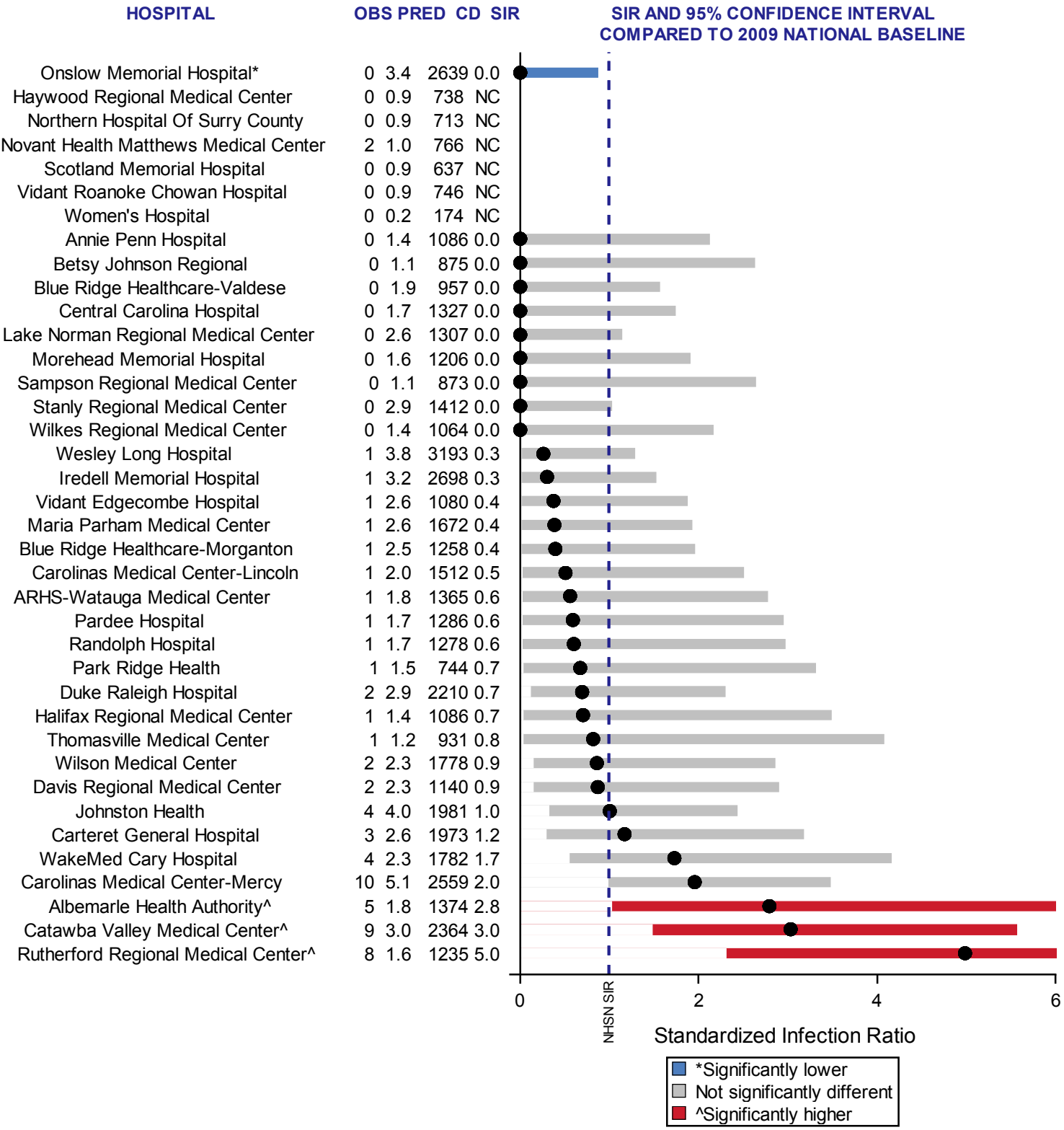
CAUTI Adult/Pediatric ICUs, Standardized Infection Ratios: Jan 1, 2013 - Dec 31, 2013
Hospital Group: Hospitals with Less than 100 Beds



Data reported from adult/pediatric ICUs as of March 18, 2014
Obs = Observed number of CAUTI
Pred = Statistically 'predicted' number of CAUTI, based on 2009 national baseline
CD = Number of catheter days
SIR = Standardized infection ratio (observed/predicted number of CAUTI)
NA = Data not shown for hospitals with <50 catheter days
NC = SIR not calculated for hospitals with <1 predicted number of CAUTI
* Significantly lower than 2009 national baseline
^ Significantly higher than 2009 national baseline

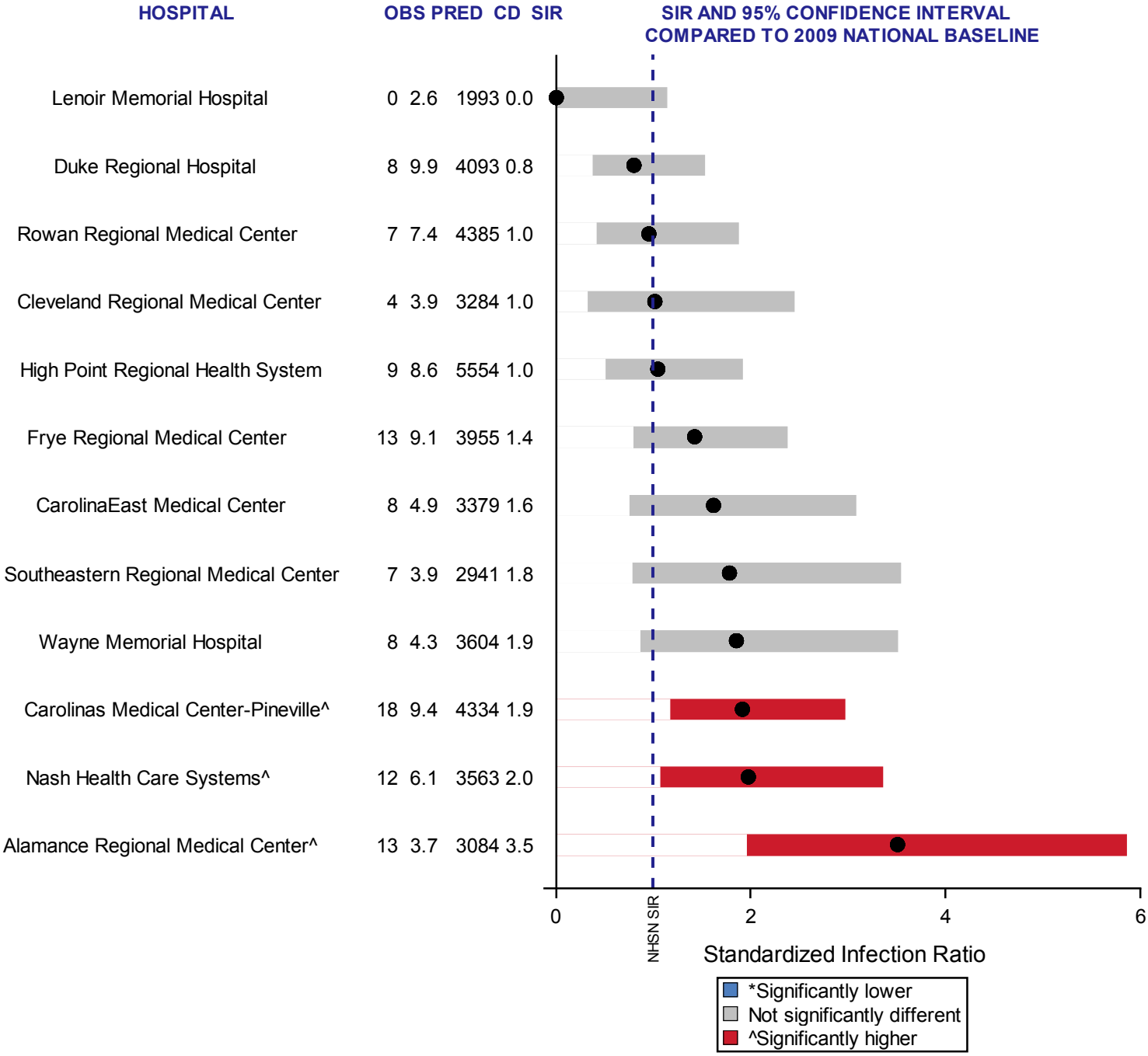
CAUTI Adult/Pediatric ICUs, Standardized Infection Ratios: Jan 1, 2013 - Dec 31, 2013
Hospital Group: Hospitals with 100-199 Beds

HOSPITAL	OBS	PRED	CD	SIR
Onslow Memorial Hospital*	0	3.4	2639	0.0
Haywood Regional Medical Center	0	0.9	738	NC
Northern Hospital Of Surry County	0	0.9	713	NC
Novant Health Matthews Medical Center	2	1.0	766	NC
Scotland Memorial Hospital	0	0.9	637	NC
Vidant Roanoke Chowan Hospital	0	0.9	746	NC
Women's Hospital	0	0.2	174	NC
Annie Penn Hospital	0	1.4	1086	0.0
Betsy Johnson Regional	0	1.1	875	0.0
Blue Ridge Healthcare-Valdese	0	1.9	957	0.0
Central Carolina Hospital	0	1.7	1327	0.0
Lake Norman Regional Medical Center	0	2.6	1307	0.0
Morehead Memorial Hospital	0	1.6	1206	0.0
Sampson Regional Medical Center	0	1.1	873	0.0
Stanly Regional Medical Center	0	2.9	1412	0.0
Wilkes Regional Medical Center	0	1.4	1064	0.0
Wesley Long Hospital	1	3.8	3193	0.3
Iredell Memorial Hospital	1	3.2	2698	0.3
Vidant Edgecombe Hospital	1	2.6	1080	0.4
Maria Parham Medical Center	1	2.6	1672	0.4
Blue Ridge Healthcare-Morganton	1	2.5	1258	0.4
Carolinas Medical Center-Lincoln	1	2.0	1512	0.5
ARHS-Watauga Medical Center	1	1.8	1365	0.6
Pardee Hospital	1	1.7	1286	0.6
Randolph Hospital	1	1.7	1278	0.6
Park Ridge Health	1	1.5	744	0.7
Duke Raleigh Hospital	2	2.9	2210	0.7
Halifax Regional Medical Center	1	1.4	1086	0.7
Thomasville Medical Center	1	1.2	931	0.8
Wilson Medical Center	2	2.3	1778	0.9
Davis Regional Medical Center	2	2.3	1140	0.9
Johnston Health	4	4.0	1981	1.0
Carteret General Hospital	3	2.6	1973	1.2
WakeMed Cary Hospital	4	2.3	1782	1.7
Carolinas Medical Center-Mercy	10	5.1	2559	2.0
Albemarle Health Authority^	5	1.8	1374	2.8
Catawba Valley Medical Center^	9	3.0	2364	3.0
Rutherford Regional Medical Center^	8	1.6	1235	5.0



Data reported from adult/pediatric ICUs as of March 18, 2014
Obs = Observed number of CAUTI
Pred = Statistically 'predicted' number of CAUTI, based on 2009 national baseline
CD = Number of catheter days
SIR = Standardized infection ratio (observed/predicted number of CAUTI)
NA = Data not shown for hospitals with <50 catheter days
NC = SIR not calculated for hospitals with <1 predicted number of CAUTI
* Significantly lower than 2009 national baseline
^ Significantly higher than 2009 national baseline

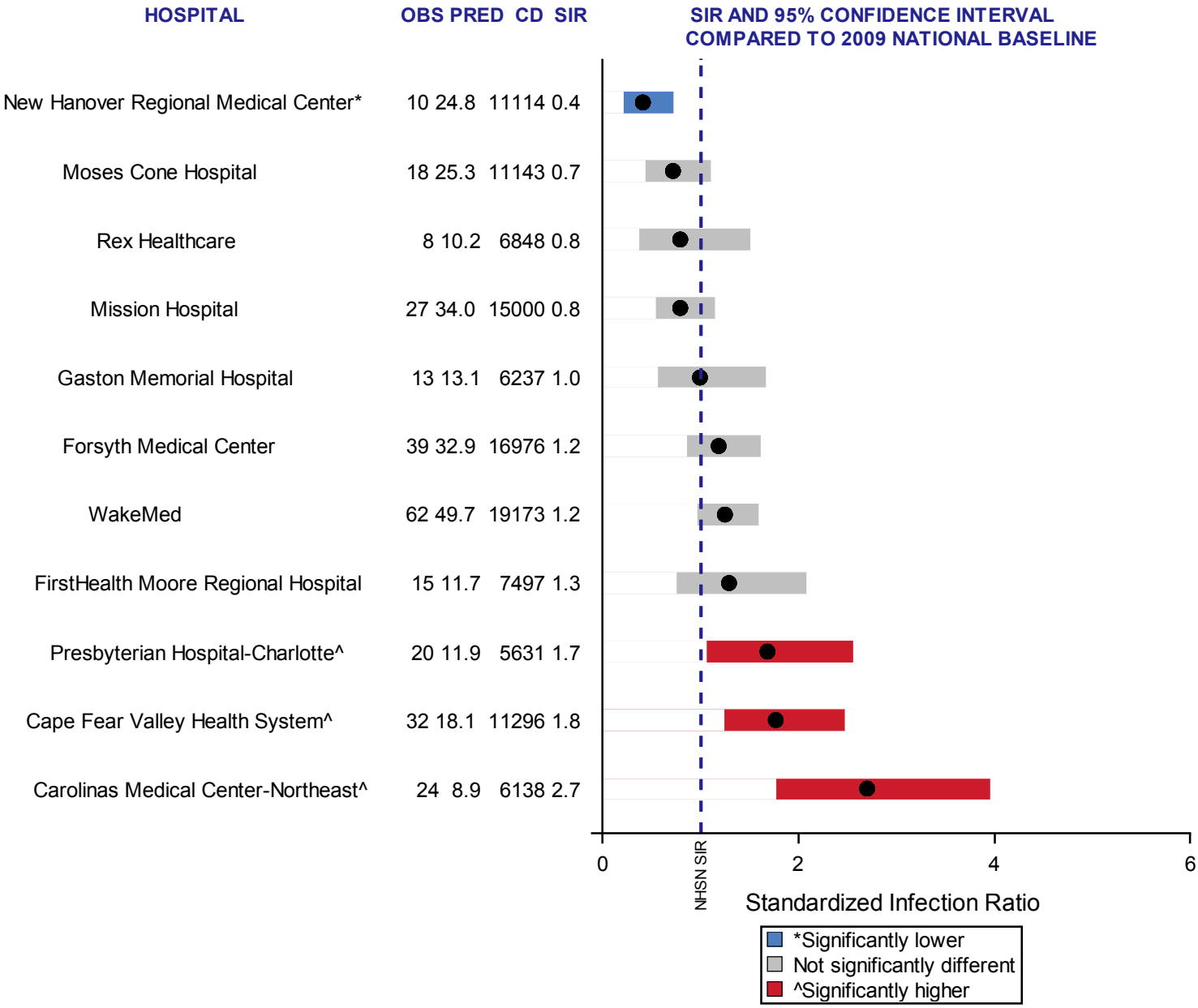
CAUTI Adult/Pediatric ICUs, Standardized Infection Ratios: Jan 1, 2013 - Dec 31, 2013
Hospital Group: Hospitals with 200-399 Beds



Data reported from adult/pediatric ICUs as of March 18, 2014
Obs = Observed number of CAUTI
Pred = Statistically 'predicted' number of CAUTI, based on 2009 national baseline
CD = Number of catheter days
SIR = Standardized infection ratio (observed/predicted number of CAUTI)
NA = Data not shown for hospitals with <50 catheter days
NC = SIR not calculated for hospitals with <1 predicted number of CAUTI
* Significantly lower than 2009 national baseline
^ Significantly higher than 2009 national baseline

CAUTI Adult/Pediatric ICUs, Standardized Infection Ratios: Jan 1, 2013 - Dec 31, 2013
Hospital Group: Hospitals with 400 or More Beds

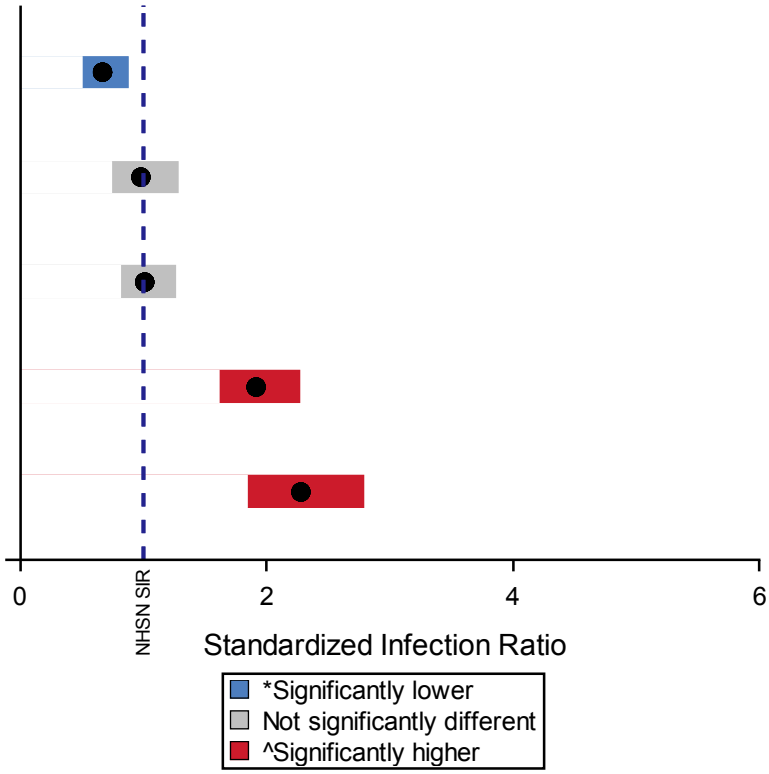
HOSPITAL	OBS	PRED	CD	SIR
New Hanover Regional Medical Center*	10	24.8	11114	0.4
Moses Cone Hospital	18	25.3	11143	0.7
Rex Healthcare	8	10.2	6848	0.8
Mission Hospital	27	34.0	15000	0.8
Gaston Memorial Hospital	13	13.1	6237	1.0
Forsyth Medical Center	39	32.9	16976	1.2
WakeMed	62	49.7	19173	1.2
FirstHealth Moore Regional Hospital	15	11.7	7497	1.3
Presbyterian Hospital-Charlotte^	20	11.9	5631	1.7
Cape Fear Valley Health System^	32	18.1	11296	1.8
Carolinas Medical Center-Northeast^	24	8.9	6138	2.7



Data reported from adult/pediatric ICUs as of March 18, 2014
Obs = Observed number of CAUTI
Pred = Statistically 'predicted' number of CAUTI, based on 2009 national baseline
CD = Number of catheter days
SIR = Standardized infection ratio (observed/predicted number of CAUTI)
NA = Data not shown for hospitals with <50 catheter days
NC = SIR not calculated for hospitals with <1 predicted number of CAUTI
* Significantly lower than 2009 national baseline
^ Significantly higher than 2009 national baseline

CAUTI Adult/Pediatric ICUs, Standardized Infection Ratios: Jan 1, 2013 - Dec 31, 2013
Hospital Group: Hospitals with Primary Medical School Affiliation

HOSPITAL	OBS	PRED	CD	SIR
Wake Forest Baptist Medical Center*	49	73.1	26471	0.7
Duke University Hospital	50	50.8	19850	1.0
UNC Health Care	80	78.6	26295	1.0
Carolinas Medical Center^	132	68.8	23653	1.9
Vidant Medical Center^	90	39.5	16130	2.3



Data reported from adult/pediatric ICUs as of March 18, 2014
Obs = Observed number of CAUTI
Pred = Statistically 'predicted' number of CAUTI, based on 2009 national baseline
CD = Number of catheter days
SIR = Standardized infection ratio (observed/predicted number of CAUTI)
NA = Data not shown for hospitals with <50 catheter days
NC = SIR not calculated for hospitals with <1 predicted number of CAUTI
* Significantly lower than 2009 national baseline
^ Significantly higher than 2009 national baseline

C. Surgical Site Infections (SSI)

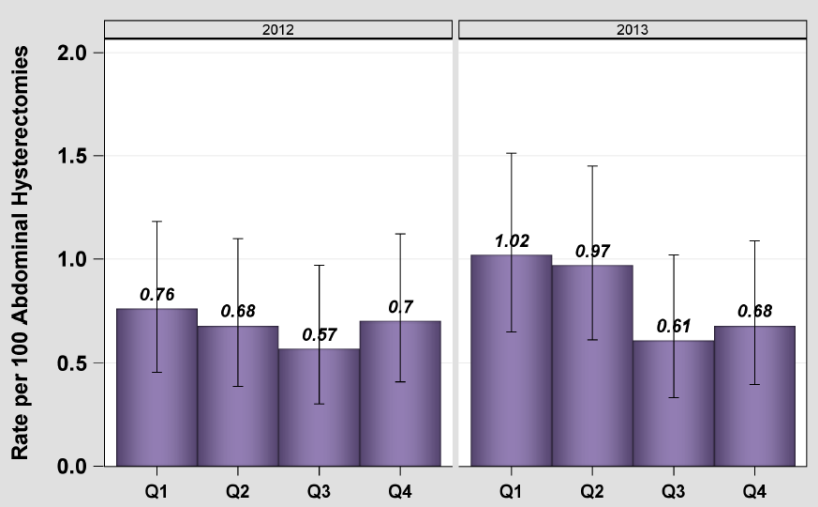
1. Abdominal Hysterectomies

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.

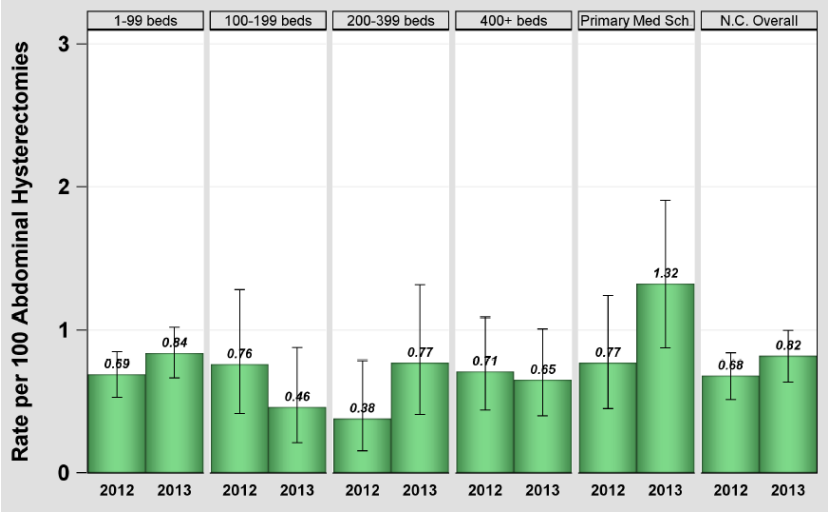
- Based on the 2006-2008 national baseline data, the number of reported SSIs was not significantly different than predicted.
- A variety of organisms were identified from SSIs.

Figure 13. SSI Abdominal Hysterectomy Rates by Quarter, 2012-2013.



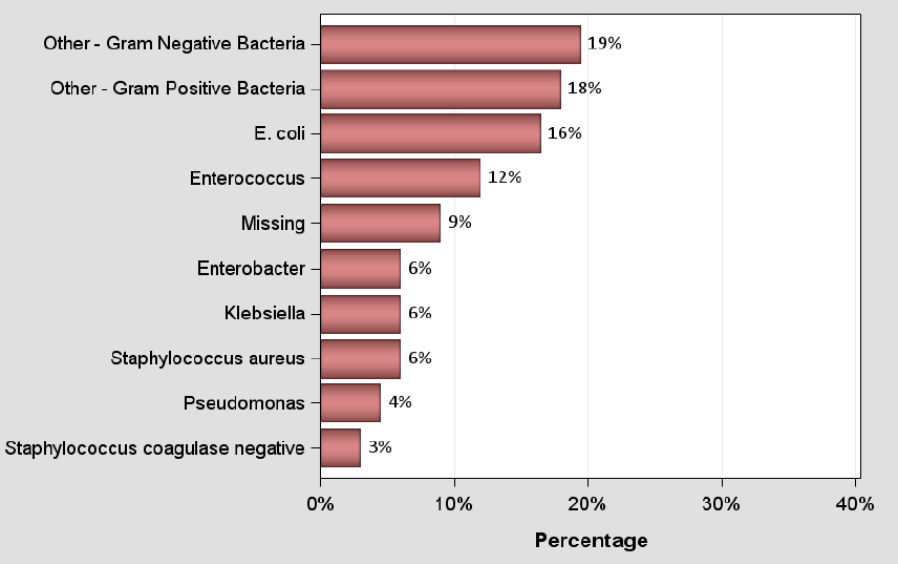
- Overall, there was no statistically significant trend in abdominal hysterectomy rates during 2012 and 2013, by year or by quarter.

Figure 14. SSI Abdominal Hysterectomy Rates by Hospital Size Group and N.C. Overall, 2012-2013.



- There was no observed trend in the rates of abdominal hysterectomies with hospital size and the rates of these SSIs in 2013 ranged from 0.46 to 1.32 per 100 inpatient abdominal hysterectomies (Figure 14).
- These rates were not statistically significantly different from the overall 2013 rate of abdominal hysterectomies in N.C.

Figure 15. Organisms identified from SSIs in adults (≥18 years) within 30 days of an inpatient abdominal hysterectomy. One anaerobe not otherwise specified was detected but not included (n=70).



- Seventy organisms were identified from 78 SSIs from inpatient abdominal hysterectomies (Figure 15). An organism was not identified for every SSI, while multiple organisms were identified from other SSIs.
- The majority of identified organisms were in the "Other – Gram-Negative Bacteria" (19%) and "Other – Gram-Positive Bacteria" (18%) categories.
- Among the Gram-negative bacteria, 4 (31%) were *Bacteroides fragilis* while 4 (33%) Gram-positive bacteria were *Streptococcus* species. Because these types of bacteria are found within the female vaginal tract, they are a frequent cause of infection after an abdominal hysterectomy.
- MRSA was the only type of antibiotic-resistant organism identified (Table 4). Better preoperative preparation of patients has led to a decrease not only in the number of post-operative infections but those caused by antibiotic-resistant organisms. Measures such as restrictions on shaving the surgical site, appropriate skin preparations, appropriate use and timing of antibiotics, and monitoring of blood glucose levels have all contributed to decreased rates of SSI.

Table 4. Antibiotic-resistant organisms identified from SSIs in adults (≥18 years) within 30 days of an inpatient abdominal hysterectomy (n=1).

Organism	Count (Percent)
Enterobacteriaceae	23 (100)
Carbapenem-resistant Enterobacteriaceae (CRE)	0 (0)
Enterococcus	8 (100)
Vancomycin-resistant *Enterococcus* (VRE)	0 (0)
Staphylococcus aureus	4 (100)
Methicillin-resistant *Staphylococcus aureus* (MRSA)	2 (50)

The following SIR plots summarize SSI information after inpatient abdominal hysterectomies among female adults older than 18 years of age in North Carolina hospitals by hospital groups (Appendix E).

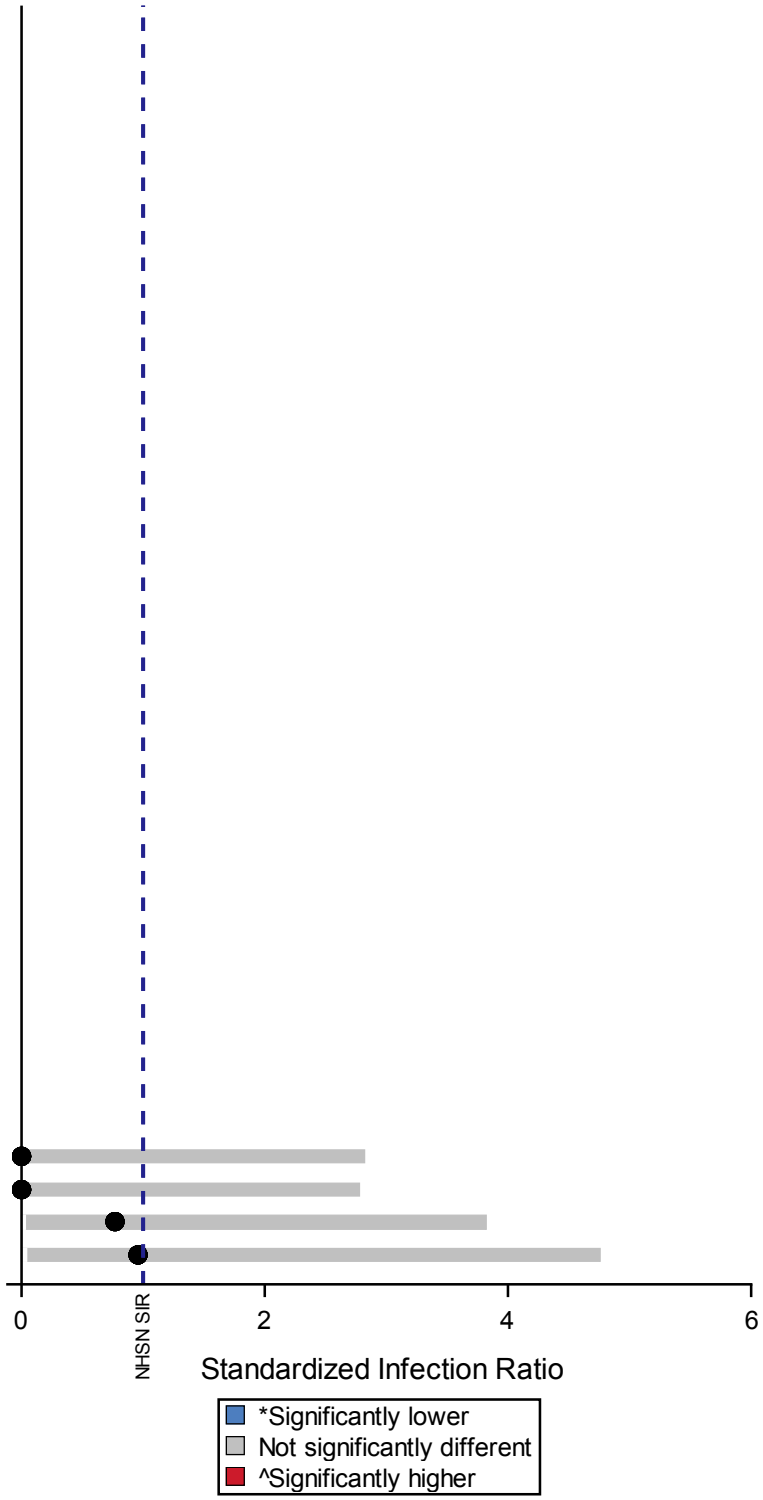
SSI Abdominal Hysterectomies, Standardized Infection Ratios: Jan 1, 2013 - Dec 31, 2013
Hospital Group: Hospitals with Less than 100 Beds

HOSPITAL	OBS	PRED	PROC	SIR
Anson Community Hospital	NA	NA	NA	NA
Blue Ridge Regional Hospital	NA	NA	NA	NA
Brunswick Novant Medical Center	0	0.3	21	NC
Caldwell Memorial Hospital	0	0.2	32	NC
Carolinas Medical Center-Union	2	0.5	54	NC
Carolinas Medical Center-University	1	0.9	111	NC
Columbus Regional Healthcare System	0	0.9	71	NC
Franklin Regional Medical Center	NA	NA	NA	NA
Granville Medical Center	0	0.3	28	NC
Hugh Chatham Memorial Hospital	0	0.7	67	NC
Kings Mountain Hospital	NA	NA	NA	NA
Martin General Hospital	NA	NA	NA	NA
McDowell Hospital	0	0.3	27	NC
Medical Park Hospital	1	0.8	88	NC
Murphy Medical Center	NA	NA	NA	NA
Person Memorial Hospital	NA	NA	NA	NA
Presbyterian Hospital-Huntersville	0	0.2	20	NC
Sandhills Regional Medical Center	0	0.2	24	NC
Vidant Beaufort Hospital	2	0.3	28	NC
Vidant Duplin Hospital	NA	NA	NA	NA
Wake Forest Baptist-Lexington Medical Ce	0	0.5	50	NC
Westcare - Harris Regional Hospital	NA	NA	NA	NA

Data reported as of March 18, 2014
Obs = Observed number of SSI
Pred = Statistically 'predicted' number of SSI, based on 2006-2008 national baseline
Proc = Number of inpatient procedures among adults (18+ years)
SIR = Standardized infection ratio (observed/predicted number of SSI)
NA = Data not shown for hospitals with <20 inpatient procedures
NC = SIR not calculated for hospitals with <1 predicted number of SSI
* Significantly lower than 2006-2008 national baseline
^ Significantly higher than 2006-2008 national baseline

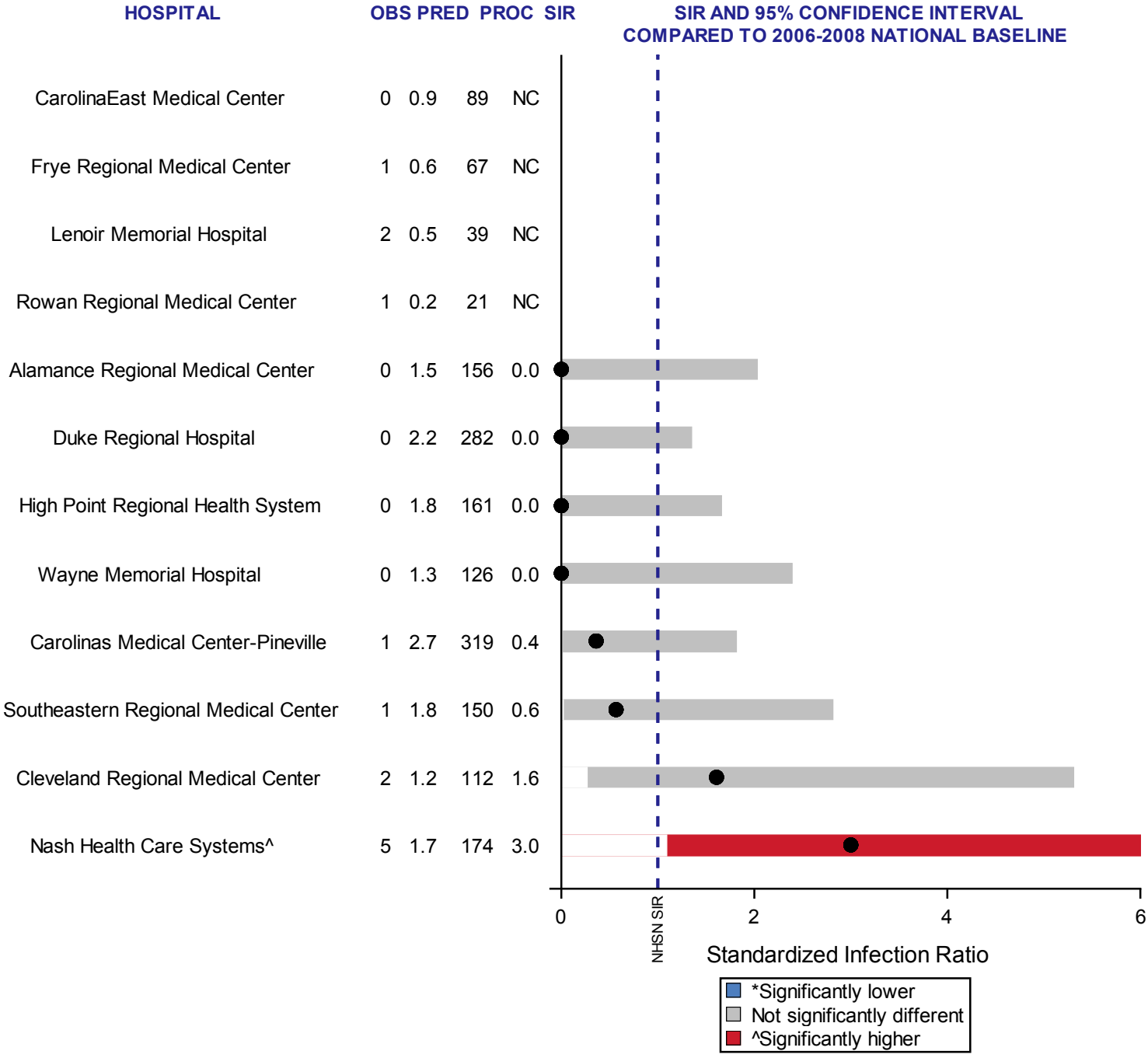
SSI Abdominal Hysterectomies, Standardized Infection Ratios: Jan 1, 2013 - Dec 31, 2013
Hospital Group: Hospitals with 100-199 Beds

HOSPITAL	OBS	PRED	PROC	SIR
ARHS-Watauga Medical Center	0	0.2	23	NC
Albemarle Health Authority	0	0.8	83	NC
Annie Penn Hospital	0	0.4	31	NC
Betsy Johnson Regional	0	0.6	56	NC
Blue Ridge Healthcare-Morganton	NA	NA	NA	NA
Blue Ridge Healthcare-Valdese	NA	NA	NA	NA
Carolinas Medical Center-Lincoln	0	0.5	55	NC
Carolinas Medical Center-Mercy	0	0.8	98	NC
Carteret General Hospital	1	0.2	23	NC
Central Carolina Hospital	0	0.6	67	NC
Davis Regional Medical Center	1	0.2	23	NC
Halifax Regional Medical Center	0	0.2	26	NC
Haywood Regional Medical Center	0	0.5	51	NC
Iredell Memorial Hospital	0	0.9	91	NC
Johnston Health	1	0.6	82	NC
Lake Norman Regional Medical Center	0	0.6	76	NC
Maria Parham Medical Center	0	0.6	52	NC
Morehead Memorial Hospital	0	0.3	26	NC
Northern Hospital Of Surry County	0	0.5	44	NC
Novant Health Matthews Medical Center	1	0.3	37	NC
Onslow Memorial Hospital	0	0.2	22	NC
Pardee Hospital	0	0.5	51	NC
Park Ridge Health	1	0.9	81	NC
Randolph Hospital	1	0.7	65	NC
Rutherford Regional Medical Center	0	0.4	38	NC
Sampson Regional Medical Center	NA	NA	NA	NA
Scotland Memorial Hospital	0	0.3	33	NC
Stanly Regional Medical Center	NA	NA	NA	NA
Thomasville Medical Center	NA	NA	NA	NA
Vidant Edgecombe Hospital	0	0.5	41	NC
Vidant Roanoke Chowan Hospital	0	0.2	26	NC
WakeMed Cary Hospital	0	0.7	83	NC
Wesley Long Hospital	0	0.3	34	NC
Wilkes Regional Medical Center	NA	NA	NA	NA
Duke Raleigh Hospital	0	1.1	108	0.0
Wilson Medical Center	0	1.1	134	0.0
Women's Hospital	1	1.3	123	0.8
Catawba Valley Medical Center	1	1.0	103	1.0



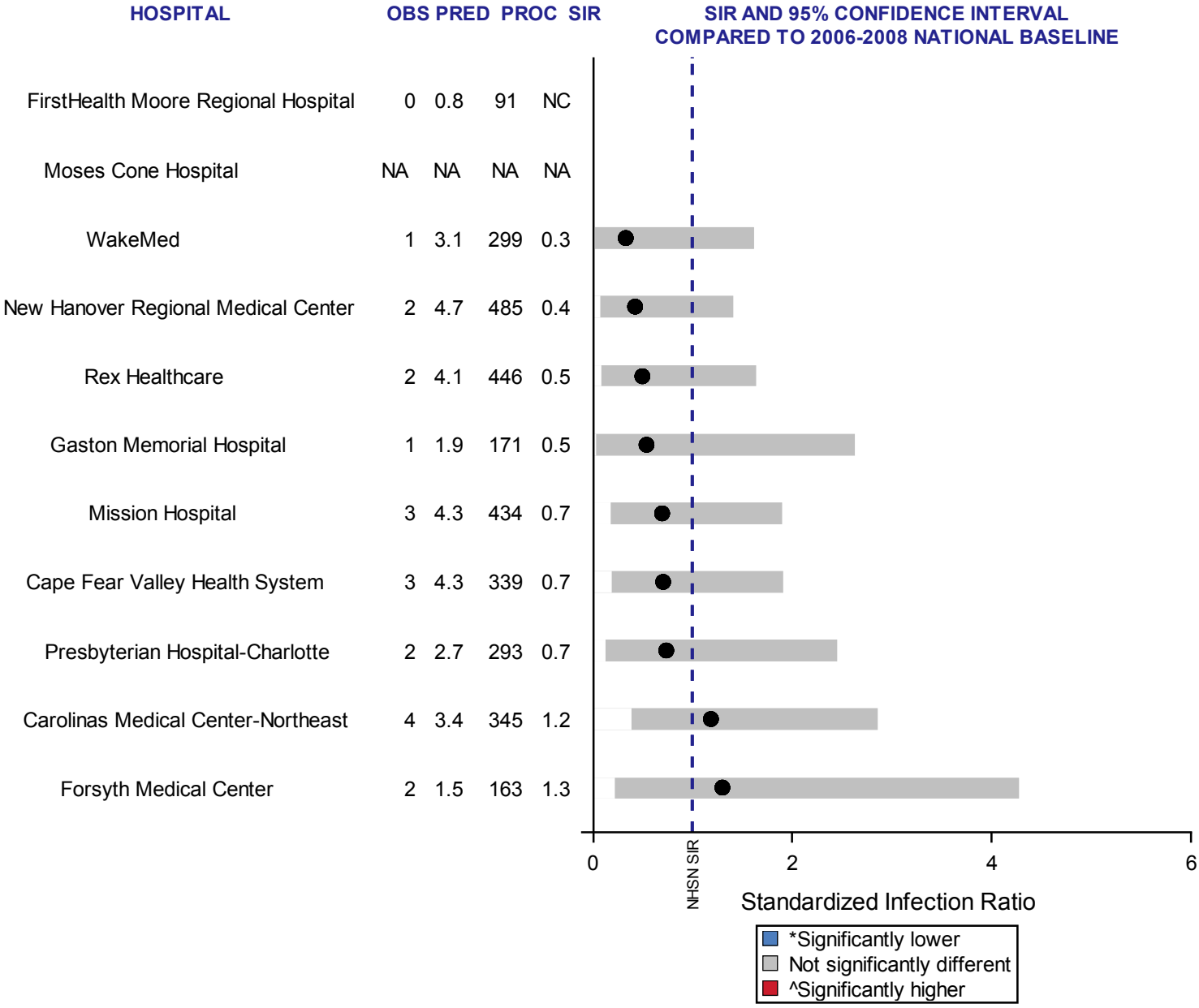
Data reported as of March 18, 2014
Obs = Observed number of SSI
Pred = Statistically 'predicted' number of SSI, based on 2006-2008 national baseline
Proc = Number of inpatient procedures among adults (18+ years)
SIR = Standardized infection ratio (observed/predicted number of SSI)
NA = Data not shown for hospitals with <20 inpatient procedures
NC = SIR not calculated for hospitals with <1 predicted number of SSI
* Significantly lower than 2006-2008 national baseline
^ Significantly higher than 2006-2008 national baseline

SSI Abdominal Hysterectomies, Standardized Infection Ratios: Jan 1, 2013 - Dec 31, 2013
Hospital Group: Hospitals with 200-399 Beds



Data reported as of March 18, 2014
Obs = Observed number of SSI
Pred = Statistically 'predicted' number of SSI, based on 2006-2008 national baseline
Proc = Number of inpatient procedures among adults (18+ years)
SIR = Standardized infection ratio (observed/predicted number of SSI)
NA = Data not shown for hospitals with <20 inpatient procedures
NC = SIR not calculated for hospitals with <1 predicted number of SSI
* Significantly lower than 2006-2008 national baseline
^ Significantly higher than 2006-2008 national baseline

SSI Abdominal Hysterectomies, Standardized Infection Ratios: Jan 1, 2013 - Dec 31, 2013
Hospital Group: Hospitals with 400 or More Beds



Data reported as of March 18, 2014
Obs = Observed number of SSI
Pred = Statistically 'predicted' number of SSI, based on 2006-2008 national baseline
Proc = Number of inpatient procedures among adults (18+ years)
SIR = Standardized infection ratio (observed/predicted number of SSI)
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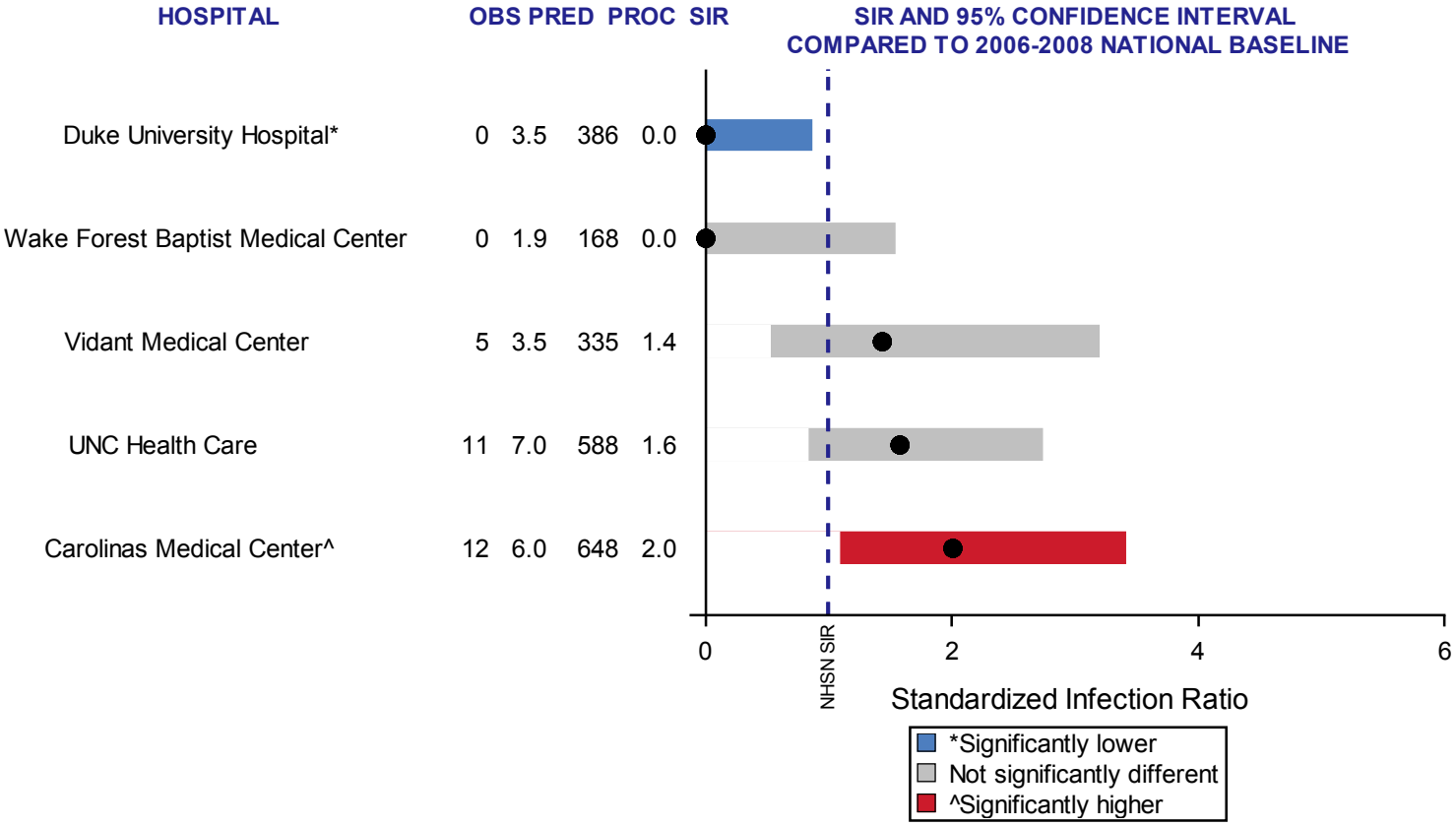
* Significantly lower than 2006-2008 national baseline
^ Significantly higher than 2006-2008 national baseline

SSI Abdominal Hysterectomies, Standardized Infection Ratios: Jan 1, 2013 - Dec 31, 2013
Hospital Group: Hospitals with Primary Medical School Affiliation



Data reported as of March 18, 2014
Obs = Observed number of SSI
Pred = Statistically 'predicted' number of SSI, based on 2006-2008 national baseline
Proc = Number of inpatient procedures among adults (18+ years)
SIR = Standardized infection ratio (observed/predicted number of SSI)
NA = Data not shown for hospitals with <20 inpatient procedures
NC = SIR not calculated for hospitals with <1 predicted number of SSI
* Significantly lower than 2006-2008 national baseline
^ Significantly higher than 2006-2008 national baseline

2. Colon Surgeries

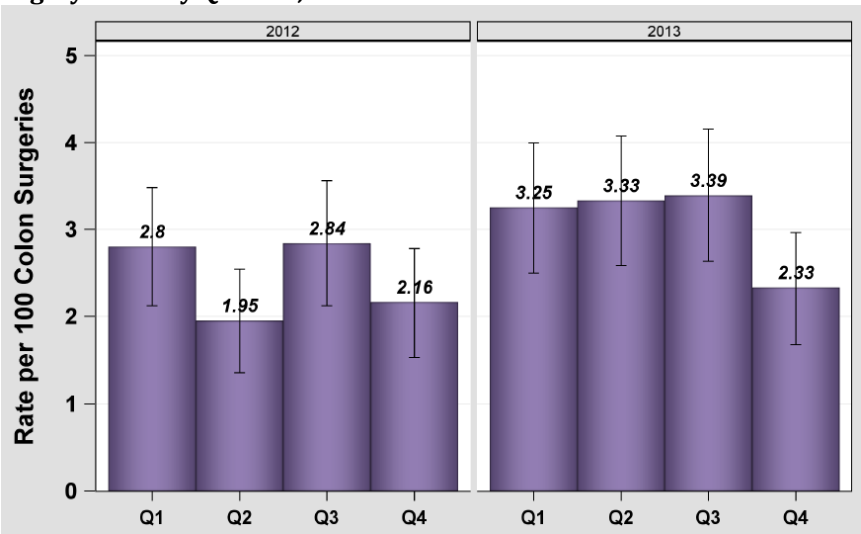
North Carolina 2013 Colon Surgery SSI Highlights

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.

- The reported number of SSIs was statistically significantly lower than predicted based on the 2006-2008 national baseline data.

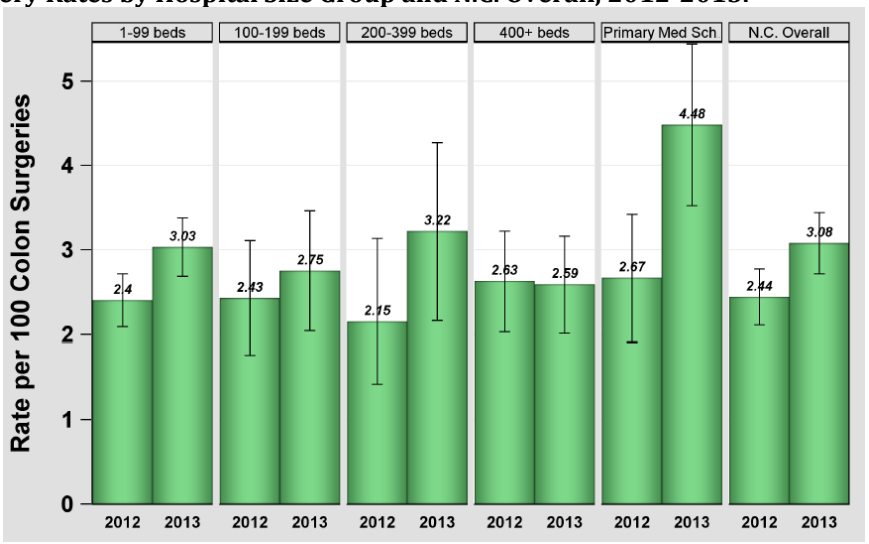
E. coli and *Enterococcus* species were the most commonly identified organisms.

Figure 15. SSI Colon Surgery Rates by Quarter, 2012-2013.



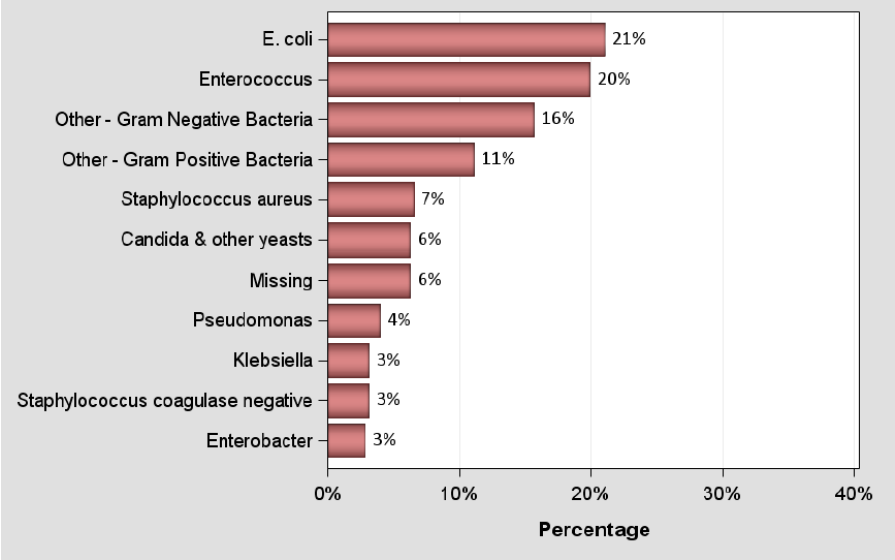
- Overall, there was no statistically significant trend in colon surgery rates during 2012 and 2013, by year or by quarter.

Figure 16. 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 16).
- 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 their own rate in 2012; they also had higher rates compared to the N.C overall rate for colon surgeries in 2013.

Figure 17. Organisms identified from SSIs in adults (≥18 years) within 30 days after an inpatient colon surgery (n= 354).



- There were 354 organisms identified from 277 SSIs from inpatient colon surgeries (Figure 17). An organism was not identified for every SSI; in some circumstances, multiple organisms were identified from one SSI.
- The most commonly identified organisms from SSIs after inpatient colon surgeries were *E. coli* (21%) and *Enterococcus* (20%) species. Both *E. coli* and *Enterococcus* are normal flora of the human intestinal tract; thus it is not unexpected that they would be associated with post-colon surgery infections.
- *Streptococcus* species (56%) was the most common organism of the 36 in the "Other – Gram-Positive Bacteria" category while 22 (40%) of the "Other – Gram-Negative Bacteria" organisms were *Bacteroides* species.
- Twenty-four antibiotic-resistant organisms were identified (Table 5). About half of the 23 *Staphylococcus* identified were resistant to methicillin. Generally, this is expected as the proportion of methicillin-resistant and methicillin-sensitive tend to be evenly distributed.

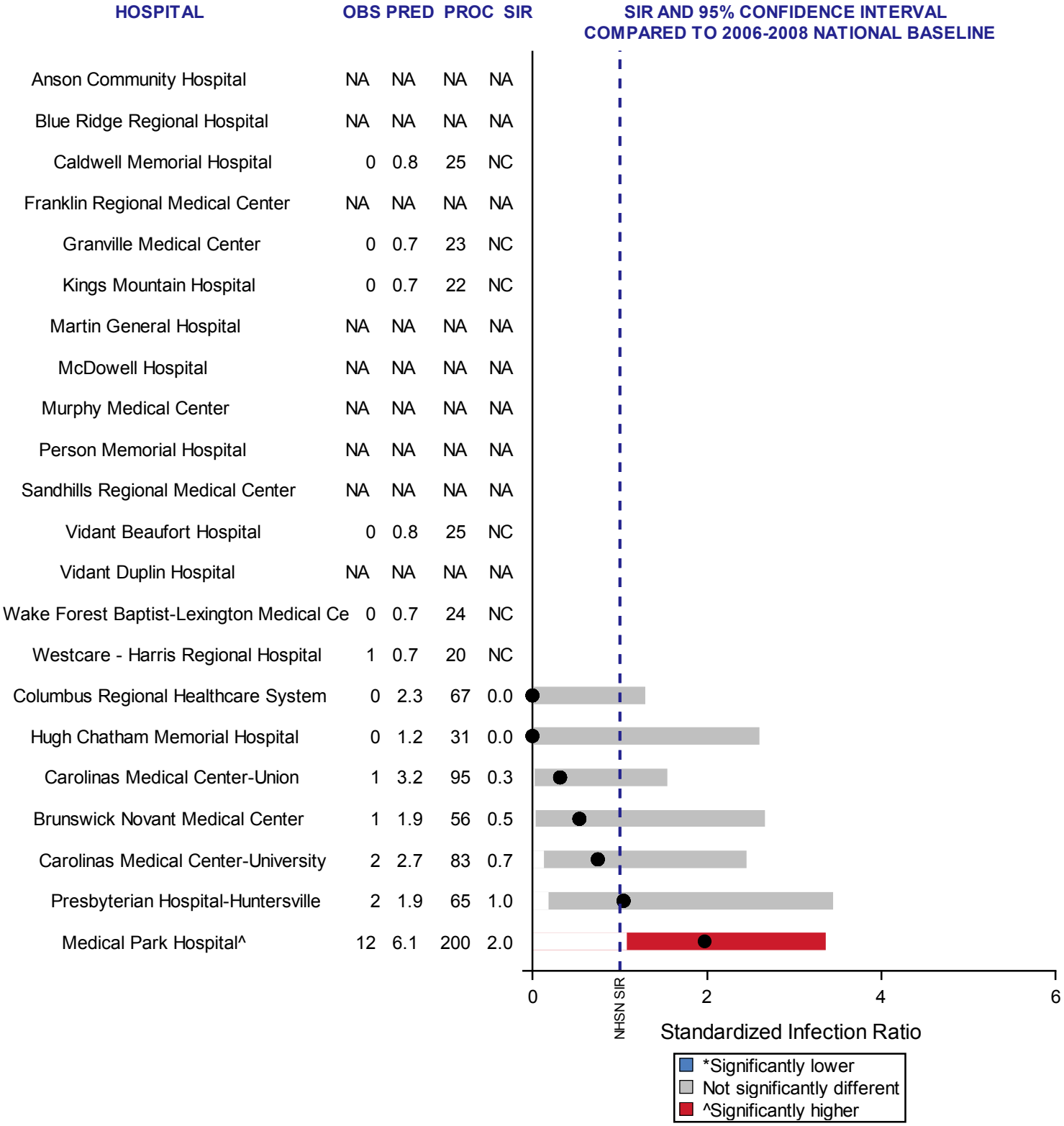
Table 5. Antibiotic-resistant organisms identified from SSIs in adults (≥18 years) within 30 days of an inpatient colon surgery (n=24).

Organism	Count (Percent)
Enterobacteriaceae	110 (100)
Carbapenem-resistant Enterobacteriaceae (CRE)	3 (3)
Enterococcus	70 (100)
Vancomycin-resistant *Enterococcus* (VRE)	10 (14)
Staphylococcus aureus	23 (100)
Methicillin-resistant *Staphylococcus aureus* (MRSA)	11 (48)

The following SIR plots summarize SSI information after inpatient colon surgeries among adults older than 18 years of age in North Carolina hospitals by hospital groups (Appendix E).

SSI Colon Surgeries, Standardized Infection Ratios: Jan 1, 2013 - Dec 31, 2013
Hospital Group: Hospitals with Less than 100 Beds

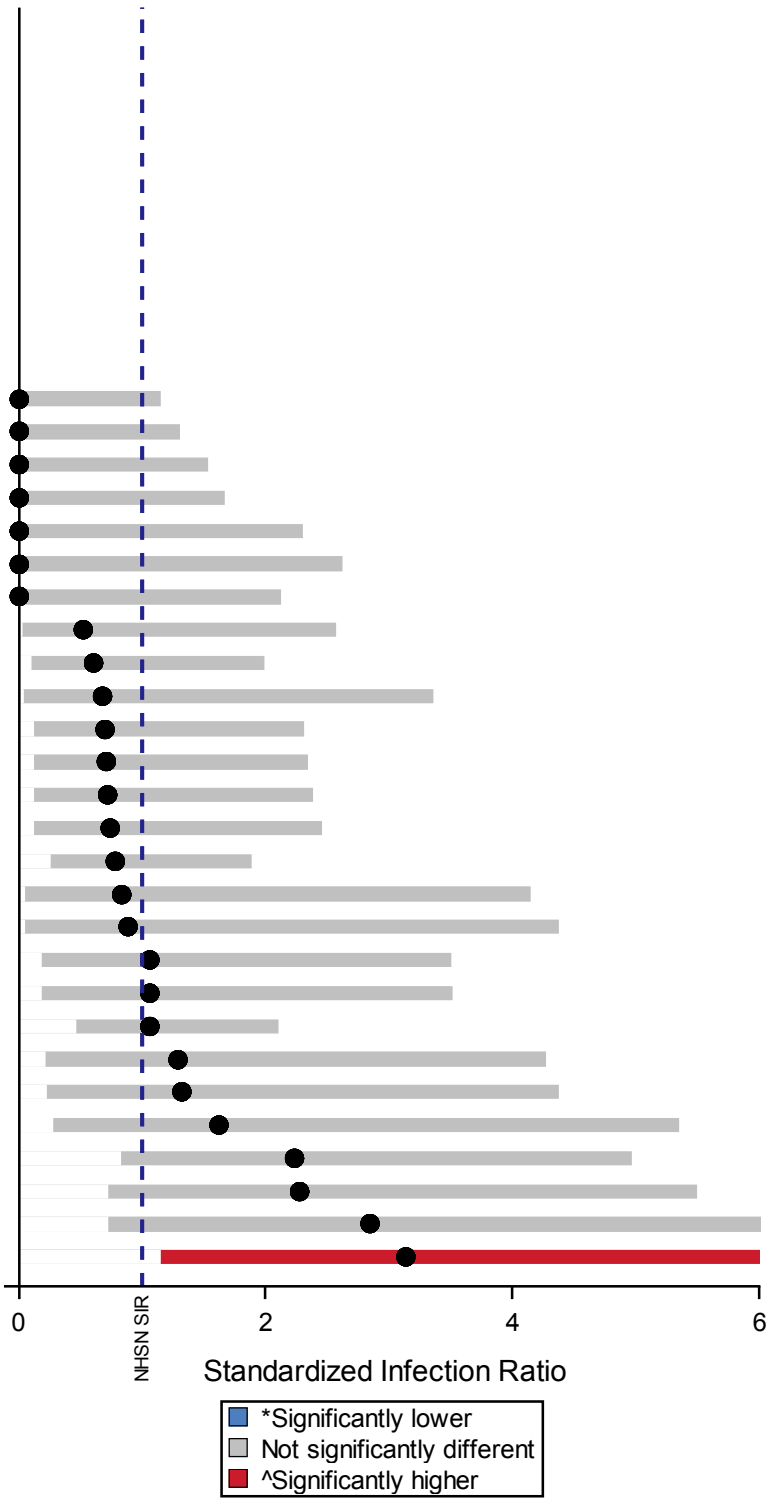
HOSPITAL	OBS	PRED	PROC	SIR
Anson Community Hospital	NA	NA	NA	NA
Blue Ridge Regional Hospital	NA	NA	NA	NA
Caldwell Memorial Hospital	0	0.8	25	NC
Franklin Regional Medical Center	NA	NA	NA	NA
Granville Medical Center	0	0.7	23	NC
Kings Mountain Hospital	0	0.7	22	NC
Martin General Hospital	NA	NA	NA	NA
McDowell Hospital	NA	NA	NA	NA
Murphy Medical Center	NA	NA	NA	NA
Person Memorial Hospital	NA	NA	NA	NA
Sandhills Regional Medical Center	NA	NA	NA	NA
Vidant Beaufort Hospital	0	0.8	25	NC
Vidant Duplin Hospital	NA	NA	NA	NA
Wake Forest Baptist-Lexington Medical Ce	0	0.7	24	NC
Westcare - Harris Regional Hospital	1	0.7	20	NC
Columbus Regional Healthcare System	0	2.3	67	0.0
Hugh Chatham Memorial Hospital	0	1.2	31	0.0
Carolinas Medical Center-Union	1	3.2	95	0.3
Brunswick Novant Medical Center	1	1.9	56	0.5
Carolinas Medical Center-University	2	2.7	83	0.7
Presbyterian Hospital-Huntersville	2	1.9	65	1.0
Medical Park Hospital^	12	6.1	200	2.0



Data reported as of March 18, 2014
Obs = Observed number of SSI
Pred = Statistically 'predicted' number of SSI, based on national 2006-2008 baseline
Proc = Number of inpatient procedures among adults (18+ years)
SIR = Standardized infection ratio (observed/predicted number of SSI)
NA = Data not shown for hospitals with <20 inpatient procedures
NC = SIR not calculated for hospitals with <1 predicted number of SSI
* Significantly lower than 2006-2008 national baseline
^ Significantly higher than 2006-2008 national baseline

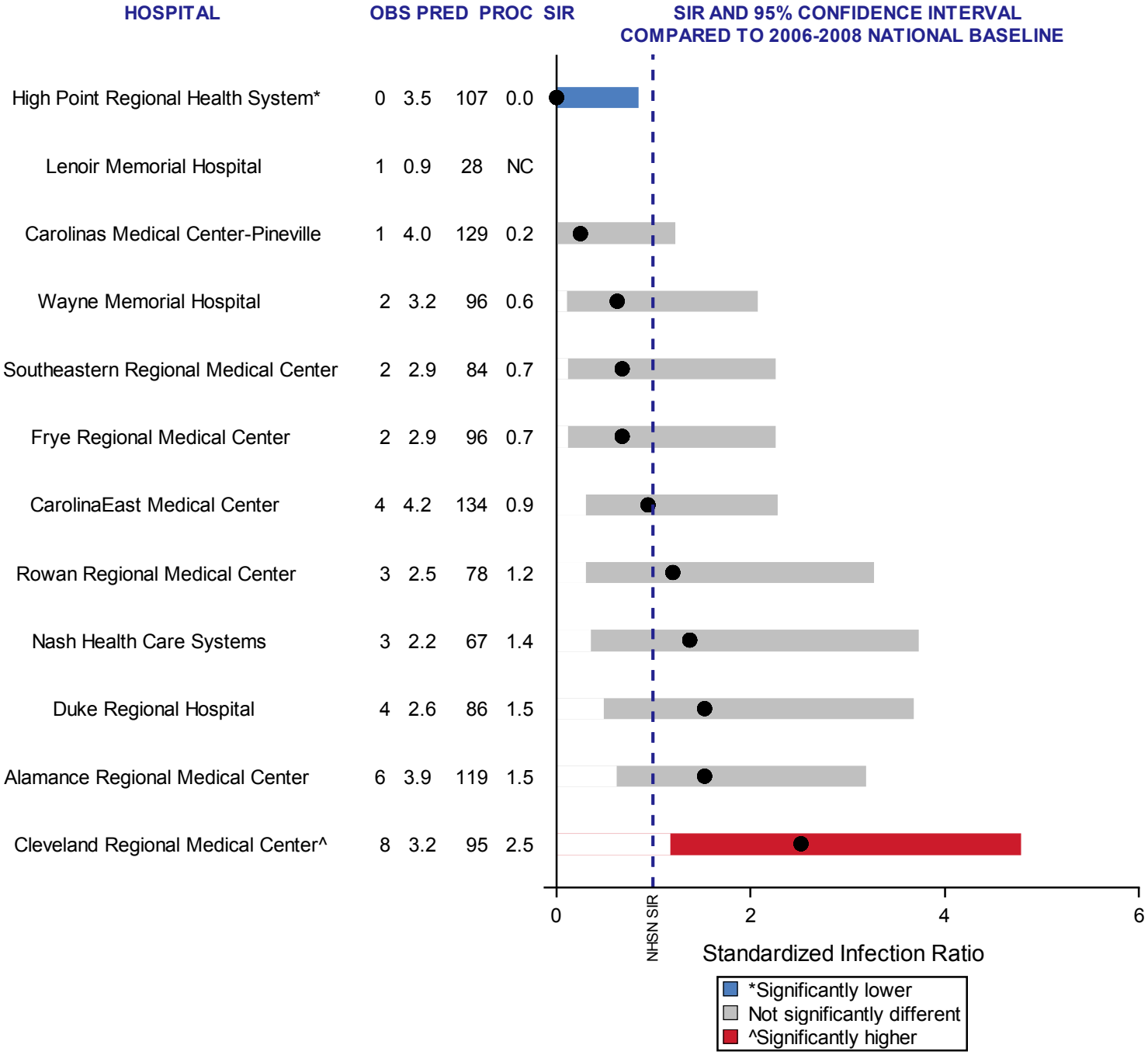
SSI Colon Surgeries, Standardized Infection Ratios: Jan 1, 2013 - Dec 31, 2013
Hospital Group: Hospitals with 100-199 Beds

HOSPITAL	OBS	PRED	PROC	SIR
ARHS-Watauga Medical Center	1	0.8	29	NC
Annie Penn Hospital	1	0.8	24	NC
Betsy Johnson Regional	2	0.9	29	NC
Davis Regional Medical Center	1	0.8	25	NC
Halifax Regional Medical Center	0	0.9	29	NC
Sampson Regional Medical Center	1	0.8	26	NC
Stanly Regional Medical Center	0	0.9	32	NC
Vidant Edgecombe Hospital	0	0.8	24	NC
Vidant Roanoke Chowan Hospital	0	0.7	24	NC
Wilkes Regional Medical Center	NA	NA	NA	NA
Women's Hospital	NA	NA	NA	NA
Albemarle Health Authority	0	2.6	76	0.0
Catawba Valley Medical Center	0	2.3	74	0.0
Central Carolina Hospital	0	2.0	62	0.0
Johnston Health	0	1.8	72	0.0
Lake Norman Regional Medical Center	0	1.3	45	0.0
Pardee Hospital	0	1.1	37	0.0
Park Ridge Health	0	1.4	40	0.0
Onslow Memorial Hospital	1	1.9	62	0.5
Carolinas Medical Center-Mercy	2	3.3	103	0.6
Scotland Memorial Hospital	1	1.5	44	0.7
Carteret General Hospital	2	2.9	89	0.7
Wesley Long Hospital	2	2.8	88	0.7
Iredell Memorial Hospital	2	2.8	86	0.7
Randolph Hospital	2	2.7	83	0.7
Duke Raleigh Hospital	4	5.1	156	0.8
Blue Ridge Healthcare-Morganton	1	1.2	38	0.8
Morehead Memorial Hospital	1	1.1	34	0.9
Thomasville Medical Center	2	1.9	60	1.1
Maria Parham Medical Center	2	1.9	56	1.1
WakeMed Cary Hospital	7	6.6	206	1.1
Blue Ridge Healthcare-Valdese	2	1.5	44	1.3
Haywood Regional Medical Center	2	1.5	51	1.3
Northern Hospital Of Surry County	2	1.2	38	1.6
Novant Health Matthews Medical Center	5	2.2	69	2.2
Wilson Medical Center	4	1.8	55	2.3
Carolinas Medical Center-Lincoln	3	1.1	31	2.8
Rutherford Regional Medical Center^	5	1.6	51	3.1



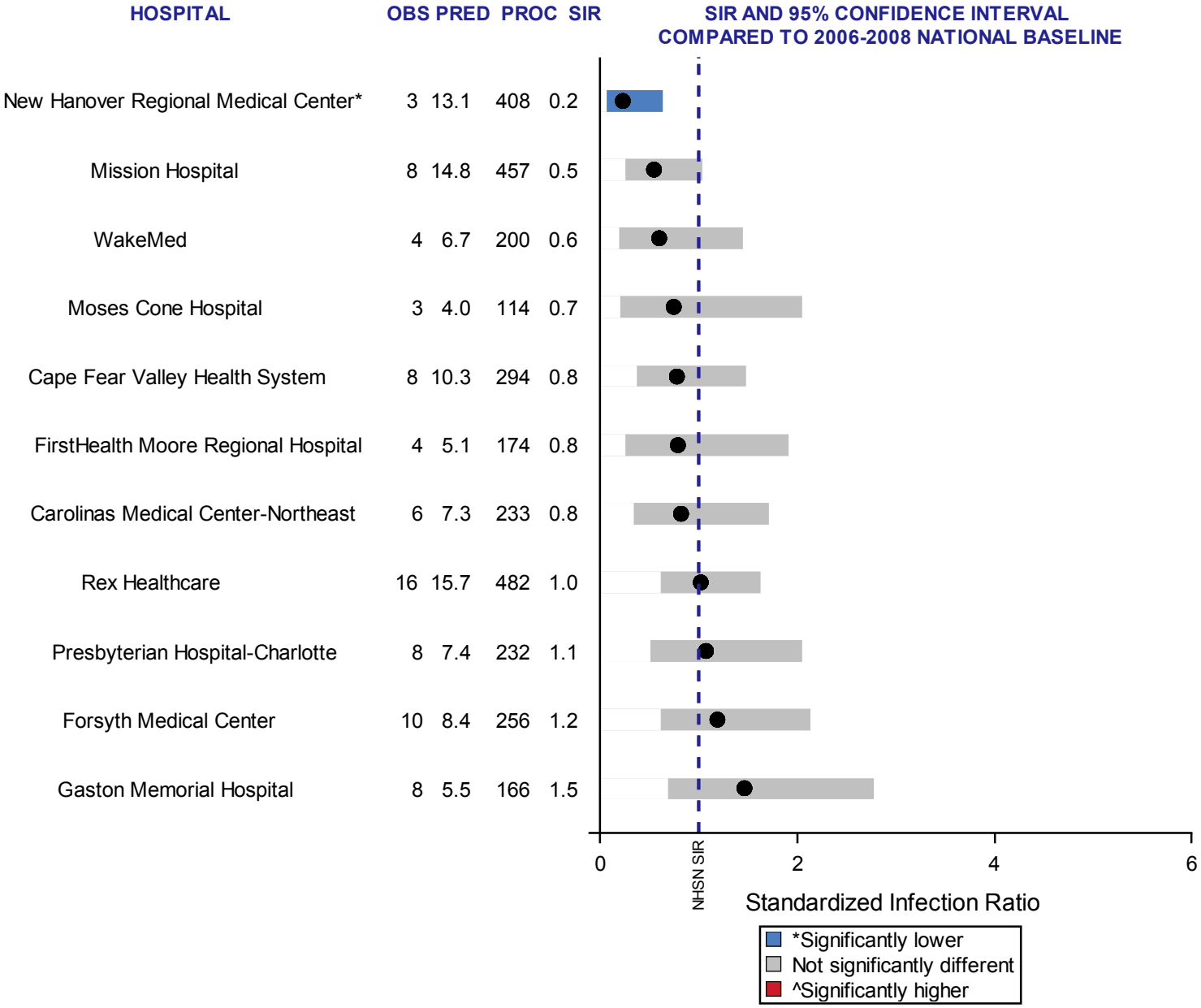
Data reported as of March 18, 2014
Obs = Observed number of SSI
Pred = Statistically 'predicted' number of SSI, based on national 2006-2008 baseline
Proc = Number of inpatient procedures among adults (18+ years)
SIR = Standardized infection ratio (observed/predicted number of SSI)
NA = Data not shown for hospitals with <20 inpatient procedures
NC = SIR not calculated for hospitals with <1 predicted number of SSI
* Significantly lower than 2006-2008 national baseline
^ Significantly higher than 2006-2008 national baseline

SSI Colon Surgeries, Standardized Infection Ratios: Jan 1, 2013 - Dec 31, 2013
Hospital Group: Hospitals with 200-399 Beds



Data reported as of March 18, 2014
Obs = Observed number of SSI
Pred = Statistically 'predicted' number of SSI, based on national 2006-2008 baseline
Proc = Number of inpatient procedures among adults (18+ years)
SIR = S infection ratio (observed/predicted number of SSI)
NA = Data not shown for hospitals with <20 inpatient procedures
NC = SIR not calculated for hospitals with <1 predicted number of SSI
* Significantly lower than 2006-2008 national baseline
^ Significantly higher than 2006-2008 national baseline

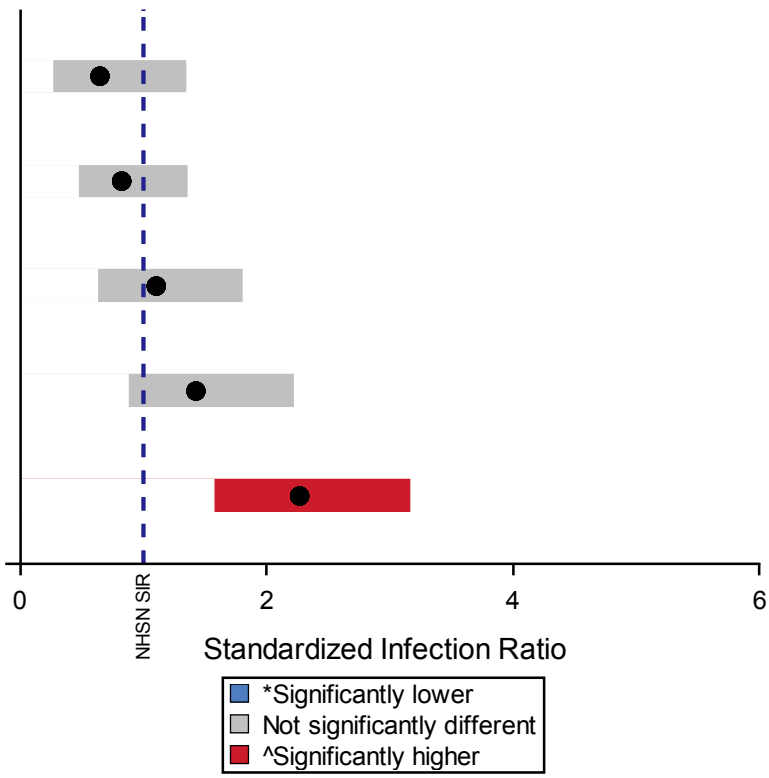
SSI Colon Surgeries, Standardized Infection Ratios: Jan 1, 2013 - Dec 31, 2013
Hospital Group: Hospitals with 400 or More Beds



Data reported as of March 18, 2014
Obs = Observed number of SSI
Pred = Statistically 'predicted' number of SSI, based on national 2006-2008 baseline
Proc = Number of inpatient procedures among adults (18+ years)
SIR = Standardized infection ratio (observed/predicted number of SSI)
NA = Data not shown for hospitals with <20 inpatient procedures
NC = SIR not calculated for hospitals with <1 predicted number of SSI
* Significantly lower than 2006-2008 national baseline
^ Significantly higher than 2006-2008 national baseline

SSI Colon Surgeries, Standardized Infection Ratios: Jan 1, 2013 - Dec 31, 2013
Hospital Group: Hospitals with Primary Medical School Affiliation

HOSPITAL	OBS	PRED	PROC	SIR
Duke University Hospital	6	9.3	277	0.6
Vidant Medical Center	14	16.9	495	0.8
Wake Forest Baptist Medical Center	14	12.7	351	1.1
Carolinas Medical Center	18	12.6	373	1.4
UNC Health Care^	32	14.1	379	2.3



Data reported as of March 18, 2014
Obs = Observed number of SSI
Pred = Statistically 'predicted' number of SSI, based on national 2006-2008 baseline
Proc = Number of inpatient procedures among adults (18+ years)
SIR = Standardized infection ratio (observed/predicted number of SSI)
NA = Data not shown for hospitals with <20 inpatient procedures
NC = SIR not calculated for hospitals with <1 predicted number of SSI
* Significantly lower than 2006-2008 national baseline
^ Significantly higher than 2006-2008 national baseline

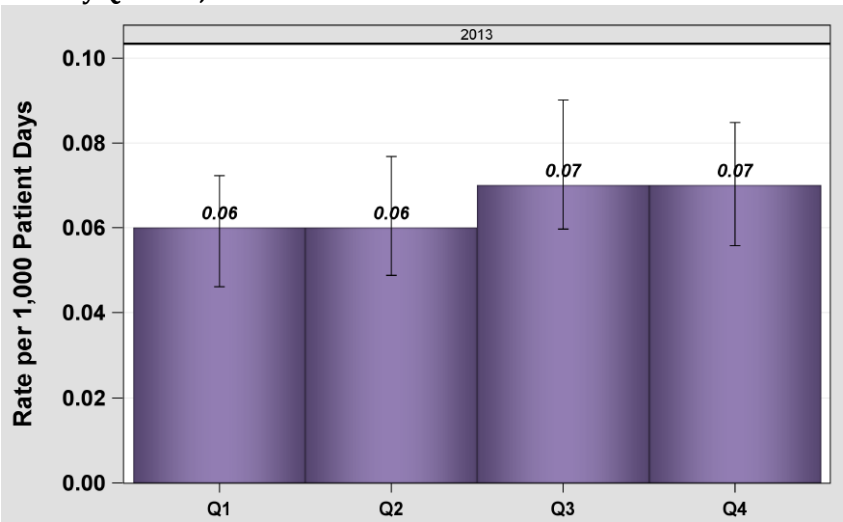
D. Methicillin-Resistant *Staphylococcus aureus* Laboratory-Identified Events (MRSA LabID)

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.

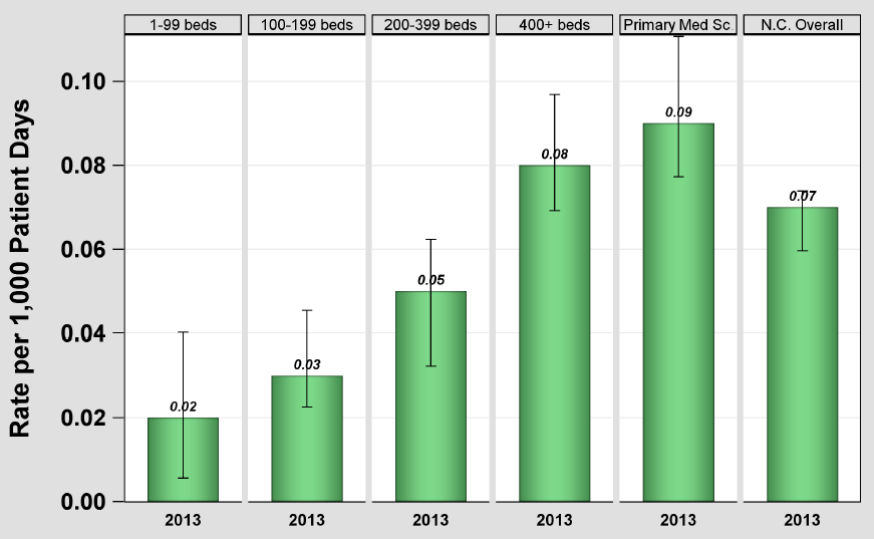
- When compared to the national 2010-2011 baseline data, the number of reported MRSA LabID events in N.C. was not statistically different than predicted by the baseline data.

Figure 18. MRSA LabID Rates by Quarter, 2013.



- Overall, there was no statistically significant trend in MRSA rates during 2013 by quarter.

Figure 19. MRSA LabID Rates by Hospital Size Group and N.C. Overall, 2013.

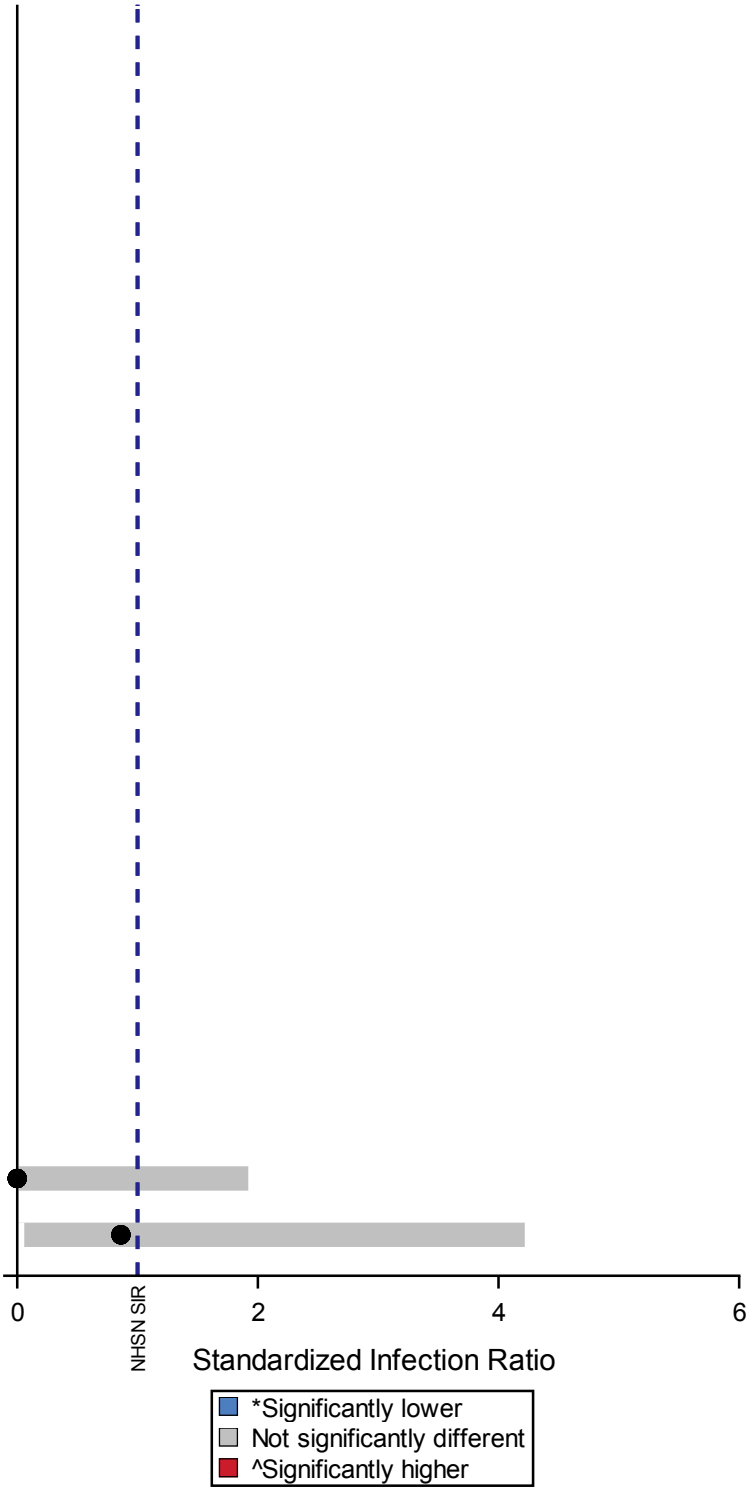


- The rates of MRSA LabID events increased directly with hospital size, ranging from 0.02 to 0.09 per 1,000 patient days (Figure 19).
- Hospitals with 1-99 and 100-199 beds had significantly lower MRSA LabID rates in 2013 compared to N.C. overall.
- Hospitals with a primary medical school had a significantly higher rate in 2013 compared to N.C. in 2013.

The following SIR plots summarize MRSA information for North Carolina hospitals by hospital groups (Appendix E).

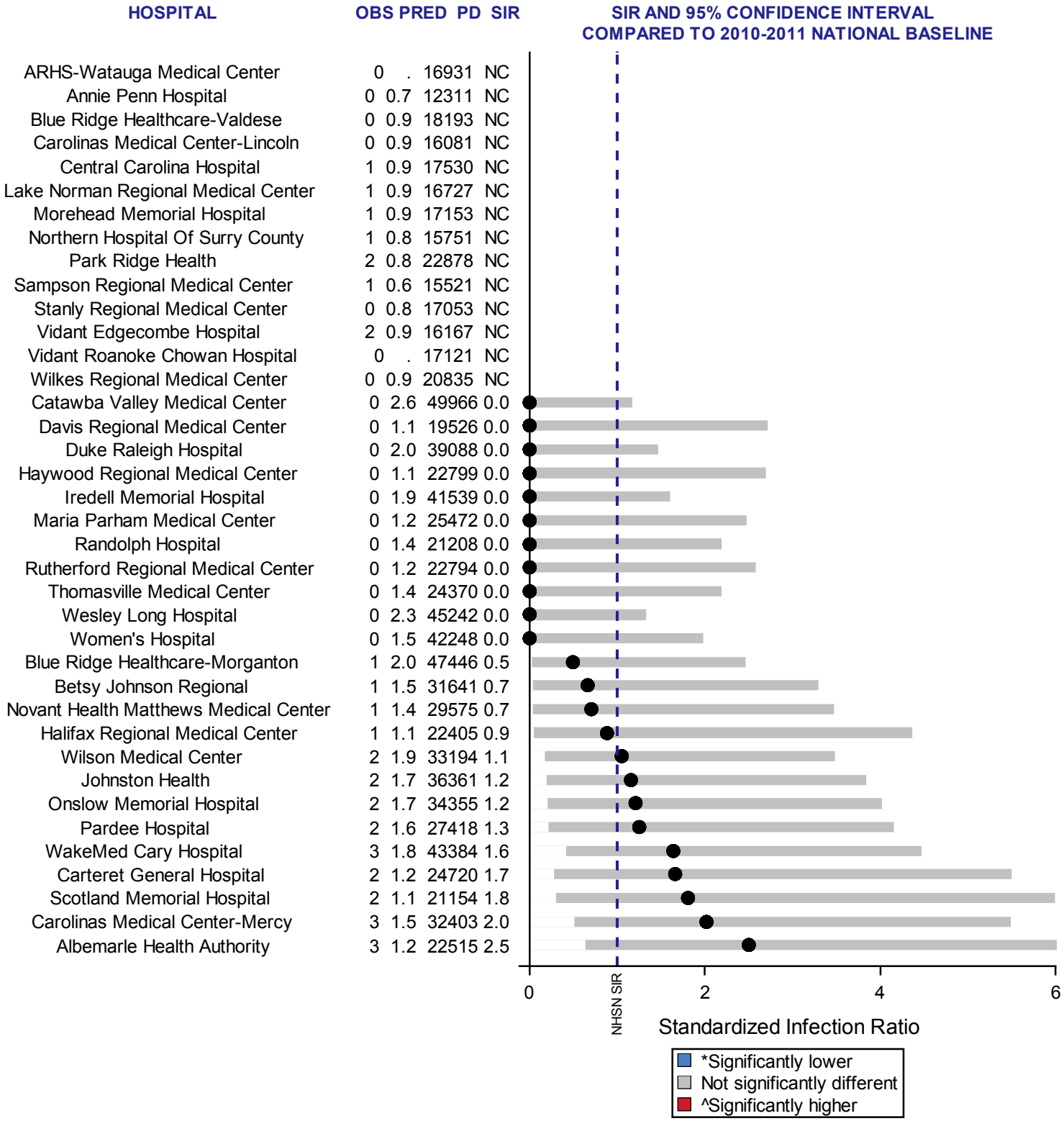
MRSA LabID Events in Short-term Acute Care Hospitals including Specialty Hospitals, Standardized Infection Ratios: Jan 1, 2013 - Dec 31, 2013
Hospital Group: Hospitals with Less than 100 Beds

HOSPITAL	OBS	PRED	PD	SIR
Anson Community Hospital	0	0.0	1110	NC
Blue Ridge Regional Hospital	0	0.2	6218	NC
Brunswick Novant Medical Center	0	0.7	14882	NC
Caldwell Memorial Hospital	0	0.9	21763	NC
Columbus Regional Healthcare System	2	0.9	20231	NC
Franklin Regional Medical Center	0	0.1	3872	NC
Granville Medical Center	0	0.6	7956	NC
Hugh Chatham Memorial Hospital	0	.	14870	NC
Kings Mountain Hospital	0	0.5	13305	NC
Martin General Hospital	0	0.3	7606	NC
McDowell Hospital	0	0.3	6899	NC
Medical Park Hospital	0	0.1	2766	NC
Murphy Medical Center	0	.	6664	NC
Person Memorial Hospital	1	0.3	6010	NC
Presbyterian Hospital-Huntersville	0	0.9	21139	NC
Sandhills Regional Medical Center	1	0.5	9469	NC
Vidant Beaufort Hospital	0	0.7	14780	NC
Vidant Duplin Hospital	0	0.8	15969	NC
Wake Forest Baptist-Lexington Medical Ce	0	0.6	10692	NC
Westcare - Harris Regional Hospital	0	.	13547	NC
Carolinas Medical Center-Union	0	1.6	28583	0.0
Carolinas Medical Center-University	1	1.2	23911	0.9



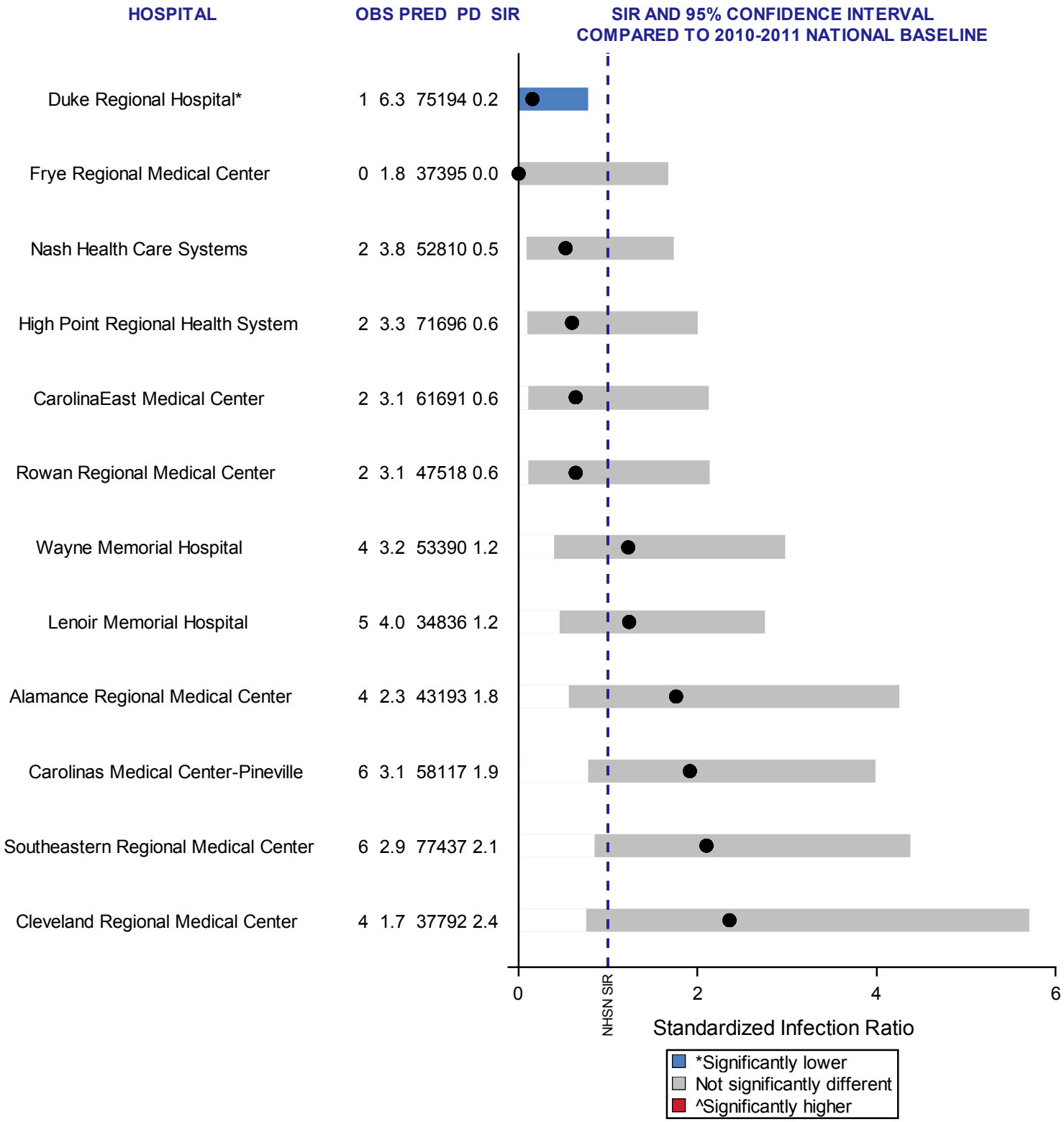
Data reported from short-term acute care and specialty hospitals as of March 18, 2014
Obs = Observed number of MRSA
Pred = Statistically 'predicted' number of MRSA, based on 2010-2011 national baseline
PD = Number of patient days
SIR = Standardized infection ratio (observed/predicted number of MRSA)
NC = SIR not calculated for hospitals with <1 predicted number of MRSA
* Significantly lower than 2010-2011 national baseline
^ Significantly higher than 2010-2011 national baseline

MRSA LabID Events in Short-term Acute Care Hospitals including Specialty Hospitals, Standardized Infection Ratios: Jan 1, 2013 - Dec 31, 2013
Hospital Group: Hospitals with 100-199 Beds



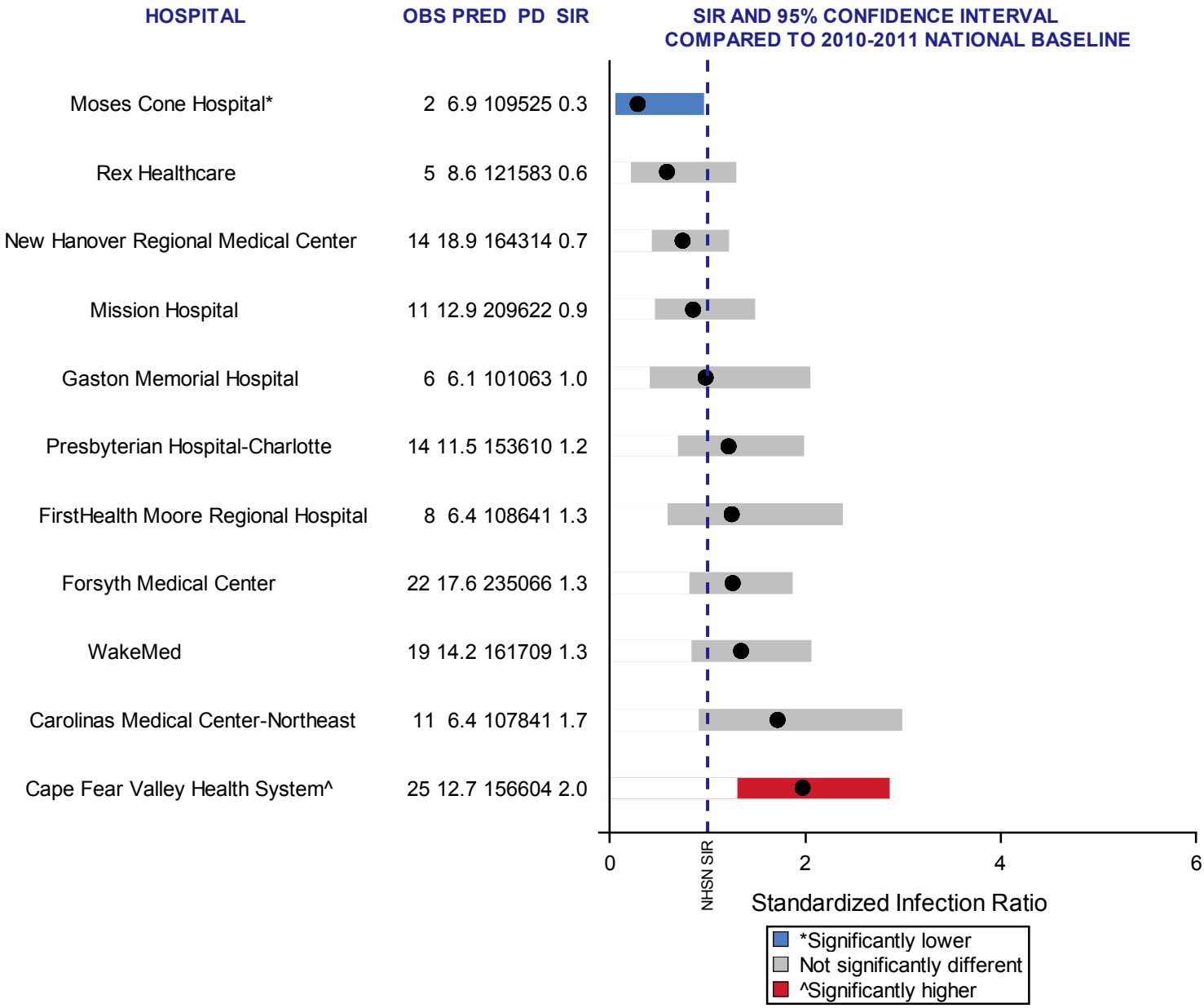
Data reported from short-term acute care and specialty hospitals as of March 18, 2014
Obs = Observed number of MRSA
Pred = Statistically 'predicted' number of MRSA, based on 2010-2011 national baseline
PD = Number of patient days
SIR = Standardized infection ratio (observed/predicted number of MRSA)
NC = SIR not calculated for hospitals with <1 predicted number of MRSA
* Significantly lower than 2010-2011 national baseline
^ Significantly higher than 2010-2011 national baseline

MRSA LabID Events in Short-term Acute Care Hospitals including Specialty Hospitals, Standardized Infection Ratios: Jan 1, 2013 - Dec 31, 2013
Hospital Group: Hospitals with 200-399 Beds



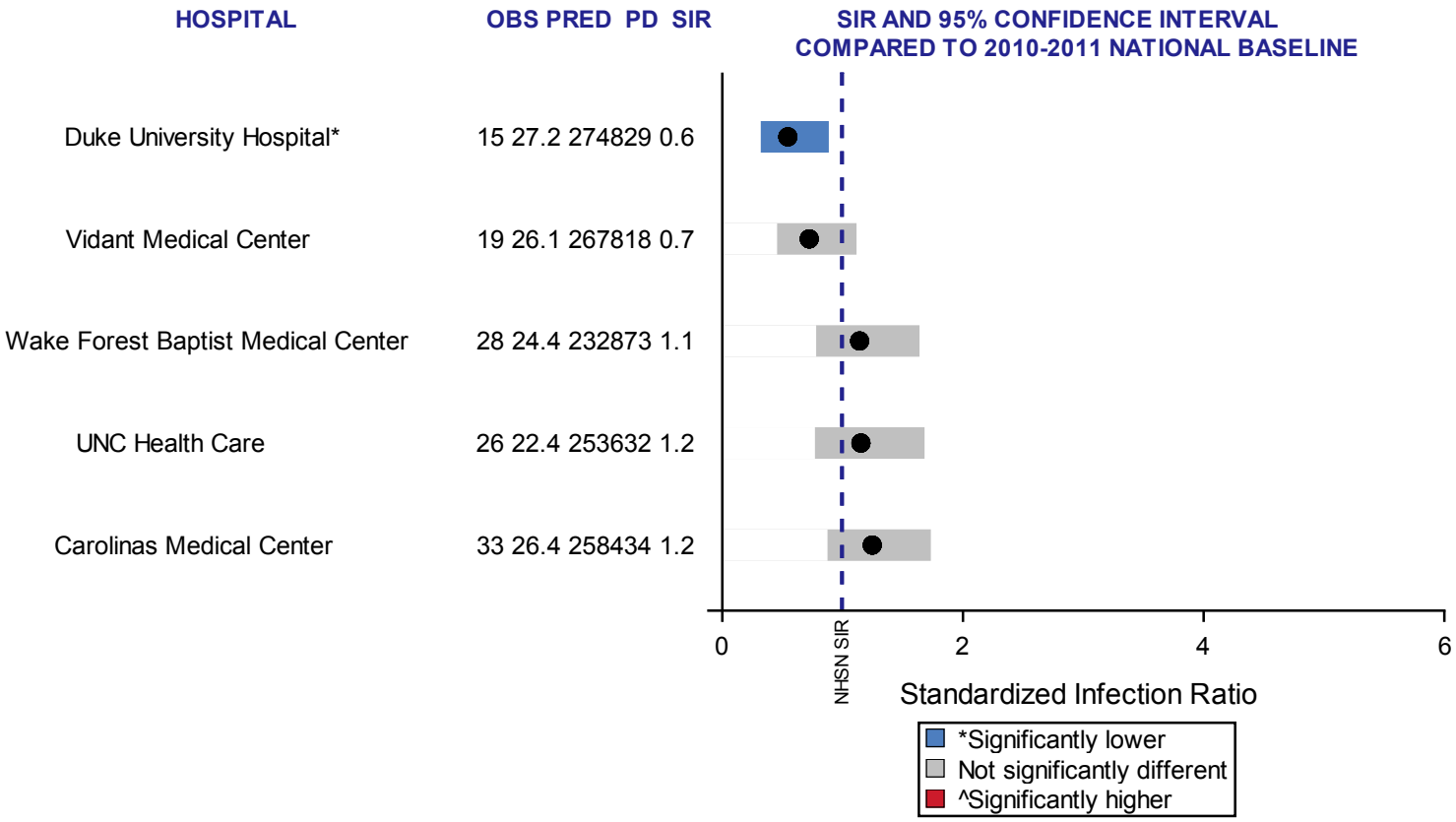
Data reported from short-term acute care and specialty hospitals as of March 18, 2014
Obs = Observed number of MRSA
Pred = Statistically 'predicted' number of MRSA, based on 2010-2011 national baseline
PD = Number of patient days
SIR = Standardized infection ratio (observed/predicted number of MRSA)
NC = SIR not calculated for hospitals with <1 predicted number of MRSA
* Significantly lower than 2010-2011 national baseline
^ Significantly higher than 2010-2011 national baseline

MRSA LabID Events in Short-term Acute Care Hospitals including Specialty Hospitals, Standardized Infection Ratios: Jan 1, 2013 - Dec 31, 2013
Hospital Group: Hospitals with 400 or More Beds



Data reported from short-term acute care and specialty hospitals as of March 18, 2014
Obs = Observed number of MRSA
Pred = Statistically 'predicted' number of MRSA, based on 2010-2011 national baseline
PD = Number of patient days
SIR = Standardized infection ratio (observed/predicted number of MRSA)
NC = SIR not calculated for hospitals with <1 predicted number of MRSA
* Significantly lower than 2010-2011 national baseline
^ Significantly higher than 2010-2011 national baseline

MRSA LabID Events in Short-term Acute Care Hospitals including Specialty Hospitals, Standardized Infection Ratios: Jan 1, 2013 - Dec 31, 2013
Hospital Group: Hospitals with Primary Medical School Affiliation



Data reported from short-term acute care and specialty hospitals as of March 18, 2014
Obs = Observed number of MRSA
Pred = Statistically 'predicted' number of MRSA, based on 2010-2011 national baseline
PD = Number of patient days
SIR = Standardized infection ratio (observed/predicted number of MRSA)
NC = SIR not calculated for hospitals with <1 predicted number of MRSA
* Significantly lower than 2010-2011 national baseline
^ Significantly higher than 2010-2011 national baseline

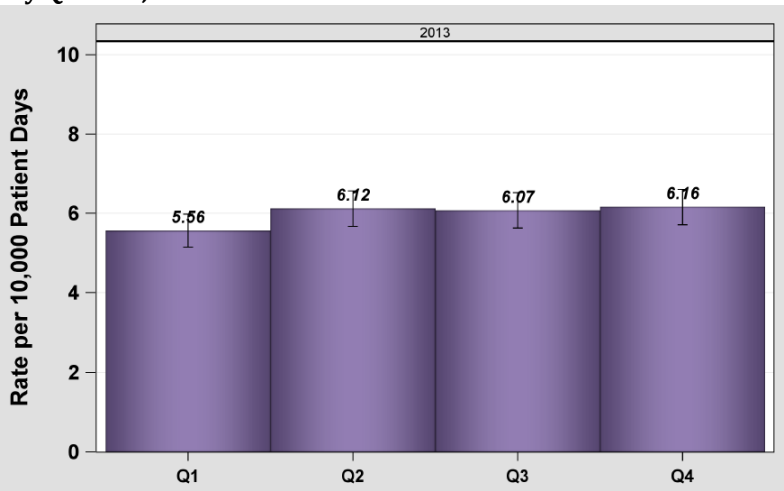
E. *Clostridium difficile* Laboratory-Identified Events (CDI LabID)

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.

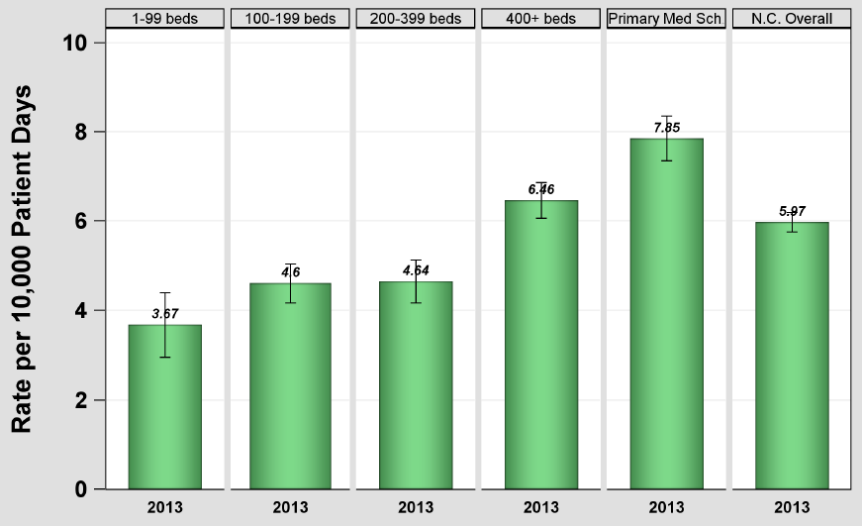
- When compared to the national 2010-2011 baseline data, the number of reported CDI LabID events in N.C. statistically significantly lower than predicted by the baseline data.

Figure 20. CDI LabID Rates by Quarter, 2013.



- Overall, there was no statistically significant trend in CDI rates during 2013 by quarter.

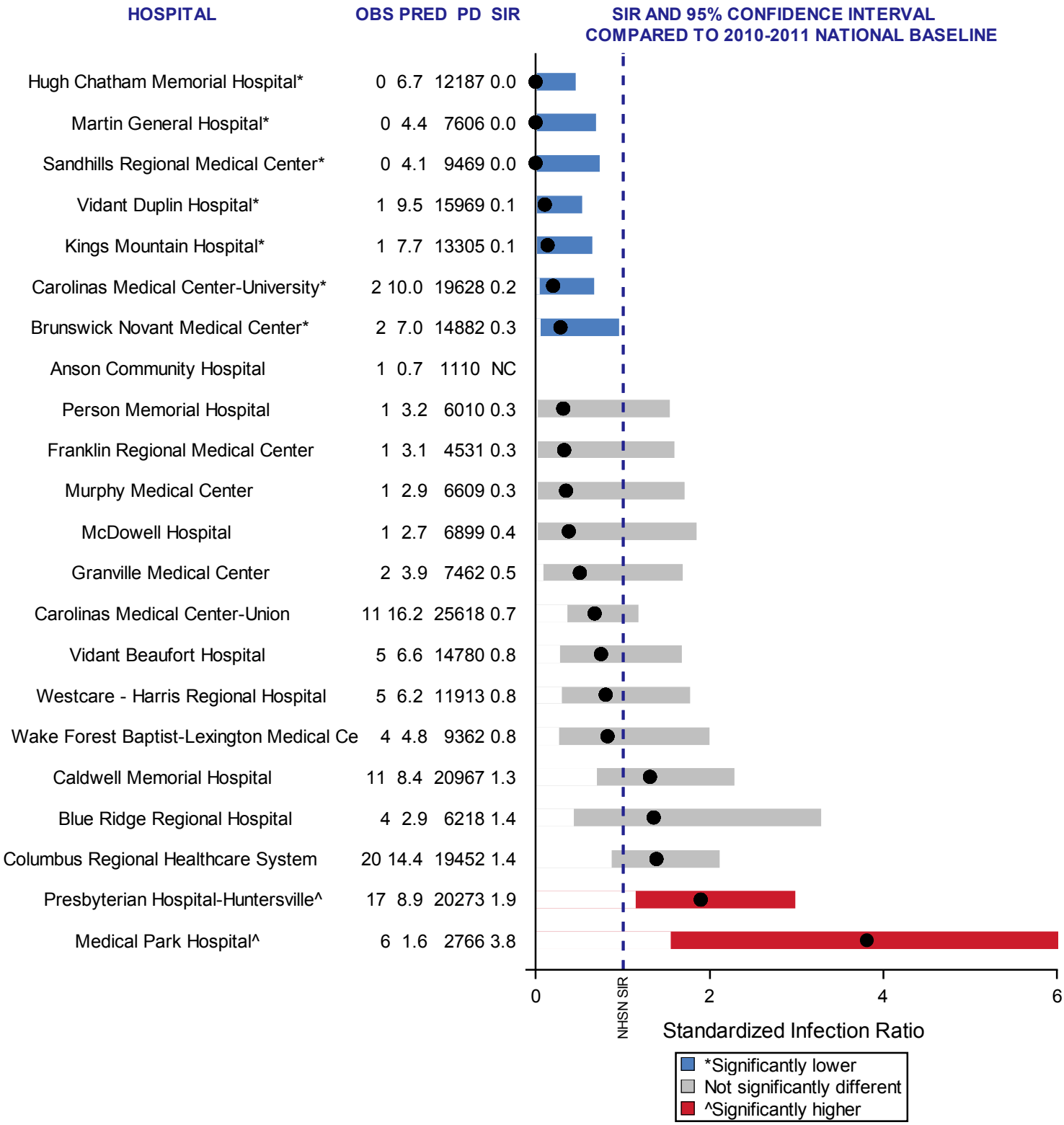
Figure 20. CDI LabID Rates by Hospital Size Group and N.C. Overall, 2013.



- The rates of CDI LabID events increased directly with hospital size, ranging from 3.57 to 7.85 per 1,000 patient days (Figure 20).
- 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.

The following SIR plots summarize CDI information for North Carolina hospitals by hospital groups (Appendix E).

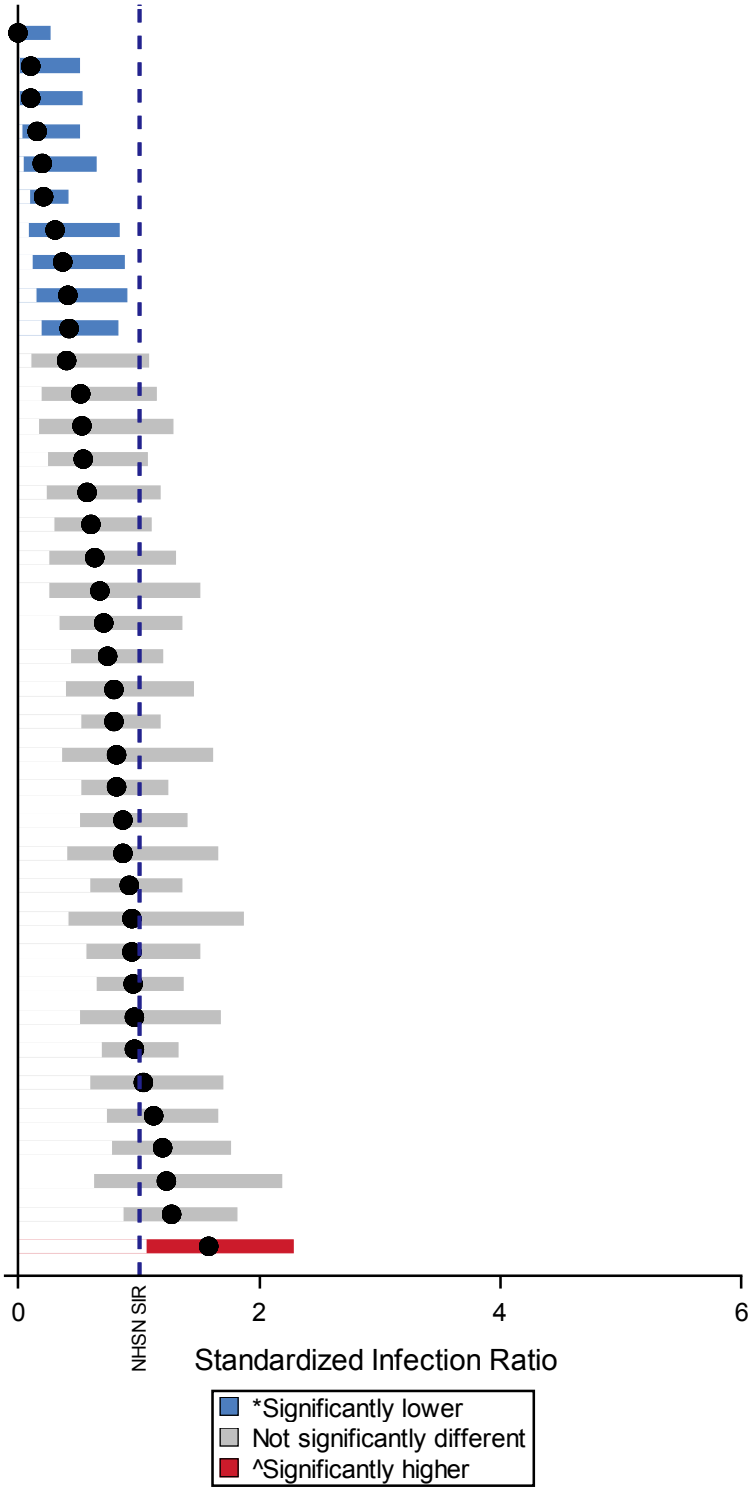
CDI LabID Events in Short-term Acute Care Hospitals including Specialty Hospitals, Standardized Infection Ratios: Jan 1, 2013 - Dec 31, 2013
Hospital Group: Hospitals with Less than 100 Beds



Data reported from short-term acute care and specialty hospitals as of March 18, 2014
Obs = Observed number of CDI
Pred = Statistically 'predicted' number of CDI, based on 2010-2011 national baseline
PD = Number of patient days
SIR = Standardized infection ratio (observed/predicted number of CDI)
NC = SIR not calculated for hospitals with <1 predicted number of CDI
* Significantly lower than 2010-2011 national baseline
^ Significantly higher than 2010-2011 national baseline

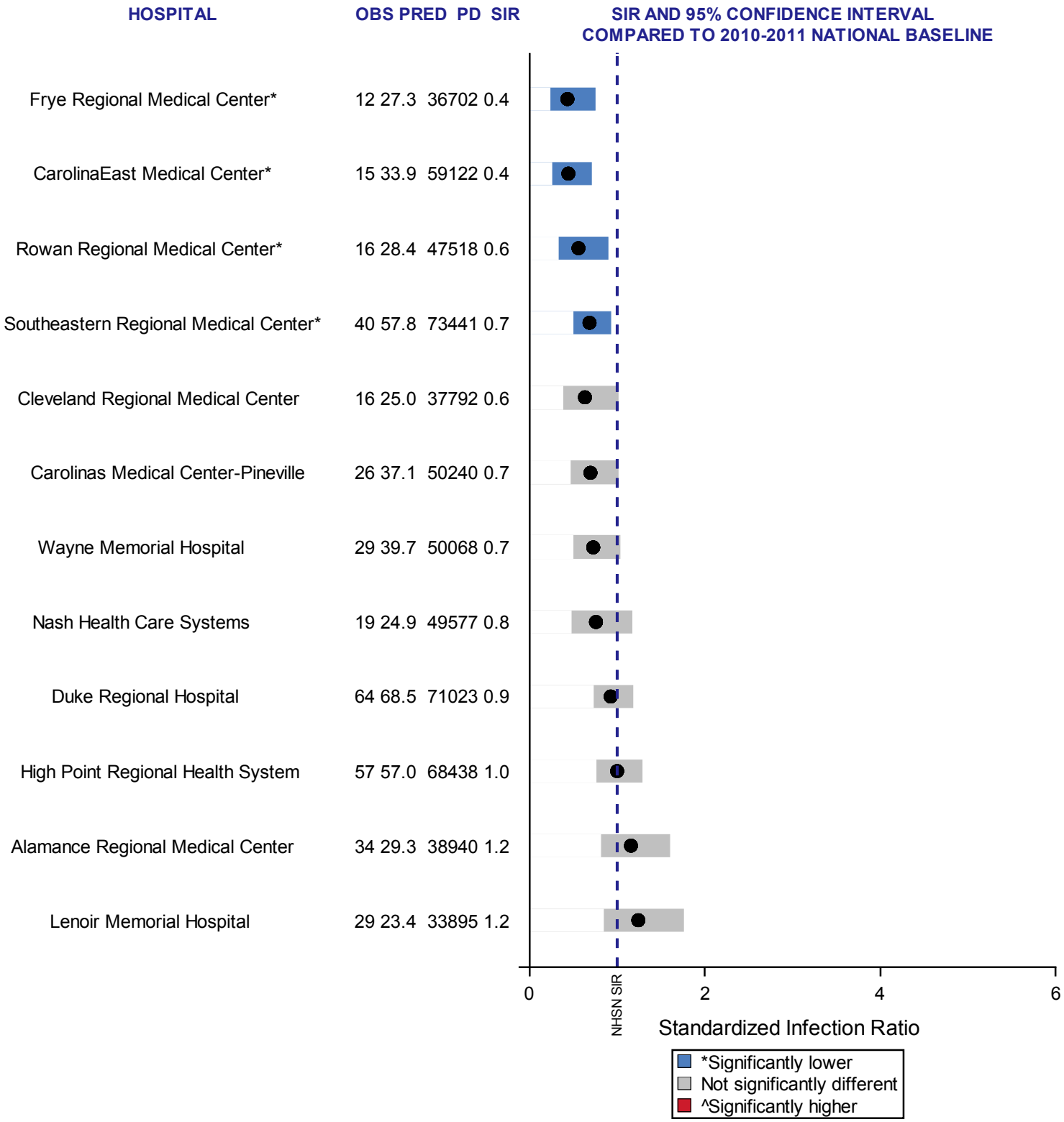
CDI LabID Events in Short-term Acute Care Hospitals including Specialty Hospitals, Standardized Infection Ratios: Jan 1, 2013 - Dec 31, 2013
Hospital Group: Hospitals with 100-199 Beds

HOSPITAL	OBS	PRED	PD	SIR
Women's Hospital*	0	11.3	18911	0.0
Davis Regional Medical Center*	1	9.8	19526	0.1
Scotland Memorial Hospital*	1	9.4	19457	0.1
Haywood Regional Medical Center*	2	13.1	22439	0.2
Wilkes Regional Medical Center*	2	10.2	20030	0.2
Blue Ridge Healthcare-Morganton*	7	34.2	45670	0.2
Carteret General Hospital*	3	9.8	22293	0.3
Halifax Regional Medical Center*	4	11.0	21394	0.4
Thomasville Medical Center*	5	12.4	24370	0.4
Johnston Health*	7	16.8	33614	0.4
Sampson Regional Medical Center	3	7.6	14456	0.4
Annie Penn Hospital	5	9.7	12311	0.5
Vidant Roanoke Chowan Hospital	4	7.5	15102	0.5
Blue Ridge Healthcare-Valdese	7	13.0	18193	0.5
Northern Hospital Of Surry County	6	10.6	15130	0.6
Pardee Hospital	9	15.0	27418	0.6
Vidant Edgecombe Hospital	6	9.6	14853	0.6
Lake Norman Regional Medical Center	5	7.4	14323	0.7
Park Ridge Health	8	11.2	22878	0.7
Novant Health Matthews Medical Center	15	20.2	28547	0.7
Albemarle Health Authority	9	11.4	21355	0.8
Catawba Valley Medical Center	23	28.9	43918	0.8
Stanly Regional Medical Center	7	8.6	15800	0.8
WakeMed Cary Hospital	20	24.5	35965	0.8
Randolph Hospital	15	17.3	21208	0.9
Carolinas Medical Center-Lincoln	8	9.2	15325	0.9
Carolinas Medical Center-Mercy	23	25.1	32403	0.9
Central Carolina Hospital	7	7.4	16095	0.9
Rutherford Regional Medical Center	16	16.9	21666	0.9
Duke Raleigh Hospital	27	28.4	39088	1.0
ARHS-Watauga Medical Center	11	11.4	16931	1.0
Wesley Long Hospital	36	37.2	45242	1.0
Maria Parham Medical Center	14	13.5	24293	1.0
Iredell Memorial Hospital	23	20.6	39755	1.1
Onslow Memorial Hospital	23	19.3	28854	1.2
Morehead Memorial Hospital	10	8.2	16134	1.2
Wilson Medical Center	28	22.0	31401	1.3
Betsy Johnson Regional^	26	16.4	29932	1.6



Data reported from short-term acute care and specialty hospitals as of March 18, 2014
Obs = Observed number of CDI
Pred = Statistically 'predicted' number of CDI, based on 2010-2011 national baseline
PD = Number of patient days
SIR = Standardized infection ratio (observed/predicted number of CDI)
NC = SIR not calculated for hospitals with <1 predicted number of CDI
* Significantly lower than 2010-2011 national baseline
^ Significantly higher than 2010-2011 national baseline

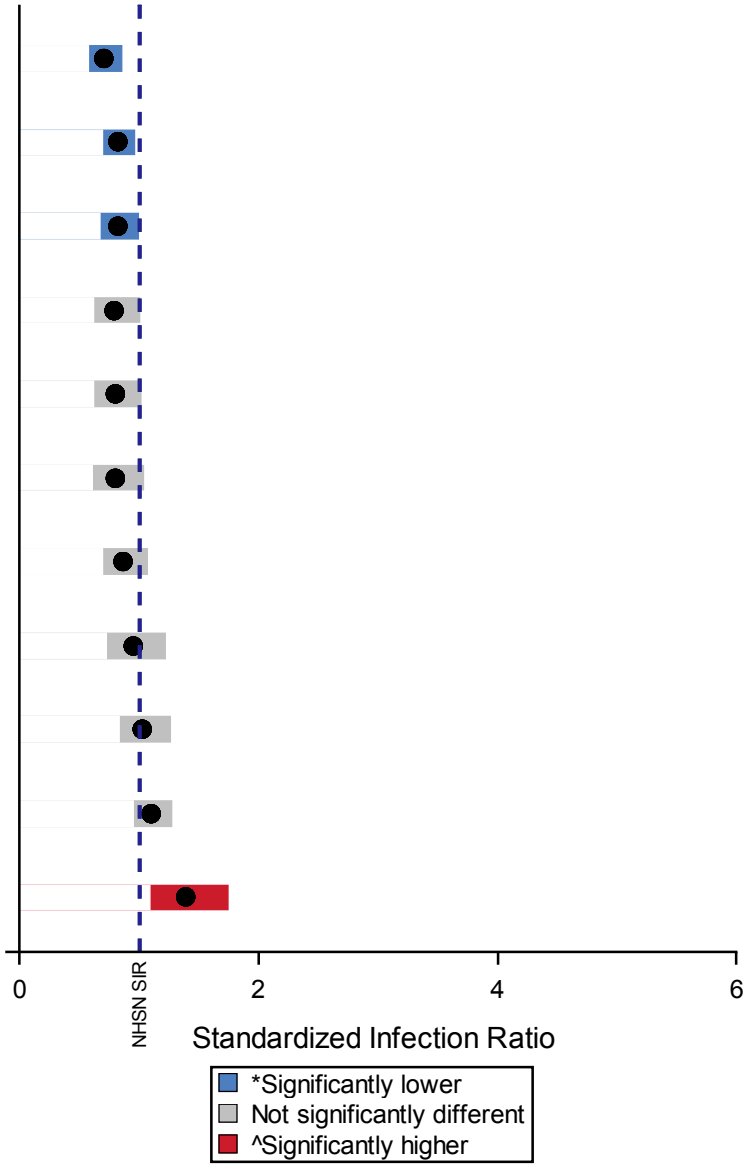
CDI LabID Events in Short-term Acute Care Hospitals including Specialty Hospitals, Standardized Infection Ratios: Jan 1, 2013 - Dec 31, 2013
Hospital Group: Hospitals with 200-399 Beds



Data reported from short-term acute care and specialty hospitals as of March 18, 2014
Obs = Observed number of CDI
Pred = Statistically 'predicted' number of CDI, based on 2010-2011 national baseline
PD = Number of patient days
SIR = Standardized infection ratio (observed/predicted number of CDI)
NC = SIR not calculated for hospitals with <1 predicted number of CDI
* Significantly lower than 2010-2011 national baseline
^ Significantly higher than 2010-2011 national baseline

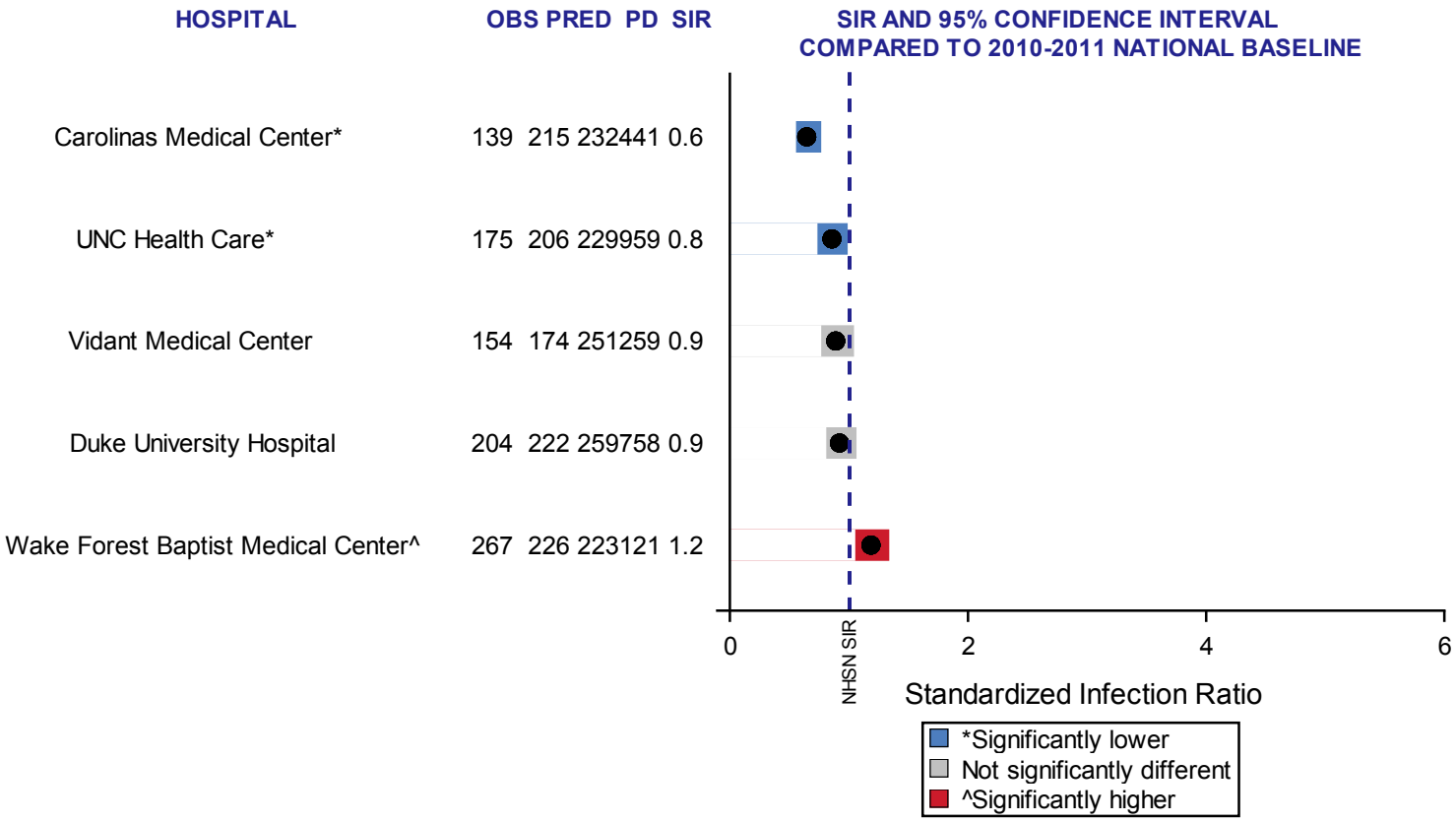
CDI LabID Events in Short-term Acute Care Hospitals including Specialty Hospitals, Standardized Infection Ratios: Jan 1, 2013 - Dec 31, 2013
Hospital Group: Hospitals with 400 or More Beds

HOSPITAL	OBS	PRED	PD	SIR
New Hanover Regional Medical Center*	95	135	143135	0.7
Mission Hospital*	140	172	189221	0.8
WakeMed*	98	119	135585	0.8
FirstHealth Moore Regional Hospital	63	79.6	102891	0.8
Rex Healthcare	65	81.6	105404	0.8
Presbyterian Hospital-Charlotte	55	68.9	137991	0.8
Cape Fear Valley Health System	84	97.5	134154	0.9
Carolinas Medical Center-Northeast	56	59.3	99160	0.9
Moses Cone Hospital	86	83.8	109525	1.0
Forsyth Medical Center	190	172	221120	1.1
Gaston Memorial Hospital^	71	51.1	91973	1.4



Data reported from short-term acute care and specialty hospitals as of March 18, 2014
Obs = Observed number of CDI
Pred = Statistically 'predicted' number of CDI, based on 2010-2011 national baseline
PD = Number of patient days
SIR = Standardized infection ratio (observed/predicted number of CDI)
NC = SIR not calculated for hospitals with <1 predicted number of CDI
* Significantly lower than 2010-2011 national baseline
^ Significantly higher than 2010-2011 national baseline

CDI LabID Events in Short-term Acute Care Hospitals including Specialty Hospitals, Standardized Infection Ratios: Jan 1, 2013 - Dec 31, 2013
Hospital Group: Hospitals with Primary Medical School Affiliation



Data reported from short-term acute care and specialty hospitals as of March 18, 2014
Obs = Observed number of CDI
Pred = Statistically 'predicted' number of CDI, based on 2010-2011 national baseline
PD = Number of patient days
SIR = Standardized infection ratio (observed/predicted number of CDI)
NC = SIR not calculated for hospitals with <1 predicted number of CDI
* Significantly lower than 2010-2011 national baseline
^ Significantly higher than 2010-2011 national baseline

V. Overview 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 five sections: 1) general hospital information, 2) central line-associated bloodstream infections (CLABSI), 3) catheter associated urinary tract infections (CAUTI), 4) surgical site infections (SSI), and 5) 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. Central Line-Associated Bloodstream Infections (CLABSI)

Short-term acute care hospitals (ACHs)

This section of the report includes a table and figure about CLABSIs. CLABSIs are reported from adult, pediatric, and neonatal intensive care units.

The below table summarizes the number of infections, central line days, rates, predicted infections, SIR and corresponding 95% CI with interpretation by type of unit. There may be more than one reporting unit for a given classification. At the bottom of table is the "YTD Total for Reporting ICUs" that summarizes the year-to-date total for the reporting units in the hospital.

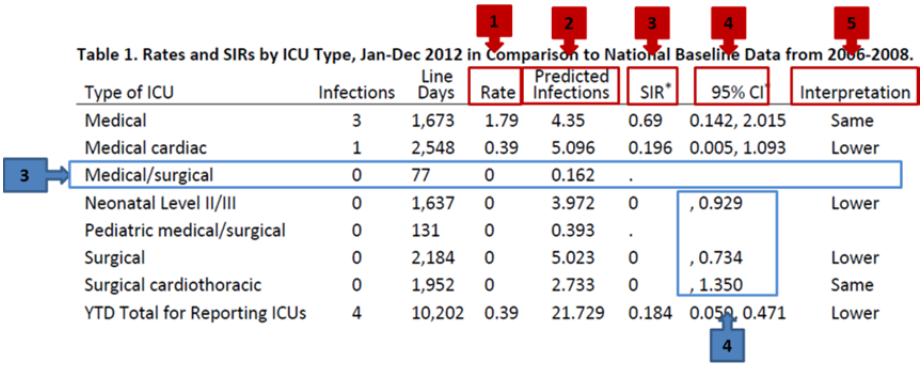


Table 1. Rates and SIRs by ICU Type, Jan-Dec 2012 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	3	1,673	1.79	4.35	0.69	0.142, 2.015	Same
Medical cardiac	1	2,548	0.39	5.096	0.196	0.005, 1.093	Lower
Medical/surgical	0	77	0	0.162	.		
Neonatal Level II/III	0	1,637	0	3.972	0	, 0.929	Lower
Pediatric medical/surgical	0	131	0	0.393	.		
Surgical	0	2,184	0	5.023	0	, 0.734	Lower
Surgical cardiothoracic	0	1,952	0	2.733	0	, 1.350	Same
YTD Total for Reporting ICUs	4	10,202	0.39	21.729	0.184	0.050, 0.471	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

1. The rate was the number of CLABSIs divided by the number of central line days multiplied by 1,000 to get "per 1,000 central line days." If the minimum threshold number of 50 central line days was not met, then rates and additional statistics were not calculated.

2. The predicted number of infections was calculated using CLABSI rates from a standard population during a baseline time period. For CLABSI, the predicted number of infections was based on 2006-2008 NSHN national data. Detailed information on how the predicted number of infections is calculated can be found in the October 2012 Quarterly Report at http://epi.publichealth.nc.gov/cd/hai/figures/hai_oct2012.pdf.

3. The standardized infection ratio (SIR) was calculated by dividing the observed number of infections by the predicted number of infections. Further explanation of the SIR can be found in Section IV under "SIR Plot". If the number of predicted

infections was less than 1, the SIR was not calculated. For example, the predicted number of infections in the medical unit was 0.162; therefore the SIR and corresponding 95% CI with interpretation were not presented.

4. The 95% confidence interval (CI) corresponds to the SIR presented in the table. When the number of infections was 0, the lower bound of the 95% CI was not calculated. Further explanation of the SIR can be found in Section IV under "SIR Plot".

5. The column "Interpretation" details the results of hypothesis testing. If the interpretation was the "Same" then there was no statistically significant difference between the numbers of observed and predicted infections in a unit (or hospital). If the interpretation was "Higher" than the observed number of infections in a unit (or hospital) was significantly higher than predicted. Finally, if the interpretation was "Lower" than the observed number of infections in a unit (or hospital) was significantly lower than predicted.

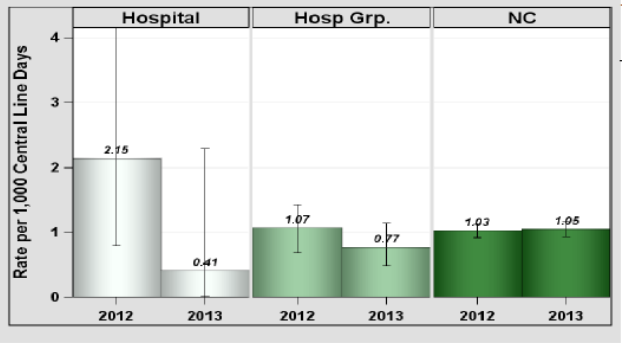


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

The figure above shows an example of the hospital CLABSI rate along with the CLABSI rates of similarly-sized hospitals and all hospitals in N.C.; recall from Section IV that the categories for "Similarly-sized Hospitals" are based on total hospital bed counts and that hospitals that serve as the primary location for medical schools are included in a separate category (primary medical school affiliation). A list of the hospitals in each category can be found in Appendix E1.

In the figure, the CLABSI rate in the hospital appeared to be lower than that of similarly-sized hospitals and all hospitals in N.C. To test the hypothesis that there were no differences in the hospital rate from similarly-sized hospitals or all hospitals in N.C., the 95% CIs were examined. If the 95% CIs of two CLABSI rates overlapped, then the observed differences in the CLABSI rates were not considered statistically significantly different. However, if the 95% CIs of two CLABSI rates did not overlap, then the CLABSI rates were considered to be statistically significantly different. Note that the 95% CI for the CLABSI rates (Figure) are used to test a different hypothesis than the 95% CI for CLABSI SIRs (Table).

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.

<u>Long-term acute care hospitals (LTACs)</u>
Similar to ACHs, this section of the report includes a table and figure about CLABSIs that were reported from adult and pediatric ICUs and wards in LTACs.

The information included in the LTAC table was different from the table presented for ACHs; only the number of CLABSIs, central line days, and rates were included.

Table 1. Rates by Location, Jan-Dec 2012.

Type of Unit	Infections	Line Days	Rate
Adult intensive care unit	0	546	0.00
Adult ward	2	965	2.07
YTD Total for Reporting Units	2	1,511	1.32

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

The figure below shows the hospital rate and 95% CI with the overall CLABSI rate among all nine licensed LTACs in N.C. A list of the LTACs can be found in Appendix E2.

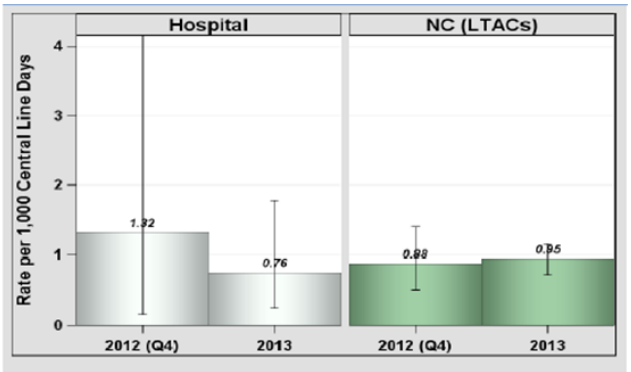


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

3. Catheter-Associated Urinary Tract Infections (CAUTI)

Short-term acute care hospitals (ACHs)

Like the section on CLABSIs, this section includes a table and figure about CAUTIs. CAUTIs were reported from adult and pediatric ICUs and inpatient rehabilitation wards.

The calculation of the statistics in this section were the same as those presented in "Section 2 - Central line-associated bloodstream infections (CLABSI)"; please refer to that section for more information. The one difference was that the number of predicted CAUTIs was based on the 2009 NHSN national data.

Table 2. Rates and SIRs by ICU Type, Jan-Dec 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	541	0	0.703	.		
YTD Total for Reporting ICUs	0	541	0	0.703	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

In the example above, the hospital CAUTI rate was 0 per 1,000 catheter-days. The accompanying figure below displays that the 95% CI was not presented when the rate was 0 in 2013.

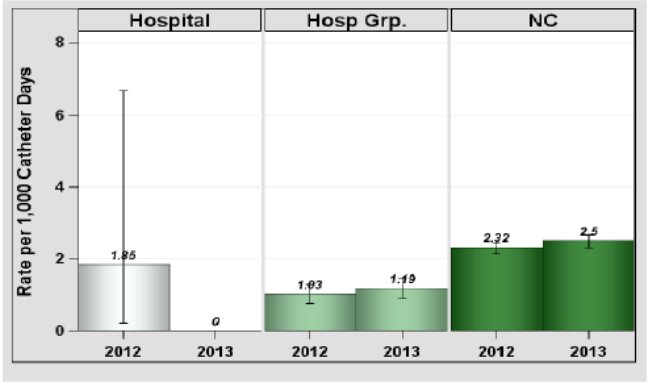


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Long-term acute care hospitals (LTACs)

CAUTIs were reported from adult ICUs and wards. The content of the CAUTI section for LTACs was similar to CLABSIs in LTACs; please refer to that section for more information.

Inpatient rehabilitation facilities (IRFs)

Inpatient rehabilitation facilities reported CAUTI from adult and pediatric rehabilitation wards. Hospital-specific summary reports were only generated for free-standing IRFs; data from inpatient rehabilitation wards within ACHs were included in their respective hospital-specific summary reports. Data in the tables included number of CAUTI infections, number of catheter days, and CAUTI rate for each ward and total for reporting wards.

Table 1. Rates by Location, Jan-Dec 2012

Type of Unit	Infections	Catheter Days	Rate
Adult rehabilitation ward	1	395	2.53
YTD Total for Reporting Wards	1	395	2.53

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

The accompanying figure below shows the rate of CAUTI in the IRF and the rate of CAUTI in all IRFs and inpatient rehabilitation wards from ACHs. A list of the rehabilitation wards and facilities can be found in Appendix E3.

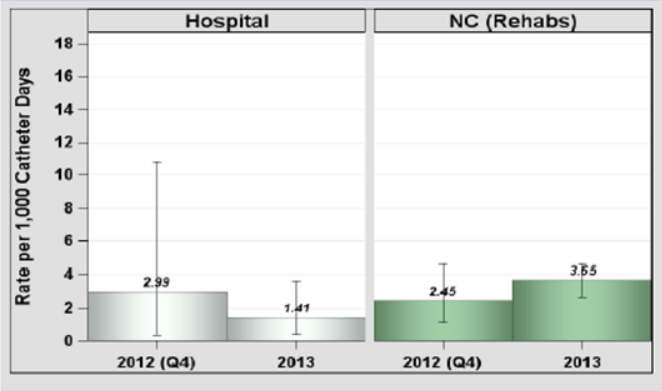


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

4. Surgical Site Infections (SSI)

This section includes a table and two figures about SSIs. ACHs were required to report SSIs that occurred among adults 18 years or older following inpatient abdominal hysterectomies and colon surgeries. Only SSIs that occurred at the primary incision site within 30 days of surgery were included in the report. Infections were not included if they occurred after 30 days post-operation or if they involved only the skin or subcutaneous tissues (the layer of tissue directly under the skin). Finally, if patient age or the American Society of Anesthesiologists (ASA) score were missing for a surgery, it was classified as an "incomplete procedure" and not included in the final count of surgeries.

The predicted number of SSIs and the SSI SIRs were calculated differently from CLABSI and CAUTI. Details on these calculations can be found in the October 2012 Quarterly Report at http://epi.publichealth.nc.gov/cd/hai/figures/hai_oct2012.pdf. Similar to CLABSIs, the baseline period for the calculation of predicted SSIs was the 2006-2008 NHSN national data. Finally, the SSI SIRs were adjusted for patient age and ASA score.

Table 3. Rates and SIRs by Surgery, Jan-Dec 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	10	37
Rate	.	0
Predicted Infections	.	1.01
SIR**	.	0
95% CI**		, 3.652
Interpretation		Same

*Infections from deep incisional and/or organ space.
**SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries were performed and SIR not presented.

Recall that if the number of procedures (or central line days for CLABSIs or catheter days for CAUTIs) at a hospital did not meet a minimum threshold number, the number of infections and surgeries would be presented, but not the rate. For SSIs, the minimum threshold was 20 surgeries for a reporting period. In the example above, less than 20 abdominal hysterectomies were performed. Therefore, the SSI rate for abdominal hysterectomy was not included in the table. In the accompanying figure below, the hospital SSI rate and 95% CI were not presented for 2012 or 2013.

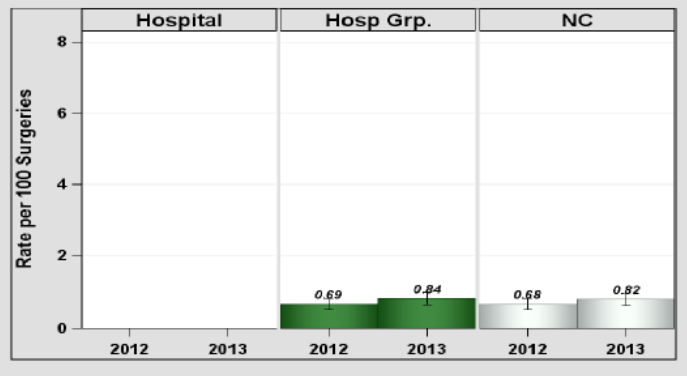


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

5. Methicillin-Resistant *Staphylococcus aureus* Bacteremia Laboratory-Identified Events (MRSA LabID)

Short-term acute care hospitals (ACHs)

MRSA events for surveillance purposes only include non-duplicate MRSA-positive lab assays collected >3 days after admission to the facility. Duplicate results and active surveillance testing results are excluded from reports. Multiple categories of MRSA LabID events exist [healthcare facility-onset (HO) or community-onset (CO)]; however, only HO LabID events are published.

6. *Clostridium difficile* Laboratory-Identified Events (CDI LabID)

Short-term acute care hospitals (ACHs)

CDI LabID events only include non-duplicate, non-recurrent CDI-positive lab assays collected >3 days after admission ot he facility. CDI LabID events are included in the report only if three or more consecutive months of CDI LabID data are reported within a calendar year. NICUs and active surveillance testing are excluded from CDI reporting requirements. Multiple categories of CDI LabID events exist [healthcare facility-onset (HO), community-onset (CO), and community-onset healthcare facility associated (CO-HFA)]; however, only HO LabID events are published.

7. 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.

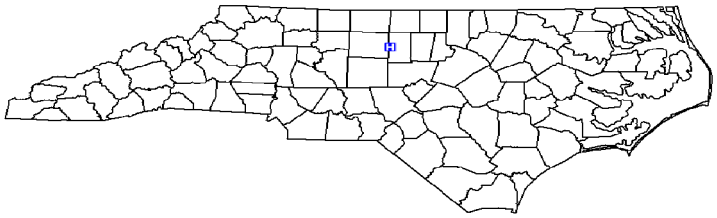
VI. Hospital-Specific Summary Reports

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)

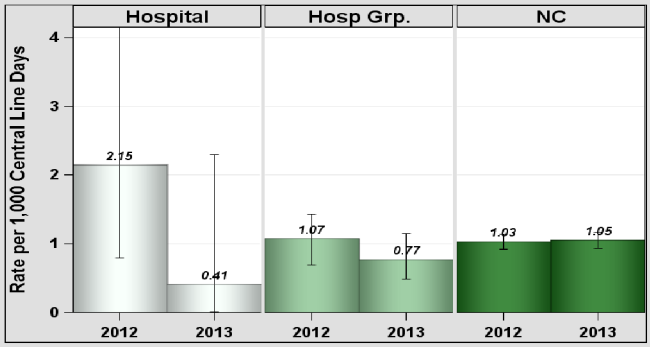


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	2,378	0.42	3.57	0.28	0.014, 1.383	Same
Neonatal Level II/III	0	53	0	0.06	.		
YTD Total for Reporting ICUs	1	2,431	0.41	3.63	0.276	0.014, 1.359	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	4	43,193	0.09	2.27	1.763	0.560, 4.254	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

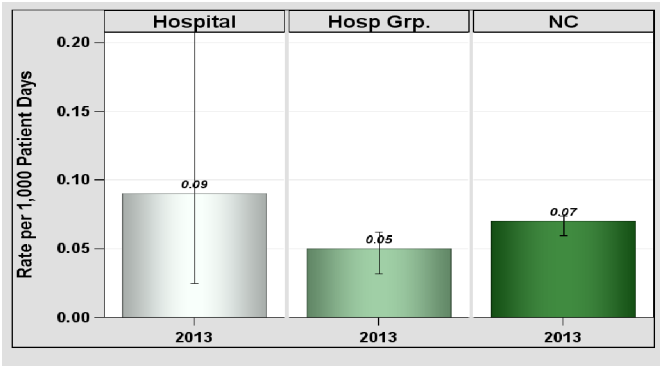


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

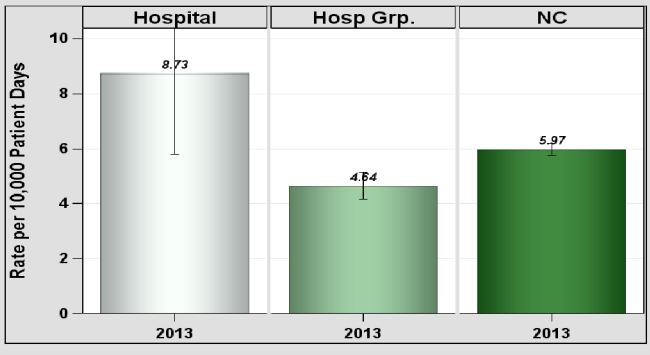


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	34	38,940	8.73	29.31	1.16	0.816, 1.603	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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
Alamance Regional Medical Center, Burlington, Alamance County

Catheter-Associated Urinary Tract Infections (CAUTI)

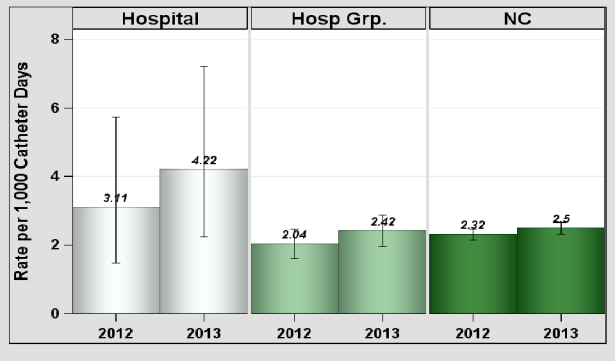


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	13	3,084	4.22	3.7	3.513	1.954, 5.856	Higher
YTD Total for Reporting ICUs	13	3,084	4.22	3.7	3.513	1.954, 5.856	Higher

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	156	0	1.47	0	, 2.037	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

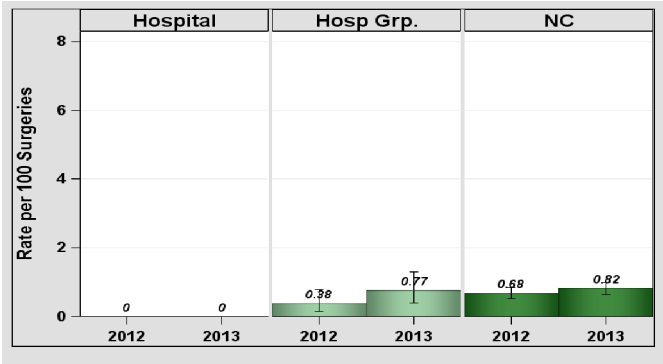


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

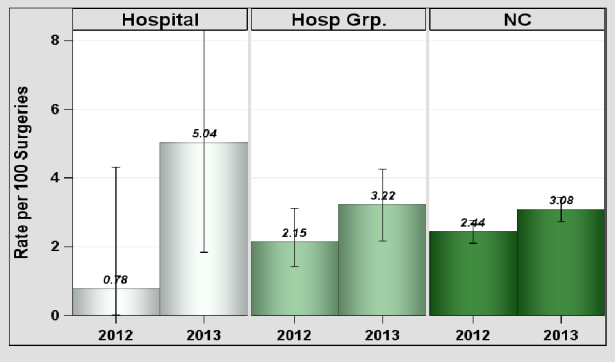


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	6	119	5.04	3.92	1.53	0.620, 3.182	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

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.

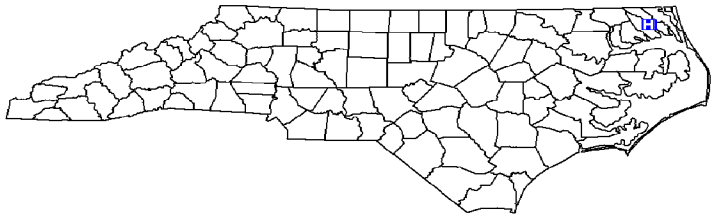
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
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)

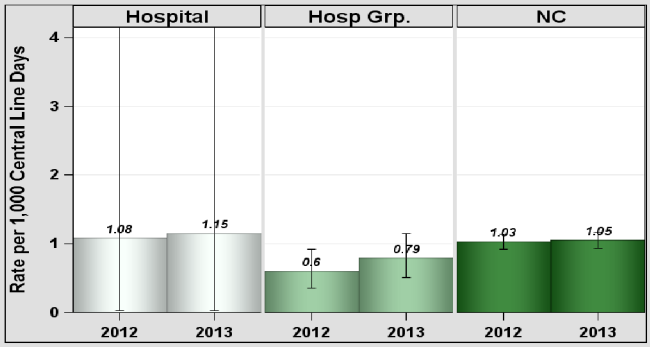


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	872	1.15	1.31	0.765	0.038, 3.771	Same
YTD Total for Reporting ICUs	1	872	1.15	1.31	0.765	0.038, 3.771	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	3	22,515	0.13	1.2	2.509	0.638, 6.827	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

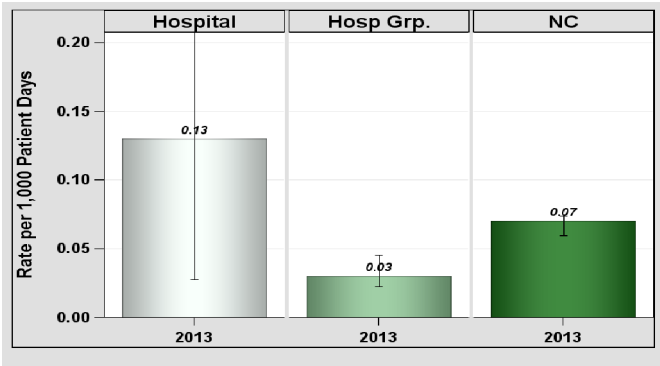


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

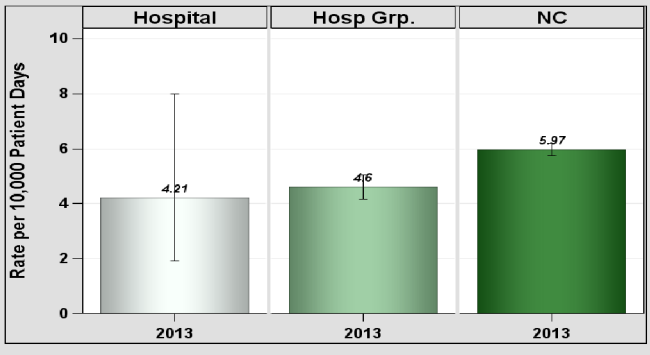


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	9	21,355	4.21	11.37	0.792	0.386, 1.453	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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).
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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)

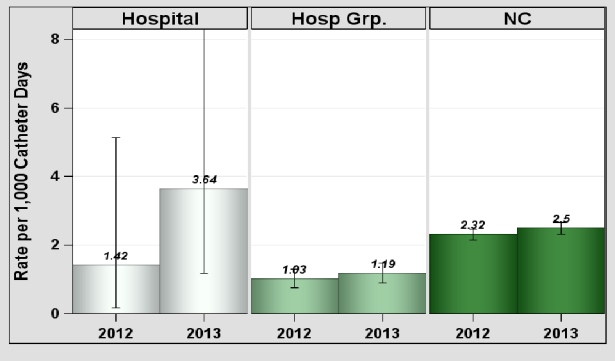


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	5	1,374	3.64	1.79	2.799	1.026, 6.205	Higher
YTD Total for Reporting ICUs	5	1,374	3.64	1.79	2.799	1.026, 6.205	Higher

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	83	0	0.77	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

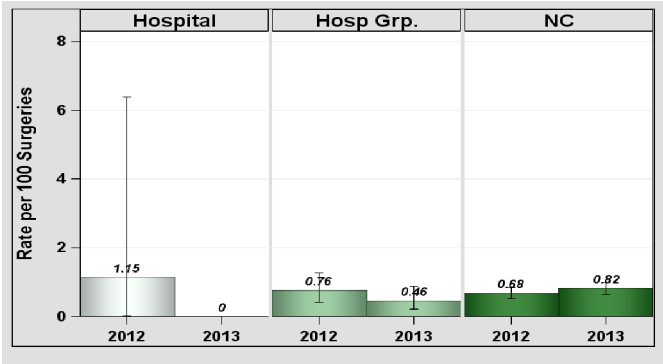


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

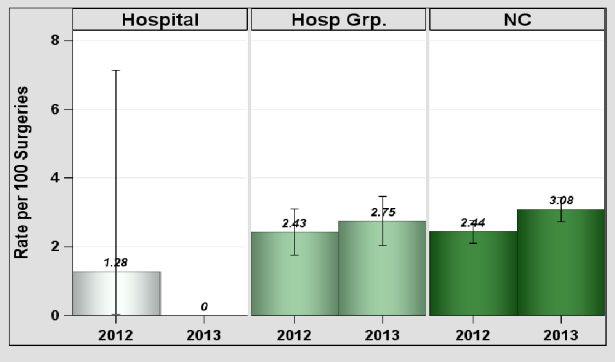


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	76	0	2.62	0	, 1.143	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

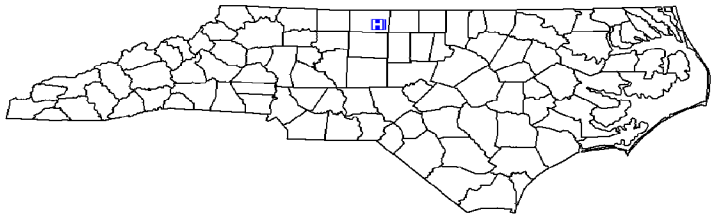
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Annie Penn Hospital, Reidsville, Rockingham County

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)

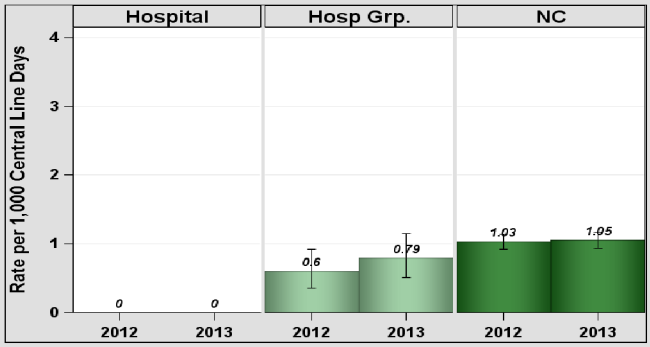


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	623	0	0.93	.		
YTD Total for Reporting ICUs	0	623	0	0.93	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	12,311	0	0.7	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

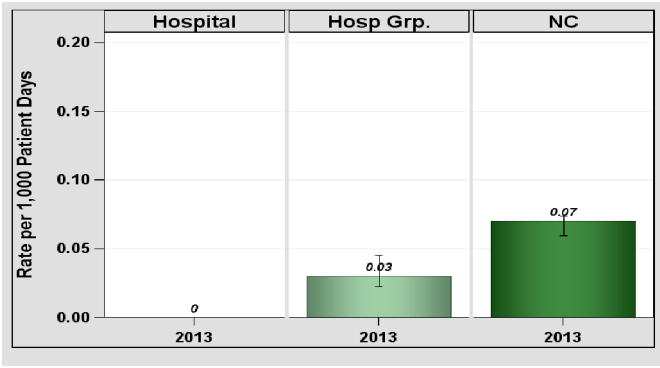


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

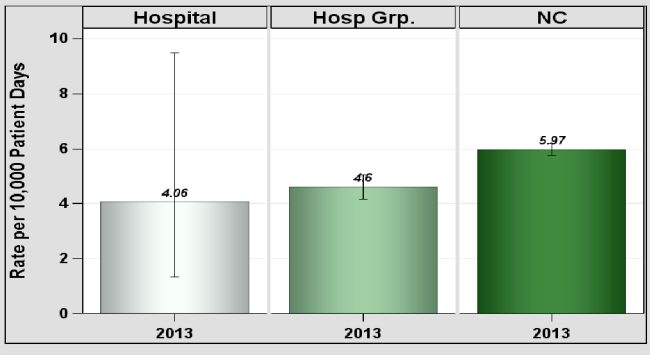


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	5	12,311	4.06	9.67	0.517	0.189, 1.146	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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)

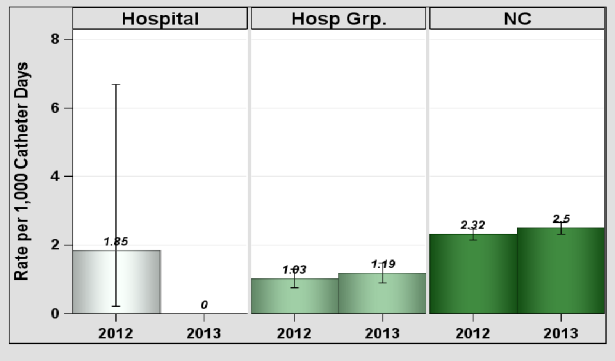


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	1,086	0	1.41	0	, 2.122	Same
YTD Total for Reporting ICUs	0	1,086	0	1.41	0	, 2.122	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	31	0	0.36	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

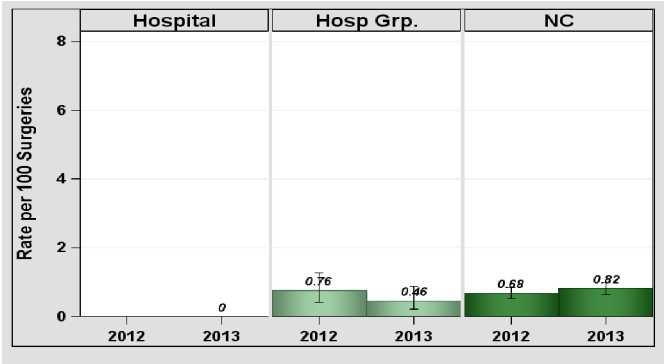


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

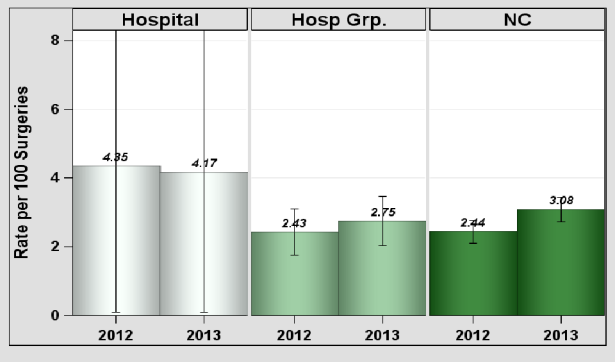


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	1	24	4.17	0.77	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

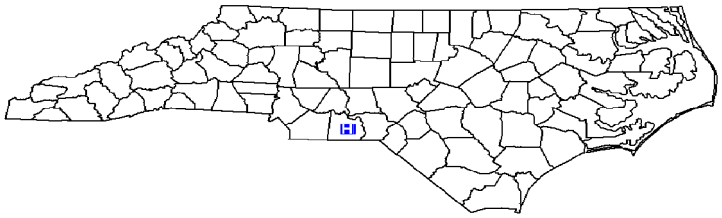
Commentary from Hospitals:
Cone Health is committed to preventing Healthcare Associated Infections. We have dedicated teams of experts focused on process improvements to improve our patient outcomes. Please contact Cone Health Infection Prevention if you would like further information.

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.

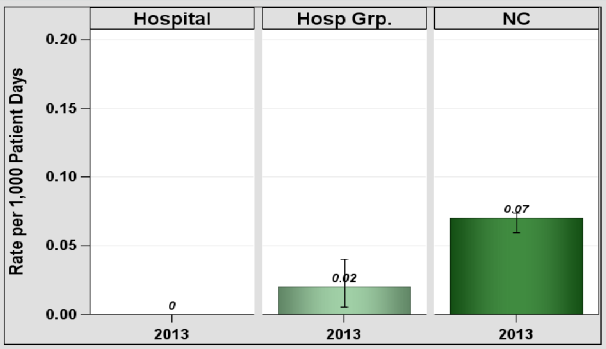


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Table 1. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	1,110	0	.	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	1,110	9.01	.	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

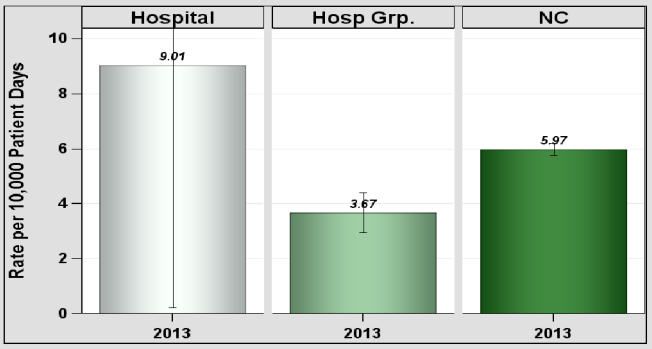


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Other Healthcare-Associated Infections (HAIs)

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

Commentary from Hospitals:
No comments provided.

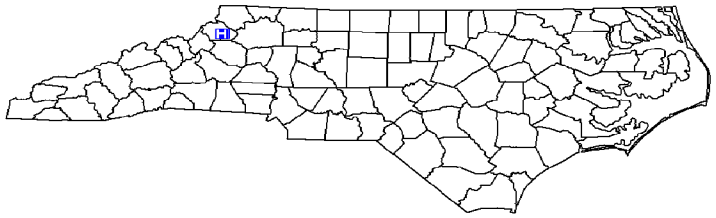
Refer to the HAI in N.C. Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
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)

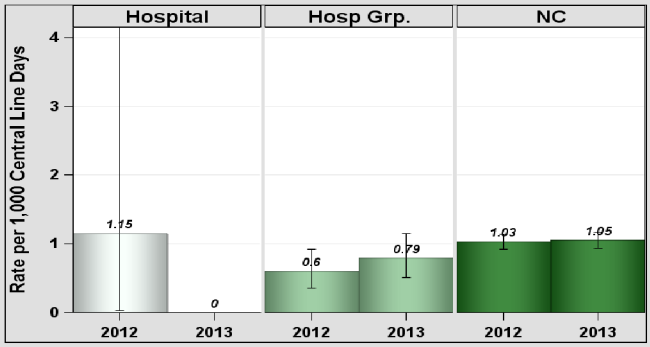


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	704	0	1.06	0	, 2.837	Same
YTD Total for Reporting ICUs	0	704	0	1.06	0	, 2.837	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	16,931	0	.	.	.	

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

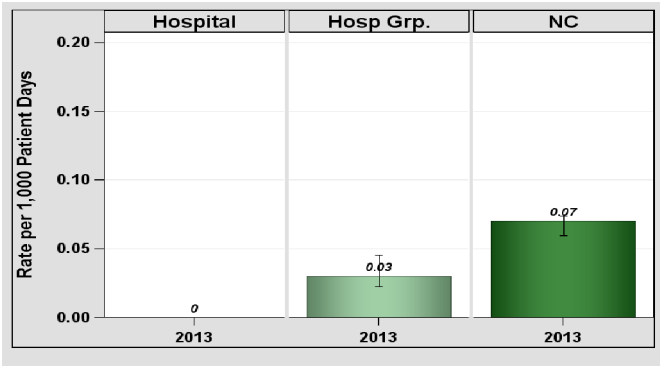


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

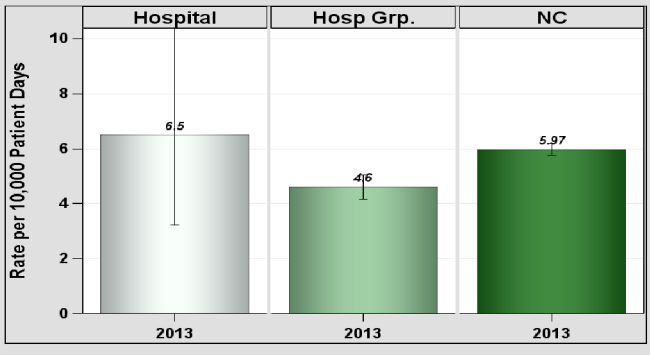


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	11	16,931	6.5	11.42	0.963	0.507, 1.674	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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)

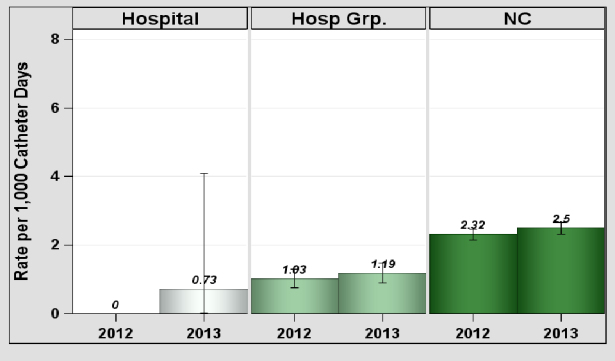


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	1,365	0.73	1.77	0.564	0.028, 2.779	Same
YTD Total for Reporting ICUs	1	1,365	0.73	1.77	0.564	0.028, 2.779	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	23	0	0.16	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

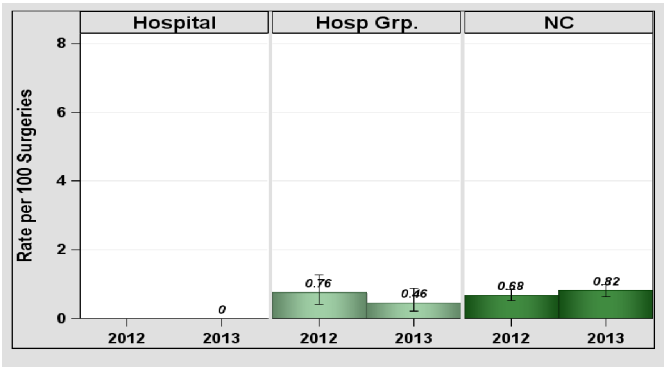


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

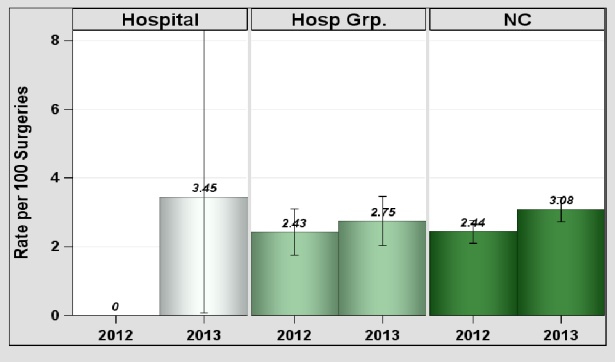


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	1	29	3.45	0.76	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

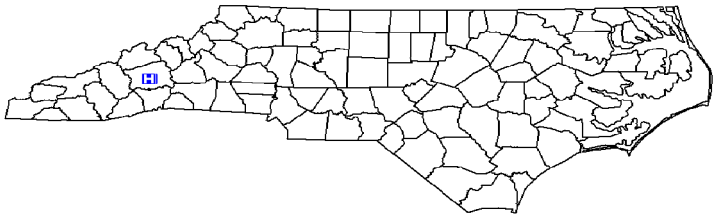
Commentary from Hospitals:
No comments provided.

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
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)

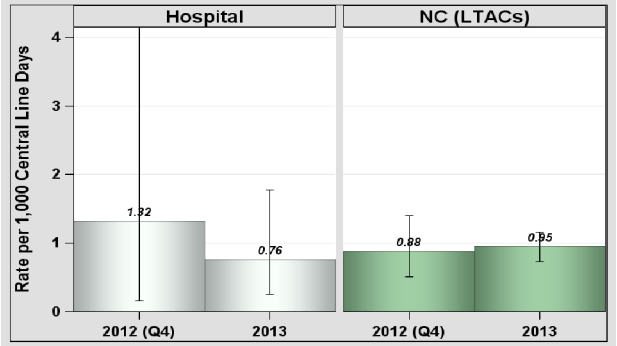


Table 1. Rates by Location, Jan-Dec 2013.

Type of Unit	Infections	Line Days	Rate
Adult intensive care unit	2	1,608	1.24
Adult ward	3	4,971	0.6
YTD 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.

Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates by Location, Jan-Dec 2013

Type of Unit	Infections	Catheter Days	Rate
Adult intensive care unit	0	1,507	0.00
Adult ward	2	1,360	1.47
YTD 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.

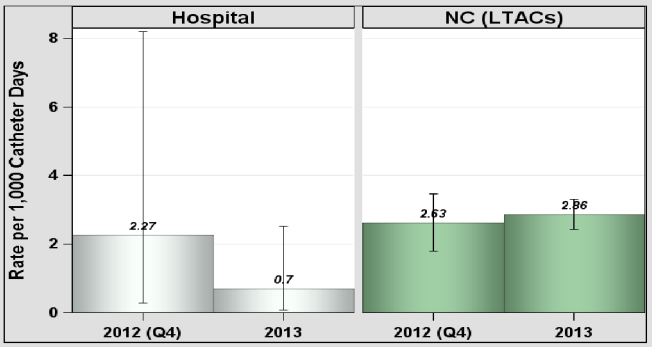


Figure 2. Rates and 95% Confidence Intervals, 2012-2013.

Other Healthcare-Associated Infections (HAIs)

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

Commentary from Hospitals:
No comments provided.

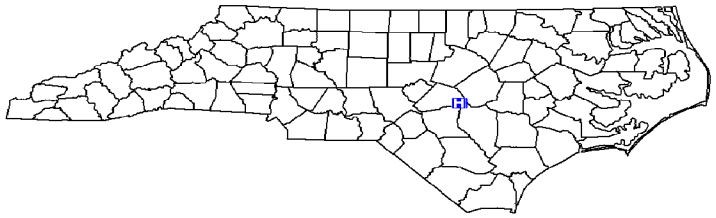
Refer to the HAI in N.C. Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
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)

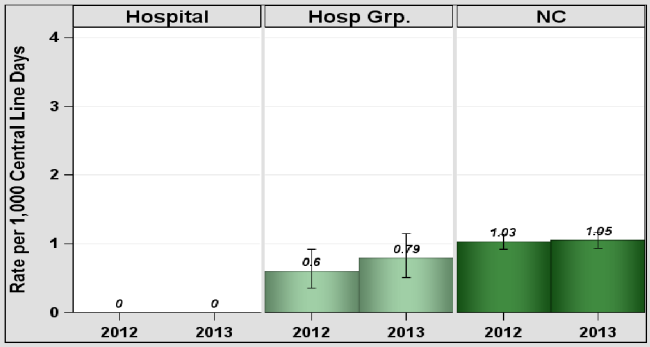


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	298	0	0.45	.		
YTD Total for Reporting ICUs	0	298	0	0.45	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	31,641	0.03	1.5	0.668	0.033, 3.296	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

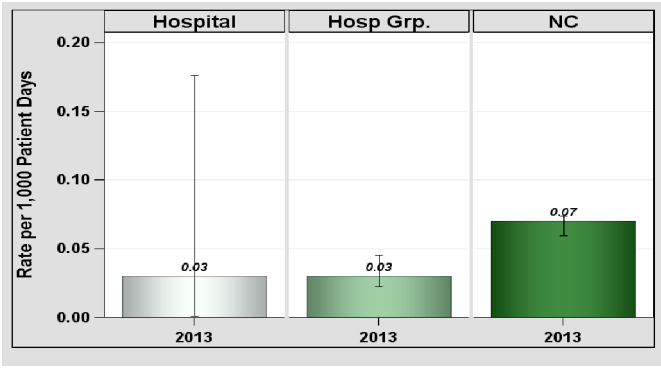


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

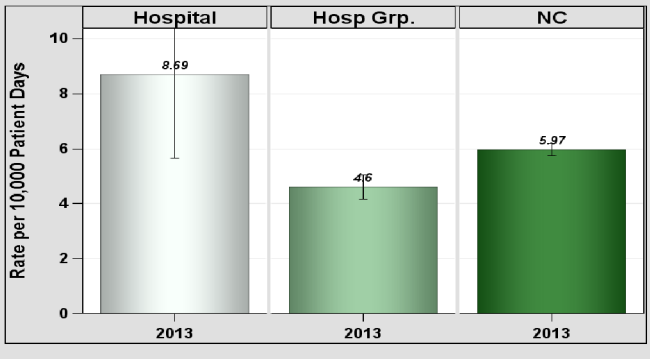


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	26	29,932	8.69	16.44	1.581	1.055, 2.284	Higher

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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)

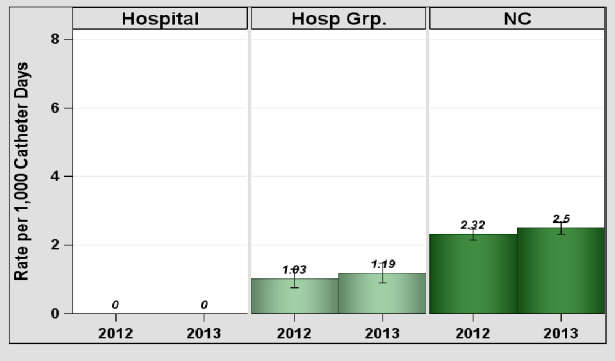


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	875	0	1.14	0	, 2.634	Same
YTD Total for Reporting ICUs	0	875	0	1.14	0	, 2.634	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	56	0	0.56	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

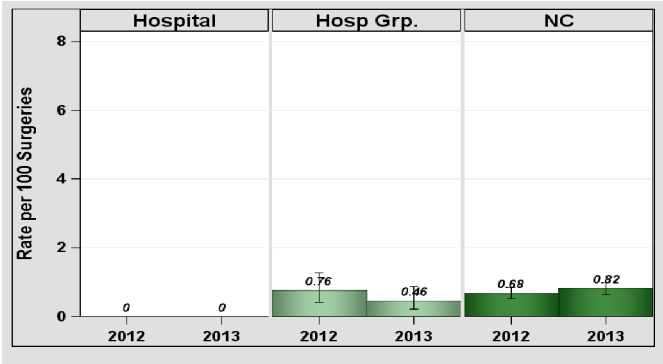


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

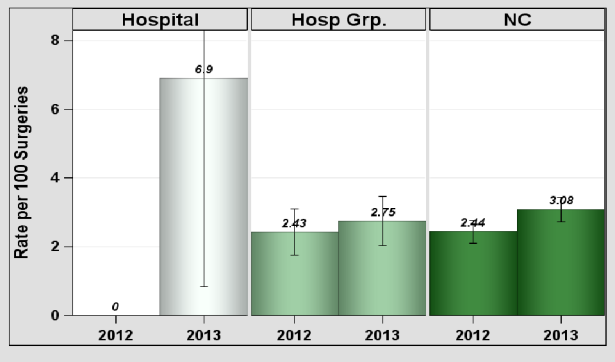


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	2	29	6.9	0.97	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

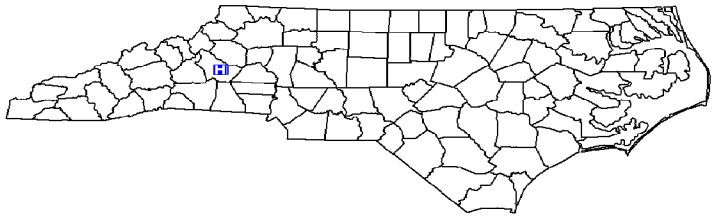
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of March 18, 2014.

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

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)

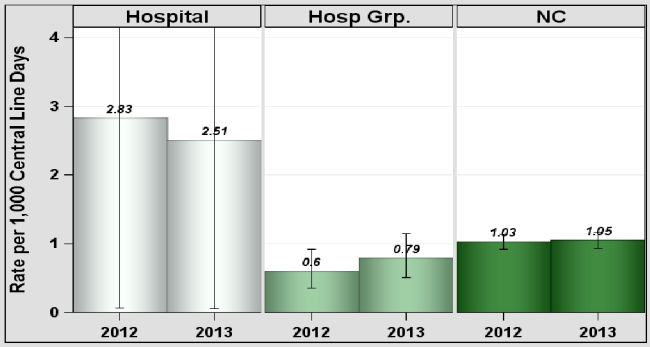


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	1	399	2.51	0.76	.		
YTD Total for Reporting ICUs	1	399	2.51	0.76	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	47,446	0.02	2	0.499	0.025, 2.463	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

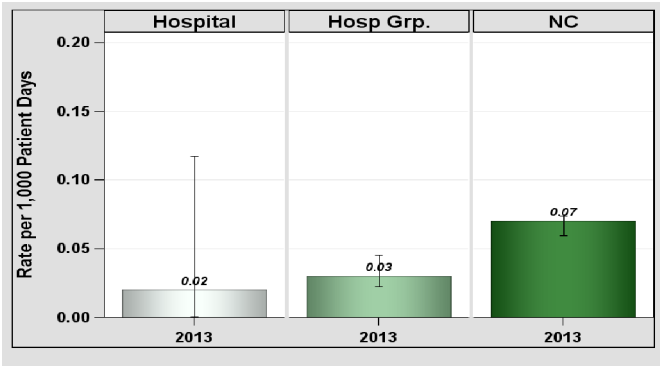


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

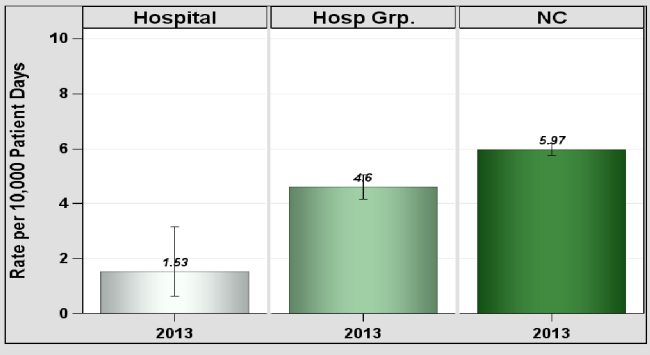


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	7	45,670	1.53	34.21	0.205	0.090, 0.405	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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)

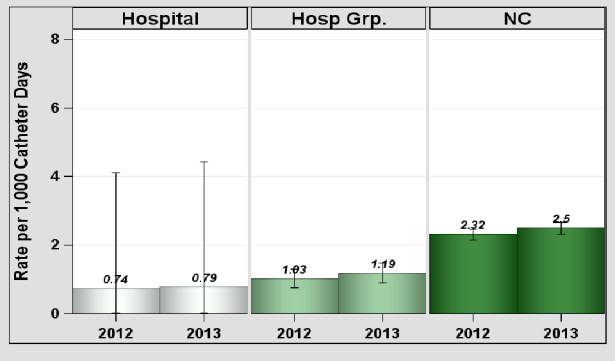


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	1	1,258	0.79	2.52	0.397	0.020, 1.960	Same
YTD Total for Reporting ICUs	1	1,258	0.79	2.52	0.397	0.020, 1.960	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	19	.	0.19	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

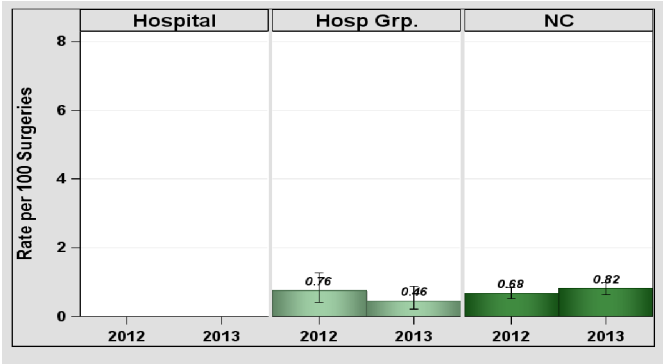


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

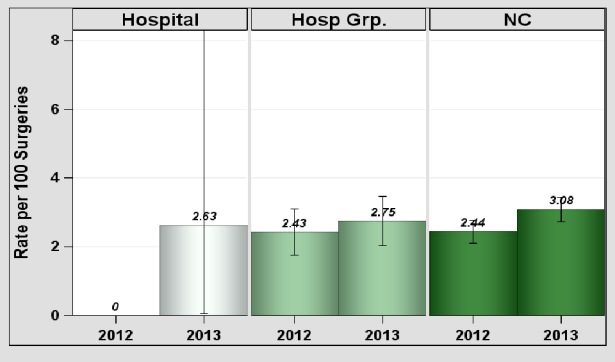


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	1	38	2.63	1.19	0.84	0.042, 4.144	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

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.

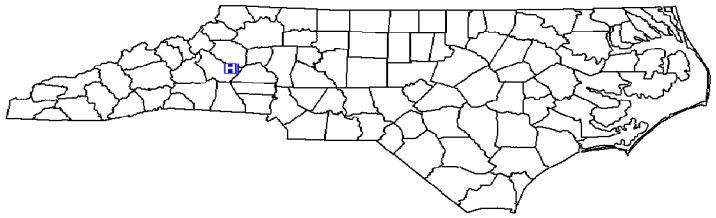
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of March 18, 2014.

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

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)

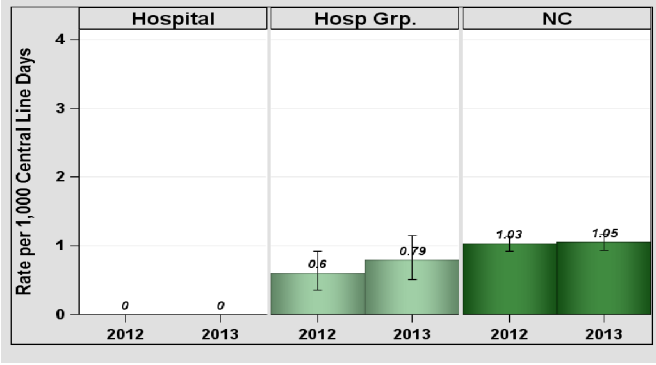


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	263	0	0.5	.		
YTD Total for Reporting ICUs	0	263	0	0.5	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	18,193	0	0.87	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

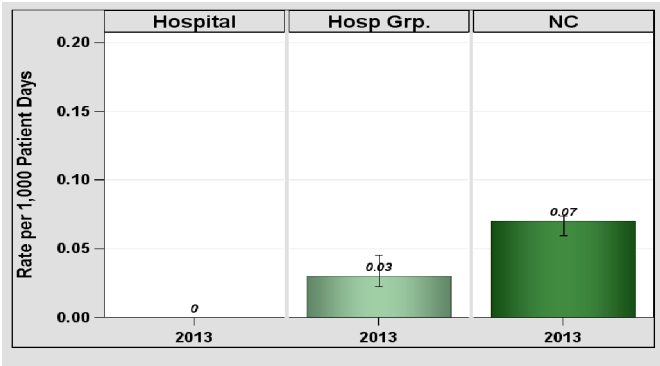


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

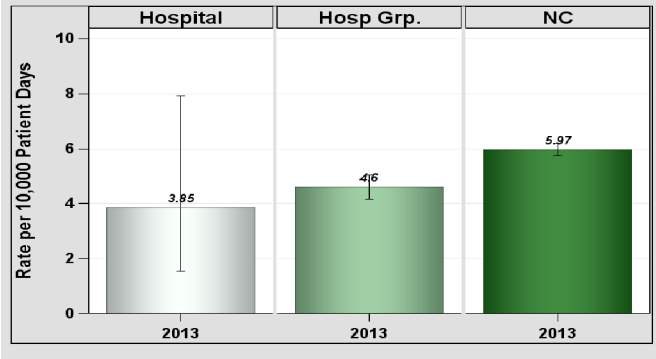


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	7	18,193	3.85	13.01	0.538	0.235, 1.064	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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)

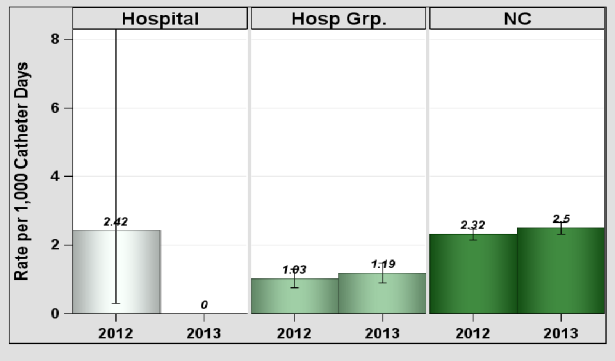


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	957	0	1.91	0	, 1.565	Same
YTD Total for Reporting ICUs	0	957	0	1.91	0	, 1.565	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	0	.	0	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

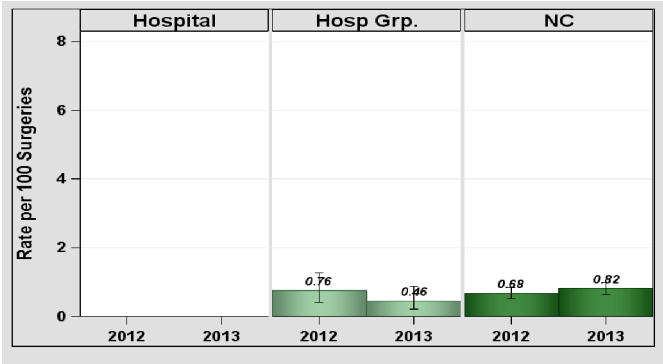


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

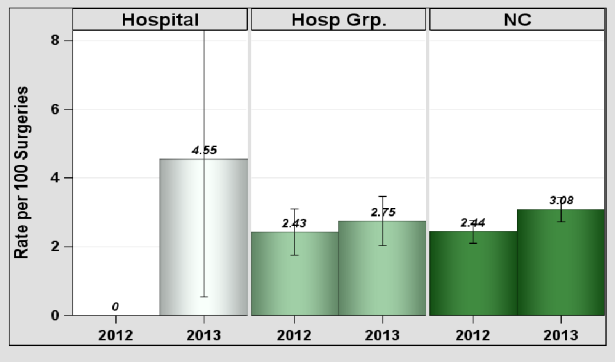


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	2	44	4.55	1.55	1.293	0.217, 4.271	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

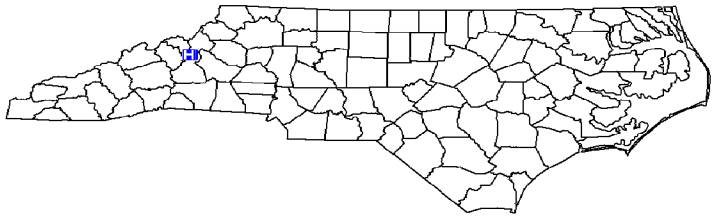
Commentary from Hospitals:
The prevention and reduction of healthcare associated infections is a top priority at Blue Ridge Healthcare Hospitals Valdese. To accomplish this, infection prevention strategies are continually assessed and measures implemented to decrease the risk for infection. These measures 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)

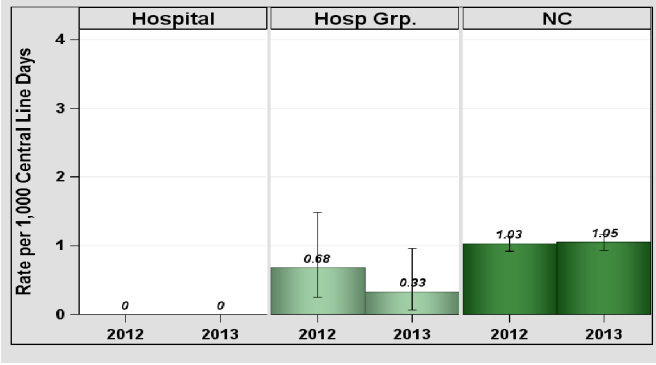


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	0	109	0	0.22	.		
YTD Total for Reporting ICUs	0	109	0	0.22	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	6,218	0	0.22	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

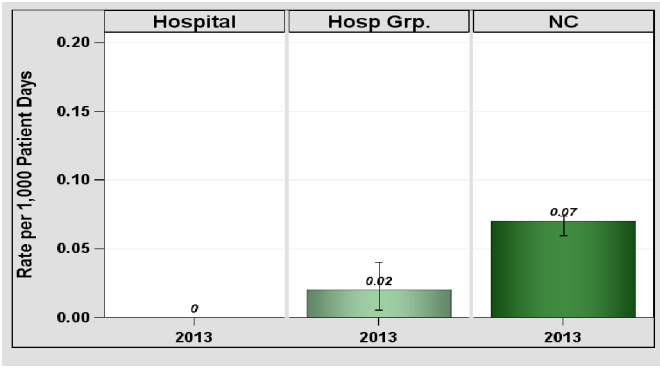


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

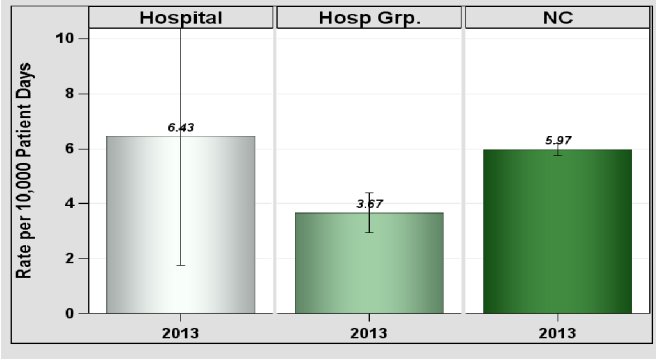


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	4	6,218	6.43	2.94	1.358	0.432, 3.277	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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)

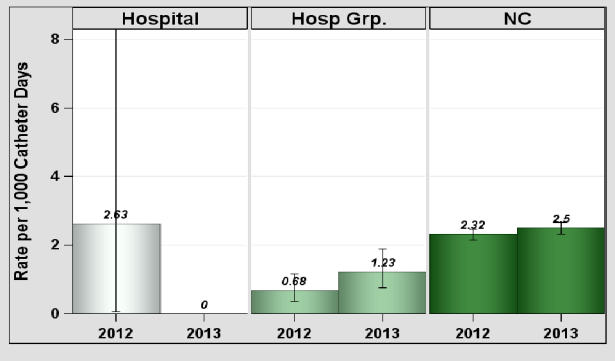


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	0	368	0	0.74	.		
YTD Total for Reporting ICUs	0	368	0	0.74	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	1	.	0.01	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

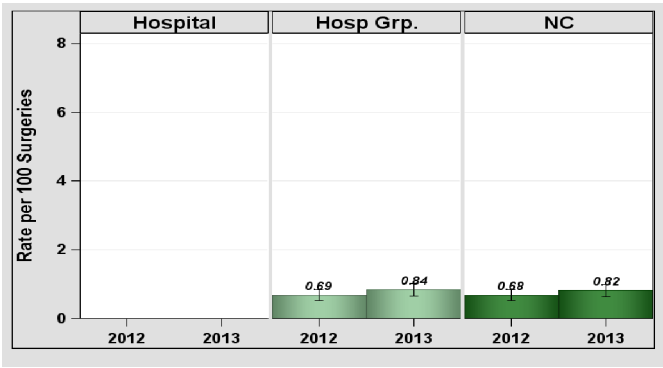


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

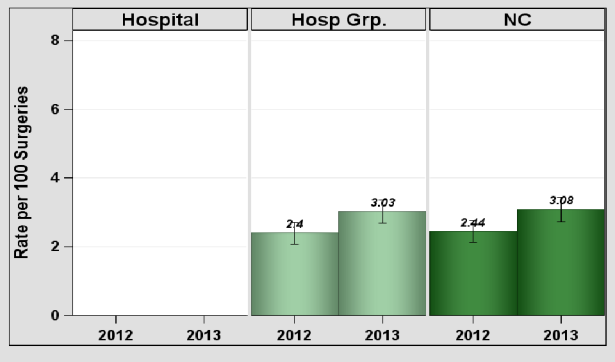


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	1	14	.	0.45	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

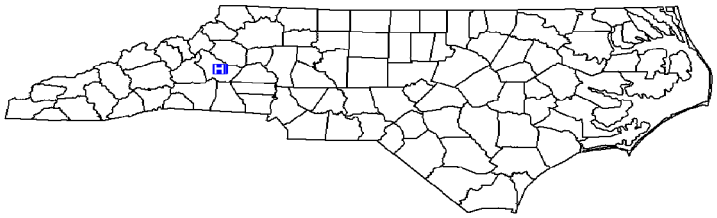
Commentary from Hospitals:
No comments provided.

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
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 Bacteremia)

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

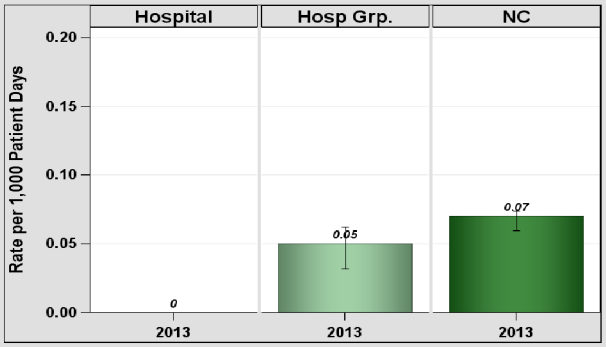


Table 1. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	88,709	0	.	0	, 0.943	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	88,709	0	.	0	, 0.050	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

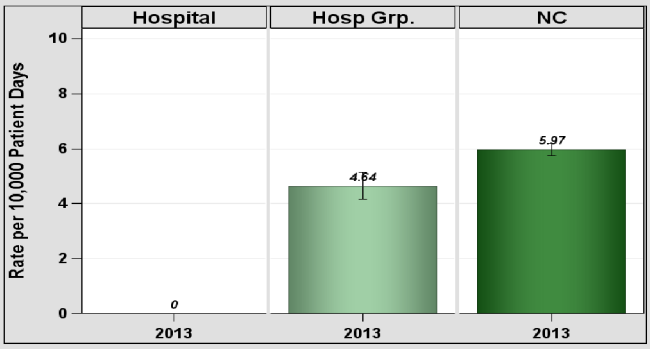


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Other Healthcare-Associated Infections (HAIs)

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

Commentary from Hospitals:
No comments provided.

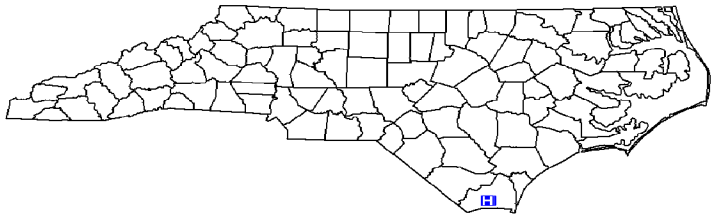
Refer to the HAI in N.C. Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
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)

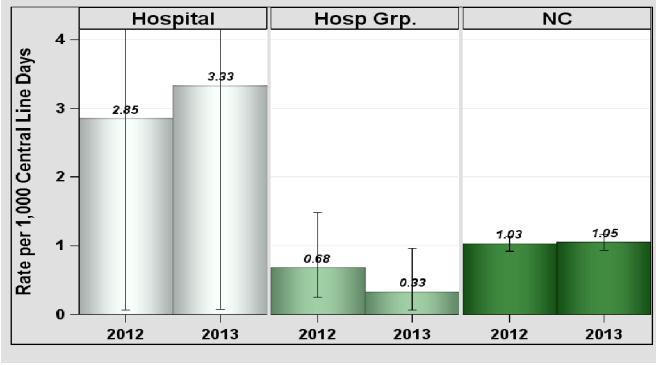


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	300	3.33	0.45	.		
YTD Total for Reporting ICUs	1	300	3.33	0.45	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	14,882	0	0.74	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

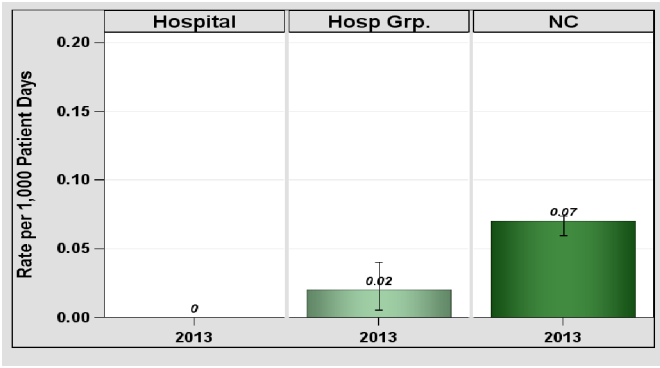


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

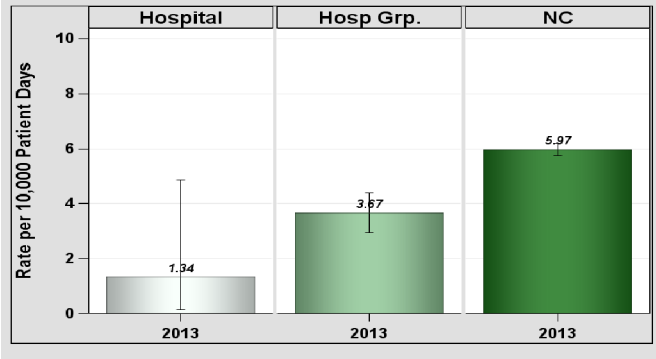


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	2	14,882	1.34	6.97	0.287	0.048, 0.947	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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)

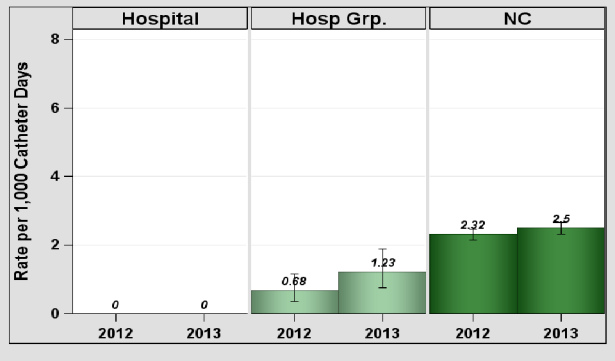


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	781	0	1.02	0	, 2.951	Same
YTD Total for Reporting ICUs	0	781	0	1.02	0	, 2.951	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	21	0	0.29	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

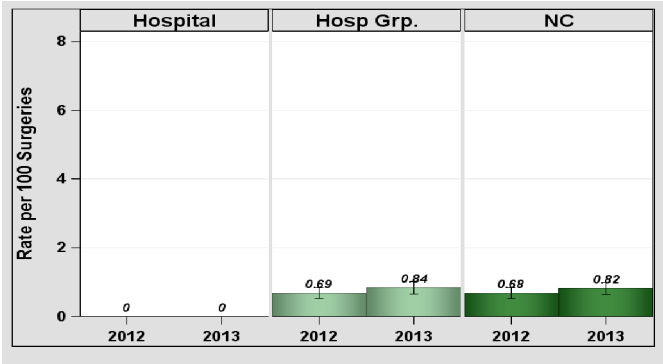


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

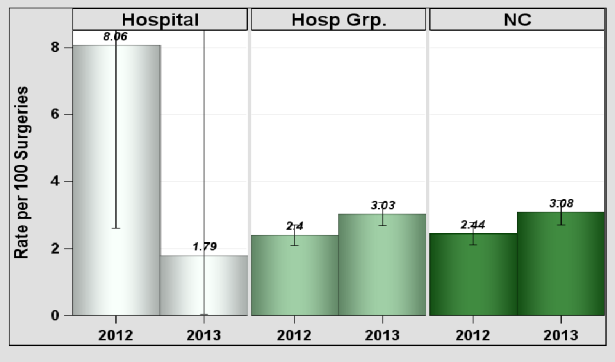


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	1	56	1.79	1.85	0.539	0.027, 2.660	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

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

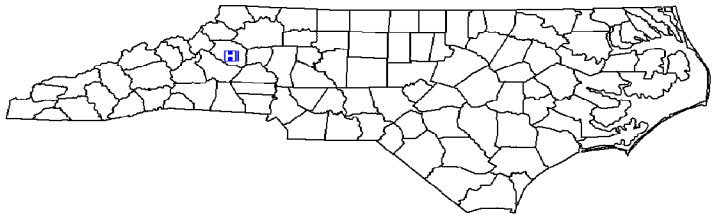
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
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)

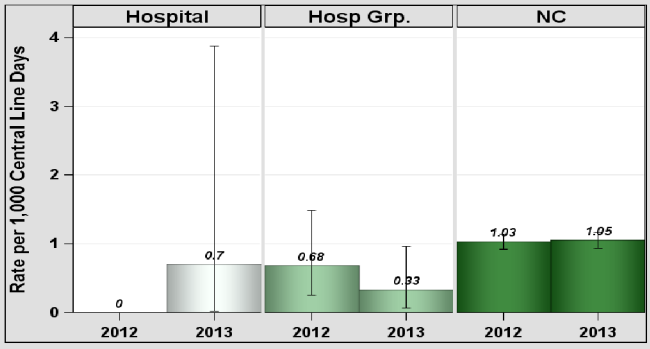


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	1,435	0.7	2.15	0.465	0.023, 2.291	Same
YTD Total for Reporting ICUs	1	1,435	0.7	2.15	0.465	0.023, 2.291	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	21,763	0	0.91	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

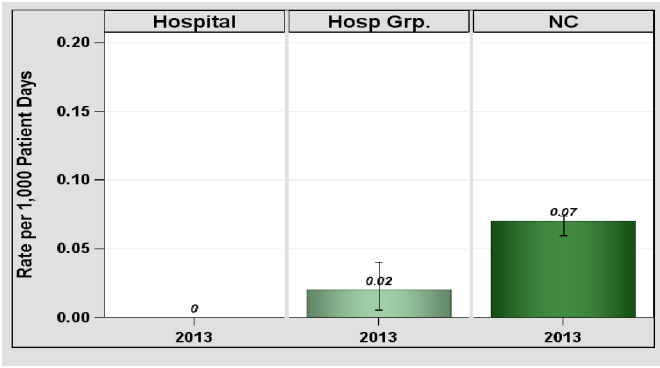


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

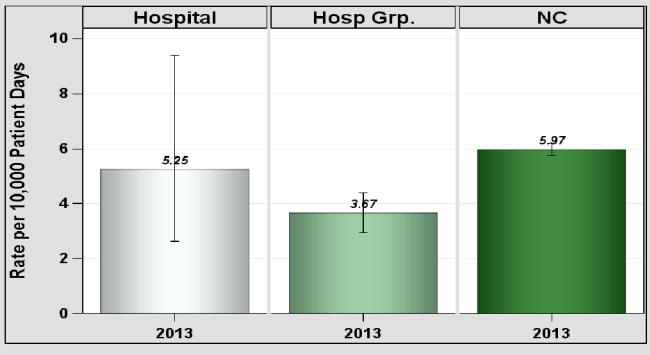


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	11	20,967	5.25	8.37	1.314	0.691, 2.285	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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
Caldwell Memorial Hospital, Lenoir, Caldwell County

Catheter-Associated Urinary Tract Infections (CAUTI)

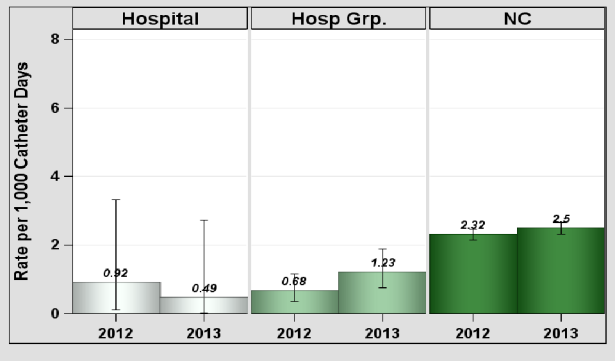


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	2,044	0.49	2.66	0.376	0.019, 1.856	Same
YTD Total for Reporting ICUs	1	2,044	0.49	2.66	0.376	0.019, 1.856	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	32	0	0.25	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

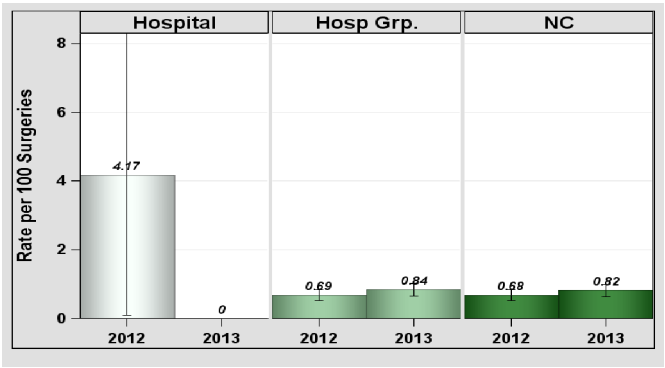


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

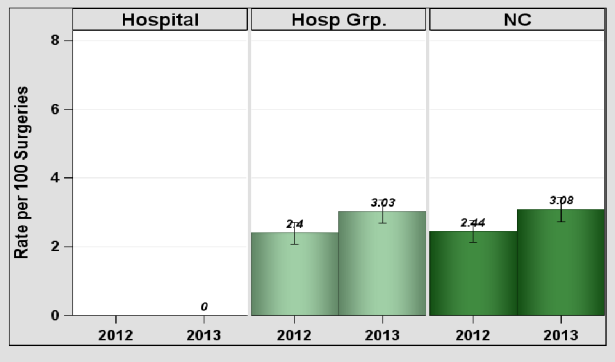


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	25	0	0.78	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

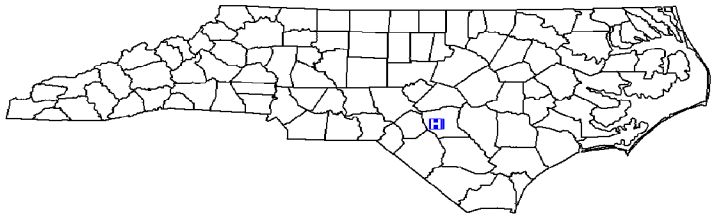
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
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:	3.50
Number of FTEs* per 100 beds:	0.58

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

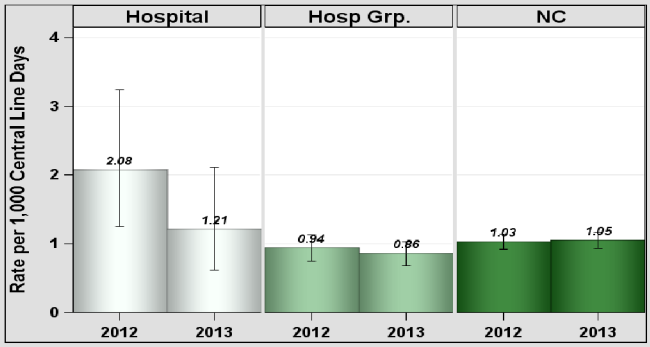


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	8	6,523	1.23	9.78	0.818	0.380, 1.553	Same
Neonatal Level II/III	0	625	0	1.86	0	, 1.614	Same
Pediatric medical/surgical	0	282	0	0.85	.		
Surgical cardiothoracic	4	2,480	1.61	3.47	1.152	0.366, 2.779	Same
YTD Total for Reporting ICUs	12	9,910	1.21	15.96	0.752	0.407, 1.278	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	25	156,604	0.16	12.71	1.967	1.301, 2.860	Higher

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

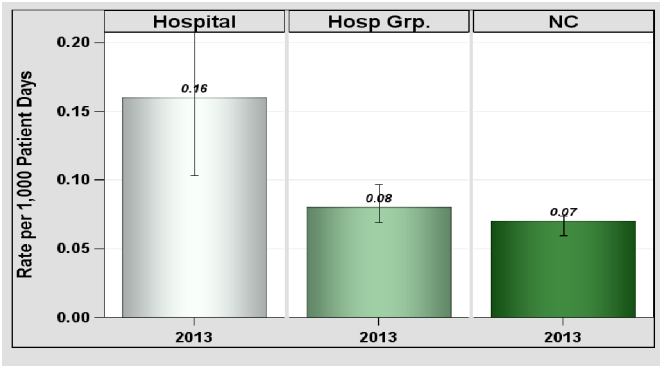


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

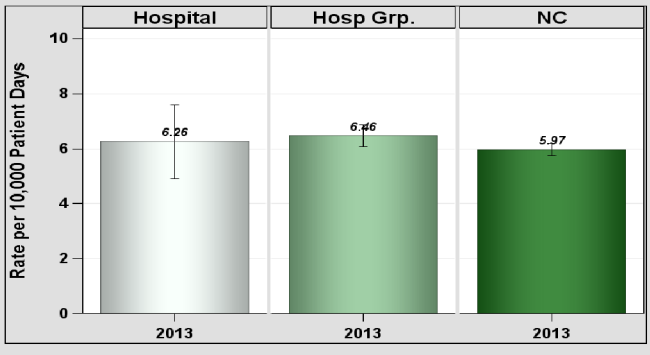


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	84	134,154	6.26	97.48	0.862	0.692, 1.062	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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
Cape Fear Valley Health System, Fayetteville, Cumberland County

Catheter-Associated Urinary Tract Infections (CAUTI)

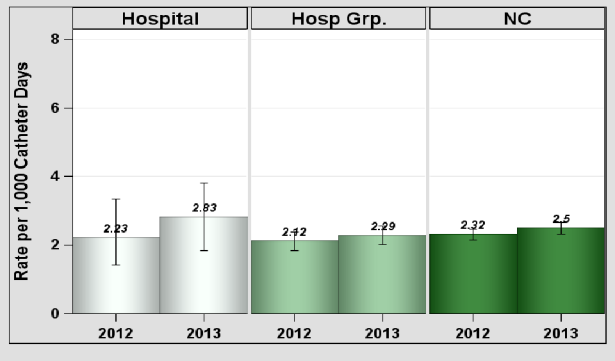


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	25	7,501	3.33	9.75	2.564	1.696, 3.729	Higher
Pediatric medical/surgical	0	235	0	0.66	.		
Rehabiliation	2	766	2.61	2.91	0.687	0.115, 2.270	Same
Surgical cardiothoracic	5	2,794	1.79	4.75	1.053	0.386, 2.333	Same
YTD Total for Reporting ICUs	32	11,296	2.83	18.07	1.771	1.232, 2.470	Higher

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	3	339	0.88	4.29	0.699	0.178, 1.904	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

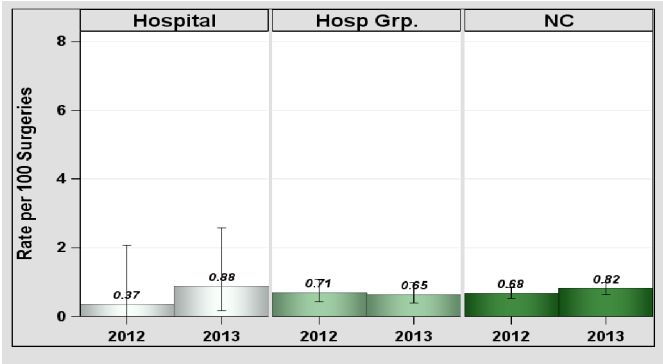


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

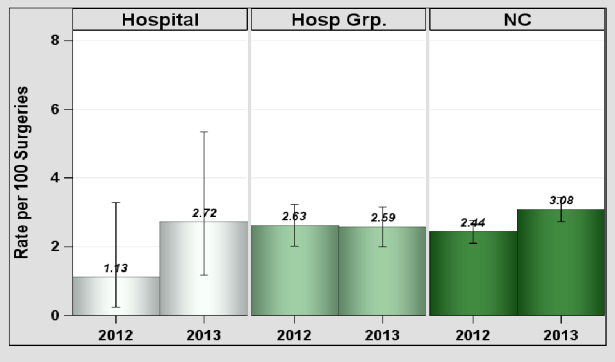


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	8	294	2.72	10.33	0.774	0.360, 1.471	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

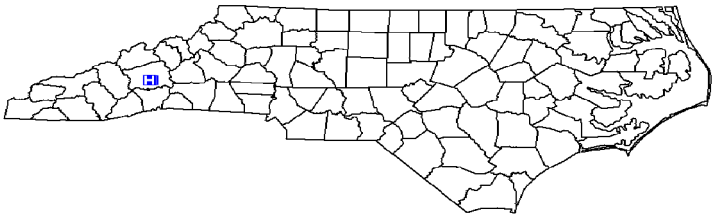
Commentary from Hospitals:
No comments provided.

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
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)

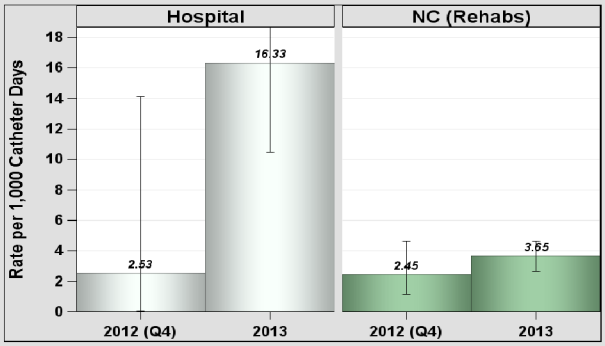


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates by Location, Jan-Dec 2013

Type of Unit	Infections	Catheter Days	Rate
Adult rehabilitation ward	24	1,470	16.3
YTD 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.

Other Healthcare-Associated Infections (HAIs)

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

Commentary from Hospitals:
No comments provided.

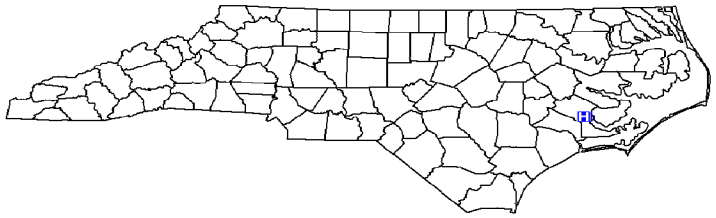
Refer to the HAI in N.C. Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of March 18, 2014.

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)

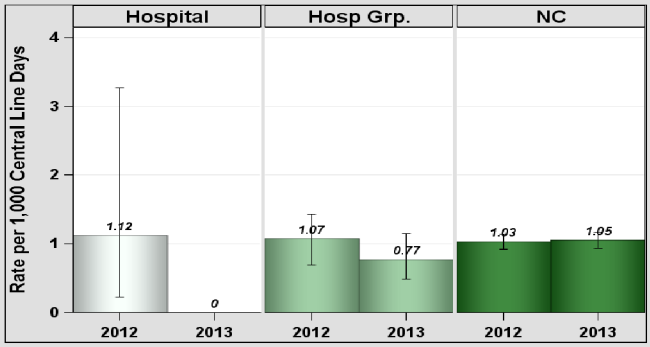


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	103	0	0.2	.		
Medical/surgical	0	1,802	0	2.7	0	, 1.108	Same
Surgical cardiothoracic	0	649	0	0.91	.		
YTD Total for Reporting ICUs	0	2,554	0	3.81	0	, 0.787	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	2	61,691	0.03	3.12	0.642	0.108, 2.120	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

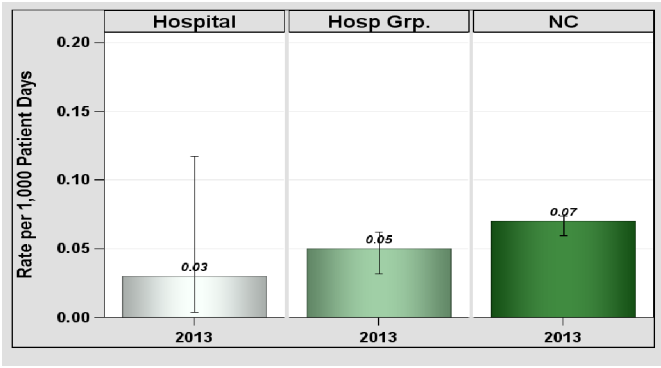


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

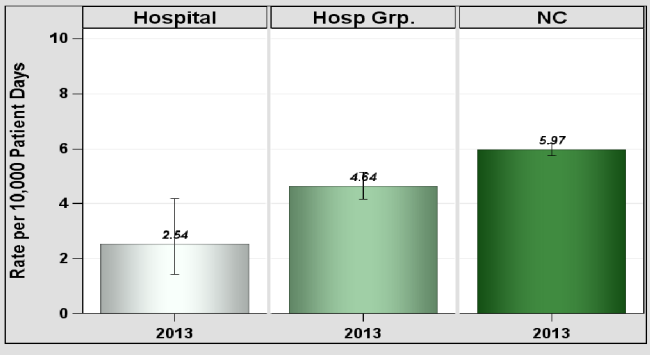


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	15	59,122	2.54	33.92	0.442	0.257, 0.713	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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)

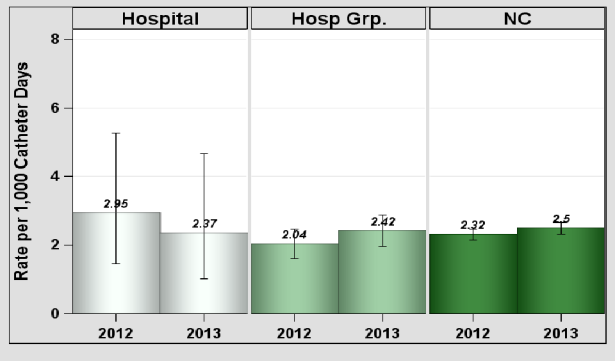


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	197	0	0.39	.		
Medical/surgical	7	2,417	2.9	2.9	2.413	1.056, 4.774	Higher
Rehabiliation	0	164	0	0.62	.		
Surgical cardiothoracic	1	601	1.66	1.02	0.979	0.049, 4.827	Same
YTD Total for Reporting ICUs	8	3,379	2.37	4.94	1.62	0.752, 3.076	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	89	0	0.91	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

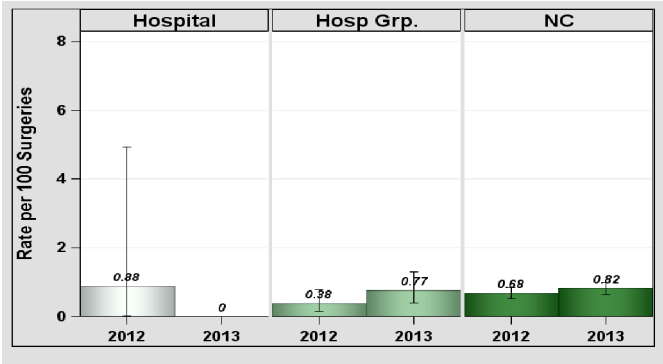


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

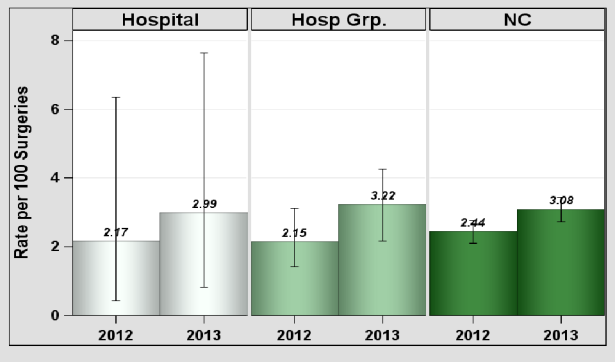


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	4	134	2.99	4.23	0.946	0.300, 2.281	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

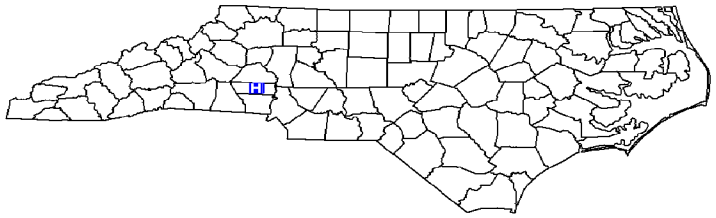
Commentary from Hospitals:
No comments provided.

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

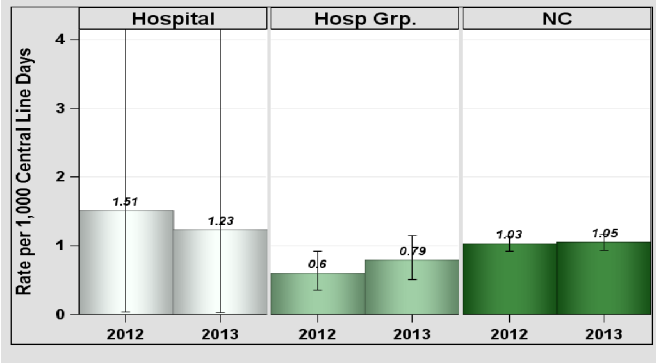


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	816	1.23	1.22	0.817	0.041, 4.029	Same
YTD Total for Reporting ICUs	1	816	1.23	1.22	0.817	0.041, 4.029	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	16,081	0	0.92	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

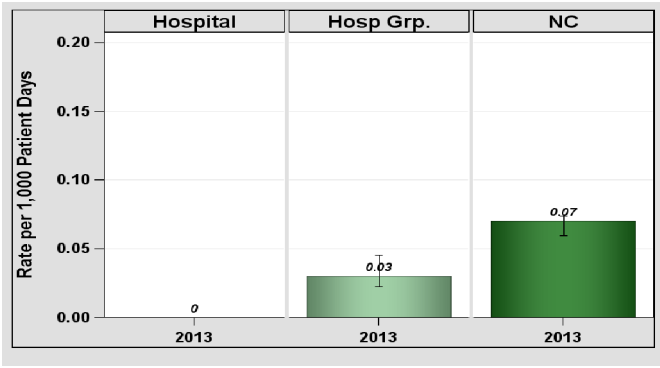


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

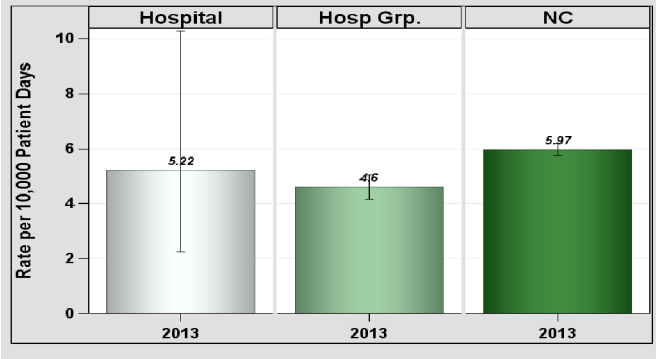


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	8	15,325	5.22	9.21	0.869	0.403, 1.649	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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, Lincolnton, Lincoln County

Catheter-Associated Urinary Tract Infections (CAUTI)

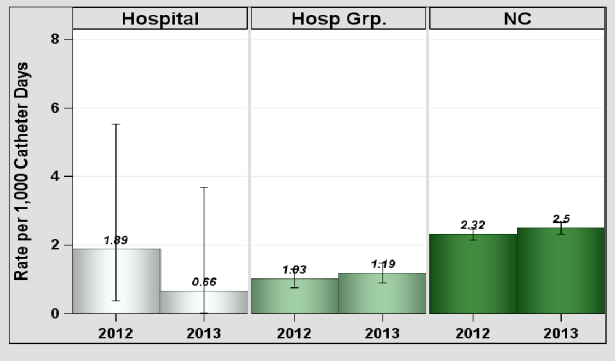


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	1,512	0.66	1.97	0.509	0.025, 2.509	Same
YTD Total for Reporting ICUs	1	1,512	0.66	1.97	0.509	0.025, 2.509	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	55	0	0.48	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

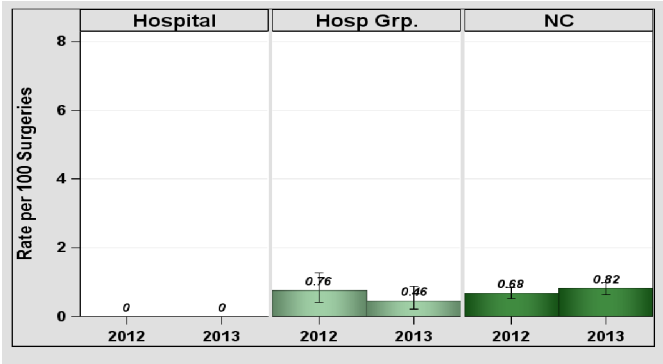


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

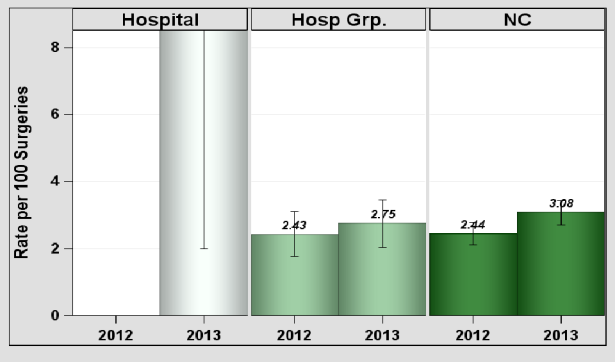


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	3	31	9.68	1.05	2.846	0.724, 7.746	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

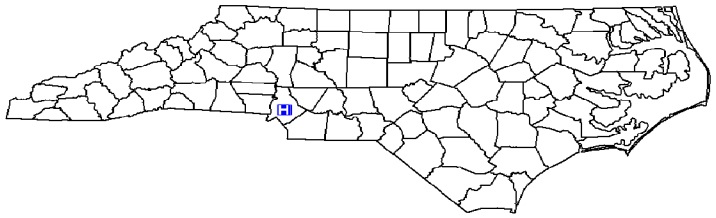
Commentary from Hospitals:
The prevention and reduction of healthcare associated infections is a top priority at Carolinas Healthcare System hospitals. To accomplish this, infection prevention strategies are continually assessed and measures implemented to decrease the risk for infection. These measures 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)

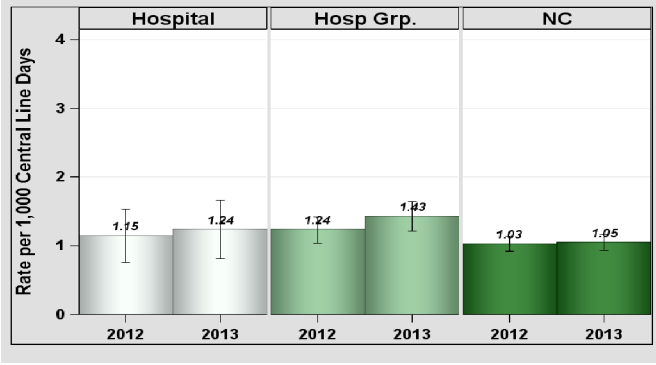


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	9	4,814	1.87	12.52	0.719	0.351, 1.320	Same
Medical cardiac	3	2,426	1.24	4.85	0.618	0.157, 1.683	Same
Neonatal Level III	11	7,285	1.51	17.45	0.63	0.332, 1.096	Same
Neurosurgical	0	2,052	0	5.13	0	, 0.584	Lower
Pediatric medical/surgical	1	2,912	0.34	8.74	0.114	0.006, 0.565	Lower
Surgical cardiothoracic	3	2,396	1.25	3.35	0.894	0.227, 2.434	Same
Trauma	6	4,753	1.26	17.11	0.351	0.142, 0.729	Lower
YTD Total for Reporting ICUs	33	26,638	1.24	69.15	0.477	0.334, 0.662	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	33	258,434	0.13	26.44	1.248	0.873, 1.732	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

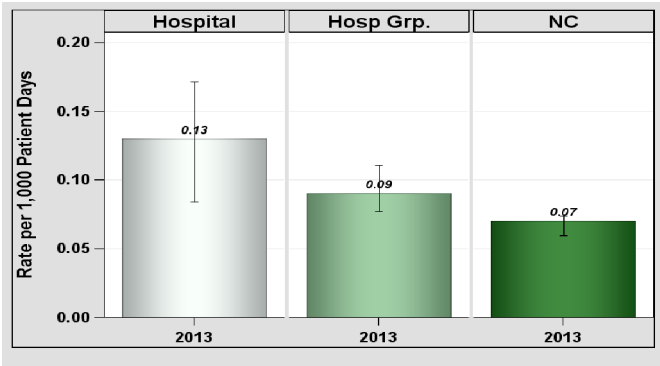


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

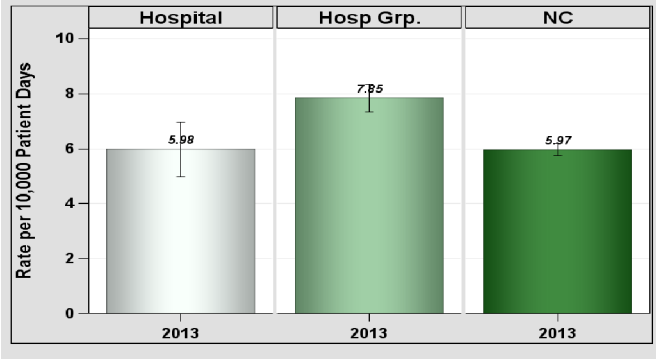


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	139	232,441	5.98	215.37	0.645	0.545, 0.760	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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).
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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)

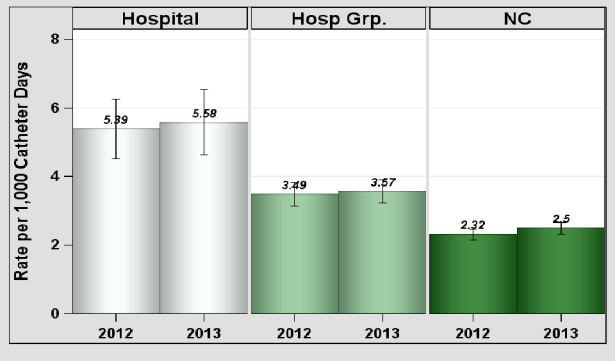


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	30	6,076	4.94	13.97	2.147	1.475, 3.026	Higher
Medical cardiac	11	2,857	3.85	5.71	1.925	1.012, 3.346	Higher
Neurosurgical	43	3,905	11	17.18	2.503	1.834, 3.340	Higher
Pediatric medical/surgical	2	1,239	1.61	3.47	0.577	0.097, 1.905	Same
Pediatric rehabiliation	0	0	.	.	.		
Surgical cardiothoracic	8	2,427	3.3	4.13	1.939	0.901, 3.682	Same
Trauma	38	7,149	5.32	24.31	1.563	1.122, 2.124	Higher
YTD Total for Reporting ICUs	132	23,653	5.58	68.77	1.919	1.612, 2.269	Higher

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	12	648	1.85	5.98	2.005	1.087, 3.409	Higher

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

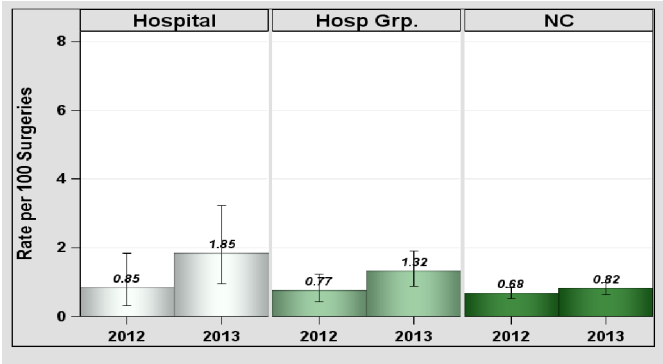


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

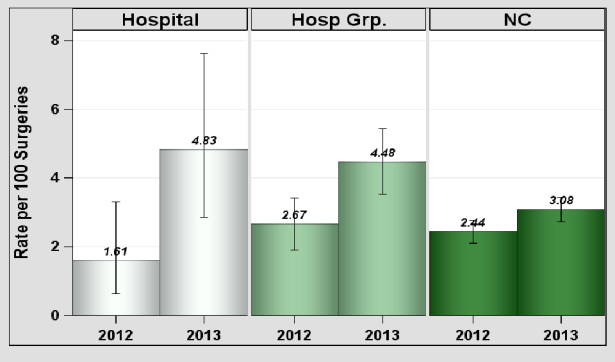


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	18	373	4.83	12.59	1.43	0.874, 2.217	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

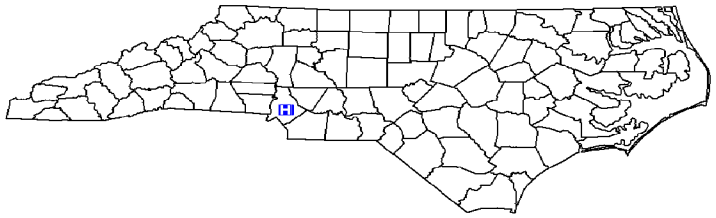
Commentary from Hospitals:
The prevention and reduction of healthcare associated infections is a top priority at Carolinas Healthcare System hospitals. To accomplish this, infection prevention strategies are continually assessed and measures implemented to decrease the risk for infection. These measures 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)

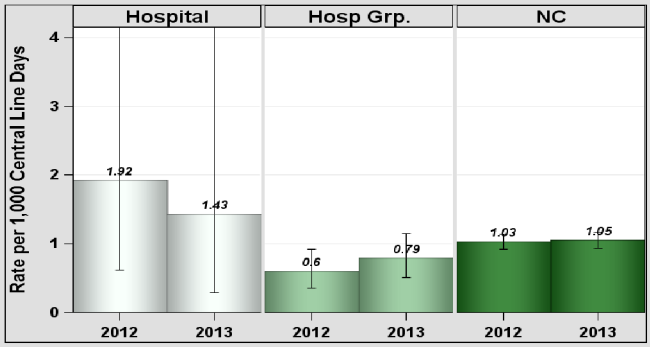


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	3	2,093	1.43	3.98	0.754	0.192, 2.053	Same
YTD Total for Reporting ICUs	3	2,093	1.43	3.98	0.754	0.192, 2.053	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	3	32,403	0.09	1.49	2.016	0.513, 5.488	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

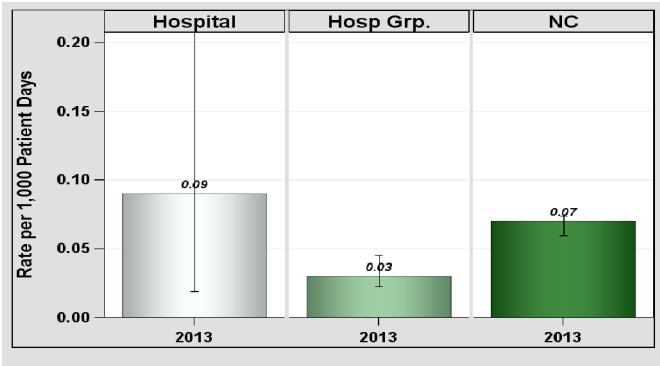


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

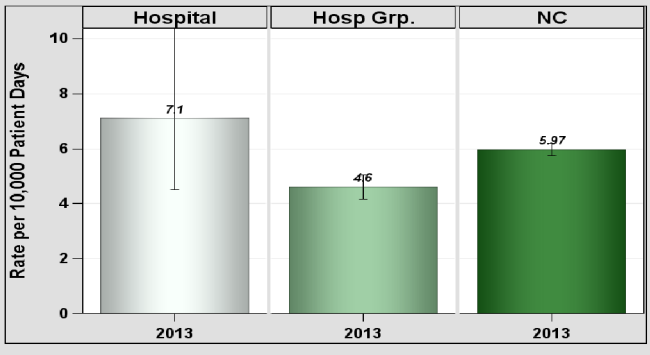


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	23	32,403	7.1	25.11	0.916	0.595, 1.353	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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)

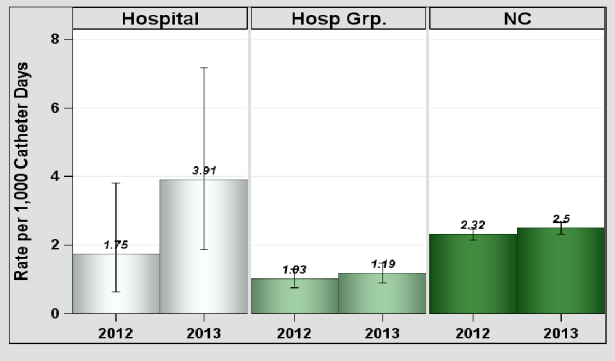


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	10	2,559	3.91	5.12	1.954	0.992, 3.483	Same
YTD Total for Reporting ICUs	10	2,559	3.91	5.12	1.954	0.992, 3.483	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	98	0	0.78	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

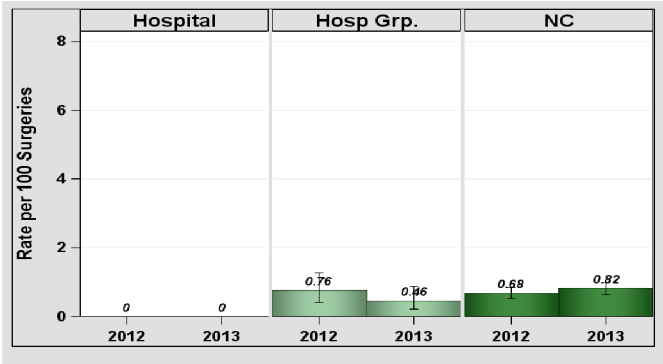


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

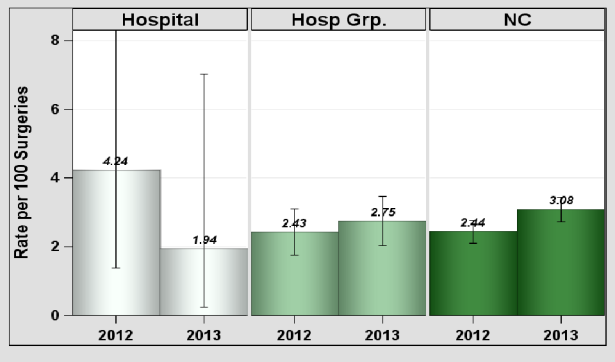


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	2	103	1.94	3.32	0.602	0.101, 1.989	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

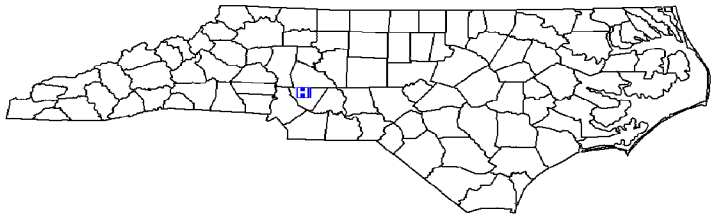
Commentary from Hospitals:
The prevention and reduction of healthcare associated infections is a top priority at Carolinas Healthcare System hospitals. To accomplish this, infection prevention strategies are continually assessed and measures implemented to decrease the risk for infection. These measures 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)

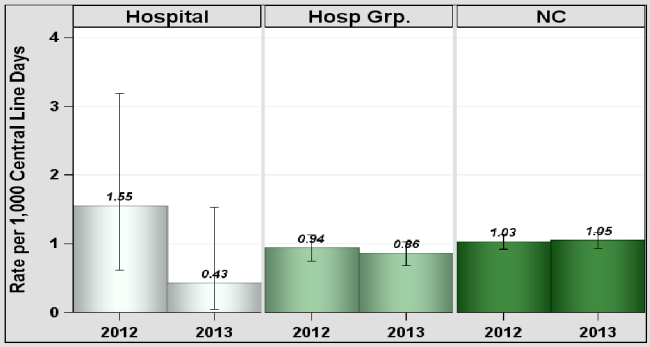


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	3,053	0.33	4.58	0.218	0.011, 1.077	Same
Neonatal Level III	0	261	0	0.65	.		
Pediatric medical/surgical	0	65	0	0.19	.		
Surgical cardiothoracic	1	1,326	0.75	1.86	0.539	0.027, 2.657	Same
YTD Total for Reporting ICUs	2	4,705	0.43	7.28	0.275	0.046, 0.908	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	11	107,841	0.1	6.41	1.716	0.903, 2.983	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

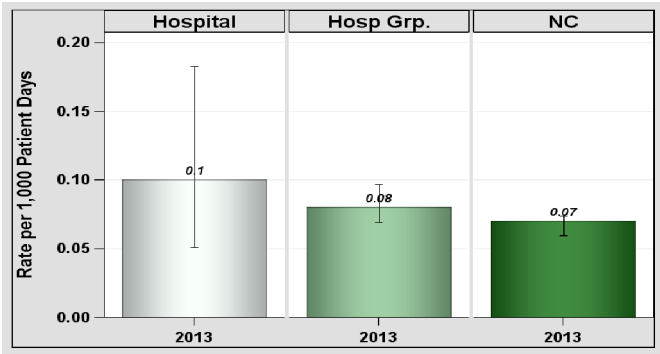


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

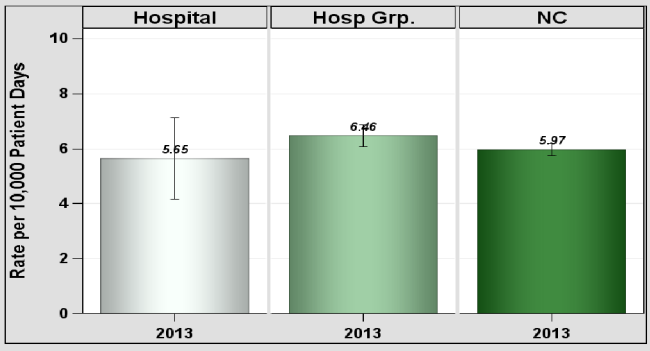


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	56	99,160	5.65	59.32	0.944	0.720, 1.217	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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)

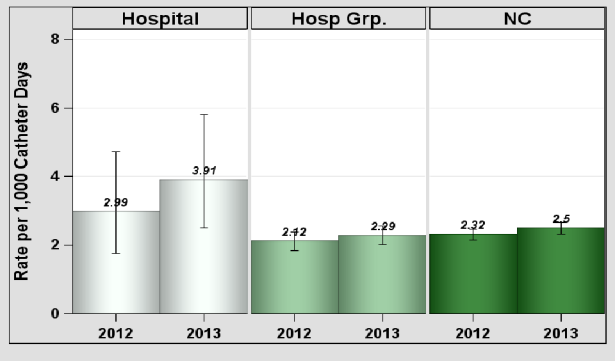


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	22	3,980	5.53	5.17	4.252	2.732, 6.332	Higher
Pediatric medical/surgical	0	41	.	.	.		
Surgical cardiothoracic	2	2,117	0.94	3.6	0.556	0.093, 1.836	Same
YTD Total for Reporting ICUs	24	6,138	3.91	8.89	2.7	1.770, 3.957	Higher

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	4	345	1.16	3.38	1.182	0.376, 2.851	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

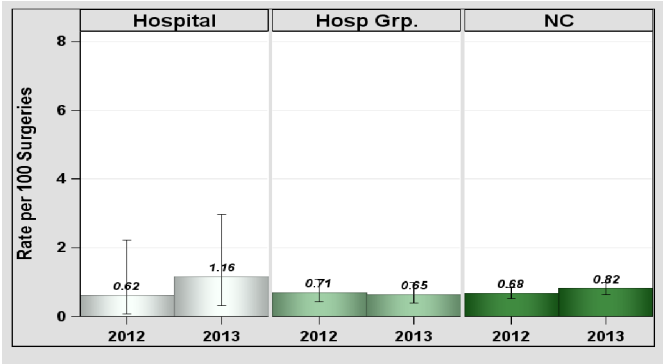


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

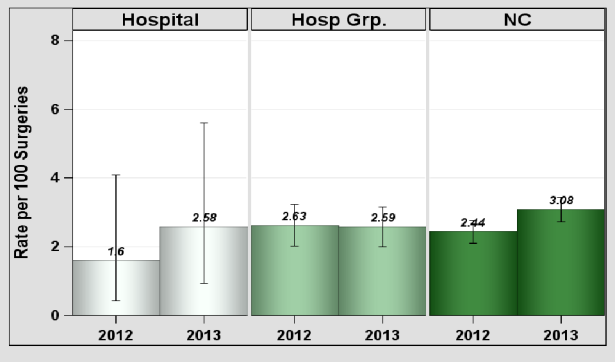


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	6	233	2.58	7.32	0.82	0.332, 1.705	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

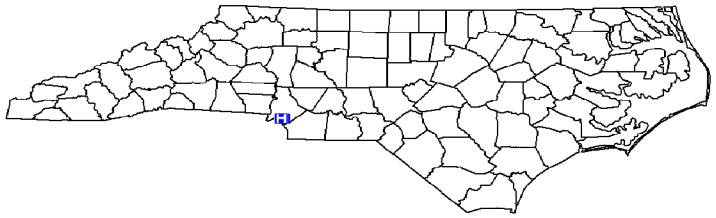
Commentary from Hospitals:
The prevention and reduction of healthcare associated infections is a top priority at Carolinas Healthcare System hospitals. To accomplish this, infection prevention strategies are continually assessed and measures implemented to decrease the risk for infection. These measures 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)

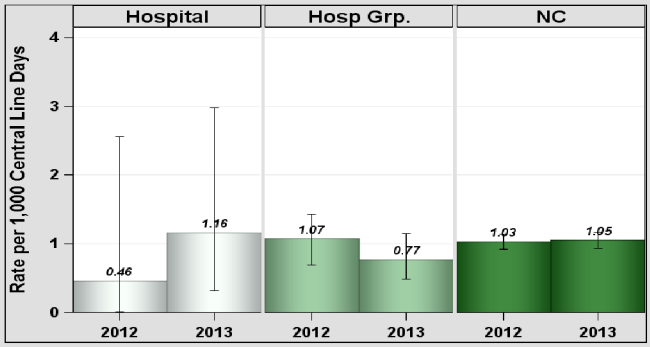


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	4	2,117	1.89	4.02	0.994	0.316, 2.399	Same
Neonatal Level II/III	0	175	0	0.29	.		
Surgical	0	1,146	0	2.64	0	, 1.137	Same
YTD Total for Reporting ICUs	4	3,438	1.16	6.95	0.576	0.183, 1.389	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	6	58,117	0.1	3.13	1.917	0.777, 3.988	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

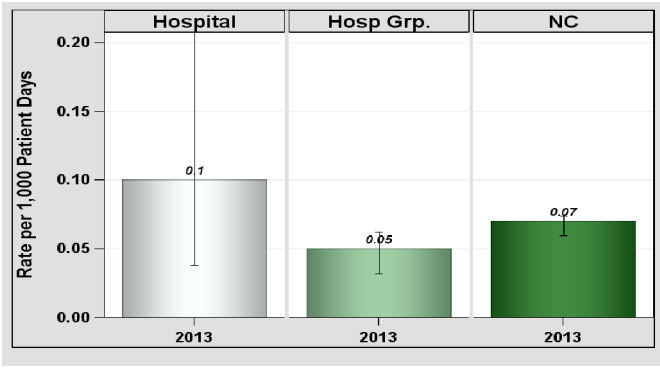


Figure 2. Rates and 95% Confidence Intervals, 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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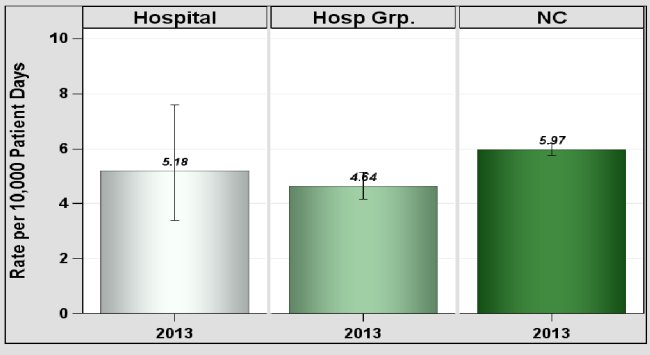

Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	26	50,240	5.18	37.07	0.701	0.468, 1.013	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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).
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Catheter-Associated Urinary Tract Infections (CAUTI)

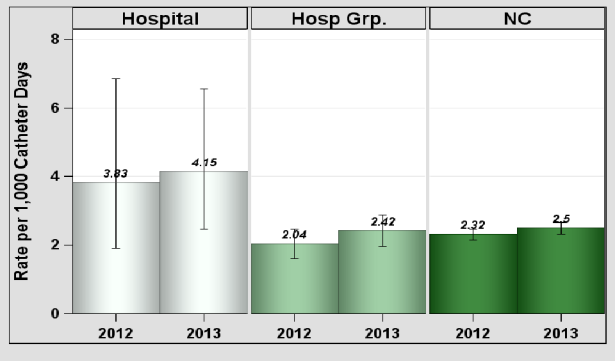


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	11	3,086	3.56	6.17	1.782	0.937, 3.098	Same
Surgical	7	1,248	5.61	3.24	2.157	0.944, 4.267	Same
YTD Total for Reporting ICUs	18	4,334	4.15	9.42	1.911	1.168, 2.962	Higher

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	1	319	0.31	2.72	0.368	0.018, 1.815	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

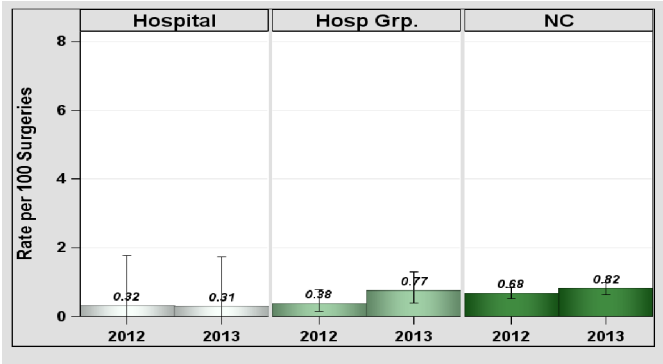


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

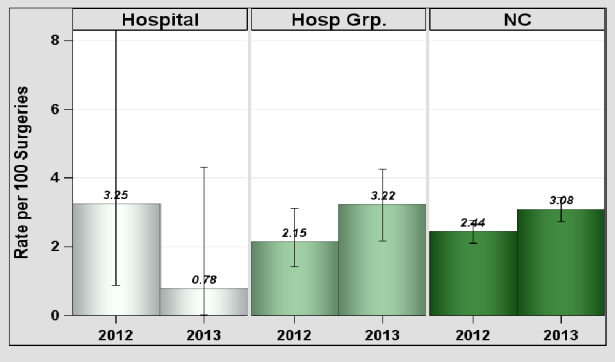


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	1	129	0.78	4.02	0.249	0.012, 1.226	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

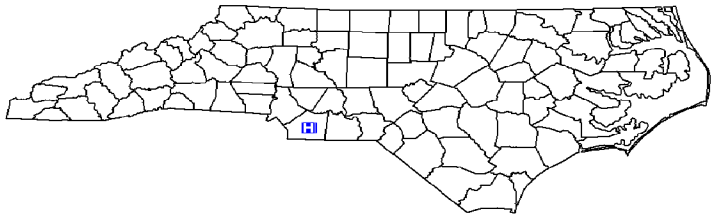
Commentary from Hospitals:
The prevention and reduction of healthcare associated infections is a top priority at Carolinas Healthcare System hospitals. To accomplish this, infection prevention strategies are continually assessed and measures implemented to decrease the risk for infection. These measures 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)

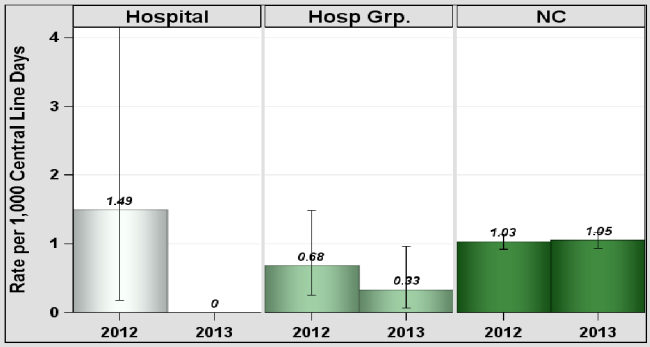


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	1,566	0	2.35	0	, 1.275	Same
YTD Total for Reporting ICUs	0	1,566	0	2.35	0	, 1.275	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	28,583	0	1.57	0	, 1.907	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

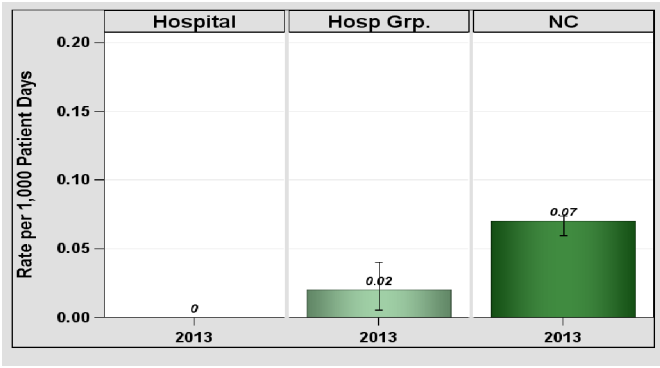


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

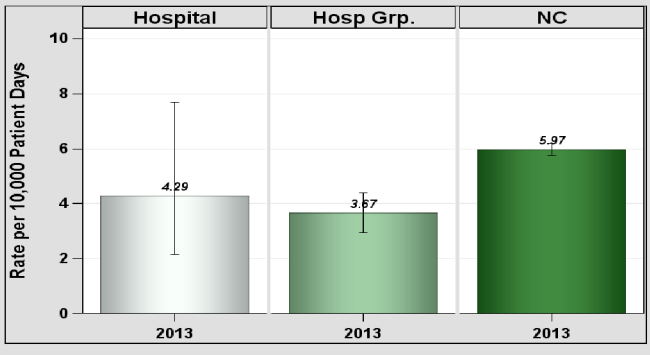


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	11	25,618	4.29	16.21	0.679	0.357, 1.179	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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)

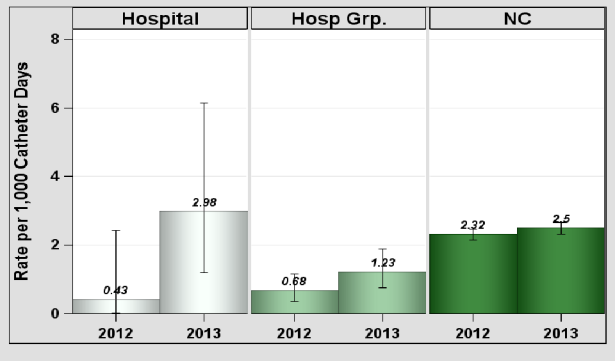


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	7	2,347	2.98	3.05	2.294	1.003, 4.538	Higher
YTD Total for Reporting ICUs	7	2,347	2.98	3.05	2.294	1.003, 4.538	Higher

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	2	54	3.7	0.55	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

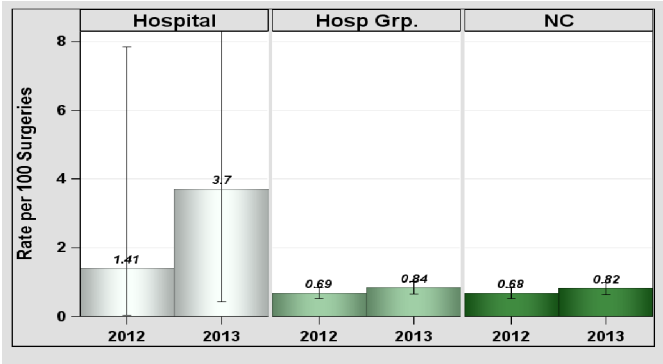


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

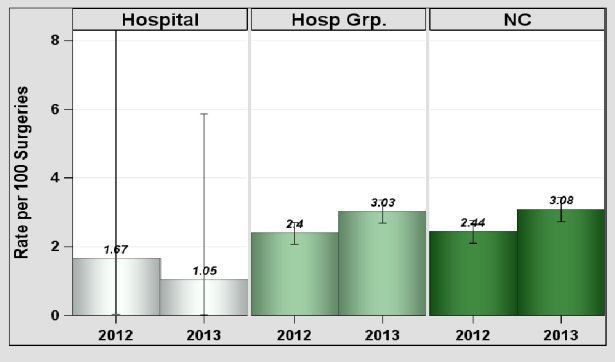


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	1	95	1.05	3.2	0.312	0.016, 1.540	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

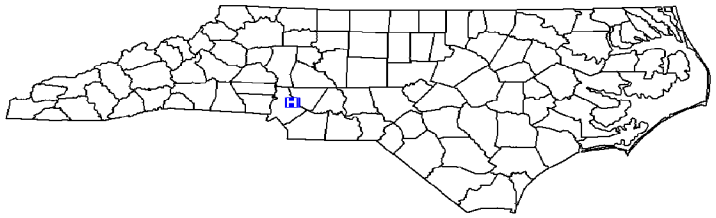
Commentary from Hospitals:
The prevention and reduction of healthcare associated infections is a top priority at Carolinas Healthcare System hospitals. To accomplish this, infection prevention strategies are continually assessed and measures implemented to decrease the risk for infection. These measures 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)

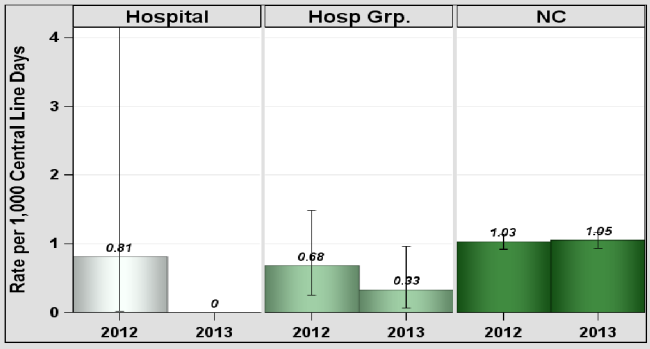


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	1,083	0	1.62	0	, 1.844	Same
Neonatal Level II/III	0	84	0	0.15	.		
YTD Total for Reporting ICUs	0	1,167	0	1.77	0	, 1.688	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	23,911	0.04	1.17	0.855	0.043, 4.215	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

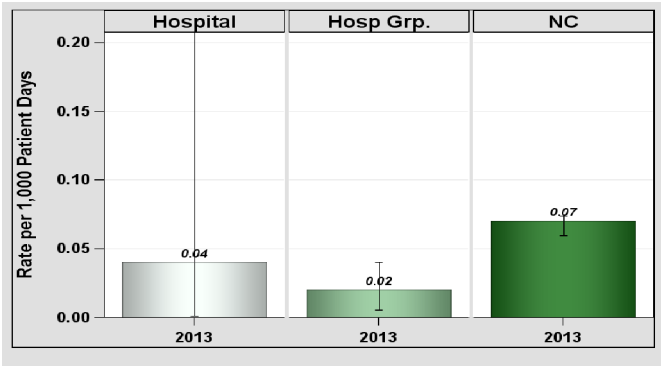


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

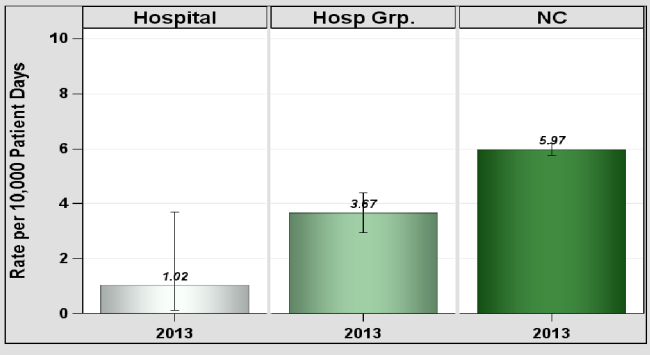


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	2	19,628	1.02	10.01	0.2	0.034, 0.660	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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)

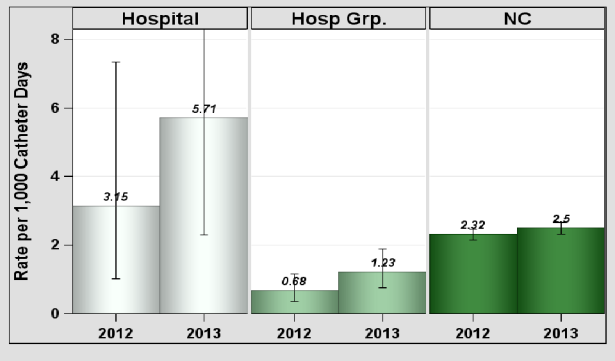


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	7	1,225	5.71	1.59	4.396	1.922, 8.695	Higher
YTD Total for Reporting ICUs	7	1,225	5.71	1.59	4.396	1.922, 8.695	Higher

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	1	111	0.9	0.99	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

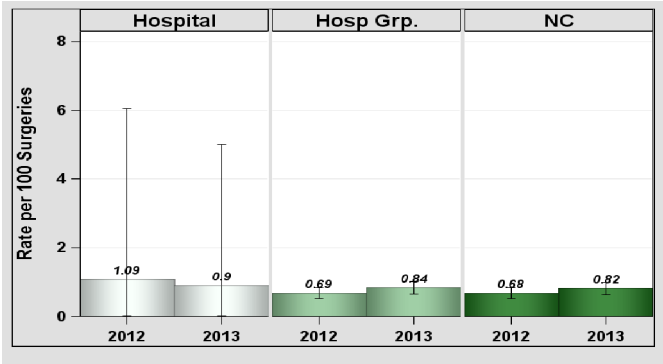


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

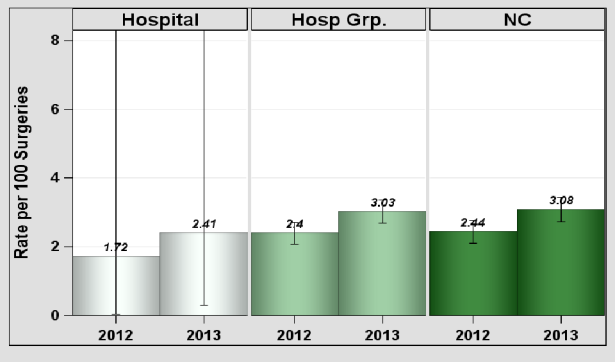


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	2	83	2.41	2.7	0.742	0.124, 2.450	Same

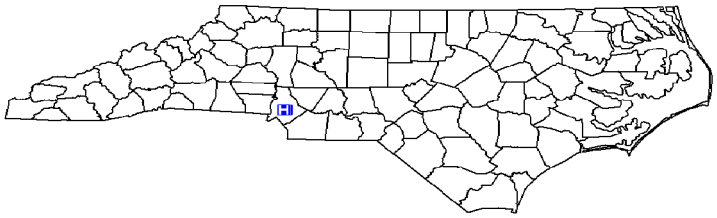
Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

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)

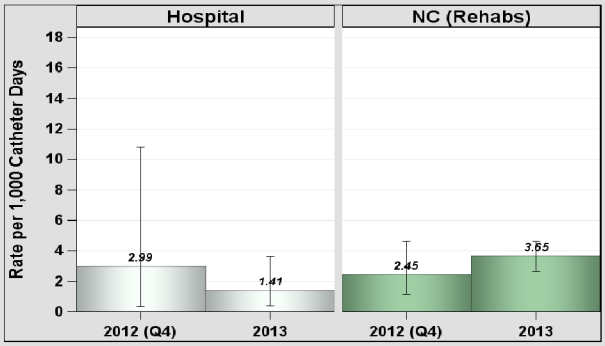


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates by Location, Jan-Dec 2013

Type of Unit	Infections	Catheter Days	Rate
Adult rehabilitation ward	4	2,833	1.41
YTD 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.

Other Healthcare-Associated Infections (HAIs)

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

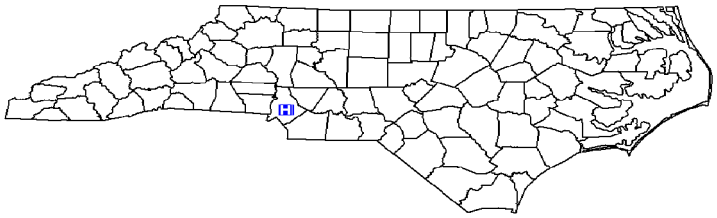
Commentary from Hospitals:
The prevention and reduction of healthcare associated infections is a top priority at Carolinas Healthcare System hospitals. To accomplish this, infection prevention strategies are continually assessed and measures implemented to decrease the risk for infection. These measures 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.

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)

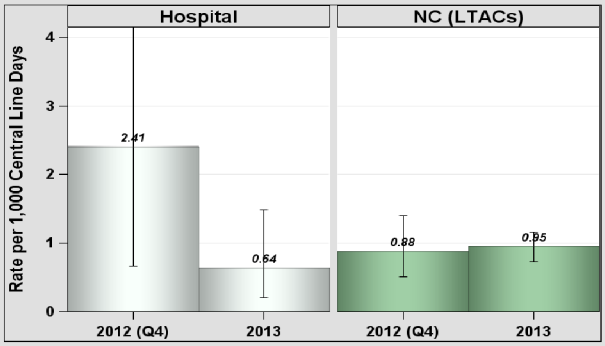


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates by Location, Jan-Dec 2013.

Type of Unit	Infections	Line Days	Rate
Adult ward	5	7,862	0.64
YTD 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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates by Location, Jan-Dec 2013

Type of Unit	Infections	Catheter Days	Rate
Adult ward	10	7,128	1.4
YTD 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.

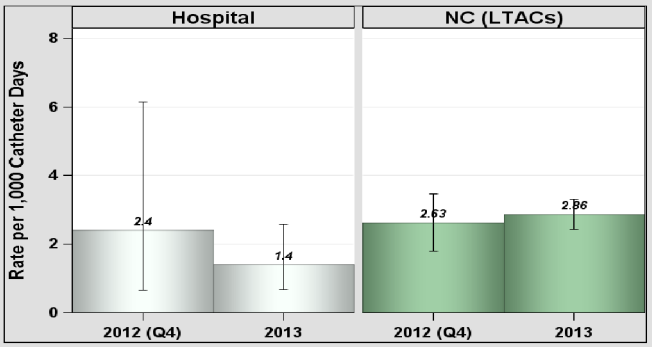


Figure 2. Rates and 95% Confidence Intervals, 2012-2013.

Other Healthcare-Associated Infections (HAIs)

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

Commentary from Hospitals:
No comments provided.

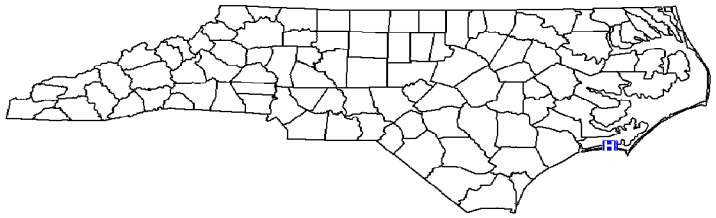
Refer to the HAI in N.C. Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of March 18, 2014.

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)

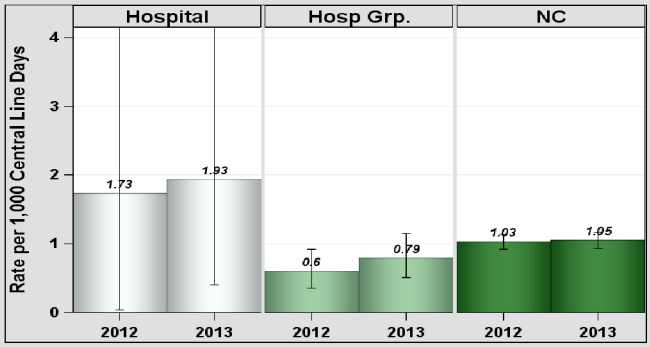


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	3	1,555	1.93	2.33	1.286	0.327, 3.500	Same
YTD Total for Reporting ICUs	3	1,555	1.93	2.33	1.286	0.327, 3.500	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	2	24,720	0.08	1.2	1.665	0.279, 5.500	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

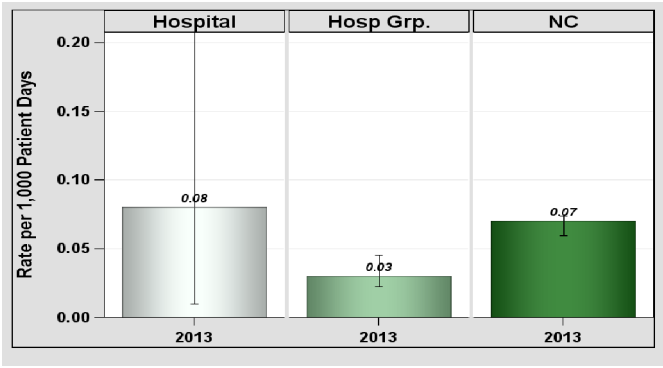


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

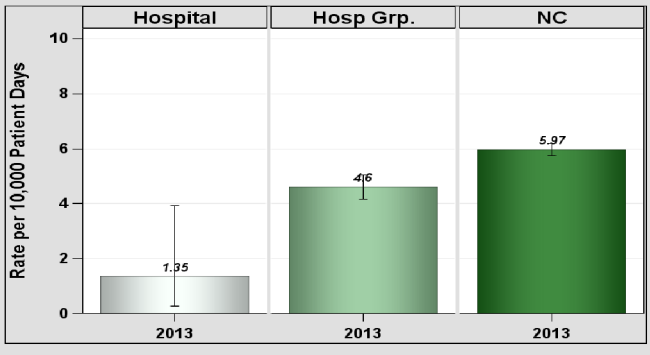


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	3	22,293	1.35	9.78	0.307	0.078, 0.835	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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)

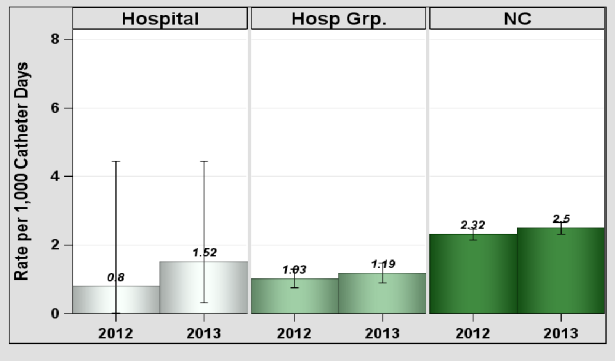


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	3	1,973	1.52	2.56	1.17	0.298, 3.183	Same
YTD Total for Reporting ICUs	3	1,973	1.52	2.56	1.17	0.298, 3.183	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	1	23	4.35	0.21	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

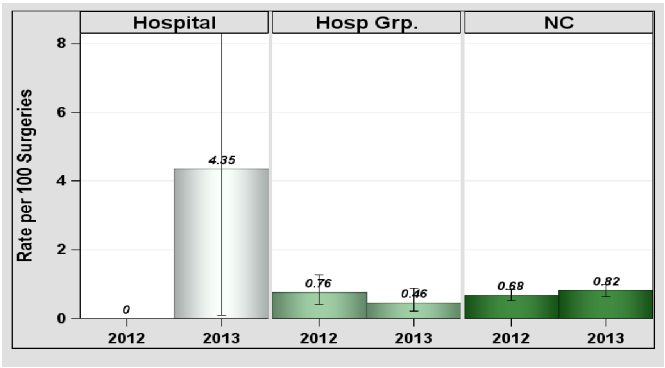


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

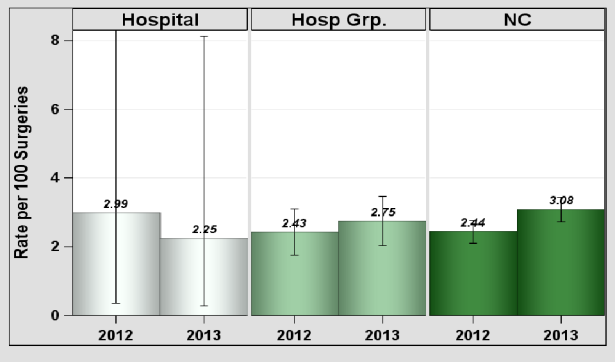


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	2	89	2.25	2.87	0.698	0.117, 2.306	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

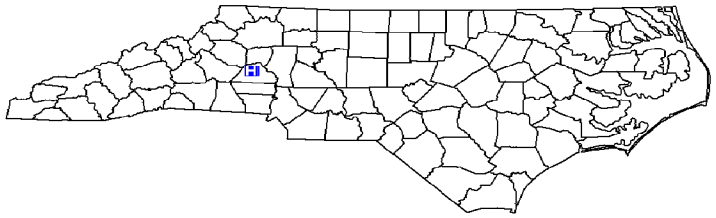
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of March 18, 2014.

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

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)

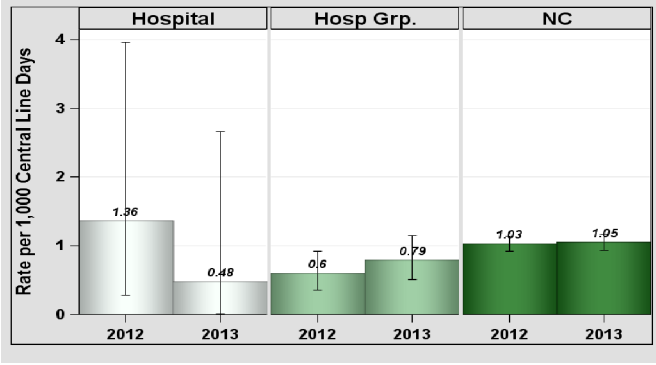


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	1,450	0.69	2.17	0.46	0.023, 2.268	Same
Neonatal Level II/III	0	642	0	1.69	0	, 1.773	Same
YTD Total for Reporting ICUs	1	2,092	0.48	3.87	0.259	0.013, 1.276	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	49,966	0	2.56	0	, 1.171	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

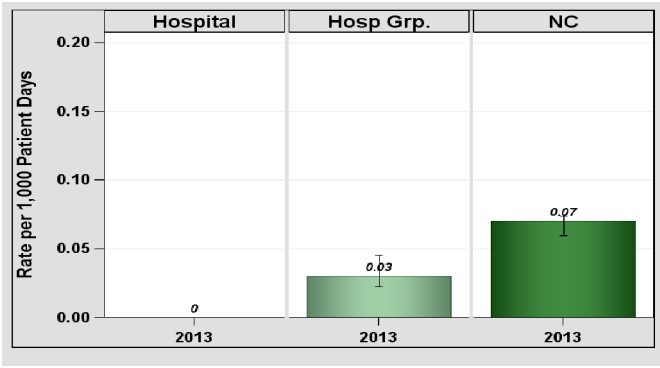


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

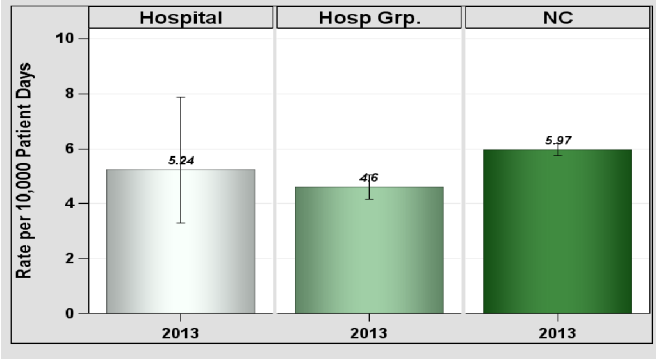


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	23	43,918	5.24	28.86	0.797	0.517, 1.177	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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)

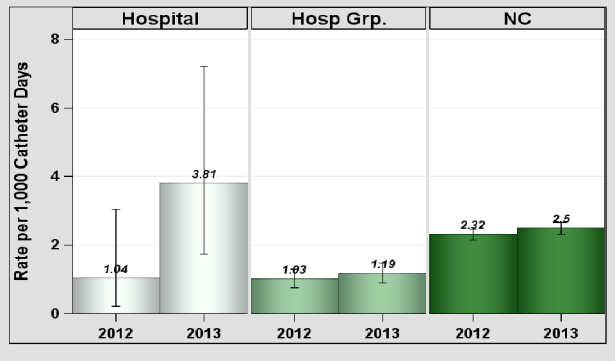


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	9	2,313	3.89	2.78	3.243	1.581, 5.950	Higher
Rehabiliation	0	51	0	0.19	.		
YTD Total for Reporting ICUs	9	2,364	3.81	2.97	3.031	1.478, 5.562	Higher

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	1	103	0.97	1.04	0.965	0.048, 4.761	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

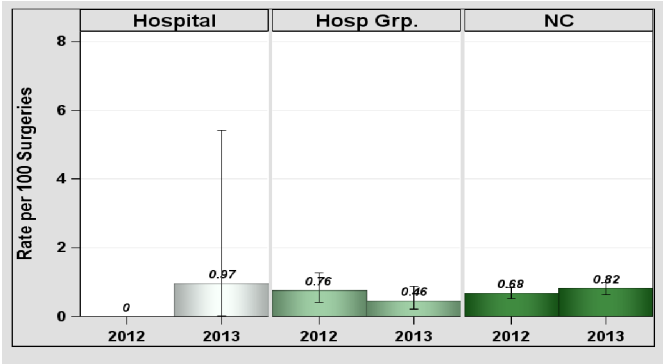


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

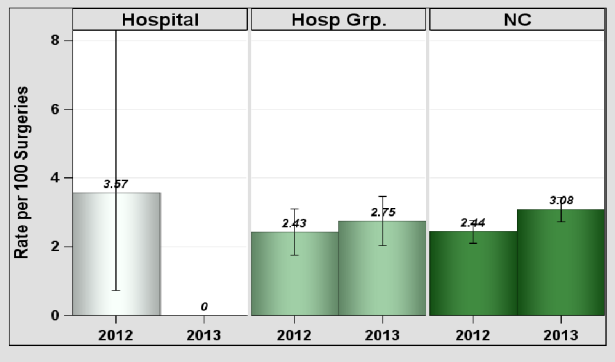


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	74	0	2.3	0	, 1.304	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

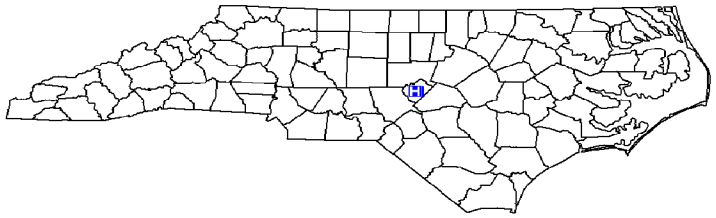
Commentary from Hospitals:
No comments provided.

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)

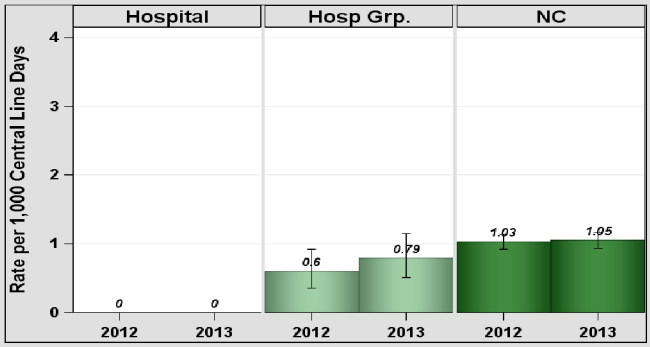


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	1,244	0	1.87	0	, 1.605	Same
YTD Total for Reporting ICUs	0	1,244	0	1.87	0	, 1.605	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	17,530	0.06	0.99	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

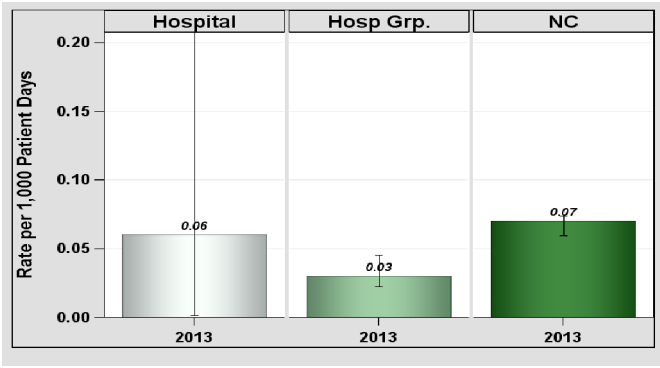


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

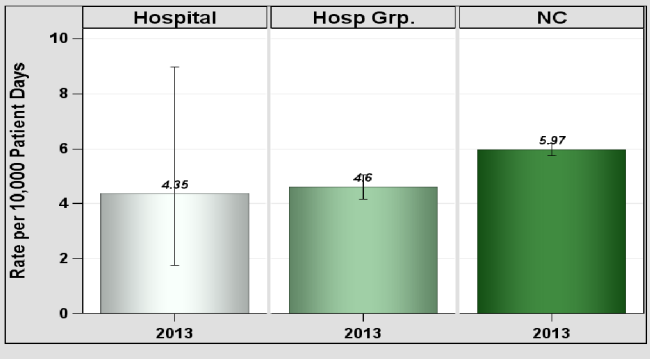


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	7	16,095	4.35	7.43	0.942	0.412, 1.863	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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)

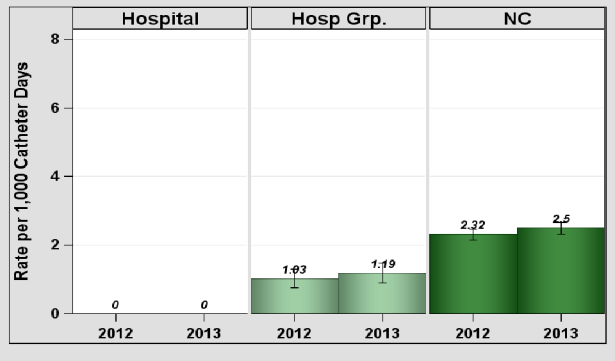


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	1,327	0	1.73	0	, 1.737	Same
YTD Total for Reporting ICUs	0	1,327	0	1.73	0	, 1.737	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	67	0	0.56	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

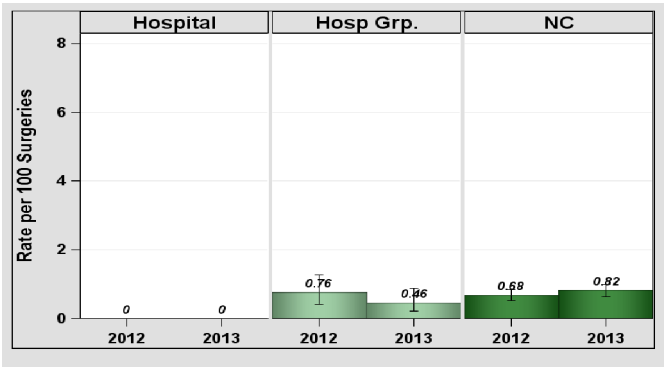


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

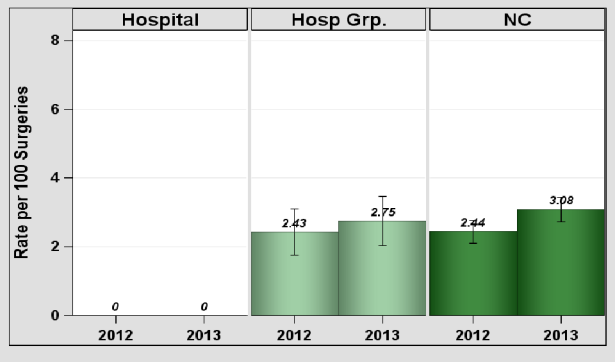


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	62	0	1.97	0	, 1.525	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

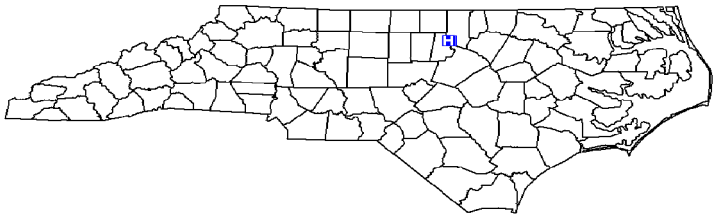
Commentary from Hospitals:
No comments provided.

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 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 Bacteremia)

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

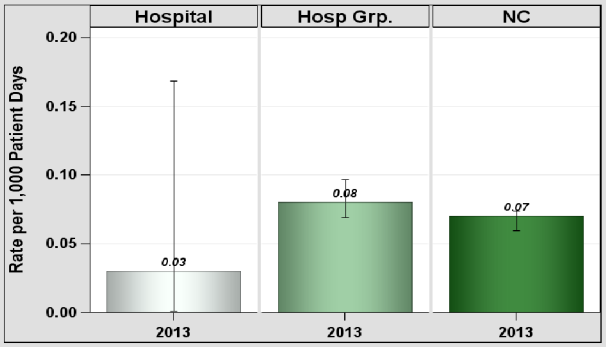


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Table 1. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	33,079	0.03	.	0.584	0.029, 2.883	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	4	88,422	0.45	.	0.061	0.019, 0.147	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

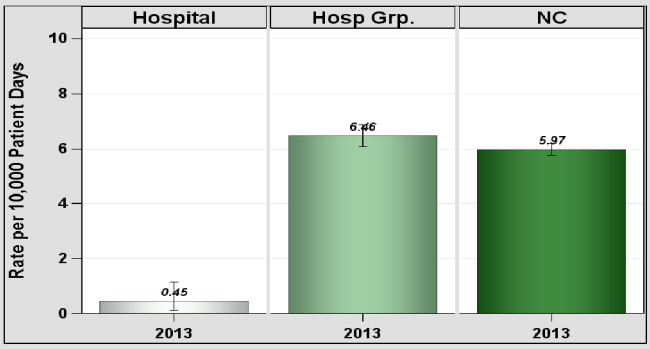


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Other Healthcare-Associated Infections (HAIs)

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

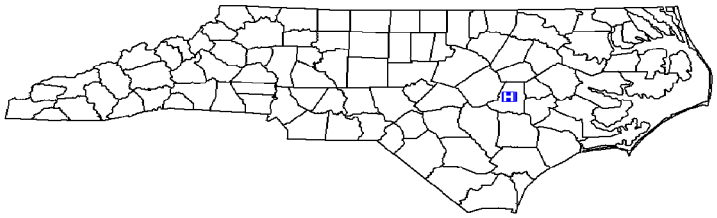
Commentary from Hospitals:
No comments provided.

Refer to 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
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 Bacteremia)

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

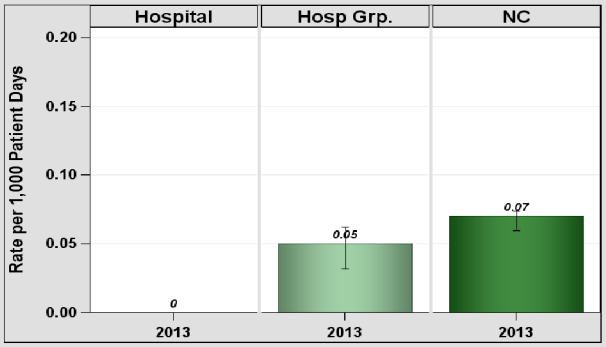


Table 1. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	63,357	0	.	0	, 1.320	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	63,357	0	.	0	, 0.099	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

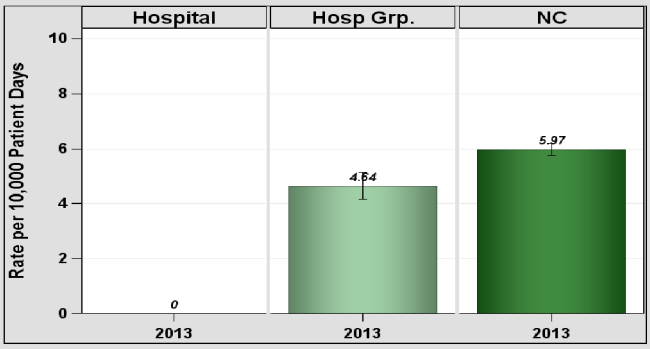


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Other Healthcare-Associated Infections (HAIs)

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

Commentary from Hospitals:
No comments provided.

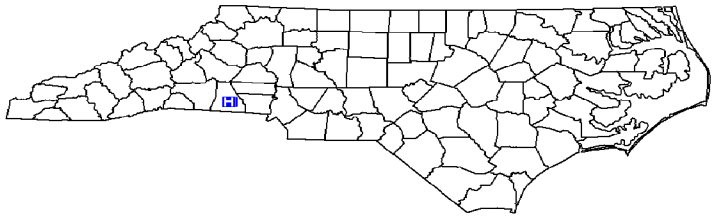
Refer to the HAI in N.C. Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
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)

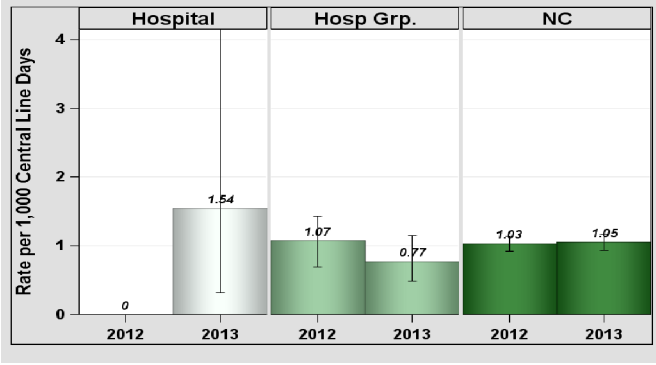


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	3	1,951	1.54	2.93	1.025	0.261, 2.790	Same
YTD Total for Reporting ICUs	3	1,951	1.54	2.93	1.025	0.261, 2.790	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	4	37,792	0.11	1.69	2.364	0.751, 5.701	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

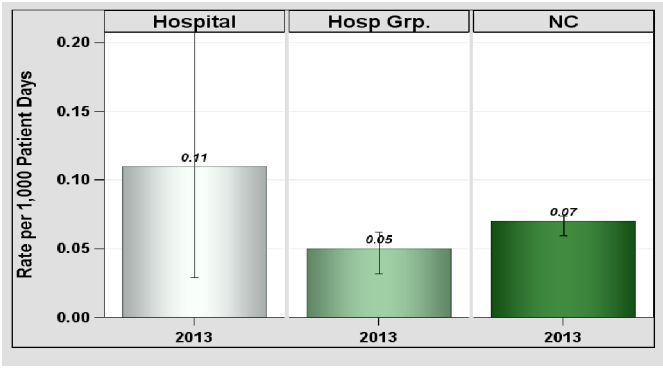


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

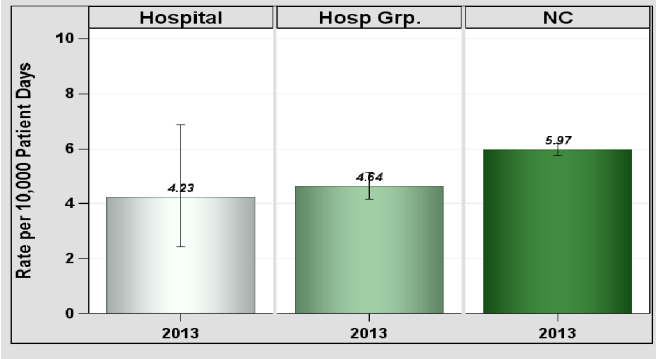


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	16	37,792	4.23	24.98	0.64	0.379, 1.018	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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)

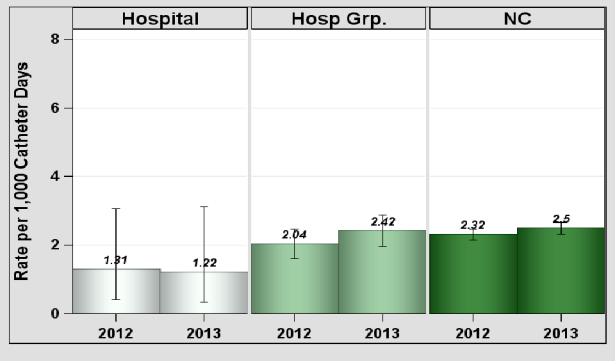


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	4	3,284	1.22	3.94	1.015	0.323, 2.448	Same
YTD Total for Reporting ICUs	4	3,284	1.22	3.94	1.015	0.323, 2.448	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	2	112	1.79	1.24	1.608	0.270, 5.312	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

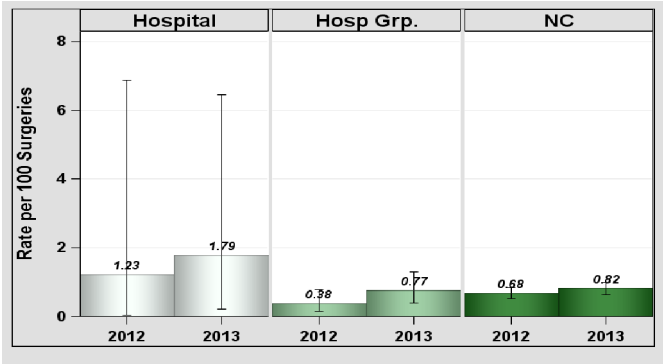


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

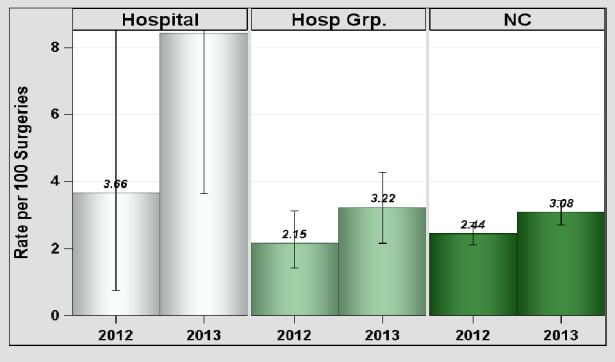


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	8	95	8.42	3.18	2.517	1.169, 4.780	Higher

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

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.

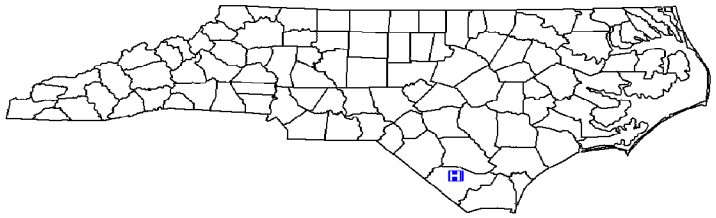
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of March 18, 2014.

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

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)

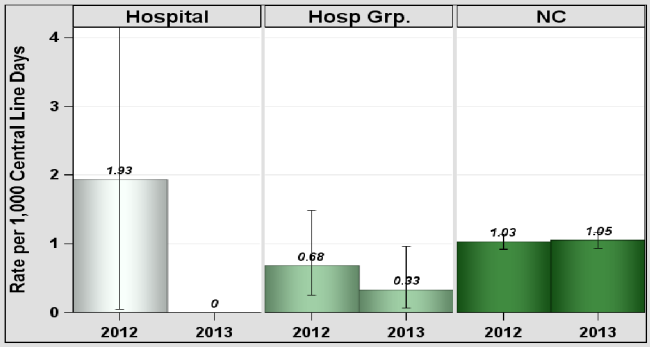


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	485	0	0.73	.		
YTD Total for Reporting ICUs	0	485	0	0.73	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	2	20,231	0.1	0.99	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

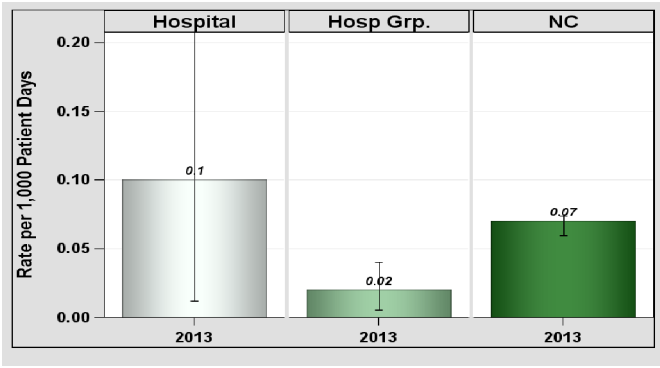


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

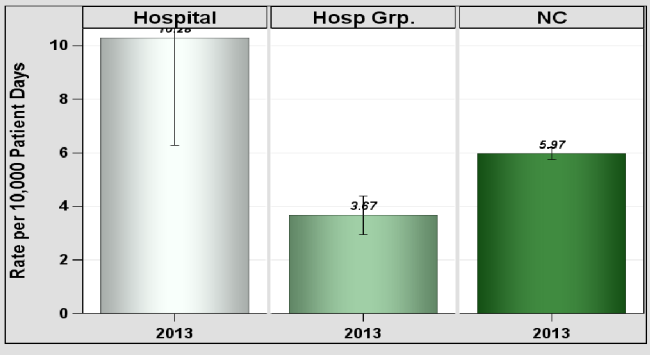


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	20	19,452	10.3	14.41	1.388	0.871, 2.105	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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)

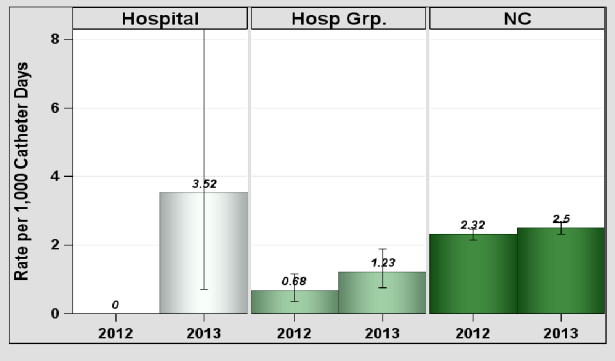


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	3	852	3.52	1.11	2.709	0.689, 7.372	Same
YTD Total for Reporting ICUs	3	852	3.52	1.11	2.709	0.689, 7.372	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	71	0	0.9	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

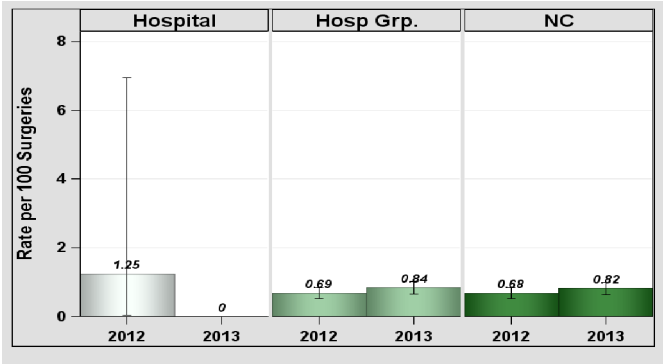


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

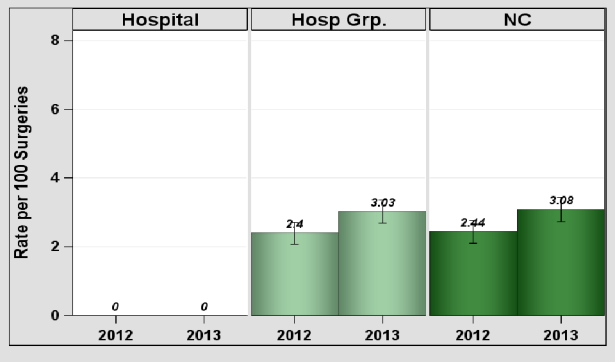


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	67	0	2.33	0	, 1.285	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

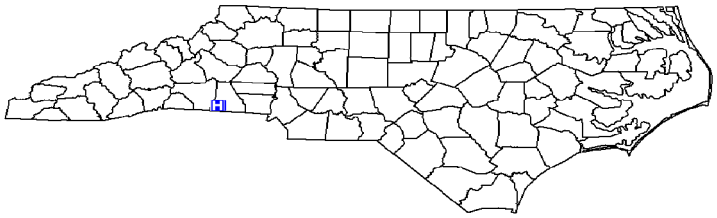
Commentary from Hospitals:
The prevention and reduction of healthcare associated infections is a top priority at Columbus Regional Healthcare System. To accomplish this, infection prevention strategies are continually assessed and measures implemented to decrease the risk for infection. These measures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

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
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)

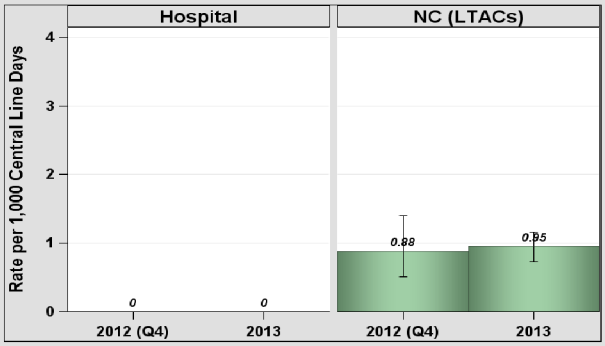


Table 1. Rates by Location, Jan-Dec 2013.

Type of Unit	Infections	Line Days	Rate
Adult ward	0	2,505	0.00
YTD 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.

Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates by Location, Jan-Dec 2013

Type of Unit	Infections	Catheter Days	Rate
Adult ward	1	1,410	0.71
YTD 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.

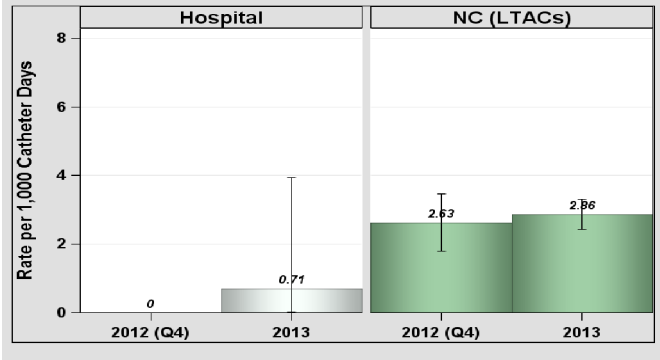


Figure 2. Rates and 95% Confidence Intervals, 2012-2013.

Other Healthcare-Associated Infections (HAIs)

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

Commentary from Hospitals:
No comments provided.

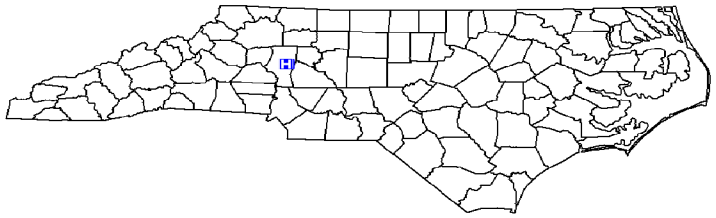
Refer to the HAI in N.C. Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
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)

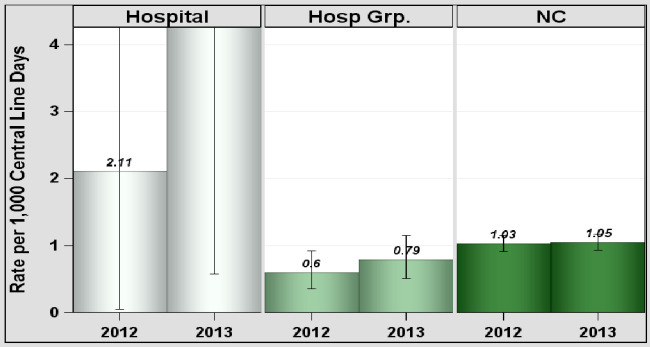


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	2	424	4.72	0.85	.		
YTD Total for Reporting ICUs	2	424	4.72	0.85	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	19,526	0	1.1	0	, 2.716	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

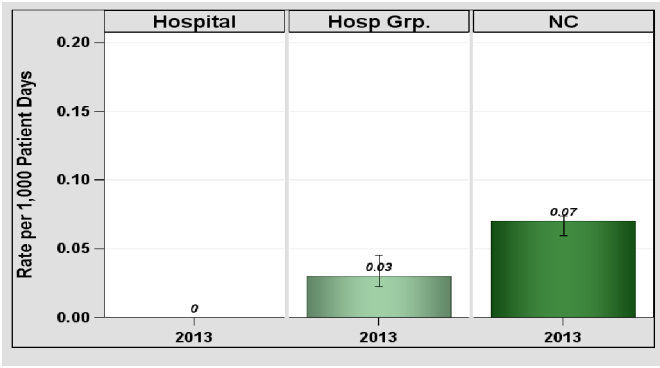


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

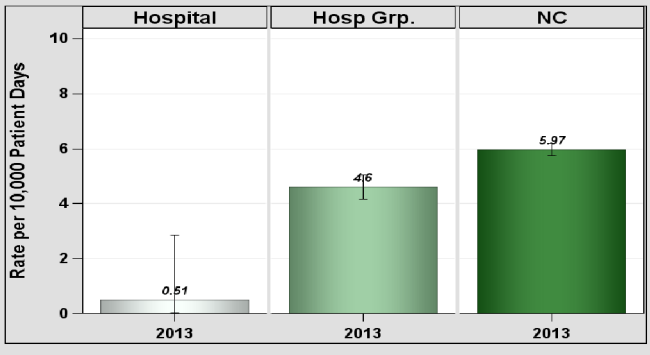


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	19,526	0.51	9.83	0.102	0.005, 0.502	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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)

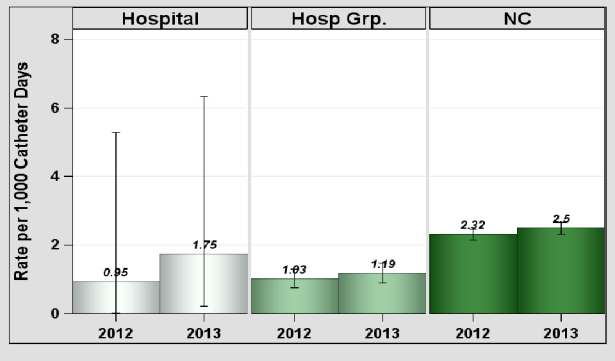


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	2	1,140	1.75	2.28	0.877	0.147, 2.898	Same
YTD Total for Reporting ICUs	2	1,140	1.75	2.28	0.877	0.147, 2.898	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	1	23	4.35	0.17	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

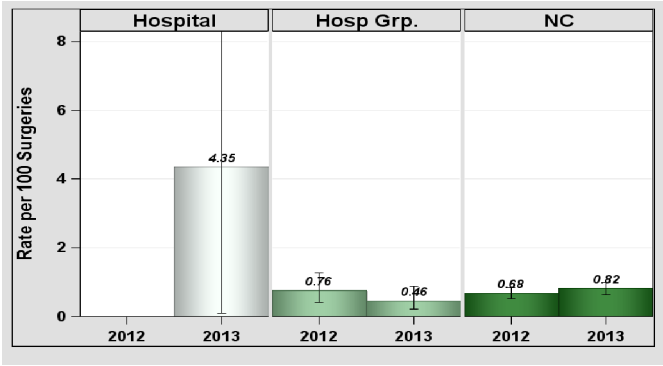


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

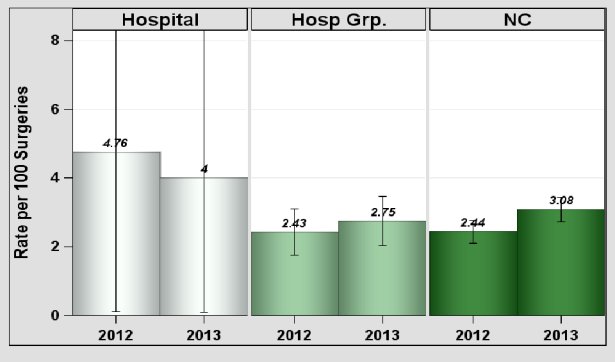


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	1	25	4	0.75	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

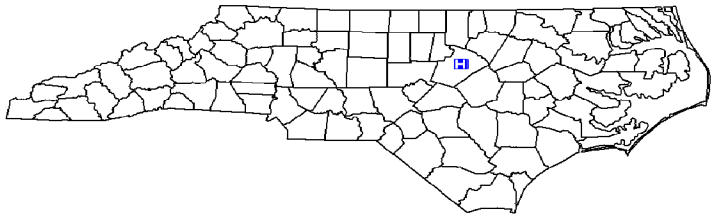
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of March 18, 2014.

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

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	7,832
Patient Days in 2013:	39,088
Total Number of Beds:	148
Number of ICU Beds:	15
FTE* Infection Preventionists:	2.00
Number of FTEs* per 100 beds:	1.35

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

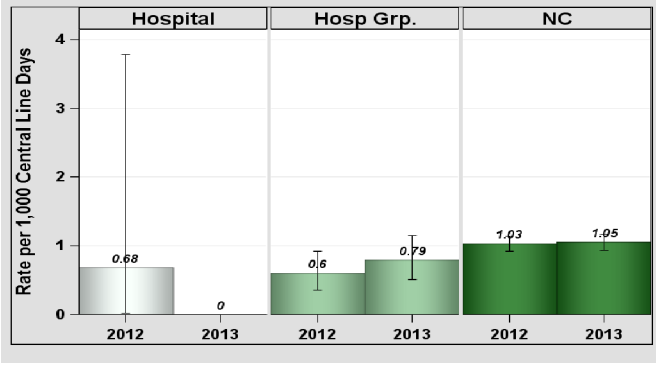


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	1,167	0	1.75	0	, 1.711	Same
YTD Total for Reporting ICUs	0	1,167	0	1.75	0	, 1.711	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	39,088	0	2.04	0	, 1.466	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

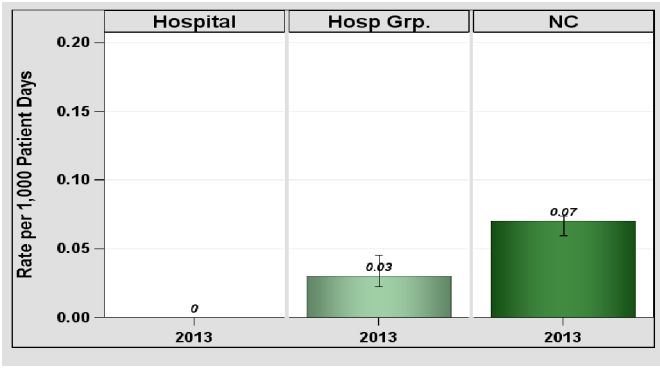


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

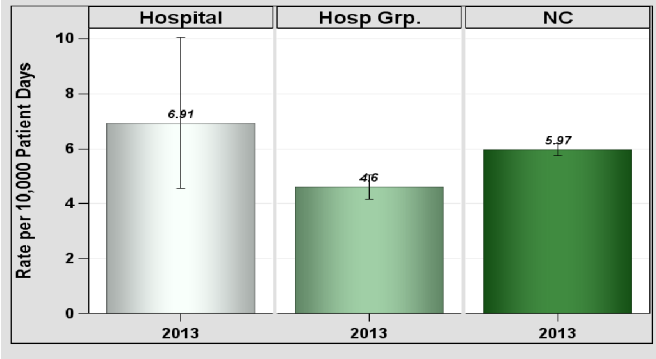


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	27	39,088	6.91	28.38	0.951	0.640, 1.365	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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)

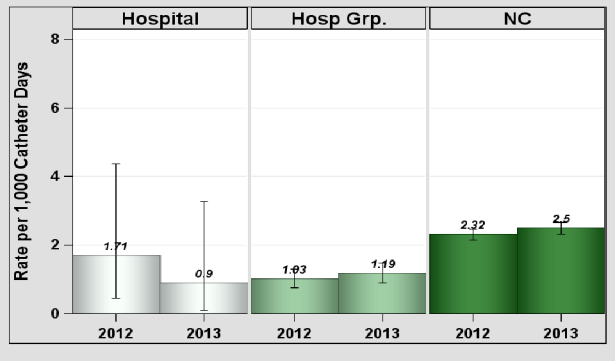


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	2	2,210	0.9	2.87	0.696	0.117, 2.300	Same
YTD Total for Reporting ICUs	2	2,210	0.9	2.87	0.696	0.117, 2.300	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	108	0	1.06	0	, 2.829	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

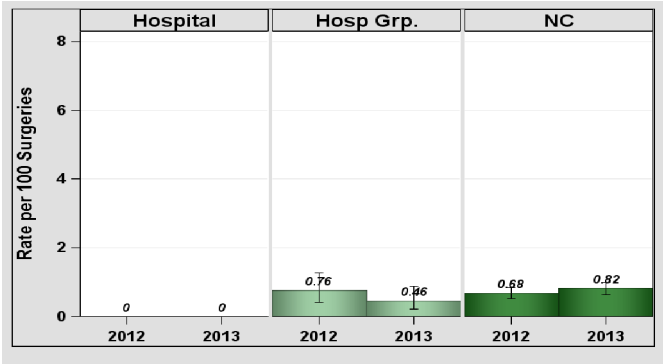


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

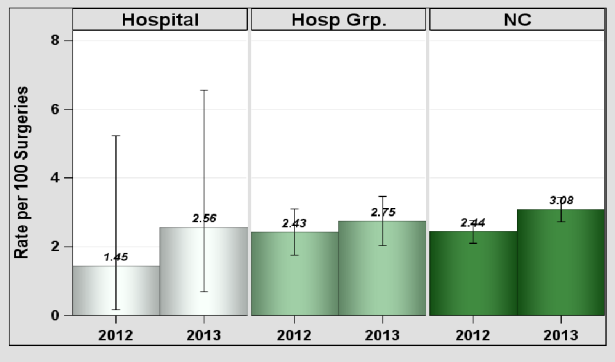


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	4	156	2.56	5.11	0.782	0.249, 1.887	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

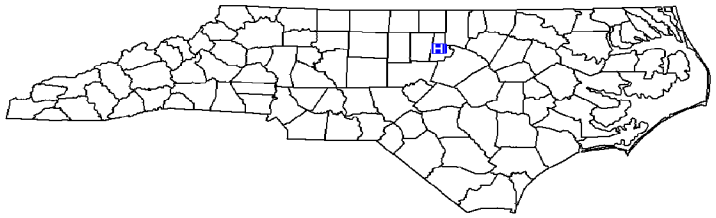
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Duke 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)

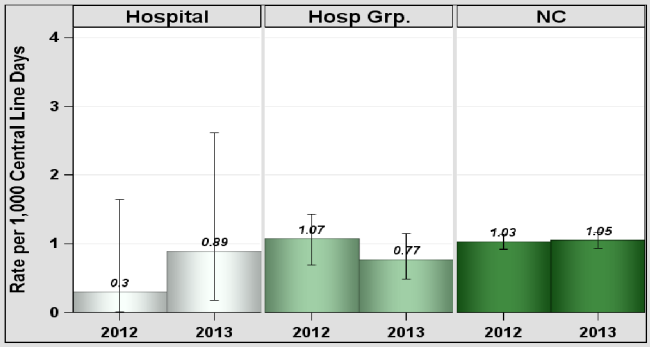


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	3	3,357	0.89	7.05	0.426	0.108, 1.158	Same
YTD Total for Reporting ICUs	3	3,357	0.89	7.05	0.426	0.108, 1.158	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	75,194	0.01	6.32	0.158	0.008, 0.780	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

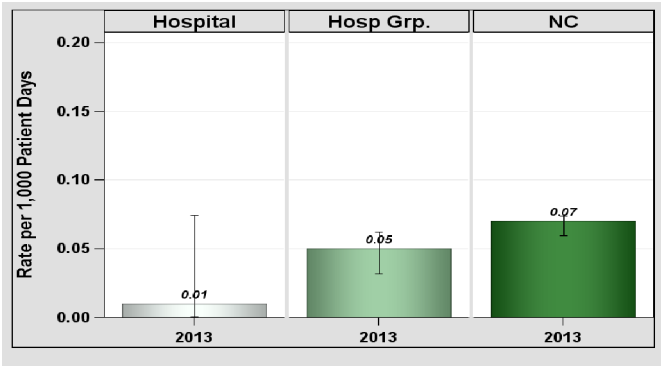


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

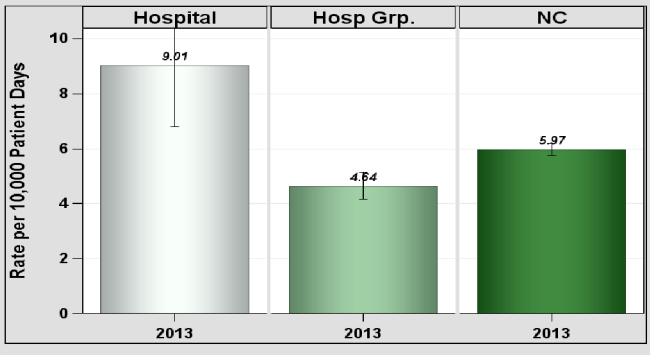


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	64	71,023	9.01	68.51	0.934	0.725, 1.185	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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 Regional Hospital, Durham, Durham County

Catheter-Associated Urinary Tract Infections (CAUTI)

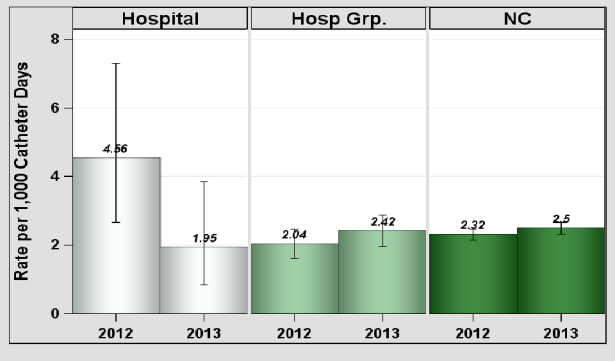


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	8	3,742	2.14	8.61	0.93	0.432, 1.765	Same
Rehabiliation	0	351	0	1.33	0	, 2.246	Same
YTD Total for Reporting ICUs	8	4,093	1.95	9.94	0.805	0.374, 1.528	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	282	0	2.22	0	, 1.351	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

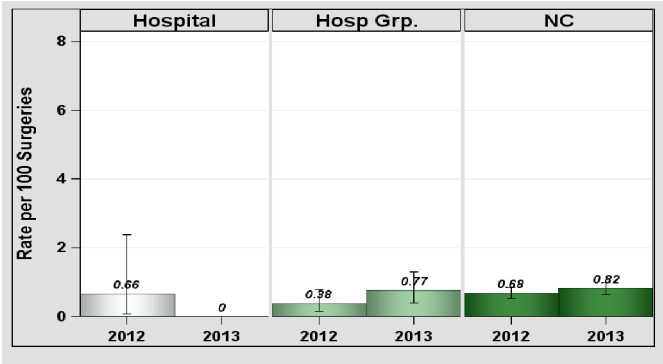


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

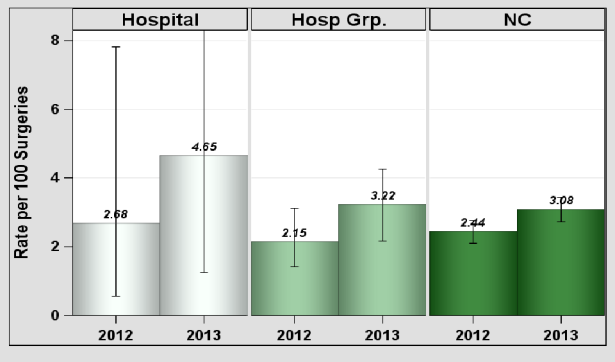


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	4	86	4.65	2.62	1.525	0.485, 3.678	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

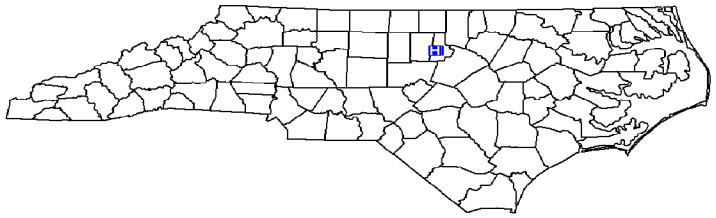
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Duke 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)

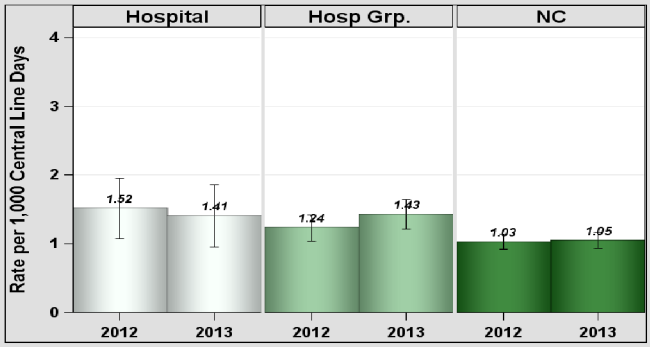


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	4	4,089	0.98	10.63	0.376	0.120, 0.908	Lower
Medical cardiac	8	2,825	2.83	5.65	1.416	0.658, 2.689	Same
Neonatal Level III	2	4,861	0.41	12.47	0.16	0.027, 0.530	Lower
Neurologic	7	2,704	2.59	3.79	1.849	0.809, 3.658	Same
Pediatric cardiothoracic	1	2,139	0.47	7.06	0.142	0.007, 0.699	Lower
Pediatric medical/surgical	3	2,210	1.36	6.63	0.452	0.115, 1.231	Same
Surgical	5	2,733	1.83	6.29	0.795	0.291, 1.763	Same
Surgical cardiothoracic	6	3,995	1.5	5.59	1.073	0.435, 2.231	Same
YTD Total for Reporting ICUs	36	25,556	1.41	58.1	0.62	0.441, 0.849	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	15	274,829	0.05	27.24	0.551	0.320, 0.888	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

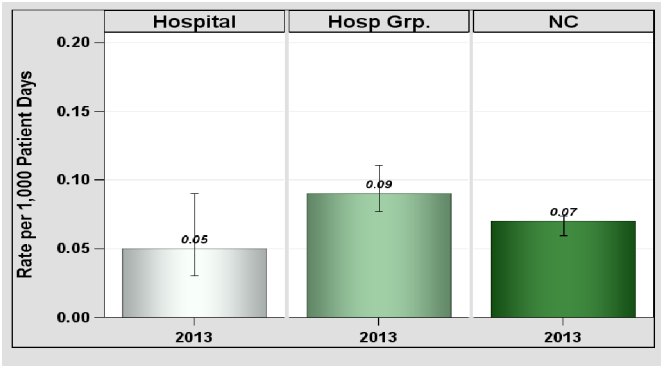


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

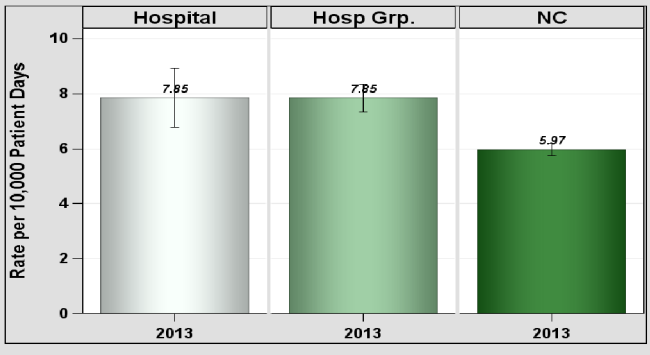


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	204	259,758	7.85	221.55	0.921	0.801, 1.054	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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 University Hospital, Durham, Durham County

Catheter-Associated Urinary Tract Infections (CAUTI)

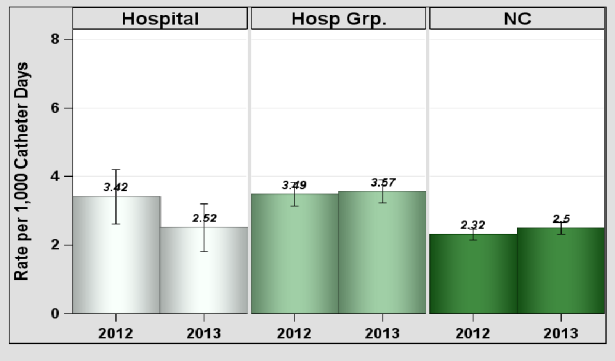


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	18	3,614	4.98	8.31	2.165	1.324, 3.356	Higher
Medical cardiac	5	2,477	2.02	4.95	1.009	0.370, 2.237	Same
Neurologic	8	4,384	1.82	16.66	0.48	0.223, 0.912	Lower
Pediatric cardiothoracic	3	589	5.09	1.59	1.886	0.480, 5.134	Same
Pediatric medical/surgical	1	1,393	0.72	3.9	0.256	0.013, 1.264	Same
Surgical	9	3,129	2.88	8.14	1.106	0.540, 2.030	Same
Surgical cardiothoracic	6	4,264	1.41	7.25	0.828	0.335, 1.722	Same
YTD Total for Reporting ICUs	50	19,850	2.52	50.8	0.984	0.738, 1.287	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	386	0	3.49	0	, 0.860	Lower

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

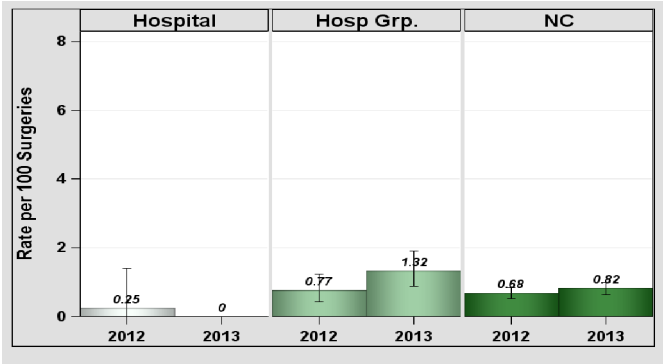


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

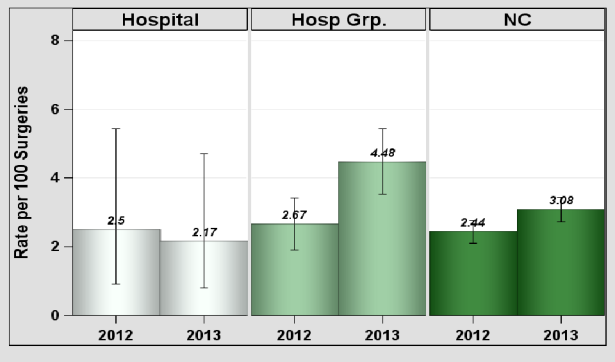


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	6	277	2.17	9.26	0.648	0.263, 1.348	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

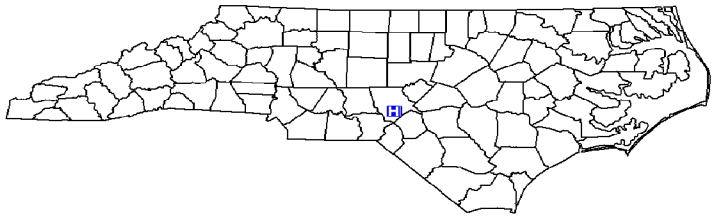
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
FirstHealth Moore Regional Hospital, Pinehurst, Moore County

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)

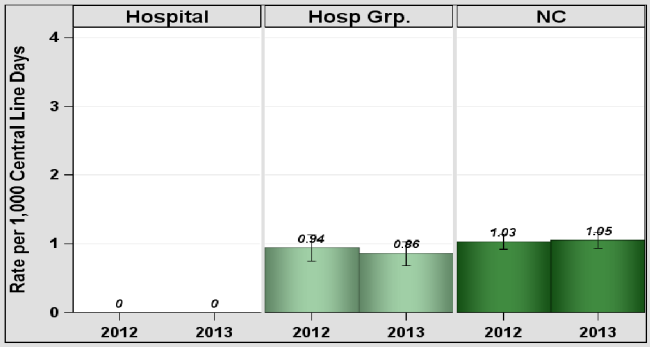


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	0	1,236	0	2.47	0	, 1.212	Same
Medical/surgical	0	2,820	0	4.23	0	, 0.708	Lower
Neonatal Level III	0	227	0	0.43	.		
Surgical cardiothoracic	0	1,446	0	2.02	0	, 1.480	Same
YTD Total for Reporting ICUs	0	5,729	0	9.16	0	, 0.327	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	8	108,641	0.07	6.4	1.25	0.581, 2.375	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

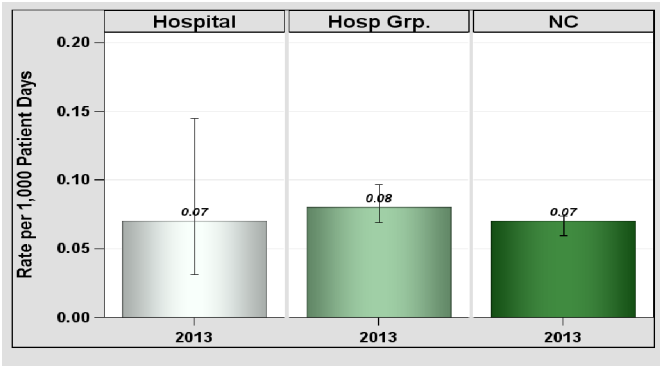


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

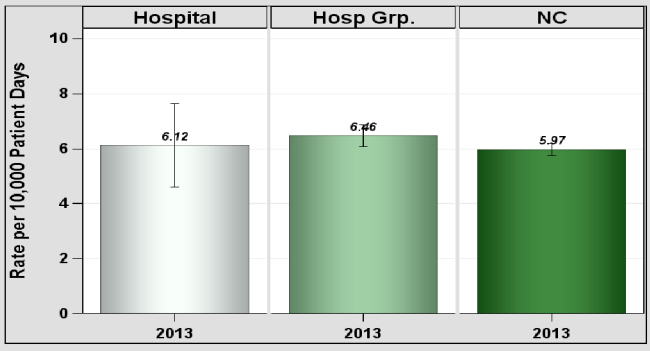


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	63	102,891	6.12	79.55	0.792	0.614, 1.007	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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)

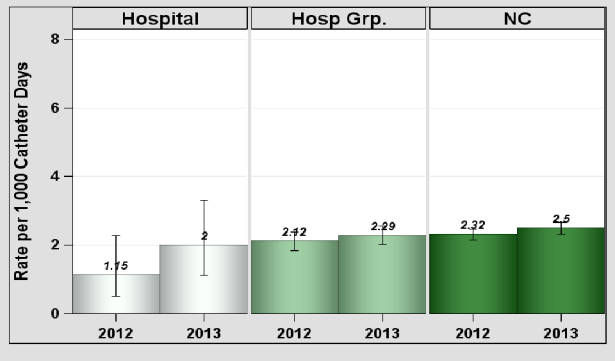


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	6	1,959	3.06	3.92	1.531	0.621, 3.185	Same
Medical/surgical	6	3,773	1.59	4.56	1.316	0.533, 2.736	Same
Rehabiliation	0	81	0	0.31	.		
Surgical cardiothoracic	3	1,684	1.78	2.86	1.048	0.267, 2.852	Same
YTD Total for Reporting ICUs	15	7,497	2	11.65	1.288	0.748, 2.076	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	91	0	0.77	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

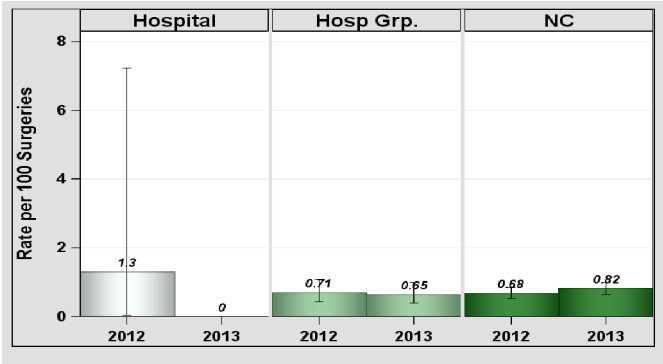


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

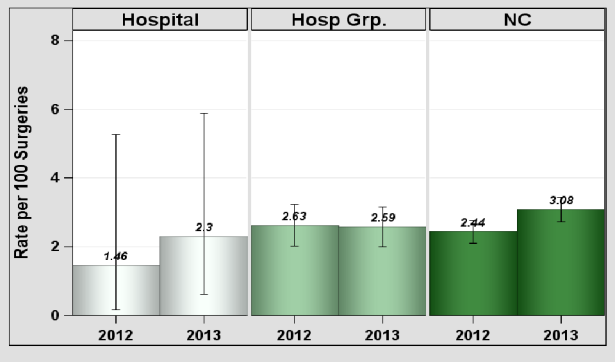


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	4	174	2.3	5.07	0.789	0.251, 1.904	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

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.

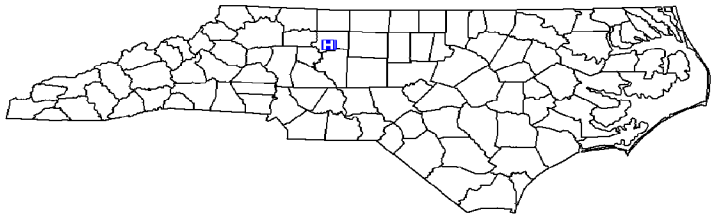
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
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)

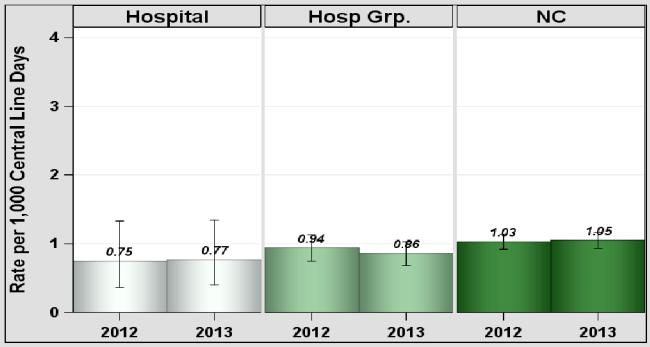


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	2	315	6.35	0.6	.		
Medical cardiac	5	3,066	1.63	6.13	0.815	0.299, 1.807	Same
Medical/surgical	4	7,332	0.55	11	0.364	0.116, 0.877	Lower
Neonatal Level II/III	1	2,101	0.48	6.3	0.159	0.008, 0.782	Lower
Neurosurgical	0	1,142	0	2.85	0	, 1.049	Same
Surgical cardiothoracic	0	1,694	0	2.37	0	, 1.263	Same
YTD Total for Reporting ICUs	12	15,650	0.77	29.26	0.41	0.222, 0.697	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	22	235,066	0.09	17.58	1.251	0.804, 1.864	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

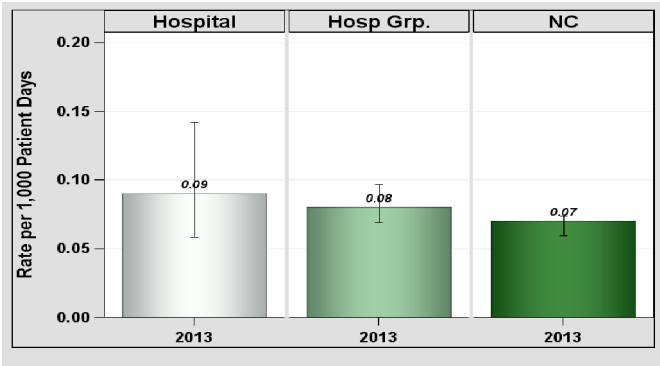


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

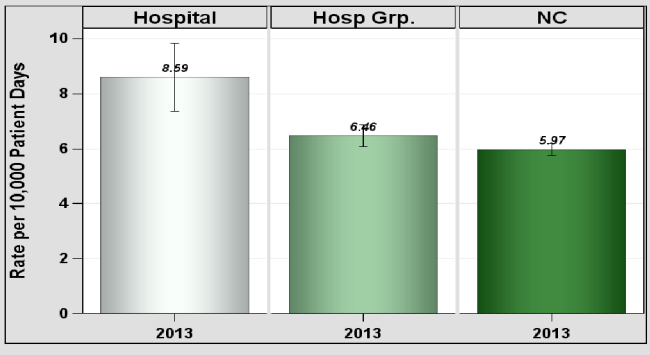


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	190	221,120	8.59	172.27	1.103	0.954, 1.268	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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Data as of March 18, 2014.

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)

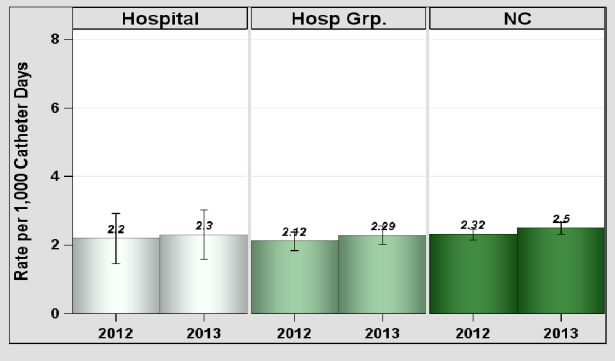

Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	556	0	1.11	0	, 2.694	Same
Medical cardiac	8	3,762	2.13	7.52	1.063	0.494, 2.019	Same
Medical/surgical	16	8,070	1.98	9.68	1.652	0.978, 2.626	Same
Neurosurgical	11	2,056	5.35	9.05	1.216	0.639, 2.113	Same
Pediatric rehabiliation	0	206	0	0.56	.		
Rehabiliation	1	472	2.12	1.79	0.558	0.028, 2.750	Same
Surgical cardiothoracic	3	1,854	1.62	3.15	0.952	0.242, 2.590	Same
YTD Total for Reporting ICUs	39	16,976	2.3	32.87	1.187	0.855, 1.606	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	2	163	1.23	1.55	1.293	0.217, 4.271	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

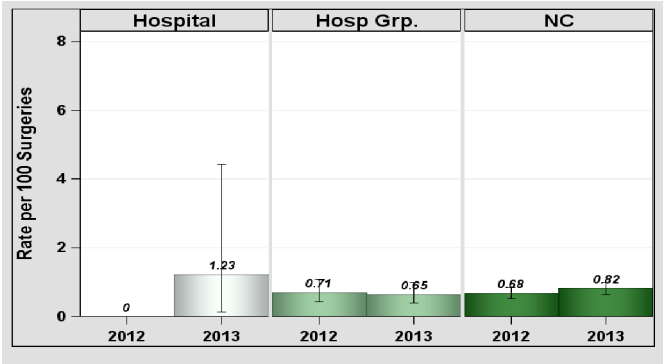

Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

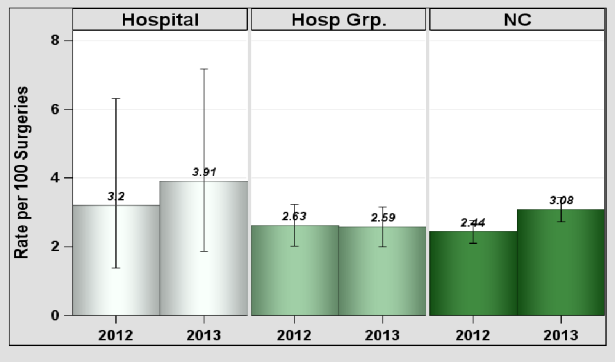

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	10	256	3.91	8.4	1.191	0.605, 2.123	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

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.

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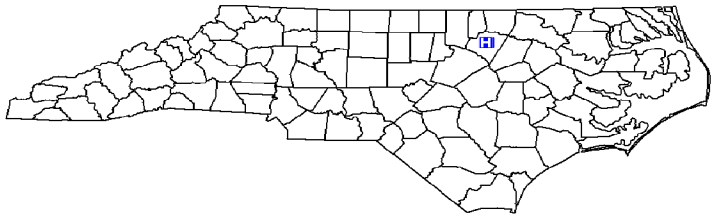
Data as of March 18, 2014.

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

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)

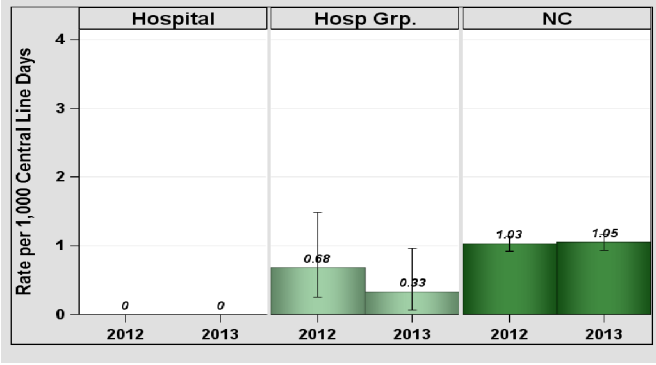


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	163	0	0.31	.		
YTD Total for Reporting ICUs	0	163	0	0.31	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	3,872	0	0.14	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

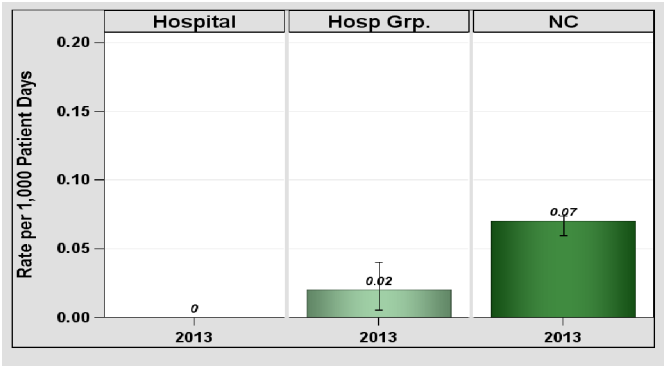


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

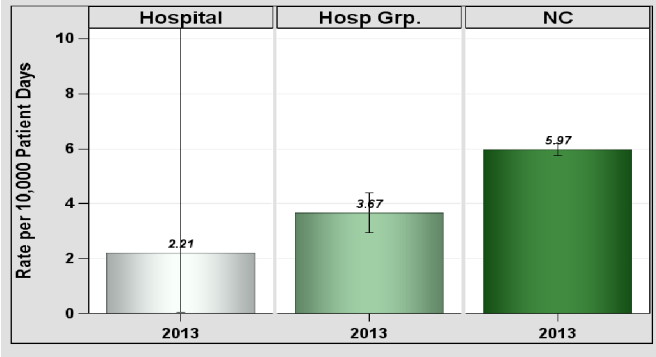


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	4,531	2.21	3.11	0.322	0.016, 1.586	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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)

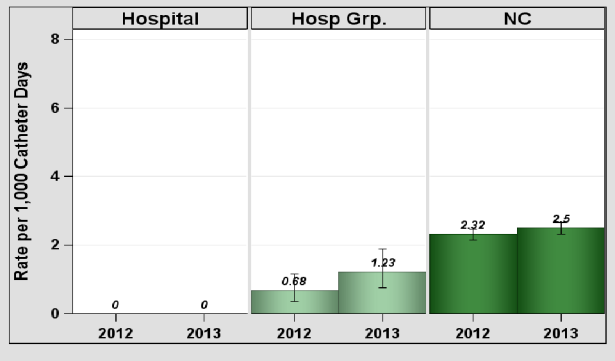


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	376	0	0.75	.		
YTD Total for Reporting ICUs	0	376	0	0.75	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	0	.	0	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

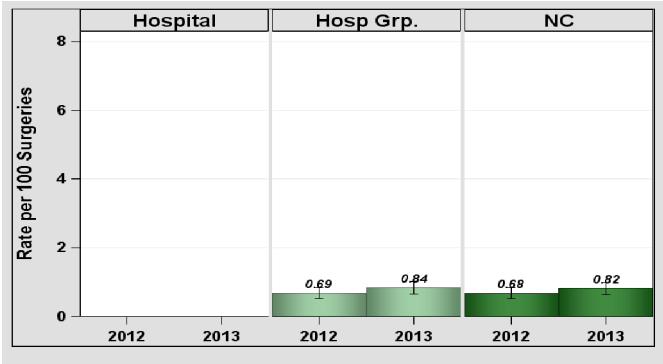


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

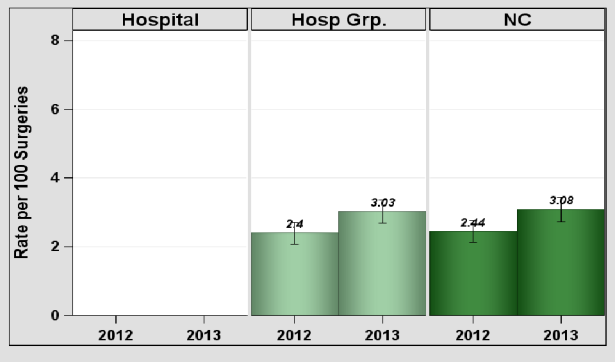


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	0	.	0	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

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.

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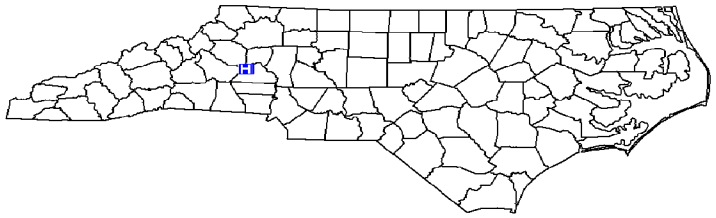
Data as of March 18, 2014.

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

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)

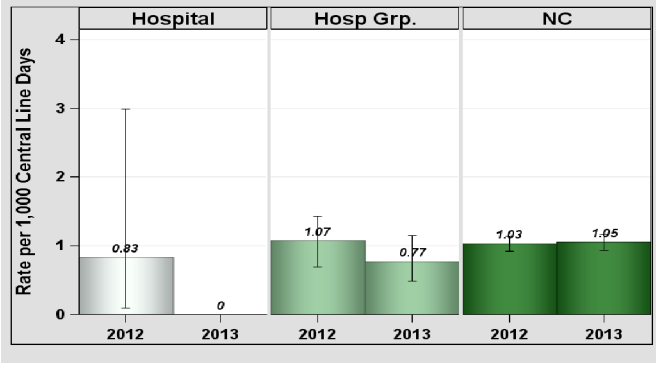


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	0	816	0	1.63	0	, 1.836	Same
Neurologic	0	612	0	0.86	.		
Surgical cardiothoracic	0	1,310	0	1.83	0	, 1.633	Same
YTD Total for Reporting ICUs	0	2,738	0	4.32	0	, 0.693	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	37,395	0	1.8	0	, 1.667	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

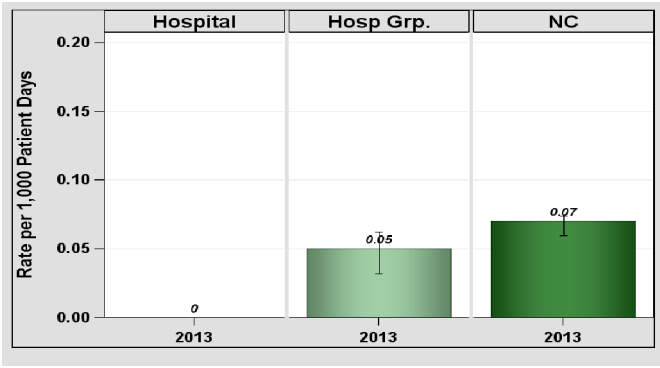


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

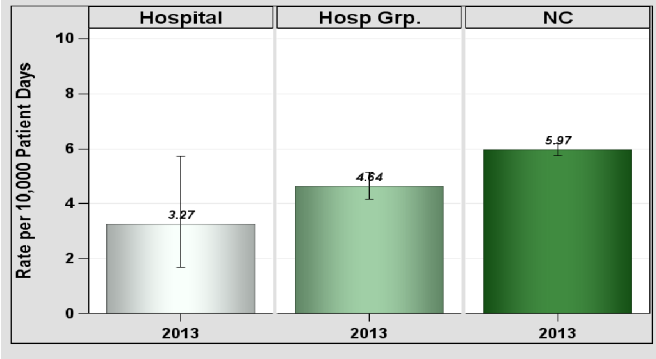


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	12	36,702	3.27	27.33	0.439	0.238, 0.747	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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)

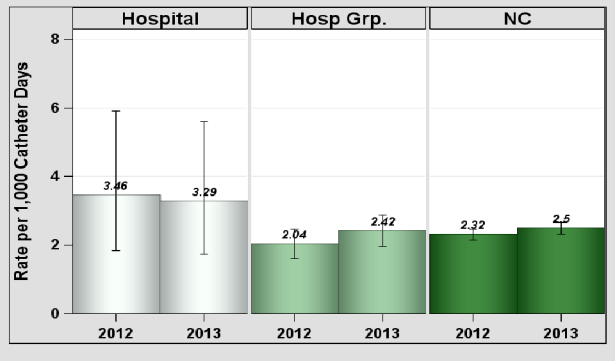


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	3	1,254	2.39	2.51	1.196	0.304, 3.255	Same
Neurologic	4	891	4.49	3.39	1.181	0.375, 2.850	Same
Rehabiliation	1	71	14.1	0.27	.		
Surgical cardiothoracic	5	1,739	2.88	2.96	1.691	0.620, 3.749	Same
YTD Total for Reporting ICUs	13	3,955	3.29	9.12	1.425	0.793, 2.376	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	1	67	1.49	0.59	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

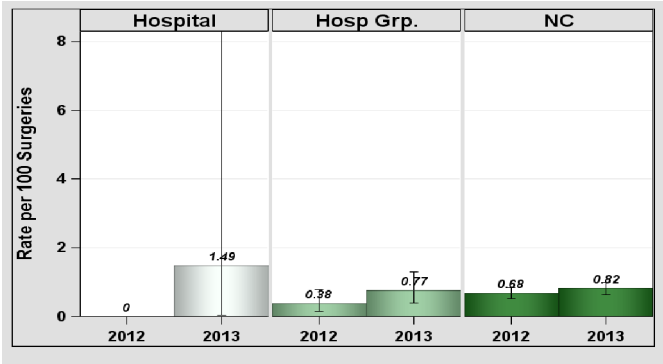


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

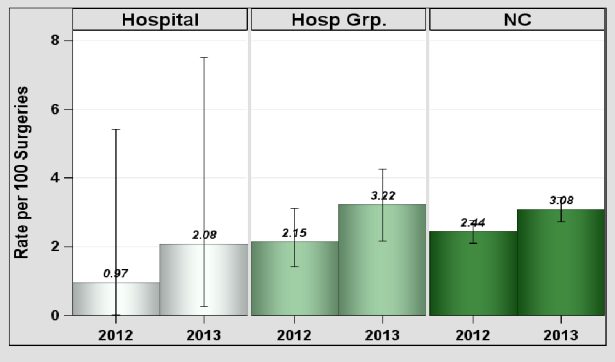


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	2	96	2.08	2.93	0.683	0.114, 2.255	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

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 needleless 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.

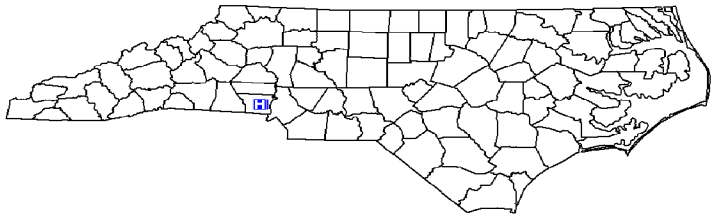
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Gaston Memorial Hospital, Gastonia, Gaston County

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)

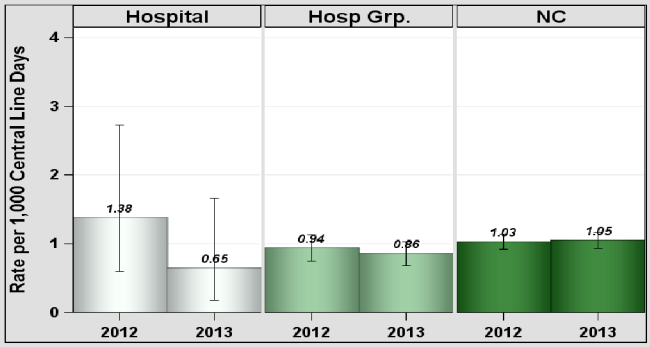


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	1	1,947	0.51	3.7	0.27	0.014, 1.333	Same
Medical cardiac	1	1,610	0.62	3.22	0.311	0.016, 1.532	Same
Neonatal Level II/III	0	322	0	0.5	.		
Surgical	1	1,362	0.73	3.13	0.319	0.016, 1.574	Same
Surgical cardiothoracic	1	916	1.09	1.28	0.78	0.039, 3.846	Same
YTD Total for Reporting ICUs	4	6,157	0.65	11.84	0.338	0.107, 0.815	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	6	101,063	0.06	6.1	0.983	0.399, 2.045	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

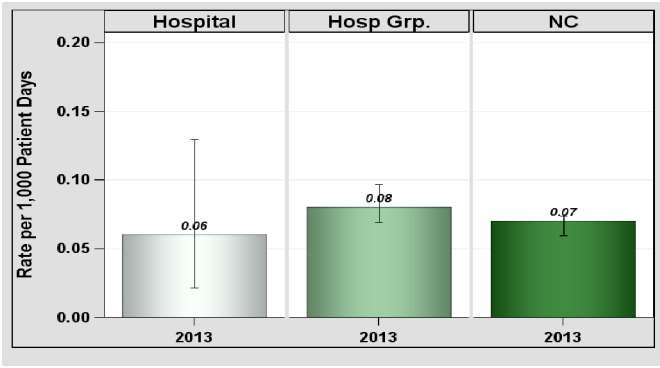


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

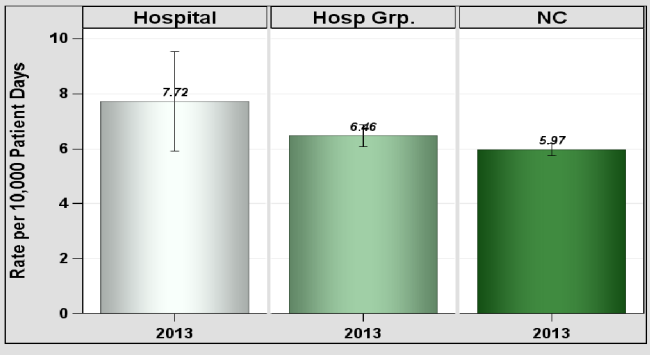


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	71	91,973	7.72	51.14	1.388	1.092, 1.741	Higher

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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)

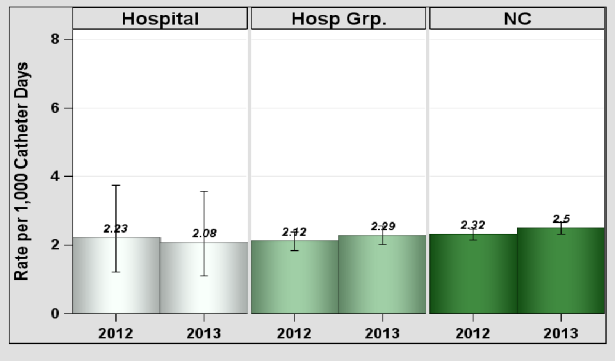


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	6	1,970	3.05	3.94	1.523	0.617, 3.167	Same
Medical cardiac	2	1,780	1.12	3.56	0.562	0.094, 1.856	Same
Surgical	2	1,510	1.32	3.93	0.509	0.085, 1.683	Same
Surgical cardiothoracic	3	977	3.07	1.66	1.806	0.459, 4.916	Same
YTD Total for Reporting ICUs	13	6,237	2.08	13.09	0.993	0.552, 1.656	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	1	171	0.58	1.88	0.532	0.027, 2.625	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

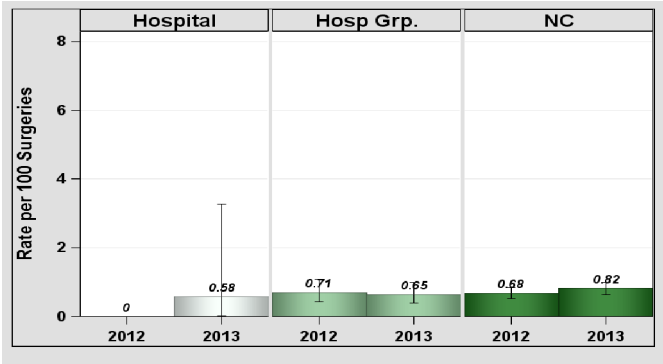


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

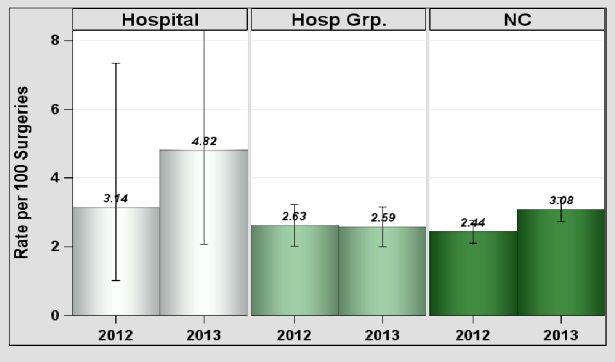


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	8	166	4.82	5.48	1.461	0.679, 2.775	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

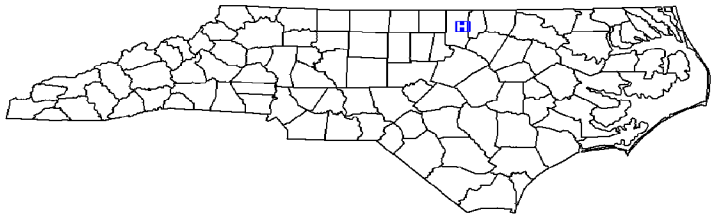
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of March 18, 2014.

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

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)

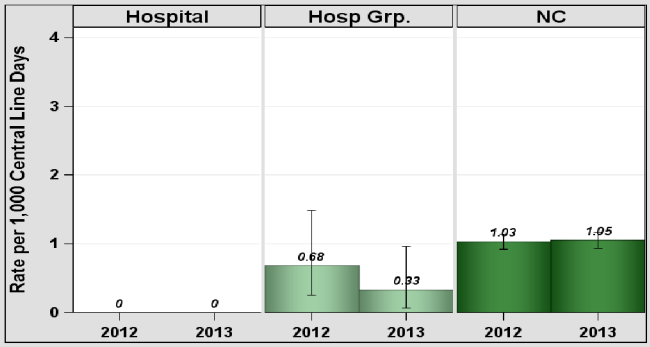


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	473	0	0.71	.		
YTD Total for Reporting ICUs	0	473	0	0.71	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	7,956	0	0.64	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

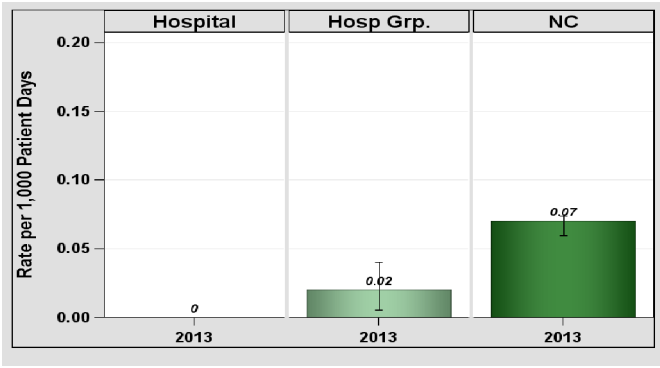


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

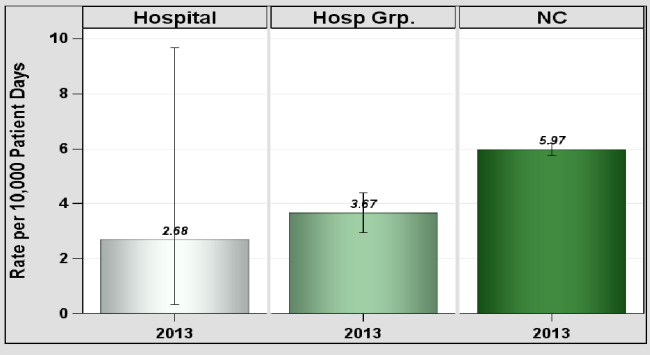


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	2	7,462	2.68	3.93	0.509	0.085, 1.683	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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)

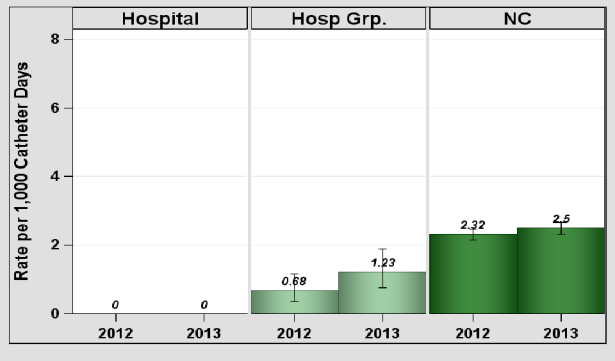


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	752	0	0.98	.		
YTD Total for Reporting ICUs	0	752	0	0.98	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	28	0	0.32	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

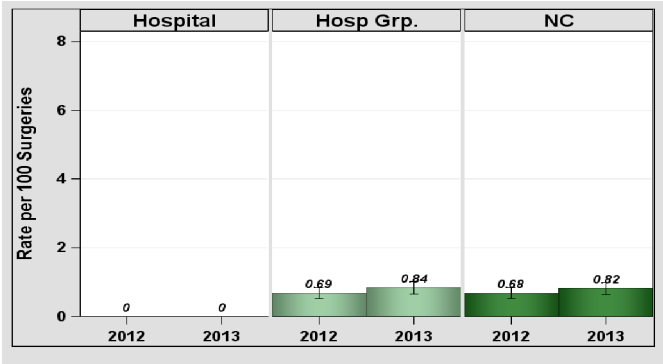


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

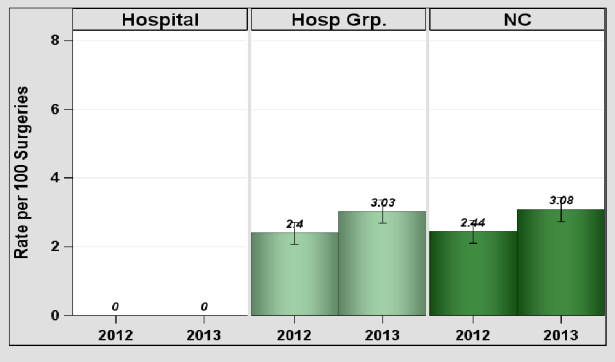


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	23	0	0.71	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

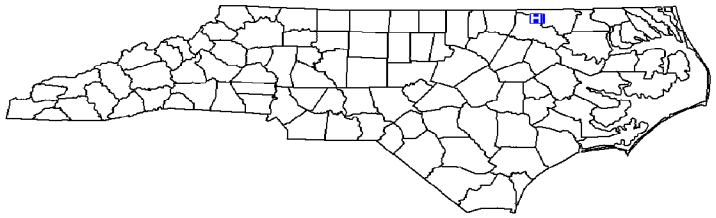
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of March 18, 2014.

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

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)

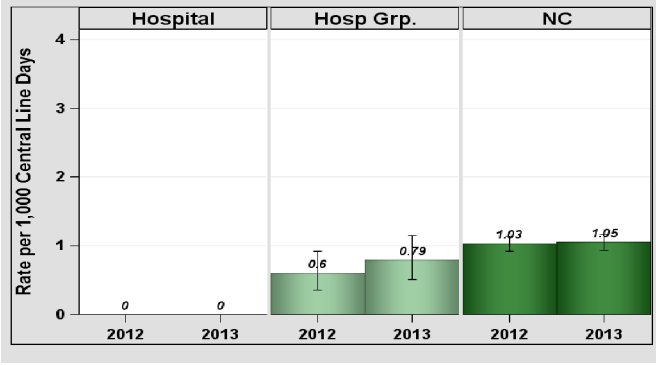


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	427	0	0.64	.		
YTD Total for Reporting ICUs	0	427	0	0.64	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	22,405	0.04	1.13	0.885	0.044, 4.367	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

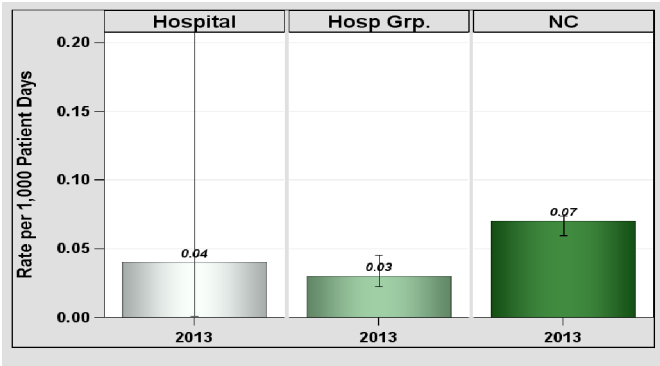


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

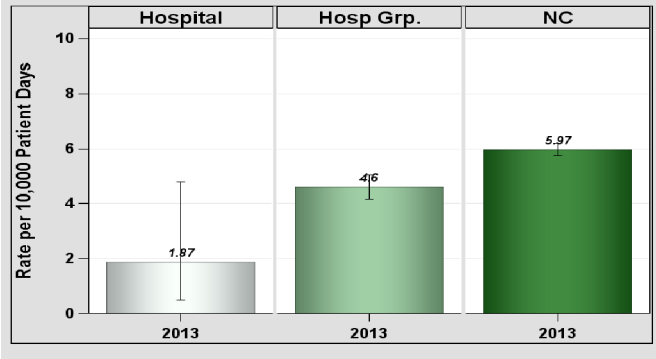


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	4	21,394	1.87	10.99	0.364	0.116, 0.878	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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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)

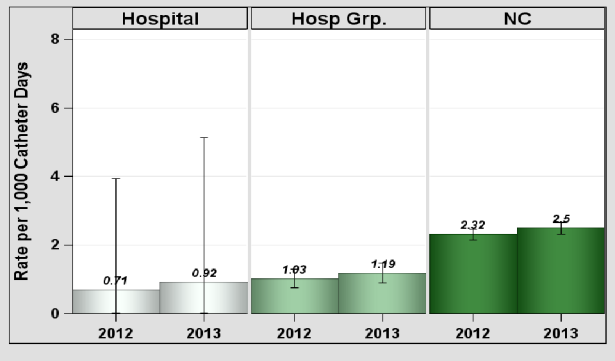


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	1,086	0.92	1.41	0.708	0.035, 3.493	Same
YTD Total for Reporting ICUs	1	1,086	0.92	1.41	0.708	0.035, 3.493	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	26	0	0.21	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

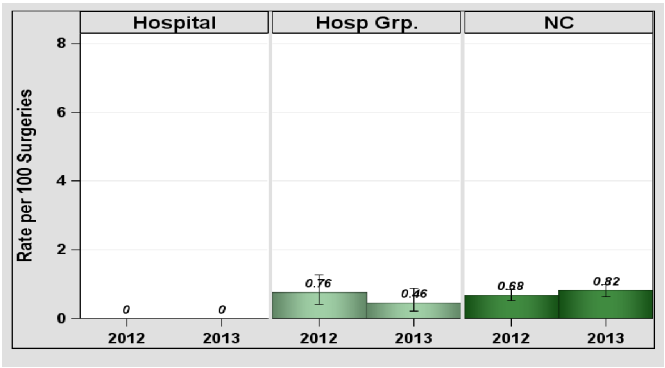


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

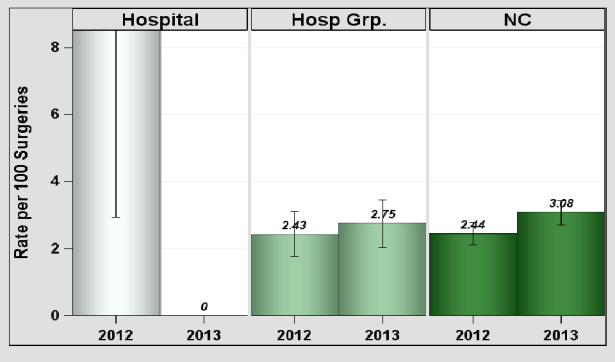


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	29	0	0.87	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

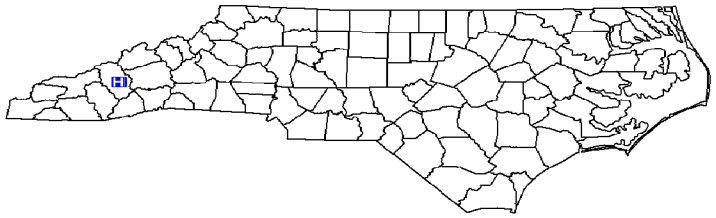
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of March 18, 2014.

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

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)

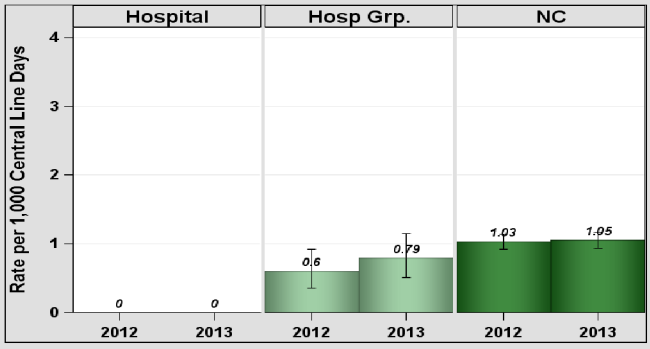


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	379	0	0.57	.		
YTD Total for Reporting ICUs	0	379	0	0.57	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	22,799	0	1.11	0	, 2.697	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

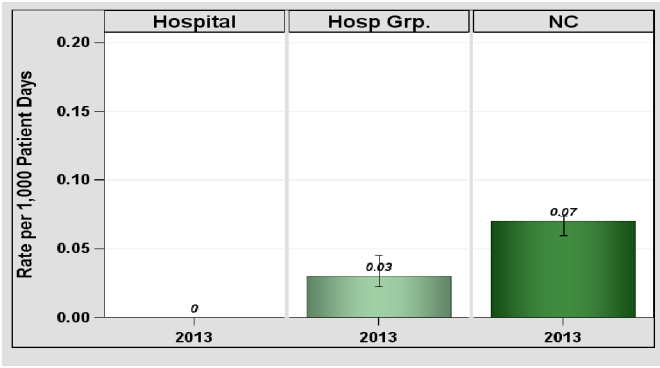


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

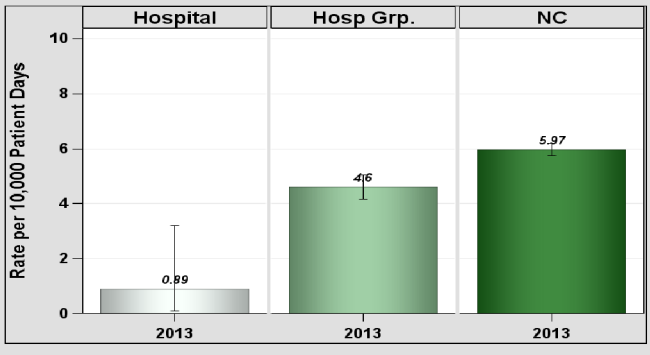


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	2	22,439	0.89	13.06	0.153	0.026, 0.506	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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)

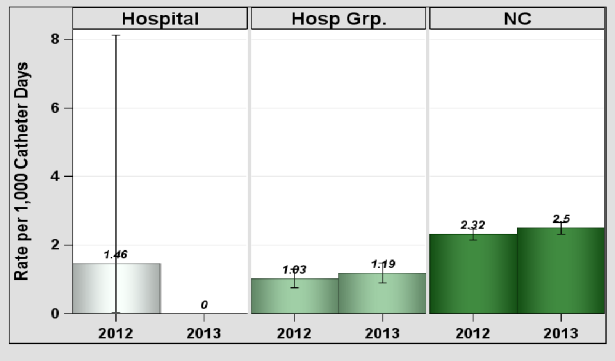


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	738	0	0.96	.		
YTD Total for Reporting ICUs	0	738	0	0.96	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	51	0	0.48	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

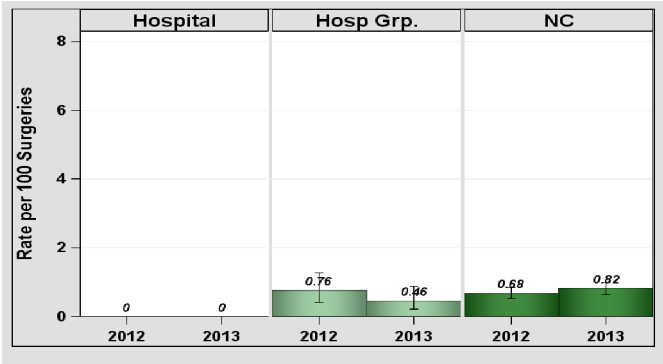


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

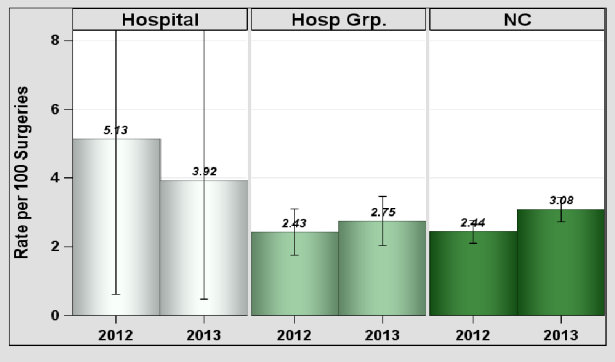


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	2	51	3.92	1.51	1.324	0.222, 4.373	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

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.

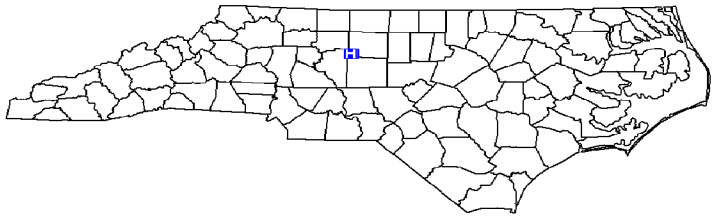
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
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)

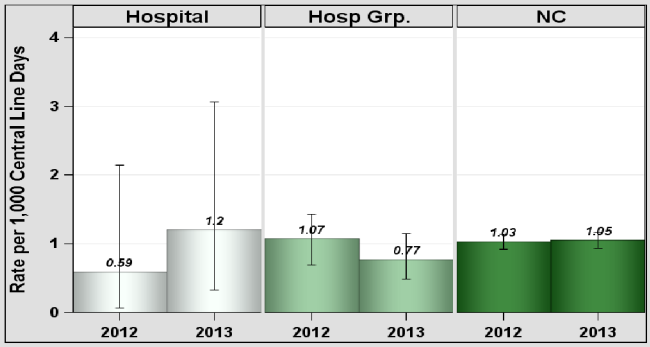


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	1	683	1.46	1.37	0.732	0.037, 3.610	Same
Medical/surgical	3	2,378	1.26	3.57	0.841	0.214, 2.289	Same
Surgical cardiothoracic	0	280	0	0.39	.		
YTD Total for Reporting ICUs	4	3,341	1.2	5.32	0.751	0.239, 1.812	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	2	71,696	0.03	3.31	0.605	0.101, 1.998	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

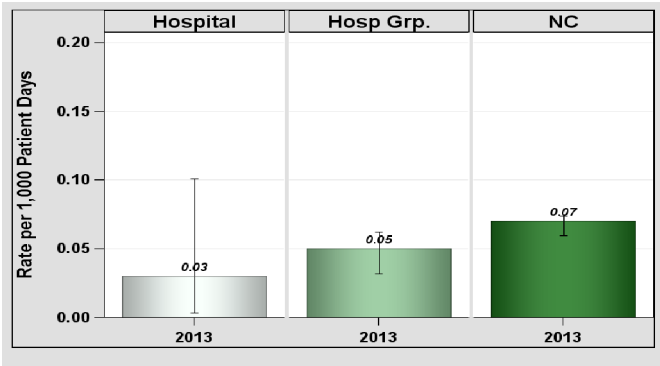


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

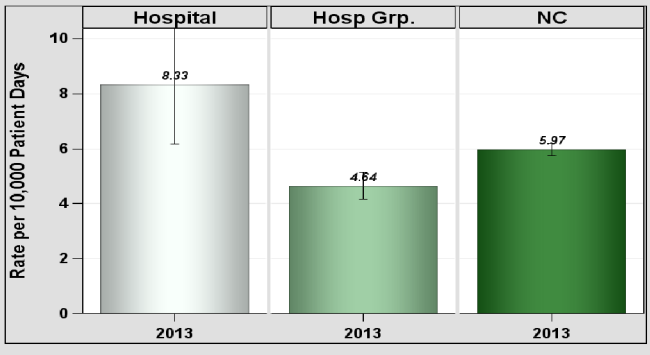


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	57	68,438	8.33	56.96	1.001	0.765, 1.287	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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
High Point Regional Health System, High Point, Guilford County

Catheter-Associated Urinary Tract Infections (CAUTI)

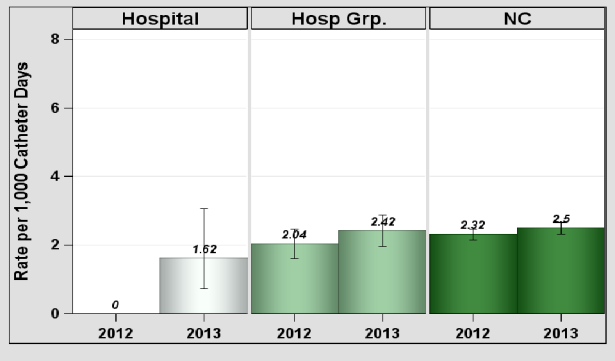


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	0	1,027	0	2.05	0	, 1.458	Same
Medical/surgical	8	3,999	2	5.2	1.539	0.715, 2.922	Same
Rehabiliation	0	231	0	0.88	.		
Surgical cardiothoracic	1	297	3.37	0.5	.		
YTD Total for Reporting ICUs	9	5,554	1.62	8.64	1.042	0.508, 1.913	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	161	0	1.8	0	, 1.664	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

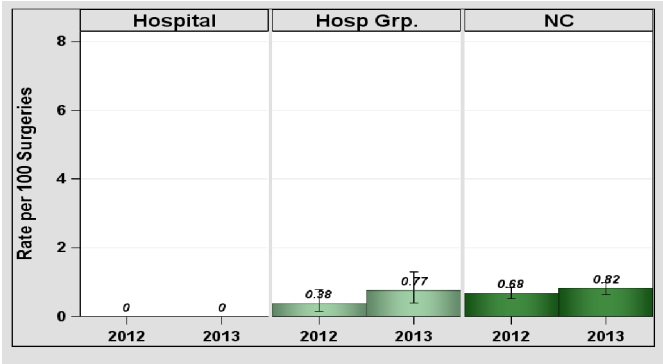


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

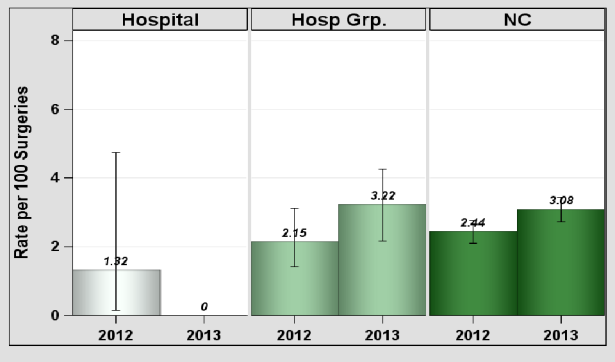


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	107	0	3.54	0	, 0.845	Lower

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

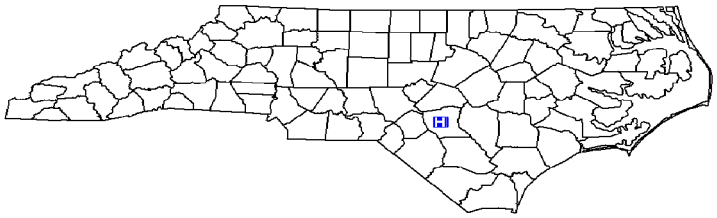
Commentary from Hospitals:
No comments provided.

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
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:	1.00
Number of FTEs* per 100 beds:	1.52



*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

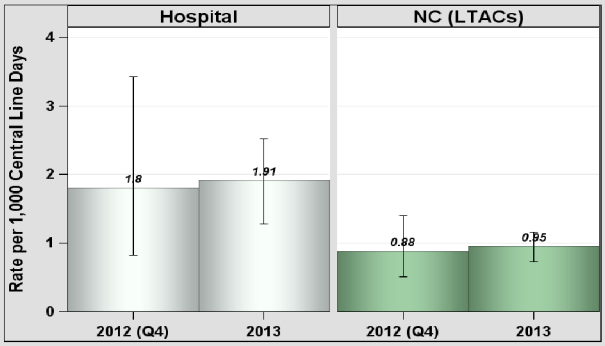


Table 1. Rates by Location, Jan-Dec 2013.

Type of Unit	Infections	Line Days	Rate
Adult intensive care unit	7	2,532	2.76
Adult ward	29	16,349	1.77
YTD 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.

Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates by Location, Jan-Dec 2013

Type of Unit	Infections	Catheter Days	Rate
Adult intensive care unit	21	2,157	9.74
Adult ward	81	9,353	8.66
YTD 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.

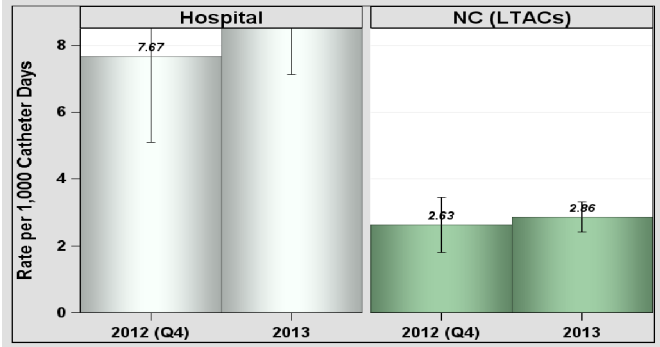


Figure 2. Rates and 95% Confidence Intervals, 2012-2013.

Other Healthcare-Associated Infections (HAIs)

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

Commentary from Hospitals:
No comments provided.

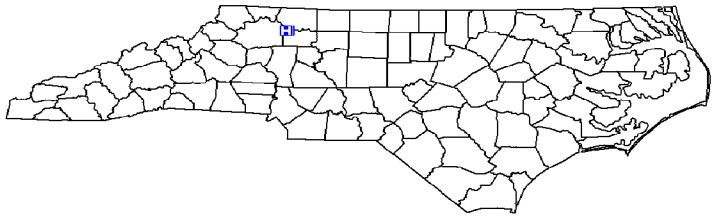
Refer to the HAI in N.C. Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of March 18, 2014.

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)

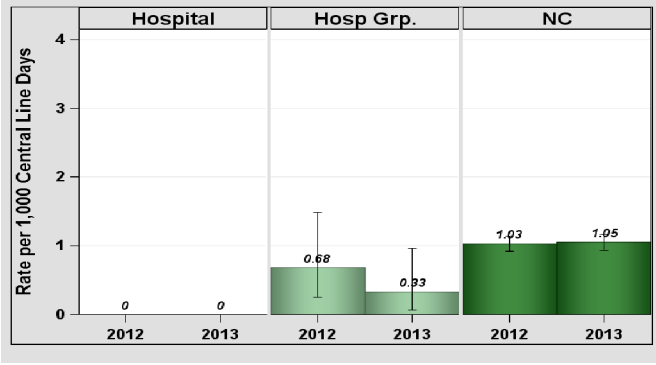


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	170	0	0.25	.		
YTD Total for Reporting ICUs	0	170	0	0.25	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	14,870	0	.	.	.	

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

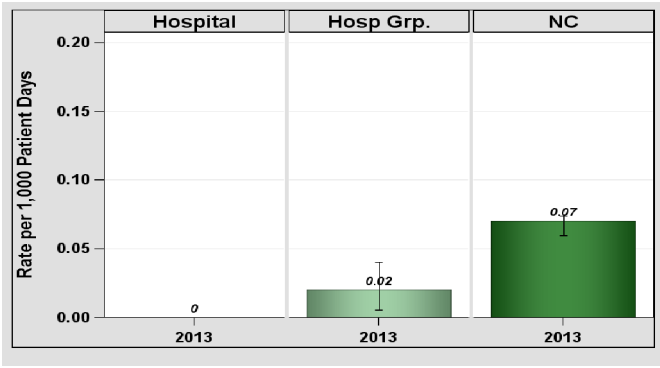


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

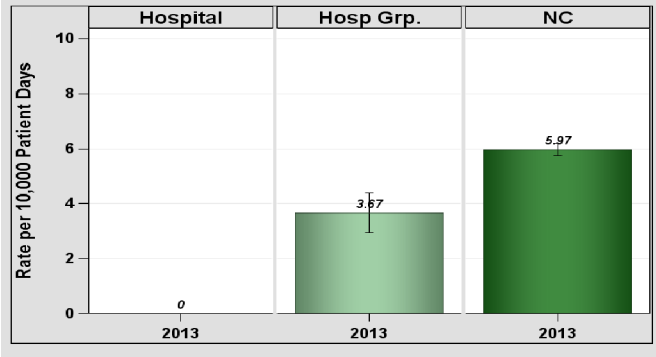


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	12,187	0	6.65	0	, 0.450	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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)

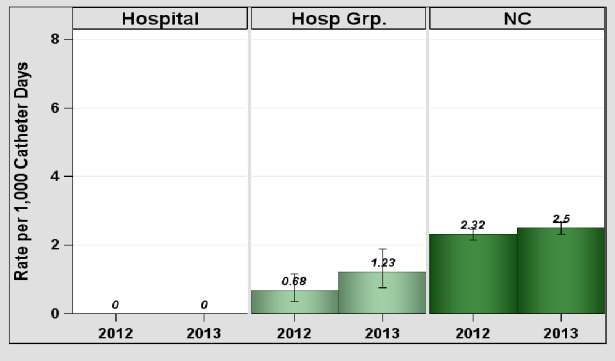


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	343	0	0.45	.		
YTD Total for Reporting ICUs	0	343	0	0.45	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	67	0	0.66	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

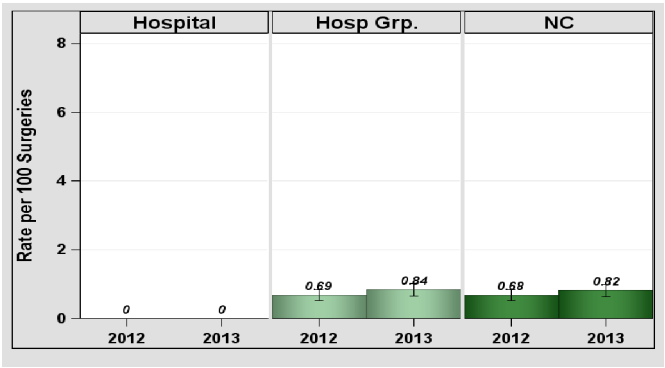


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

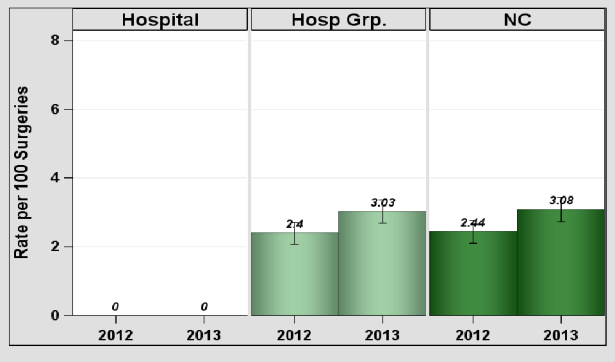


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	31	0	1.16	0	, 2.594	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

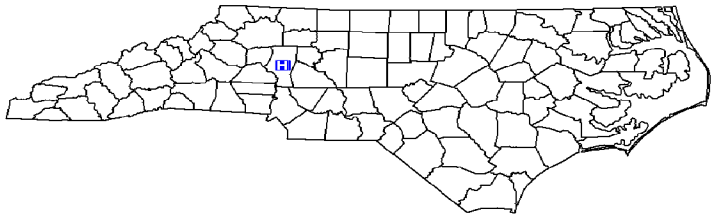
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Iredell Memorial Hospital, Statesville, Iredell County

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)

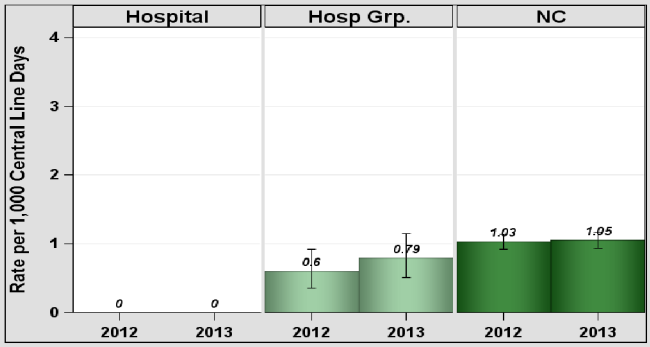


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	1,644	0	2.47	0	, 1.215	Same
YTD Total for Reporting ICUs	0	1,644	0	2.47	0	, 1.215	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	41,539	0	1.87	0	, 1.603	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

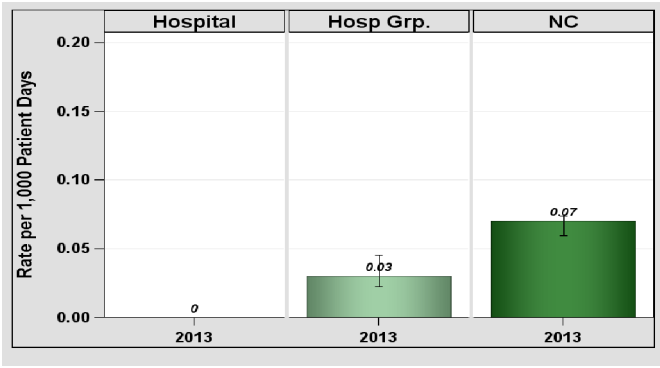


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

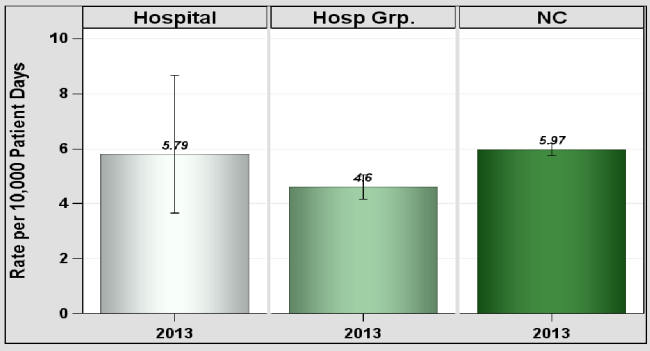


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	23	39,755	5.79	20.57	1.118	0.726, 1.651	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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)

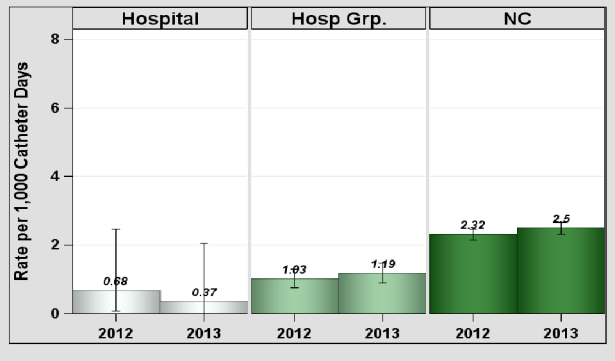


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	2,698	0.37	3.24	0.309	0.015, 1.523	Same
YTD Total for Reporting ICUs	1	2,698	0.37	3.24	0.309	0.015, 1.523	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	91	0	0.91	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

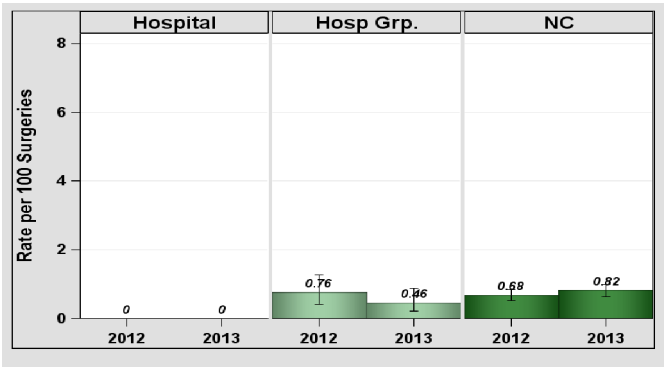


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

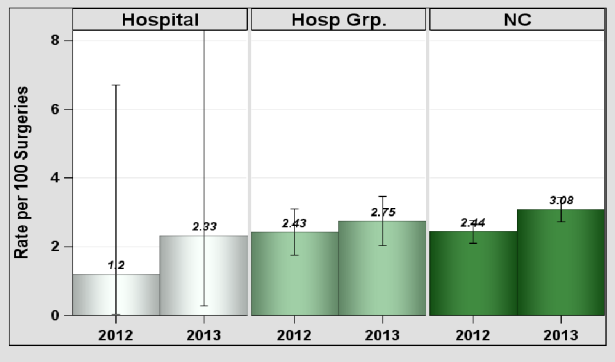


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	2	86	2.33	2.77	0.721	0.121, 2.382	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

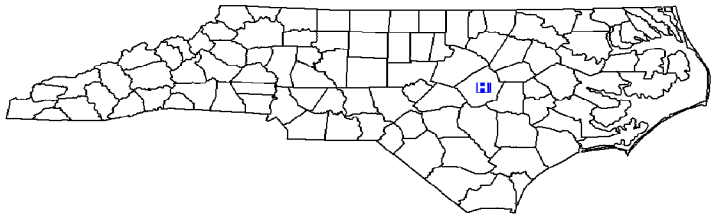
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Johnston Health, Smithfield, Johnston County

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)

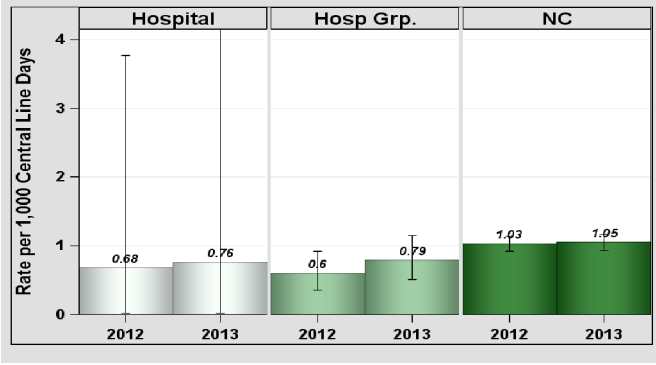


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	1	1,317	0.76	2.5	0.4	0.020, 1.971	Same
YTD Total for Reporting ICUs	1	1,317	0.76	2.5	0.4	0.020, 1.971	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	2	36,361	0.06	1.72	1.163	0.195, 3.842	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

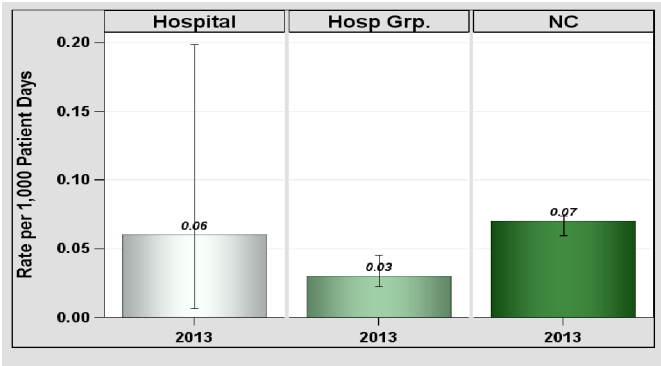


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

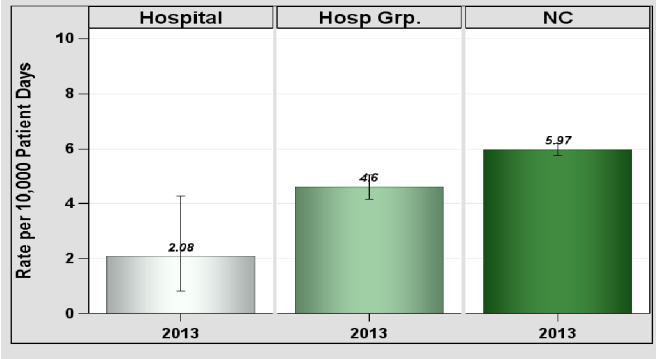


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	7	33,614	2.08	16.8	0.417	0.182, 0.824	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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)

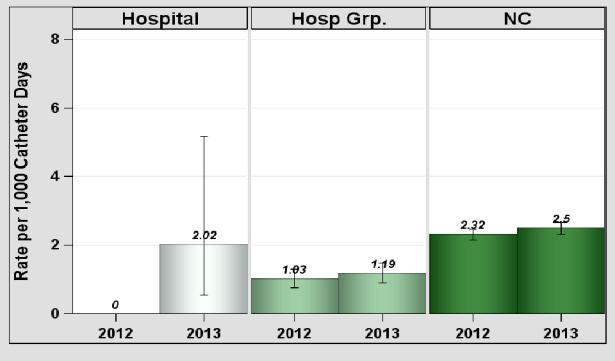


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	4	1,981	2.02	3.96	1.01	0.321, 2.435	Same
YTD Total for Reporting ICUs	4	1,981	2.02	3.96	1.01	0.321, 2.435	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	1	82	1.22	0.64	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

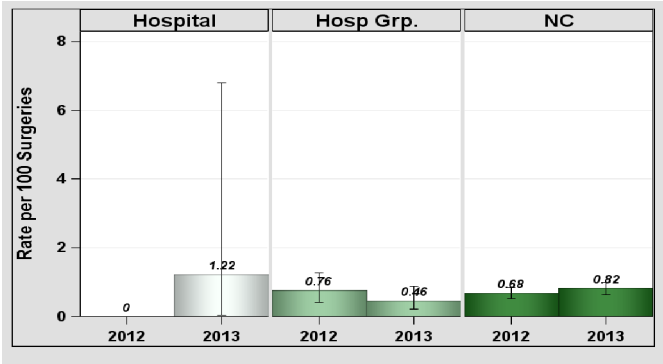


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

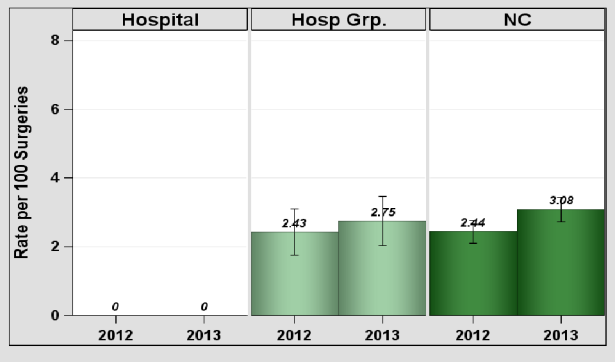


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	72	0	1.8	0	, 1.662	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

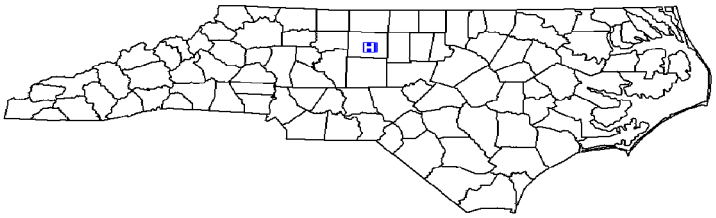
Commentary from Hospitals:
No comments provided.

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
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)

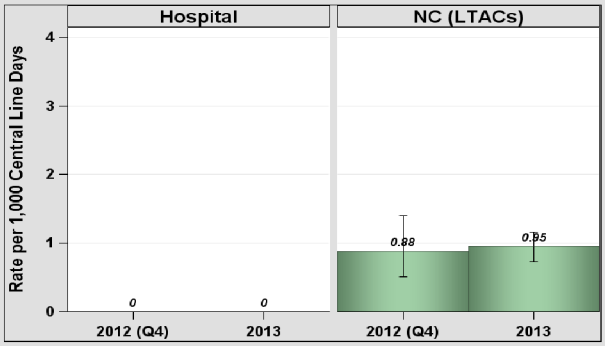


Table 1. Rates by Location, Jan-Dec 2013.

Type of Unit	Infections	Line Days	Rate
Adult ward	0	15,883	0.00
YTD 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.

Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates by Location, Jan-Dec 2013

Type of Unit	Infections	Catheter Days	Rate
Adult ward	2	10,458	0.19
YTD 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.

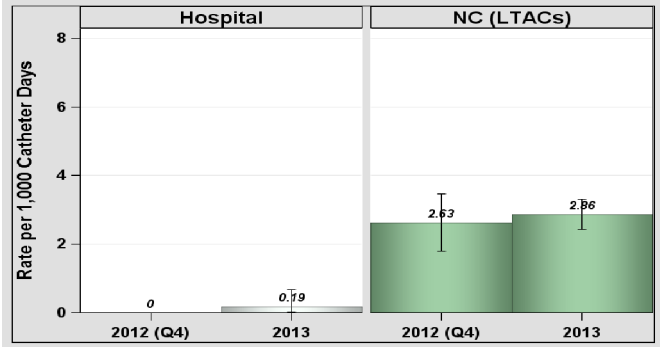


Figure 2. Rates and 95% Confidence Intervals, 2012-2013.

Other Healthcare-Associated Infections (HAIs)

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

Commentary from Hospitals:
No comments provided.

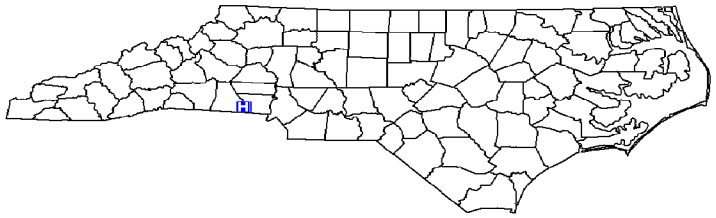
Refer to the HAI in N.C. Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of March 18, 2014.

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)

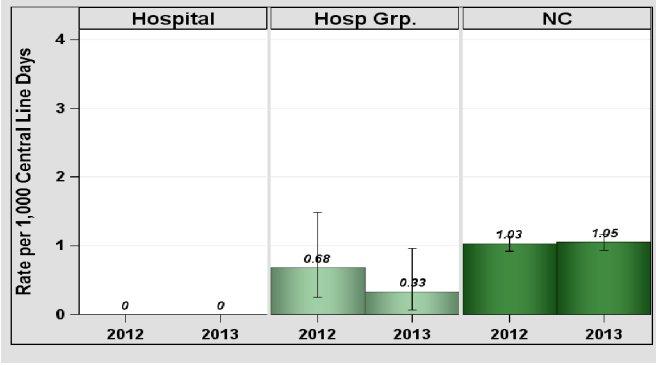


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	269	0	0.51	.		
YTD Total for Reporting ICUs	0	269	0	0.51	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	13,305	0	0.48	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

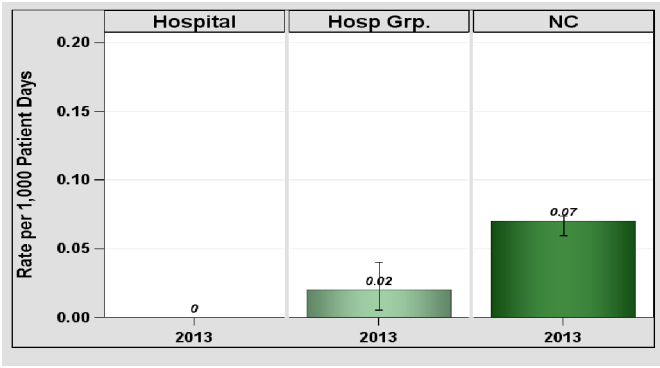


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

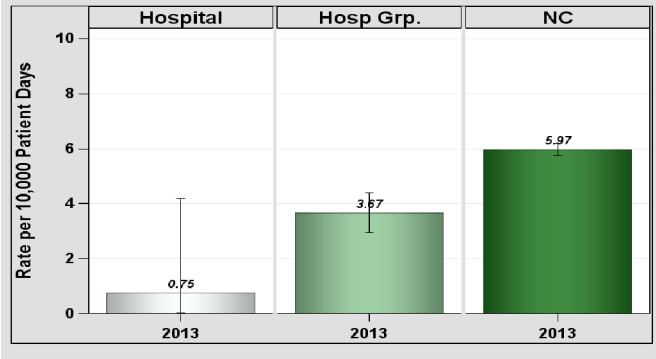


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	13,305	0.75	7.73	0.129	0.006, 0.638	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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)

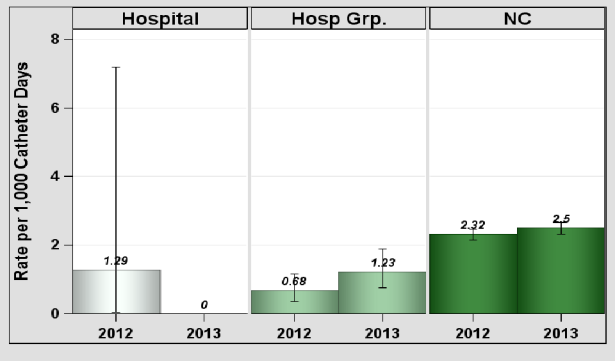


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	756	0	1.51	0	, 1.981	Same
YTD Total for Reporting ICUs	0	756	0	1.51	0	, 1.981	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	0	.	0	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

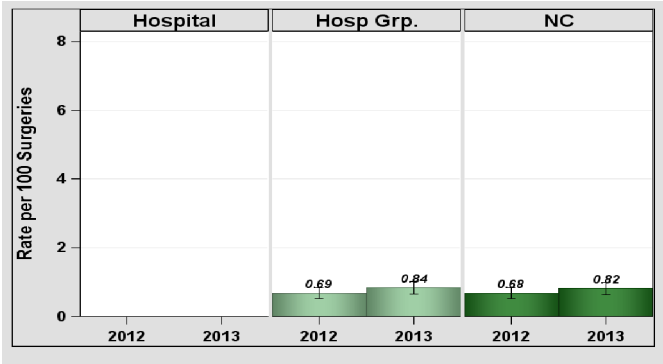


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

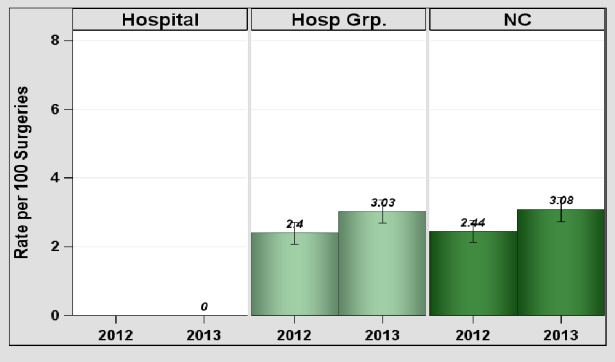


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	22	0	0.7	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

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.

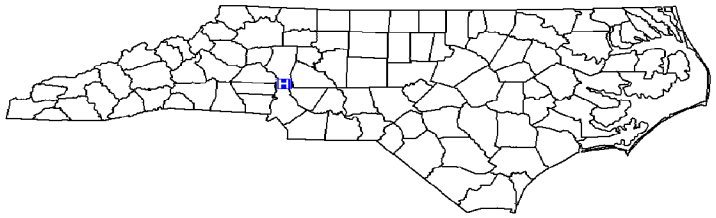
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of March 18, 2014.

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

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)

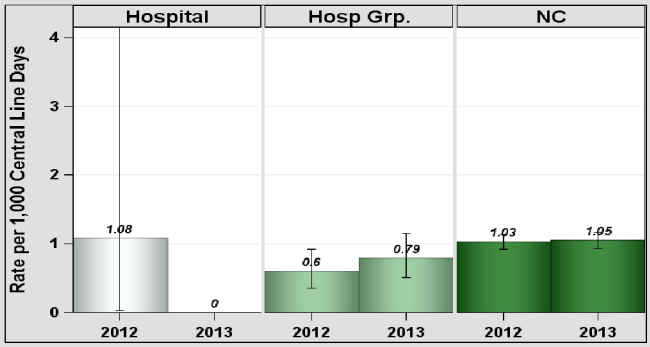


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	985	0	1.87	0	, 1.601	Same
Neonatal Level II/III	0	1	.	.	.		
YTD Total for Reporting ICUs	0	986	0	1.87	0	, 1.600	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	16,727	0.06	0.89	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

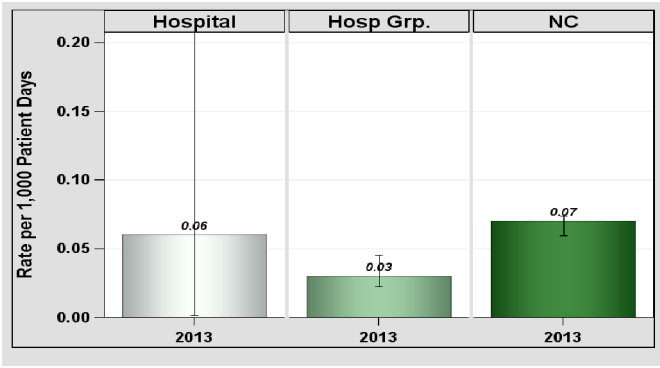


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

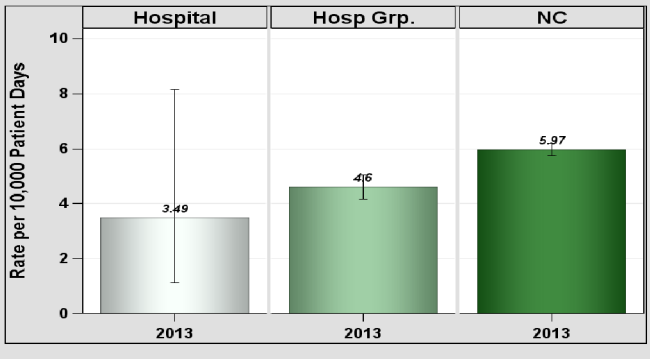


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	5	14,323	3.49	7.38	0.677	0.248, 1.502	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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)

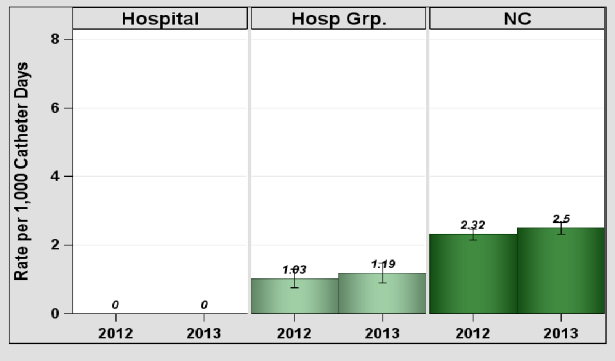


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	1,307	0	2.61	0	, 1.146	Same
YTD Total for Reporting ICUs	0	1,307	0	2.61	0	, 1.146	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	76	0	0.6	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

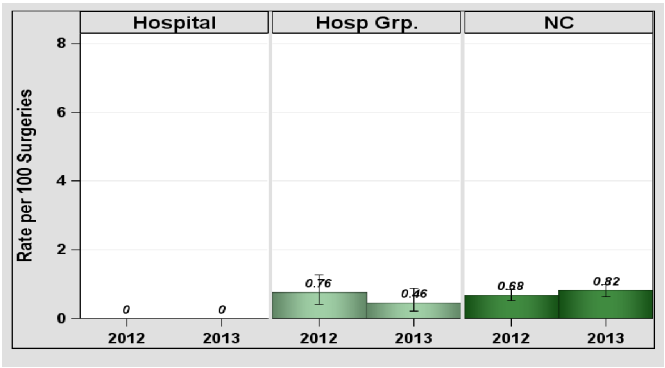


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

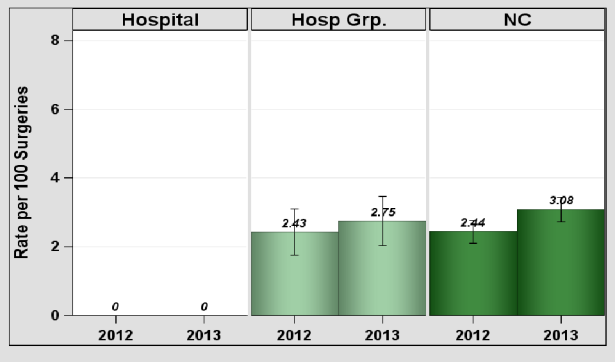


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	45	0	1.3	0	, 2.299	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

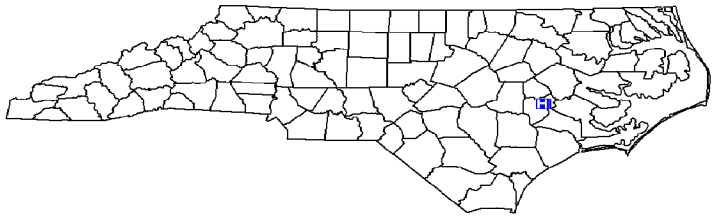
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Lenoir Memorial Hospital, Kinston, Lenoir County

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)

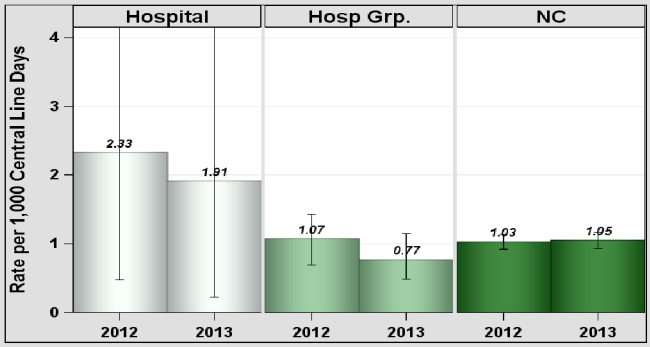


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	2	1,045	1.91	1.57	1.276	0.214, 4.215	Same
YTD Total for Reporting ICUs	2	1,045	1.91	1.57	1.276	0.214, 4.215	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	5	34,836	0.14	4.03	1.241	0.455, 2.750	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

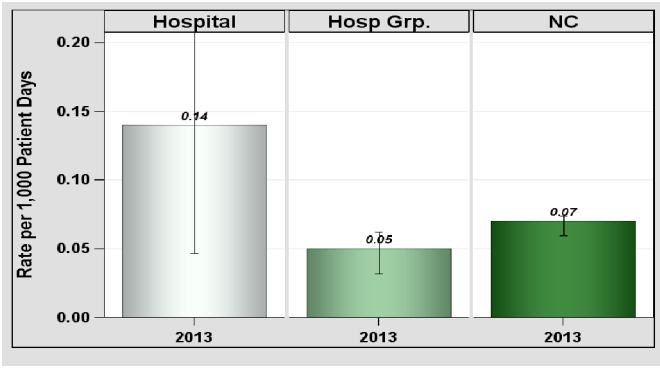


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

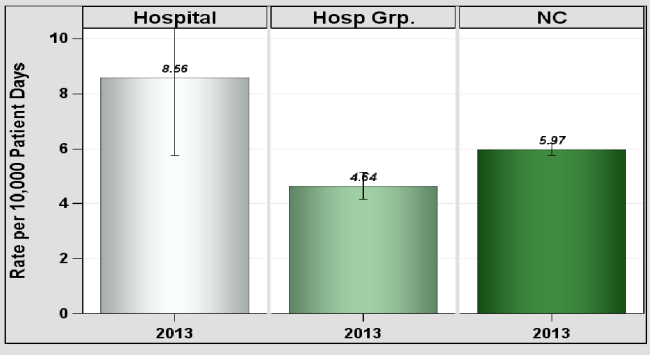


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	29	33,895	8.56	23.35	1.242	0.847, 1.760	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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)

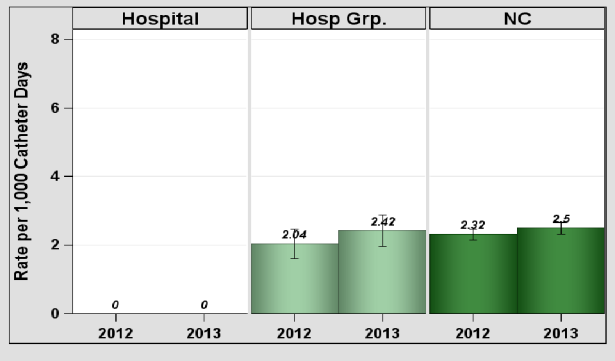


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	1,973	0	2.56	0	, 1.168	Same
Rehabiliation	0	20	.	.	.		
YTD Total for Reporting ICUs	0	1,993	0	2.64	0	, 1.134	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	2	39	5.13	0.49	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

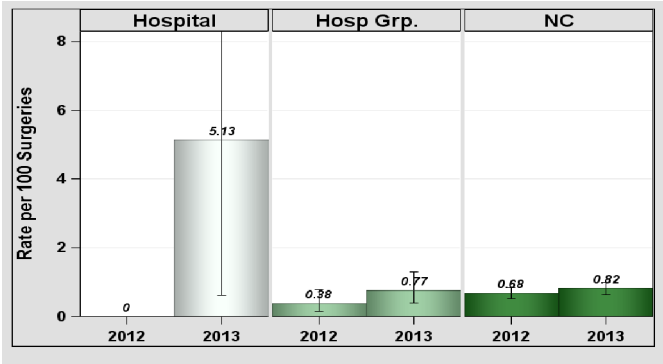


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

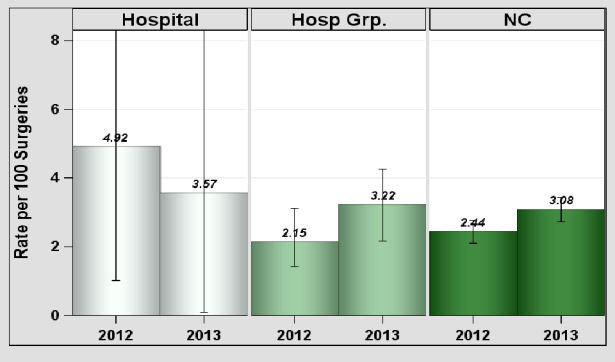


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	1	28	3.57	0.87	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

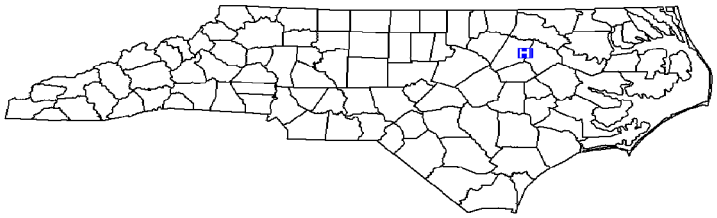
Commentary from Hospitals:
No comments provided.

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
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)

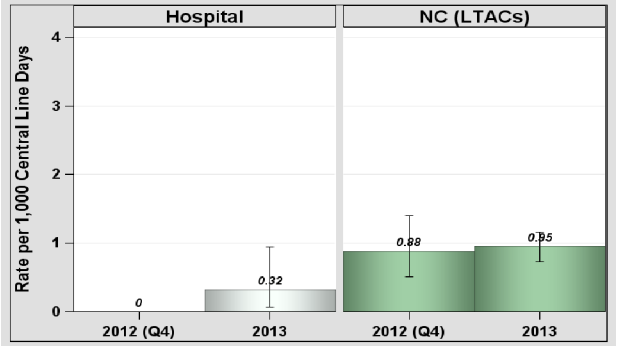


Table 1. Rates by Location, Jan-Dec 2013.

Type of Unit	Infections	Line Days	Rate
Adult ward	3	9,309	0.32
YTD 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.

Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates by Location, Jan-Dec 2013

Type of Unit	Infections	Catheter Days	Rate
Adult ward	8	8,185	0.98
YTD 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.

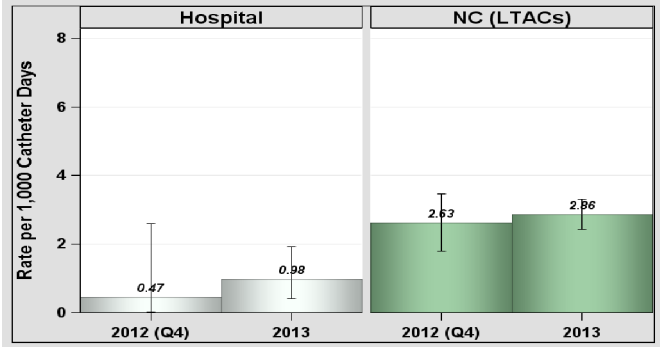


Figure 2. Rates and 95% Confidence Intervals, 2012-2013.

Other Healthcare-Associated Infections (HAIs)

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

Commentary from Hospitals:
No comments provided.

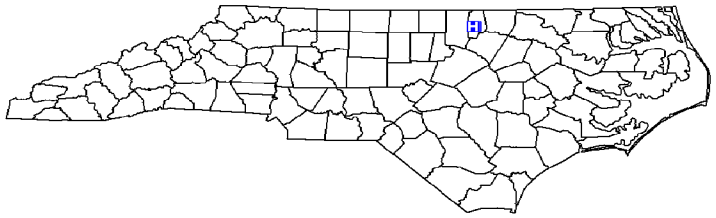
Refer to the HAI in N.C. Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of March 18, 2014.

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)

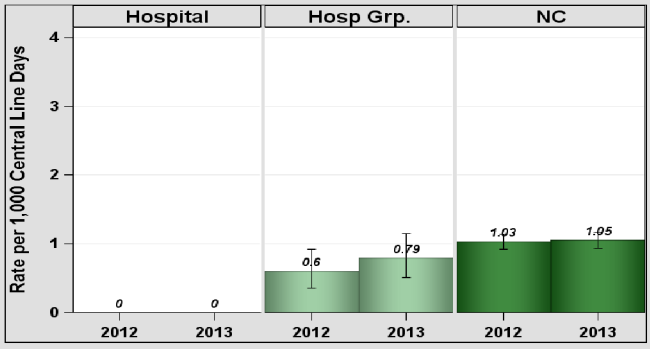


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	1,230	0	1.84	0	, 1.624	Same
YTD Total for Reporting ICUs	0	1,230	0	1.84	0	, 1.624	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	25,472	0	1.21	0	, 2.475	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

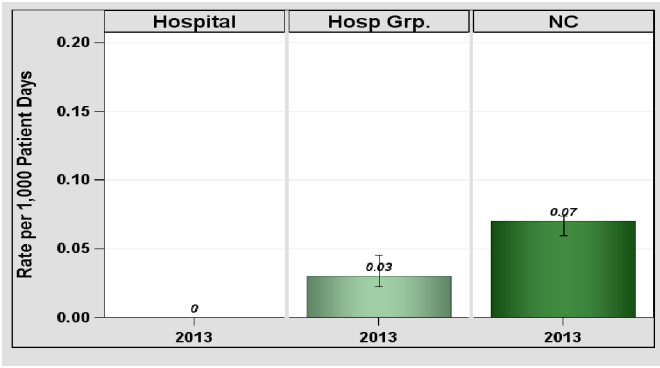


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

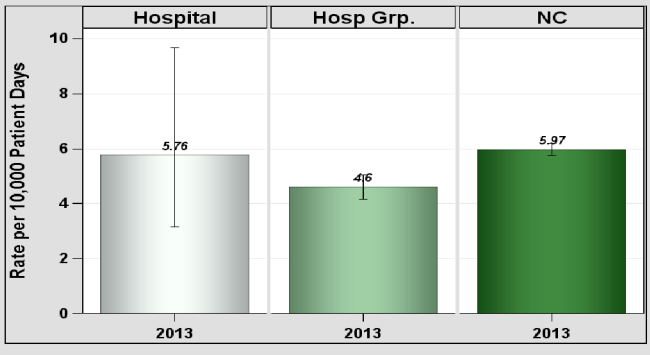


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	14	24,293	5.76	13.51	1.036	0.590, 1.697	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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)

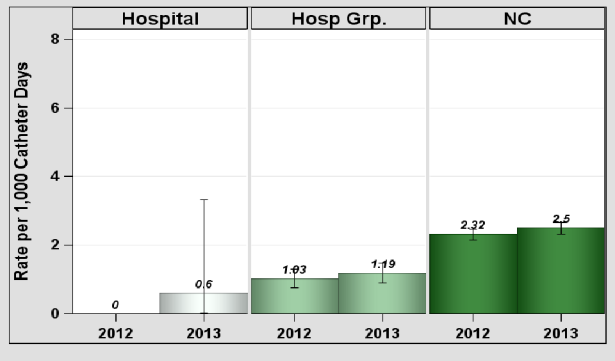


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	1,520	0.66	1.98	0.506	0.025, 2.496	Same
Rehabiliation	0	152	0	0.58	.		
YTD Total for Reporting ICUs	1	1,672	0.6	2.55	0.392	0.020, 1.931	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	52	0	0.6	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

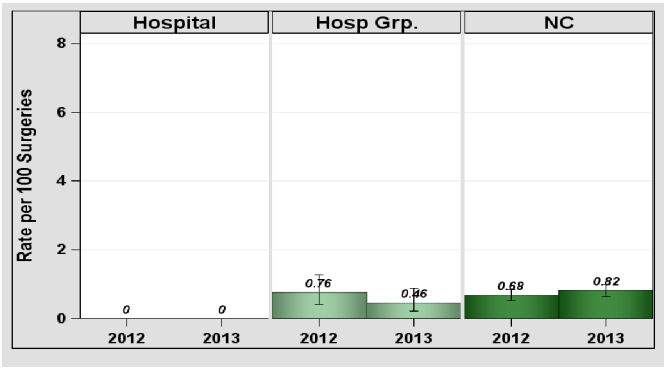


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

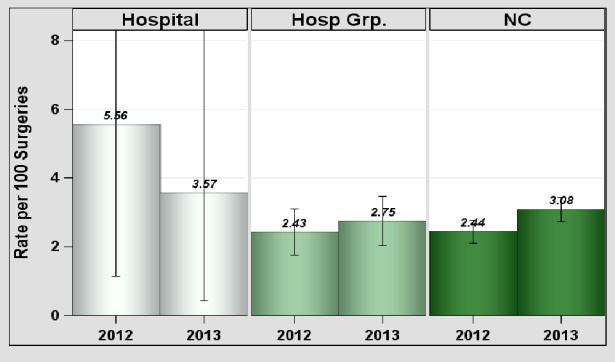


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	2	56	3.57	1.88	1.062	0.178, 3.507	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

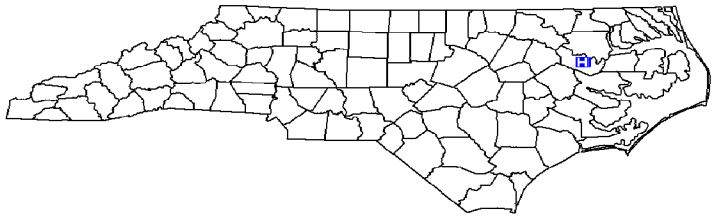
Commentary from Hospitals:
No comments provided.

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)

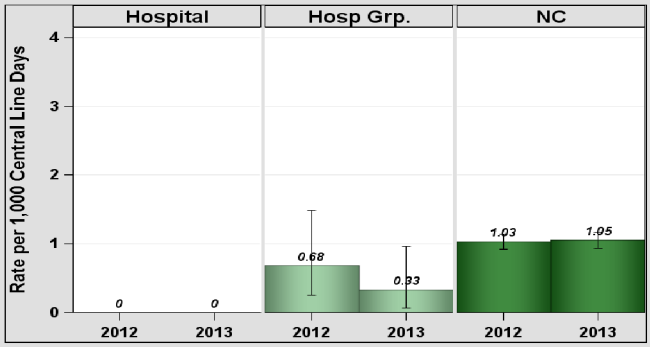


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	152	0	0.23	.		
YTD Total for Reporting ICUs	0	152	0	0.23	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	7,606	0	0.34	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

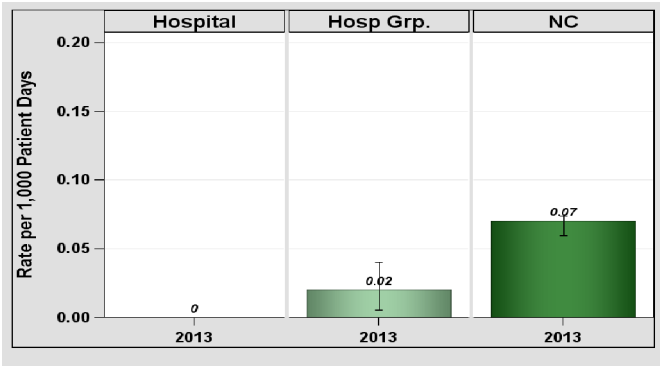


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

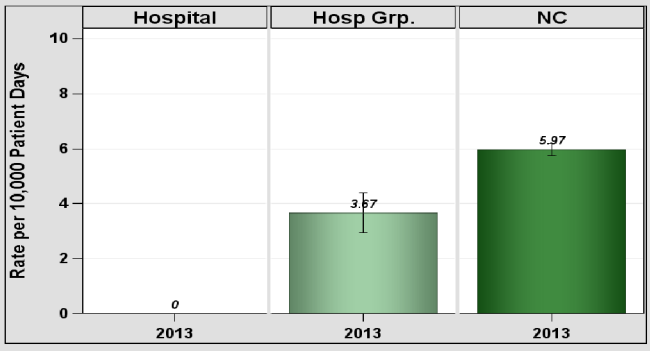


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	7,606	0	4.36	0	, 0.687	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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)

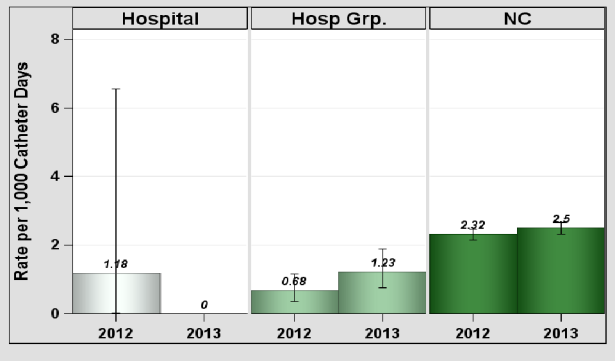


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	594	0	0.77	.		
YTD Total for Reporting ICUs	0	594	0	0.77	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	2	.	0.01	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

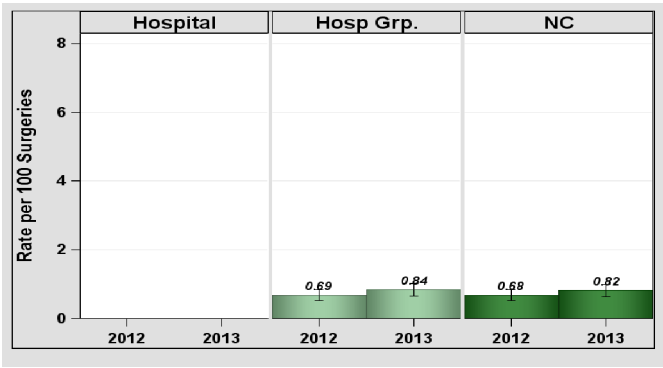


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

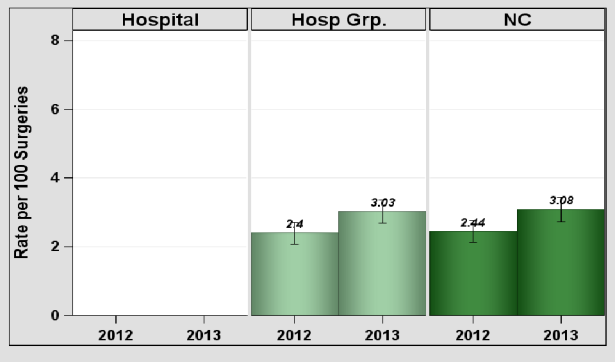


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	4	.	0.11	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

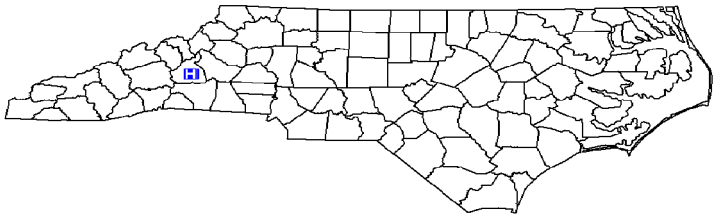
Commentary from Hospitals:
No comments provided.

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)

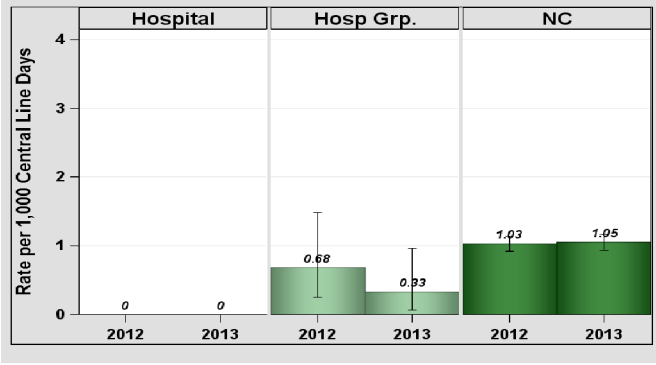


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	214	0	0.32	.		
YTD Total for Reporting ICUs	0	214	0	0.32	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	6,899	0	0.27	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

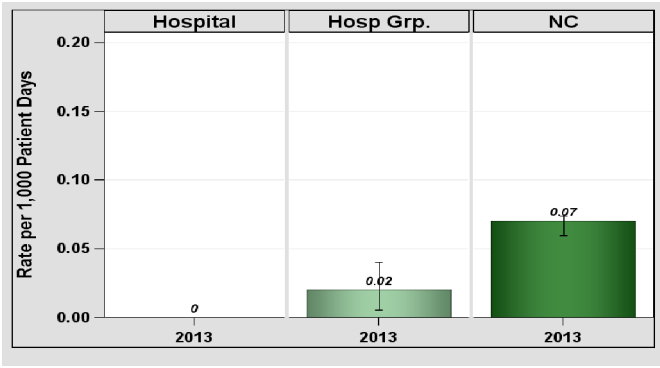


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

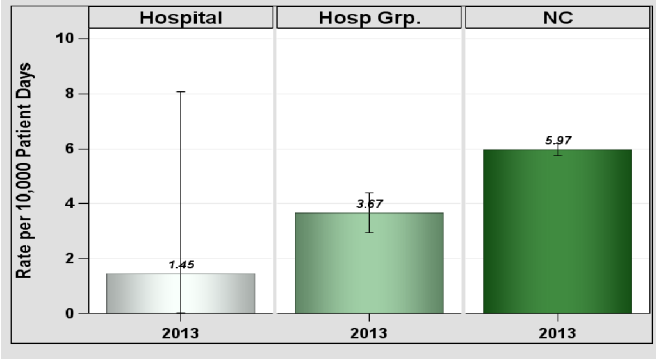


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	6,899	1.45	2.68	0.374	0.019, 1.843	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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)

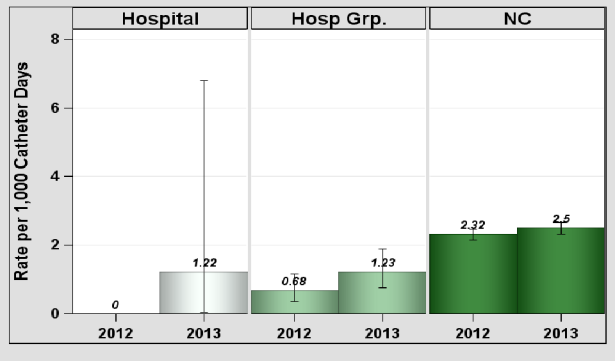


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	819	1.22	1.06	0.939	0.047, 4.632	Same
YTD Total for Reporting ICUs	1	819	1.22	1.06	0.939	0.047, 4.632	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	27	0	0.3	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

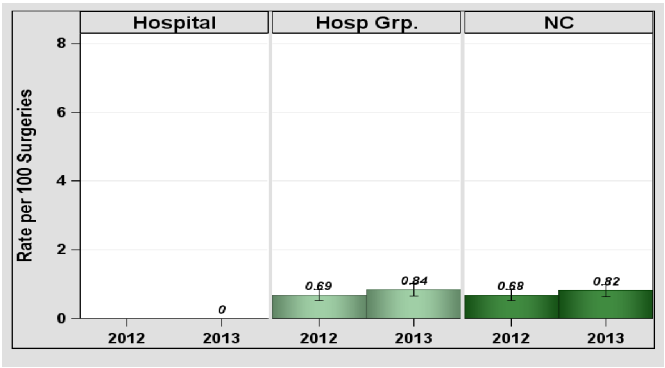


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

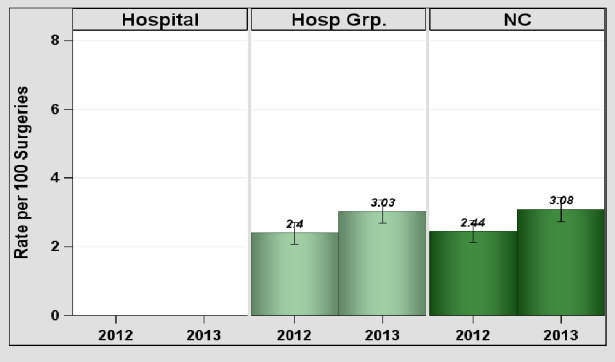


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	14	.	0.41	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

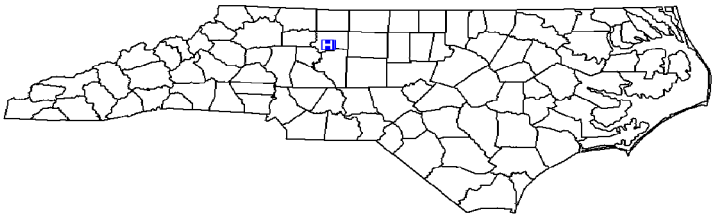
Commentary from Hospitals:
No comments provided.

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.

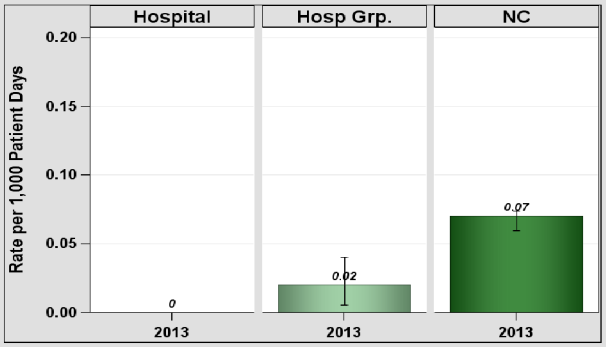


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Table 1. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	2,766	0	0.1	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	6	2,766	21.7	1.58	3.808	1.544, 7.921	Higher

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

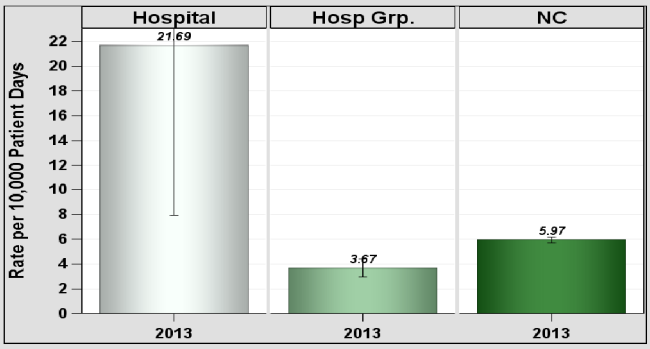


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Surgical Site Infections (SSI)

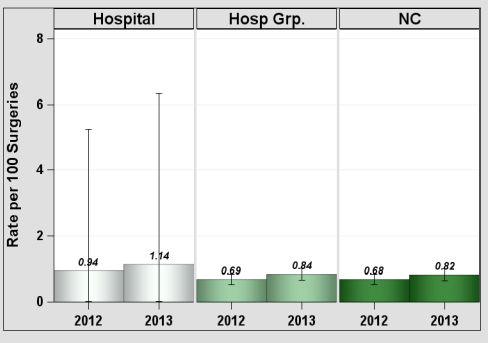


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2013.

Table 3. Rates and SIRs by Surgery, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	1	12
Procedures	88	200
Rate	1.14	6
	0.75	6.07
SIR**	.	1.977
95% CI**		1.071, 3.361
Interpretation		Higher

*Infections from deep incisional and/or organ space.
**SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries were performed and SIR not presented.

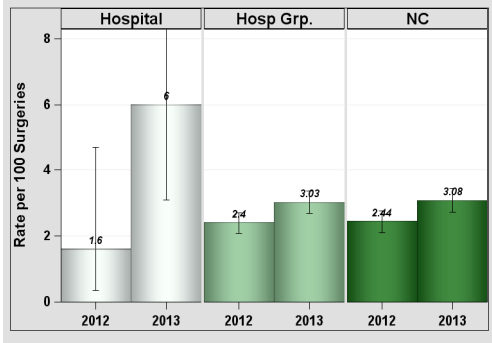


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2013.

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 on NovantHealth.org.

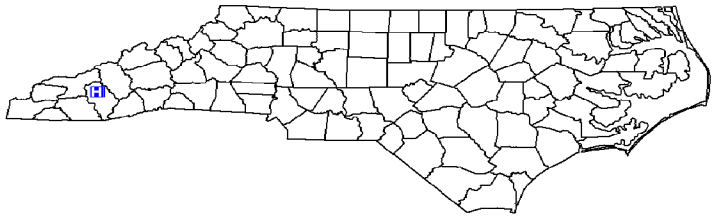
Refer to the HAI in N.C. Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of March 18, 2014

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
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)

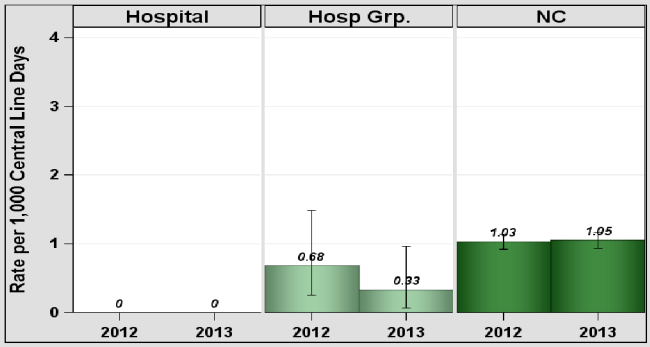


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	522	0	0.78	.		
YTD Total for Reporting ICUs	0	522	0	0.78	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	13,547	0	.	.	.	

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

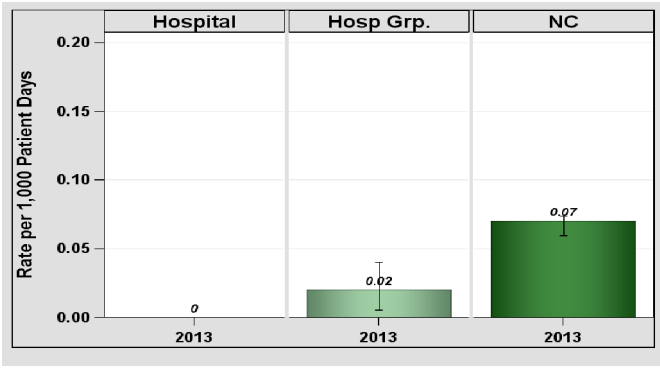


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

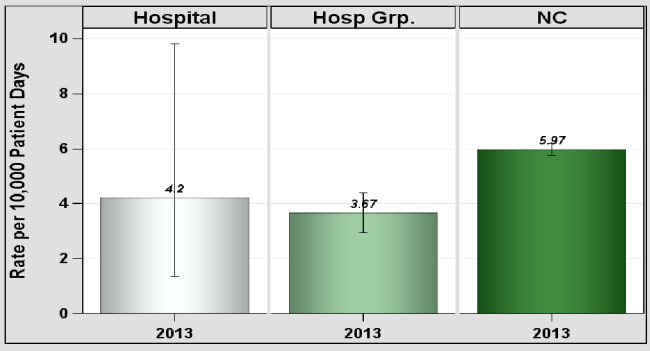


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	5	11,913	4.2	6.24	0.801	0.293, 1.775	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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
Westcare - Harris Regional Hospital, Sylva, Jackson County

Catheter-Associated Urinary Tract Infections (CAUTI)

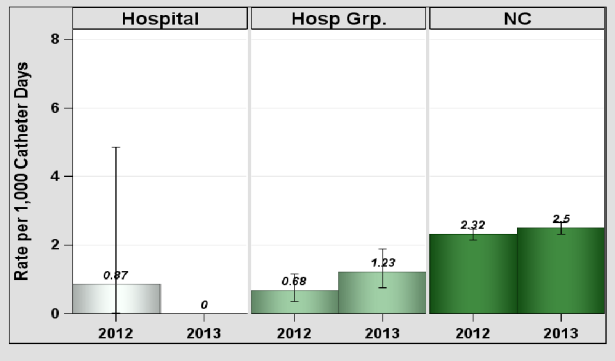


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	1,305	0	1.7	0	, 1.766	Same
YTD Total for Reporting ICUs	0	1,305	0	1.7	0	, 1.766	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	14	.	0.16	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

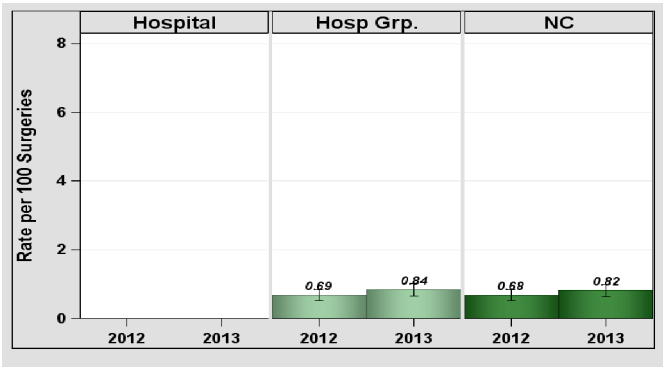


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

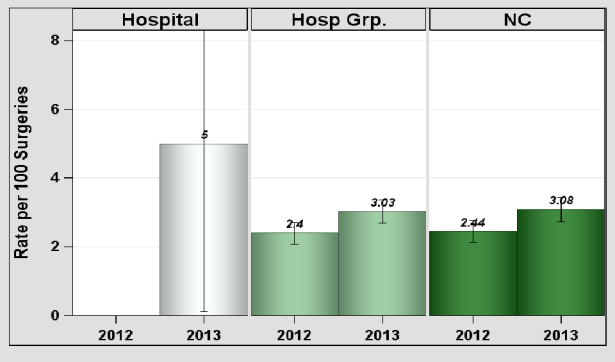


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	1	20	5	0.69	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

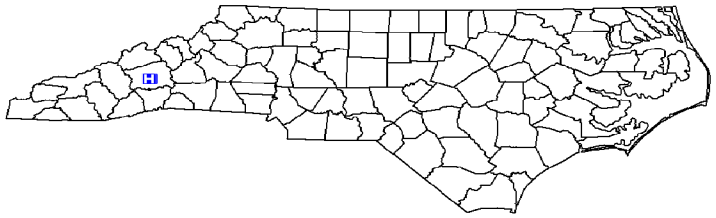
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
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)

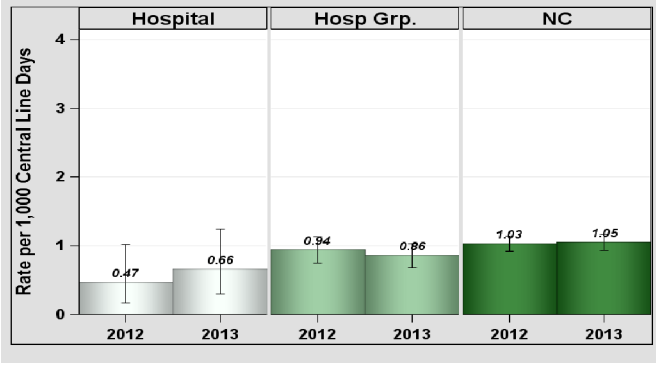


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	0	742	0	1.48	0	, 2.019	Same
Medical/surgical	3	4,950	0.61	7.42	0.404	0.103, 1.100	Same
Neonatal Level II/III	0	2,013	0	4.52	0	, 0.662	Lower
Neurosurgical	4	2,623	1.52	6.56	0.61	0.194, 1.471	Same
Pediatric medical/surgical	1	466	2.15	1.4	0.715	0.036, 3.528	Same
Surgical cardiothoracic	1	2,937	0.34	4.11	0.243	0.012, 1.199	Same
YTD Total for Reporting ICUs	9	13,731	0.66	25.5	0.353	0.172, 0.648	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	11	209,622	0.05	12.89	0.853	0.449, 1.483	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

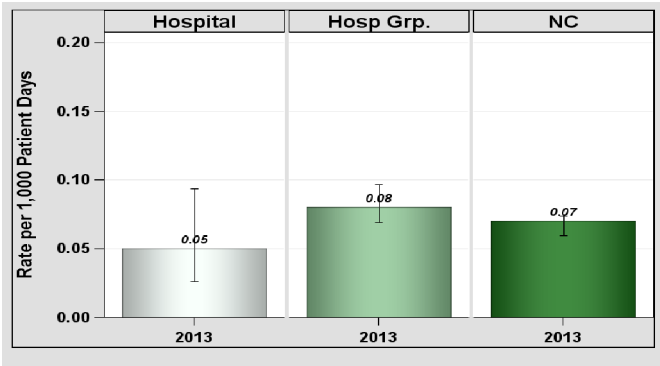


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

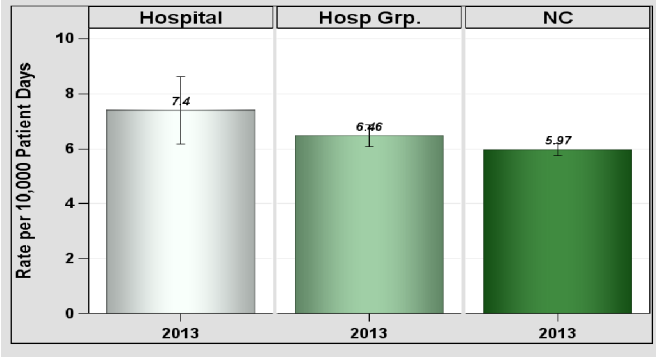


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	140	189,221	7.4	171.66	0.816	0.689, 0.959	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Mission Hospital, Asheville, Buncombe County

Catheter-Associated Urinary Tract Infections (CAUTI)

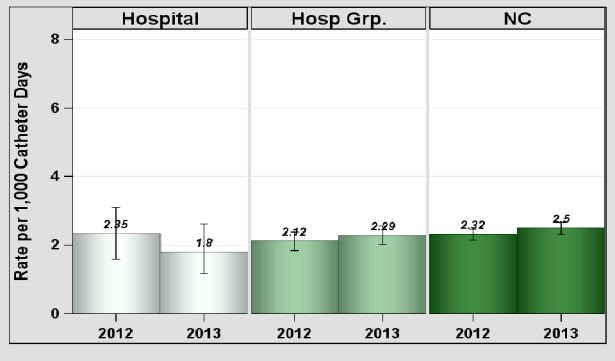


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	3	1,154	2.6	2.31	1.3	0.331, 3.538	Same
Medical/surgical	12	6,687	1.79	8.69	1.38	0.748, 2.347	Same
Neurosurgical	9	3,965	2.27	17.45	0.516	0.252, 0.947	Lower
Pediatric medical/surgical	0	97	0	0.27	.		
Surgical cardiothoracic	3	3,097	0.97	5.26	0.57	0.145, 1.551	Same
YTD Total for Reporting ICUs	27	15,000	1.8	33.98	0.795	0.534, 1.140	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	3	434	0.69	4.32	0.695	0.177, 1.892	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

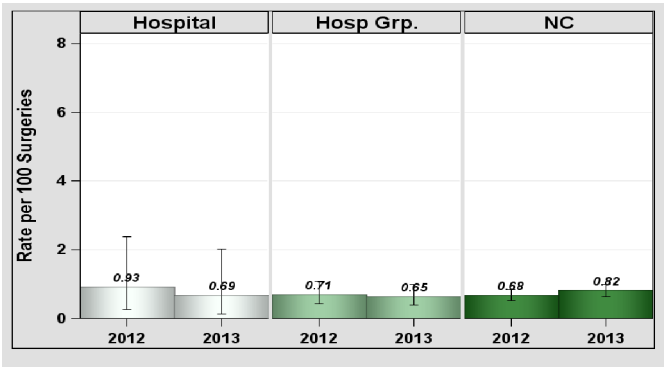


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

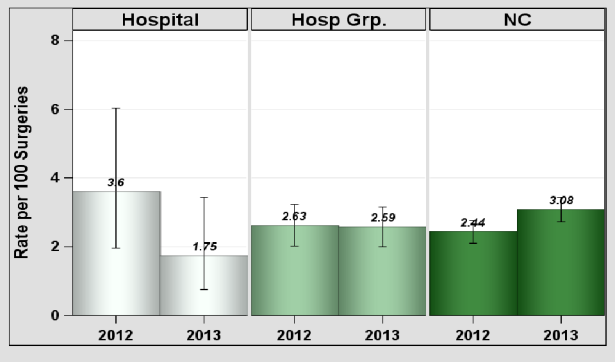


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	8	457	1.75	14.82	0.54	0.251, 1.025	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

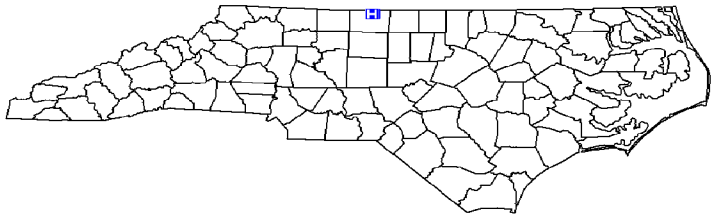
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Morehead Memorial Hospital, Eden, Rockingham County

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)

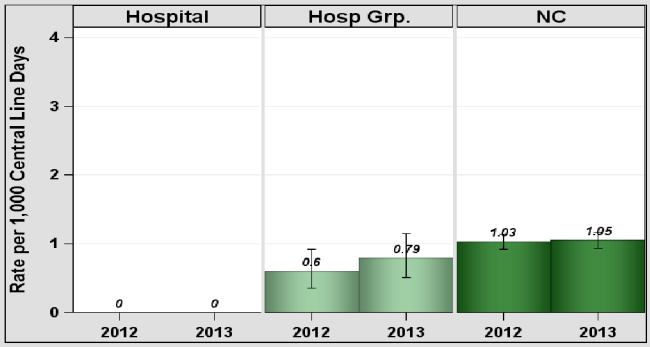


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	243	0	0.36	.		
YTD Total for Reporting ICUs	0	243	0	0.36	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	17,153	0.06	0.93	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

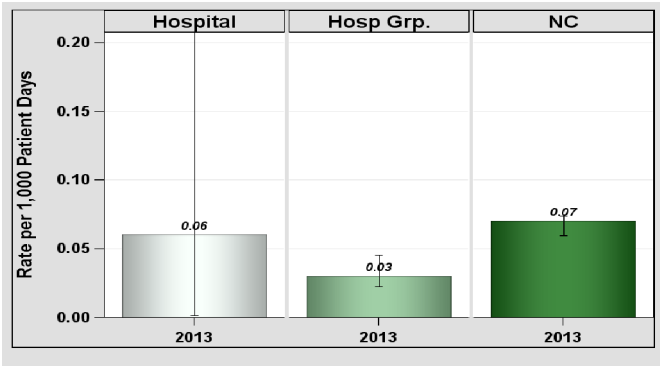


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

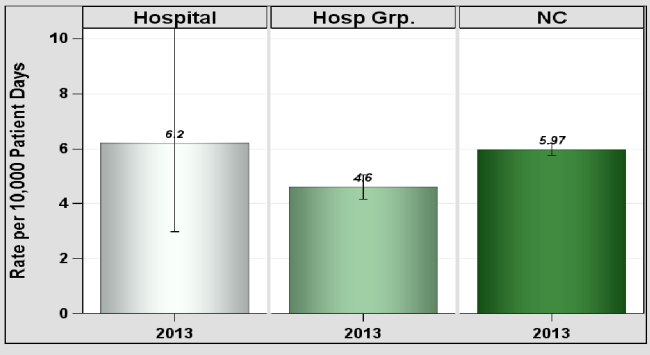


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	10	16,134	6.2	8.17	1.224	0.622, 2.182	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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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)

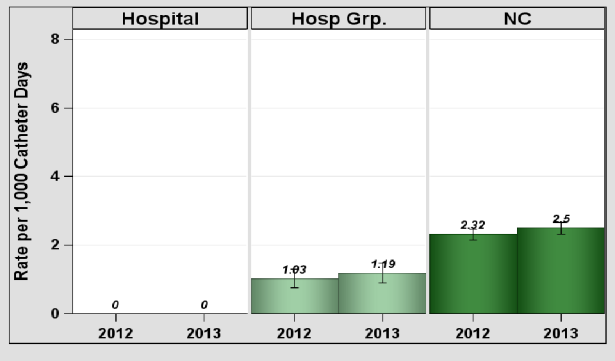


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	1,206	0	1.57	0	, 1.911	Same
YTD Total for Reporting ICUs	0	1,206	0	1.57	0	, 1.911	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	26	0	0.3	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

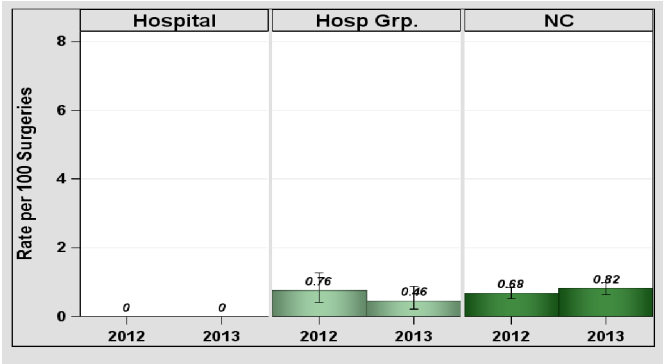


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

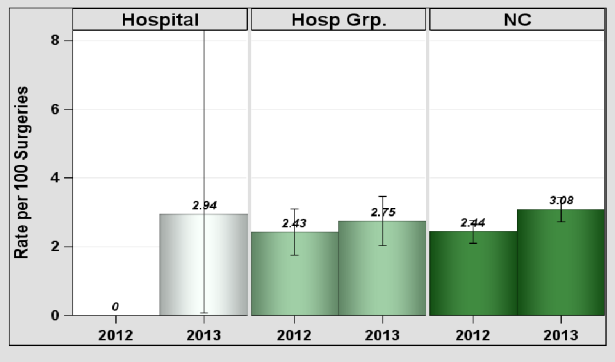


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	1	34	2.94	1.13	0.887	0.044, 4.372	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

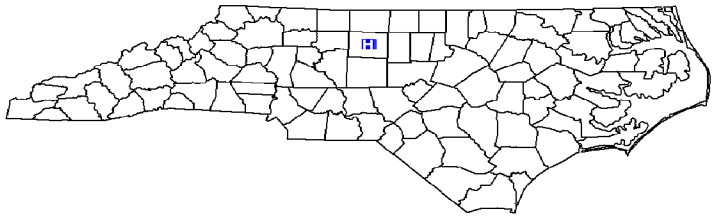
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Moses Cone Hospital, Greensboro, Guilford County

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)

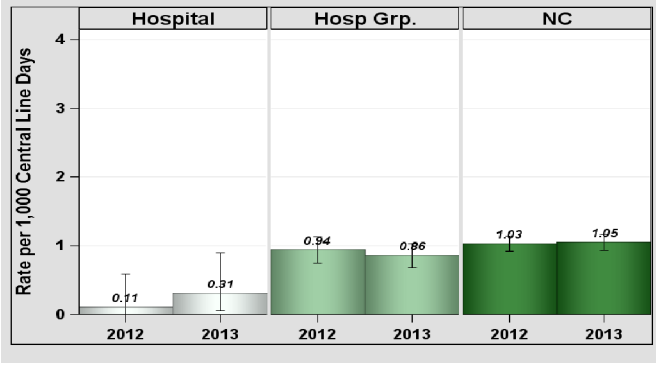


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	1	2,430	0.41	4.86	0.206	0.010, 1.015	Same
Medical/surgical	1	2,779	0.36	4.17	0.24	0.012, 1.183	Same
Neurosurgical	1	1,282	0.78	3.2	0.312	0.016, 1.539	Same
Pediatric medical/surgical	0	33	.	.	.		
Surgical cardiothoracic	0	3,234	0	4.53	0	, 0.662	Lower
YTD Total for Reporting ICUs	3	9,758	0.31	16.86	0.178	0.045, 0.484	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	2	109,525	0.02	6.94	0.288	0.048, 0.953	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

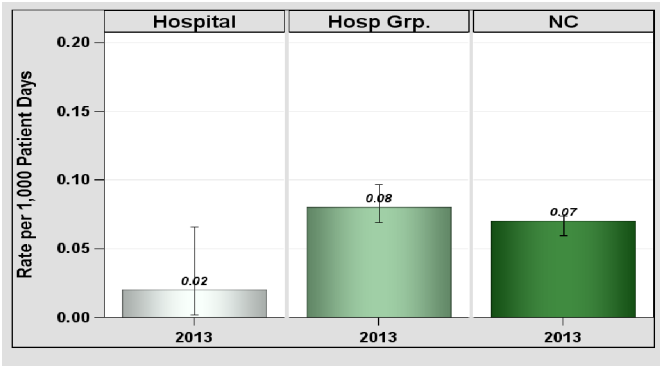


Figure 2. Rates and 95% Confidence Intervals, 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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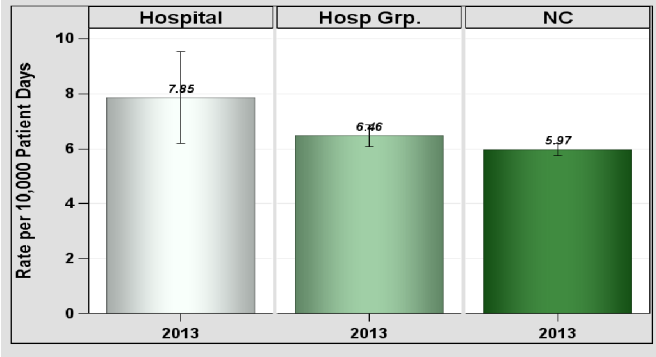

Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	86	109,525	7.85	83.81	1.026	0.826, 1.261	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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Catheter-Associated Urinary Tract Infections (CAUTI)

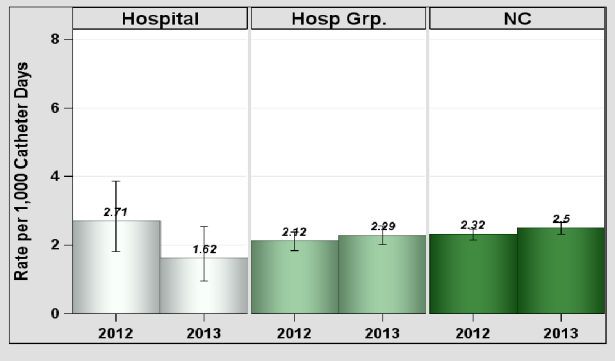


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	2	2,275	0.88	4.55	0.44	0.074, 1.452	Same
Medical/surgical	7	3,050	2.3	3.66	1.913	0.836, 3.783	Same
Neurosurgical	6	2,138	2.81	9.41	0.638	0.259, 1.327	Same
Pediatric medical/surgical	0	37	.	.	.		
Rehabiliation	1	660	1.52	2.51	0.399	0.020, 1.966	Same
Surgical cardiothoracic	2	2,983	0.67	5.07	0.394	0.066, 1.303	Same
YTD Total for Reporting ICUs	18	11,143	1.62	25.3	0.711	0.435, 1.103	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	1	.	0.01	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

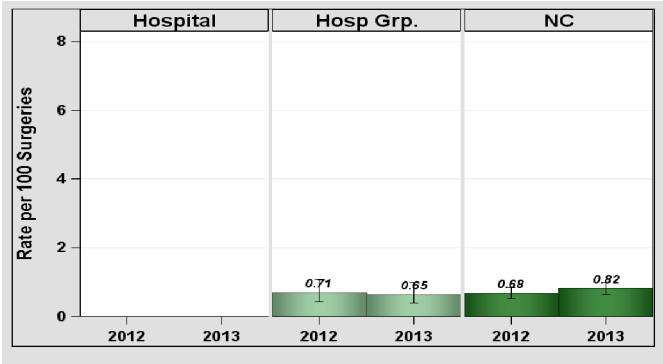


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

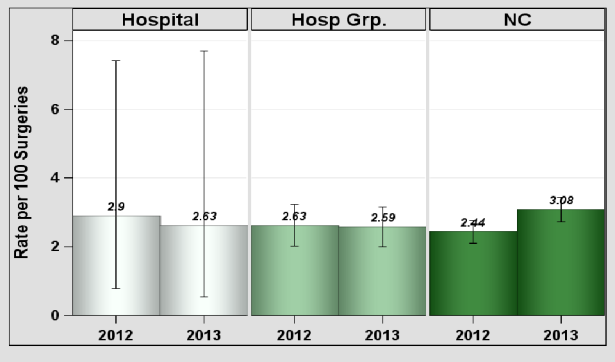


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	3	114	2.63	4	0.749	0.191, 2.039	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

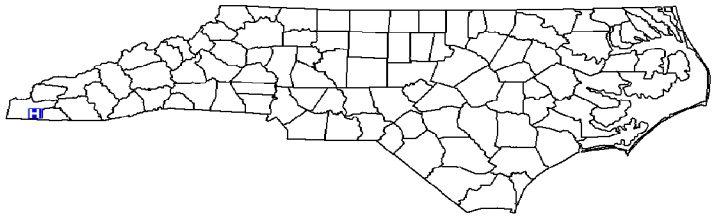
Commentary from Hospitals:
Cone Health is committed to preventing Healthcare Associated Infections. We have dedicated teams of experts focused on process improvements to improve our patient outcomes. Please contact Cone Health Infection Prevention if you would like further information.

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)

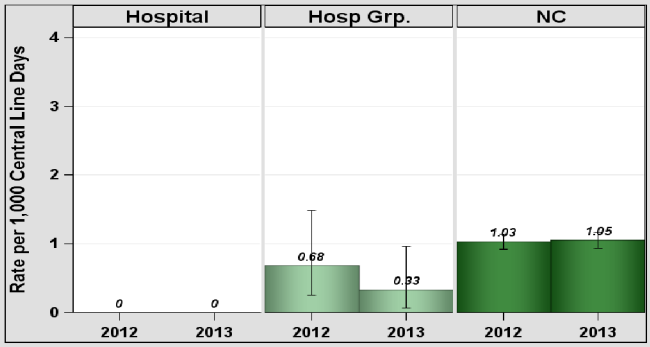


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	199	0	0.3	.		
YTD Total for Reporting ICUs	0	199	0	0.3	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	6,664	0	.	.	.	

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

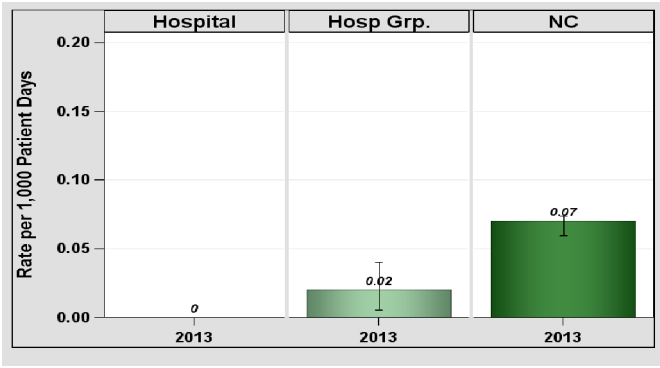


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

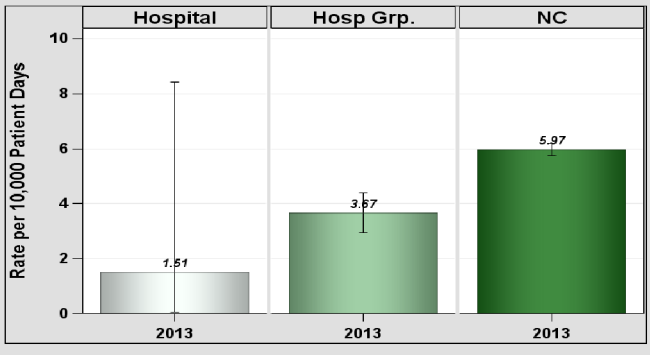


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	6,609	1.51	2.88	0.347	0.017, 1.711	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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)

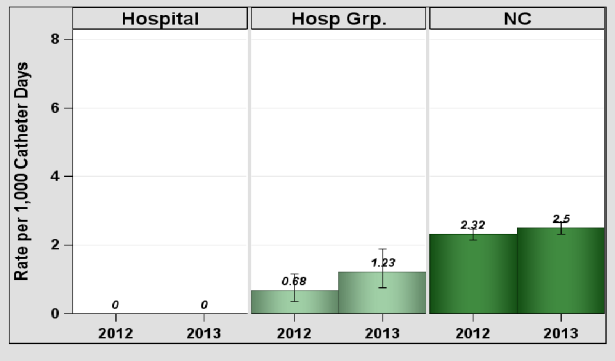


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	569	0	0.74	.		
YTD Total for Reporting ICUs	0	569	0	0.74	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	2	17	.	0.19	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

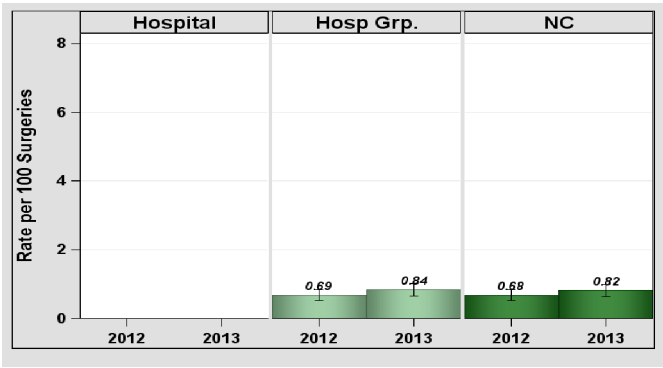


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

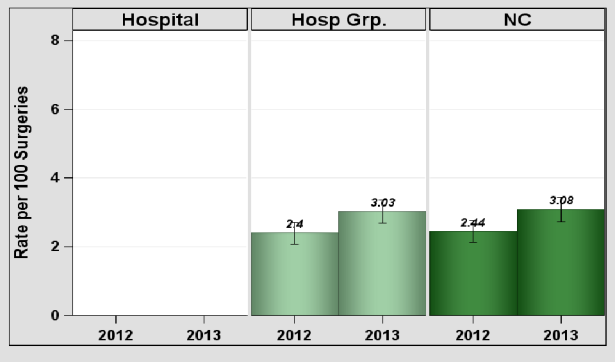


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	13	.	0.42	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

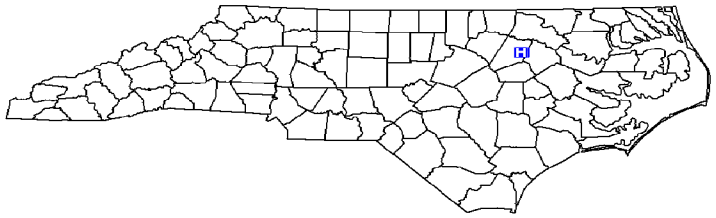
Commentary from Hospitals:
No comments provided.

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)

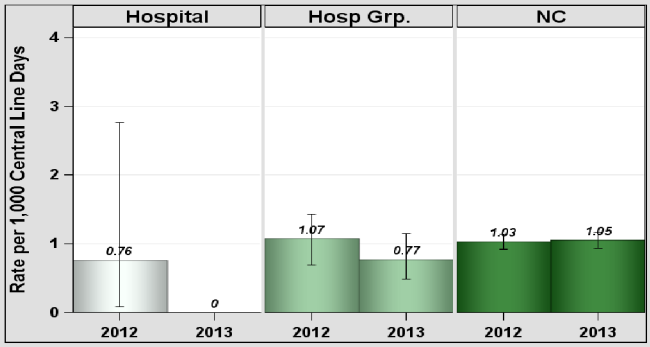


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	2,349	0	3.52	0	, 0.850	Lower
Neonatal Level II/III	0	15	.	.	.		
YTD Total for Reporting ICUs	0	2,364	0	3.54	0	, 0.845	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	2	52,810	0.04	3.81	0.526	0.088, 1.736	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

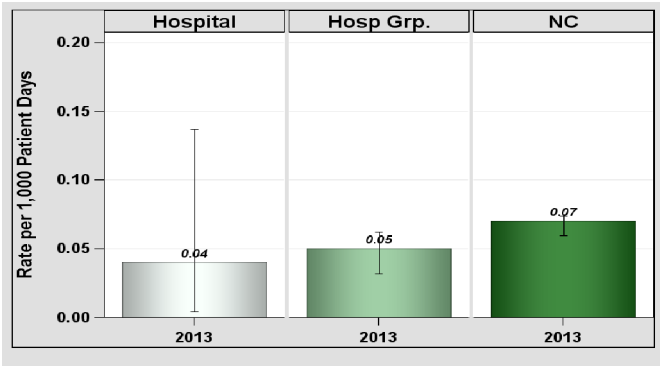


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

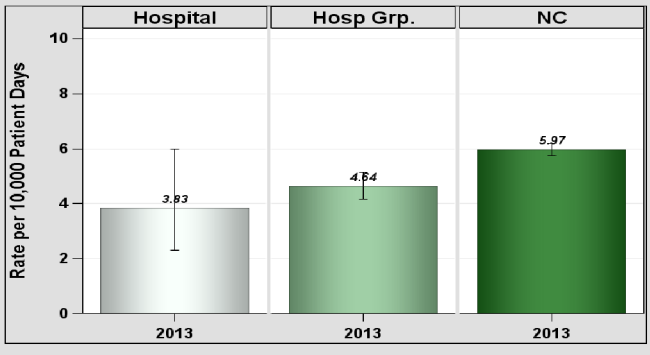


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	19	49,577	3.83	24.92	0.763	0.473, 1.169	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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)

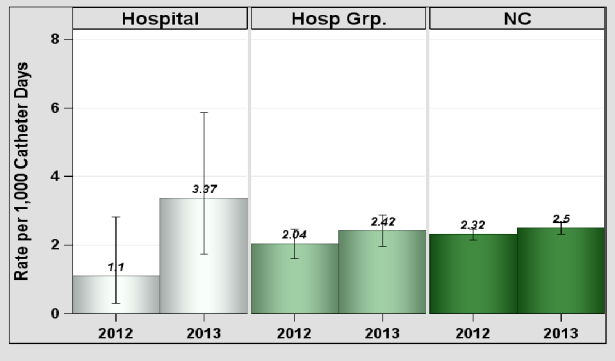


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	9	2,867	3.14	3.44	2.616	1.276, 4.801	Higher
Rehabiliation	3	696	4.31	2.64	1.134	0.289, 3.087	Same
YTD Total for Reporting ICUs	12	3,563	3.37	6.09	1.972	1.068, 3.353	Higher

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	5	174	2.87	1.67	2.999	1.099, 6.648	Higher

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

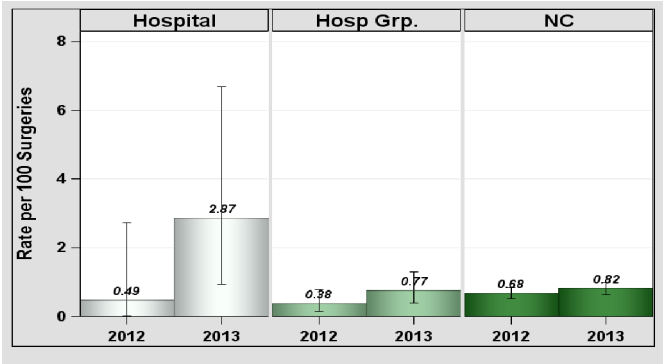


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

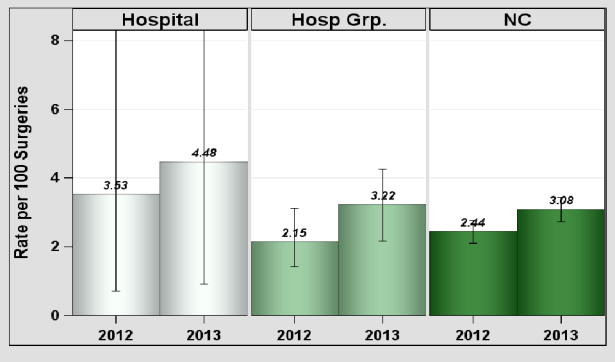


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	3	67	4.48	2.19	1.371	0.349, 3.732	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

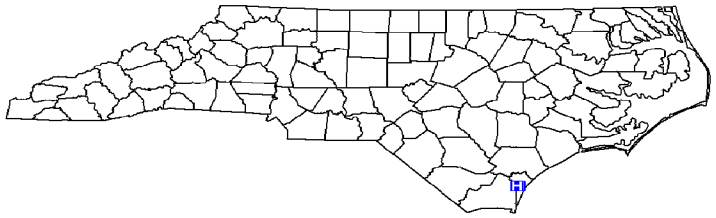
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
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)

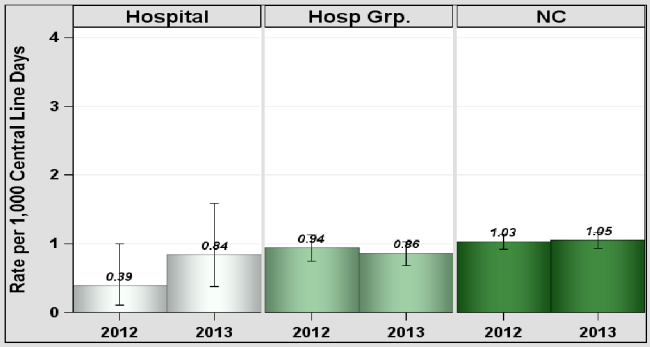


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	2	1,756	1.14	4.57	0.438	0.073, 1.447	Same
Medical cardiac	3	2,415	1.24	4.83	0.621	0.158, 1.690	Same
Medical/surgical	0	58	0	0.12	.		
Neonatal Level II/III	2	2,158	0.93	5.83	0.343	0.058, 1.134	Same
Pediatric medical/surgical	0	185	0	0.55	.		
Surgical	0	1,999	0	4.6	0	, 0.652	Lower
Surgical cardiothoracic	2	2,121	0.94	2.97	0.674	0.113, 2.225	Same
YTD Total for Reporting ICUs	9	10,692	0.84	23.47	0.384	0.187, 0.704	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	14	164,314	0.09	18.88	0.741	0.422, 1.215	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

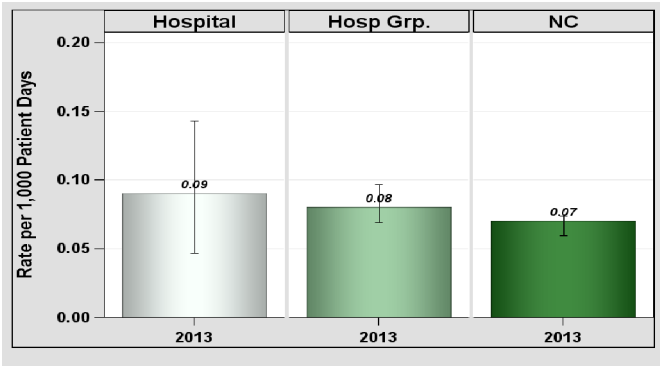


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

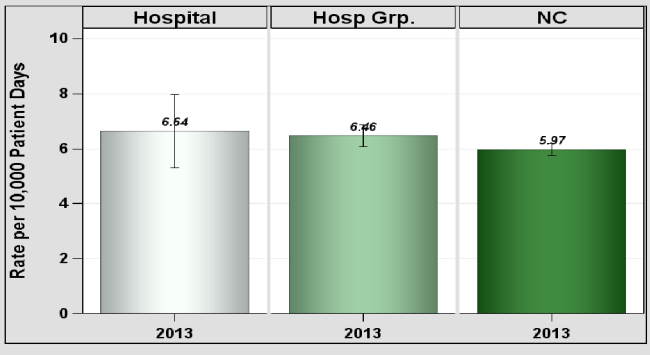


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	95	143,135	6.64	134.94	0.704	0.573, 0.857	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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
New Hanover Regional Medical Center, Wilmington, New Hanover County

Catheter-Associated Urinary Tract Infections (CAUTI)

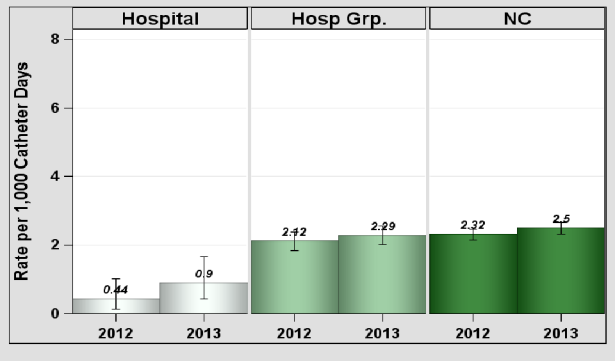


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	3	2,088	1.44	4.8	0.625	0.159, 1.700	Same
Medical cardiac	1	3,159	0.32	6.32	0.158	0.008, 0.781	Lower
Medical/surgical	1	333	3	0.77	.		
Pediatric medical/surgical	0	79	0	0.22	.		
Rehabiliation	0	241	0	0.92	.		
Surgical	5	3,214	1.56	8.36	0.598	0.219, 1.326	Same
Surgical cardiothoracic	0	2,000	0	3.4	0	, 0.881	Lower
YTD Total for Reporting ICUs	10	11,114	0.9	24.78	0.404	0.205, 0.719	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	2	485	0.41	4.71	0.425	0.071, 1.404	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

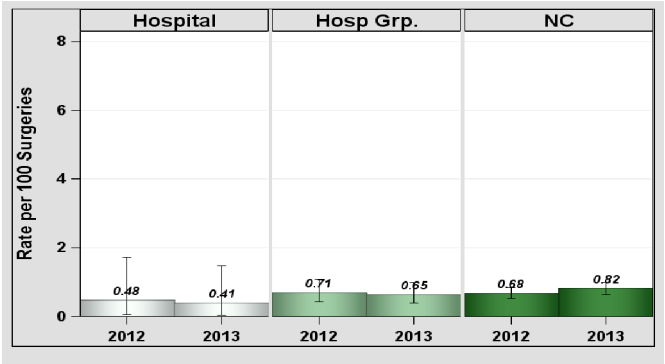


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

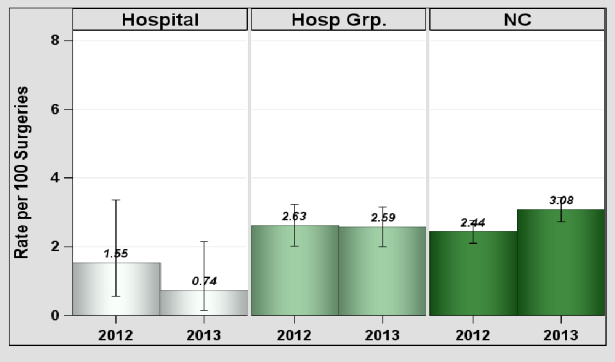


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	3	408	0.74	13.07	0.229	0.058, 0.625	Lower

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

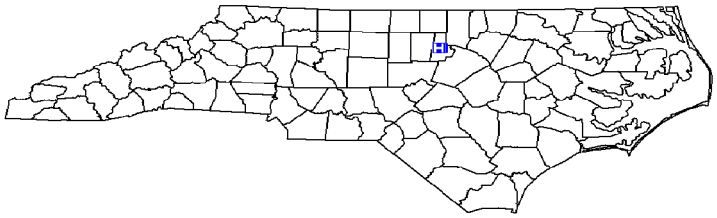
Commentary from Hospitals:
At New Hanover Regional Medical Center we take patient safety and quality care extremely seriously. We implement the latest science-based protocols to prevent hospital-acquired infection. We study and adopt best practices, evidence-based medicine and recommendations from national 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.

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
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 Bacteremia)

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

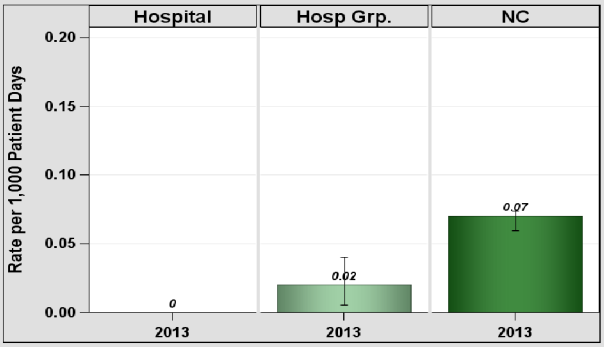


Table 1. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	3,573	0	.	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	3,573	0	.	0	, 1.923	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

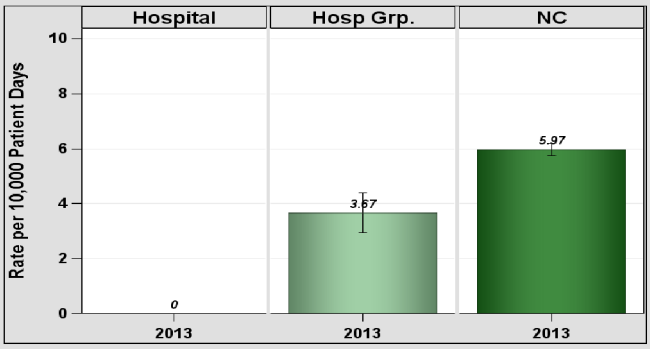


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Other Healthcare-Associated Infections (HAIs)

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

Commentary from Hospitals:
No comments provided.

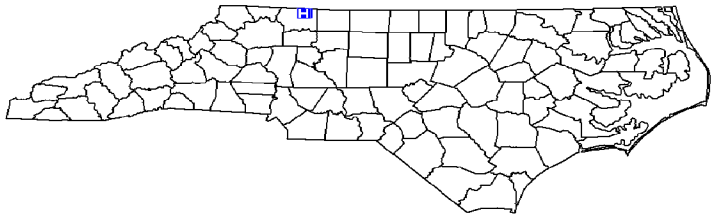
Refer to the HAI in N.C. Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
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)

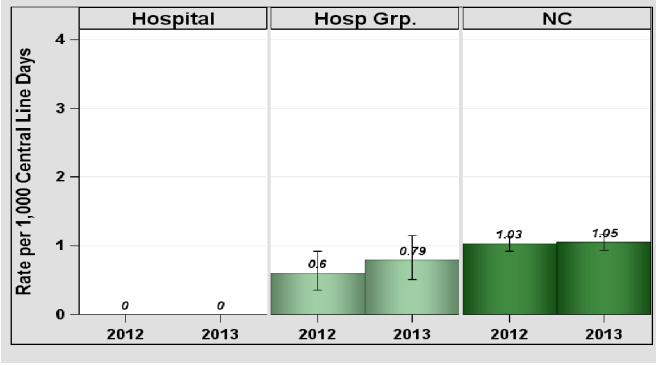


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	271	0	0.41	.		
YTD Total for Reporting ICUs	0	271	0	0.41	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	15,751	0.06	0.79	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

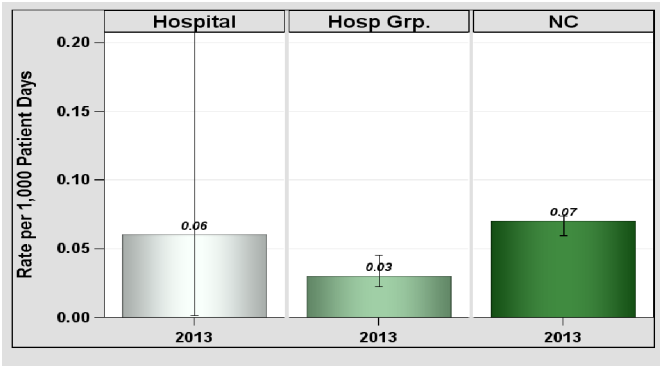


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

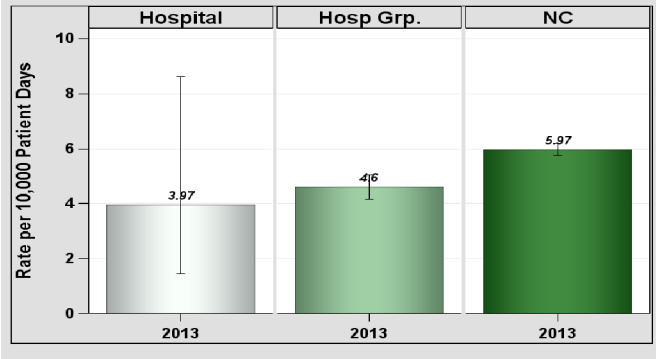


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	6	15,130	3.97	10.63	0.564	0.229, 1.174	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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
Northern Hospital Of Surry County, Mount Airy, Surry County

Catheter-Associated Urinary Tract Infections (CAUTI)

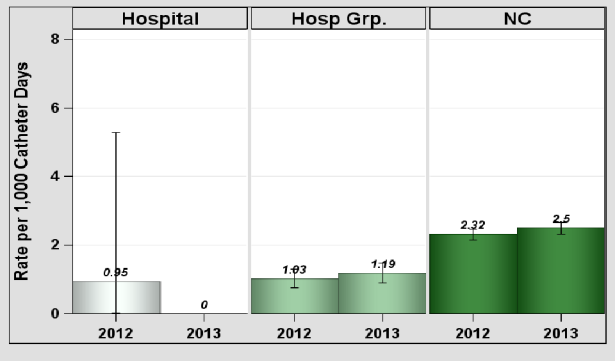


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	713	0	0.93	.		
YTD Total for Reporting ICUs	0	713	0	0.93	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	44	0	0.5	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

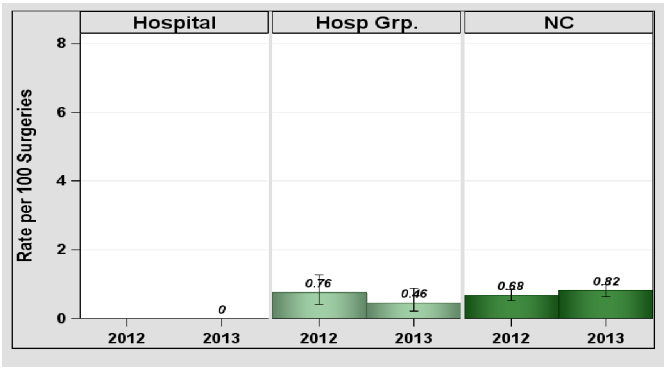


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

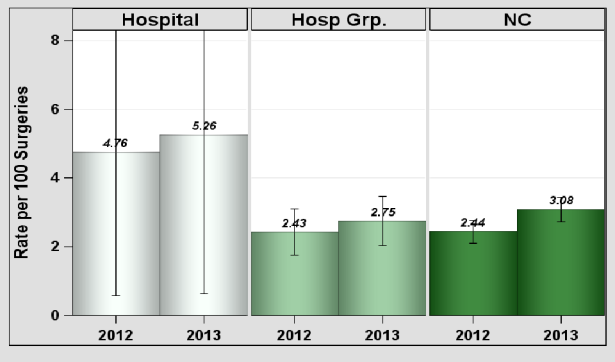


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	2	38	5.26	1.24	1.618	0.271, 5.346	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

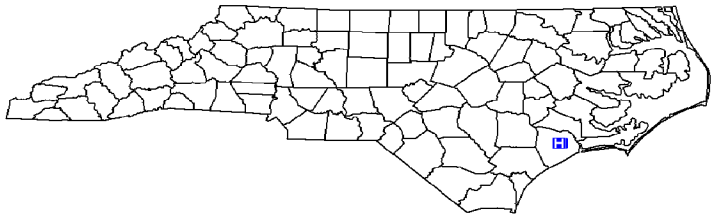
Commentary from Hospitals:
No comments provided.

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)

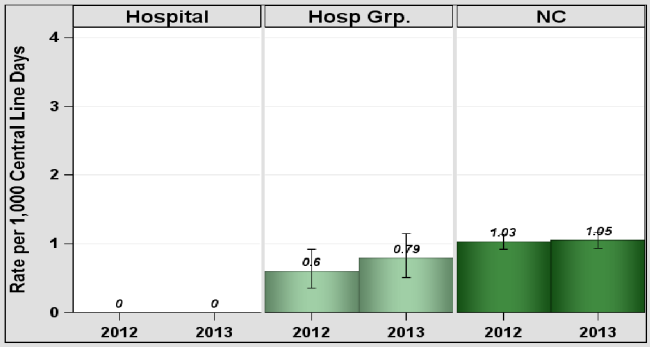


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	1,005	0	1.51	0	, 1.987	Same
Neonatal Level III	0	1	.	.	.		
YTD Total for Reporting ICUs	0	1,006	0	1.51	0	, 1.982	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	2	34,355	0.06	1.65	1.214	0.204, 4.012	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

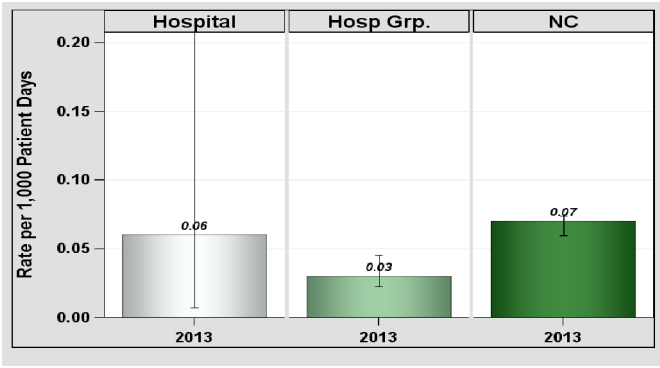


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

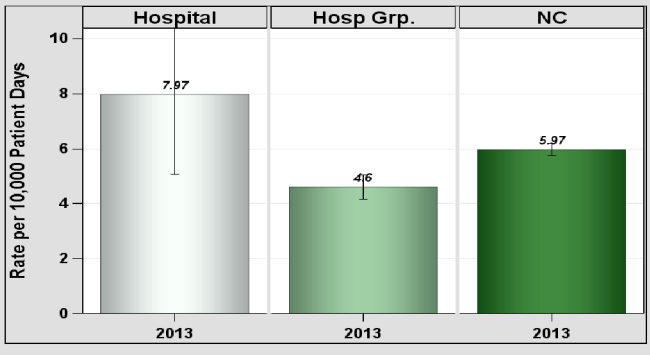


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	23	28,854	7.97	19.27	1.194	0.775, 1.763	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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)

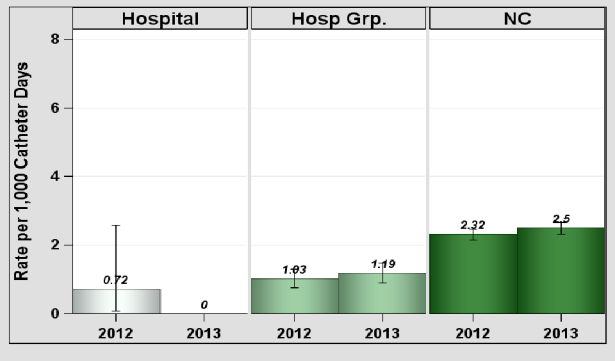


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	2,639	0	3.43	0	, 0.873	Lower
YTD Total for Reporting ICUs	0	2,639	0	3.43	0	, 0.873	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	22	0	0.18	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

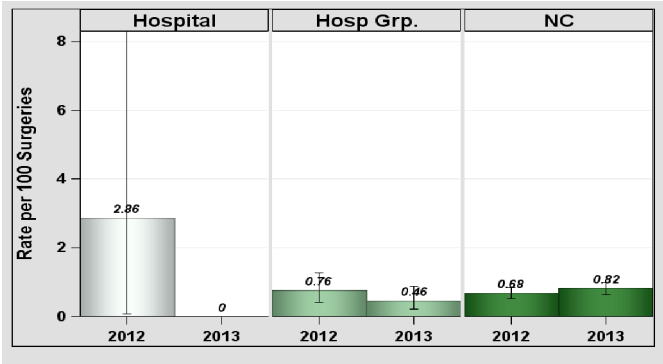


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

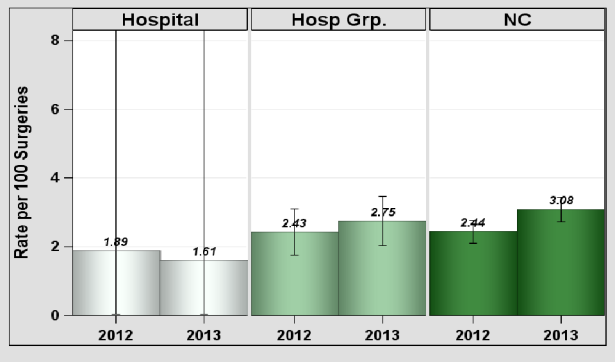


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	1	62	1.61	1.92	0.521	0.026, 2.567	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

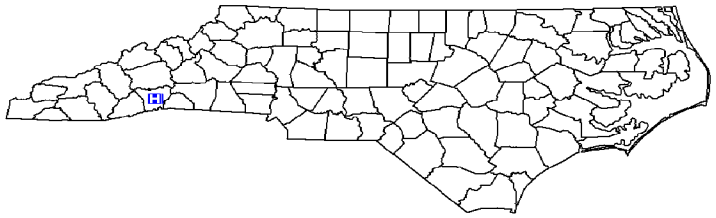
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of March 18, 2014.

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

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)

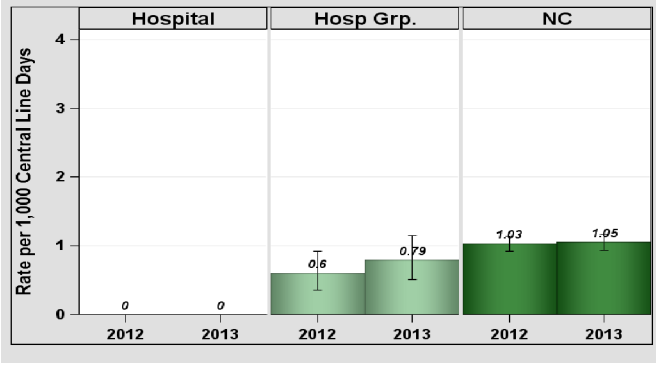


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	404	0	0.61	.		
YTD Total for Reporting ICUs	0	404	0	0.61	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	2	27,418	0.07	1.59	1.257	0.211, 4.152	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

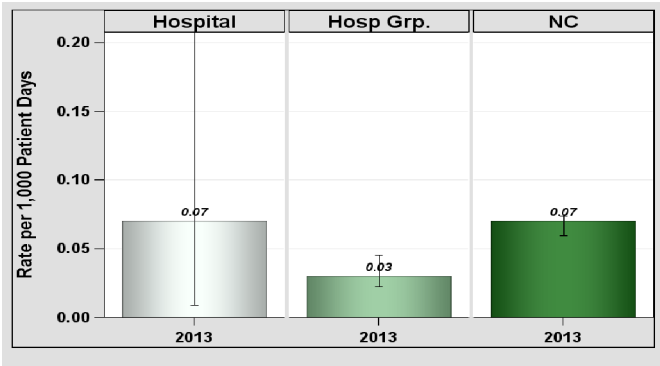


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

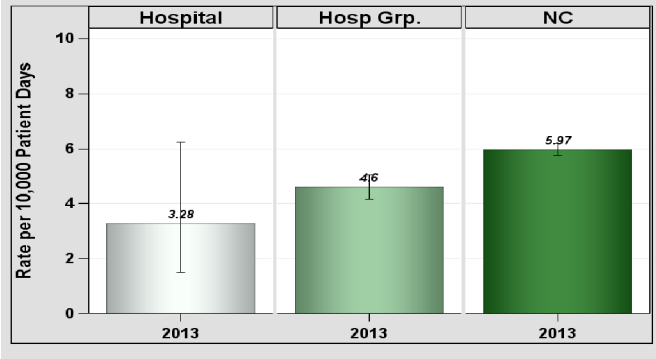


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	9	27,418	3.28	15.01	0.599	0.292, 1.100	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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)

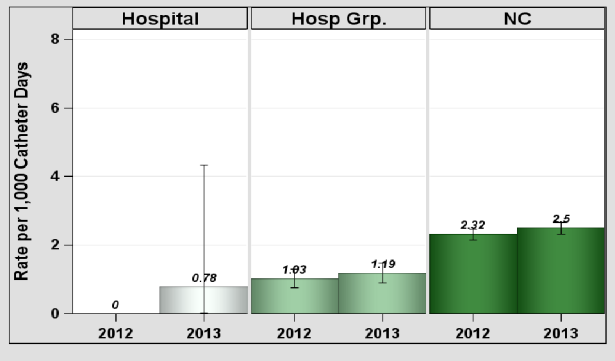


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	1,286	0.78	1.67	0.598	0.030, 2.950	Same
YTD Total for Reporting ICUs	1	1,286	0.78	1.67	0.598	0.030, 2.950	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	51	0	0.52	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

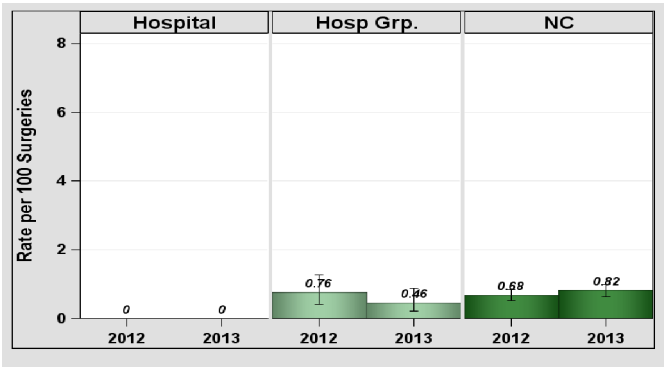


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

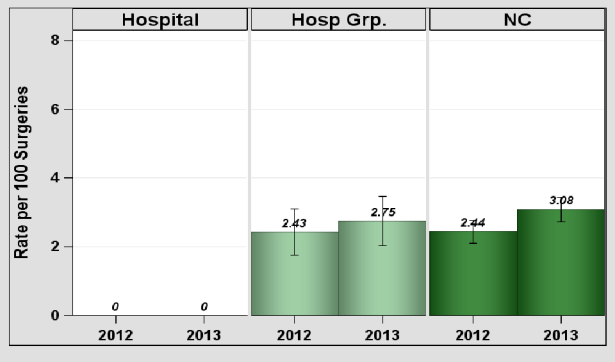


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	37	0	1.14	0	, 2.619	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

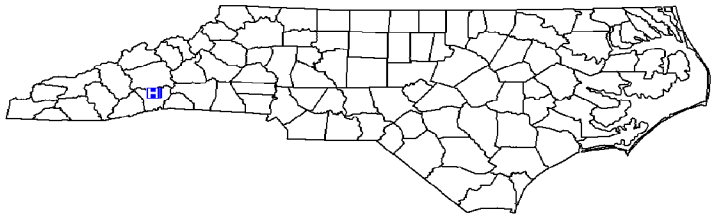
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Park Ridge Health, Hendersonville, Henderson County

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:	0.75
Number of FTEs* per 100 beds:	0.73

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

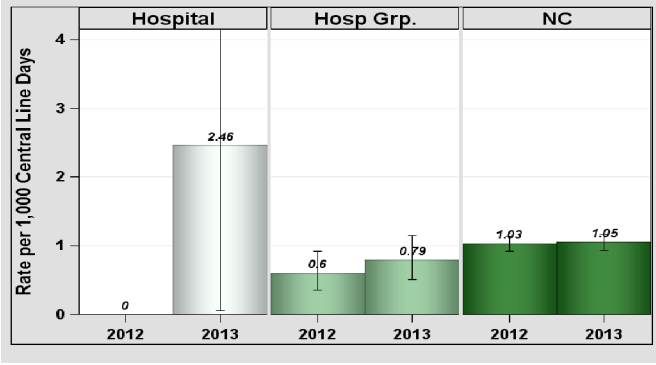


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	1	406	2.46	0.77	.		
YTD Total for Reporting ICUs	1	406	2.46	0.77	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	2	22,878	0.09	0.82	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

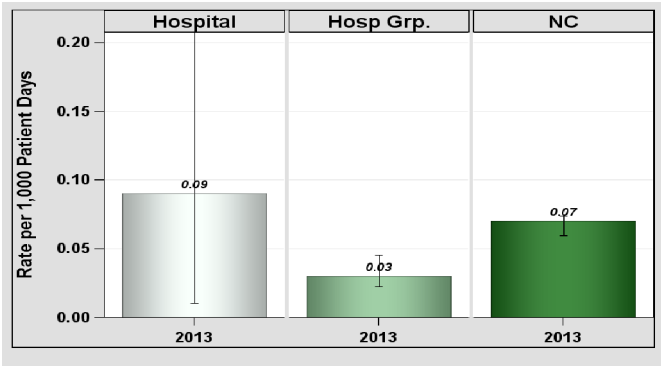


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

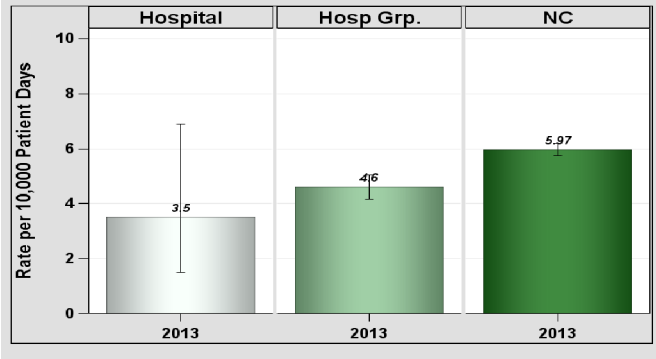


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	8	22,878	3.5	11.23	0.712	0.331, 1.353	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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)

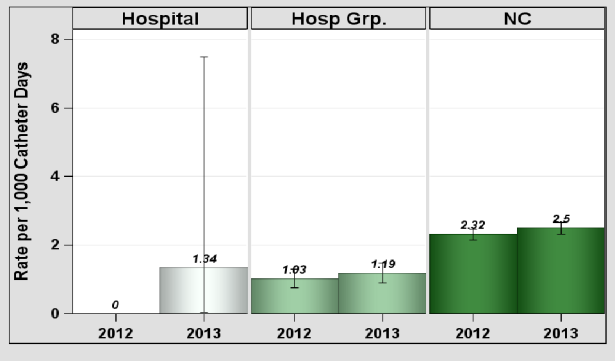


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	1	744	1.34	1.49	0.672	0.034, 3.314	Same
YTD Total for Reporting ICUs	1	744	1.34	1.49	0.672	0.034, 3.314	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	1	81	1.23	0.88	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

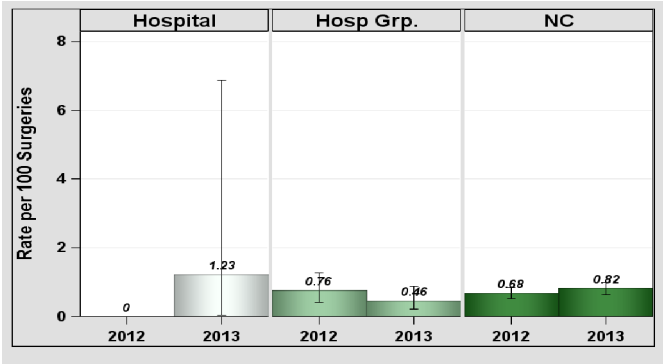


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

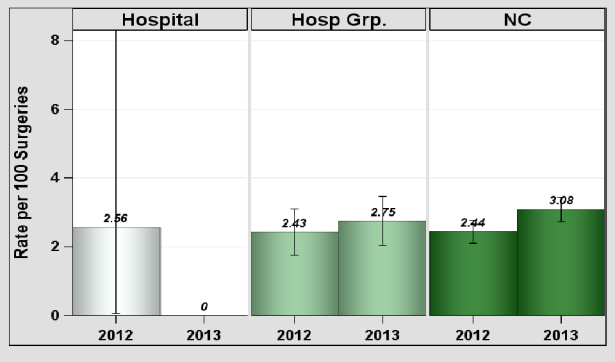


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	40	0	1.41	0	, 2.123	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

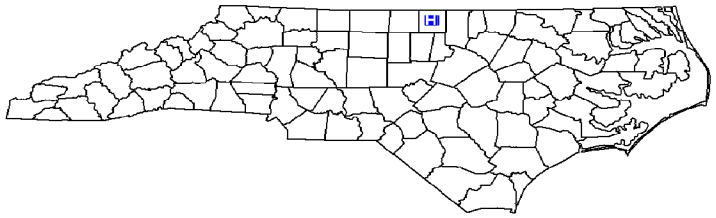
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
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)

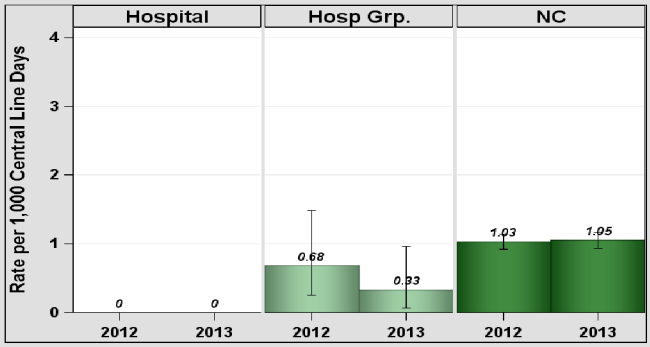


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	143	0	0.21	.		
YTD Total for Reporting ICUs	0	143	0	0.21	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	6,010	0.17	0.33	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

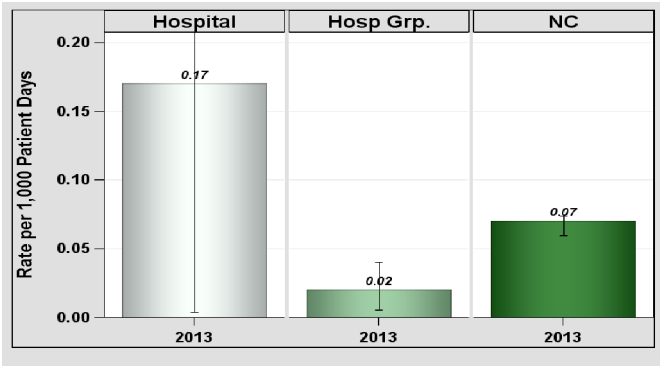


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

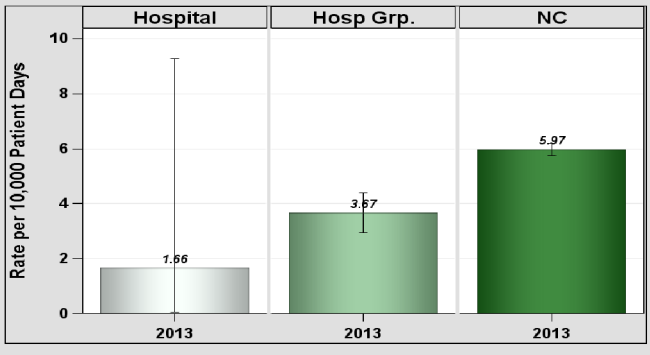


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	6,010	1.66	3.21	0.311	0.016, 1.536	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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
Person Memorial Hospital, Roxboro, Person County

Catheter-Associated Urinary Tract Infections (CAUTI)

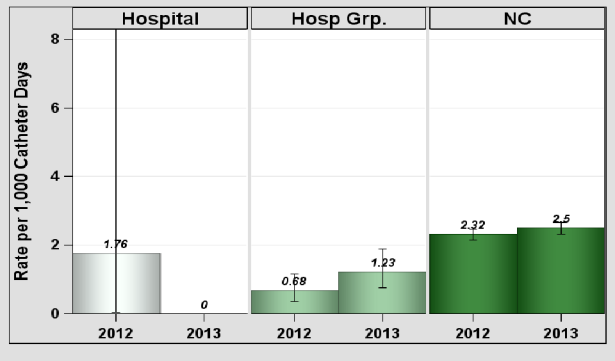


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	459	0	0.6	.		
YTD Total for Reporting ICUs	0	459	0	0.6	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	0	.	0	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

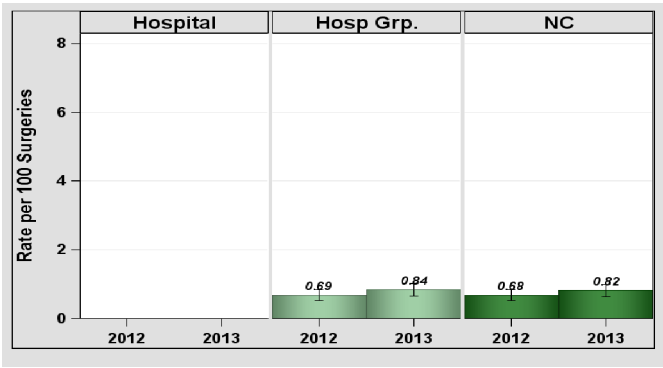


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

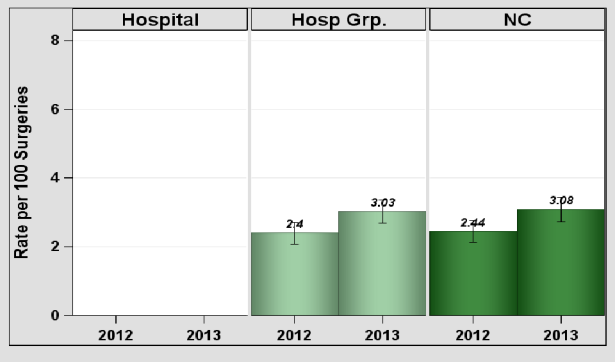


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	11	.	0.35	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

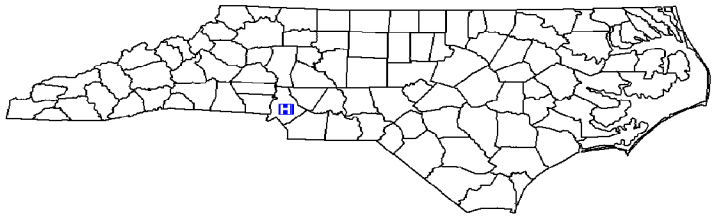
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Presbyterian Hospital-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)

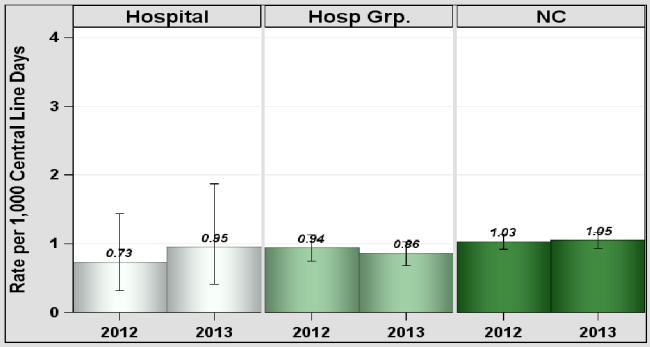


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	3	1,795	1.67	3.59	0.836	0.213, 2.274	Same
Medical/surgical	1	2,246	0.45	3.37	0.297	0.015, 1.464	Same
Neonatal Level III	4	3,029	1.32	7.6	0.526	0.167, 1.269	Same
Neurosurgical	0	532	0	1.33	0	, 2.252	Same
Pediatric medical/surgical	0	370	0	1.11	0	, 2.699	Same
Surgical cardiothoracic	0	435	0	0.61	.		
YTD Total for Reporting ICUs	8	8,407	0.95	17.61	0.454	0.211, 0.863	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	14	153,610	0.09	11.54	1.213	0.691, 1.987	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

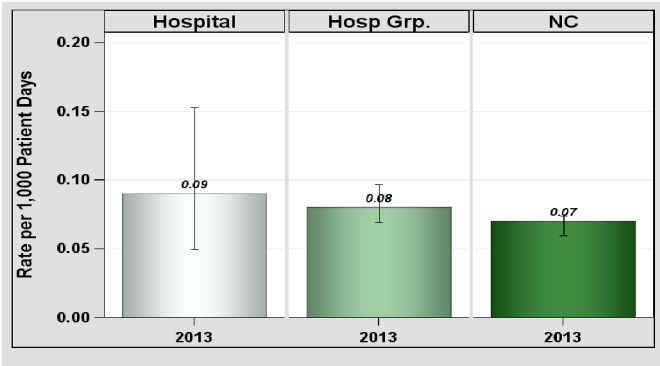


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

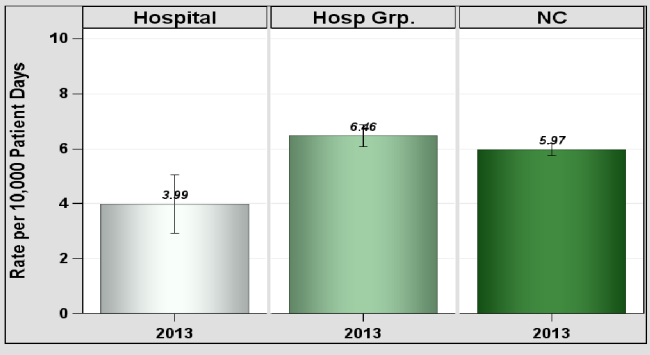


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	55	137,991	3.99	68.91	0.798	0.607, 1.031	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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-Charlotte, Charlotte, Mecklenburg County

Catheter-Associated Urinary Tract Infections (CAUTI)

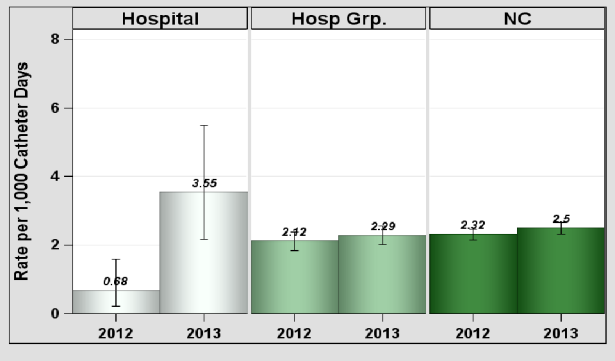


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	6	2,033	2.95	4.07	1.476	0.598, 3.069	Same
Medical/surgical	5	2,308	2.17	3	1.666	0.611, 3.694	Same
Neurosurgical	9	898	10	3.95	2.278	1.111, 4.180	Higher
Pediatric medical/surgical	0	176	0	0.49	.		
Surgical cardiothoracic	0	216	0	0.37	.		
YTD Total for Reporting ICUs	20	5,631	3.55	11.88	1.684	1.057, 2.554	Higher

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	2	293	0.68	2.7	0.74	0.124, 2.445	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

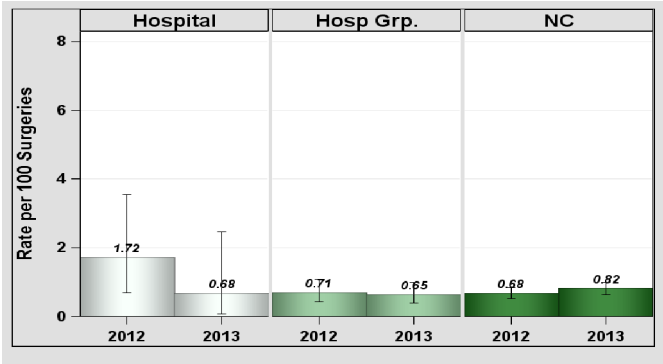


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

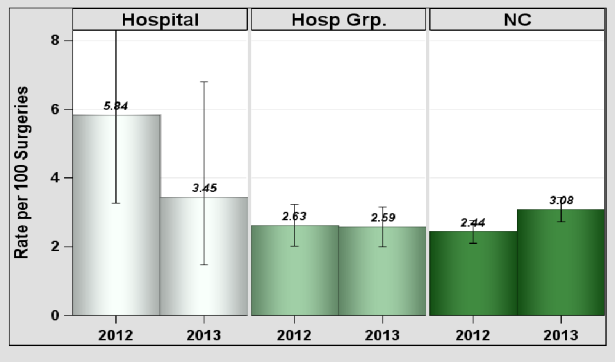


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	8	232	3.45	7.43	1.076	0.500, 2.044	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

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

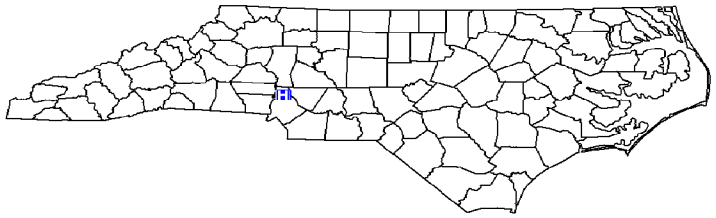
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Presbyterian Hospital-Huntersville, Huntersville, Mecklenburg County

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)

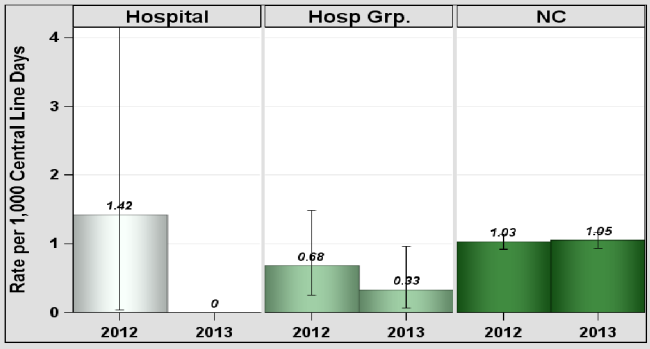


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	813	0	1.22	0	, 2.457	Same
Neonatal Level II/III	0	7	.	.	.		
YTD Total for Reporting ICUs	0	820	0	1.23	0	, 2.430	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	21,139	0	0.88	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

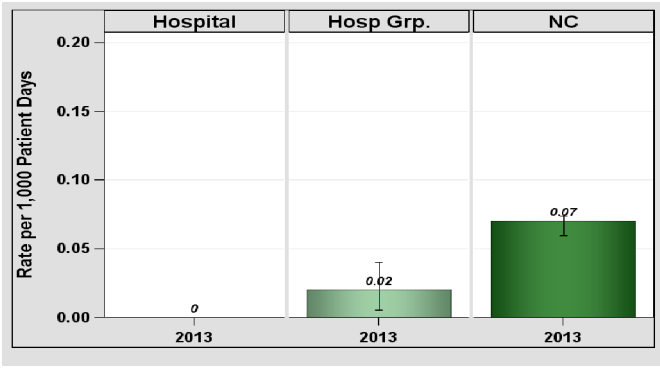


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

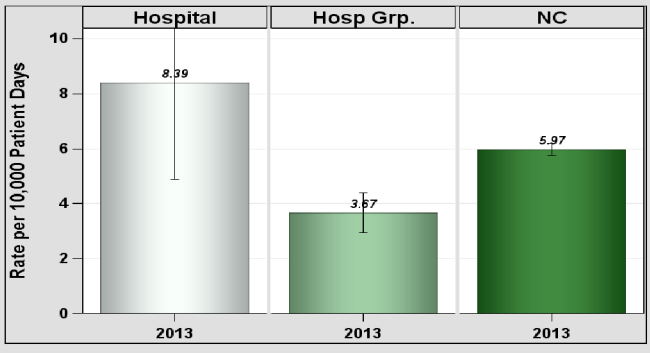


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	17	20,273	8.39	8.94	1.902	1.145, 2.983	Higher

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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)

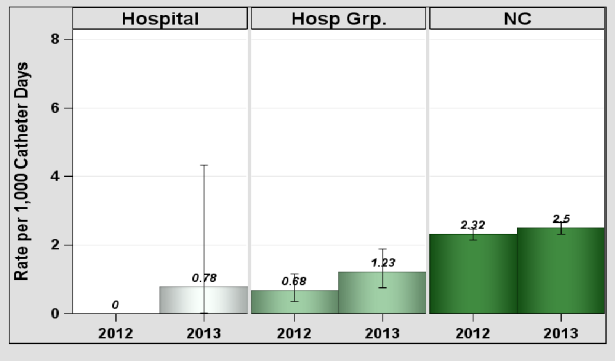


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	1,286	0.78	1.67	0.598	0.030, 2.950	Same
YTD Total for Reporting ICUs	1	1,286	0.78	1.67	0.598	0.030, 2.950	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	20	0	0.2	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

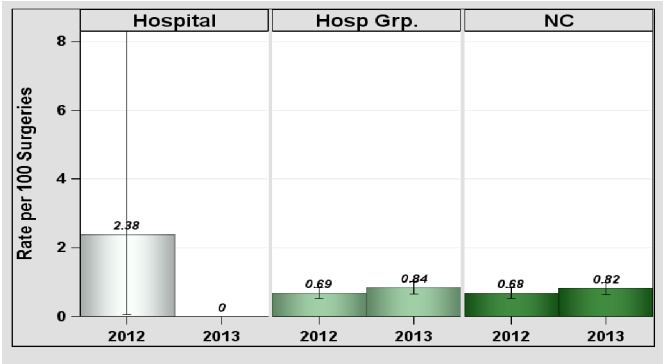


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

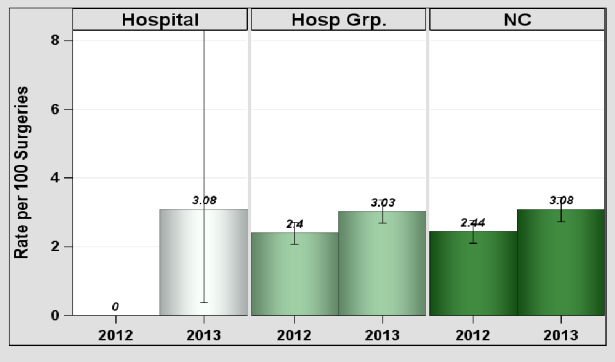


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	2	65	3.08	1.92	1.042	0.175, 3.442	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

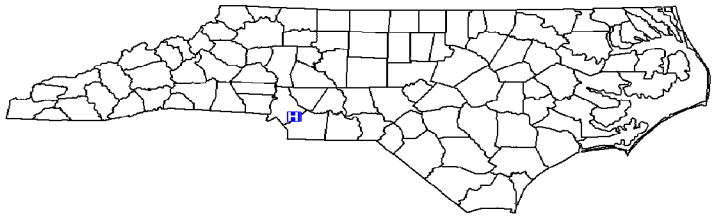
Commentary from Hospitals:
At Novant Health, the safety of our patients comes first. Our goal is to have the lowest possible infection rates and we continually monitor infection prevention tactics for improvement opportunities. We support transparency in reporting infection rates and make common infection 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)

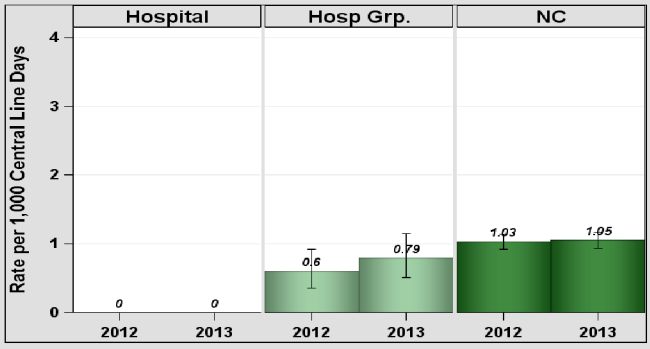


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	834	0	1.25	0	, 2.395	Same
Neonatal Level II/III	0	71	0	0.09	.		
YTD Total for Reporting ICUs	0	905	0	1.34	0	, 2.239	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	29,575	0.03	1.42	0.704	0.035, 3.470	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

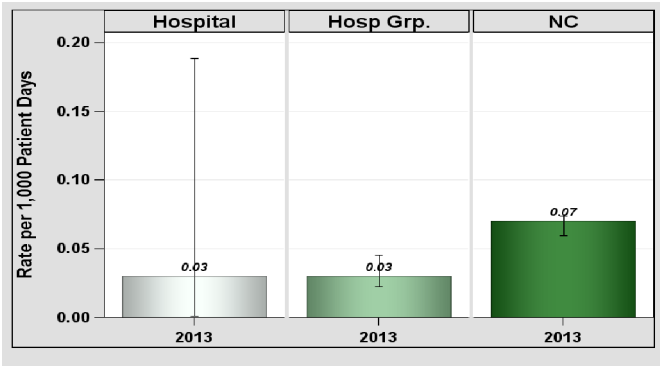


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

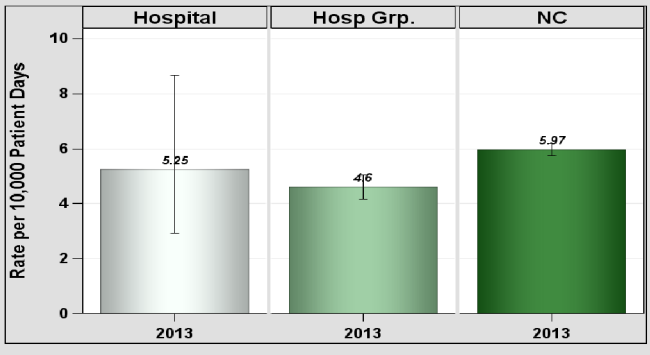


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	15	28,547	5.25	20.24	0.741	0.431, 1.195	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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)

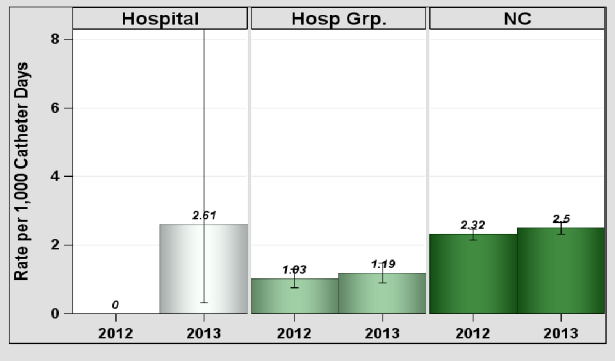


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	2	766	2.61	1	.		
YTD Total for Reporting ICUs	2	766	2.61	1	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	1	37	2.7	0.33	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

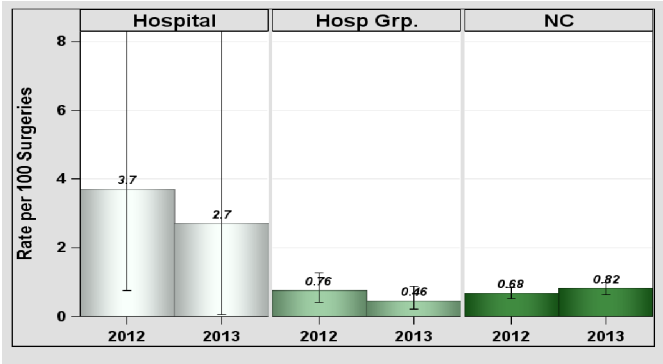


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

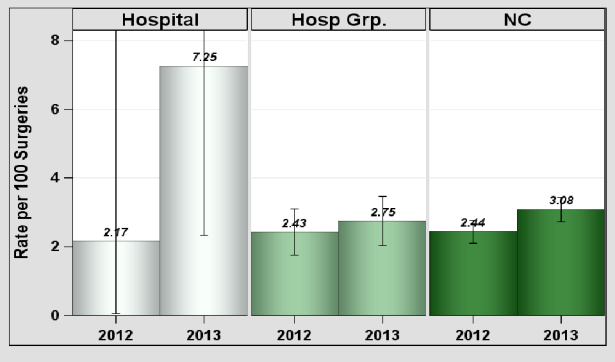


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	5	69	7.25	2.24	2.237	0.820, 4.959	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

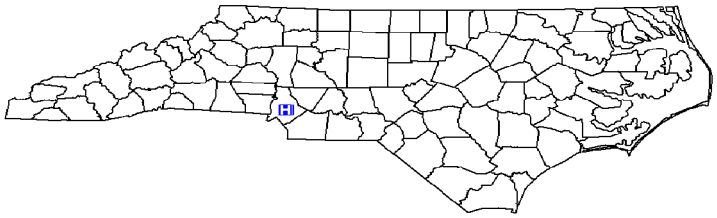
Commentary from Hospitals:
At Novant Health, the safety of our patients comes first. Our goal is to have the lowest possible infection rates and we continually monitor infection prevention tactics for improvement opportunities. We support transparency in reporting infection rates and make common infection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

Refer to 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 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 Bacteremia)

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

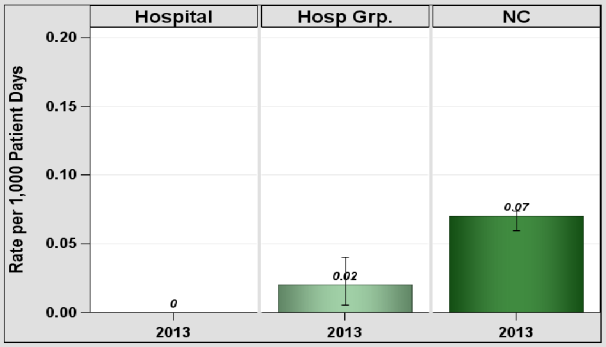


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Table 1. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	14,269	0	.	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	5	14,269	3.5	.	0.642	0.235, 1.423	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

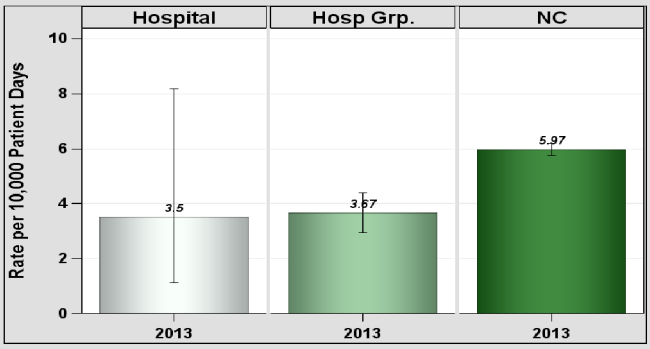


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2013.

Other Healthcare-Associated Infections (HAIs)

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

Commentary from Hospitals:
No comments provided.

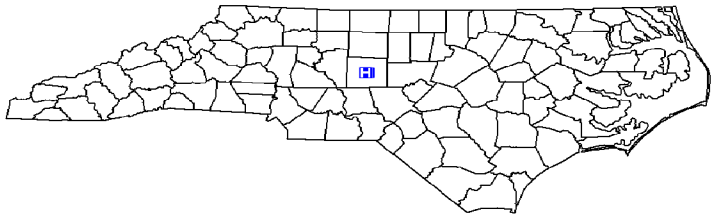
Refer to the HAI in N.C. Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
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)

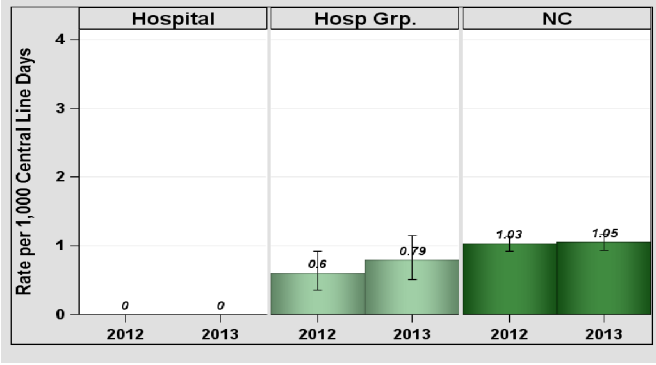


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	820	0	1.23	0	, 2.436	Same
YTD Total for Reporting ICUs	0	820	0	1.23	0	, 2.436	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	21,208	0	1.37	0	, 2.192	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

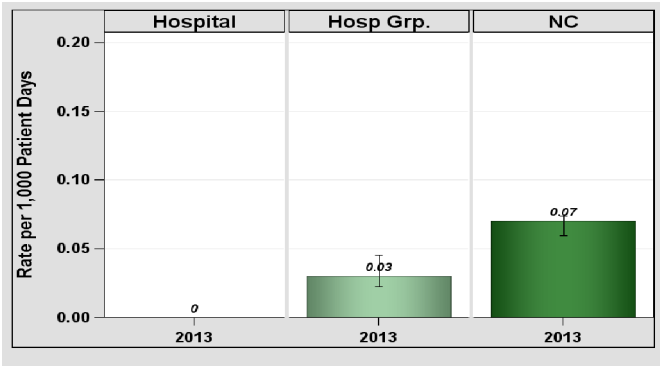


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

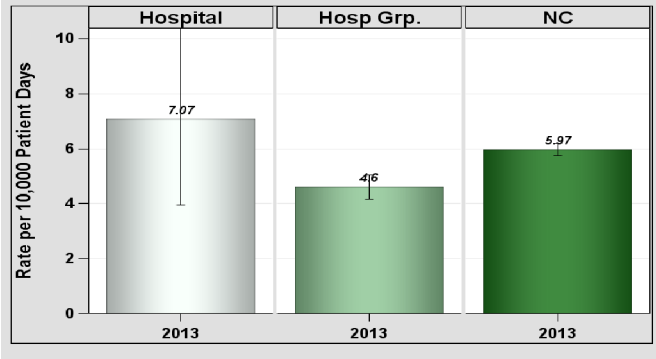


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	15	21,208	7.07	17.28	0.868	0.504, 1.400	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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)

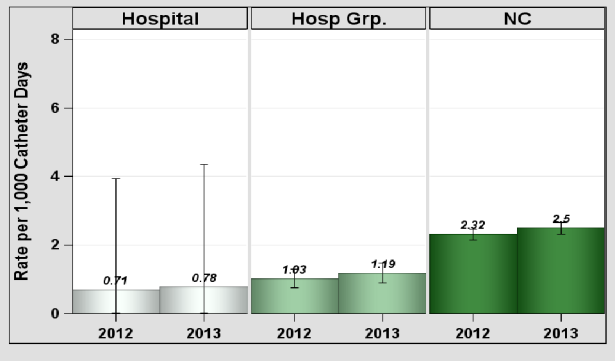


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	1,278	0.78	1.66	0.602	0.030, 2.969	Same
YTD Total for Reporting ICUs	1	1,278	0.78	1.66	0.602	0.030, 2.969	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	1	65	1.54	0.67	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

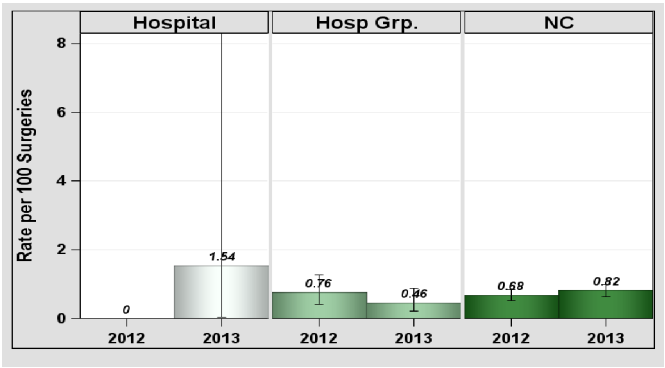


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

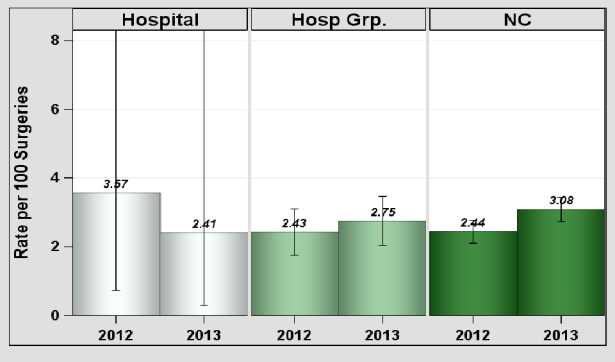


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	2	83	2.41	2.7	0.741	0.124, 2.448	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

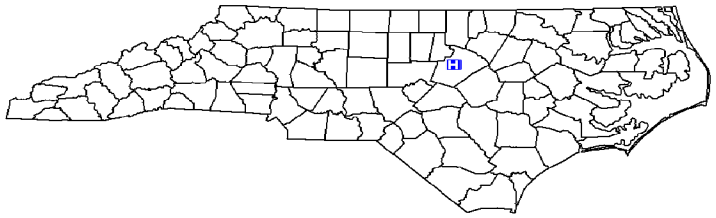
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Rex Healthcare, Raleigh, Wake County

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)

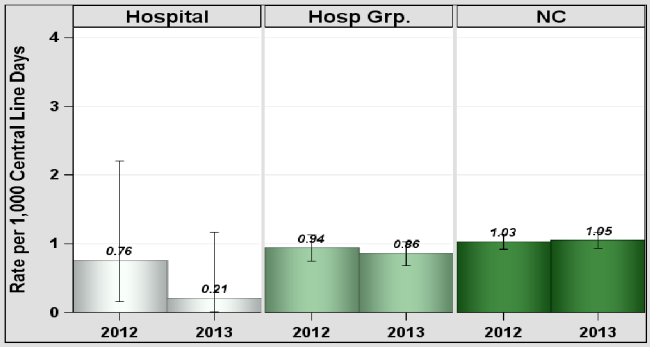


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	0	911	0	1.82	0	, 1.644	Same
Medical/surgical	1	2,866	0.35	4.3	0.233	0.012, 1.147	Same
Surgical cardiothoracic	0	977	0	1.37	0	, 2.190	Same
YTD Total for Reporting ICUs	1	4,754	0.21	7.49	0.134	0.007, 0.659	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	5	121,583	0.04	8.59	0.582	0.213, 1.290	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

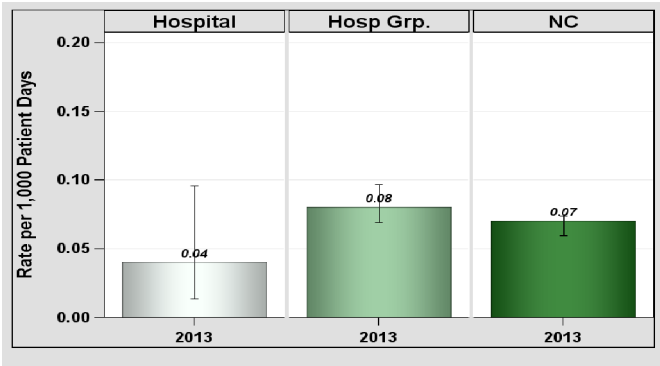


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

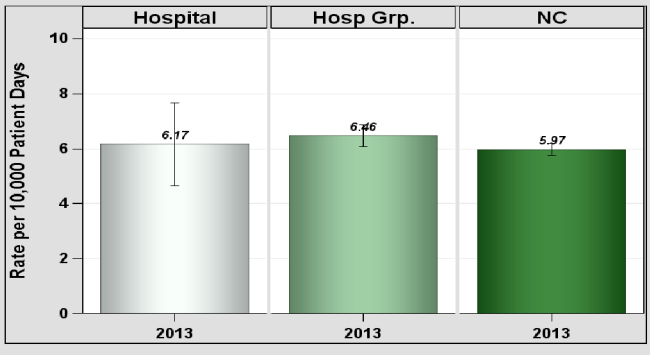


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	65	105,404	6.17	81.55	0.797	0.620, 1.009	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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)

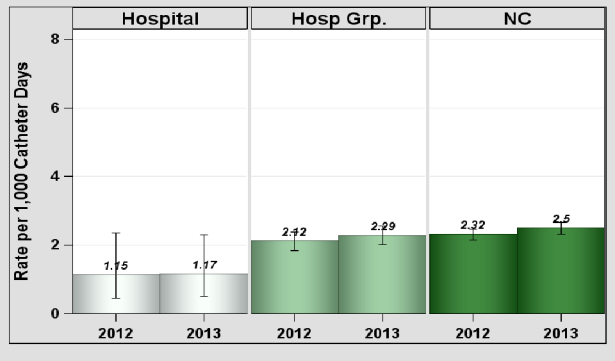


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	1	1,509	0.66	3.02	0.331	0.017, 1.634	Same
Medical/surgical	6	3,890	1.54	4.67	1.285	0.521, 2.673	Same
Surgical cardiothoracic	1	1,449	0.69	2.46	0.406	0.020, 2.002	Same
YTD Total for Reporting ICUs	8	6,848	1.17	10.15	0.788	0.366, 1.497	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	2	446	0.45	4.05	0.493	0.083, 1.630	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

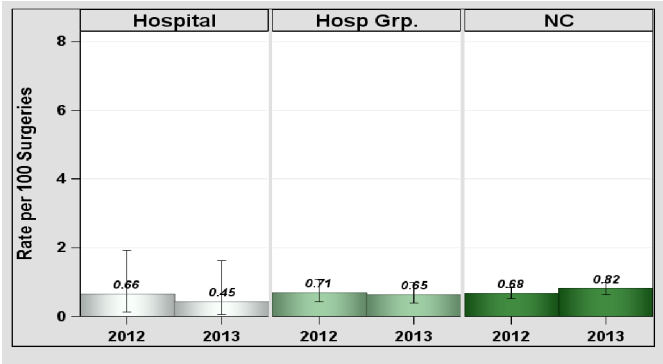


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

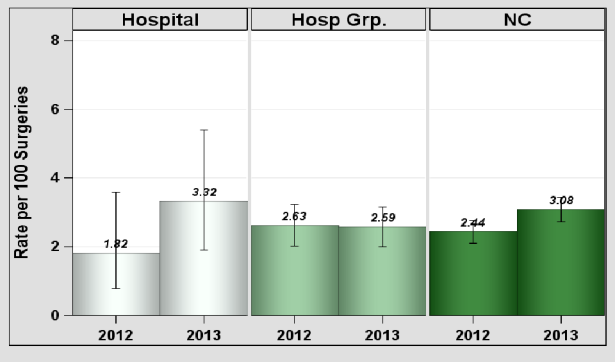


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	16	482	3.32	15.73	1.017	0.602, 1.616	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

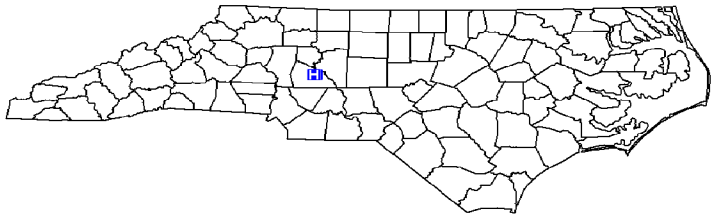
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of March 18, 2014.

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

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)

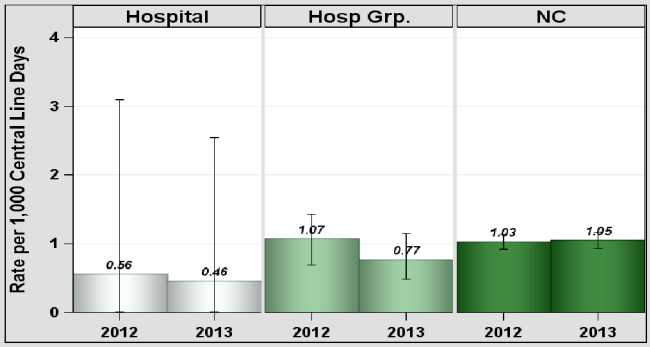


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	2,190	0.46	3.28	0.304	0.015, 1.501	Same
YTD Total for Reporting ICUs	1	2,190	0.46	3.28	0.304	0.015, 1.501	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	2	47,518	0.04	3.09	0.647	0.108, 2.138	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

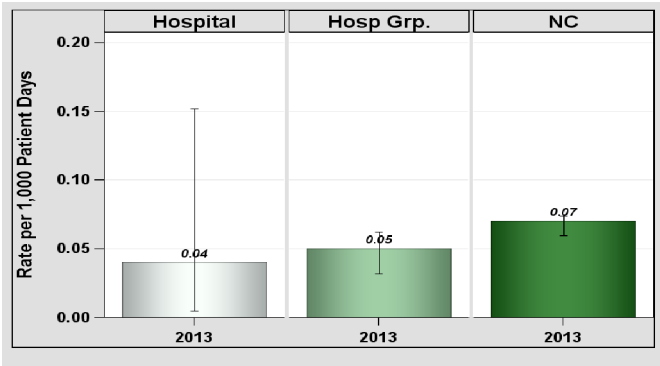


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

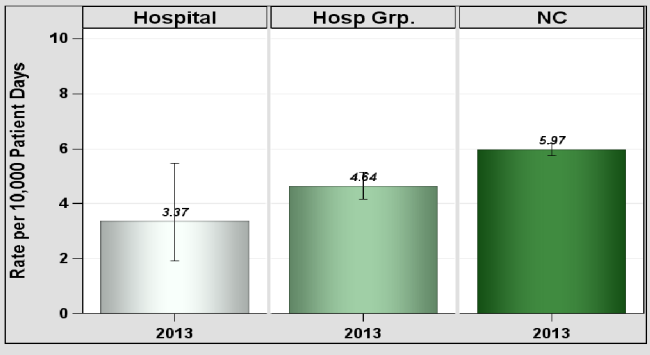


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	16	47,518	3.37	28.37	0.564	0.334, 0.896	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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)

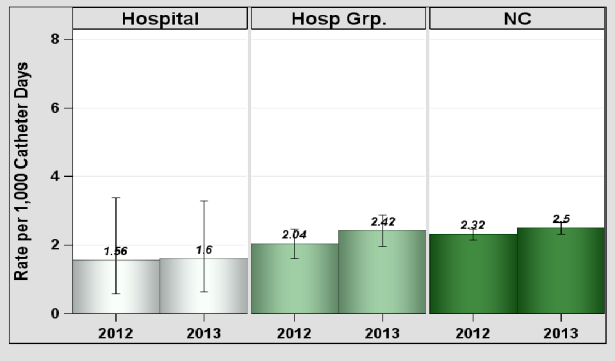


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	6	3,718	1.61	4.83	1.241	0.503, 2.582	Same
Rehabiliation	1	667	1.5	2.53	0.395	0.020, 1.946	Same
YTD Total for Reporting ICUs	7	4,385	1.6	7.37	0.95	0.416, 1.879	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	1	21	4.76	0.21	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

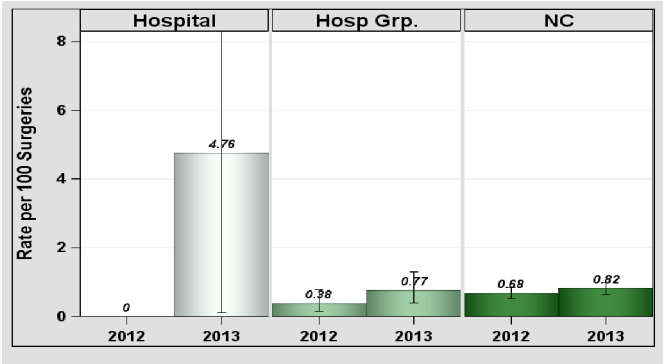


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

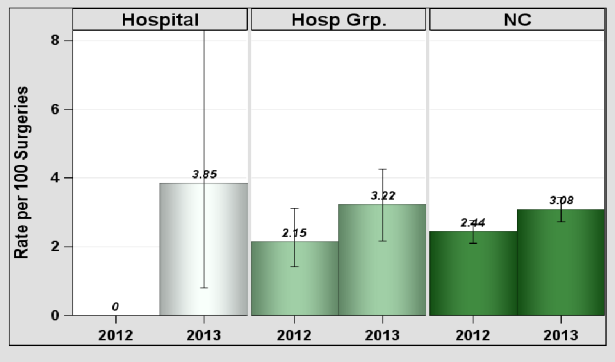


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	3	78	3.85	2.5	1.202	0.306, 3.271	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

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

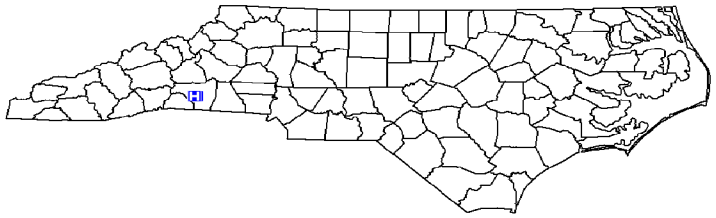
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
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)

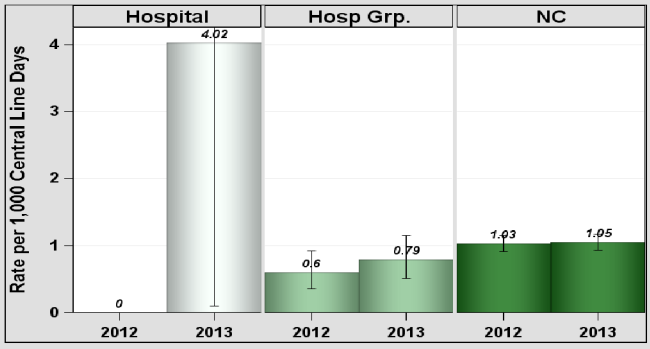


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	249	4.02	0.37	.		
YTD Total for Reporting ICUs	1	249	4.02	0.37	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	22,794	0	1.16	0	, 2.578	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

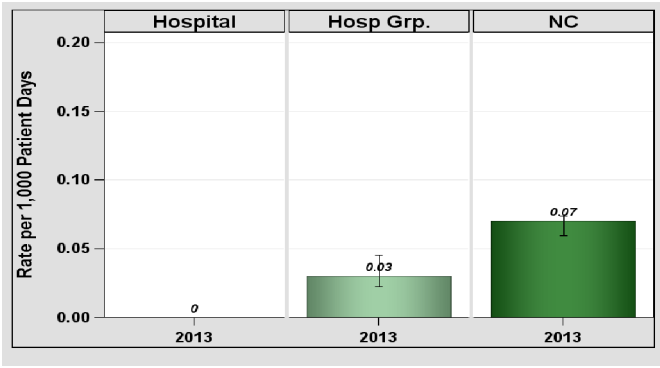


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

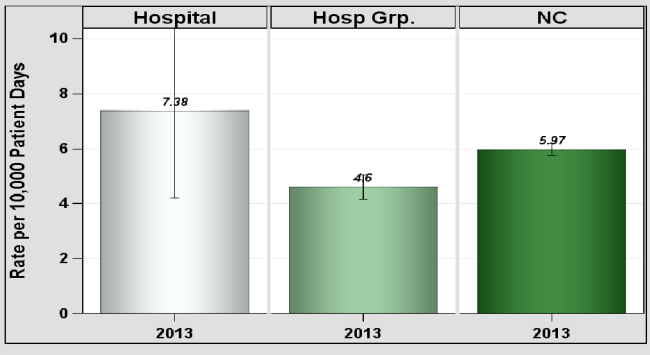


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	16	21,666	7.38	16.91	0.946	0.560, 1.504	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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
Rutherford Regional Medical Center, Rutherfordton, Rutherford County

Catheter-Associated Urinary Tract Infections (CAUTI)

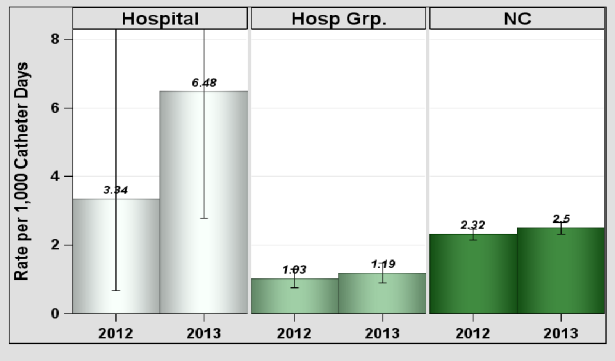


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	8	1,235	6.48	1.61	4.983	2.314, 9.462	Higher
YTD Total for Reporting ICUs	8	1,235	6.48	1.61	4.983	2.314, 9.462	Higher

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	38	0	0.42	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

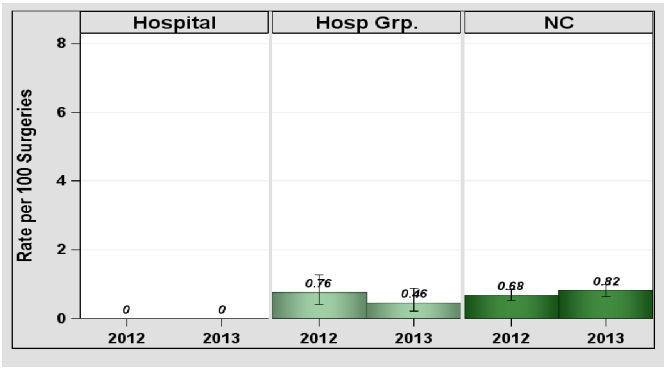


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

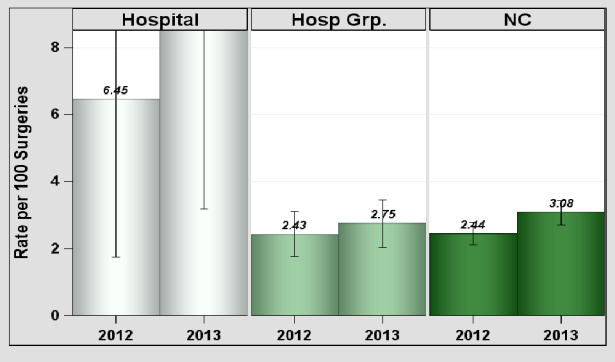


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	5	51	9.8	1.59	3.141	1.151, 6.961	Higher

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

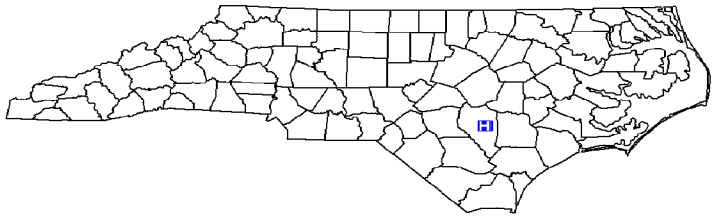
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of March 18, 2014.

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

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)

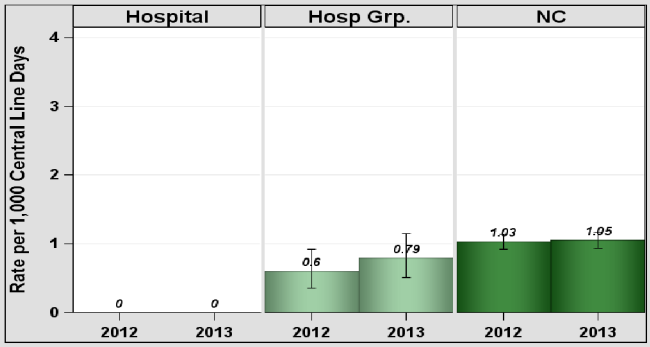


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	211	0	0.32	.		
YTD Total for Reporting ICUs	0	211	0	0.32	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	15,521	0.06	0.58	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

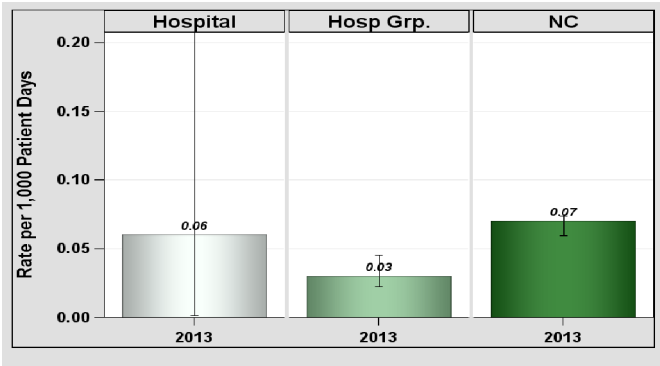


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

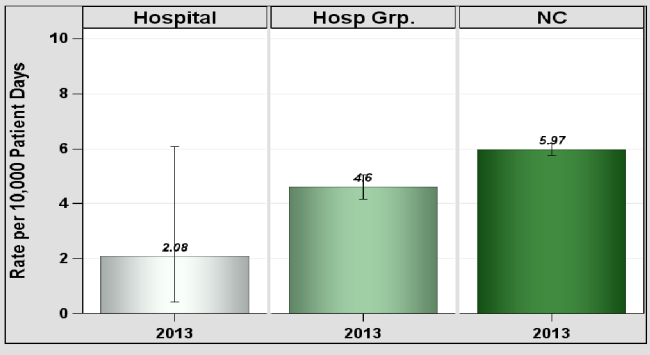


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	3	14,456	2.08	7.59	0.395	0.101, 1.076	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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)

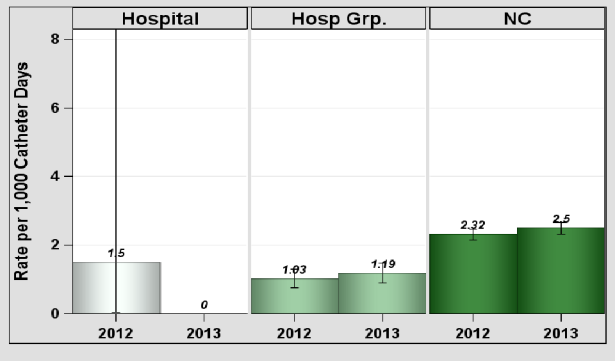


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	873	0	1.13	0	, 2.640	Same
YTD Total for Reporting ICUs	0	873	0	1.13	0	, 2.640	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	8	.	0.09	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

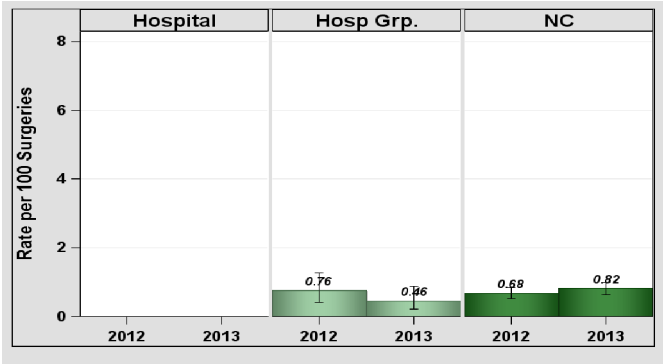


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

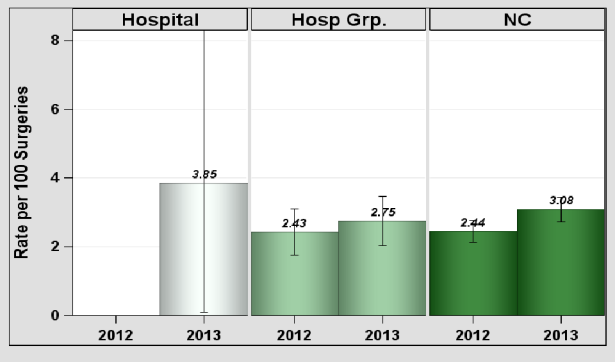


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	1	26	3.85	0.81	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

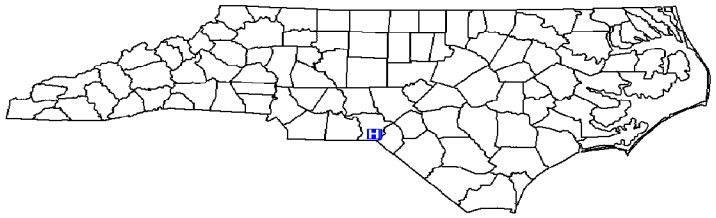
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of March 18, 2014.

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

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)

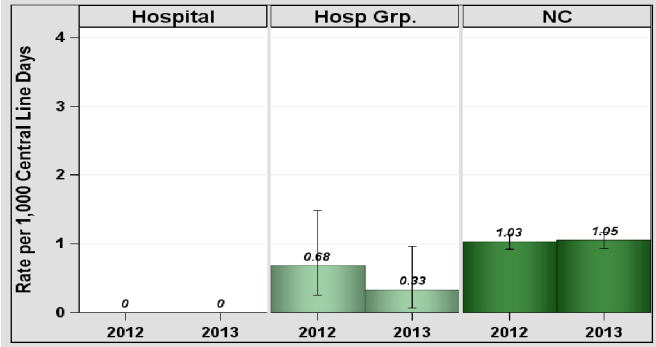


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	121	0	0.23	.		
YTD Total for Reporting ICUs	0	121	0	0.23	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	9,469	0.11	0.46	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

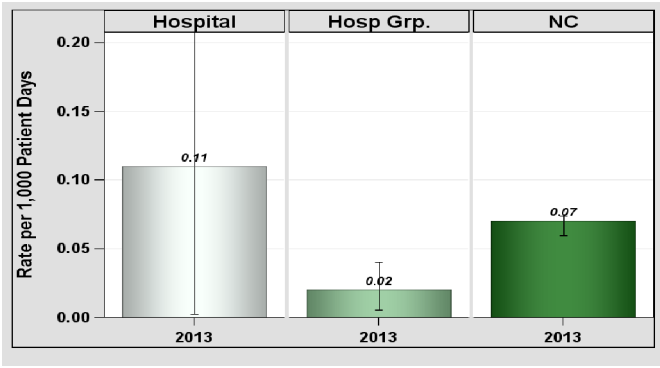


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

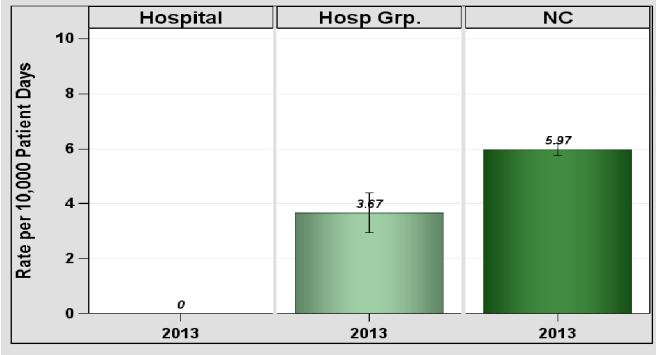


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	9,469	0	4.13	0	, 0.726	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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)

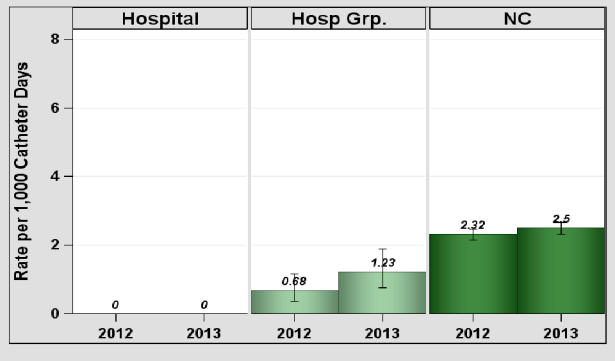


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	403	0	0.81	.		
YTD Total for Reporting ICUs	0	403	0	0.81	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	24	0	0.2	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

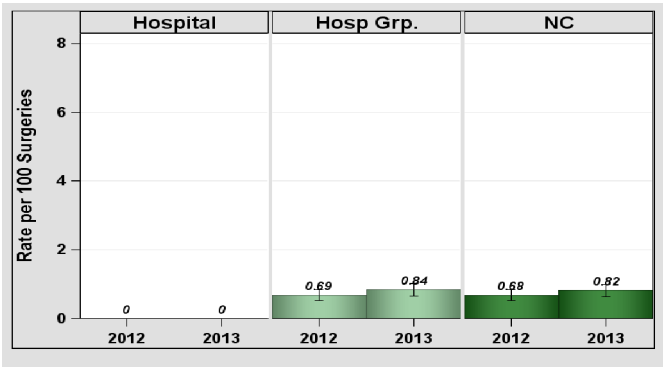


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

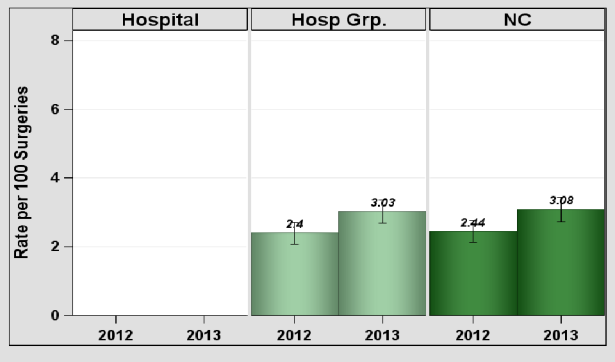


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	4	.	0.11	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

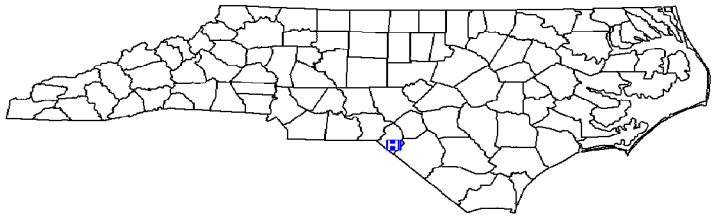
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
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)

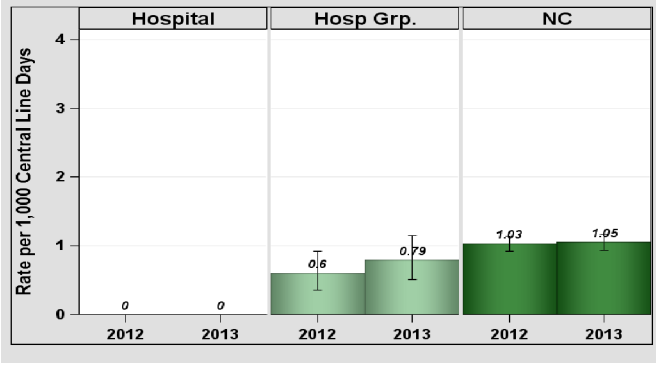


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	463	0	0.69	.		
YTD Total for Reporting ICUs	0	463	0	0.69	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	2	21,154	0.09	1.1	1.813	0.304, 5.989	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

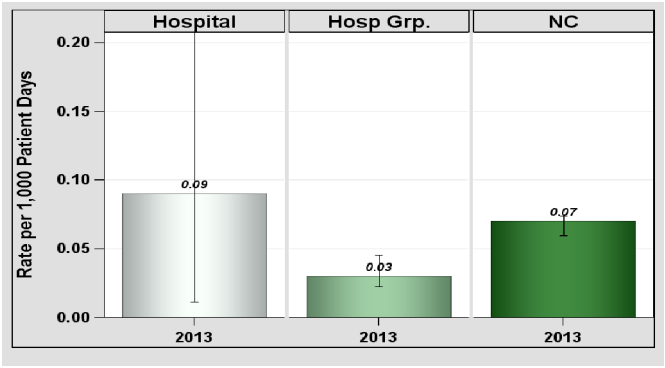


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

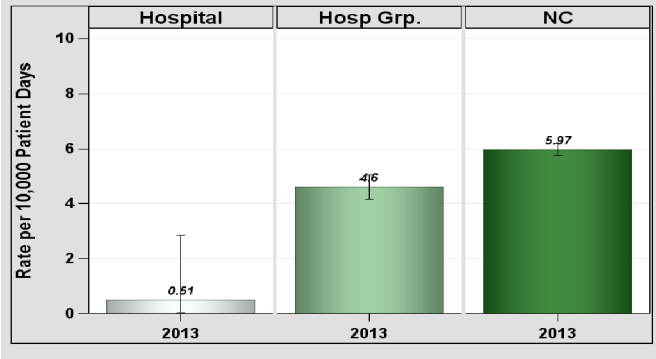


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	19,457	0.51	9.43	0.106	0.005, 0.523	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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
Scotland Memorial Hospital, Laurinburg, Scotland County

Catheter-Associated Urinary Tract Infections (CAUTI)

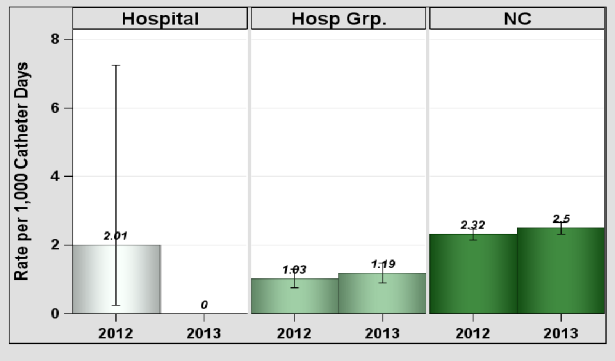


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	611	0	0.79	.		
Rehabiliation	0	26	.	.	.		
YTD Total for Reporting ICUs	0	637	0	0.89	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	33	0	0.33	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

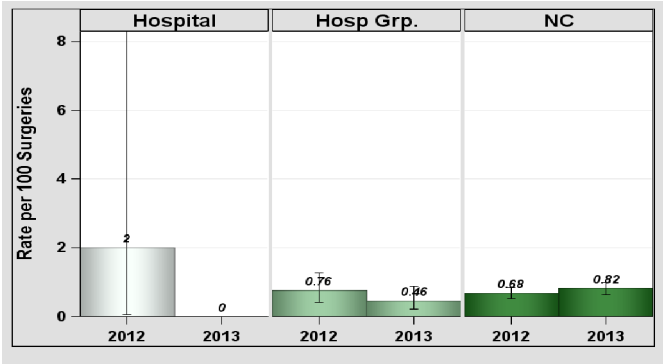


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

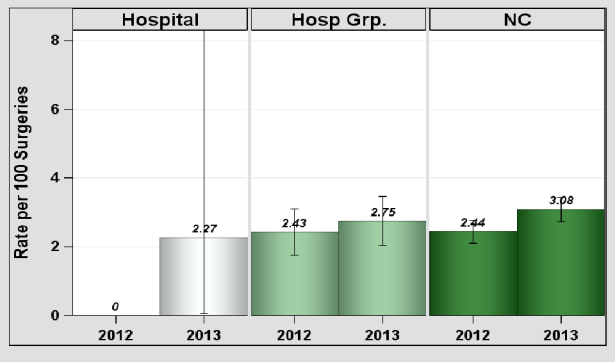


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	1	44	2.27	1.47	0.68	0.034, 3.353	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

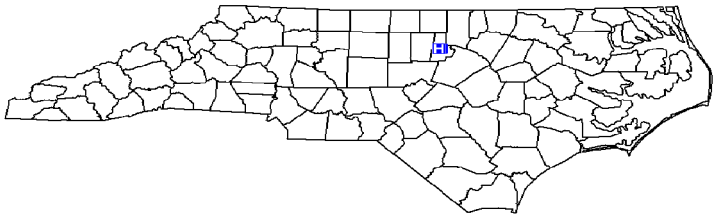
Commentary from Hospitals:
No comments provided.

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
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)

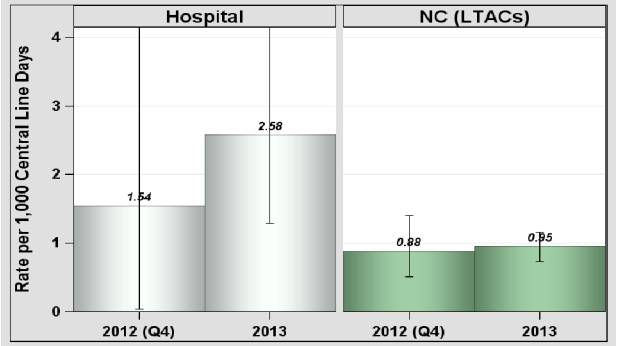


Table 1. Rates by Location, Jan-Dec 2013.

Type of Unit	Infections	Line Days	Rate
Adult ward	11	4,258	2.58
YTD 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.

Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates by Location, Jan-Dec 2013

Type of Unit	Infections	Catheter Days	Rate
Adult ward	15	2,810	5.34
YTD 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.

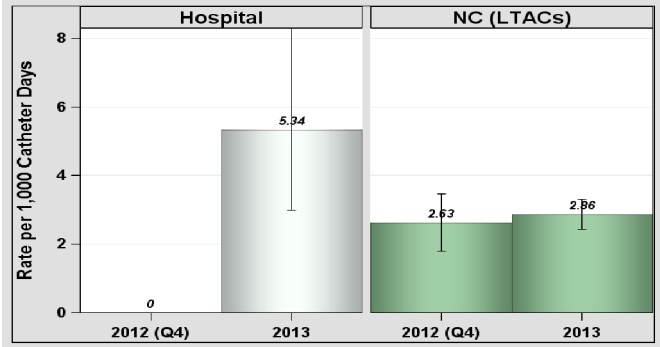


Figure 2. Rates and 95% Confidence Intervals, 2012-2013.

Other Healthcare-Associated Infections (HAIs)

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

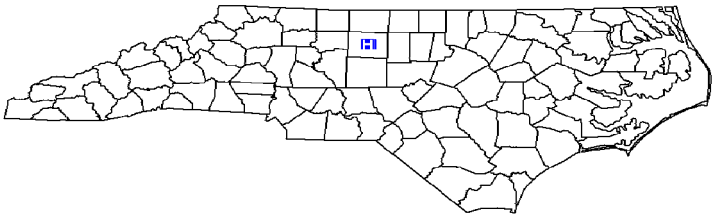
Commentary from Hospitals:
No comments provided.

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)

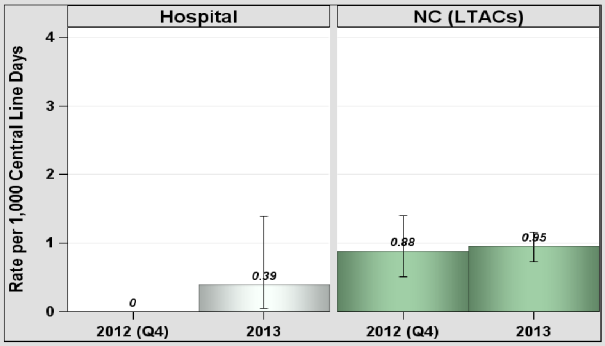


Table 1. Rates by Location, Jan-Dec 2013.

Type of Unit	Infections	Line Days	Rate
Adult ward	2	5,191	0.39
YTD 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.

Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates by Location, Jan-Dec 2013

Type of Unit	Infections	Catheter Days	Rate
Adult ward	0	4,595	0.00
YTD 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.

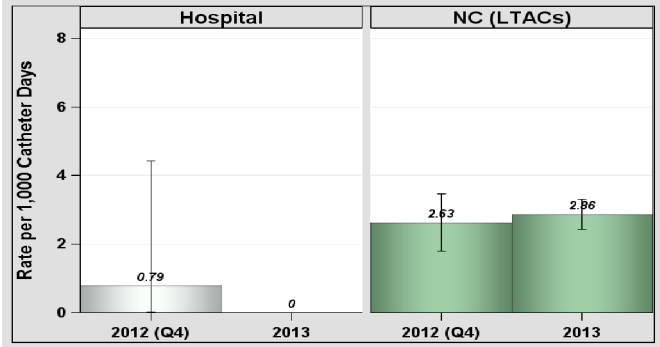


Figure 2. Rates and 95% Confidence Intervals, 2012-2013.

Other Healthcare-Associated Infections (HAIs)

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

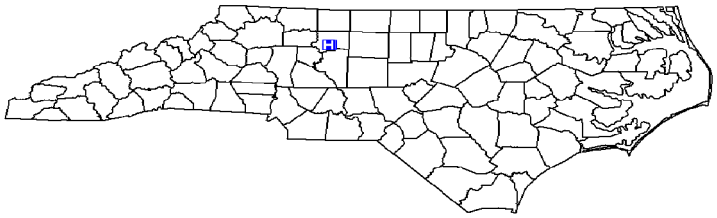
Commentary from Hospitals:
No comments provided.

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-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)

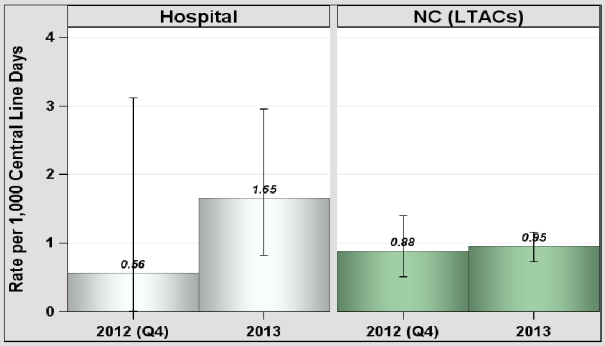


Table 1. Rates by Location, Jan-Dec 2013.

Type of Unit	Infections	Line Days	Rate
Adult ward	11	6,666	1.65
YTD 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.

Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates by Location, Jan-Dec 2013

Type of Unit	Infections	Catheter Days	Rate
Adult ward	20	6,894	2.9
YTD 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.

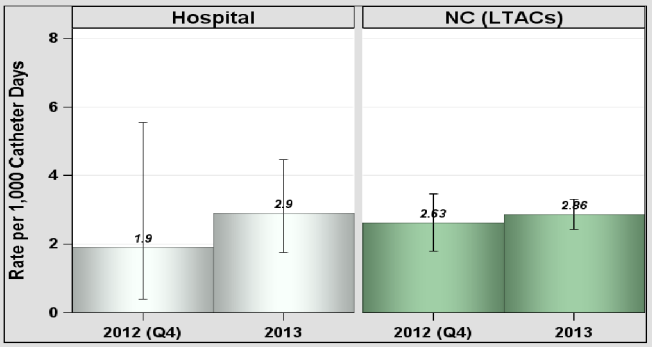


Figure 2. Rates and 95% Confidence Intervals, 2012-2013.

Other Healthcare-Associated Infections (HAIs)

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

Commentary from Hospitals:
No comments provided.

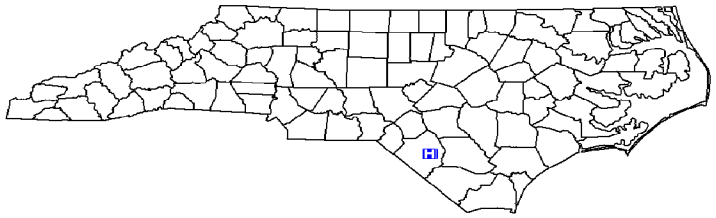
Refer to the HAI in N.C. Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of March 18, 2014.

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)

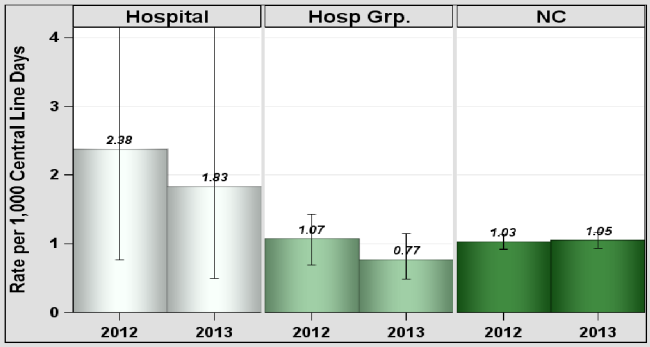


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	4	2,135	1.87	3.2	1.249	0.397, 3.013	Same
Surgical cardiothoracic	0	55	0	0.08	.		
YTD Total for Reporting ICUs	4	2,190	1.83	3.28	1.22	0.388, 2.942	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	6	77,437	0.08	2.85	2.104	0.853, 4.377	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

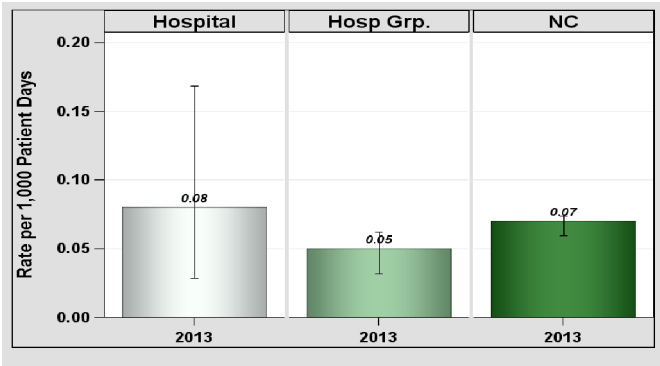


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

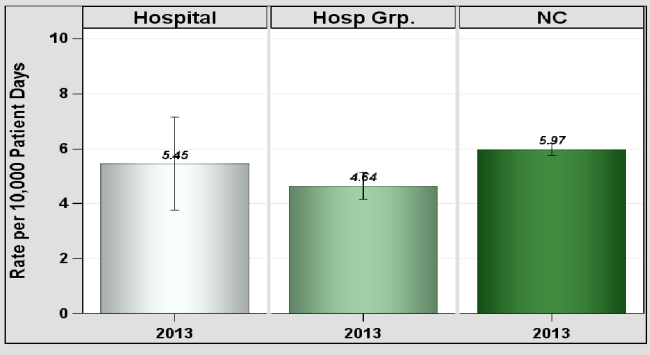


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	40	73,441	5.45	57.81	0.692	0.501, 0.933	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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)

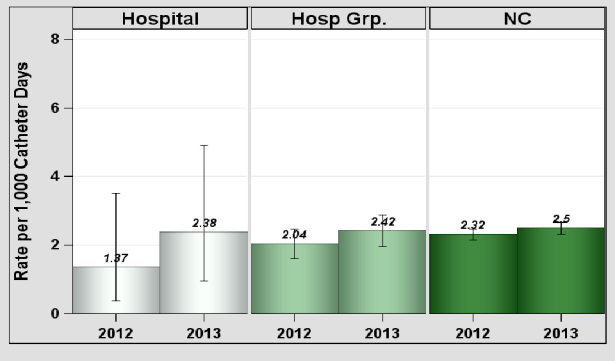


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	7	2,708	2.58	3.52	1.988	0.870, 3.933	Same
Surgical cardiothoracic	0	233	0	0.4	.		
YTD Total for Reporting ICUs	7	2,941	2.38	3.92	1.787	0.782, 3.535	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	1	150	0.67	1.75	0.571	0.029, 2.818	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

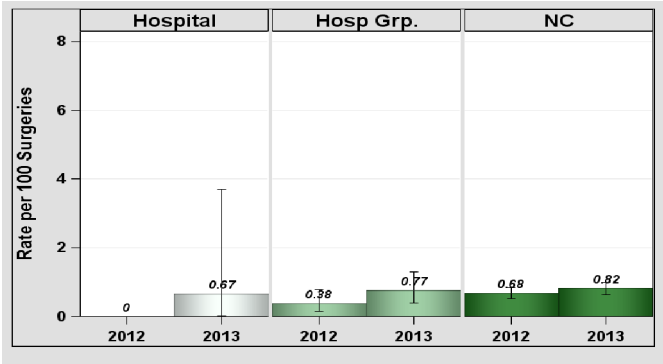


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

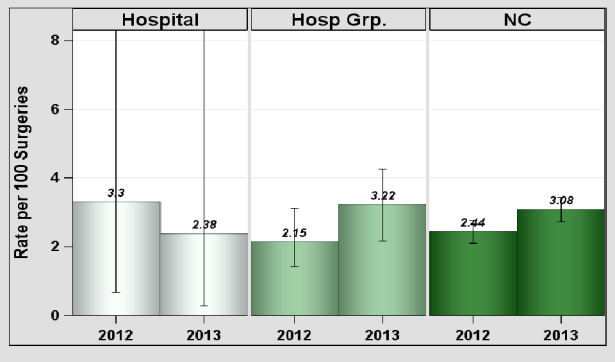


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	2	84	2.38	2.93	0.682	0.114, 2.253	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

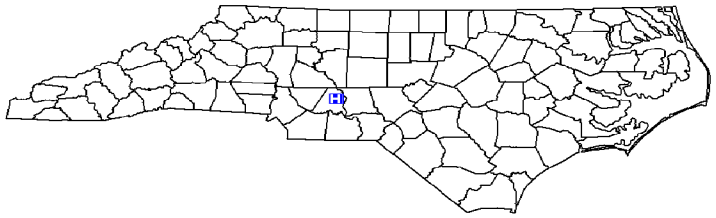
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
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)

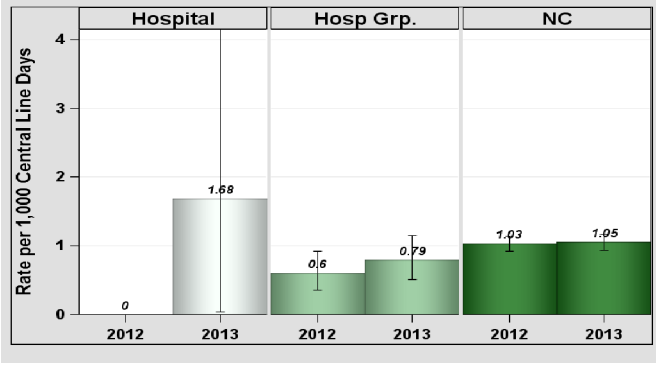


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	1	594	1.68	1.19	0.842	0.042, 4.151	Same
YTD Total for Reporting ICUs	1	594	1.68	1.19	0.842	0.042, 4.151	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	17,053	0	0.77	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

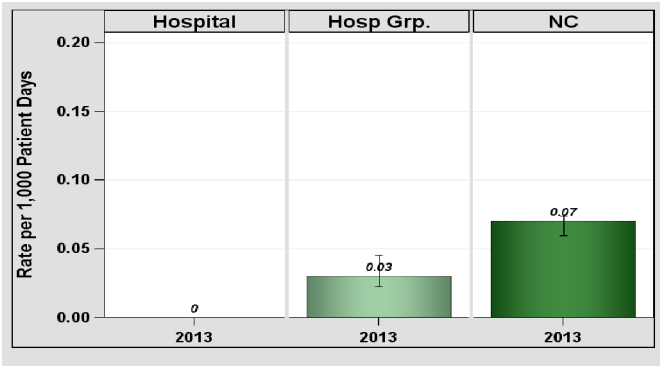


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

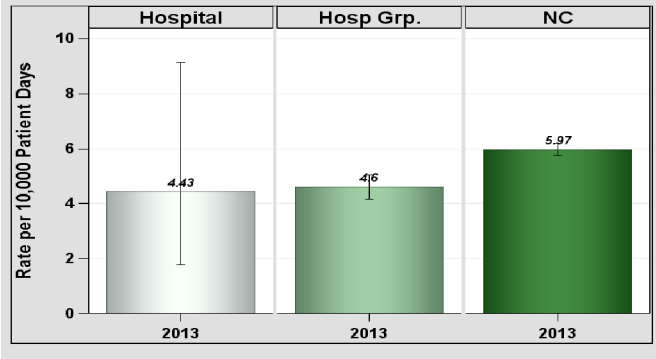


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	7	15,800	4.43	8.61	0.813	0.356, 1.608	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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
Stanly Regional Medical Center, Albemarle, Stanly County

Catheter-Associated Urinary Tract Infections (CAUTI)

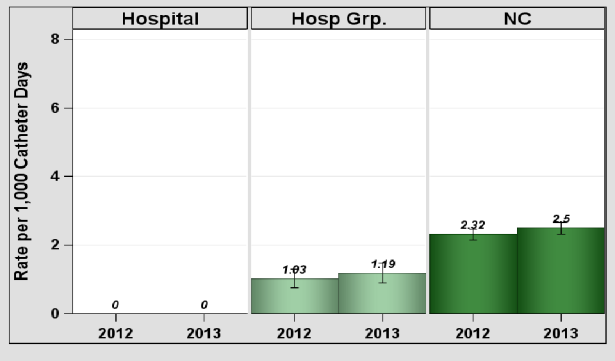


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	0	1,359	0	2.72	0	, 1.102	Same
Rehabiliation	0	53	0	0.2	.		
YTD Total for Reporting ICUs	0	1,412	0	2.92	0	, 1.026	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	17	.	0.14	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

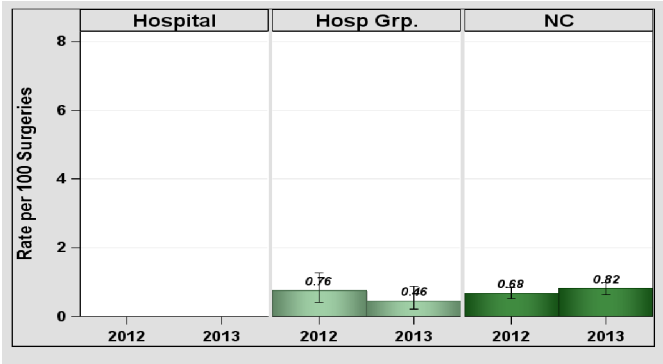


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

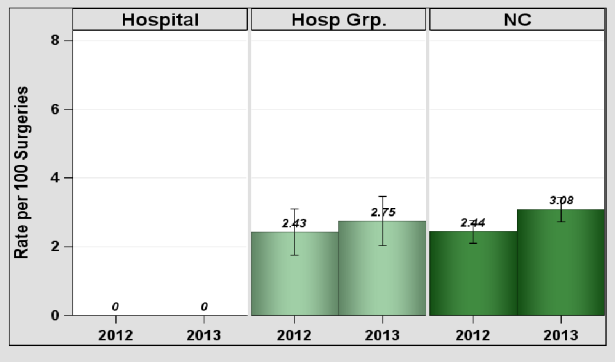


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	32	0	0.95	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

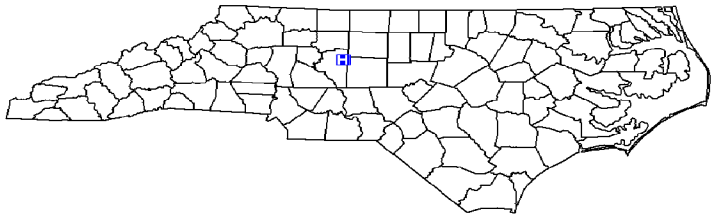
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of March 18, 2014.

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

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)

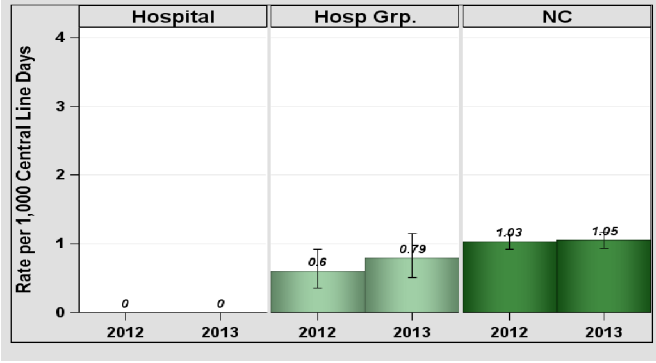


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	230	0	0.34	.		
YTD Total for Reporting ICUs	0	230	0	0.34	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	24,370	0	1.37	0	, 2.186	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

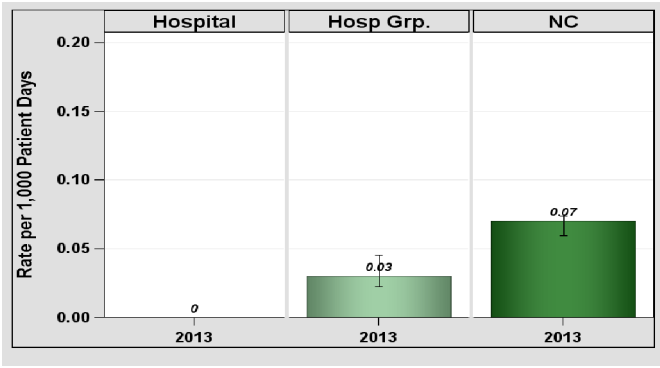


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

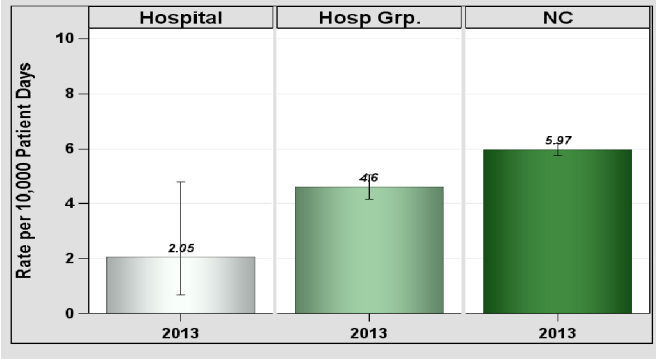


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	5	24,370	2.05	12.36	0.404	0.148, 0.896	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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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)

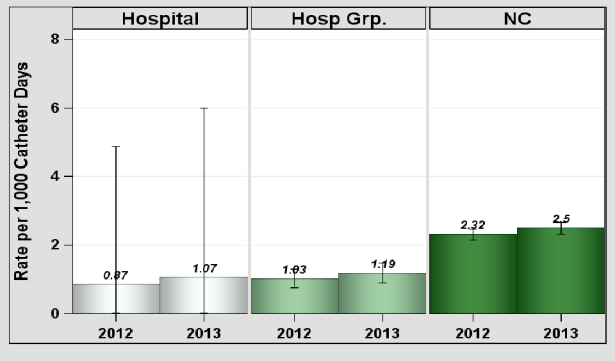


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	931	1.07	1.21	0.826	0.041, 4.075	Same
YTD Total for Reporting ICUs	1	931	1.07	1.21	0.826	0.041, 4.075	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	1	14	.	0.12	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

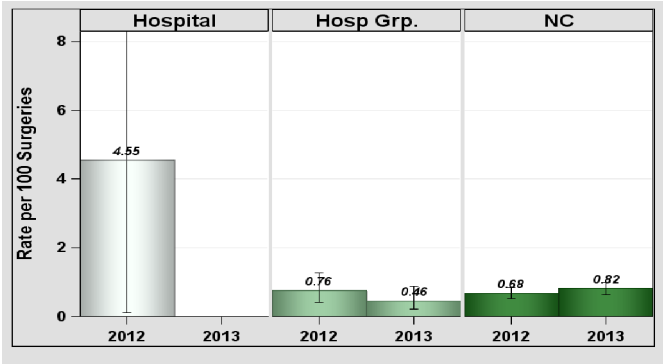


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

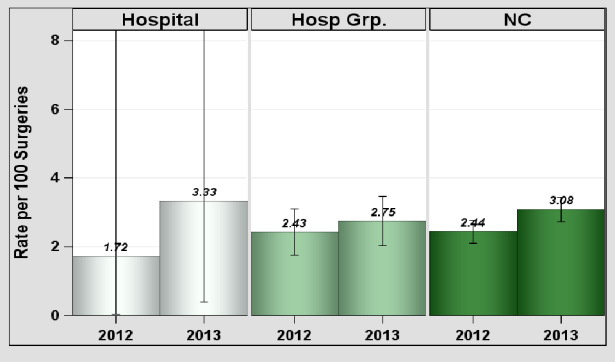


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	2	60	3.33	1.89	1.06	0.178, 3.502	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

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

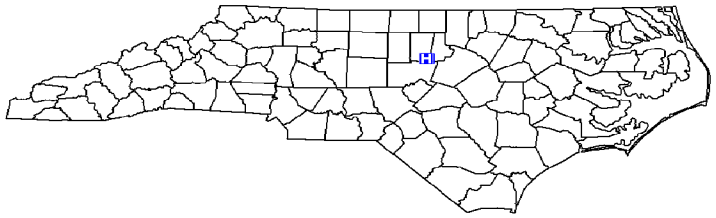
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
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)

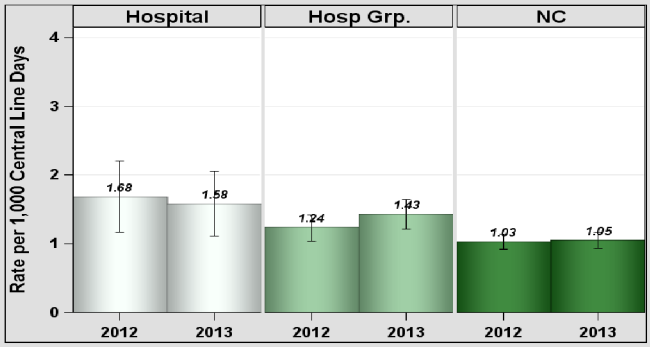


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Burn	6	2,833	2.12	15.58	0.385	0.156, 0.801	Lower
Medical	10	5,373	1.86	13.97	0.716	0.364, 1.276	Same
Medical cardiac	6	3,112	1.93	6.22	0.964	0.391, 2.005	Same
Neonatal Level III	6	4,118	1.46	10.3	0.583	0.236, 1.212	Same
Neurosurgical	2	2,471	0.81	6.18	0.324	0.054, 1.070	Same
Pediatric medical/surgical	7	3,225	2.17	9.67	0.724	0.316, 1.431	Same
Surgical	6	3,650	1.64	8.39	0.715	0.290, 1.487	Same
Surgical cardiothoracic	1	3,020	0.33	4.23	0.237	0.012, 1.166	Same
YTD Total for Reporting ICUs	44	27,802	1.58	74.55	0.59	0.434, 0.785	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	26	253,632	0.1	22.43	1.159	0.773, 1.674	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

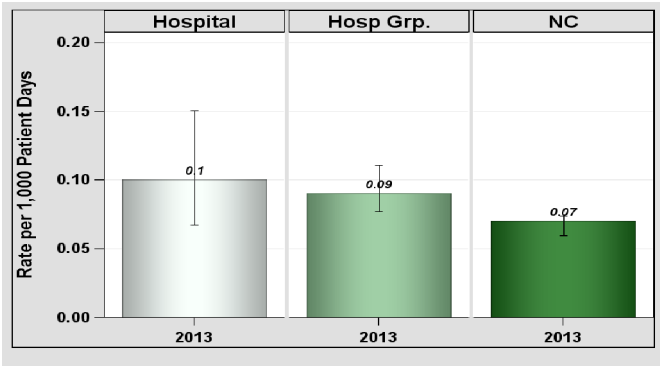


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

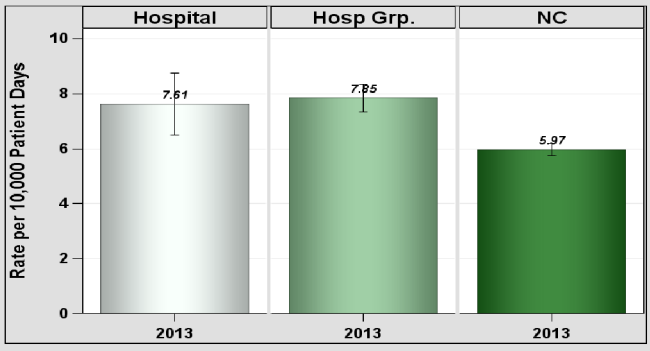


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	175	229,959	7.61	206.35	0.848	0.729, 0.981	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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Data as of March 18, 2014.

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)

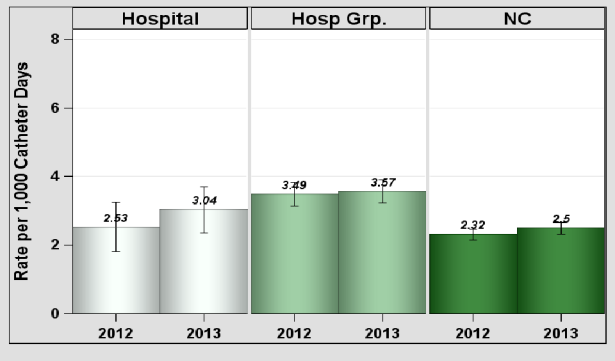


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Burn	13	4,283	3.04	18.85	0.69	0.384, 1.150	Same
Medical	20	5,326	3.76	12.25	1.633	1.025, 2.477	Higher
Medical cardiac	9	2,422	3.72	4.84	1.858	0.906, 3.410	Same
Neurosurgical	21	3,864	5.43	17	1.235	0.785, 1.856	Same
Pediatric medical/surgical	2	1,565	1.28	4.38	0.456	0.077, 1.508	Same
Rehabiliation	2	900	2.22	3.42	0.585	0.098, 1.932	Same
Surgical	11	4,818	2.28	12.53	0.878	0.462, 1.526	Same
Surgical cardiothoracic	2	3,117	0.64	5.3	0.377	0.063, 1.247	Same
YTD Total for Reporting ICUs	80	26,295	3.04	78.57	1.018	0.813, 1.261	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	11	588	1.87	6.98	1.577	0.829, 2.741	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

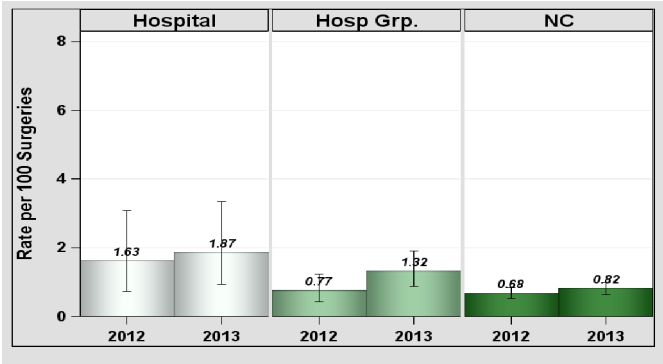


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

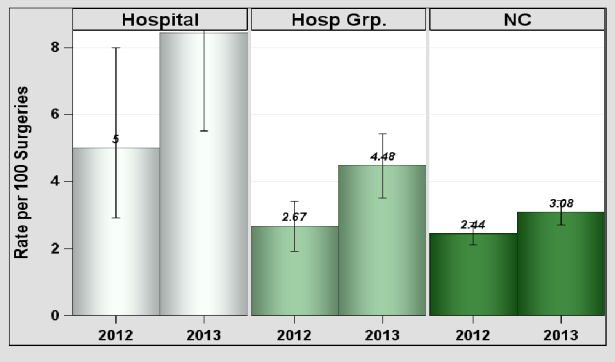


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	32	379	8.44	14.12	2.266	1.577, 3.161	Higher

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

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 hospitals' 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).

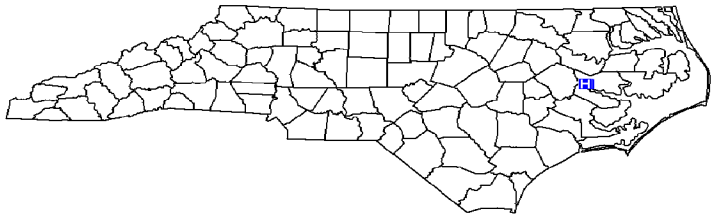
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Vidant Beaufort Hospital, Washington, Beaufort County

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)

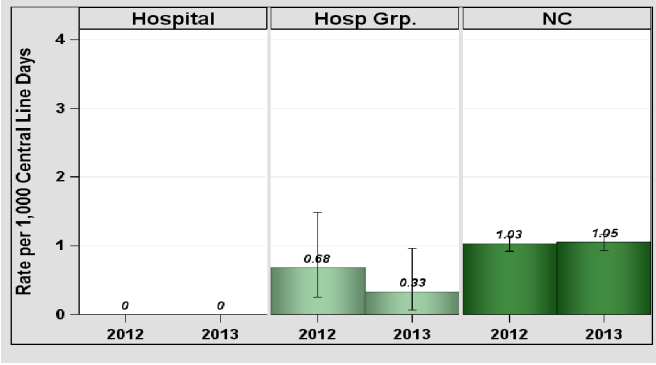


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	163	0	0.24	.		
YTD Total for Reporting ICUs	0	163	0	0.24	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	14,780	0	0.69	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

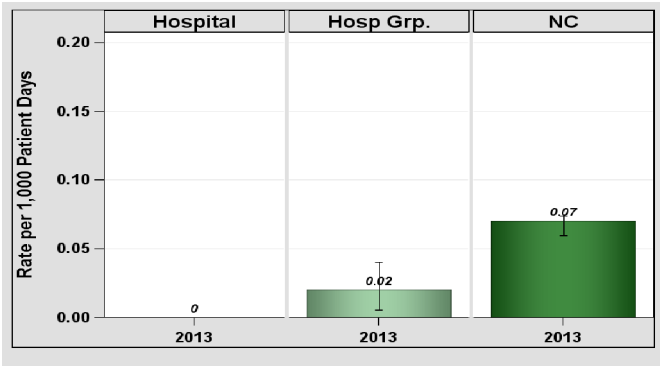


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

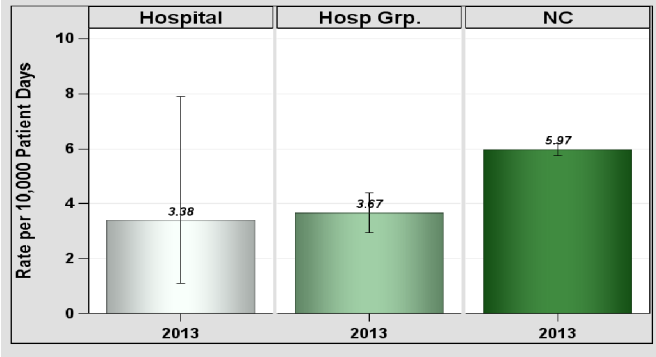


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	5	14,780	3.38	6.64	0.753	0.276, 1.669	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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)

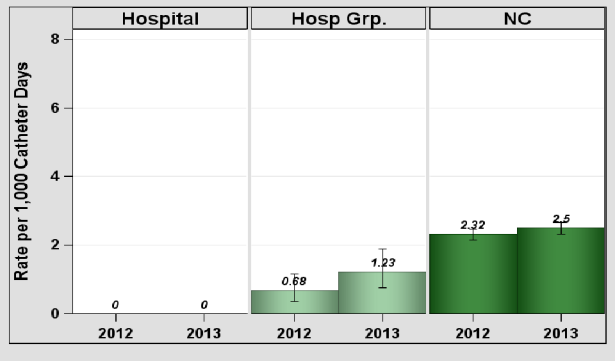


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	299	0	0.39	.		
YTD Total for Reporting ICUs	0	299	0	0.39	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	2	28	7.14	0.31	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

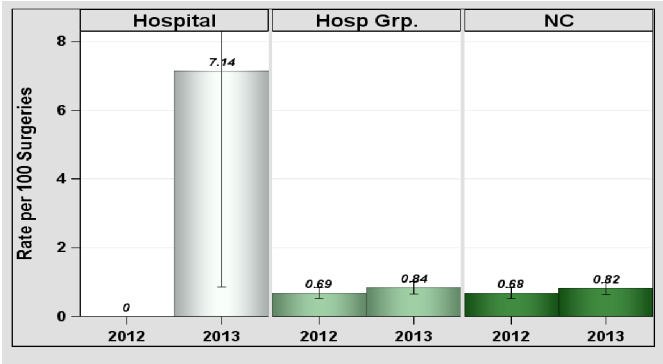


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

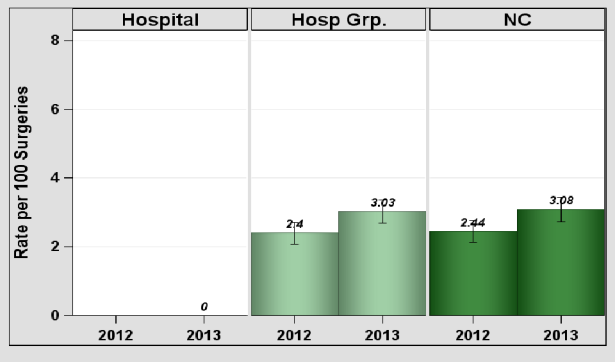


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	25	0	0.83	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

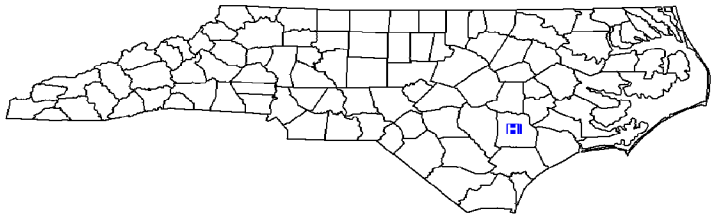
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Vidant Duplin Hospital, Kenansville, Duplin County

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)

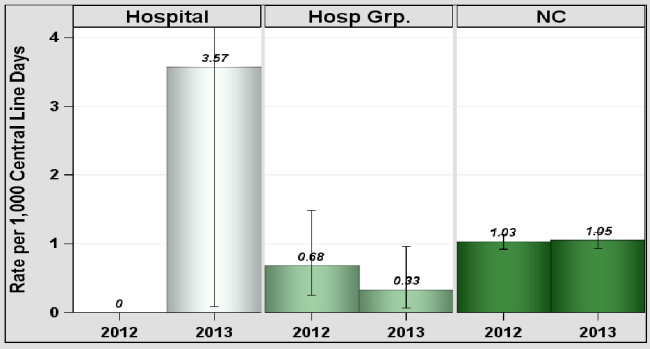


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	280	3.57	0.42	.		
YTD Total for Reporting ICUs	1	280	3.57	0.42	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	15,969	0	0.81	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

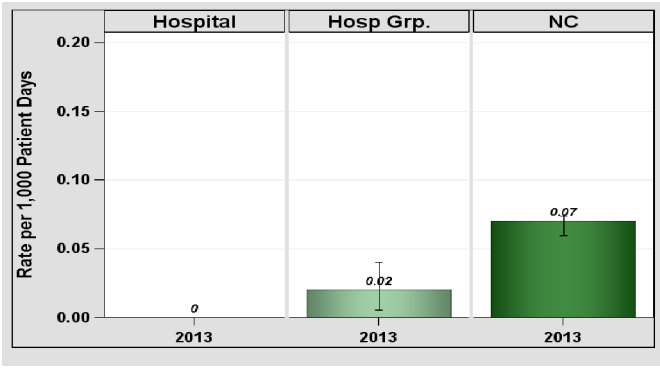


Figure 2. Rates and 95% Confidence Intervals, 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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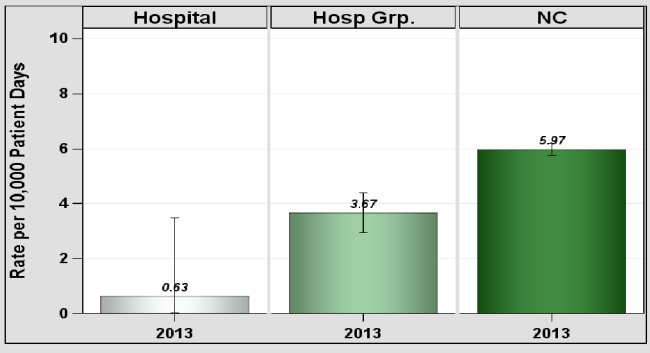

Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	15,969	0.63	9.46	0.106	0.005, 0.522	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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).
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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)

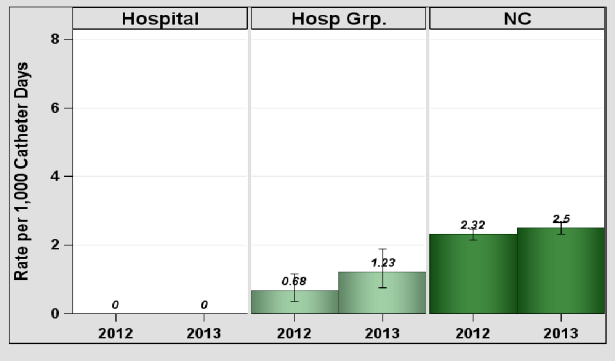


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	510	0	0.66	.		
YTD Total for Reporting ICUs	0	510	0	0.66	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	9	.	0.11	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

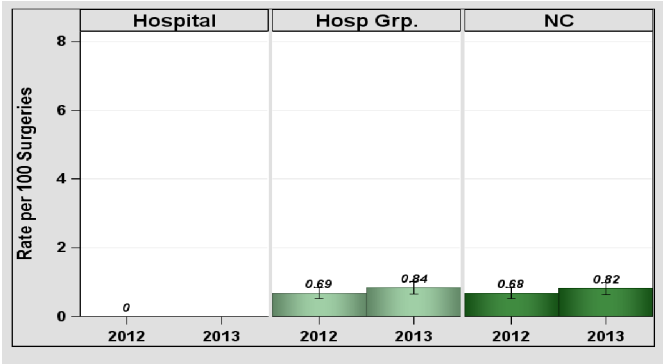


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

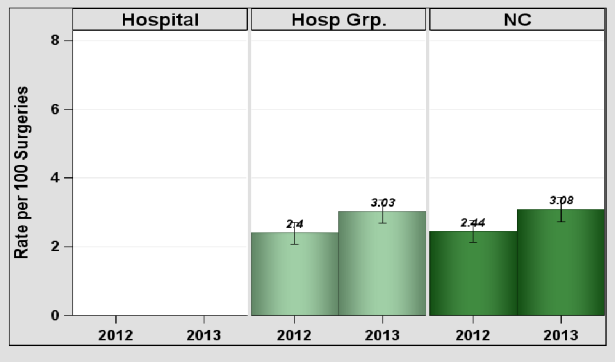


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	3	.	0.1	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

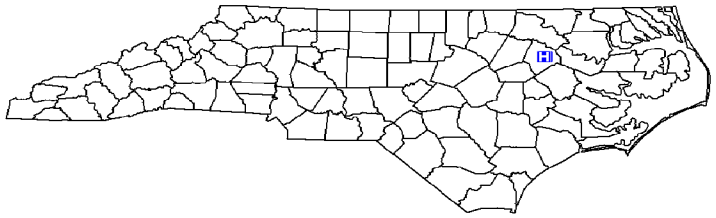
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Vidant Edgecombe Hospital, Tarboro, Edgecombe County

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)

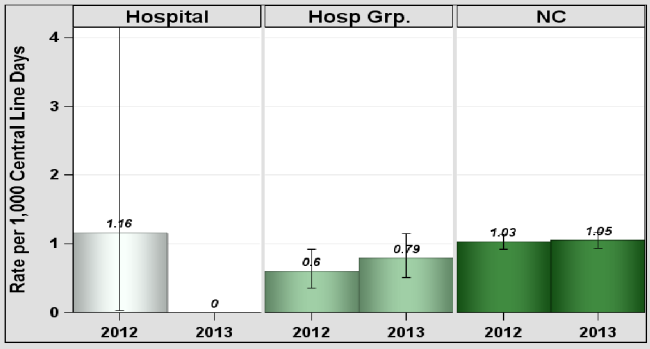


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	909	0	1.91	0	, 1.569	Same
YTD Total for Reporting ICUs	0	909	0	1.91	0	, 1.569	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	2	16,167	0.12	0.89	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

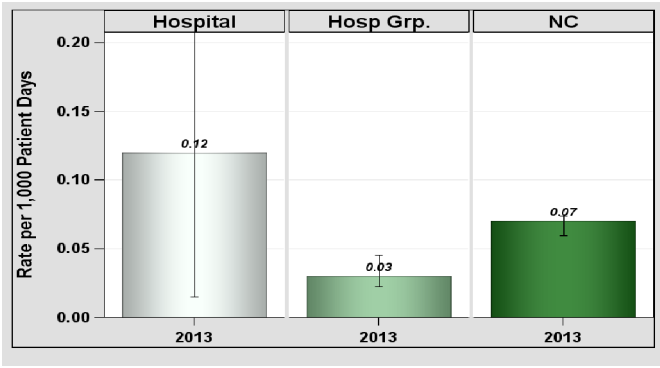


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

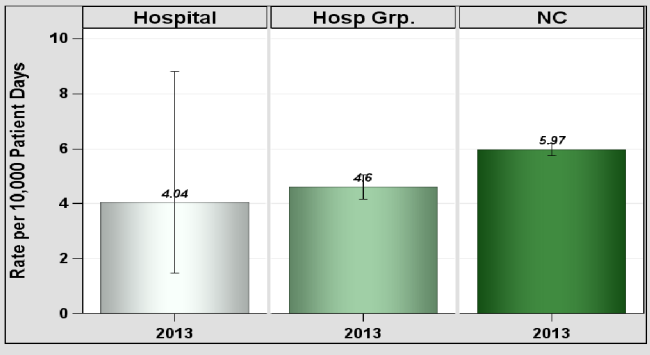


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	6	14,853	4.04	9.55	0.628	0.255, 1.307	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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)

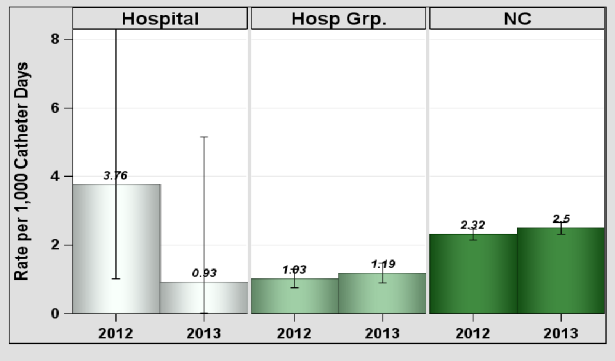


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	987	1.01	2.27	0.441	0.022, 2.173	Same
Rehabiliation	0	93	0	0.35	.		
YTD Total for Reporting ICUs	1	1,080	0.93	2.62	0.381	0.019, 1.880	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	41	0	0.49	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

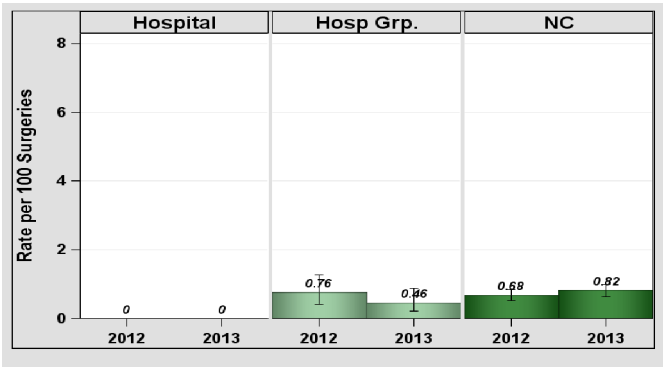


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

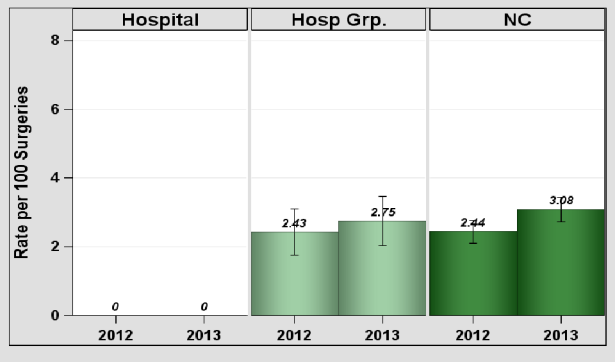


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	24	0	0.85	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

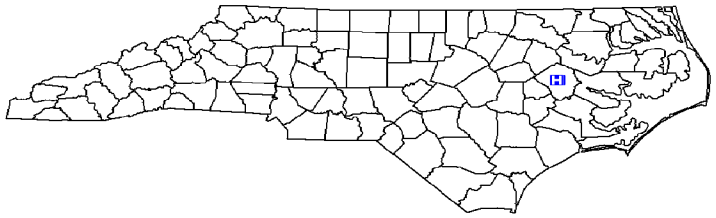
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Vidant Medical Center, Greenville, Pitt County

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)

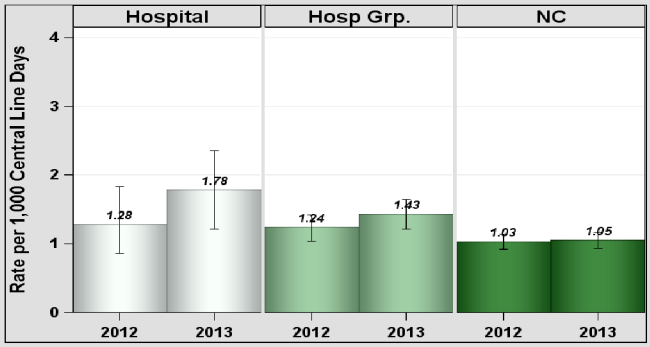


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	7	4,542	1.54	11.81	0.593	0.259, 1.173	Same
Medical cardiac	3	2,954	1.02	5.91	0.508	0.129, 1.382	Same
Neonatal Level III	9	2,834	3.18	7.26	1.24	0.605, 2.276	Same
Neurosurgical	2	637	3.14	1.59	1.256	0.211, 4.149	Same
Pediatric medical/surgical	1	1,022	0.98	3.07	0.326	0.016, 1.609	Same
Surgical	10	3,604	2.77	8.29	1.206	0.613, 2.150	Same
Surgical cardiothoracic	5	5,160	0.97	7.22	0.692	0.254, 1.534	Same
YTD Total for Reporting ICUs	37	20,753	1.78	45.14	0.82	0.586, 1.118	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	19	267,818	0.07	26.12	0.727	0.451, 1.115	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

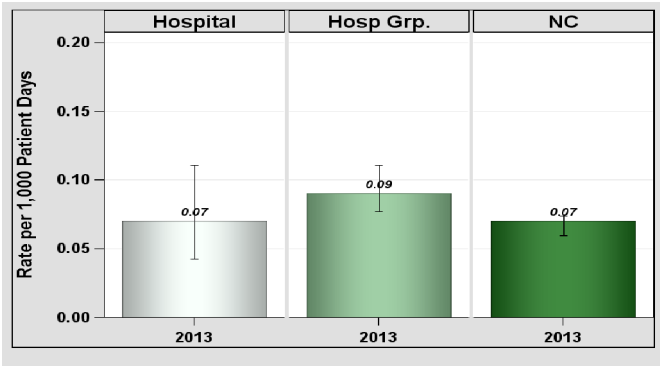


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

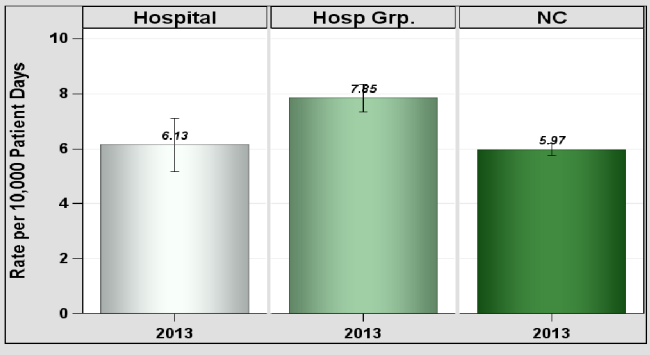


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	154	251,259	6.13	173.88	0.886	0.754, 1.034	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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)

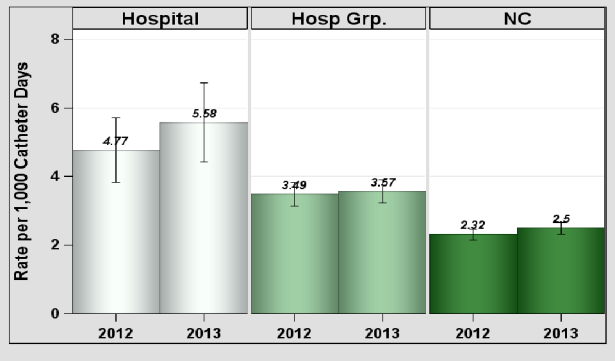


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	25	4,170	6	9.59	2.607	1.724, 3.791	Higher
Medical cardiac	6	2,788	2.15	5.58	1.076	0.436, 2.238	Same
Neurosurgical	12	994	12.1	4.37	2.744	1.487, 4.665	Higher
Pediatric medical/surgical	4	476	8.4	1.33	3.001	0.954, 7.239	Same
Rehabiliation	6	1,073	5.59	4.08	1.472	0.596, 3.061	Same
Surgical	28	3,620	7.73	9.41	2.975	2.016, 4.242	Higher
Surgical cardiothoracic	9	3,009	2.99	5.12	1.759	0.858, 3.229	Same
YTD Total for Reporting ICUs	90	16,130	5.58	39.48	2.28	1.844, 2.789	Higher

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	5	335	1.49	3.47	1.44	0.528, 3.192	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

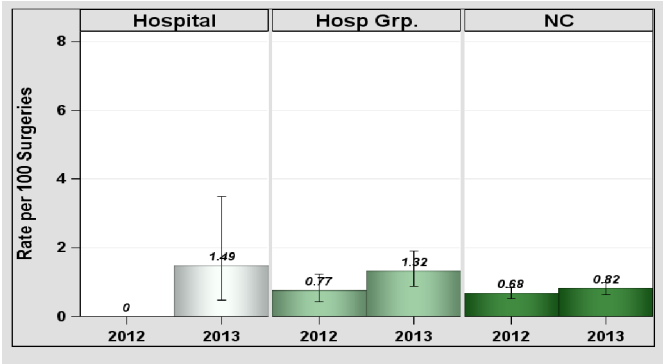


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

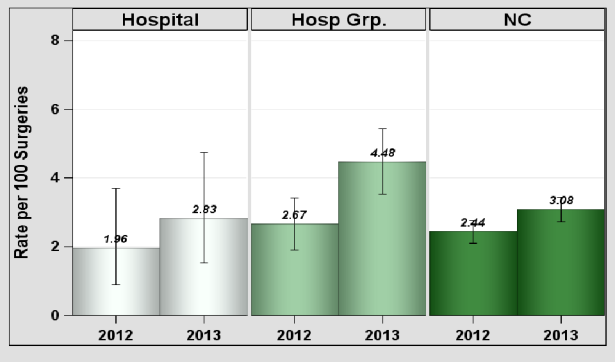


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	14	495	2.83	16.88	0.829	0.472, 1.359	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

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.

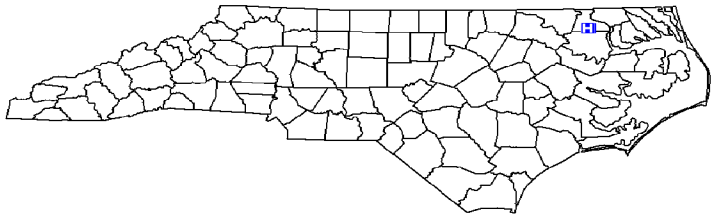
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Vidant Roanoke Chowan Hospital, Ahoskie, Hertford County

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)

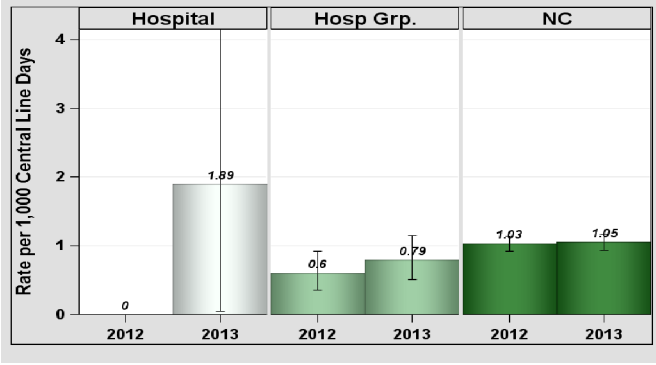


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	529	1.89	0.79	.		
YTD Total for Reporting ICUs	1	529	1.89	0.79	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	17,121	0	.	.	.	

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

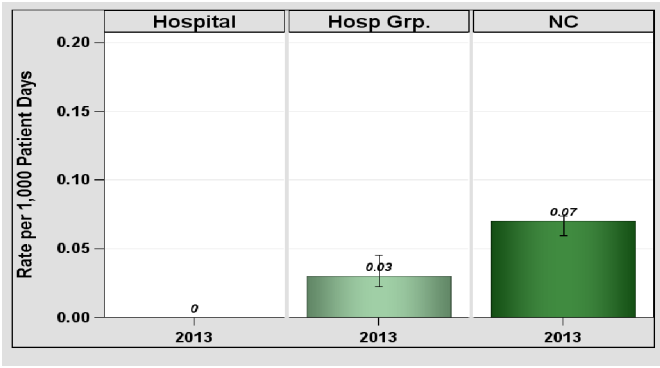


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

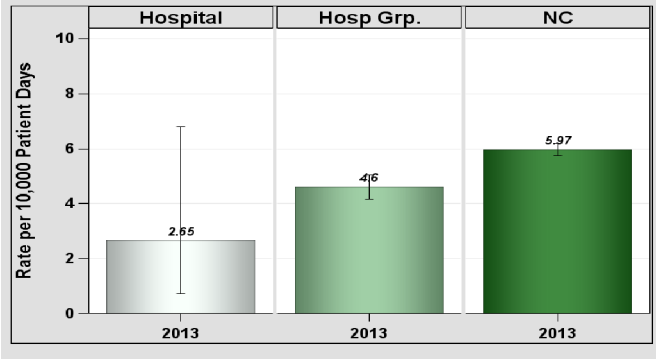


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	4	15,102	2.65	7.54	0.531	0.169, 1.280	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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)

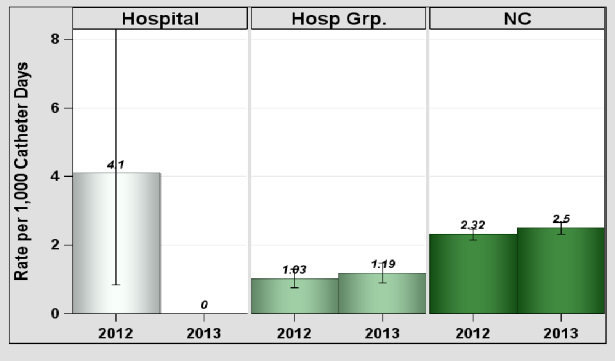


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	746	0	0.97	.		
YTD Total for Reporting ICUs	0	746	0	0.97	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	26	0	0.23	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

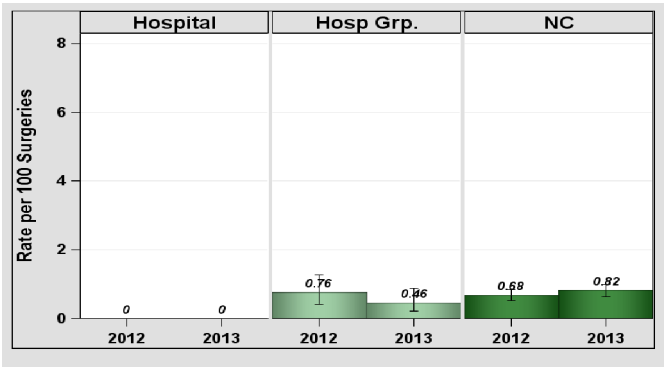


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

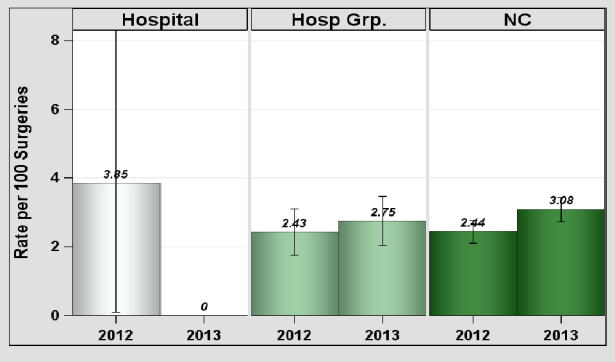


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	24	0	0.67	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

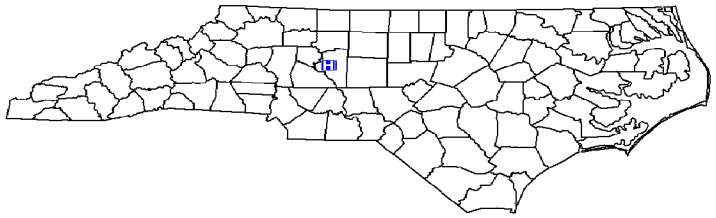
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Wake Forest Baptist Health-Lexington Medical Center, Lexington, Davidson County

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)

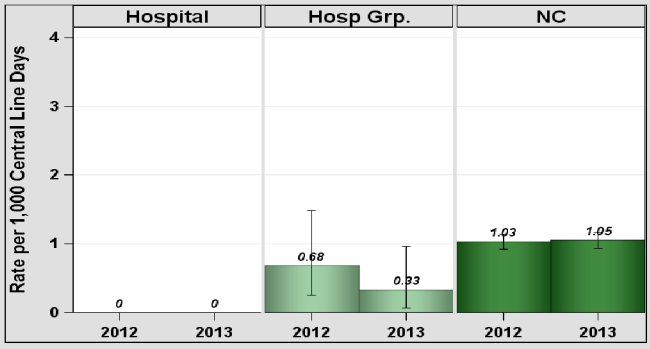


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	353	0	0.53	.		
YTD Total for Reporting ICUs	0	353	0	0.53	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	10,692	0	0.62	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

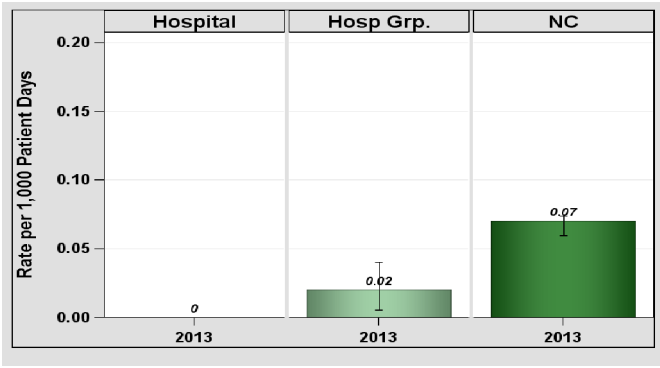


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

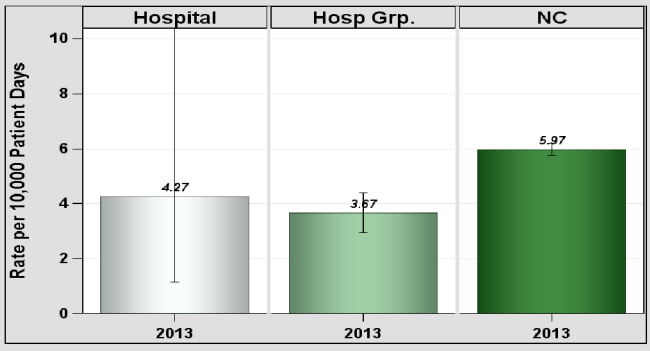


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	4	9,362	4.27	4.83	0.828	0.263, 1.997	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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)

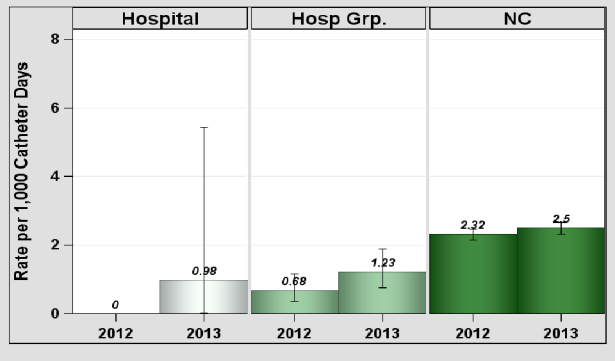


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	1,024	0.98	1.23	0.814	0.041, 4.014	Same
YTD Total for Reporting ICUs	1	1,024	0.98	1.23	0.814	0.041, 4.014	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	50	0	0.48	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

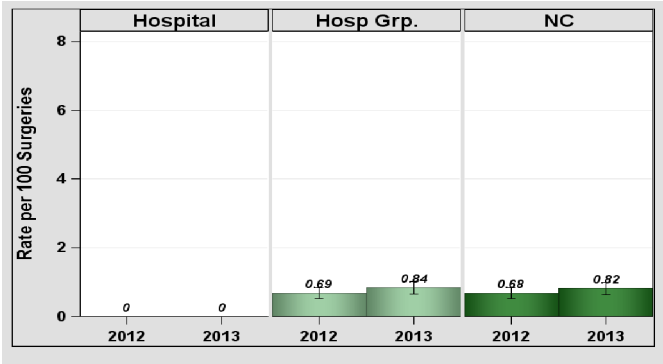


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

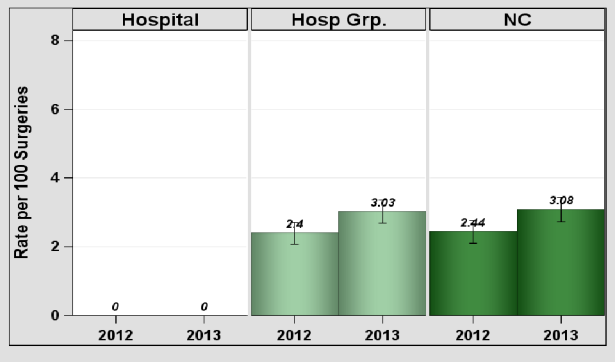


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	24	0	0.74	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

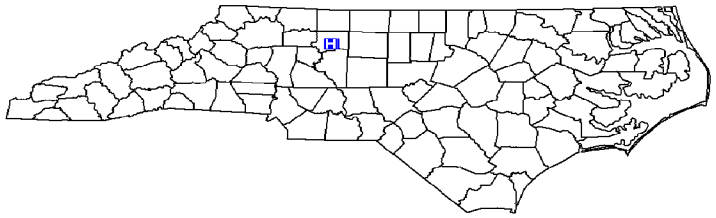
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Wake Forest 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)

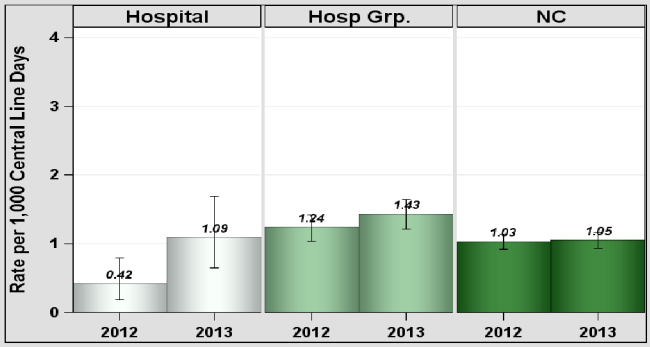


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Burn	1	492	2.03	2.71	0.37	0.018, 1.823	Same
Medical	5	4,059	1.23	10.55	0.474	0.174, 1.050	Same
Medical cardiac	0	1,365	0	2.73	0	, 1.097	Same
Medical/surgical	3	1,453	2.06	3.05	0.983	0.250, 2.676	Same
Neonatal Level II/III	2	3,177	0.63	8.06	0.248	0.042, 0.820	Lower
Neurosurgical	1	1,408	0.71	3.52	0.284	0.014, 1.401	Same
Pediatric medical/surgical	2	1,659	1.21	4.98	0.402	0.067, 1.328	Same
Surgical	0	912	0	2.1	0	, 1.428	Same
Surgical cardiothoracic	2	2,113	0.95	2.96	0.676	0.113, 2.234	Same
Trauma	3	854	3.51	3.07	0.976	0.248, 2.656	Same
YTD Total for Reporting ICUs	19	17,492	1.09	43.73	0.434	0.269, 0.666	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	28	232,873	0.12	24.43	1.146	0.777, 1.634	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

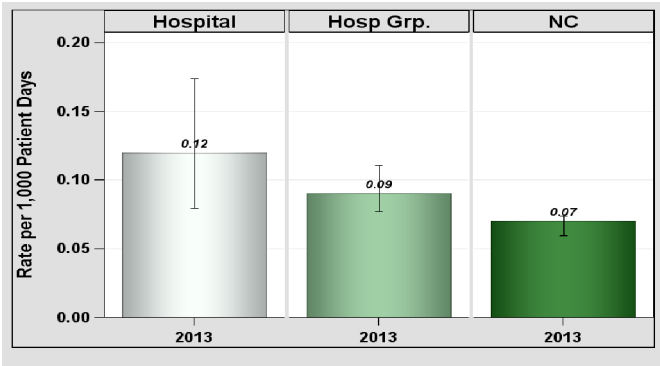


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

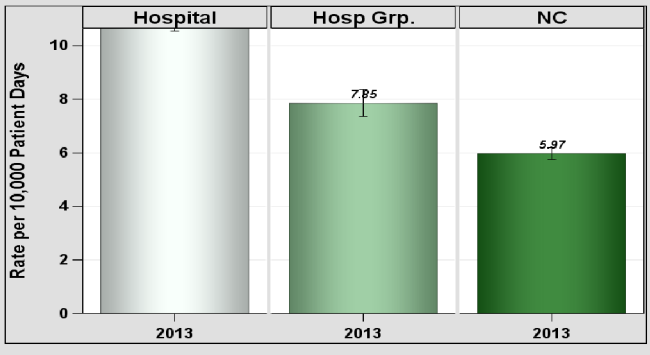


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	267	223,121	12	226	1.181	1.046, 1.330	Higher

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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Data as of March 18, 2014.

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

Catheter-Associated Urinary Tract Infections (CAUTI)

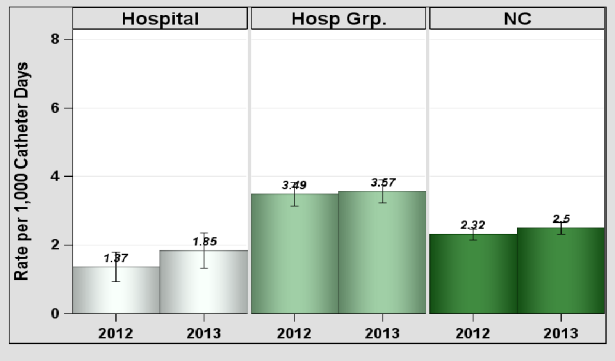


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Burn	0	1,061	0	4.67	0	, 0.642	Lower
Medical	20	7,791	2.57	17.92	1.116	0.701, 1.693	Same
Medical cardiac	5	1,896	2.64	3.79	1.319	0.483, 2.923	Same
Medical/surgical	3	2,901	1.03	6.67	0.45	0.114, 1.224	Same
Neurosurgical	10	3,060	3.27	13.46	0.743	0.377, 1.324	Same
Pediatric medical/surgical	4	909	4.4	2.55	1.572	0.499, 3.791	Same
Rehabiliation	0	729	0	2.77	0	, 1.081	Same
Surgical	2	2,314	0.86	6.02	0.332	0.056, 1.098	Same
Surgical cardiothoracic	4	2,659	1.5	4.52	0.885	0.281, 2.134	Same
Trauma	1	3,151	0.32	10.71	0.093	0.005, 0.460	Lower
YTD Total for Reporting ICUs	49	26,471	1.85	73.08	0.67	0.501, 0.879	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	168	0	1.95	0	, 1.539	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

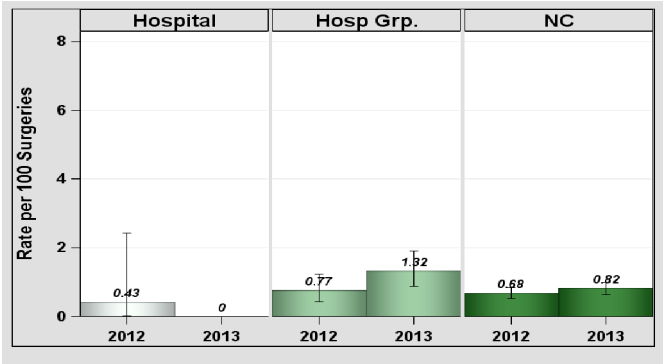


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

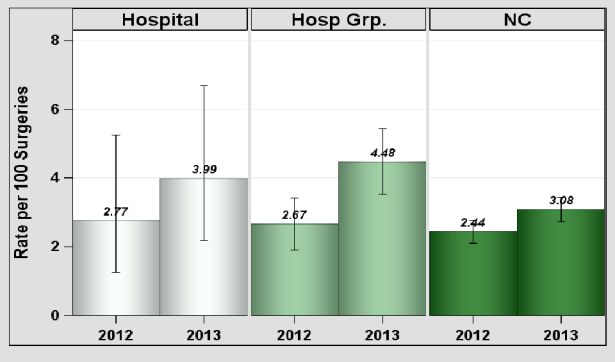


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	14	351	3.99	12.71	1.102	0.627, 1.805	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

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).

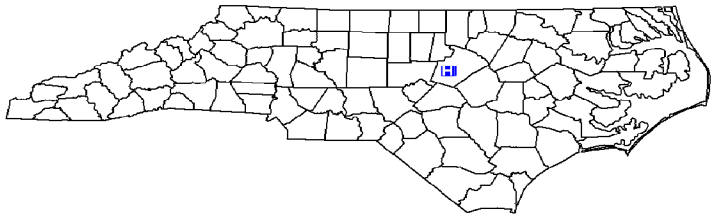
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
WakeMed Cary Hospital, Cary, Wake County

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)

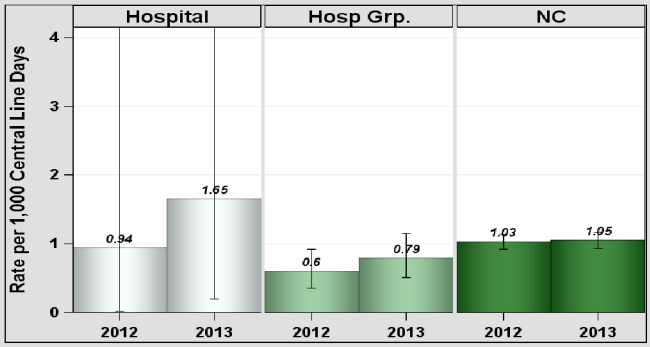


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	2	1,214	1.65	1.82	1.098	0.184, 3.629	Same
YTD Total for Reporting ICUs	2	1,214	1.65	1.82	1.098	0.184, 3.629	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	3	43,384	0.07	1.83	1.642	0.418, 4.469	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

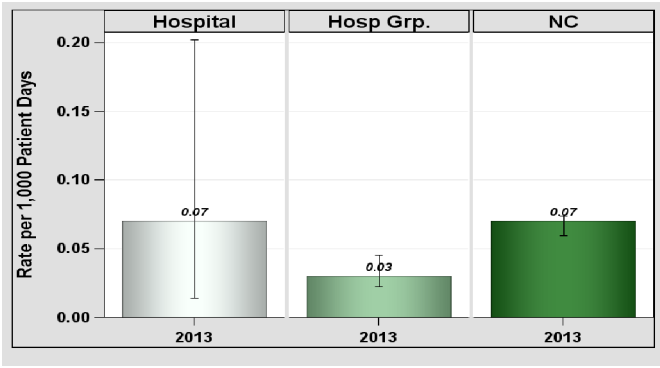


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

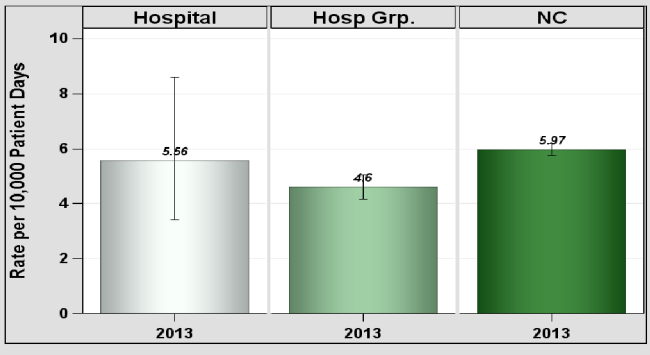


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	20	35,965	5.56	24.52	0.816	0.512, 1.237	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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)

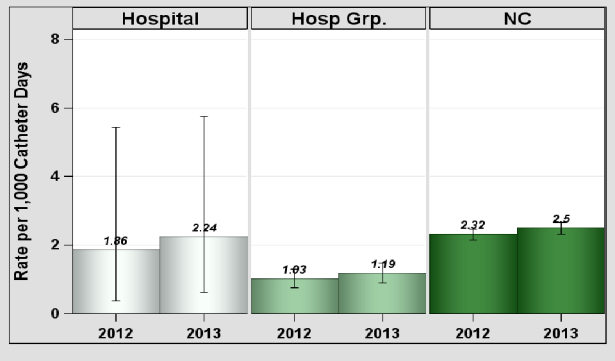


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	4	1,782	2.24	2.32	1.727	0.549, 4.165	Same
YTD Total for Reporting ICUs	4	1,782	2.24	2.32	1.727	0.549, 4.165	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	83	0	0.71	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

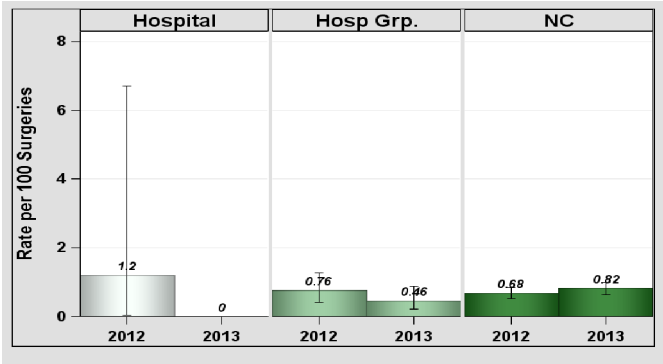


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

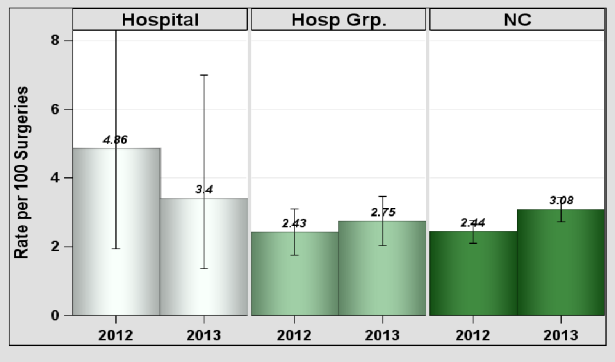


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	7	206	3.4	6.59	1.063	0.465, 2.102	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

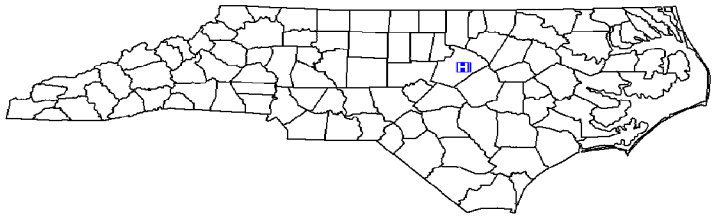
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
WakeMed, Raleigh, Wake County

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)

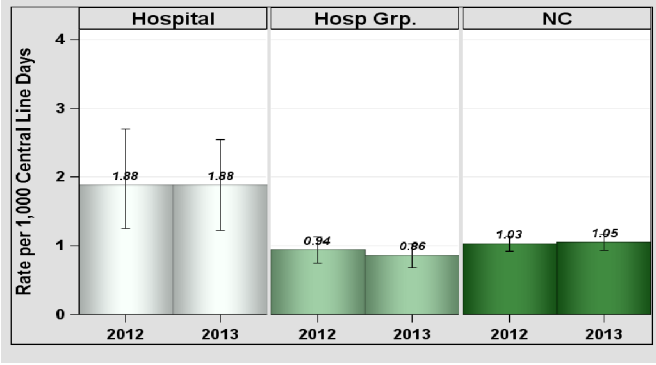


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	1	2,129	0.47	5.54	0.181	0.009, 0.891	Lower
Medical cardiac	10	5,324	1.88	10.65	0.939	0.477, 1.674	Same
Neonatal Level II/III	4	2,410	1.66	5.63	0.71	0.226, 1.714	Same
Pediatric medical/surgical	1	614	1.63	1.84	0.543	0.027, 2.677	Same
Surgical cardiothoracic	6	2,424	2.48	3.39	1.768	0.717, 3.677	Same
Trauma	9	3,582	2.51	12.9	0.698	0.340, 1.281	Same
YTD Total for Reporting ICUs	31	16,483	1.88	39.94	0.776	0.537, 1.088	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	19	161,709	0.12	14.17	1.341	0.831, 2.055	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

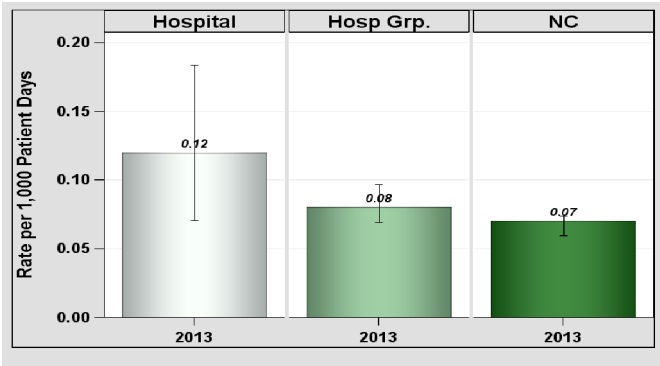


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

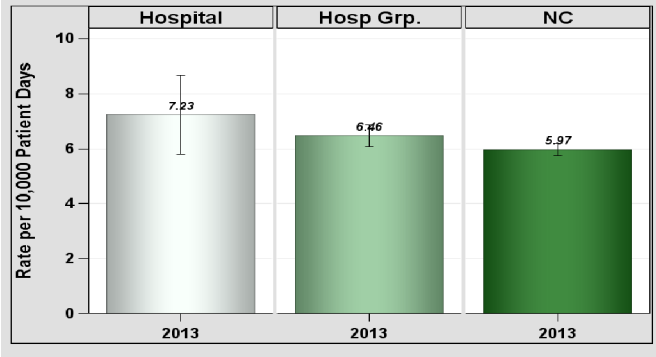


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	98	135,585	7.23	119.33	0.821	0.670, 0.996	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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)

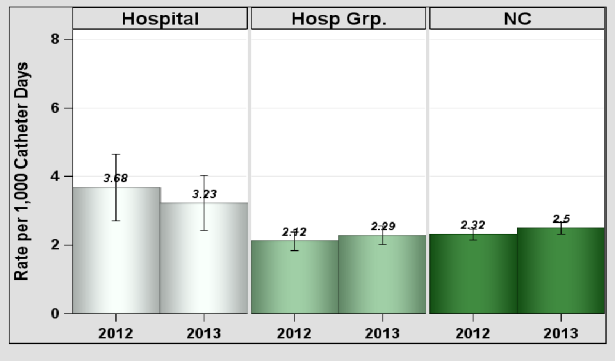


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	4	2,299	1.74	5.29	0.756	0.240, 1.825	Same
Medical cardiac	22	6,577	3.34	13.15	1.672	1.075, 2.491	Higher
Pediatric medical/surgical	0	498	0	1.39	0	, 2.148	Same
Rehabiliation	8	2,523	3.17	9.59	0.834	0.388, 1.585	Same
Surgical cardiothoracic	2	2,605	0.77	4.43	0.452	0.076, 1.492	Same
Trauma	26	4,671	5.57	15.88	1.637	1.092, 2.365	Higher
YTD Total for Reporting ICUs	62	19,173	3.23	49.73	1.247	0.964, 1.588	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	1	299	0.33	3.06	0.327	0.016, 1.612	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

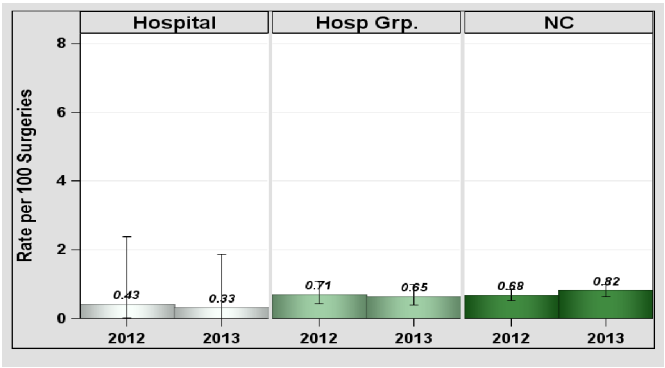


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

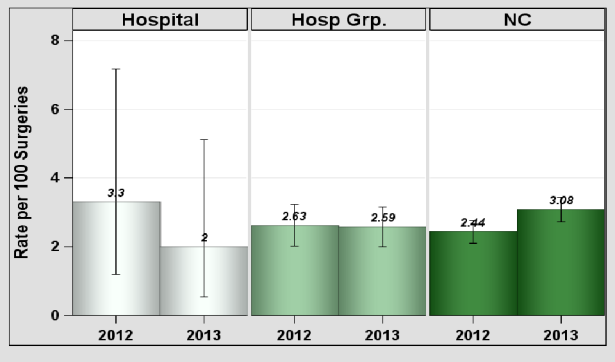


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	4	200	2	6.71	0.596	0.189, 1.439	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

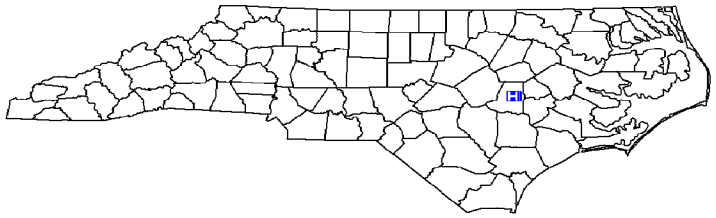
Commentary from Hospitals:
No comments provided.

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)

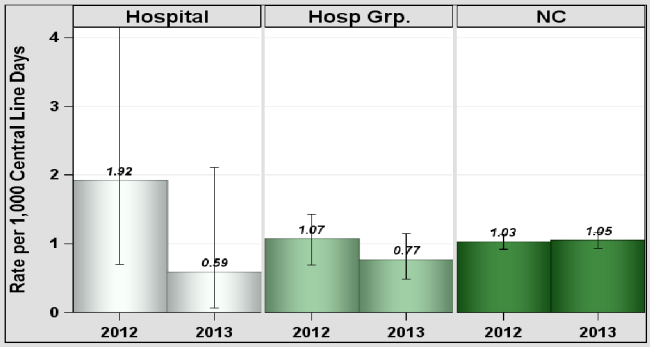


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	2	3,411	0.59	5.12	0.391	0.066, 1.291	Same
YTD Total for Reporting ICUs	2	3,411	0.59	5.12	0.391	0.066, 1.291	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	4	53,390	0.07	3.24	1.233	0.392, 2.975	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

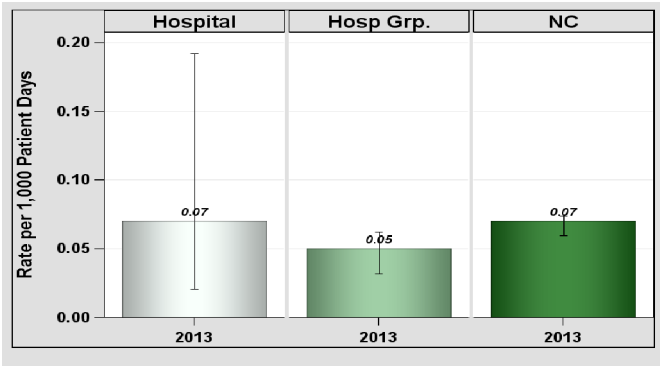


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

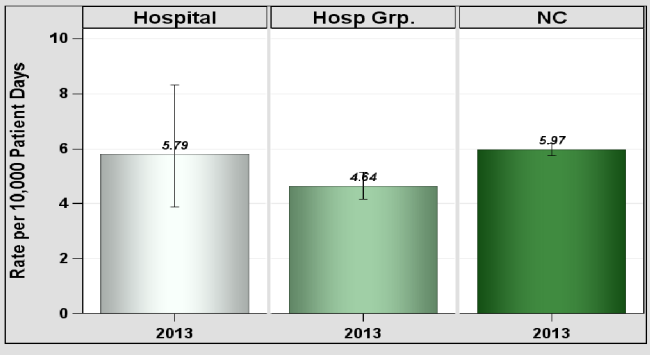


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	29	50,068	5.79	39.7	0.73	0.498, 1.035	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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)

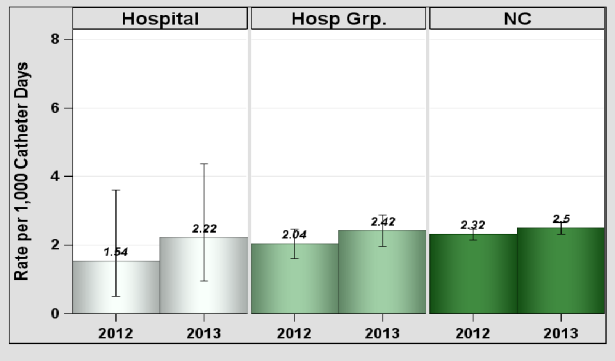


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	8	3,604	2.22	4.32	1.85	0.859, 3.513	Same
YTD Total for Reporting ICUs	8	3,604	2.22	4.32	1.85	0.859, 3.513	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	126	0	1.25	0	, 2.397	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

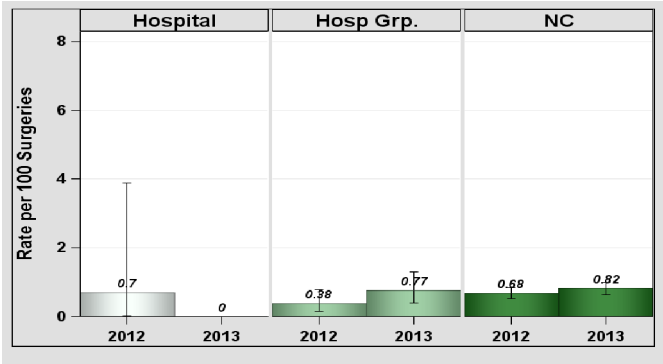


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

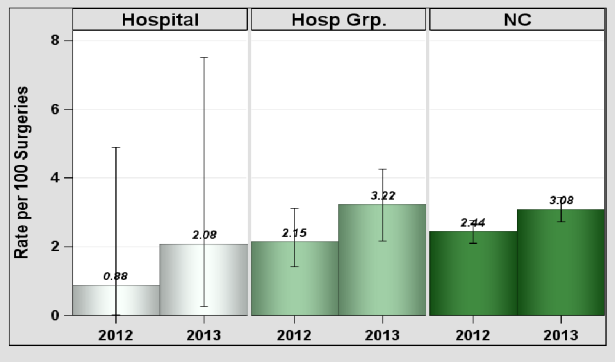


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	2	96	2.08	3.19	0.628	0.105, 2.075	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

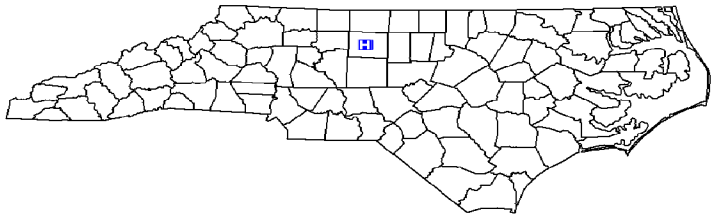
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Wesley Long Hospital, Greensboro, Guilford County

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)

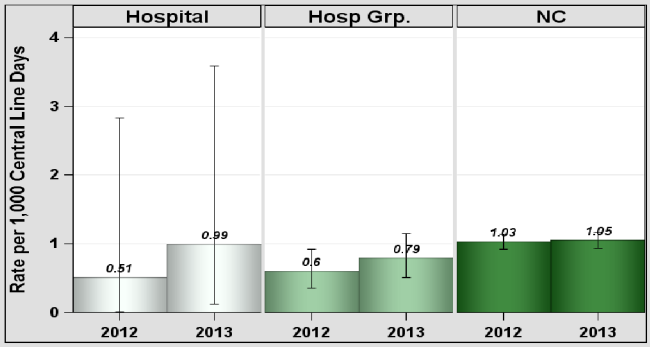


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	2	2,015	0.99	3.02	0.662	0.111, 2.186	Same
YTD Total for Reporting ICUs	2	2,015	0.99	3.02	0.662	0.111, 2.186	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	45,242	0	2.25	0	, 1.329	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

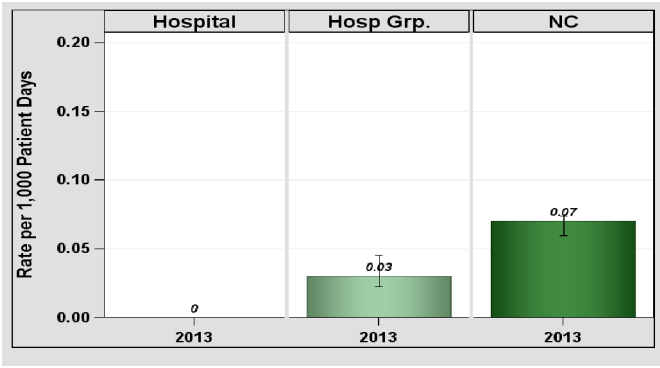


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

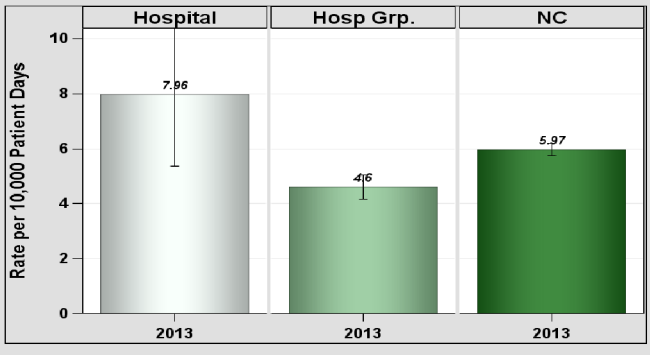


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	36	45,242	7.96	37.23	0.967	0.687, 1.324	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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)

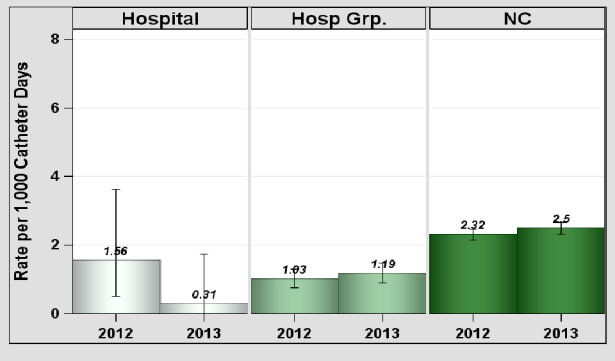


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	3,193	0.31	3.83	0.261	0.013, 1.287	Same
YTD Total for Reporting ICUs	1	3,193	0.31	3.83	0.261	0.013, 1.287	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	34	0	0.3	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

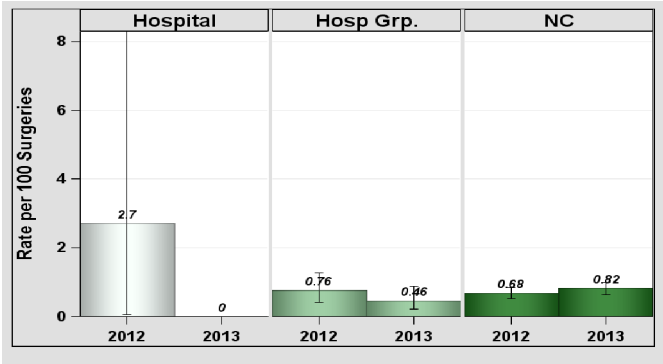


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

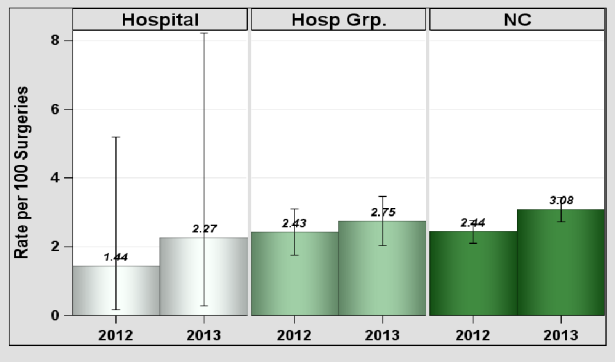


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	2	88	2.27	2.83	0.707	0.118, 2.335	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

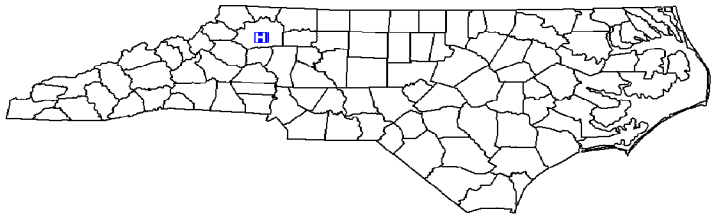
Commentary from Hospitals:
Cone Health is committed to preventing Healthcare Associated Infections. We have dedicated teams of experts focused on process improvements to improve our patient outcomes. Please contact Cone Health Infection Prevention if you would like further information.

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)

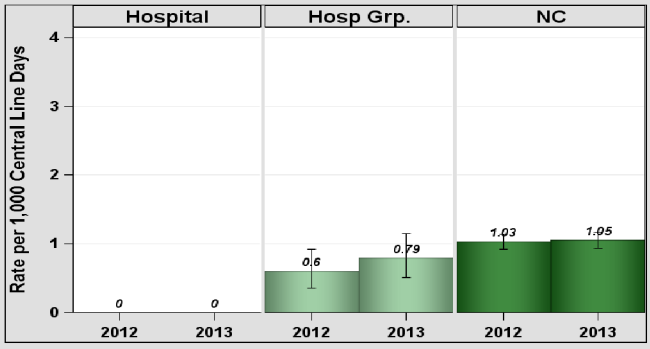


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	329	0	0.49	.		
YTD Total for Reporting ICUs	0	329	0	0.49	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	20,835	0	0.86	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

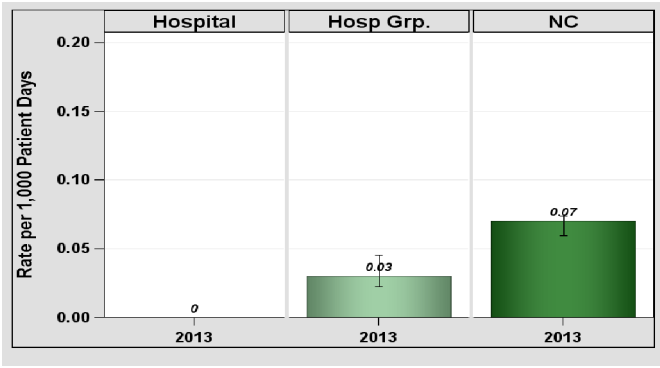


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

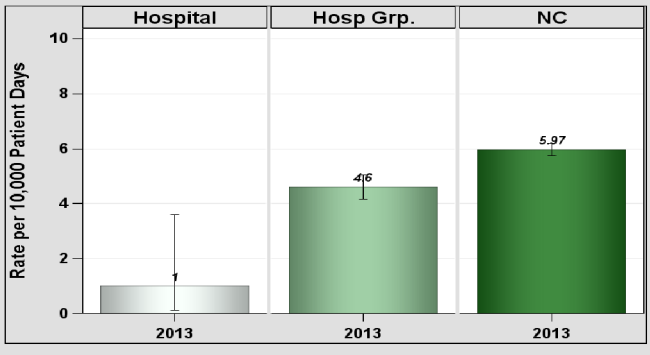


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	2	20,030	1	10.21	0.196	0.033, 0.647	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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).
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North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Wilkes Regional Medical Center, North Wilkesboro, Wilkes County

Catheter-Associated Urinary Tract Infections (CAUTI)

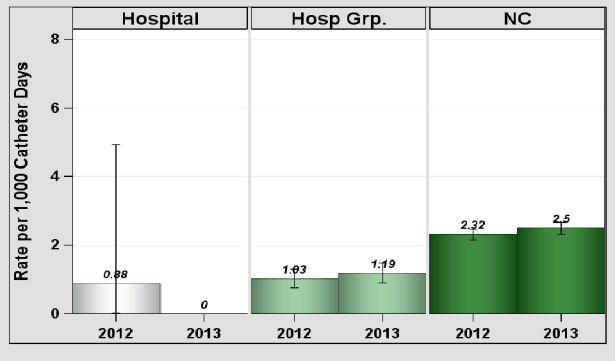


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	1,064	0	1.38	0	, 2.166	Same
YTD Total for Reporting ICUs	0	1,064	0	1.38	0	, 2.166	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	2	.	0.04	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

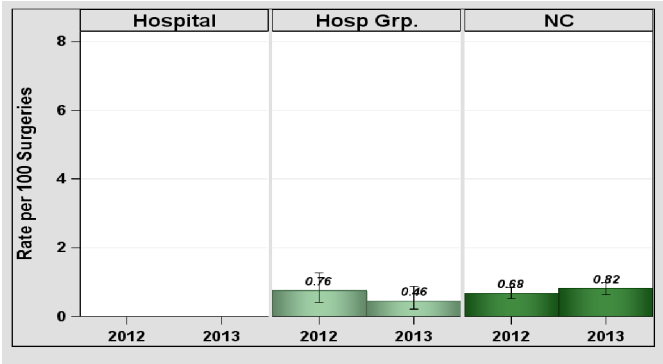


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

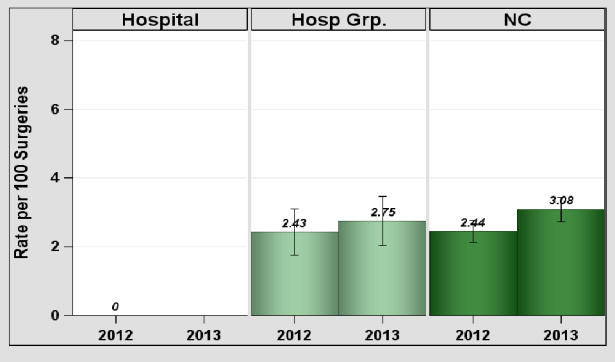


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	11	.	0.35	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

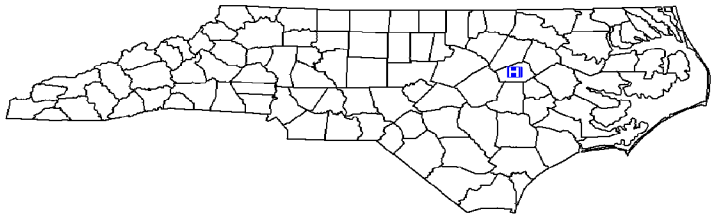
Commentary from Hospitals:
The prevention and reduction of healthcare associated infections is a top priority at Wilkes Regional Medical Center. To accomplish this, infection prevention strategies are continually assessed and measures implemented to decrease the risk for infection. These measures are 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)

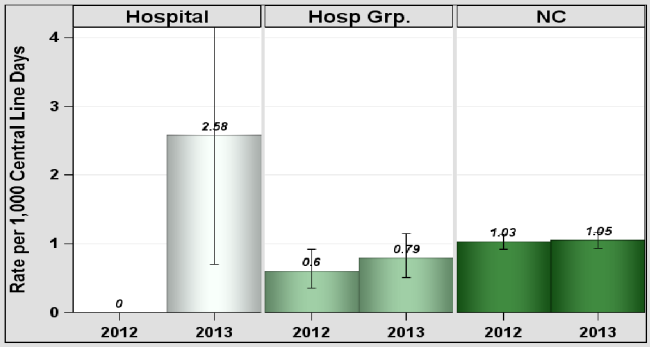


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	4	1,551	2.58	2.33	1.719	0.546, 4.147	Same
YTD Total for Reporting ICUs	4	1,551	2.58	2.33	1.719	0.546, 4.147	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	2	33,194	0.06	1.9	1.052	0.176, 3.477	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

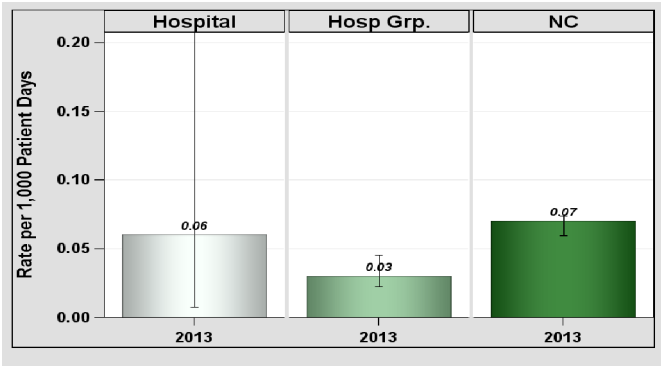


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

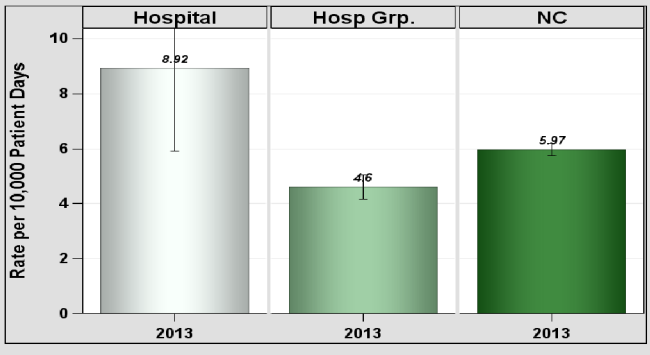


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	28	31,401	8.92	22.03	1.271	0.861, 1.812	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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
Wilson Medical Center, Wilson, Wilson County

Catheter-Associated Urinary Tract Infections (CAUTI)

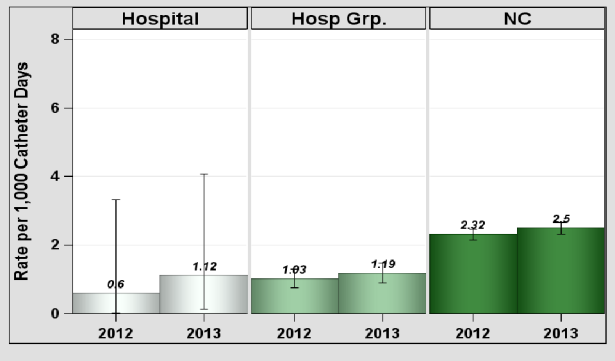


Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	2	1,778	1.12	2.31	0.865	0.145, 2.859	Same
YTD Total for Reporting ICUs	2	1,778	1.12	2.31	0.865	0.145, 2.859	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	134	0	1.08	0	, 2.787	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

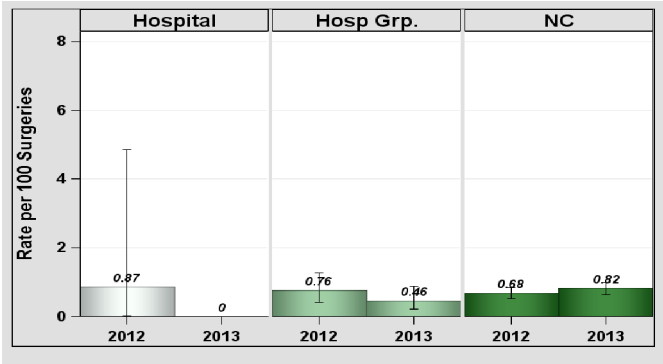


Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

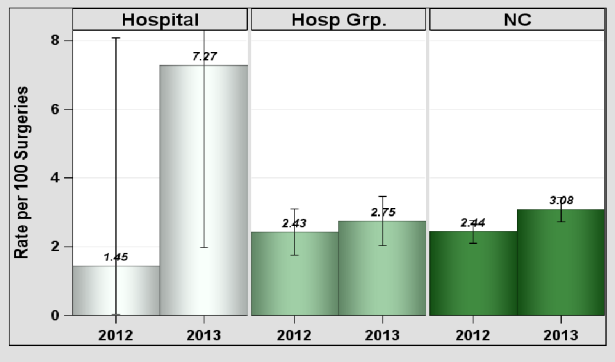


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	4	55	7.27	1.76	2.277	0.723, 5.491	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

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.

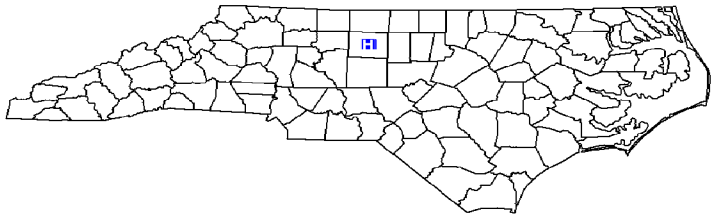
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of March 18, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2013
Women's Hospital, Greensboro, Guilford County

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)

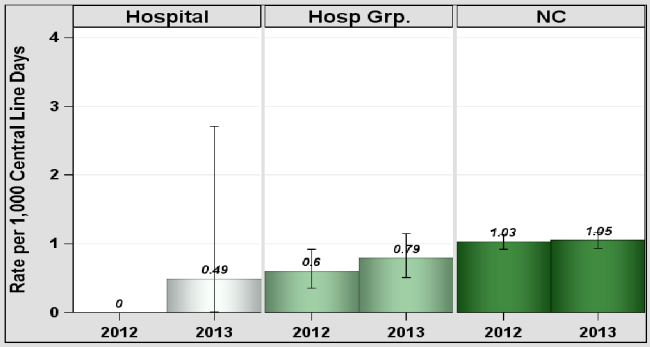


Figure 1. Rates and 95% Confidence Intervals, 2012-2013.

Table 1. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	10	.	.	.		
Neonatal Level II/III	1	2,049	0.49	5.15	0.194	0.010, 0.958	Lower
YTD Total for Reporting ICUs	1	2,059	0.49	5.16	0.194	0.010, 0.955	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant 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. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	42,248	0	1.51	0	, 1.979	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

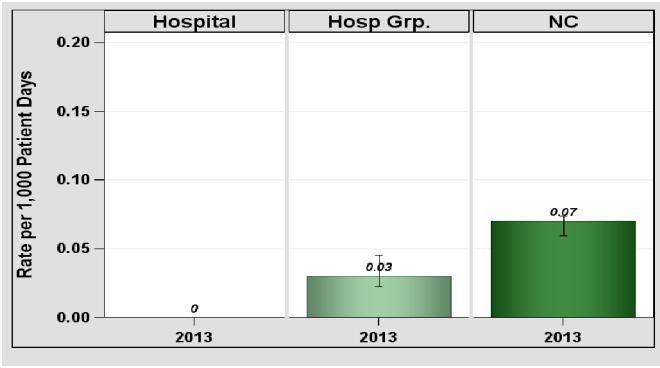


Figure 2. Rates and 95% Confidence Intervals, 2013.

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.

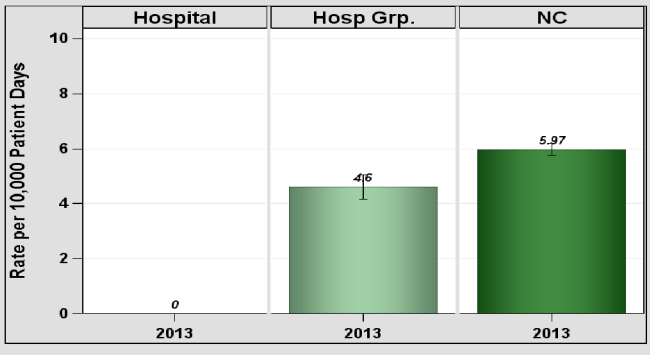


Figure 3. Rates and 95% Confidence Intervals, 2013.

Table 3. Rate and SIR, Jan-Dec 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	18,911	0	11.33	0	, 0.264	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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).
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Data from January 1 – December 31, 2013
Women's Hospital, Greensboro, Guilford County

Catheter-Associated Urinary Tract Infections (CAUTI)

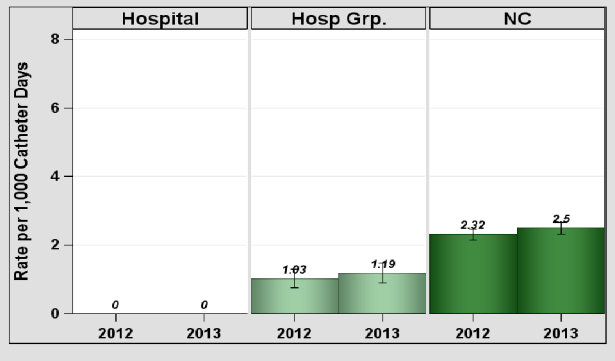

Figure 4. Rates and 95% Confidence Intervals, 2012-2013.

Table 4. Rates and SIRs by ICU Type, Jan-Dec 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	174	0	0.23	.		
YTD Total for Reporting ICUs	0	174	0	0.23	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	1	123	0.81	1.29	0.775	0.039, 3.823	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

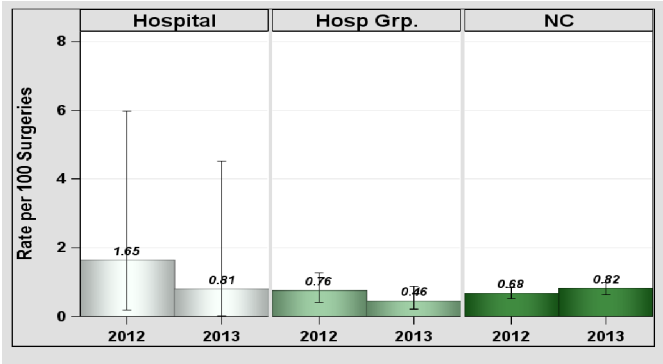

Figure 5. Rates and 95% Confidence Intervals, 2012-2013.

Surgical Site Infections (SSI) after Colon Surgeries

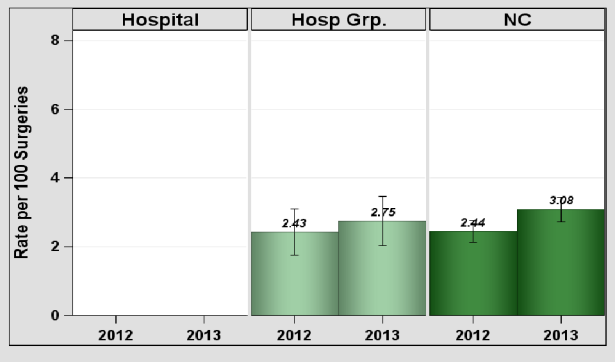

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, 2012-2013.

Table 6. Rates and SIRs, Jan-Dec 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	3	.	0.13	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

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.

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.

APPENDICES

APPENDIX A. Definitions

Term	Definition
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. *Routine hand washing* is the use of clean water and non-antimicrobial soap to remove germs, soil and other debris from the hands. *Antiseptic hand washing* is the use of water and antimicrobial soap to remove or kill germs on the hands. *Antiseptic hand rub* is the use of alcohol-based hand rubs to remove or destroy germs from the hands. Antiseptic hand rubs are less effective when hands are visibly dirty.

Term	Definition
	Surgical hand antisepsis is the use of water and antimicrobial soap to remove or kill germs and takes 2-6 minutes to complete as both hands and forearms are cleaned. Water and 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. *Major teaching* – Hospital is an important part of the teaching program of a medical school and the majority of medical students rotate through multiple clinical services. *Graduat*e – Hospital used by the medical school for graduate training programs only (i.e., residency and/or fellowships). *Limited* – Hospital used in the medical school's teaching program to a limited extent. *No* – 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
C. diff	*Clostridium difficile*
CDI	*Clostridium difficile* 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 *Staphylococcus aureus*
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 *Enterococcus*

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.

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FAQs
(frequently asked questions)

about
"Catheter-Associated Urinary Tract Infection"

What is "catheter-associated urinary tract infection"?

A urinary tract infection (also called "UTI") is an infection in the urinary system, which includes the bladder (which stores the urine) and the kidneys (which filter the blood to make urine). Germs (for example, bacteria or yeasts) do not normally live in these areas; but if germs are introduced, an infection can occur.

If you have a urinary catheter, germs can travel along the catheter and cause an infection in your bladder or your kidney; in that case it is called a catheter-associated urinary tract infection (or "CA-UTI").

What is a urinary catheter?

A urinary catheter is a thin tube placed in the bladder to drain urine. Urine drains through the tube into a bag that collects the urine. A urinary catheter may be used:

- If you are not able to urinate on your own
- To measure the amount of urine that you make, for example, during intensive care
- During and after some types of surgery
- During some tests of the kidneys and bladder

People with urinary catheters have a much higher chance of getting a urinary tract infection than people who don't have a catheter.

How do I get a catheter-associated urinary tract infection (CA-UTI)?

If germs enter the urinary tract, they may cause an infection. Many of the germs that cause a catheter-associated urinary tract infection are common germs found in your intestines that do not usually cause an infection there. Germs can enter the urinary tract when the catheter is being put in or while the catheter remains in the bladder.

What are the symptoms of a urinary tract infection?

Some of the common symptoms of a urinary tract infection are:

- Burning or pain in the lower abdomen (that is, below the stomach)
- Fever
- Bloody urine may be a sign of infection, but is also caused by other problems
- Burning during urination or an increase in the frequency of urination after the catheter is removed.

Sometimes people with catheter-associated urinary tract infections do not have these symptoms of infection.

Can catheter-associated urinary tract infections be treated?

Yes, most catheter-associated urinary tract infections can be treated with antibiotics and removal or change of the catheter. Your doctor will determine which antibiotic is best for you.

What are some of the things that hospitals are doing to prevent catheter-associated urinary tract infections?

To prevent urinary tract infections, doctors and nurses take the following actions.

Catheter insertion

- o Catheters are put in only when necessary and they are removed as soon as possible.
- o Only properly trained persons insert catheters using sterile ("clean") technique.
- o The skin in the area where the catheter will be inserted is cleaned before inserting the catheter.
- o Other methods to drain the urine are sometimes used, such as
- External catheters in men (these look like condoms and are placed over the penis rather than into the penis)
- Putting a temporary catheter in to drain the urine and removing it right away. This is called intermittent urethral catheterization.

Catheter care

- o Healthcare providers clean their hands by washing them with soap and water or using an alcohol-based hand rub before and after touching your catheter.

  If you do not see your providers clean their hands, please ask them to do so.
- o Avoid disconnecting the catheter and drain tube. This helps to prevent germs from getting into the catheter tube.
- o The catheter is secured to the leg to prevent pulling on the catheter.
- o Avoid twisting or kinking the catheter.
- o Keep the bag lower than the bladder to prevent urine from backflowing to the bladder.
- o Empty the bag regularly. The drainage spout should not touch anything while emptying the bag.

What can I do to help prevent catheter-associated urinary tract infections if I have a catheter?

- Always clean your hands before and after doing catheter care.
- Always keep your urine bag below the level of your bladder.
- Do not tug or pull on the tubing.
- Do not twist or kink the catheter tubing.
- Ask your healthcare provider each day if you still need the catheter.

What do I need to do when I go home from the hospital?

- If you will be going home with a catheter, your doctor or nurse should explain everything you need to know about taking care of the catheter. Make sure you understand how to care for it before you leave the hospital.
- If you develop any of the symptoms of a urinary tract infection, such as burning or pain in the lower abdomen, fever, or an increase in the frequency of urination, contact your doctor or nurse immediately.
- Before you go home, make sure you know who to contact if you have questions or problems after you get home.

If you have questions, please ask your doctor or nurse.

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FAQs
(frequently asked questions)

about
"Surgical Site Infections"

What is a Surgical Site Infection (SSI)?

A surgical site infection is an infection that occurs after surgery in the part of the body where the surgery took place. Most patients who have surgery do not develop an infection. However, infections develop in about 1 to 3 out of every 100 patients who have surgery.

Some of the common symptoms of a surgical site infection are:

- Redness and pain around the area where you had surgery
- Drainage of cloudy fluid from your surgical wound
- Fever

Can SSIs be treated?

Yes. Most surgical site infections can be treated with antibiotics. The antibiotic given to you depends on the bacteria (germs) causing the infection. Sometimes patients with SSIs also need another surgery to treat the infection.

What are some of the things that hospitals are doing to prevent SSIs?

To prevent SSIs, doctors, nurses, and other healthcare providers:

- Clean their hands and arms up to their elbows with an antiseptic agent just before the surgery.
- Clean their hands with soap and water or an alcohol-based hand rub before and after caring for each patient.
- May remove some of your hair immediately before your surgery using electric clippers if the hair is in the same area where the procedure will occur. They should not shave you with a razor.
- Wear special hair covers, masks, gowns, and gloves during surgery to keep the surgery area clean.
- Give you antibiotics before your surgery starts. In most cases, you should get antibiotics within 60 minutes before the surgery starts and the antibiotics should be stopped within 24 hours after surgery.
- Clean the skin at the site of your surgery with a special soap that kills germs.

What can I do to help prevent SSIs?

Before your surgery:

- Tell your doctor about other medical problems you may have. Health problems such as allergies, diabetes, and obesity could affect your surgery and your treatment.
- Quit smoking. Patients who smoke get more infections. Talk to your doctor about how you can quit before your surgery.
- Do not shave near where you will have surgery. Shaving with a razor can irritate your skin and make it easier to develop an infection.

At the time of your surgery:

- Speak up if someone tries to shave you with a razor before surgery. Ask why you need to be shaved and talk with your surgeon if you have any concerns.
- Ask if you will get antibiotics before surgery.

After your surgery:

- Make sure that your healthcare providers clean their hands before examining you, either with soap and water or an alcohol-based hand rub.

  If you do not see your providers clean their hands, please ask them to do so.

- Family and friends who visit you should not touch the surgical wound or dressings.
- Family and friends should clean their hands with soap and water or an alcohol-based hand rub before and after visiting you. If you do not see them clean their hands, ask them to clean their hands.

What do I need to do when I go home from the hospital?

- Before you go home, your doctor or nurse should explain everything you need to know about taking care of your wound. Make sure you understand how to care for your wound before you leave the hospital.
- Always clean your hands before and after caring for your wound.
- Before you go home, make sure you know who to contact if you have questions or problems after you get home.
- If you have any symptoms of an infection, such as redness and pain at the surgery site, drainage, or fever, call your doctor immediately.

If you have additional questions, please ask your doctor or nurse.

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FAQs
(frequently asked questions)

about

"MRSA"
(Methicillin-Resistant *Staphylococcus aureus*)

What is MRSA?

Staphylococcus aureus (pronounced staff-ill-oh-KOK-us AW-ree-us), or *"Staph"* is a very common germ that about 1 out of every 3 people have on their skin or in their nose. This germ does not cause any problems for most people who have it on their skin. But sometimes it can cause serious infections such as skin or wound infections, pneumonia, or infections of the blood.

Antibiotics are given to kill Staph germs when they cause infections. Some *Staph* are resistant, meaning they cannot be killed by some antibiotics. *"Methicillin-resistant Staphylococcus aureus"* or "MRSA" is a type of *Staph* that is resistant to some of the antibiotics that are often used to treat *Staph* infections.

Who is most likely to get an MRSA infection?

In the hospital, people who are more likely to get an MRSA infection are people who:

- have other health conditions making them sick
- have been in the hospital or a nursing home
- have been treated with antibiotics.

People who are healthy and who have not been in the hospital or a nursing home can also get MRSA infections. These infections usually involve the skin. More information about this type of MRSA infection, known as "community-associated MRSA" infection, is available from the Centers for Disease Control and Prevention (CDC). http://www.cdc.gov/mrsa

How do I get an MRSA infection?

People who have MRSA germs on their skin or who are infected with MRSA may be able to spread the germ to other people. MRSA can be passed on to bed linens, bed rails, bathroom fixtures, and medical equipment. It can spread to other people on contaminated equipment and on the hands of doctors, nurses, other healthcare providers and visitors.

Can MRSA infections be treated?

Yes, there are antibiotics that can kill MRSA germs. Some patients with MRSA abscesses may need surgery to drain the infection. Your healthcare provider will determine which treatments are best for you.

What are some of the things that hospitals are doing to prevent MRSA infections?

To prevent MRSA infections, doctors, nurses, and other healthcare providers:

- **Clean their hands** with soap and water or an alcohol-based hand rub before and after caring for every patient.
- Carefully **clean hospital rooms and medical equipment**.
- Use **Contact Precautions** when caring for patients with MRSA. Contact Precautions mean:
  - Whenever possible, patients with MRSA will have a single room or will share a room only with someone else who also has MRSA.
  - Healthcare providers will put on gloves and wear a gown over their clothing while taking care of patients with MRSA.
  - Visitors may also be asked to wear a gown and gloves.
  - When leaving the room, hospital providers and visitors remove their gown and gloves and clean their hands.
  - Patients on Contact Precautions are asked to stay in their hospital rooms as much as possible. They should not go to common areas, such as the gift shop or cafeteria. They may go to other areas of the hospital for treatments and tests.
- **May test** some patients to see if they have MRSA on their skin. This test involves rubbing a cotton-tipped swab in the patient's nostrils or on the skin.

What can I do to help prevent MRSA infections?

In the hospital

- Make sure that all doctors, nurses, and other healthcare providers clean their hands with soap and water or an alcohol-based hand rub before and after caring for you.

> If you do not see your providers clean their hands, please ask them to do so.

When you go home

- If you have wounds or an intravascular device (such as a catheter or dialysis port) make sure that you know how to take care of them.

Can my friends and family get MRSA when they visit me?

The chance of getting MRSA while visiting a person who has MRSA is very low. To decrease the chance of getting MRSA your family and friends should:

- Clean their hands before they enter your room and when they leave.
- Ask a healthcare provider if they need to wear protective gowns and gloves when they visit you.

What do I need to do when I go home from the hospital?

To prevent another MRSA infection and to prevent spreading MRSA to others:

- Keep taking any antibiotics prescribed by your doctor. Don't take half-doses or stop before you complete your prescribed course.
- Clean your hands often, especially before and after changing your wound dressing or bandage.
- People who live with you should clean their hands often as well.
- Keep any wounds clean and change bandages as instructed until healed.
- Avoid sharing personal items such as towels or razors.
- Wash and dry your clothes and bed linens in the warmest temperatures recommended on the labels.
- Tell your healthcare providers that you have MRSA. This includes home health nurses and aides, therapists, and personnel in doctors' offices.
- Your doctor may have more instructions for you.

If you have questions, please ask your doctor or nurse.

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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:
  - Whenever possible, patients with *C. diff* will have a single room or share a room only with someone else who also has *C. diff*.
  - Healthcare providers will put on gloves and wear a gown over their clothing while taking care of patients with *C. diff*.
  - Visitors may also be asked to wear a gown and gloves.
  - When leaving the room, hospital providers and visitors remove their gown and gloves and clean their hands.
  - 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.

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APPENDIX D. Healthcare-Associated Infections (HAI) Advisory Group, 2013

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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

Hospital Groups	Hospital Name	Number of Beds
	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

Hospital Name	Rehabilitation Facility or Ward
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