Issued January 2014

2013

Healthcare-Associated Infections in North Carolina

Reporting Period: January 1 – September 30, 2013

Healthcare Provider Version

NC Department of Health and Human Services

NC Healthcare-Associated Infections Prevention Program
NC Communicable Disease Branch

Introduction

The prevention of healthcare-associated infections is a public health priority in North Carolina and is a collaborative effort among the healthcare and public health communities. This January 2014 Healthcare-Associated Infections report is an important product of this collaboration. Included in this report is information about infections occurring in North Carolina short-term acute care hospitals, long-term acute care hospitals, and inpatient rehabilitation facilities from January 1 through September 30, 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, and surgical site infections (specifically those following abdominal hysterectomies or colon surgeries), MRSA laboratory-identified infections (MRSA LabID), and *Clostridium difficile* laboratory-identified infections (*C. difficile* or CDI LabID). These infections account for a large proportion of infections and deaths attributed to healthcare, but they do not represent the full spectrum of healthcare-associated infections.

This report was prepared by the North Carolina Healthcare-Associated Infections Prevention Program located in the Communicable Disease Branch of the Epidemiology Section of the North Carolina Division of Public Health. The NC 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 NC Healthcare-Associated Infections Prevention Program, please visit http://epi.publichealth.nc.gov/cd/diseases/hai.

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. These preventionists provided the data used to create this report and worked with their hospital colleagues to identify and reconcile any potential problems with the data. This acknowledgement and gratitude extends to the hospital. While reporting of healthcare-associated infections is required, their support for healthcare-associated infections reporting and efforts to assure accurate reporting of infections is appreciated. The recent successes in fighting healthcare-associated infections would not have been possible without the continuing efforts, dedication and collaboration of hospitals and hospital infection preventionists.

The 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. Surveillance for Healthcare-Associated Infections in North Carolina

Healthcare-associated infections (HAIs) are infections caused by a variety of organisms – including bacteria, viruses and fungi – while receiving medical care. As part of the concerted effort to reduce such types of infections, hospitals report specific types of HAIs to the NC Division of Public Health (DPH) as required by law (General Statute 130A-150). Since 2012, they have been reporting central line-associated bloodstream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) occurring after inpatient abdominal hysterectomies or colon surgeries. Beginning in January 2013, short-term acute care hospitals began reporting of laboratory-confirmed (LabID) bloodstream infections caused by methicillin-resistant *Staphylococcus aureus* (MRSA) and infections caused by *Clostridium difficile (C. diff)*.

By North Carolina law, hospital reporting requirements are based on the reporting requirements established by the Centers for Medicare and Medicaid Services (CMS).

HAI information is entered into the CDC web-based surveillance system called the National Healthcare Safety Network (NSHN). The NC HAI Program works with hospitals on a monthly basis to ensure their data are accurate and timely. All data in NHSN are entered and modified by hospitals; the NC HAI Program cannot change data in NHSN.

To learn more about CLABSIs, CAUTIs, SSIs, MRSA, *Clostridium difficile* and other HAIs, please visit the NC Healthcare-Associated Infections website at http://epi.publichealth.nc.gov/cd/diseases/hai.html. In addition to information about specific infections, there is a link to the "Facts and Figures" webpage (http://epi.publichealth.nc.gov/cd/hai/figures.html), which includes current and previous reports. The Healthcare-Associated Infection in North Carolina - Reference Report issued in October 2012 and revised in June 2013 contains background information on HAIs, HAI surveillance in North Carolina, and detailed information on statistics commonly used to describe and summarize HAIs. Subsequent reports, published quarterly, cover timely state-level and facility-specific data on the incidence of healthcare associated infections in hospitals across the state, as well as information on the creation and progress of various initiatives to reduce HAIs.

According to NC Administrative Code rules (10A North Carolina Administrative Code 41A .0106), North Carolina hospitals are required to report the healthcare-associated infections listed in the CMS-IPPS Rule[1]. A list of these conditions and the starting dates for reporting are included in Table 1.

Table 1: Requirements for Reporting of Healthcare-Associated Infections from N. C. Hospitals[1]

HAI Event	Facility Type	Reporting Start Date
Central line-associated bloodstream infections (CLABSI)	Short-term Acute Care Hospitals: Adult, Pediatric, and Neonatal ICUs	January 2011
Catheter-associated urinary tract infections (CAUTI)	Short-term Acute Care Hospitals: Adult and Pediatric ICUs	January 2012
Surgical site infections (SSI)	Short-term Acute Care Hospitals: Colon and abdominal hysterectomy procedures	January 2012
CLABSI	Long-Term Care Hospitals*	October 2012
CAUTI	Long-Term Care Hospitals*	October 2012
CAUTI	Inpatient Rehabilitation Facilities	October 2012
MRSA bacteremia (laboratory identified)	Short-term Acute Care Hospitals including Specialty Hospitals	January 2013
Clostridium difficile (laboratory identified)	Short-term Acute Care Hospitals including Specialty Hospital	January 2013

**Long-Term Care Hospitals are called Long-Term Acute Care Hospitals in the National Healthcare Safety Network.*

[1] Centers for Medicare and Medicaid Services. Acute Inpatient Prospective Payment System. www.cms.gov/AcuteInpatientPPS/FR2012/list.asp. Accessed September 25, 2012.

II. Hospital-Specific Summary Reports

A. Explanation of the Hospital-Specific Summary Reports

Each hospital-specific summary report contains up to seven sections: 1) general hospital information, 2) central line-associated bloodstream infections (CLABSI), 3) catheter associated urinary tract infections (CAUTI), 4) surgical site infections (SSI) after abdominal hysterectomies and colon surgeries, 5) MRSA laboratory-identified events (MRSA LabID), 6) *C. difficile* laboratory-identified events (CDI LabID), and 7) commentary from the hospital. These sections are described below. Note: Data on LabID events are being published for the first time in the January 2014 quarterly report.

These reports cover the first nine months of 2013 and data were downloaded from NHSN on December 17, 2013; any changes made to the data after this date are not reflected in this report. Before reviewing this report, a few clarifications about the data need to be made:

1. The data are preliminary. Although efforts were made by hospitals and the NC HAI Program to ensure that the data were accurate and complete, a formal validation of the data has not yet been performed. 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 NC 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. 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 NC 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.

5. 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 expected, based on 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.

6. Laboratory-Identified Events (LabID): Methicillin-resistant *Staphylococcus aureus* (MRSA) bacteremia (blood infection) LabID events and *Clostridium difficile* (CDI) LabID events rely on laboratory data without requiring clinical information about the patient. This allows for a much less labor-intensive means to track MRSA and CDI infections. The NC 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.

1. 2012 Hospital Survey Information

This section contains general information about the hospital and includes a map of where the hospital (blue "H" icon) is located in North Carolina. Data in this section are from the NSHN 2012 Annual Hospital Survey.

2. Central Line-Associated Bloodstream Infections (CLABSI)

Short-term acute care hospitals

CLABSIs are reported from hospitals with ICUs (adult, pediatric, and neonatal). This section of the report includes a table and figure about CLABSIs.

The CLABSI table below is an example of the data provided for each HAI, summarizing the number of infections, central line/catheter/patients days, rates, predicted infections, standardized infection ratio (SIR) and corresponding 95% confidence interval (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.

Explanation of data in example CLABSI table:

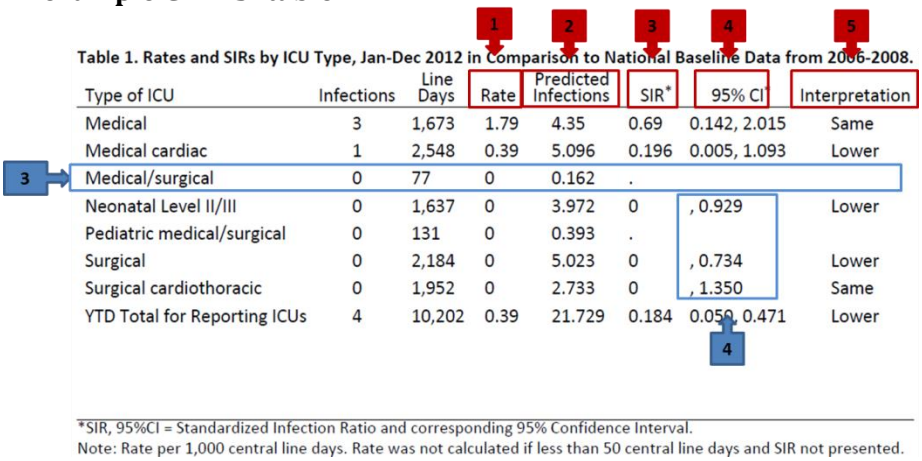


Table 1. Rates and SIRs by ICU Type, Jan-Dec 2012 in Comparison to National Baseline Data from 2006-2008.

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 is the number of CLABSIs divided by the number of central line days multiplied by 1,000 to get "per 1,000 central line days."
2. The predicted number of infections is calculated using CLABSI rates from a standard population during a baseline time period. For CLABSI, the predicted number of infections is based on 2006-2008 NSHN national data.
3. The SIR is calculated by dividing the observed number of infections by the predicted number of infections. If the number of predicted infections is less than 1, the SIR is not calculated. The CLABSI SIRs are adjusted by a variety of predictors of infection including central line utilization, type of patient care location, hospital affiliation with a medical school, and bed size of the patient care location.
4. The 95% CI corresponds to the SIR presented in the table. When the number of infections is 0, the lower bound of the 95% CI is not calculated.
5. The column "Interpretation" details the results of hypothesis testing.
    a. Same: no statistically significant difference between the numbers of observed and predicted infections in a unit (or hospital).
    b. Higher: observed number of infections in a unit (or hospital) was significantly higher than predicted.
    c. Lower: observed number of infections in a unit (or hospital) was significantly lower than predicted.

Long-term acute care hospitals

CLABSIs are reported from adult and pediatric ICUs and wards. As with short-term acute care hospitals, this section includes a table and a figure about CLABSIs. The data included in the table are at the unit-level as well as a year-to-date summary for the hospital. Only the number of CLABSIs, central line days, and rate are included; no SIRs are presented because baseline data are unavailable for calculation. The figure in this section includes the hospital CLABSI rate in comparison to all other long-term acute care hospitals in NC.

3. Catheter-Associated Urinary Tract Infections (CAUTI)

Short-term acute care hospitals

CAUTIs are reported from adult and pediatric ICUs and inpatient rehabilitation wards.

Long-term acute care hospitals

CAUTIs are reported from adult and pediatric ICUs and wards. The content of the CAUTI section for long-term acute care hospitals is similar to CLABSIs in long-term acute care hospitals.

Inpatient rehabilitation facilities

CAUTIs are reported from adult and pediatric rehabilitation wards. Hospital-specific summary reports are only generated for free-standing inpatient rehabilitation facilities; data from inpatient rehabilitation wards within short-term acute care hospitals are included in their respective hospital-specific summary reports.

Data in the tables are at the unit-level as well as a year-to-date summary for the facility. Only the number of CAUTIs, catheter days, and rate are included; no SIRs are presented because baseline data are unavailable for calculation. The figure includes the CAUTI rate for the facility in comparison to all other rehabilitation wards in NC, both free-standing and within short-term acute care hospitals.

The content for the CAUTI sections is similar to the CLABSI section, with the following exceptions:

- The rate is the number of CAUTIs divided by the number of catheter days multiplied by 1,000 to get "per 1,000 catheter days."
- For CAUTI, the predicted number of infections is based on 2009 NSHN national data.
- The CAUTI SIRs are adjusted by a variety of predictors of infection including urinary catheter utilization, type of patient care location, hospital affiliation with a medical school, and bed size of the patient care location.

The SIR calculations, 95% CI, and interpretation for CAUTIs do not differ from CLABSIs.

4. Surgical Site Infections (SSI) – Abdominal Hysterectomies and Colon Surgeries

Abdominal Hysterectomies

Short-term acute care hospitals

SSIs are reported among female adults 18 years or older following inpatient abdominal hysterectomies. Only SSIs that occurred at the primary incision site within 30 days of the surgery are included in the report. Infections are not included if they occurred after 30 days post-operation or if they involved only the skin or subcutaneous tissues. Finally, if patient age or the American Society of Anesthesiologists (ASA) score was missing for a surgery, it was classified as an "incomplete procedure" and is not included in the final count of surgeries.

Colon Surgeries

Short-term acute care hospitals

SSIs are reported among adults 18 years or older following inpatient colon surgeries. Only SSIs that occurred at the primary incision site within 30 days of surgery are included in the report. Infections are not included if they occurred after 30 days post-operation or if they involved only the skin or subcutaneous tissues. Finally, if patient age or the American Society of Anesthesiologists (ASA) score was missing for a surgery, it was classified as an "incomplete procedure" and is not included in the final count of surgeries.

The content for these SSI sections is similar to the CLABSI section, with the following exceptions:

- The rate is the number of SSIs divided by the number of procedures multiplied by 100 to get "per 100 inpatient surgeries."
- The SSI SIRs are adjusted by a variety of predictors of factors (e.g., duration of surgery, surgical wound class, use of endoscopes, status as re-operation, patient age, and patient assessment at time of anesthesiology [ASA score]) to provide the best possible adjustment for differences in patient-mix within each type of surgery.

The SIR baseline data, calculations, 95% CI, and interpretation for SSIs do not differ from CLABSIs and other HAIs.

5. MRSA Bacteremia Laboratory-Identified Events (MRSA LabID)

Short-term acute care hospitals

MRSA LabID events 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.

The content for the MRSA LabID section is similar to the CLABSI section, with the following exceptions:

1. The rate is the number of MRSA LabID events (infections) divided by the number of patient days multiplied by 1,000 to get "per 1,000 patient days".
2. The predicted number of infections is calculated using MRSA LabID rates based on 2010-2011 NSHN national data.
3. The MRSA LabID SIRs are adjusted by a variety of predictors of infection including hospital affiliation with a medical school, bed size of the patient care location, and facility prevalence rate.

The SIR calculations, 95% CI, and interpretation for MRSA LabID events do not differ from CLABSIs and other HAIs.

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

Short-term acute care hospitals

CDI LabID events only include non-duplicate, non-recurrent CDI-positive lab assays collected >3 days after admission to the 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.

The content for the CDI LabID section is similar to the CLABSI section, with the following exceptions:

1. The rate is the number of CDI LabID events (infections) divided by the number of patient days multiplied by 10,000 to get "per 10,000 patient days".
2. The predicted number of infections is calculated using CDI LabID rates based on 2010-2011 NSHN national data.
3. The CDI LabID SIRs are adjusted by a variety of predictors of infection including hospital affiliation with a medical school, bed size of the patient care location, facility prevalence rate, and CDI laboratory test type.

The SIR calculations, 95% CI, and interpretation for CDI LabID events do not differ from CLABSIs and other HAIs.

7. Commentary from Hospital

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

Statistics

For a detailed explanation of statistics included in the HAI reports, see the NC DHHS HAI in NC report issued October 2012 and revised July 2013 (http://epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf). Explanations on concepts such as statistical significance and computation of measures including rates and standardized infection ratios (SIRs) are provided.

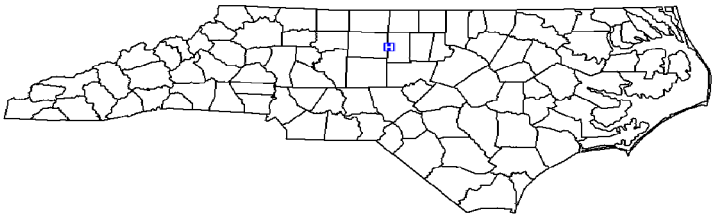
For further explanation of the HAI tables and graphs presented for each hospital, consult Section II of the January 2013 NC HAI report for Healthcare Providers, pages 2-7 (http://epi.publichealth.nc.gov/cd/hai/figures.html).

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Alamance Regional Medical Center, Burlington, Alamance County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	11,708
Patient Days in 2012:	43,684
Total Number of Beds:	202
Number of ICU Beds:	32
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.50

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

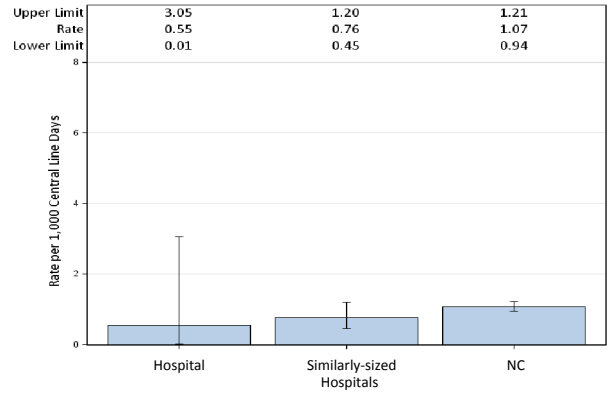


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	1,791	0.56	2.687	0.372	0.009, 2.074	Same
Neonatal Level II/III	0	36	.	.	.		
YTD Total for Reporting ICUs	1	1,827	0.55	2.73	0.366	0.009, 2.041	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 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 2. Rate and SIR, Jan-Sep 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	32,833	0.06	1.748	1.144	0.139, 4.133	Same

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

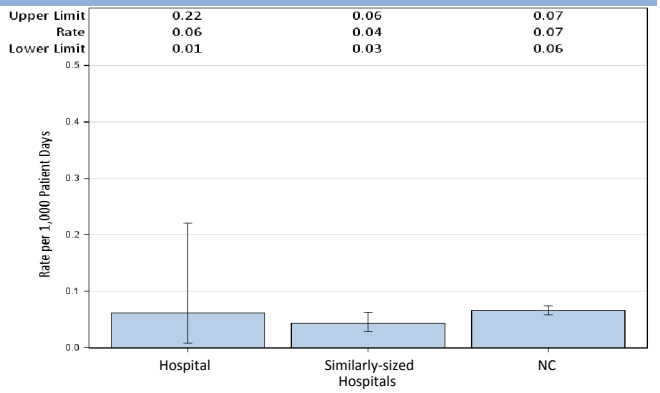


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

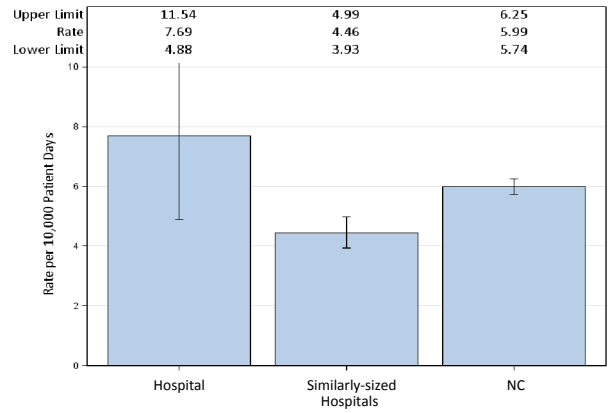


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 3. Rate and SIR, Jan-Sep 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	29,900	7.69	22.29	1.032	0.654, 1.548	Same

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

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Alamance Regional Medical Center, Burlington, Alamance County

Catheter-Associated Urinary Tract Infections (CAUTI)

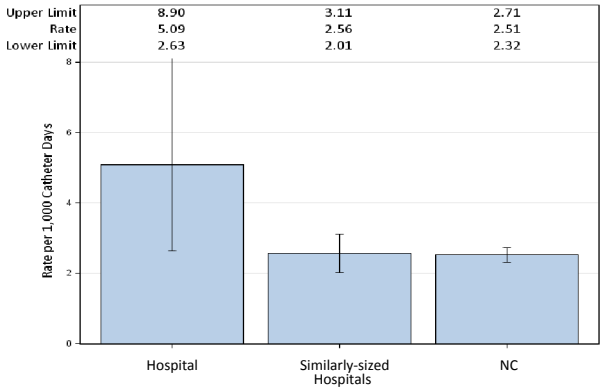


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

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

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	12	2,356	5.09	2.827	4.245	2.193, 7.415	Higher
YTD Total for Reporting ICUs	12	2,356	5.09	2.827	4.245	2.193, 7.415	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-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	116	0	1.129	0	, 3.267	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.

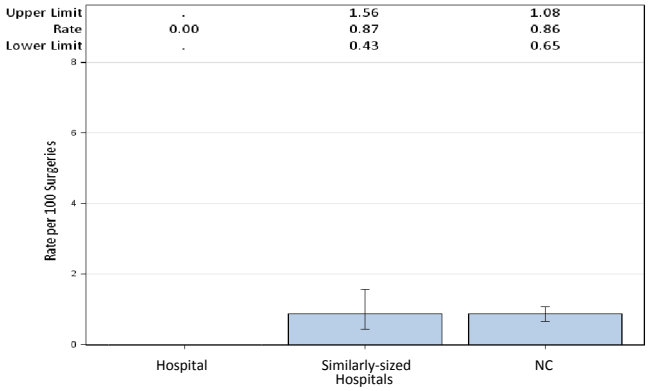


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

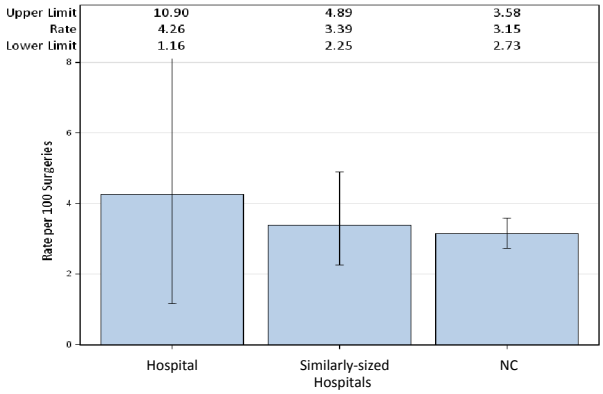


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

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

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	4	94	4.26	3.124	1.28	0.349, 3.278	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.

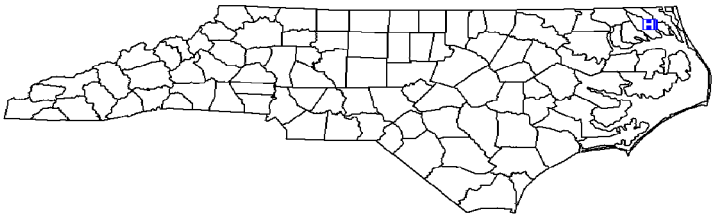
Refer to HAI in NC Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Albemarle Health Authority, Elizabeth City, Pasquotank County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	5,969
Patient Days in 2012:	20,641
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)

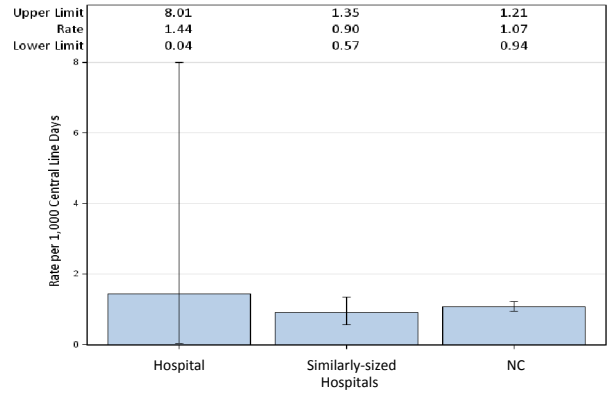


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	696	1.44	1.044	0.958	0.024, 5.337	Same
YTD Total for Reporting ICUs	1	696	1.44	1.044	0.958	0.024, 5.337	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 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 2. Rate and SIR, Jan-Sep 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	17,414	0.11	0.94	.		

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

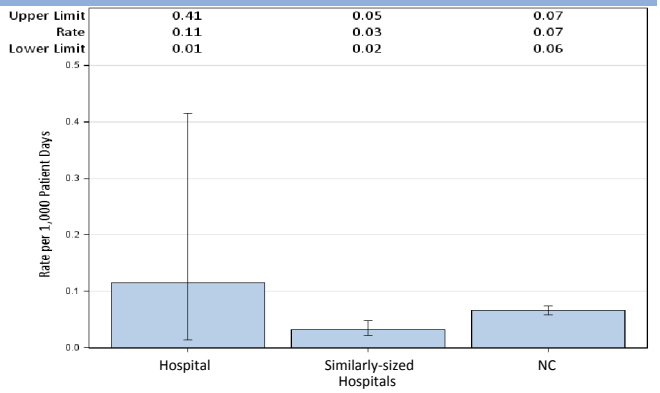


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

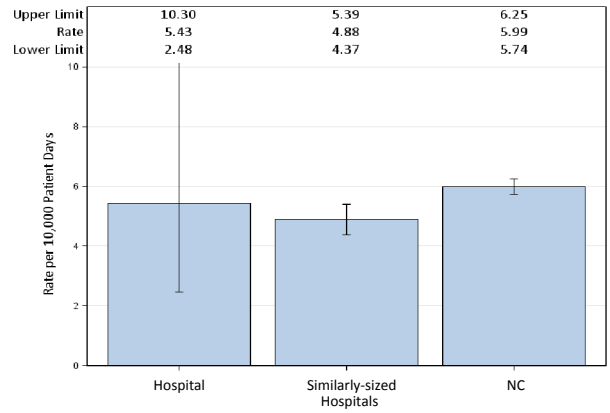


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 3. Rate and SIR, Jan-Sep 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	16,589	5.43	9.005	0.999	0.457, 1.897	Same

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

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Albemarle Health Authority, Elizabeth City, Pasquotank County

Catheter-Associated Urinary Tract Infections (CAUTI)

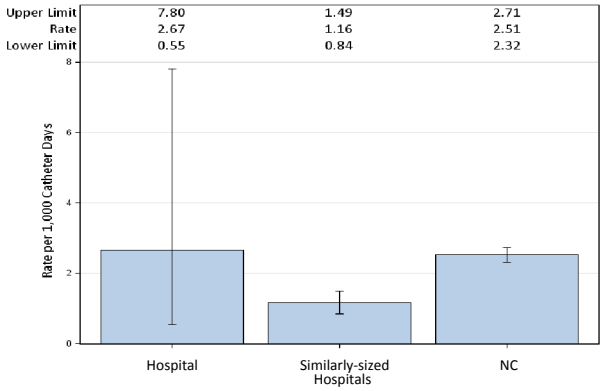


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 4. Rates and SIRs by ICU Type, Jan-Sep 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	1,124	2.67	1.461	2.053	0.423, 6.001	Same
YTD Total for Reporting ICUs	3	1,124	2.67	1.461	2.053	0.423, 6.001	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-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	66	0	0.62	.		

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.

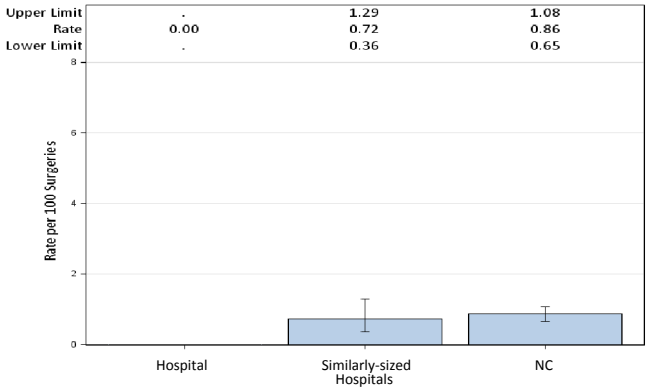


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

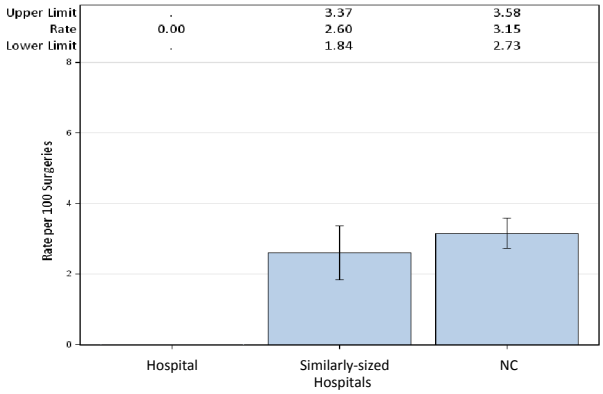


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

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

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	58	0	2.019	0	, 1.827	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.

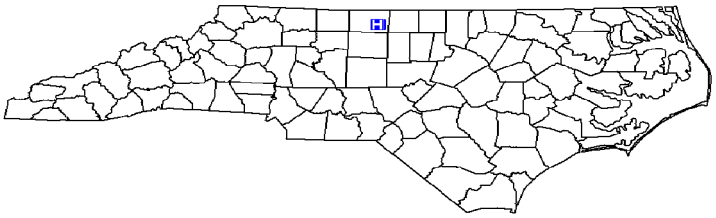
Refer to HAI in NC Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Annie Penn Hospital, Reidsville, Rockingham County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	3,528
Patient Days in 2012:	14,348
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)

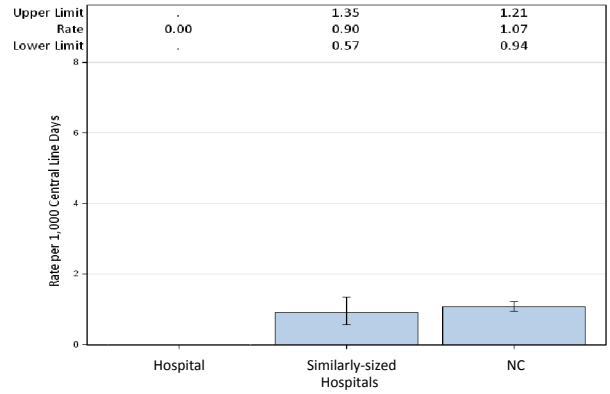


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	462	0	0.693	.		
YTD Total for Reporting ICUs	0	462	0	0.693	.		

*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 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 2. Rate and SIR, Jan-Sep 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	9,759	0	0.563	.		

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

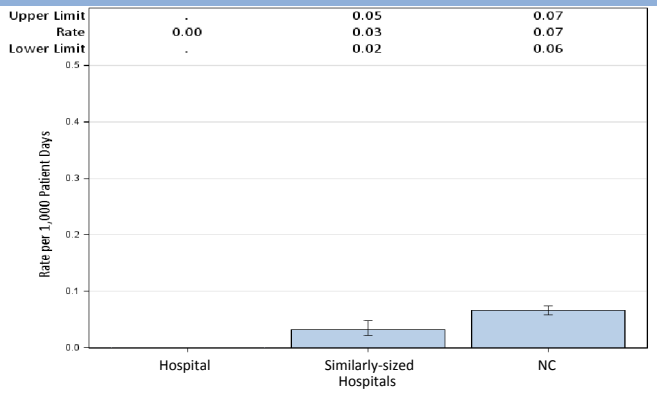


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

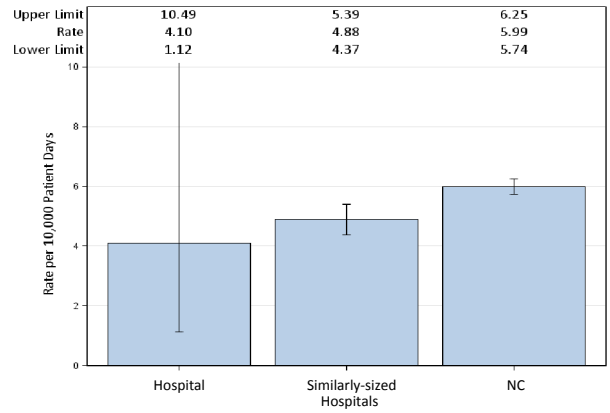


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 3. Rate and SIR, Jan-Sep 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	9,759	4.1	7.644	0.523	0.143, 1.340	Same

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

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Annie Penn Hospital, Reidsville, Rockingham County

Catheter-Associated Urinary Tract Infections (CAUTI)

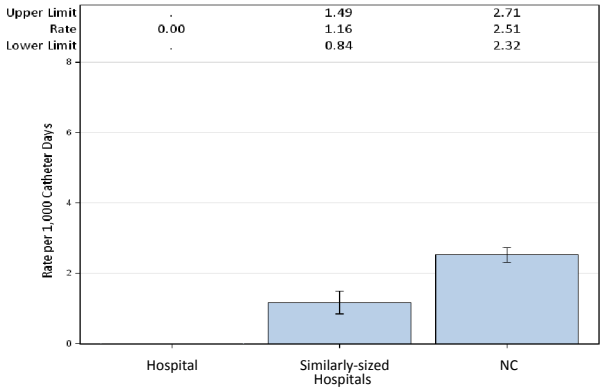


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 4. Rates and SIRs by ICU Type, Jan-Sep 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	841	0	1.093	0	, 3.375	Same
YTD Total for Reporting ICUs	0	841	0	1.093	0	, 3.375	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-Sep 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	0.332	.		

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.

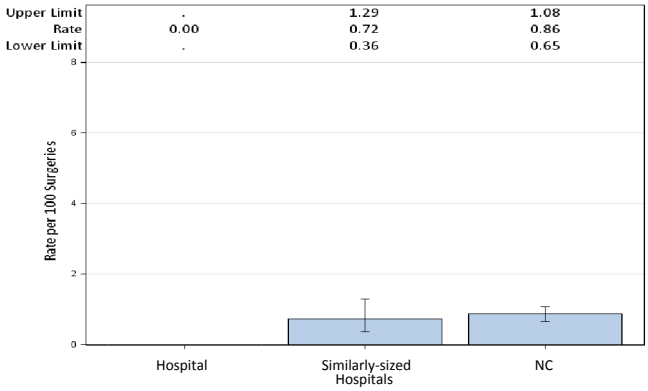


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

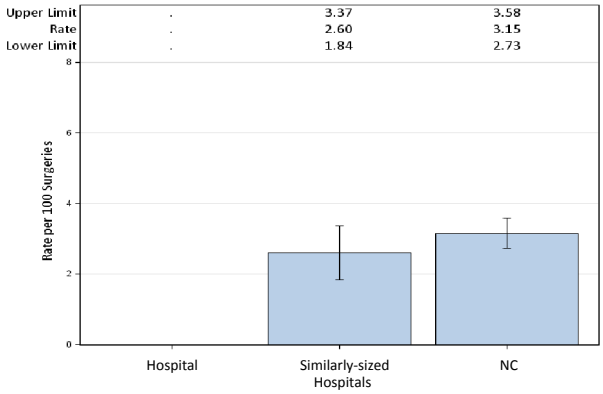


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

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

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

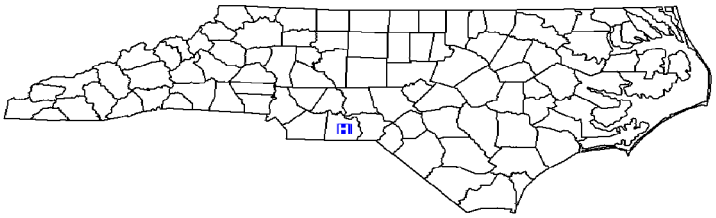
Refer to HAI in NC Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Anson Community Hospital, Wadesboro, Anson County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	558
Patient Days in 2012:	1,778
Total Number of Beds:	30
Number of ICU Beds:	0
FTE* Infection Preventionists:	0.38
Number of FTEs* per 100 beds:	1.25

*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.

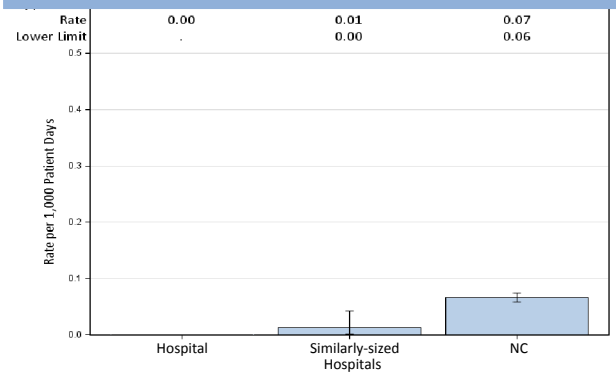


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rate and SIR, Jan-Sep 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	899	0	0.032	.		

*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-Sep 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	899	11.1	0.437	.		

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

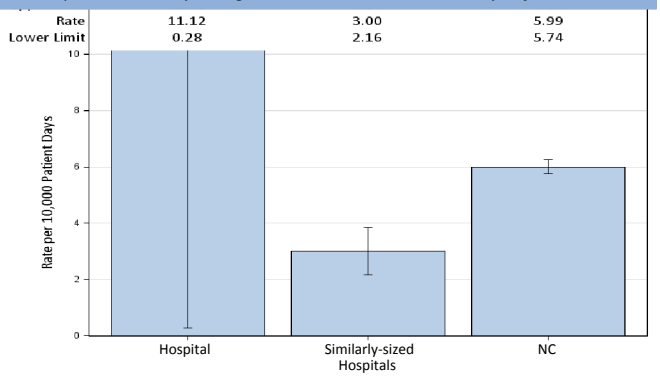


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

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.

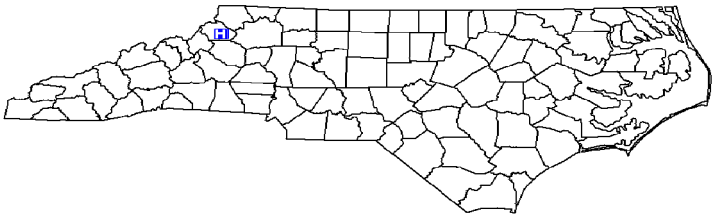
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
ARHS-Watauga Medical Center, Boone, Watauga County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Profit Status:	Not for Profit
Admissions in 2012:	5,016
Patient Days in 2012:	19,424
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)

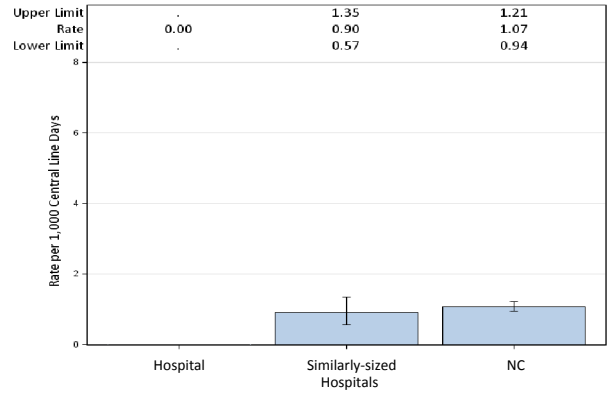


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	507	0	0.761	.		
YTD Total for Reporting ICUs	0	507	0	0.761	.		

*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 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 2. Rate and SIR, Jan-Sep 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	11,888	0	.	.	.	

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

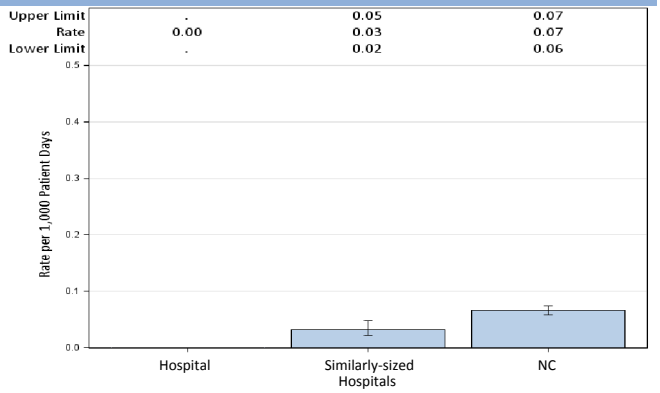


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

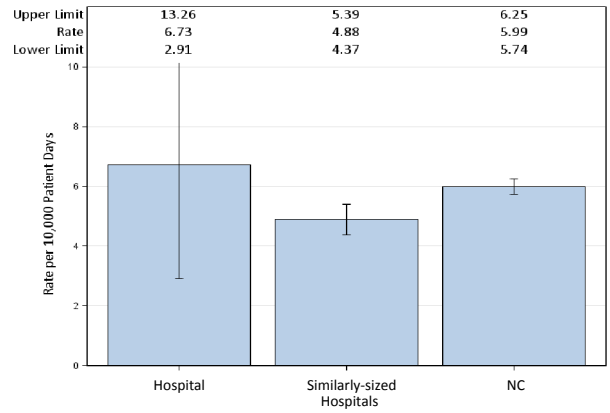


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 3. Rate and SIR, Jan-Sep 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	11,888	6.73	7.124	1.123	0.485, 2.213	Same

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

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
ARHS-Watauga Medical Center, Boone, Watauga County

Catheter-Associated Urinary Tract Infections (CAUTI)

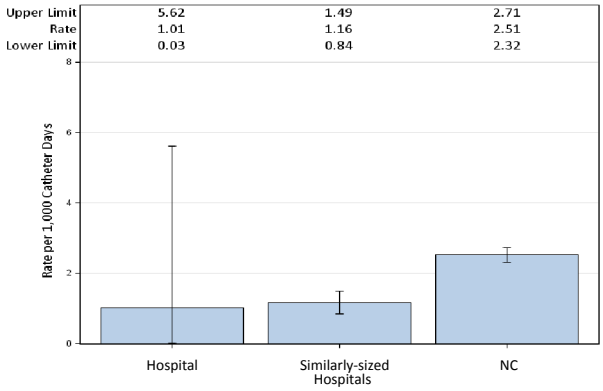


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 4. Rates and SIRs by ICU Type, Jan-Sep 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	992	1.01	1.29	0.775	0.020, 4.319	Same
YTD Total for Reporting ICUs	1	992	1.01	1.29	0.775	0.020, 4.319	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-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

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

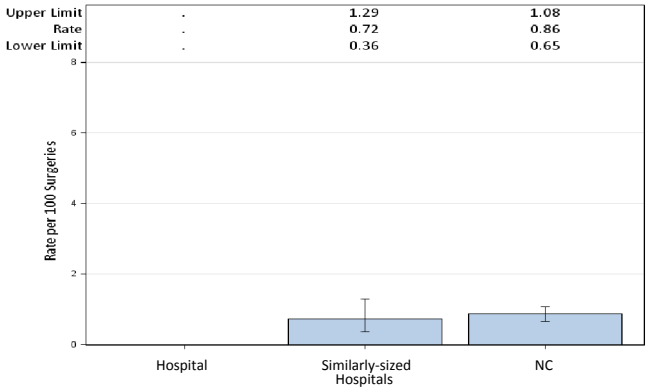


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

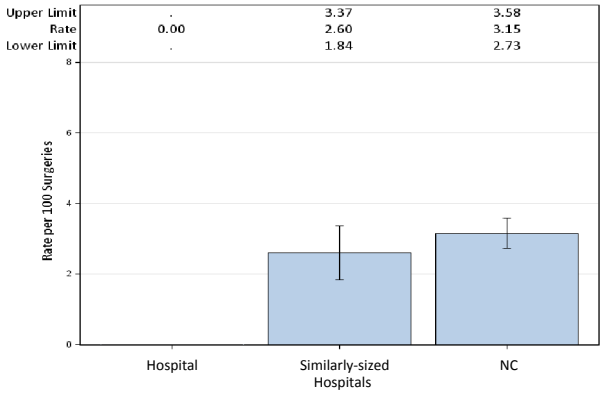


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

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

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	20	0	0.536	.		

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.

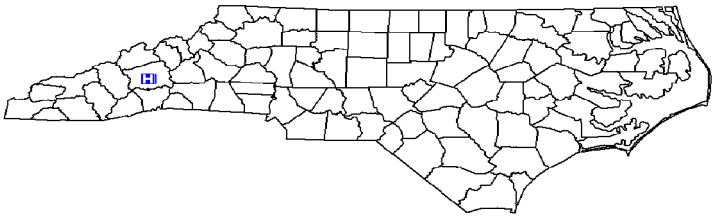
Commentary from Hospitals:
No comments provided.

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Asheville Specialty Hospital, Asheville, Buncombe County

2012 Hospital Survey Information

Hospital Type:	Long-term Acute Care Hospital
Profit Status:	For Profit
Admissions in 2012:	363
Patient Days in 2012:	9,314
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)

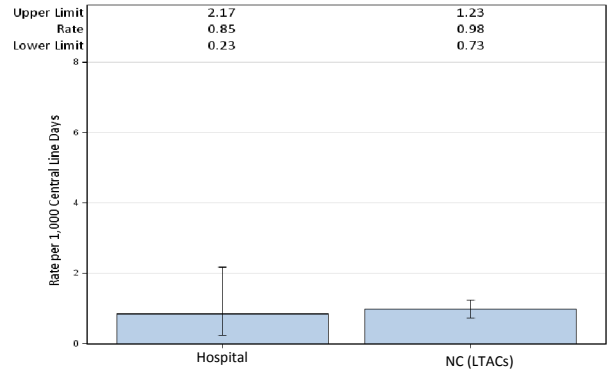


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

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

Type of Unit	Infections	Line Days	Rate
Adult intensive care unit	2	1,196	1.67
Adult ward	2	3,528	0.57
YTD Total for Reporting Units	4	4,724	0.85

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-Sep 2013

Type of Unit	Infections	Catheter Days	Rate
Adult intensive care unit	0	1,170	0.00
Adult ward	1	989	1.01
YTD Total for Reporting Units	1	2,159	0.46

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

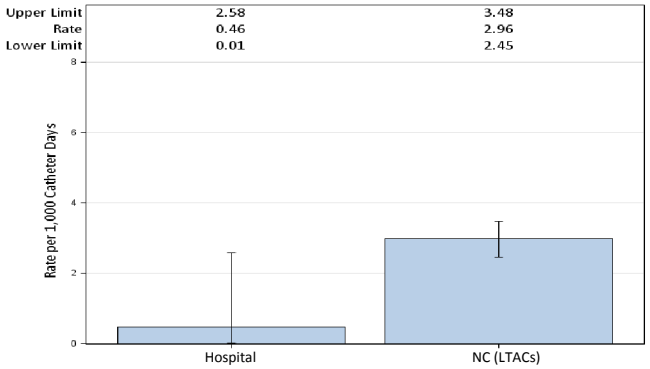


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Other Healthcare-Associated Infections (HAIs)

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

Commentary from Hospitals:
No comments provided.

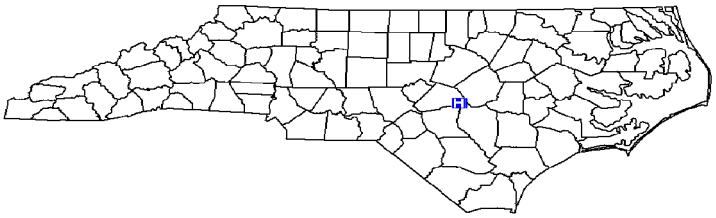
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Betsy Johnson Regional, Dunn, Harnett County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	6,936
Patient Days in 2012:	27,243
Total Number of Beds:	101
Number of ICU Beds:	6
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.99

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

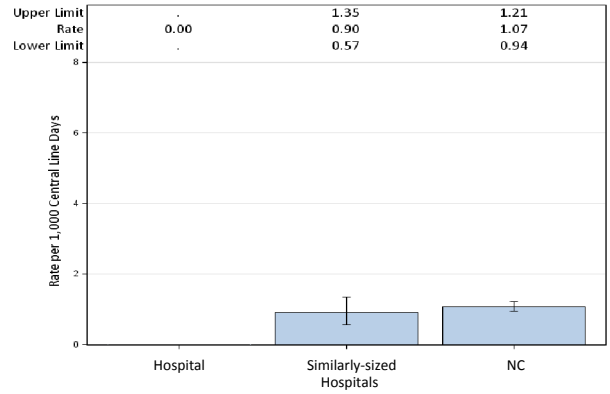


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	220	0	0.33	.		
YTD Total for Reporting ICUs	0	220	0	0.33	.		

*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 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 2. Rate and SIR, Jan-Sep 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	23,271	0	1.071	0	, 3.444	Same

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

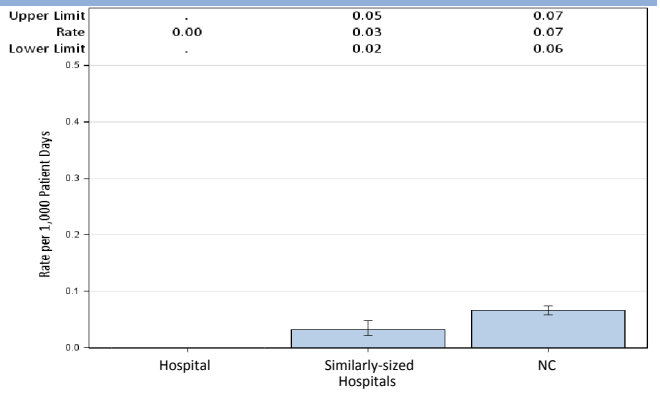


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

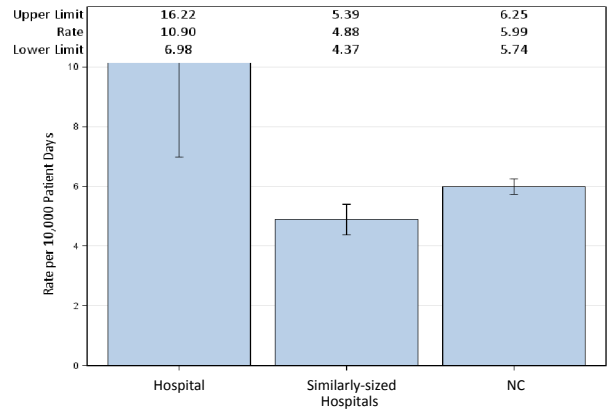


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

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

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	24	22,015	10.9	11.979	2.004	1.283, 2.981	Higher

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

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Betsy Johnson Regional, Dunn, Harnett County

Catheter-Associated Urinary Tract Infections (CAUTI)

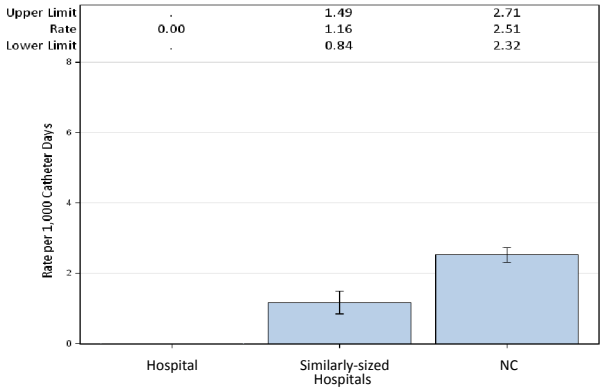


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 4. Rates and SIRs by ICU Type, Jan-Sep 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	649	0	0.844	.		
YTD Total for Reporting ICUs	0	649	0	0.844	.		

*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-Sep 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	0.336	.		

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.

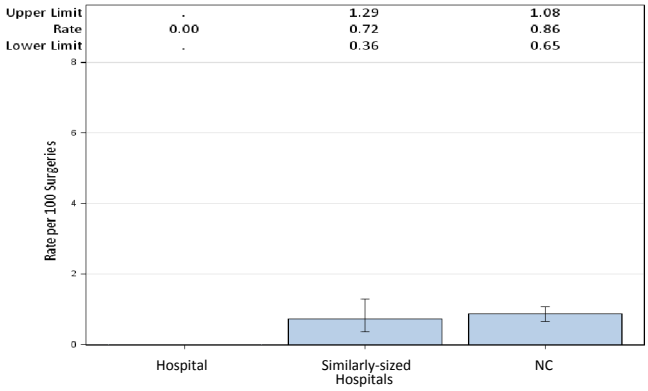


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

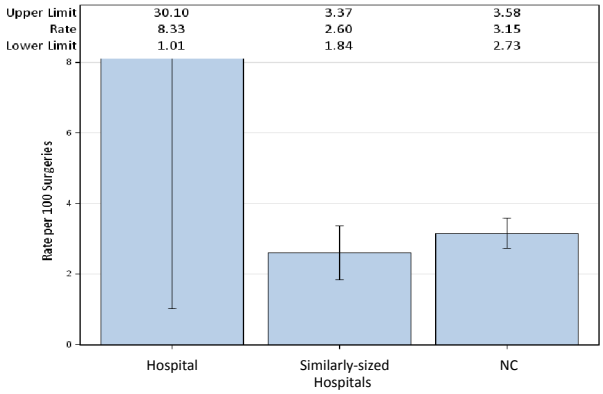


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

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

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	2	24	8.33	0.799	.		

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.

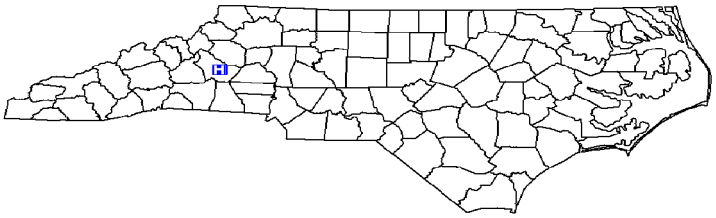
Refer to HAI in NC Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Blue Ridge Healthcare Hospitals, Inc. - Morganton Campus, Morganton, Burke County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Profit Status:	Not for Profit
Admissions in 2012:	6,178
Patient Days in 2012:	25,269
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)

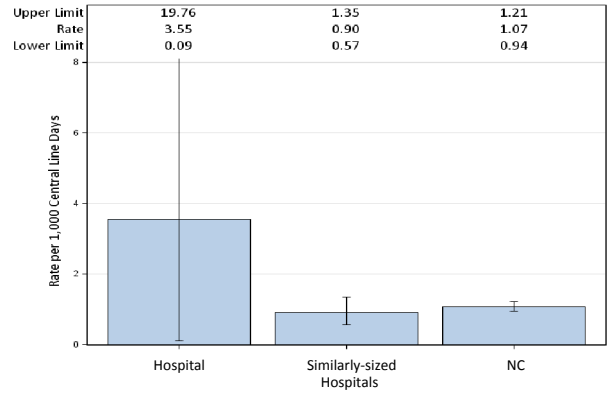


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	282	3.55	0.536	.		
YTD Total for Reporting ICUs	1	282	3.55	0.536	.		

*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 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 2. Rate and SIR, Jan-Sep 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	18,264	0.05	0.76	.		

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

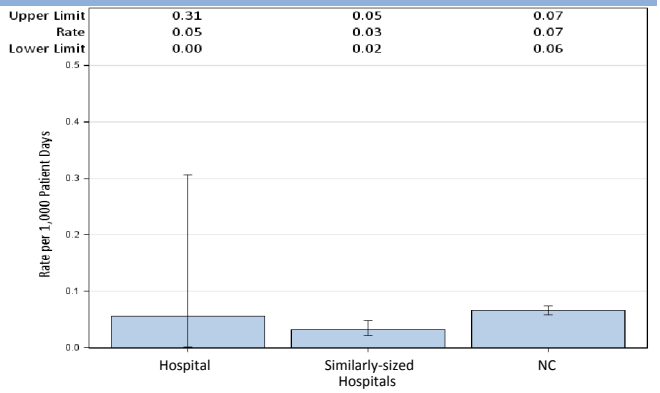


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

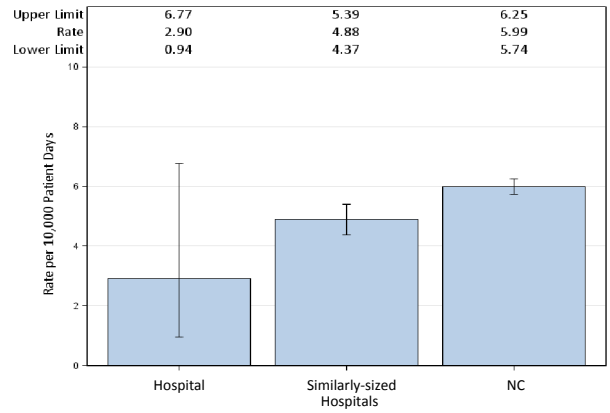


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 3. Rate and SIR, Jan-Sep 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	17,228	2.9	14.125	0.354	0.115, 0.826	Lower

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

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Blue Ridge Healthcare Hospitals, Inc. - Morganton Campus, Morganton, Burke County

Catheter-Associated Urinary Tract Infections (CAUTI)

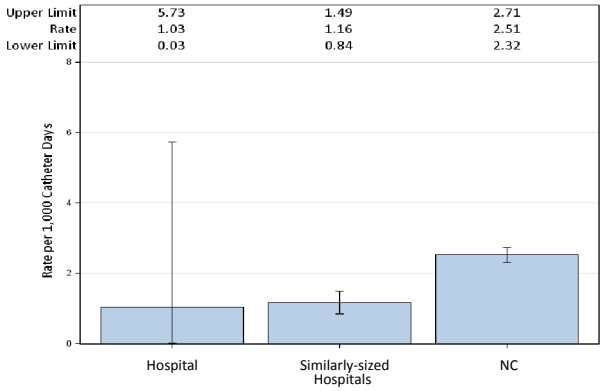


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

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

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	1	973	1.03	1.946	0.514	0.013, 2.863	Same
YTD Total for Reporting ICUs	1	973	1.03	1.946	0.514	0.013, 2.863	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-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

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

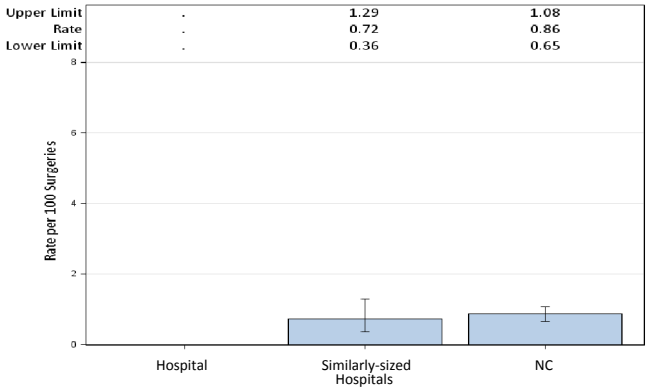


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

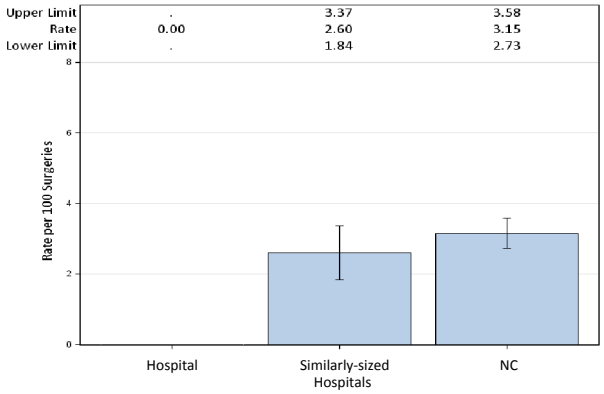


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

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

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	30	0	0.937	.		

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.

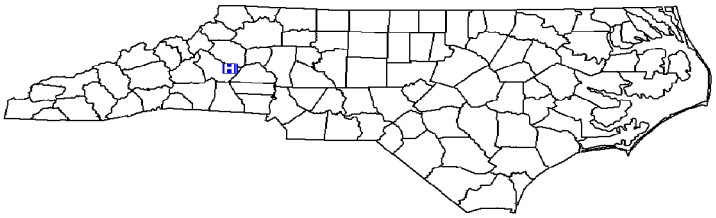
Refer to HAI in NC Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Blue Ridge Healthcare Hospitals - Valdese Campus, Valdese, Burke County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Profit Status:	Not for Profit
Admissions in 2012:	2,103
Patient Days in 2012:	8,193
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)

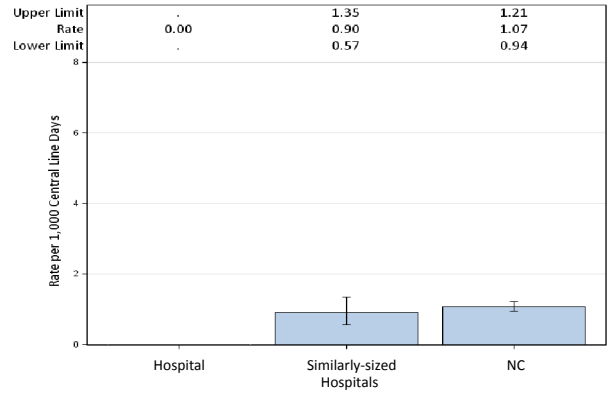


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	210	0	0.399	.		
YTD Total for Reporting ICUs	0	210	0	0.399	.		

*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 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 2. Rate and SIR, Jan-Sep 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	6,592	0	0.42	.		

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

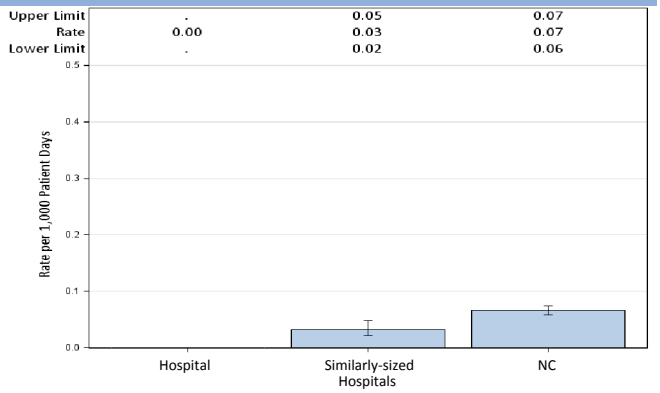


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

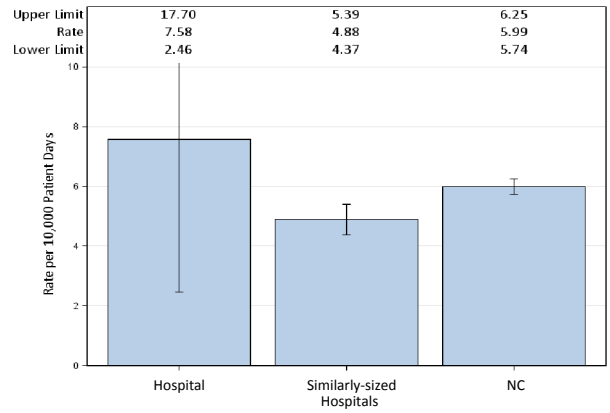


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 3. Rate and SIR, Jan-Sep 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	6,592	7.58	4.914	1.018	0.330, 2.375	Same

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

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Blue Ridge Healthcare Hospitals - Valdese Campus, Valdese, Burke County

Catheter-Associated Urinary Tract Infections (CAUTI)

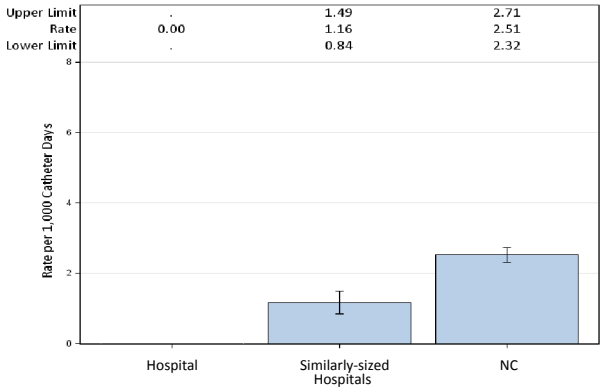


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

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

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	747	0	1.494	0	, 2.469	Same
YTD Total for Reporting ICUs	0	747	0	1.494	0	, 2.469	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-Sep 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	.	.	.		

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.

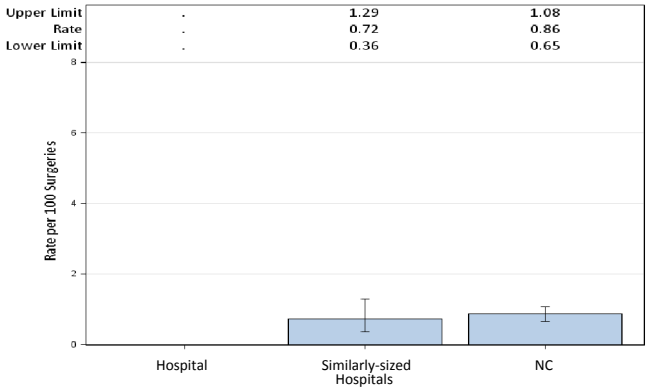


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

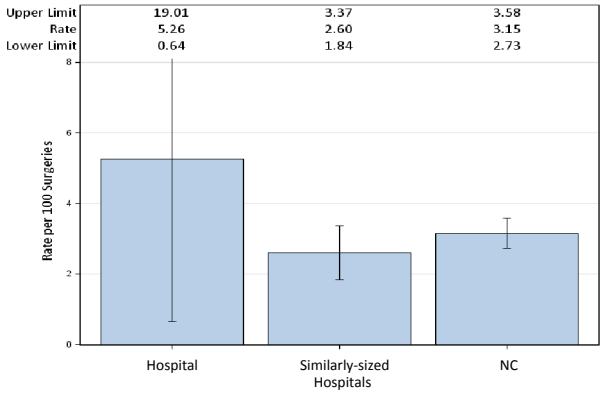


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

Table 6. Rates and SIRs, Jan-Sep 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	1.329	1.505	0.182, 5.436	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.

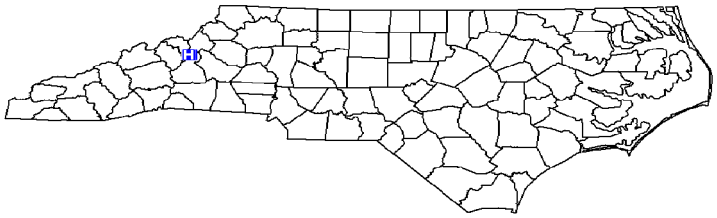
Refer to HAI in NC Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Blue Ridge Regional Hospital, Spruce Pine, Mitchell County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	2,177
Patient Days in 2012:	6,545
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)

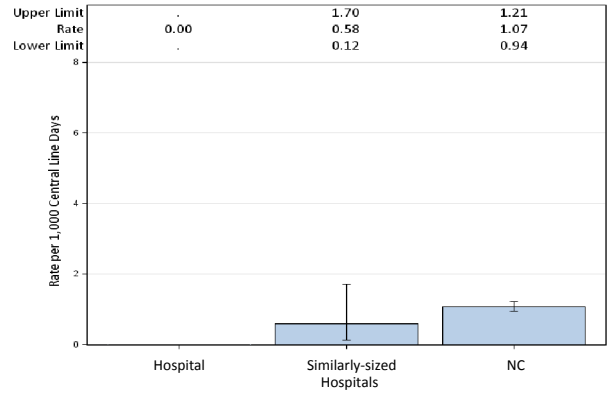


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	93	0	0.186	.		
YTD Total for Reporting ICUs	0	93	0	0.186	.		

*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 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 2. Rate and SIR, Jan-Sep 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	4,599	0	0.165	.		

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

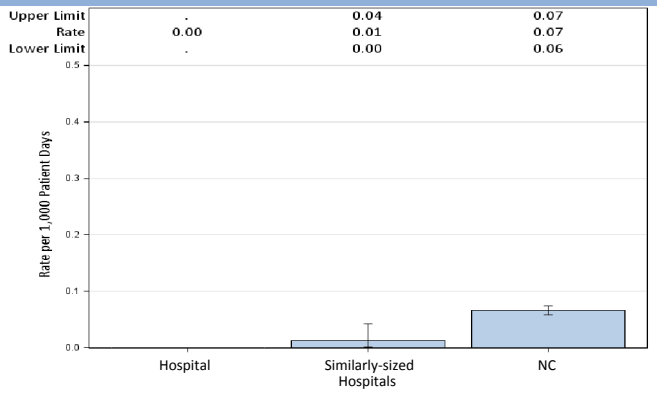


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

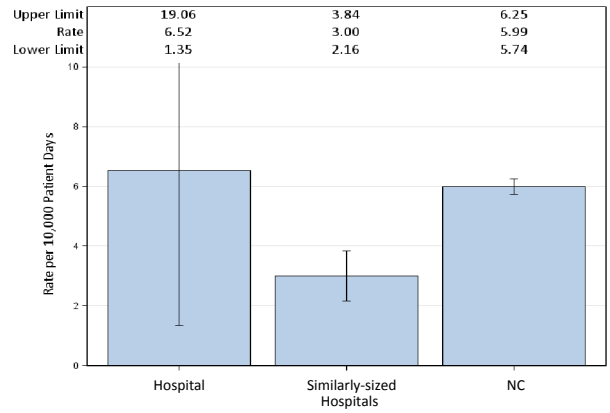


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 3. Rate and SIR, Jan-Sep 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	4,599	6.52	2.213	1.356	0.280, 3.962	Same

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

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Blue Ridge Regional Hospital, Spruce Pine, Mitchell County

Catheter-Associated Urinary Tract Infections (CAUTI)

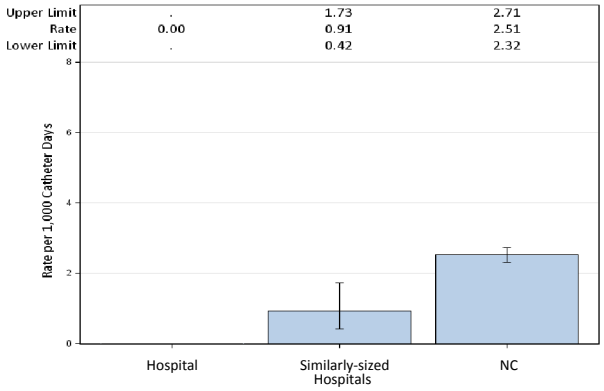


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 4. Rates and SIRs by ICU Type, Jan-Sep 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	270	0	0.54	.		
YTD Total for Reporting ICUs	0	270	0	0.54	.		

*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-Sep 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	.	.	.		

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.

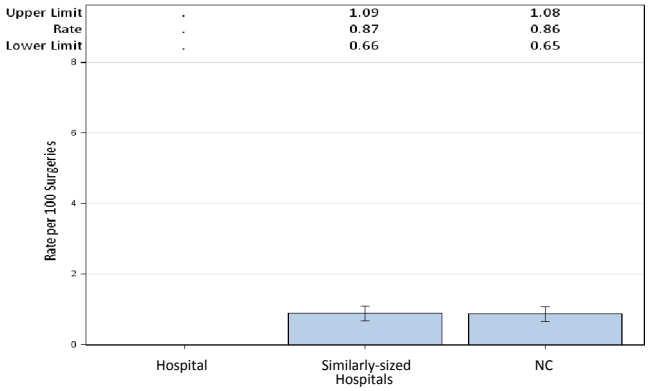


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

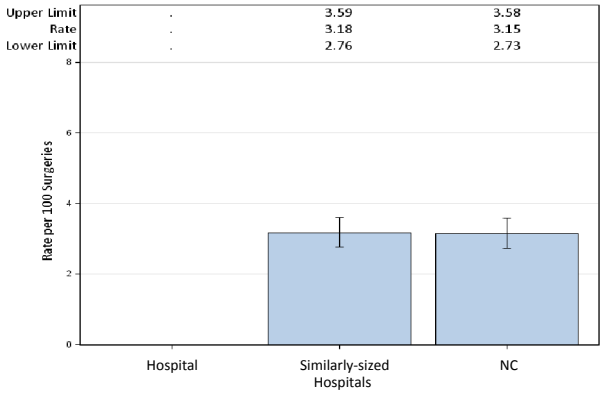


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

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

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	1	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 NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Broughton Hospital, Morganton, Burke County

2012 Hospital Survey Information

Hospital Type:	Specialty Acute Care Hospital
Profit Status:	Government
Admissions in 2012:	822
Patient Days in 2012:	89,844
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.

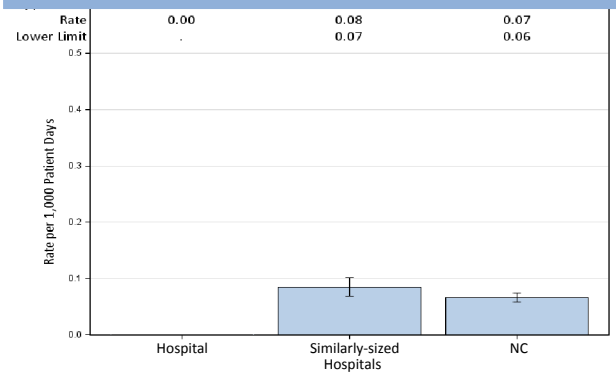


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rate and SIR, Jan-Sep 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	65,331	0	2.341	0	, 1.576	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-Sep 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	65,331	0	44.271	0	, 0.083	Lower

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

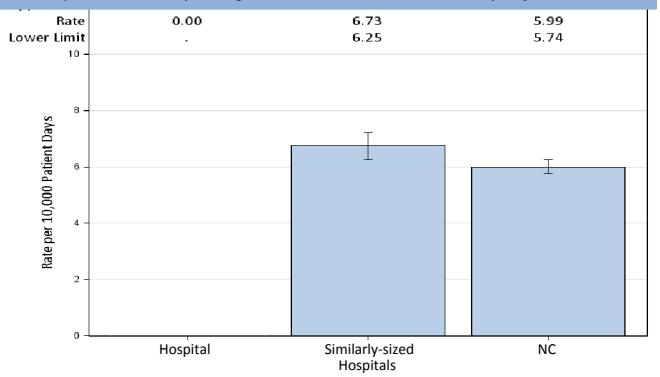


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

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.

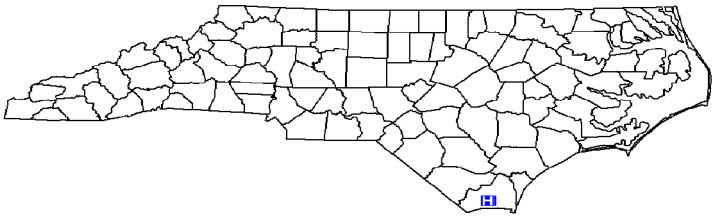
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Brunswick Novant Medical Center, Bolivia, Brunswick County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	3,847
Patient Days in 2012:	13,557
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)

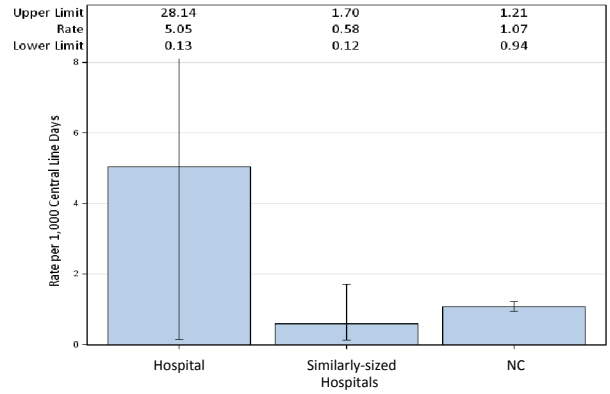


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	198	5.05	0.297	.		
YTD Total for Reporting ICUs	1	198	5.05	0.297	.		

*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 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 2. Rate and SIR, Jan-Sep 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	10,964	0	0.455	.		

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

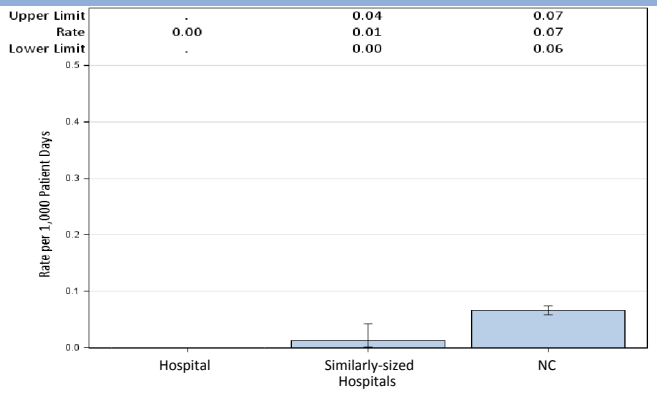


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

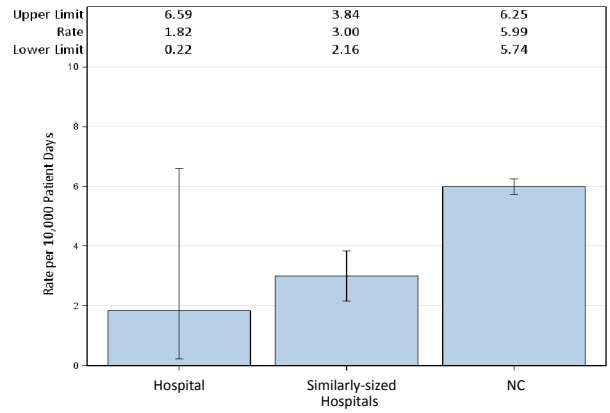


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 3. Rate and SIR, Jan-Sep 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	10,964	1.82	5.049	0.396	0.048, 1.431	Same

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

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Brunswick Novant Medical Center, Bolivia, Brunswick County

Catheter-Associated Urinary Tract Infections (CAUTI)

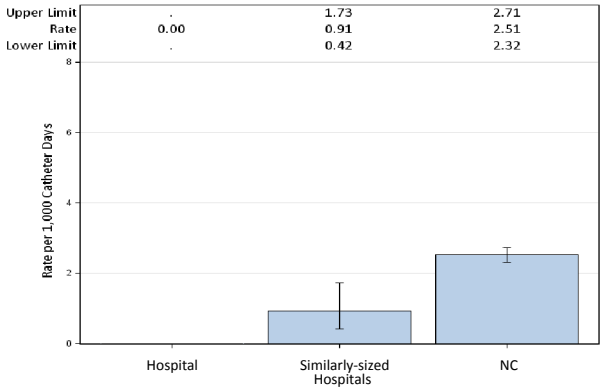


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 4. Rates and SIRs by ICU Type, Jan-Sep 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	574	0	0.746	.		
YTD Total for Reporting ICUs	0	574	0	0.746	.		

*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-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	15	.	.	.		

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.

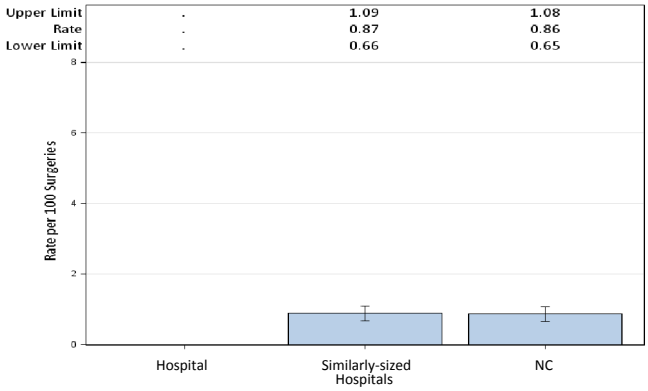


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

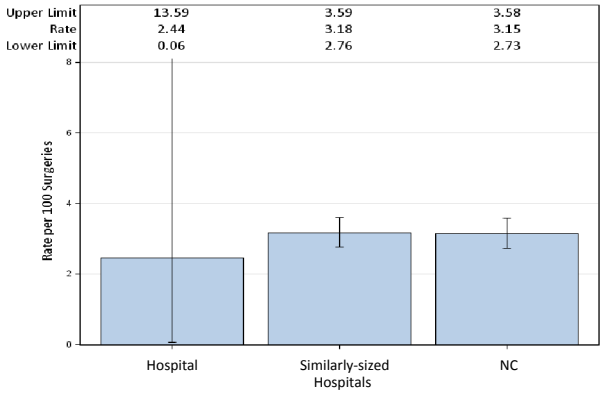


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

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

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	1	41	2.44	1.37	0.73	0.018, 4.067	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.

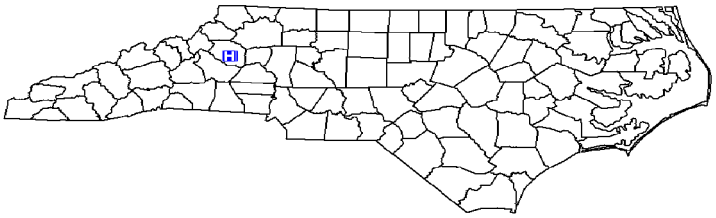
Commentary from Hospitals:
At Novant Health, the safety of our patients comes first. Our goal is to have the lowest possible infection rates and we continually monitor infection prevention tactics for improvement opportunities. We support transparency in reporting infection rates and make common infection 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 – September 30, 2013
Caldwell Memorial Hospital, Lenoir, Caldwell County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Profit Status:	Not for Profit
Admissions in 2012:	6,081
Patient Days in 2012:	21,761
Total Number of Beds:	82
Number of ICU Beds:	10
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	1.22

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

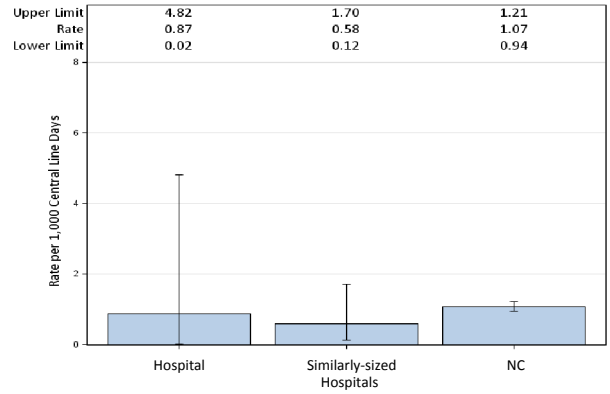


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	1,156	0.87	1.734	0.577	0.015, 3.213	Same
YTD Total for Reporting ICUs	1	1,156	0.87	1.734	0.577	0.015, 3.213	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 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 2. Rate and SIR, Jan-Sep 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	16,772	0	0.736	.		

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

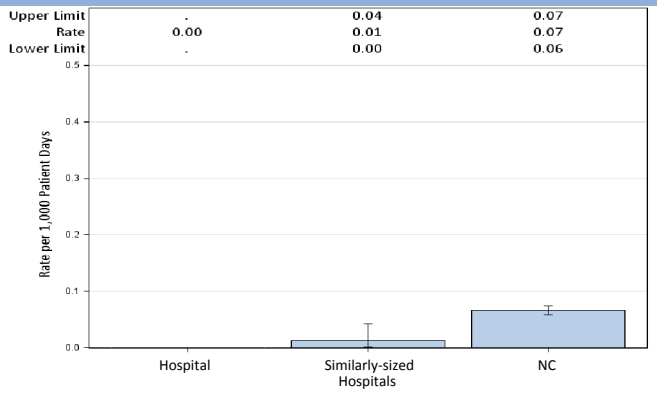


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

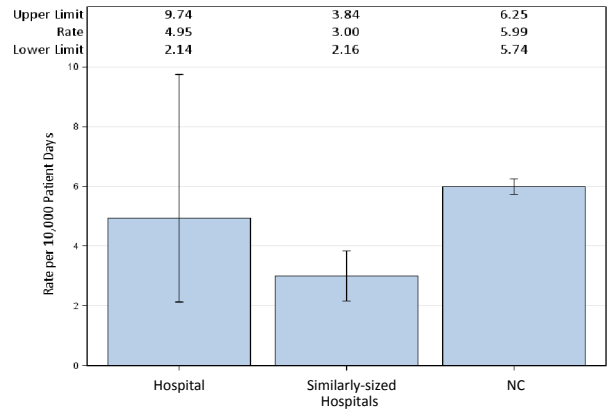


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 3. Rate and SIR, Jan-Sep 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	16,177	4.95	6.403	1.249	0.539, 2.462	Same

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

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Caldwell Memorial Hospital, Lenoir, Caldwell County

Catheter-Associated Urinary Tract Infections (CAUTI)

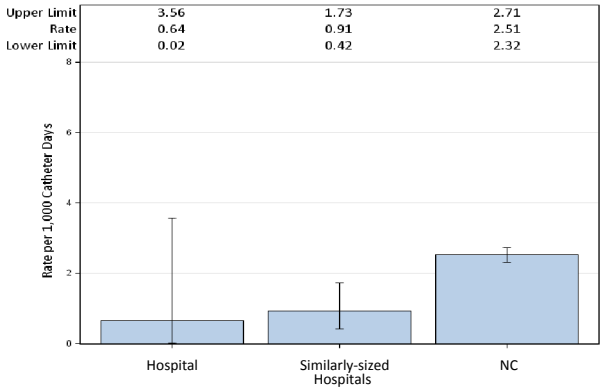


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 4. Rates and SIRs by ICU Type, Jan-Sep 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	1,563	0.64	2.032	0.492	0.012, 2.742	Same
YTD Total for Reporting ICUs	1	1,563	0.64	2.032	0.492	0.012, 2.742	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-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	25	0	0.198	.		

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.

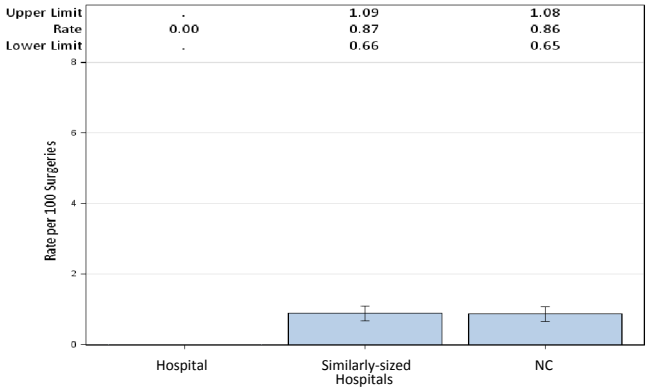


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

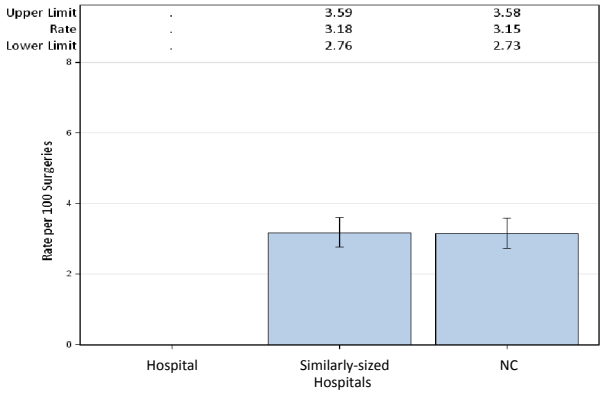


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

Table 6. Rates and SIRs, Jan-Sep 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	.	.	.		

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.

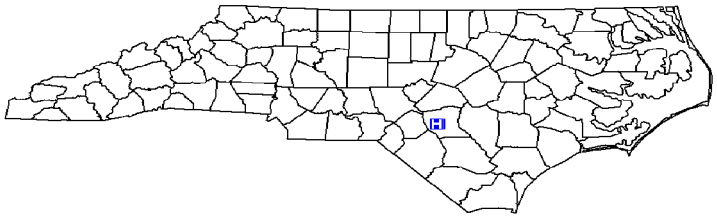
Refer to HAI in NC Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Cape Fear Valley Health System, Fayetteville, Cumberland County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	29,287
Patient Days in 2012:	168,810
Total Number of Beds:	612
Number of ICU Beds:	90
FTE* Infection Preventionists:	4.25
Number of FTEs* per 100 beds:	0.69

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

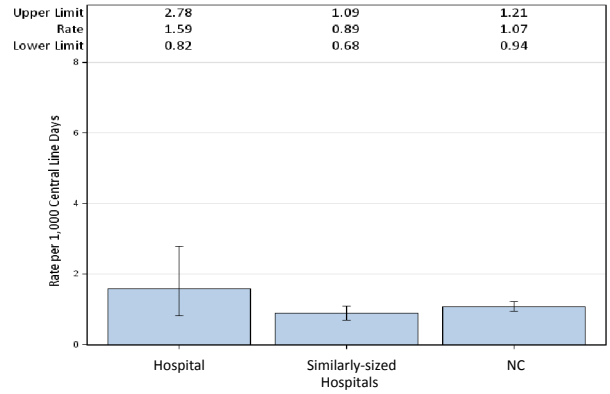


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	5,007	1.6	7.511	1.065	0.460, 2.099	Same
Neonatal Level II/III	0	451	0	1.315	0	, 2.805	Same
Pediatric medical/surgical	0	249	0	0.747	.		
Surgical cardiothoracic	4	1,832	2.18	2.565	1.559	0.425, 3.993	Same
YTD Total for Reporting ICUs	12	7,539	1.59	12.137	0.989	0.511, 1.727	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 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 2. Rate and SIR, Jan-Sep 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	117,962	0.17	9.84	2.033	1.241, 3.139	Higher

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

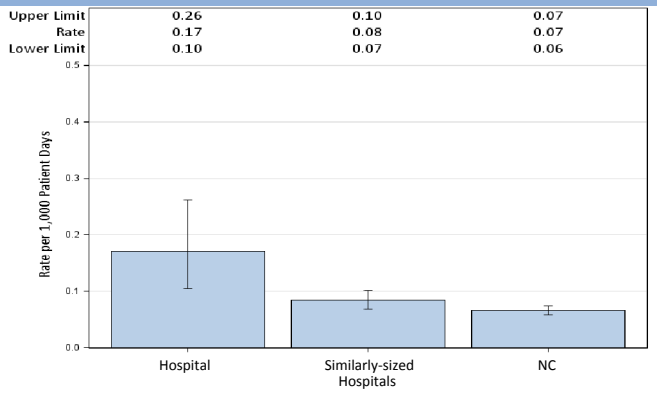


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

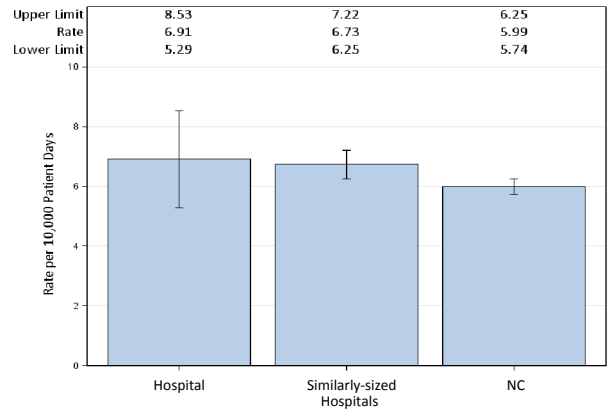


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

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

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	70	101,336	6.91	58.576	1.195	0.932, 1.510	Same

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

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Cape Fear Valley Health System, Fayetteville, Cumberland County

Catheter-Associated Urinary Tract Infections (CAUTI)

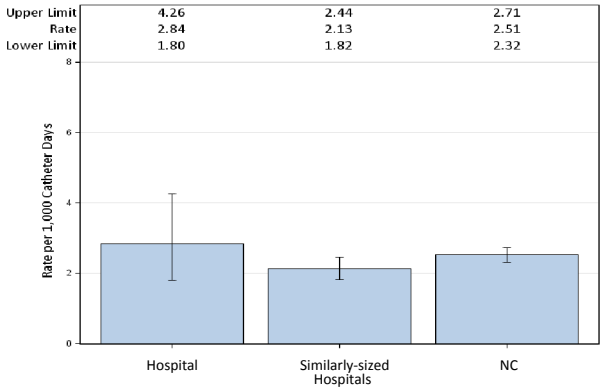


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

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

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	19	5,768	3.29	7.498	2.534	1.525, 3.957	Higher
Pediatric medical/surgical	0	194	0	0.543	.		
Surgical cardiothoracic	4	2,131	1.88	3.623	1.104	0.301, 2.827	Same
YTD Total for Reporting ICUs	23	8,093	2.84	11.664	1.972	1.250, 2.959	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-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	2	267	0.75	3.387	0.59	0.072, 2.133	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.

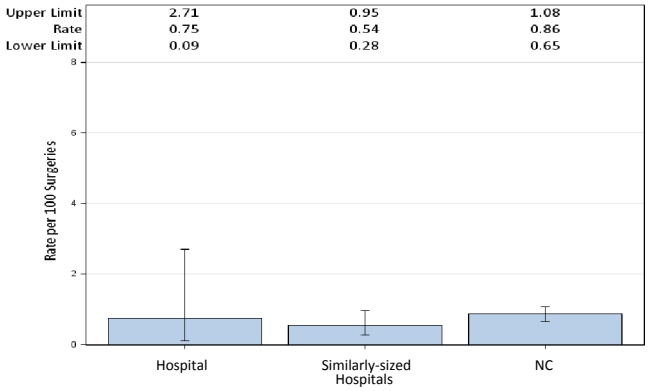


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

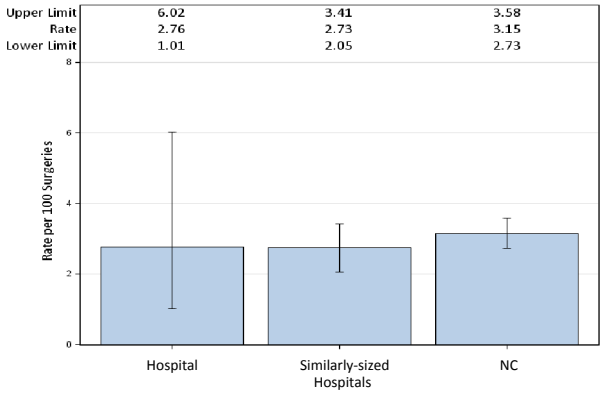


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

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

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	6	217	2.76	7.75	0.774	0.284, 1.685	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.

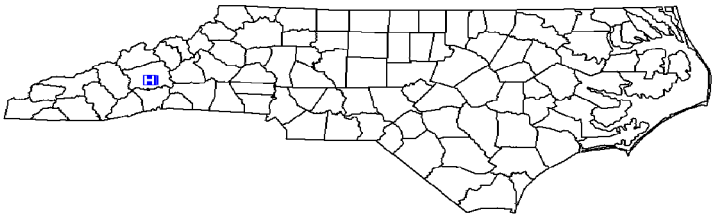
Commentary from Hospitals:
No comments provided.

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
CarePartners Health Services, Asheville, Buncombe County

2012 Hospital Survey Information

Hospital Type:	Inpatient Rehabilitation Facility
Profit Status:	Not for Profit
Admissions in 2012:	1,311
Patient Days in 2012:	17,130
Total Number of Beds:	80
FTE* Infection Preventionists:	0.30
Number of FTEs* per 100 beds:	0.38



*FTE = Full-time equivalent

Catheter-Associated Urinary Tract Infections (CAUTI)

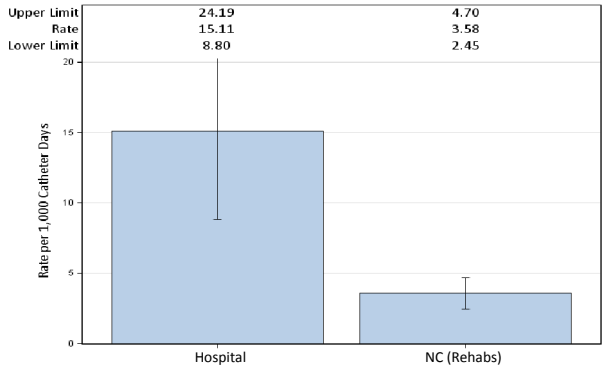


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates by Location, Jan-Sep 2013

Type of Unit	Infections	Catheter Days	Rate
Adult rehabilitation ward	17	1,125	15.1
YTD Total for Reporting Wards	17	1,125	15.1

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, LabID C. difficile, LabID MRSA Bacteremia or SSIs to the N.C. Division of Public Health.

Commentary from Hospitals:
No comments provided.

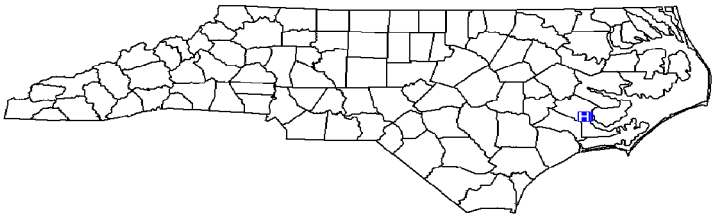
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
CarolinaEast Medical Center, New Bern, Craven County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	15,118
Patient Days in 2012:	61,709
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)

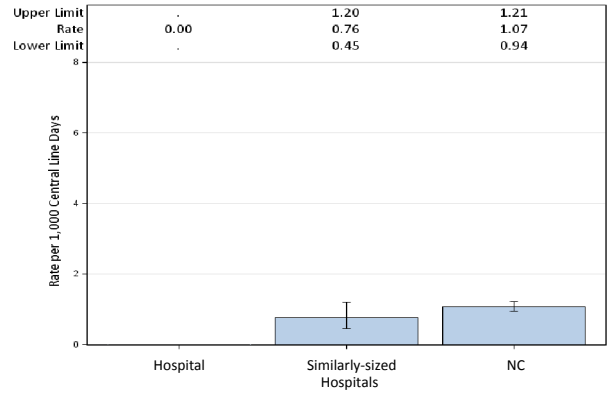


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	0.196	.		
Medical/surgical	0	1,333	0	2	0	, 1.844	Same
Surgical cardiothoracic	0	509	0	0.713	.		
YTD Total for Reporting ICUs	0	1,945	0	2.908	0	, 1.269	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 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 2. Rate and SIR, Jan-Sep 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	45,741	0.04	2.375	0.842	0.102, 3.042	Same

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

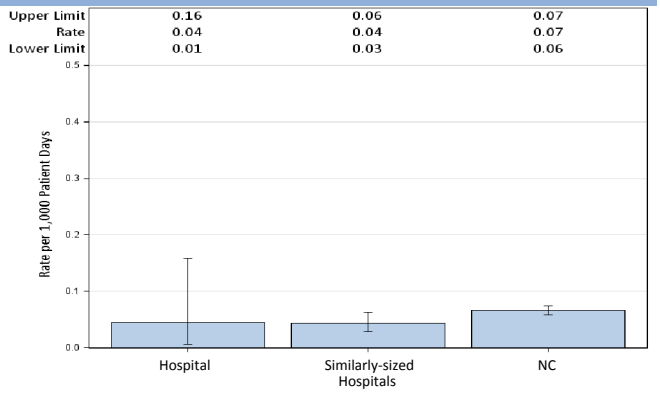


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

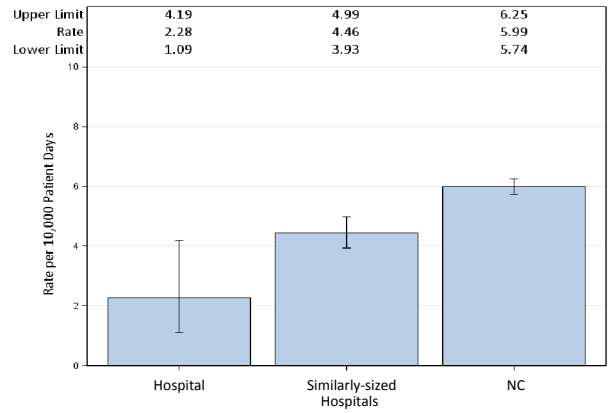


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 3. Rate and SIR, Jan-Sep 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	43,886	2.28	25.589	0.391	0.187, 0.719	Lower

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

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
CarolinaEast Medical Center, New Bern, Craven County

Catheter-Associated Urinary Tract Infections (CAUTI)

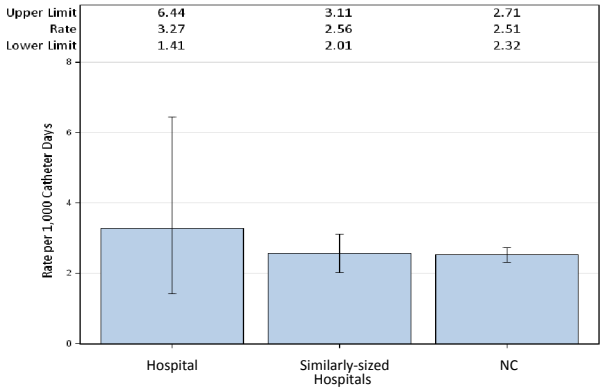


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 4. Rates and SIRs by ICU Type, Jan-Sep 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	0.394	.		
Medical/surgical	7	1,803	3.88	2.164	3.235	1.301, 6.665	Higher
Surgical cardiothoracic	1	449	2.23	0.763	.		
YTD Total for Reporting ICUs	8	2,449	3.27	3.321	2.409	1.040, 4.747	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-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	74	0	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 was not calculated if less than 20 inpatient surgeries and SIR not presented.

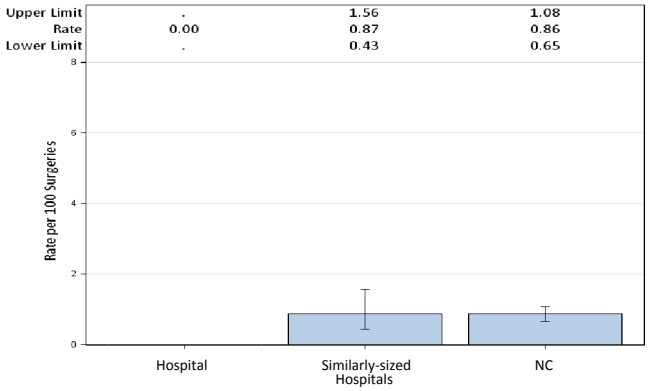


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

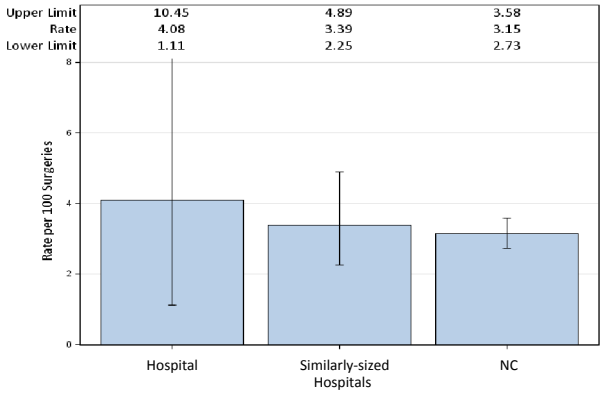


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

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

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	4	98	4.08	2.993	1.336	0.364, 3.422	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.

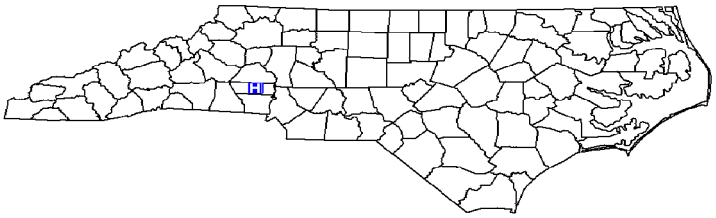
Refer to HAI in NC Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Carolinas Medical Center-Lincoln, Lincolnton, Lincoln County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	4,060
Patient Days in 2012:	15,160
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)

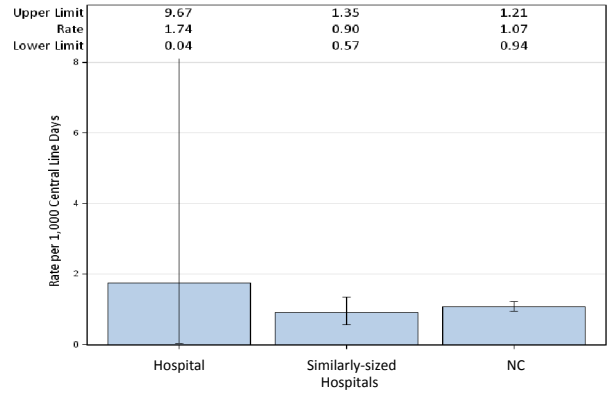


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	576	1.74	0.864	.		
YTD Total for Reporting ICUs	1	576	1.74	0.864	.		

*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 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 2. Rate and SIR, Jan-Sep 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	11,829	0	0.693	.		

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

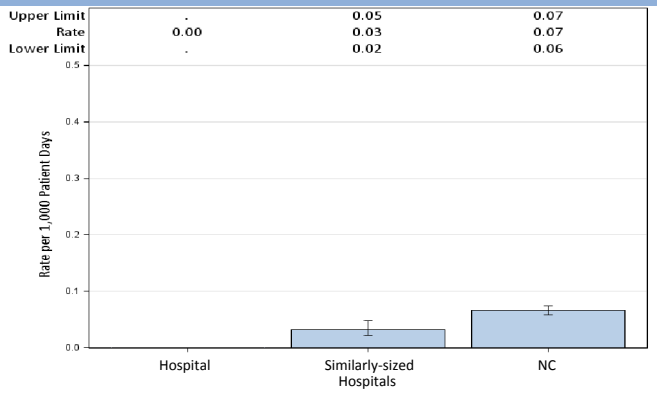


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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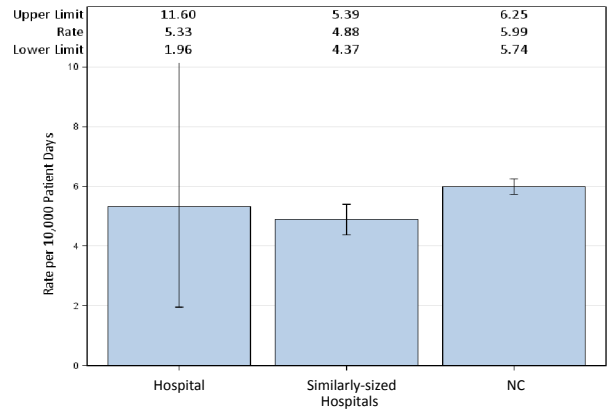

Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 3. Rate and SIR, Jan-Sep 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	11,255	5.33	6.826	0.879	0.323, 1.913	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 – September 30, 2013
Carolinas Medical Center-Lincoln, Lincolnton, Lincoln County

Catheter-Associated Urinary Tract Infections (CAUTI)

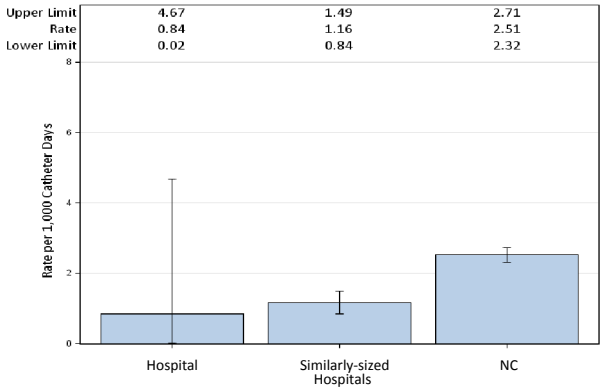


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 4. Rates and SIRs by ICU Type, Jan-Sep 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	1,192	0.84	1.55	0.645	0.016, 3.595	Same
YTD Total for Reporting ICUs	1	1,192	0.84	1.55	0.645	0.016, 3.595	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-Sep 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	0.448	.		

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.

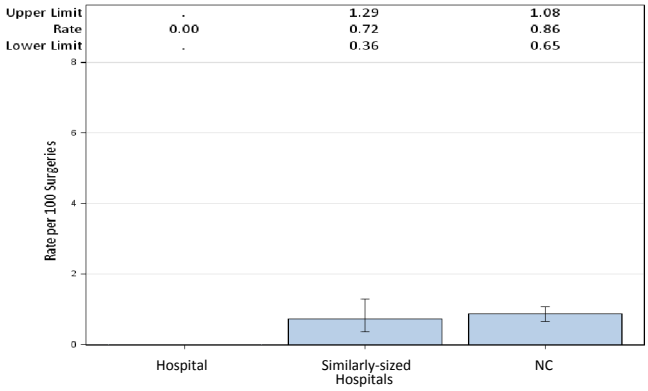


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

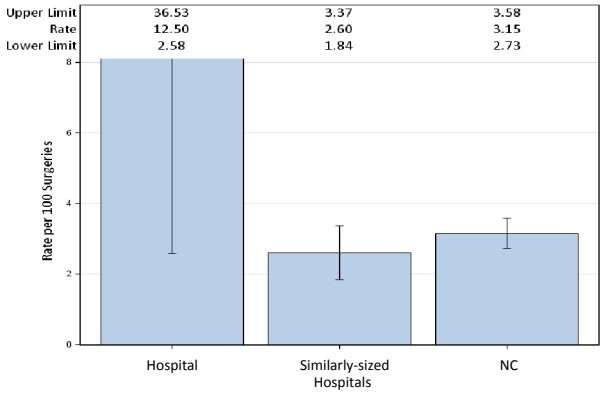


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

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

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	3	24	12.5	0.825	.		

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.

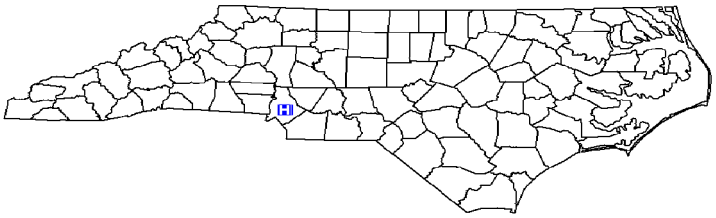
Commentary from Hospitals:
The prevention and reduction of healthcare associated infections is a top priority at Carolinas Healthcare System hospitals. To accomplish this, infection prevention strategies are continually assessed and measures implemented to decrease the risk for infection. These measures 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 – September 30, 2013
Carolinas Medical Center-Mercy, Charlotte, Mecklenburg County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Profit Status:	Not for Profit
Admissions in 2012:	8,119
Patient Days in 2012:	37,889
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)

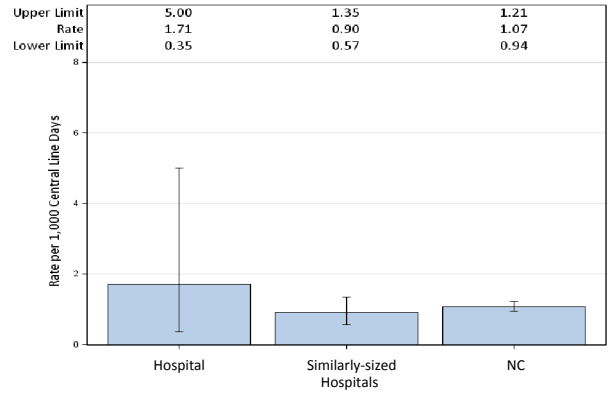


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	1,754	1.71	3.333	0.9	0.186, 2.630	Same
YTD Total for Reporting ICUs	3	1,754	1.71	3.333	0.9	0.186, 2.630	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 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 2. Rate and SIR, Jan-Sep 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	24,455	0.08	1.09	1.835	0.222, 6.628	Same

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

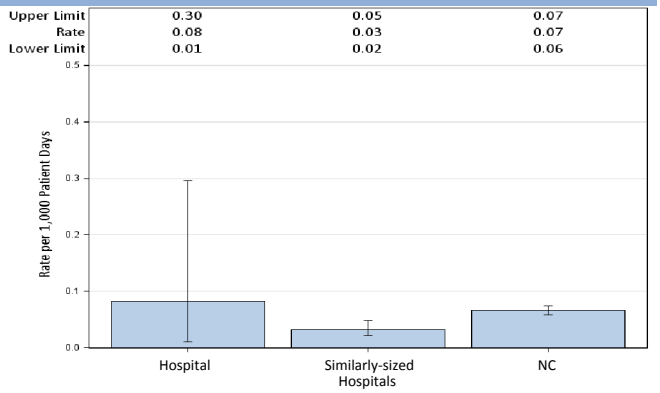


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

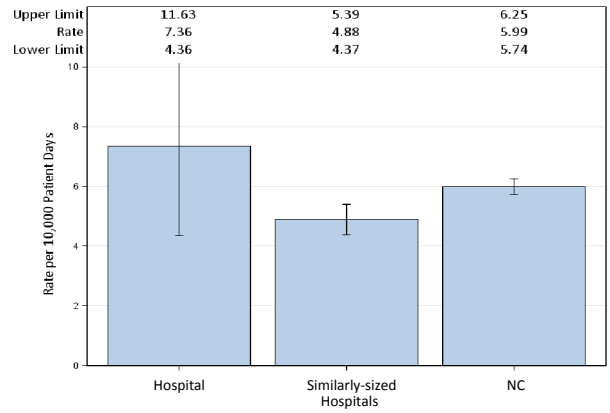


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

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

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	18	24,455	7.36	14.742	1.221	0.723, 1.930	Same

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

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Carolinas Medical Center-Mercy, Charlotte, Mecklenburg County

Catheter-Associated Urinary Tract Infections (CAUTI)

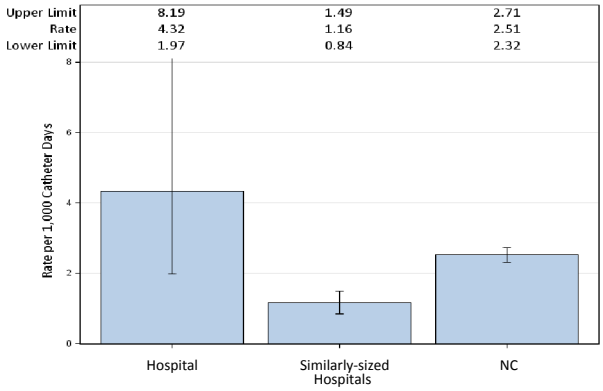


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

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

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	9	2,085	4.32	4.17	2.158	0.987, 4.097	Same
YTD Total for Reporting ICUs	9	2,085	4.32	4.17	2.158	0.987, 4.097	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-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	78	0	0.632	.		

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.

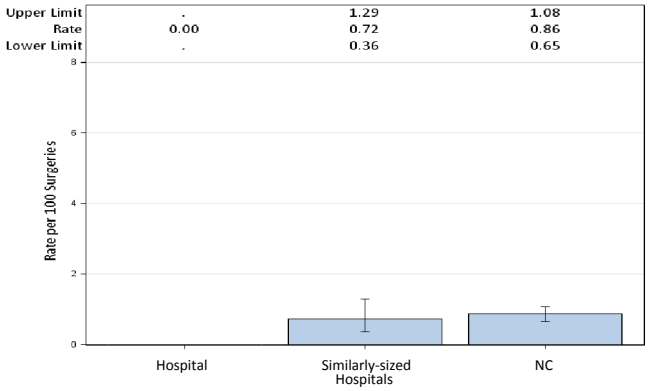


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

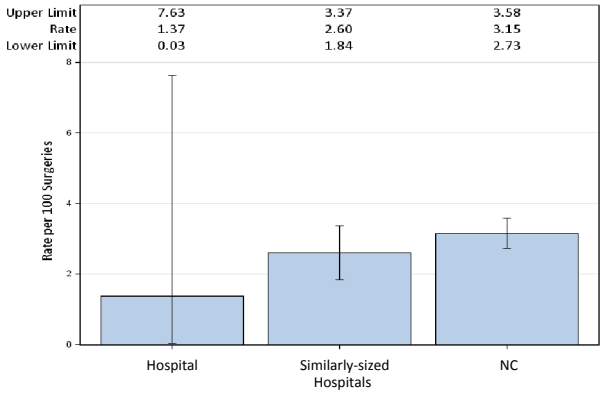


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

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

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	1	73	1.37	2.343	0.427	0.011, 2.378	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.

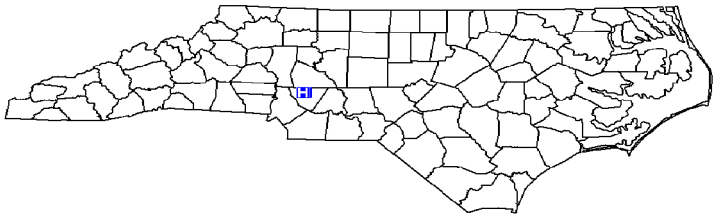
Commentary from Hospitals:
The prevention and reduction of healthcare associated infections is a top priority at Carolinas Healthcare System hospitals. To accomplish this, infection prevention strategies are continually assessed and measures implemented to decrease the risk for infection. These measures 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 – September 30, 2013
Carolinas Medical Center- Northeast, Concord, Cabarrus County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	24,359
Patient Days in 2012:	115,302
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)

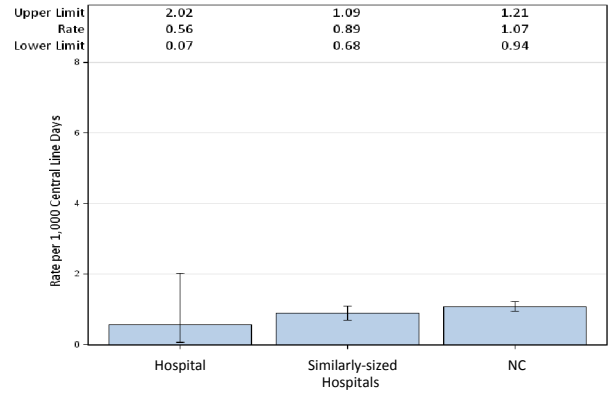


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	2,336	0.43	3.504	0.285	0.007, 1.590	Same
Neonatal Level III	0	166	0	0.378	.		
Pediatric medical/surgical	0	58	0	0.174	.		
Surgical cardiothoracic	1	1,010	0.99	1.414	0.707	0.018, 3.940	Same
YTD Total for Reporting ICUs	2	3,570	0.56	5.47	0.366	0.044, 1.321	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 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 2. Rate and SIR, Jan-Sep 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	80,606	0.09	4.715	1.485	0.597, 3.059	Same

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

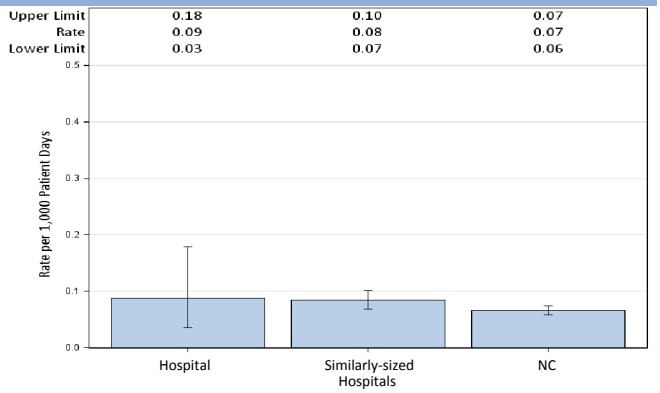


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

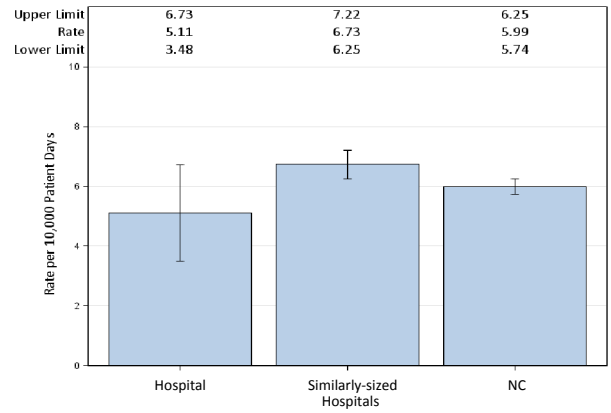


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

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

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	38	74,406	5.11	44.425	0.855	0.605, 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 NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Carolinas Medical Center- Northeast, Concord, Cabarrus County

Catheter-Associated Urinary Tract Infections (CAUTI)

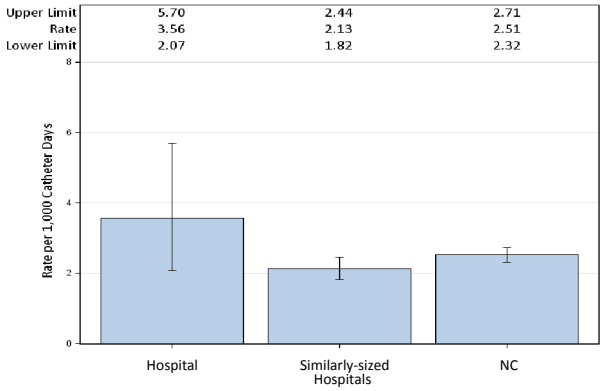


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

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

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	16	3,047	5.25	3.961	4.039	2.307, 6.560	Higher
Pediatric medical/surgical	0	35	.	.	.		
Surgical cardiothoracic	1	1,697	0.59	2.885	0.347	0.009, 1.931	Same
YTD Total for Reporting ICUs	17	4,779	3.56	6.944	2.448	1.425, 3.920	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-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	3	256	1.17	2.546	1.178	0.243, 3.444	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.

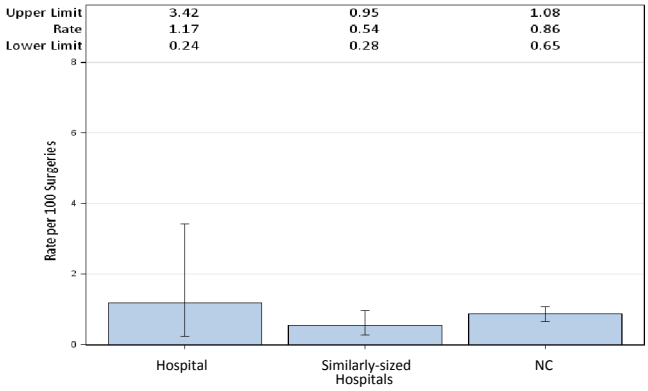


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

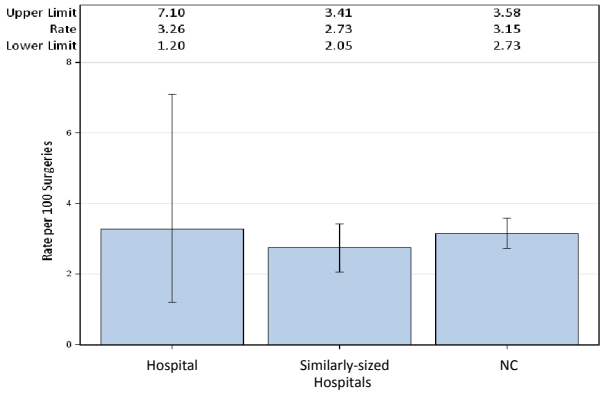


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

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

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	6	184	3.26	5.769	1.04	0.382, 2.264	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.

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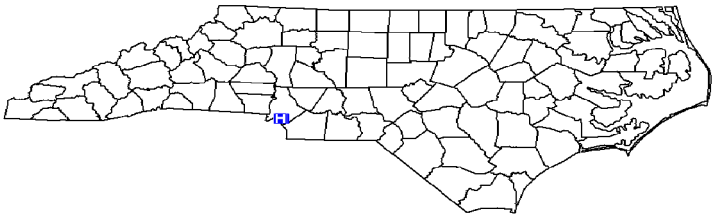
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Carolinas Medical Center-Pineville, Charlotte, Mecklenburg County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	13,072
Patient Days in 2012:	48,692
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)

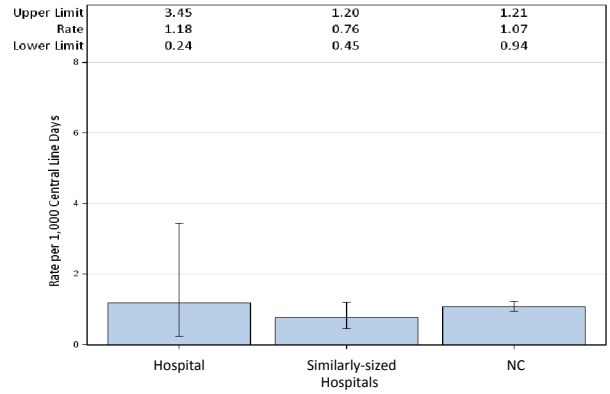


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	1,502	2	2.854	1.051	0.217, 3.072	Same
Neonatal Level II/III	0	137	0	0.213	.		
Surgical	0	902	0	2.075	0	, 1.778	Same
YTD Total for Reporting ICUs	3	2,541	1.18	5.141	0.584	0.120, 1.705	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 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 2. Rate and SIR, Jan-Sep 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	42,158	0.12	2.317	2.158	0.701, 5.036	Same

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

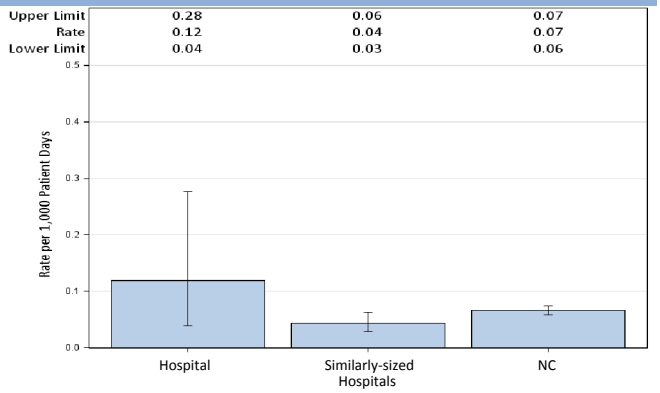


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

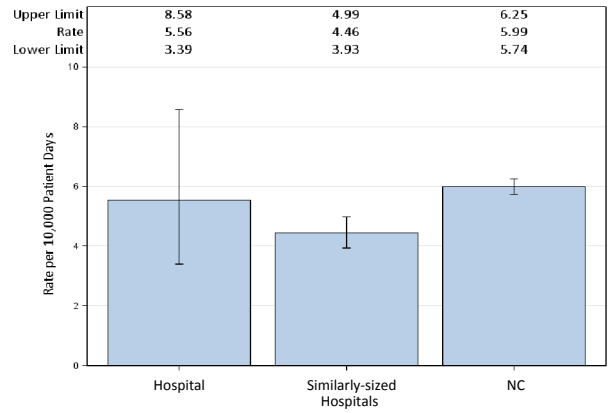


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 3. Rate and SIR, Jan-Sep 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	35,988	5.56	21.796	0.918	0.560, 1.417	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 – September 30, 2013
Carolinas Medical Center-Pineville, Charlotte, Mecklenburg County

Catheter-Associated Urinary Tract Infections (CAUTI)

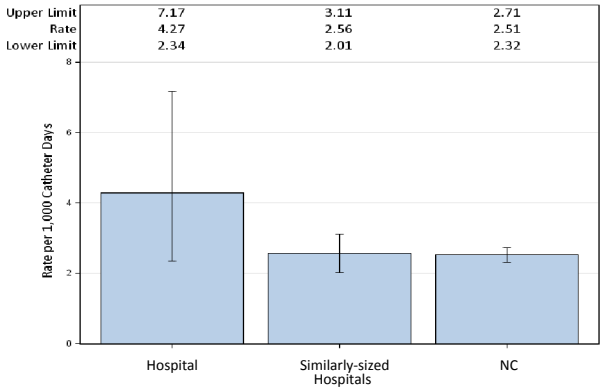


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

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

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	8	2,319	3.45	4.638	1.725	0.745, 3.399	Same
Surgical	6	956	6.28	2.486	2.414	0.886, 5.253	Same
YTD Total for Reporting ICUs	14	3,275	4.27	7.124	1.965	1.074, 3.297	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-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	1	232	0.43	1.967	0.508	0.013, 2.833	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.

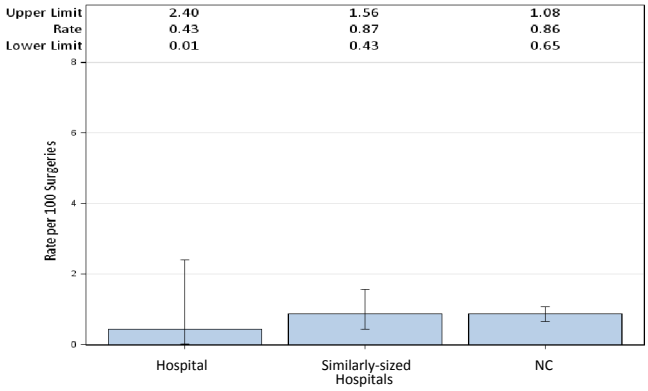


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

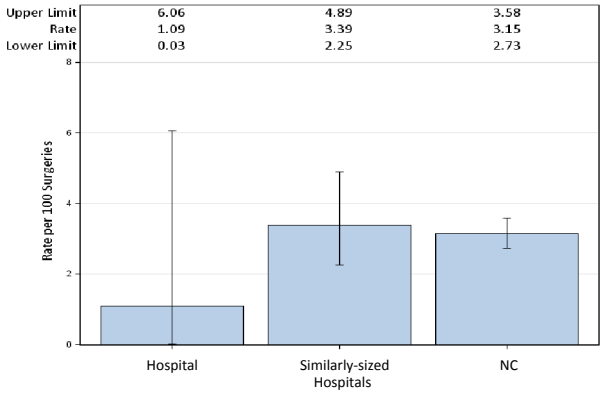


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

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

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	1	92	1.09	2.88	0.347	0.009, 1.935	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.

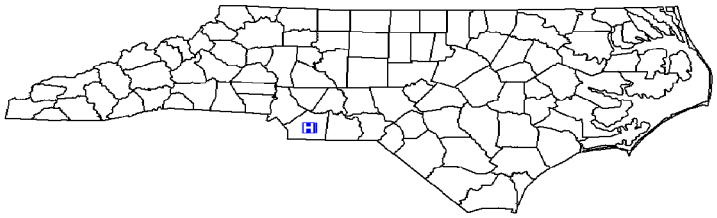
Commentary from Hospitals:
The prevention and reduction of healthcare associated infections is a top priority at Carolinas Healthcare System hospitals. To accomplish this, infection prevention strategies are continually assessed and measures implemented to decrease the risk for infection. These measures 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 – September 30, 2013
Carolinas Medical Center-Union, Monroe, Union County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Profit Status:	Not for Profit
Admissions in 2012:	8,306
Patient Days in 2012:	36,527
Total Number of Beds:	171
Number of ICU Beds:	14
FTE* Infection Preventionists:	2.00
Number of FTEs* per 100 beds:	1.17

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

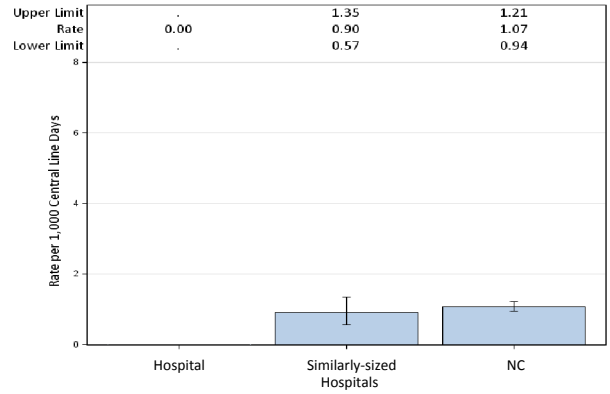


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	1,080	0	1.62	0	, 2.277	Same
YTD Total for Reporting ICUs	0	1,080	0	1.62	0	, 2.277	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 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 2. Rate and SIR, Jan-Sep 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	21,142	0	1.216	0	, 3.034	Same

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

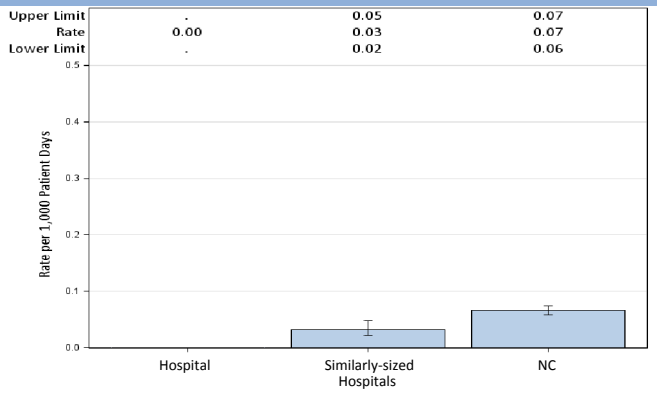


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

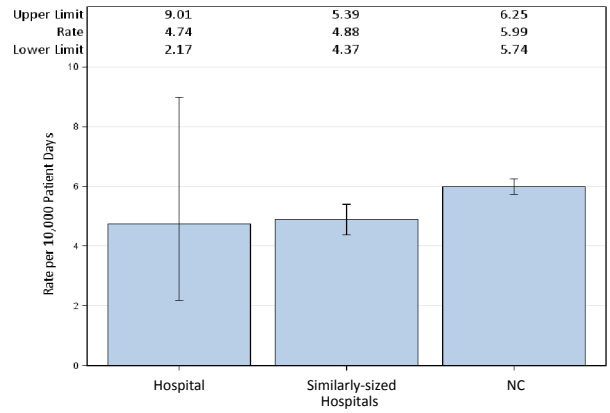


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 3. Rate and SIR, Jan-Sep 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	18,970	4.74	11.589	0.777	0.355, 1.474	Same

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

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Carolinas Medical Center-Union, Monroe, Union County

Catheter-Associated Urinary Tract Infections (CAUTI)

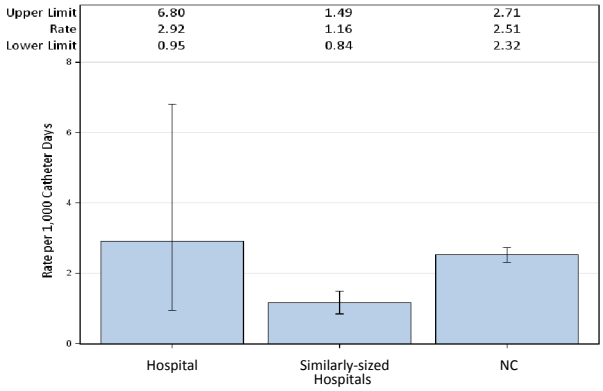


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 4. Rates and SIRs by ICU Type, Jan-Sep 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	1,715	2.92	2.23	2.242	0.728, 5.232	Same
YTD Total for Reporting ICUs	5	1,715	2.92	2.23	2.242	0.728, 5.232	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-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	2	45	4.44	0.427	.		

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.

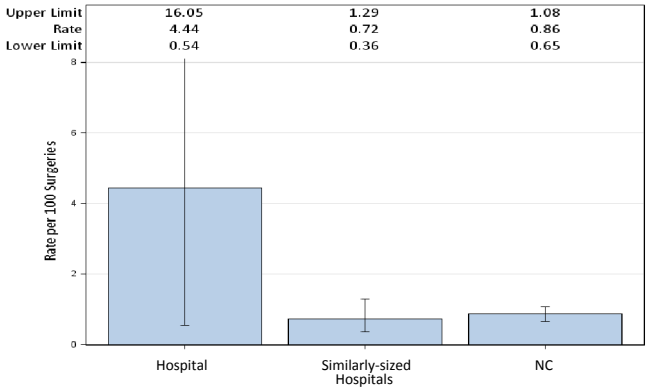


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

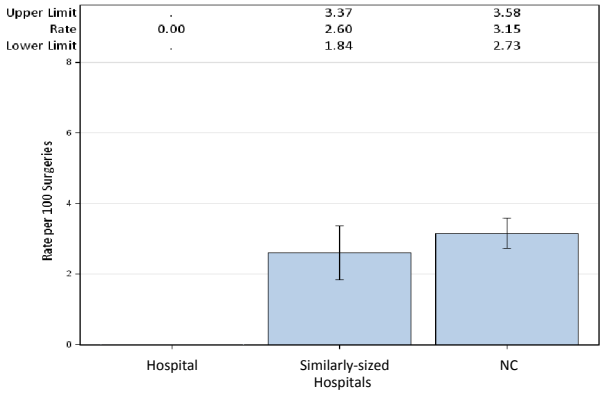


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

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

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	71	0	2.447	0	, 1.508	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.

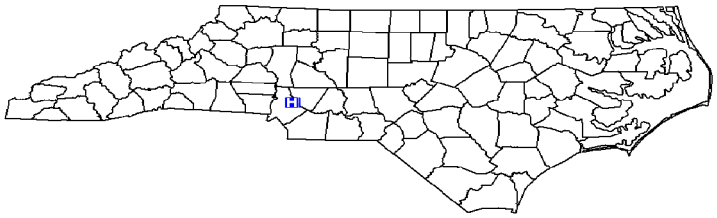
Commentary from Hospitals:
The prevention and reduction of healthcare associated infections is a top priority at Carolinas Healthcare System hospitals. To accomplish this, infection prevention strategies are continually assessed and measures implemented to decrease the risk for infection. These measures 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 – September 30, 2013
Carolinas Medical Center-University, Charlotte, Mecklenburg County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	7,200
Patient Days in 2012:	27,710
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)

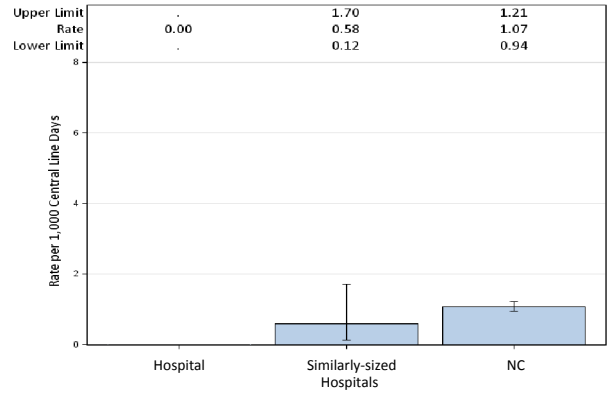


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	835	0	1.253	0	, 2.944	Same
Neonatal Level II/III	0	62	0	0.107	.		
YTD Total for Reporting ICUs	0	897	0	1.359	0	, 2.714	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 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 2. Rate and SIR, Jan-Sep 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	17,891	0.06	0.809	.		

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

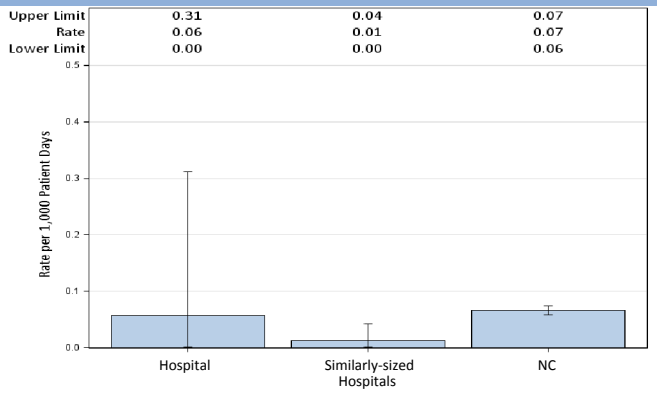


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

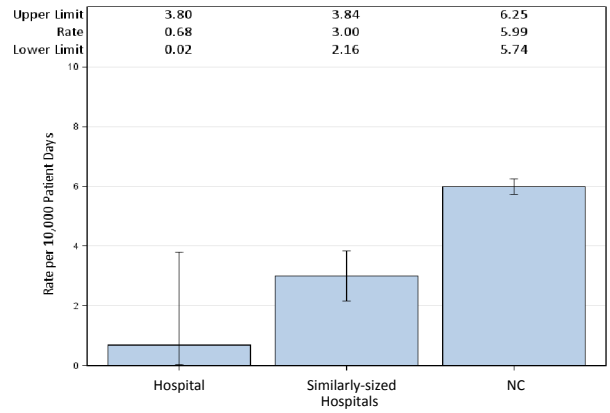


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 3. Rate and SIR, Jan-Sep 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	14,675	0.68	7.615	0.131	0.003, 0.732	Lower

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

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Carolinas Medical Center-University, Charlotte, Mecklenburg County

Catheter-Associated Urinary Tract Infections (CAUTI)

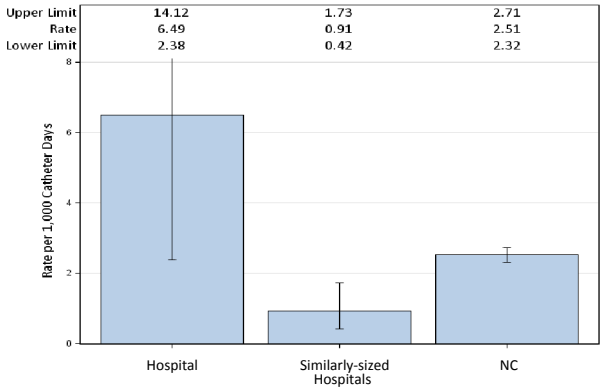


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 4. Rates and SIRs by ICU Type, Jan-Sep 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	925	6.49	1.203	4.988	1.830, 10.856	Higher
YTD Total for Reporting ICUs	6	925	6.49	1.203	4.988	1.830, 10.856	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-Sep 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	0.743	.		

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.

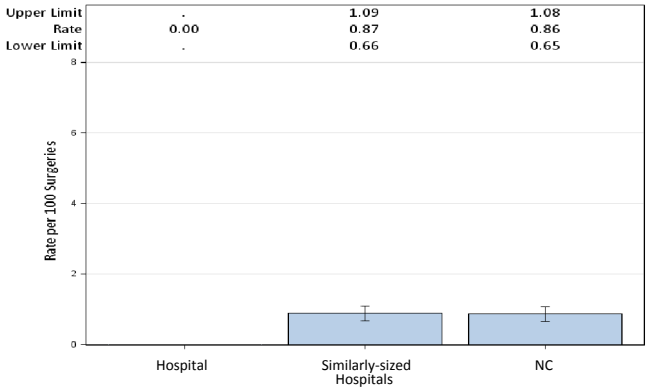


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

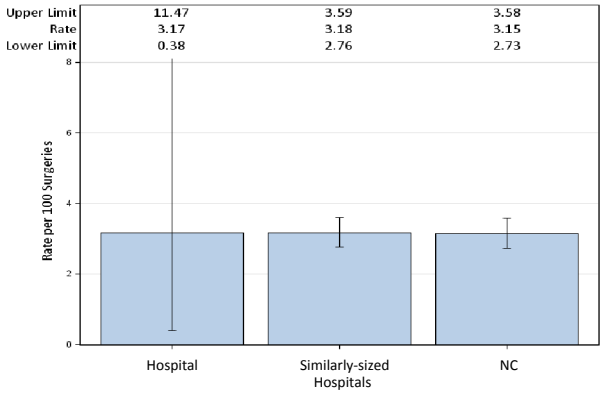


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

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

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	2	63	3.17	2.042	0.979	0.119, 3.538	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.

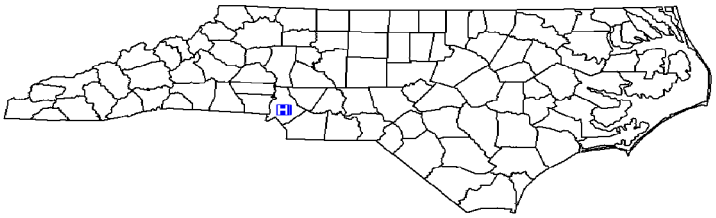
Commentary from Hospitals:
The prevention and reduction of healthcare associated infections is a top priority at Carolinas Healthcare System hospitals. To accomplish this, infection prevention strategies are continually assessed and measures implemented to decrease the risk for infection. These measures 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 – September 30, 2013
Carolinas Medical Center, Charlotte, Mecklenburg County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Profit Status:	Not for Profit
Admissions in 2012:	47,478
Patient Days in 2012:	260,098
Total Number of Beds:	880
Number of ICU Beds:	218
FTE* Infection Preventionists:	5.00
Number of FTEs* per 100 beds:	0.57

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

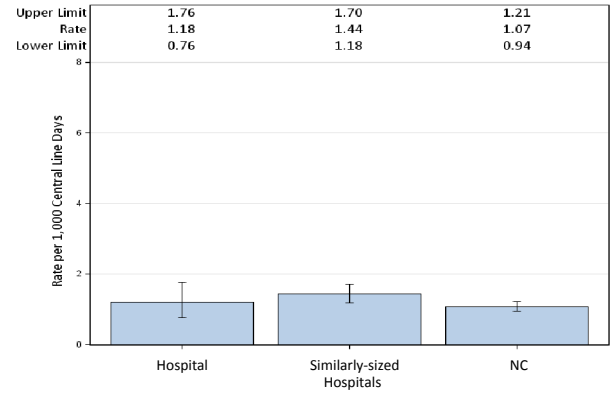


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

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

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	5	3,689	1.36	9.591	0.521	0.169, 1.217	Same
Medical cardiac	2	1,829	1.09	3.658	0.547	0.066, 1.975	Same
Neonatal Level III	10	5,418	1.85	12.951	0.772	0.370, 1.420	Same
Neurosurgical	0	1,602	0	4.005	0	, 0.921	Lower
Pediatric medical/surgical	0	2,290	0	6.87	0	, 0.537	Lower
Surgical cardiothoracic	3	1,867	1.61	2.614	1.148	0.237, 3.354	Same
Trauma	4	3,565	1.12	12.834	0.312	0.085, 0.798	Lower
YTD Total for Reporting ICUs	24	20,260	1.18	52.523	0.457	0.293, 0.680	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 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 2. Rate and SIR, Jan-Sep 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	195,192	0.14	20.199	1.337	0.881, 1.945	Same

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

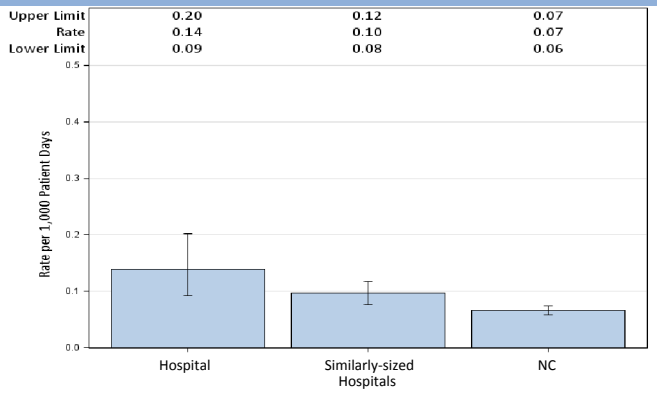


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

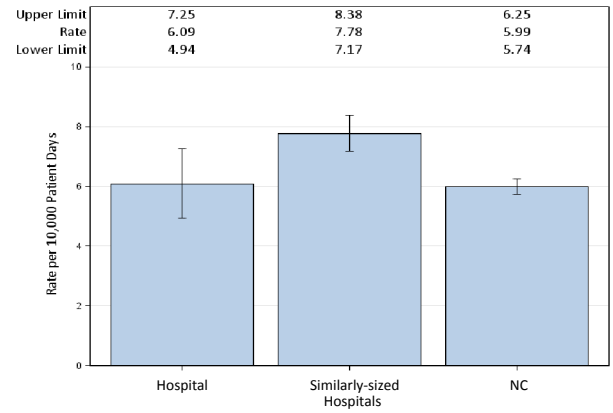


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

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

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	107	175,554	6.09	129.4	0.827	0.678, 0.999	Lower

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

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Carolinas Medical Center, Charlotte, Mecklenburg County

Catheter-Associated Urinary Tract Infections (CAUTI)

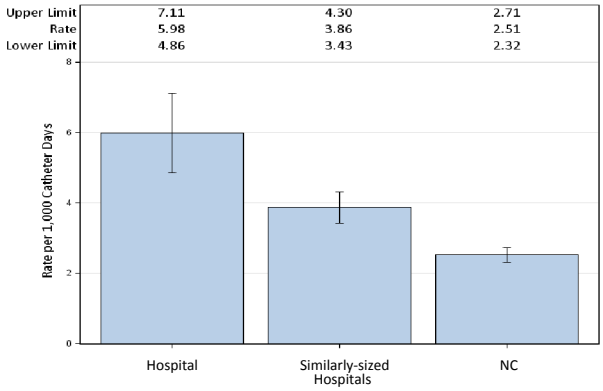


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

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

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	26	4,611	5.64	10.605	2.452	1.601, 3.592	Higher
Medical cardiac	9	2,179	4.13	4.358	2.065	0.944, 3.920	Same
Neurosurgical	37	3,011	12.3	13.248	2.793	1.966, 3.850	Higher
Pediatric medical/surgical	2	978	2.04	2.738	0.73	0.088, 2.639	Same
Surgical cardiothoracic	7	1,895	3.69	3.222	2.173	0.873, 4.476	Same
Trauma	27	5,374	5.02	18.272	1.478	0.974, 2.150	Same
YTD Total for Reporting ICUs	108	18,048	5.98	52.443	2.059	1.689, 2.486	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-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	9	499	1.8	4.674	1.926	0.880, 3.655	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.

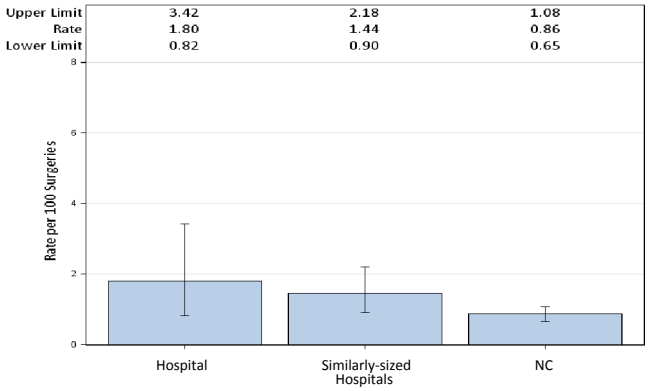


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

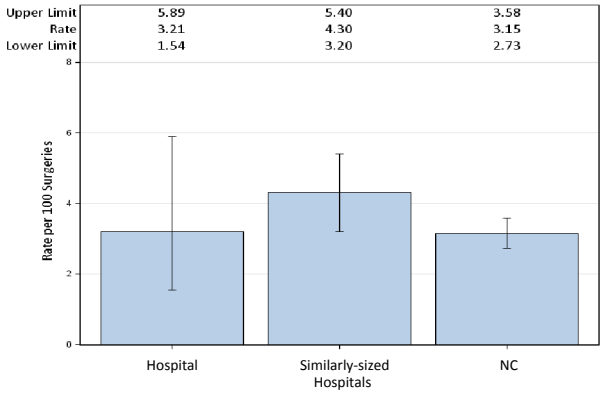


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

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

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	10	312	3.21	10.516	0.951	0.456, 1.749	Same

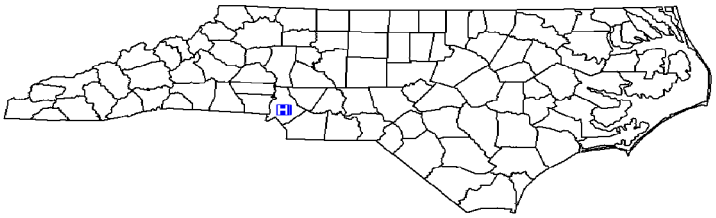
Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

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 – September 30, 2013
Carolinas Rehabilitation, Charlotte, Mecklenburg County

2012 Hospital Survey Information

Hospital Type:	Inpatient Rehabilitation Facility
Profit Status:	Not for Profit
Admissions in 2012:	2,858
Patient Days in 2012:	43,580
Total Number of Beds:	159
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.63



*FTE = Full-time equivalent

Catheter-Associated Urinary Tract Infections (CAUTI)

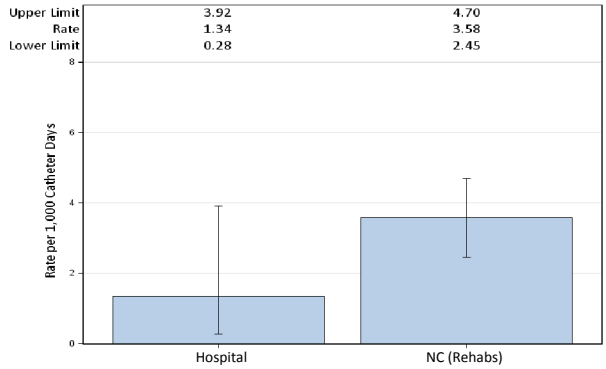


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates by Location, Jan-Sep 2013

Type of Unit	Infections	Catheter Days	Rate
Adult rehabilitation ward	3	2,239	1.34
YTD Total for Reporting Wards	3	2,239	1.34

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, LabID C. difficile, LabID MRSA Bacteremia or SSIs to the N.C. Division of Public Health.

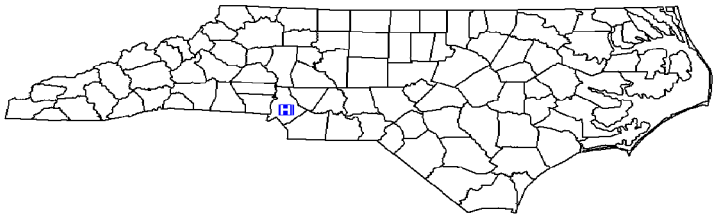
Commentary from Hospitals:
The prevention and reduction of healthcare associated infections is a top priority at Carolinas Healthcare System hospitals. To accomplish this, infection prevention strategies are continually assessed and measures implemented to decrease the risk for infection. These measures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

Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Carolinas Specialty Hospital, Charlotte, Mecklenburg County

2012 Hospital Survey Information

Hospital Type:	Long-term Acute Care Hospital
Profit Status:	Not for Profit
Admissions in 2012:	418
Patient Days in 2012:	12,155
Total Number of Beds:	40
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	2.50



*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

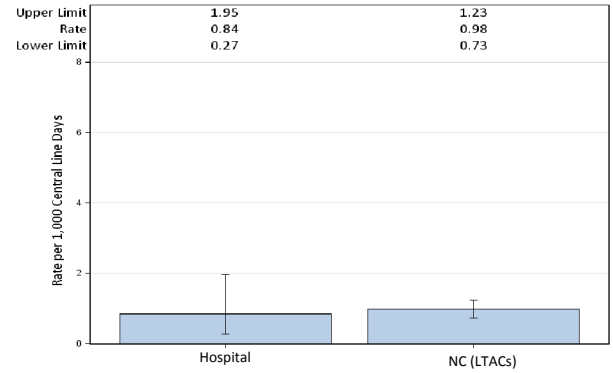


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

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

Type of Unit	Infections	Line Days	Rate
Adult ward	5	5,974	0.84
YTD Total for Reporting Units	5	5,974	0.84

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-Sep 2013

Type of Unit	Infections	Catheter Days	Rate
Adult ward	10	5,835	1.71
YTD Total for Reporting Units	10	5,835	1.71

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

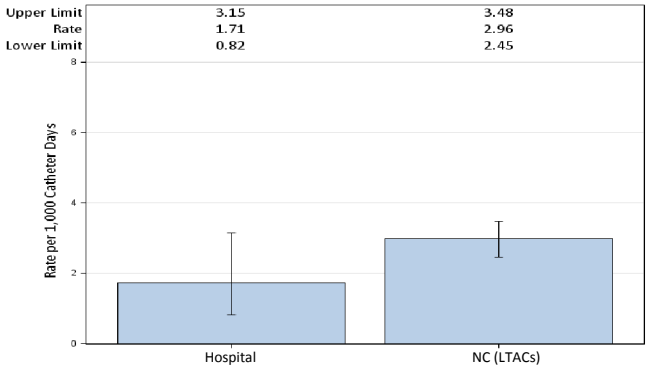


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Other Healthcare-Associated Infections (HAIs)

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

Commentary from Hospitals:
No comments provided.

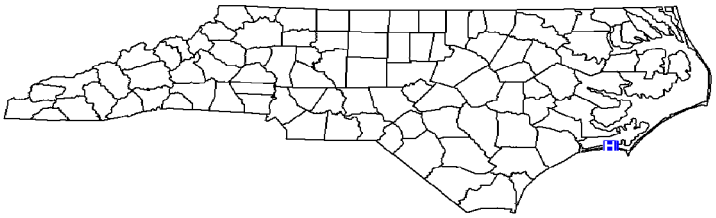
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Carteret General Hospital, Morehead City, Carteret County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	6,938
Patient Days in 2012:	24,581
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)

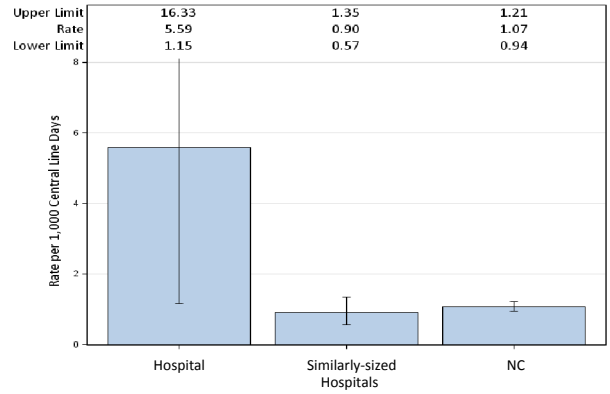


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	537	5.59	0.806	.		
YTD Total for Reporting ICUs	3	537	5.59	0.806	.		

*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 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 2. Rate and SIR, Jan-Sep 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	17,017	0.12	0.952	.		

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

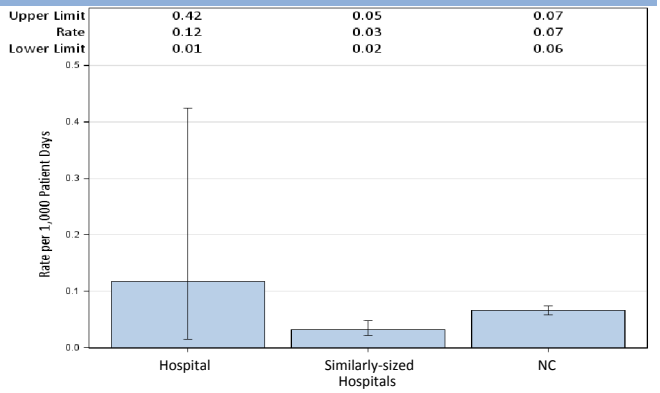


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

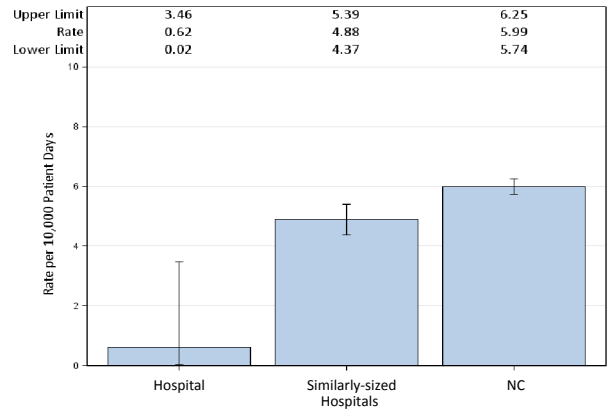


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 3. Rate and SIR, Jan-Sep 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	16,107	0.62	8.303	0.12	0.003, 0.671	Lower

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

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Carteret General Hospital, Morehead City, Carteret County

Catheter-Associated Urinary Tract Infections (CAUTI)

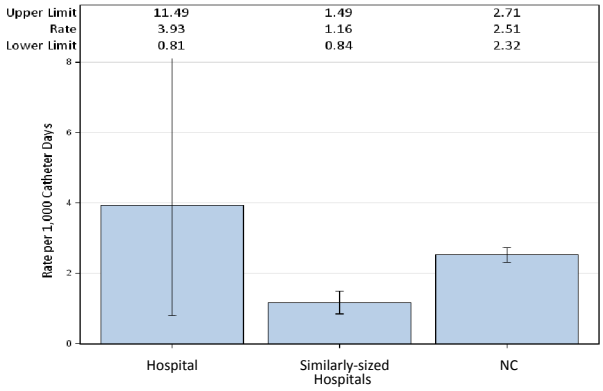


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 4. Rates and SIRs by ICU Type, Jan-Sep 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	763	3.93	0.992	.		
YTD Total for Reporting ICUs	3	763	3.93	0.992	.		

*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-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

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

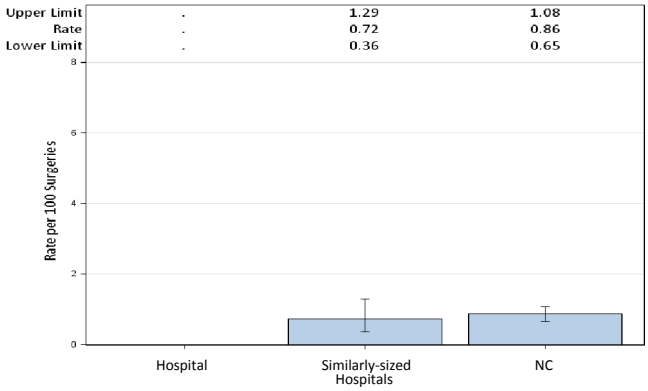


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

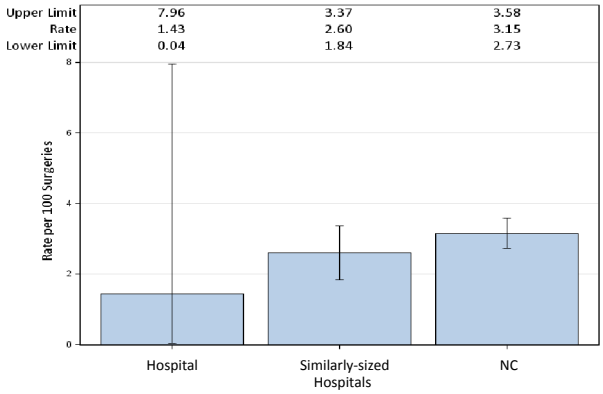


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

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

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	1	70	1.43	2.234	0.448	0.011, 2.494	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.

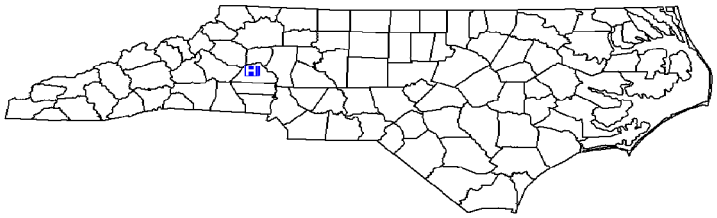
Refer to HAI in NC Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Catawba Valley Medical Center, Hickory, Catawba County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	11,936
Patient Days in 2012:	50,246
Total Number of Beds:	190
Number of ICU Beds:	32
FTE* Infection Preventionists:	1.50
Number of FTEs* per 100 beds:	0.79

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

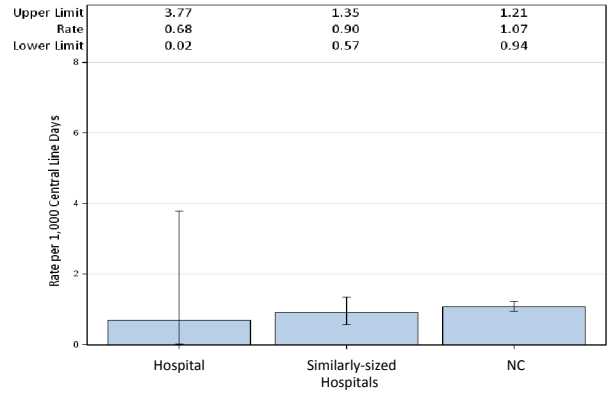


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	1,032	0.97	1.548	0.646	0.016, 3.599	Same
Neonatal Level II/III	0	447	0	1.111	0	, 3.320	Same
YTD Total for Reporting ICUs	1	1,479	0.68	2.659	0.376	0.010, 2.095	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 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 2. Rate and SIR, Jan-Sep 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	37,408	0	2.001	0	, 1.844	Same

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

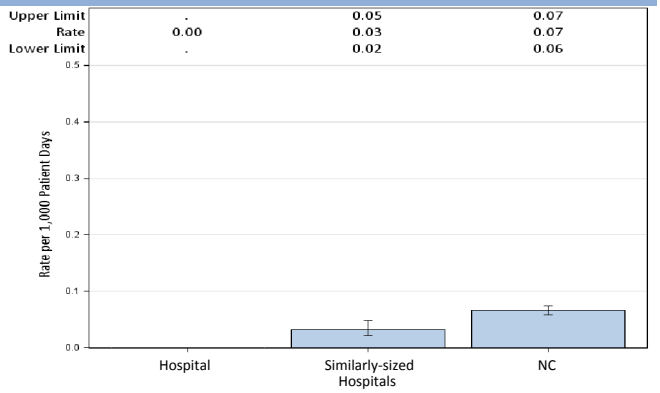


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

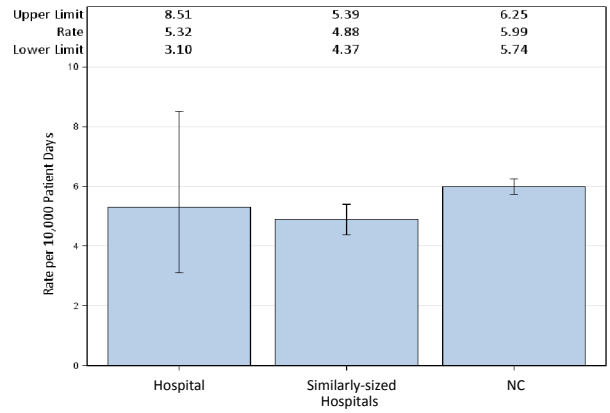


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 3. Rate and SIR, Jan-Sep 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	31,981	5.32	21.397	0.795	0.463, 1.272	Same

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

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Catawba Valley Medical Center, Hickory, Catawba County

Catheter-Associated Urinary Tract Infections (CAUTI)

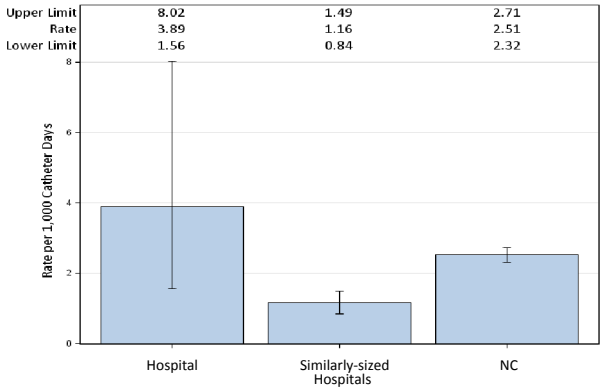


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 4. Rates and SIRs by ICU Type, Jan-Sep 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	1,799	3.89	2.159	3.242	1.304, 6.680	Higher
YTD Total for Reporting ICUs	7	1,799	3.89	2.159	3.242	1.304, 6.680	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-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	1	70	1.43	0.674	.		

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.

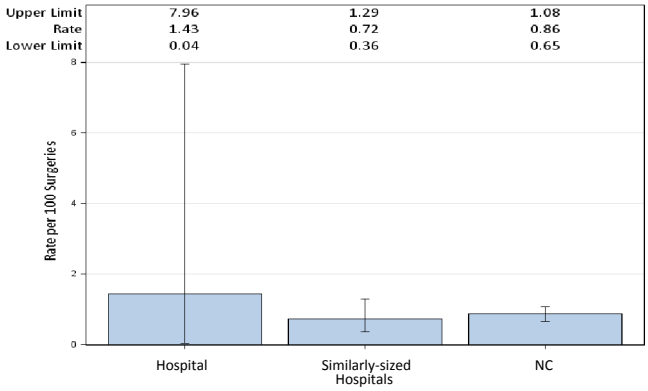


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

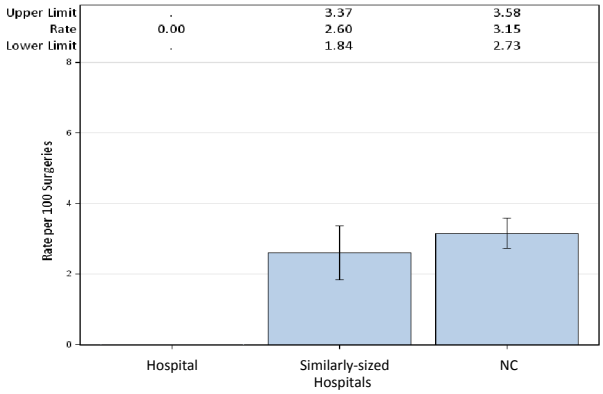


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

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

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	57	0	1.804	0	, 2.045	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.

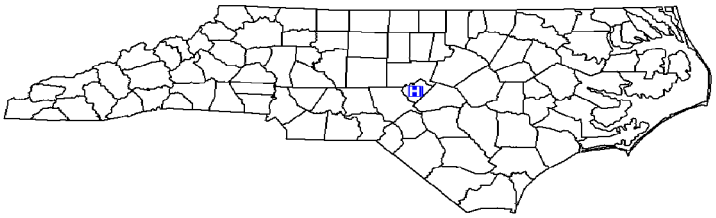
Commentary from Hospitals:
No comments provided.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Central Carolina Hospital, Sanford, Lee County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	For Profit
Admissions in 2012:	6,073
Patient Days in 2012:	20,184
Total Number of Beds:	108
Number of ICU Beds:	8
FTE* Infection Preventionists:	0.50
Number of FTEs* per 100 beds:	0.46

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

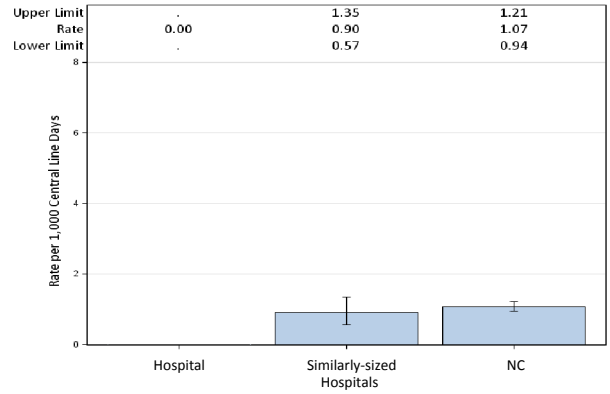


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	859	0	1.289	0	, 2.862	Same
YTD Total for Reporting ICUs	0	859	0	1.289	0	, 2.862	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 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 2. Rate and SIR, Jan-Sep 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	13,134	0.08	0.856	.		

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

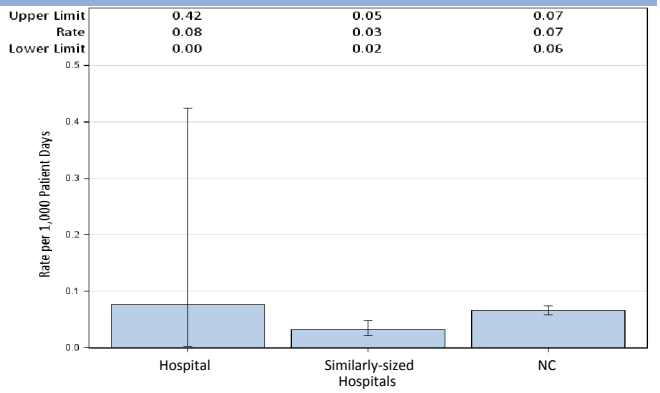


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

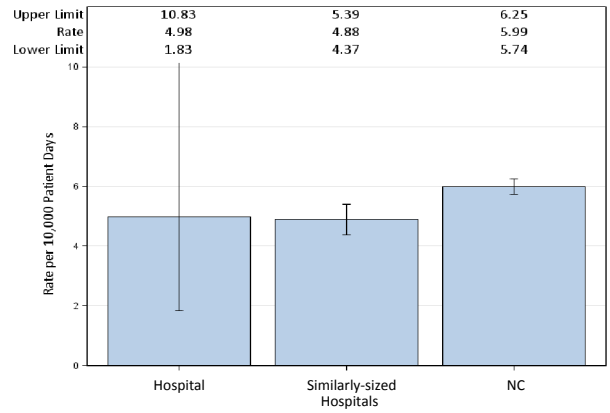


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 3. Rate and SIR, Jan-Sep 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	12,055	4.98	5.622	1.067	0.392, 2.323	Same

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

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Central Carolina Hospital, Sanford, Lee County

Catheter-Associated Urinary Tract Infections (CAUTI)

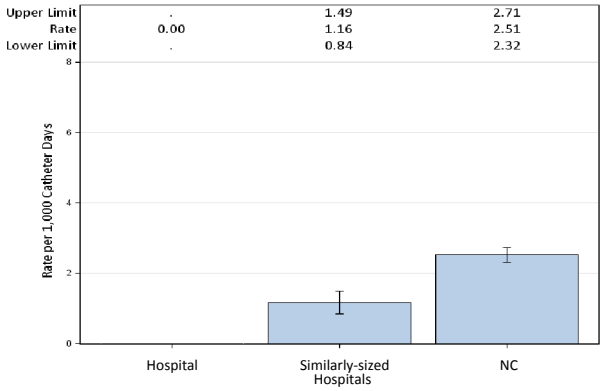


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 4. Rates and SIRs by ICU Type, Jan-Sep 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	1,014	0	1.318	0	, 2.799	Same
YTD Total for Reporting ICUs	0	1,014	0	1.318	0	, 2.799	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-Sep 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	0.432	.		

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.

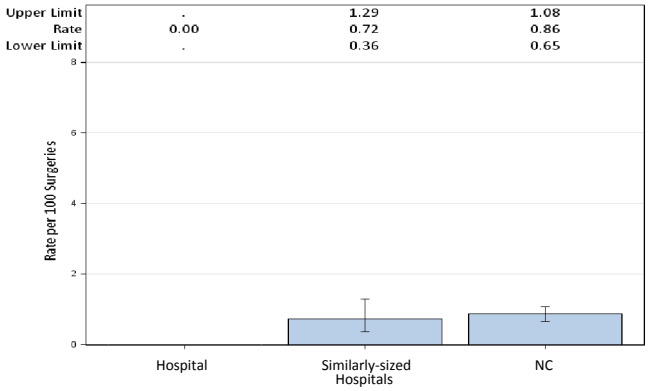


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

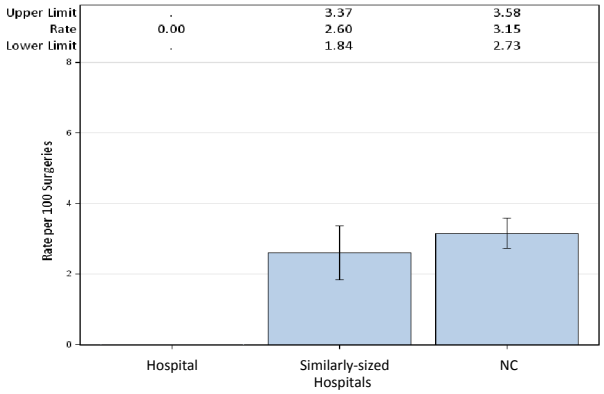


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

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

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	46	0	1.464	0	, 2.520	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 NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Central Regional Hospital, Butner, Granville County

2012 Hospital Survey Information

Hospital Type:	Specialty Acute Care Hospital
Profit Status:	Government
Admissions in 2012:	1,884
Patient Days in 2012:	127,003
Total Number of Beds:	398
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.

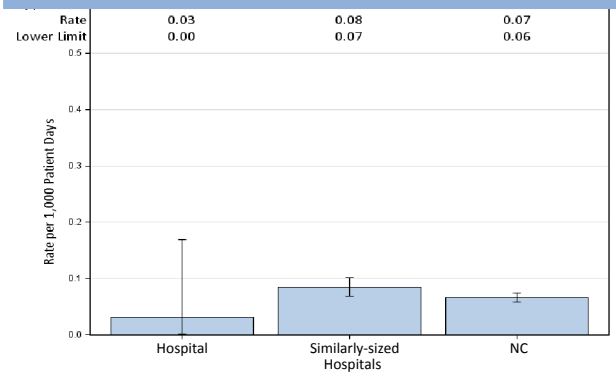


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rate and SIR, Jan-Sep 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	1.64	0.61	0.015, 3.397	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-Sep 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	72.239	0.055	0.015, 0.142	Lower

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

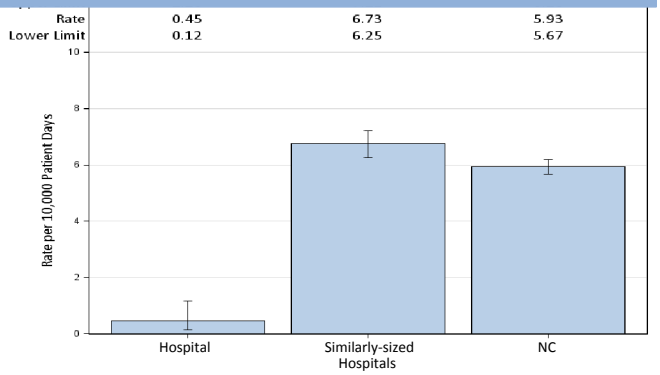


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

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 NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of January 15, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Cherry Hospital, Goldsboro, Wayne County

2012 Hospital Survey Information

Hospital Type:	Specialty Acute Care Hospital
Profit Status:	Government
Admissions in 2012:	997
Patient Days in 2012:	58,541
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.

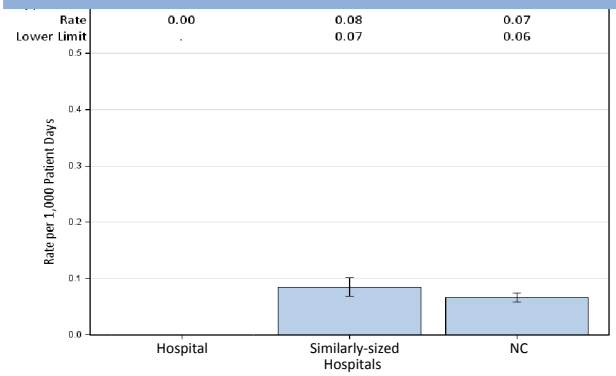


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rate and SIR, Jan-Sep 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	46,968	0	1.683	0	, 2.192	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-Sep 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	46,968	0	22.489	0	, 0.164	Lower

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

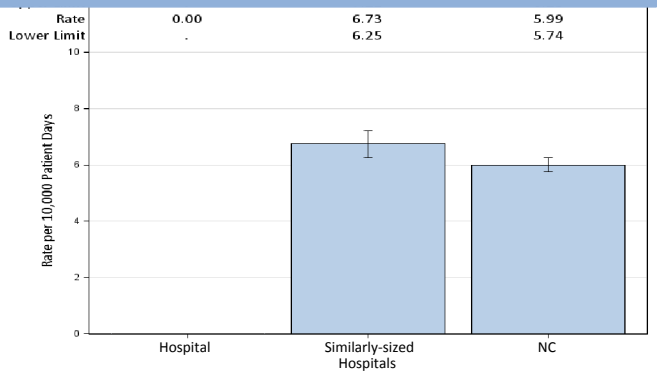


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

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.

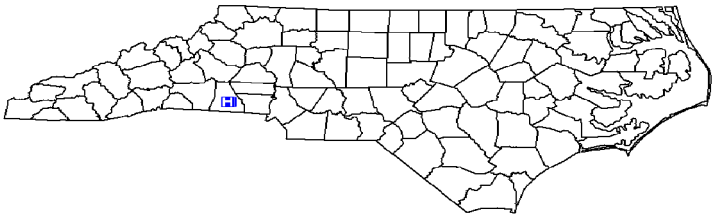
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Cleveland Regional Medical Center, Shelby, Cleveland County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	9,479
Patient Days in 2012:	34,460
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)

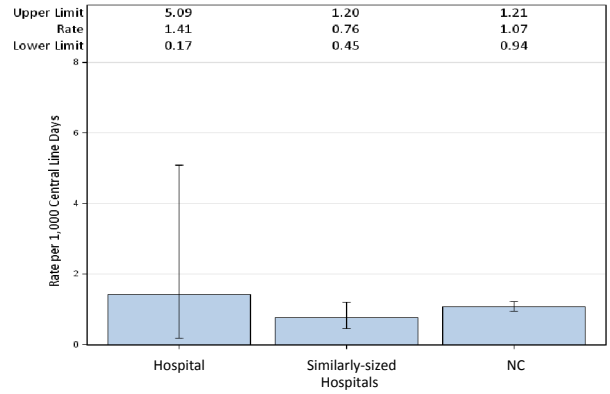


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	1,420	1.41	2.13	0.939	0.114, 3.392	Same
YTD Total for Reporting ICUs	2	1,420	1.41	2.13	0.939	0.114, 3.392	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 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 2. Rate and SIR, Jan-Sep 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	28,273	0.11	1.235	2.429	0.501, 7.099	Same

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

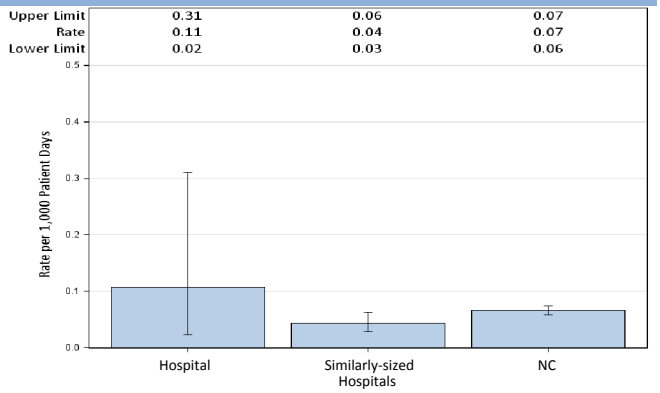


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

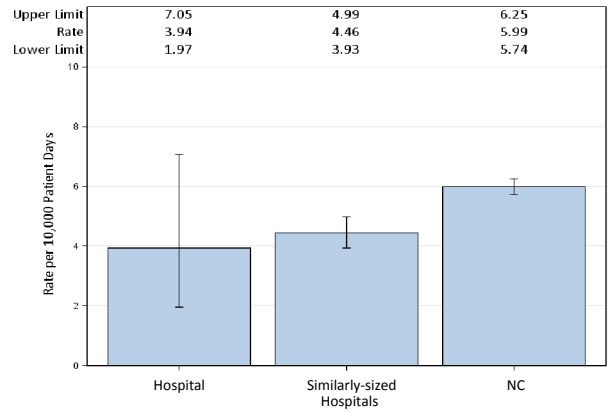


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 3. Rate and SIR, Jan-Sep 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	27,909	3.94	18.156	0.606	0.302, 1.084	Same

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

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Cleveland Regional Medical Center, Shelby, Cleveland County

Catheter-Associated Urinary Tract Infections (CAUTI)

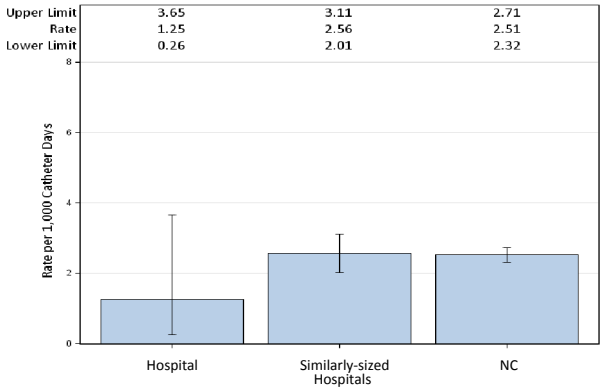


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 4. Rates and SIRs by ICU Type, Jan-Sep 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	2,402	1.25	2.882	1.041	0.215, 3.042	Same
YTD Total for Reporting ICUs	3	2,402	1.25	2.882	1.041	0.215, 3.042	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-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	2	75	2.67	0.805	.		

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.

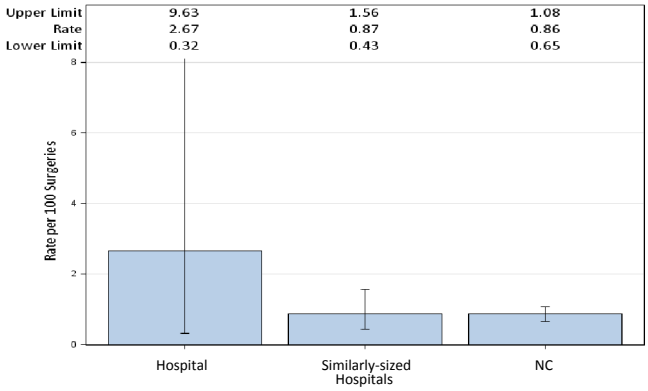


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

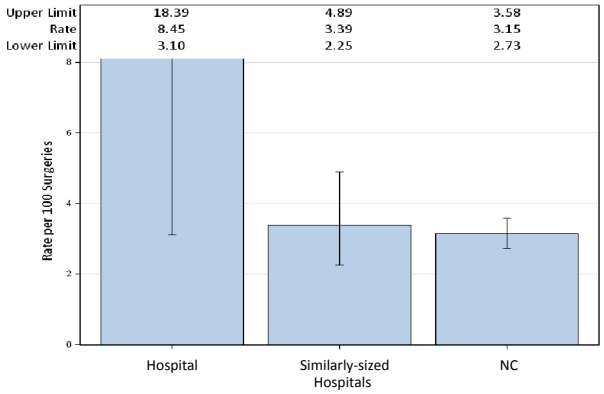


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

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

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	6	71	8.45	2.349	2.554	0.937, 5.560	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 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.

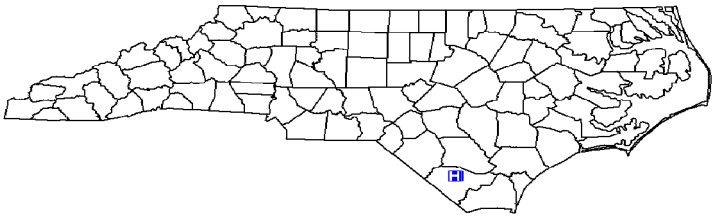
Refer to HAI in NC Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Columbus Regional Healthcare System, Whiteville, Columbus County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	5,000
Patient Days in 2012:	21,864
Total Number of Beds:	106
Number of ICU Beds:	9
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.94

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

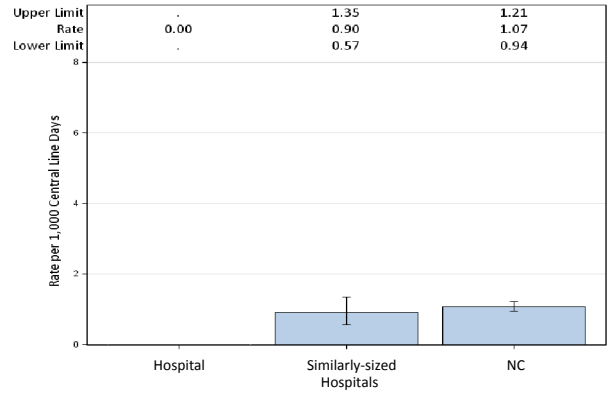


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	364	0	0.546	.		
YTD Total for Reporting ICUs	0	364	0	0.546	.		

*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 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 2. Rate and SIR, Jan-Sep 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	15,983	0.06	0.853	.		

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

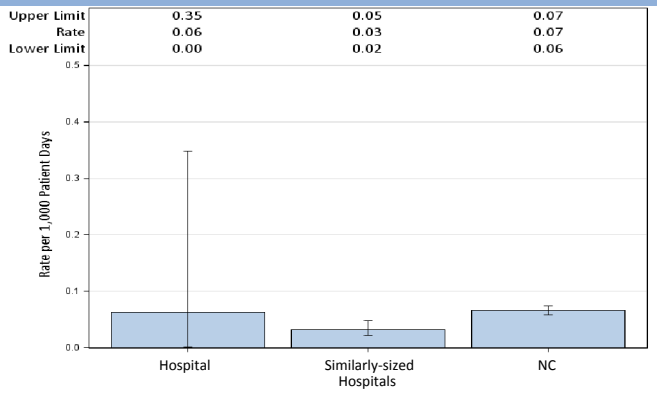


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

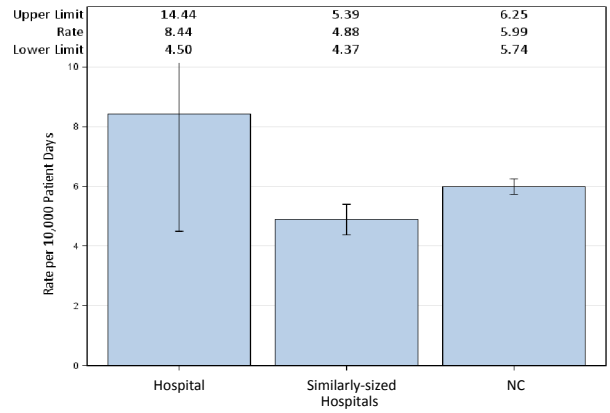


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

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

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	13	15,398	8.44	12.457	1.044	0.556, 1.785	Same

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

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Columbus Regional Healthcare System, Whiteville, Columbus County

Catheter-Associated Urinary Tract Infections (CAUTI)

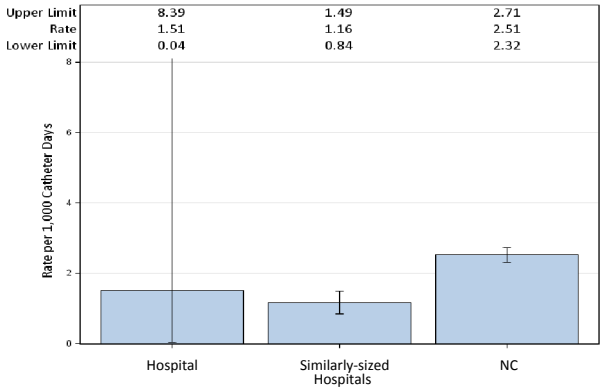


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 4. Rates and SIRs by ICU Type, Jan-Sep 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	664	1.51	0.863	.		
YTD Total for Reporting ICUs	1	664	1.51	0.863	.		

*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-Sep 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	0.647	.		

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.

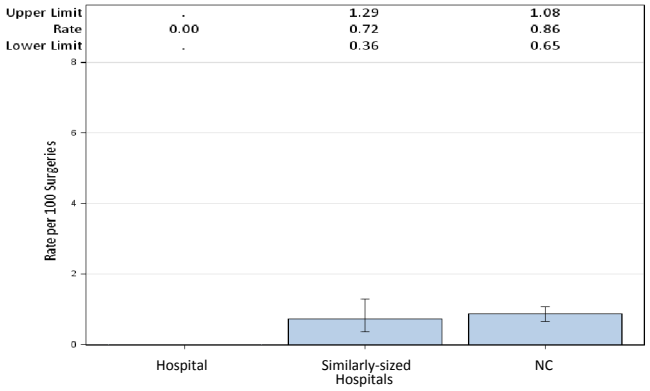


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

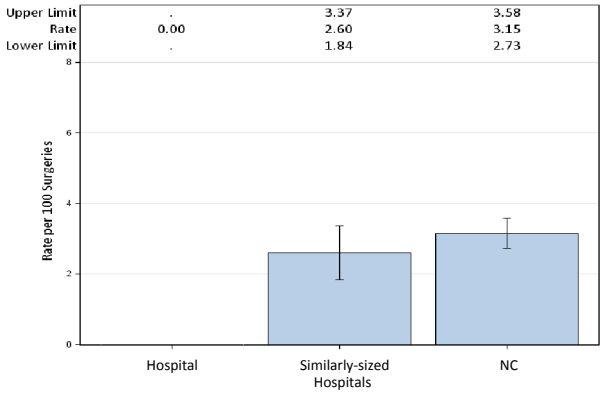


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

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

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	55	0	1.923	0	, 1.918	Same

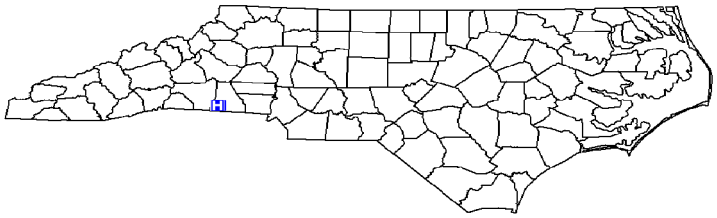
Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

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.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Crawley Memorial Hospital, Shelby, Cleveland County

2012 Hospital Survey Information

Hospital Type:	Long-term Acute Care Hospital
Profit Status:	Not for Profit
Admissions in 2012:	146
Patient Days in 2012:	3,914
Total Number of Beds:	41
FTE* Infection Preventionists:	0.80
Number of FTEs* per 100 beds:	1.95



*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

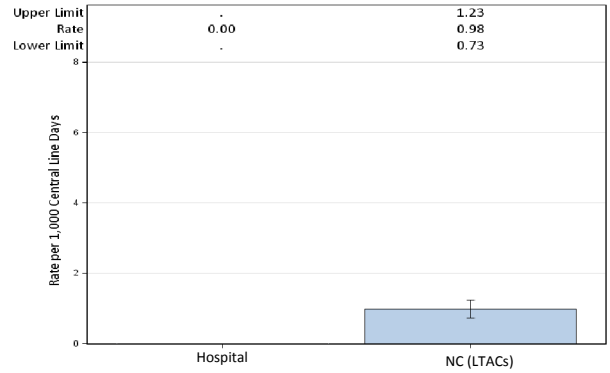


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

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

Type of Unit	Infections	Line Days	Rate
Adult ward	0	2,053	0.00
YTD Total for Reporting Units	0	2,053	0.00

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-Sep 2013

Type of Unit	Infections	Catheter Days	Rate
Adult ward	0	1,231	0.00
YTD Total for Reporting Units	0	1,231	0.00

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

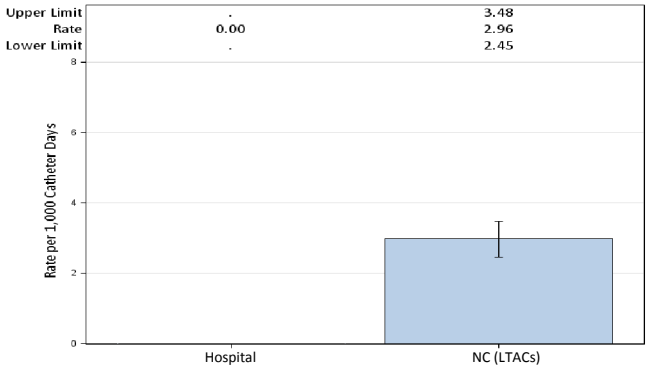


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Other Healthcare-Associated Infections (HAIs)

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

Commentary from Hospitals:
No comments provided.

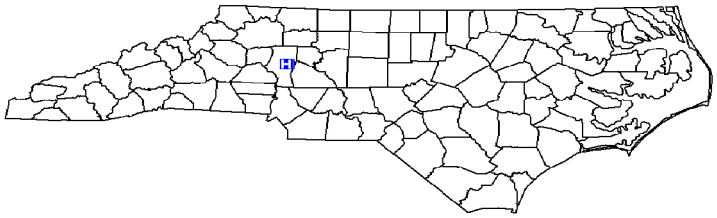
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Davis Regional Medical Center, Statesville, Iredell County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	For Profit
Admissions in 2012:	4,817
Patient Days in 2012:	32,874
Total Number of Beds:	130
Number of ICU Beds:	8
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.77

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

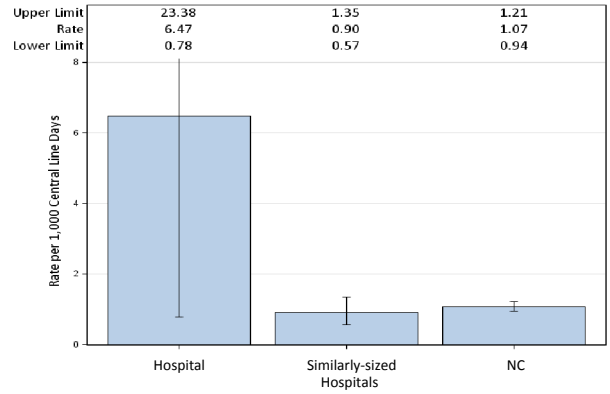


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	309	6.47	0.618	.		
YTD Total for Reporting ICUs	2	309	6.47	0.618	.		

*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 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 2. Rate and SIR, Jan-Sep 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	14,991	0	0.837	.		

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

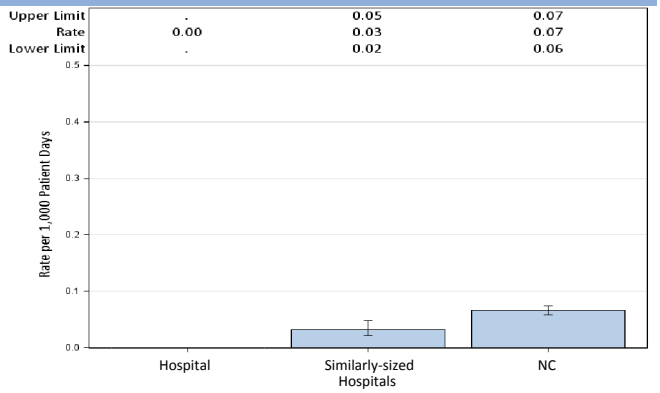


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

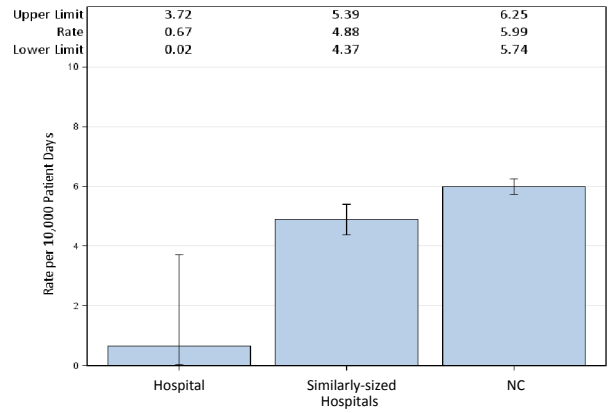


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 3. Rate and SIR, Jan-Sep 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	14,991	0.67	7.579	0.132	0.003, 0.735	Lower

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

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Davis Regional Medical Center, Statesville, Iredell County

Catheter-Associated Urinary Tract Infections (CAUTI)

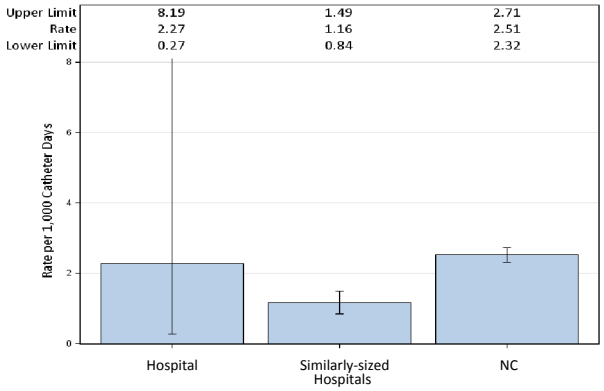


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 4. Rates and SIRs by ICU Type, Jan-Sep 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	882	2.27	1.764	1.134	0.137, 4.096	Same
YTD Total for Reporting ICUs	2	882	2.27	1.764	1.134	0.137, 4.096	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-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	1	20	5	0.158	.		

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.

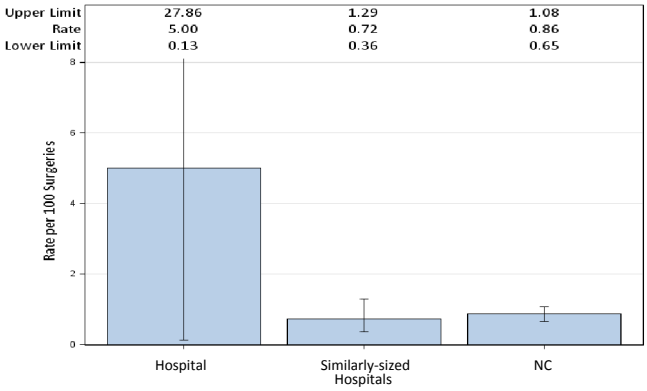


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

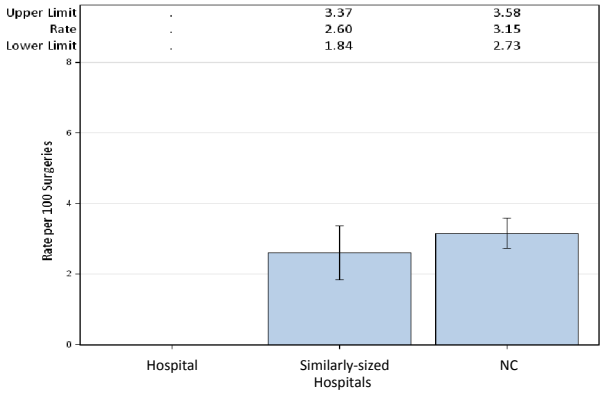


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

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

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	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 not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

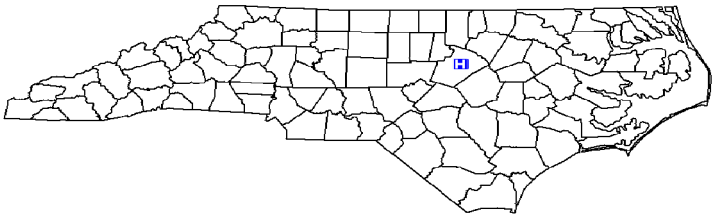
Refer to HAI in NC Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Duke Raleigh Hospital, Raleigh, Wake County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	7,762
Patient Days in 2012:	33,489
Total Number of Beds:	148
Number of ICU Beds:	15
FTE* Infection Preventionists:	2.00
Number of FTEs* per 100 beds:	1.35

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

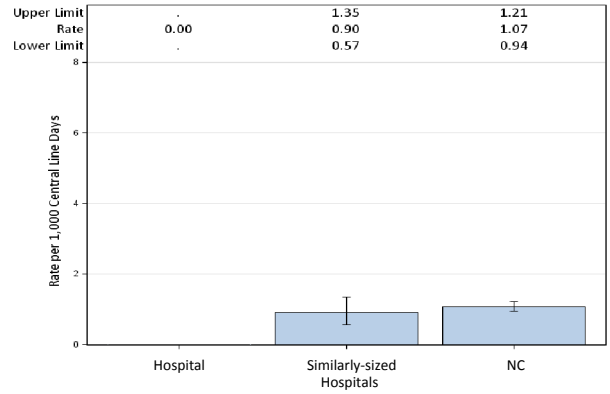


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	939	0	1.409	0	, 2.618	Same
YTD Total for Reporting ICUs	0	939	0	1.409	0	, 2.618	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 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 2. Rate and SIR, Jan-Sep 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	29,322	0	1.325	0	, 2.784	Same

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

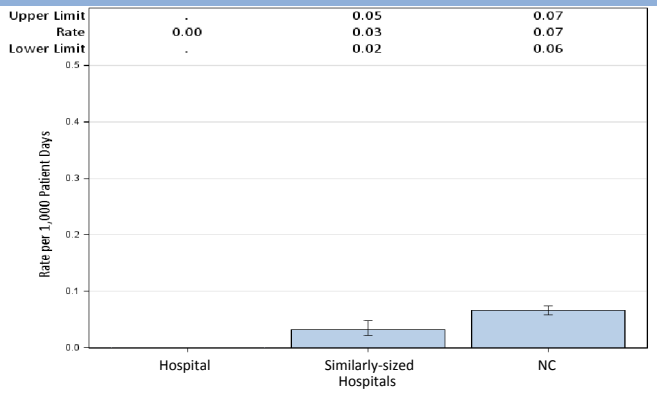


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

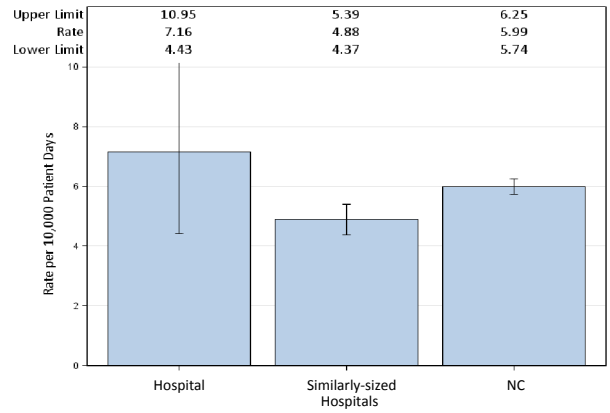


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

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

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	21	29,322	7.16	21.808	0.963	0.596, 1.472	Same

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

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Duke Raleigh Hospital, Raleigh, Wake County

Catheter-Associated Urinary Tract Infections (CAUTI)

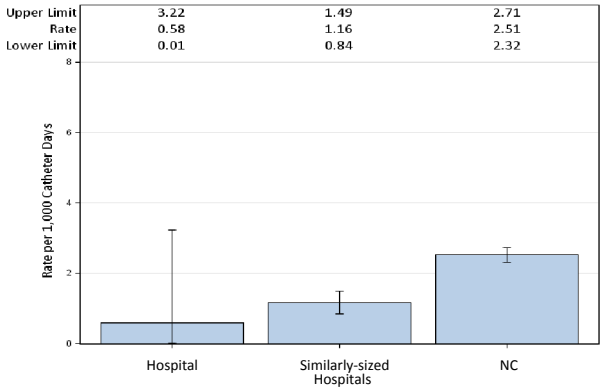


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 4. Rates and SIRs by ICU Type, Jan-Sep 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	1,729	0.58	2.248	0.445	0.011, 2.478	Same
YTD Total for Reporting ICUs	1	1,729	0.58	2.248	0.445	0.011, 2.478	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-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	86	0	0.892	.		

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.

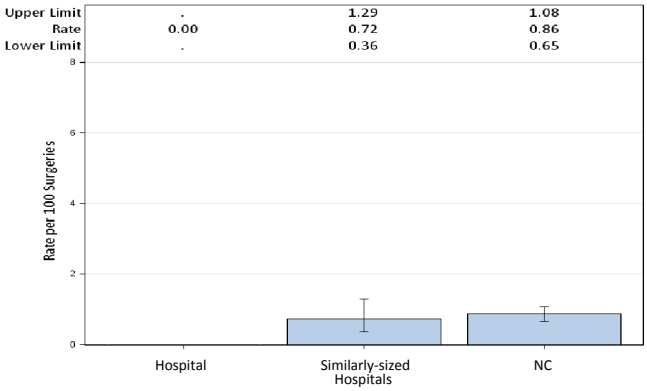


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

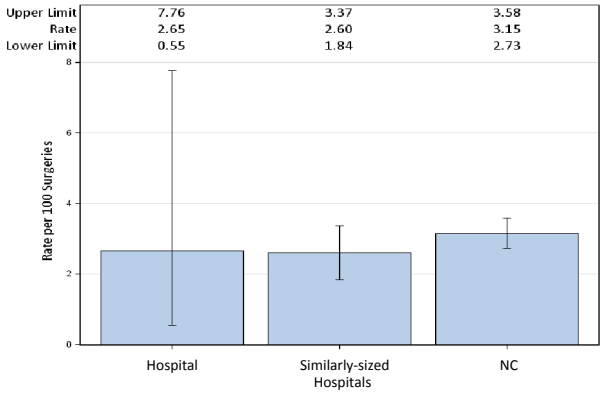


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

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

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	3	113	2.65	3.663	0.819	0.169, 2.393	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.

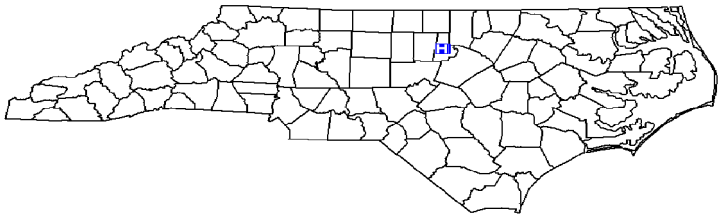
Refer to HAI in NC Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Duke Regional Hospital, Durham, Durham County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Profit Status:	Not for Profit
Admissions in 2012:	13,513
Patient Days in 2012:	71,069
Total Number of Beds:	301
Number of ICU Beds:	22
FTE* Infection Preventionists:	2.50
Number of FTEs* per 100 beds:	0.83

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

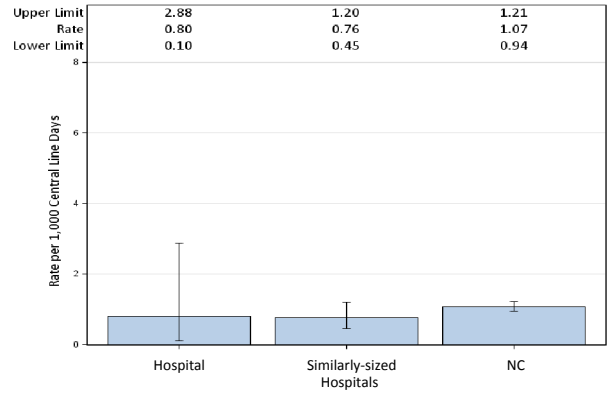


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	2,506	0.8	5.263	0.38	0.046, 1.373	Same
YTD Total for Reporting ICUs	2	2,506	0.8	5.263	0.38	0.046, 1.373	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 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 2. Rate and SIR, Jan-Sep 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	56,315	0.02	5.221	0.192	0.005, 1.067	Same

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

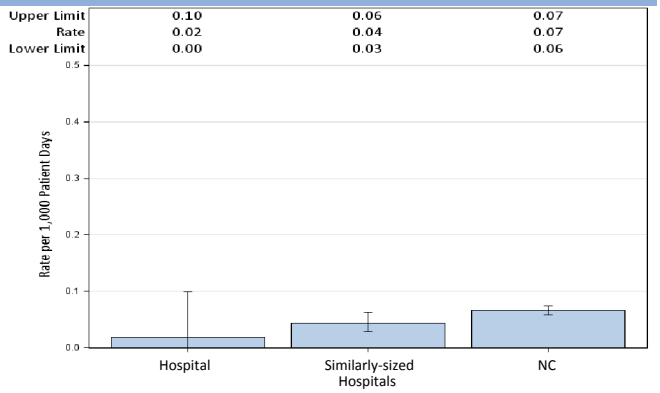


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

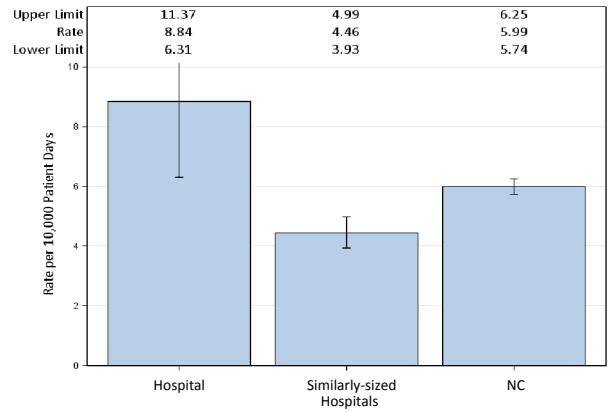


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

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

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	47	53,170	8.84	59.688	0.787	0.579, 1.047	Same

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

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Duke Regional Hospital, Durham, Durham County

Catheter-Associated Urinary Tract Infections (CAUTI)

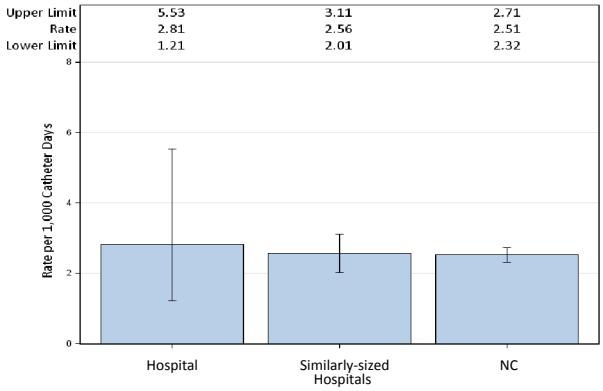


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 4. Rates and SIRs by ICU Type, Jan-Sep 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	2,850	2.81	6.555	1.22	0.527, 2.405	Same
YTD Total for Reporting ICUs	8	2,850	2.81	6.555	1.22	0.527, 2.405	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-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	220	0	1.703	0	, 2.166	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.

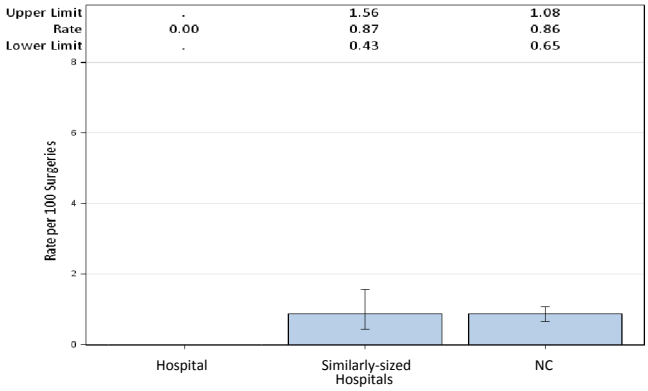


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

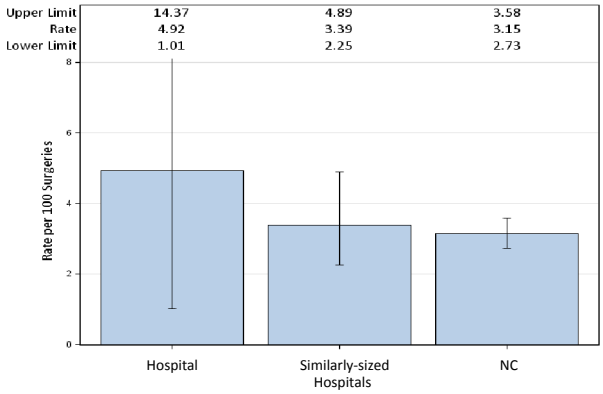


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

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

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	3	61	4.92	1.841	1.63	0.336, 4.762	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.

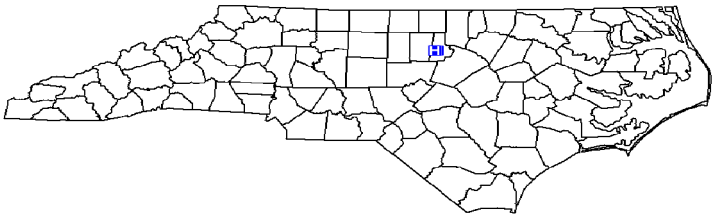
Refer to HAI in NC Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Duke University Hospital, Durham, Durham County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Profit Status:	Not for Profit
Admissions in 2012:	32,524
Patient Days in 2012:	269,913
Total Number of Beds:	850
Number of ICU Beds:	128
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.12

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

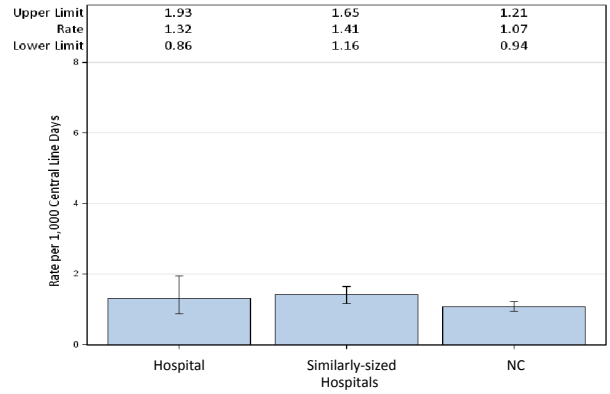


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	2,866	1.4	7.452	0.537	0.146, 1.374	Same
Medical cardiac	4	2,123	1.88	4.246	0.942	0.257, 2.412	Same
Neonatal Level III	2	3,730	0.54	9.493	0.211	0.026, 0.761	Lower
Neurologic	4	1,851	2.16	2.591	1.544	0.421, 3.953	Same
Pediatric cardiothoracic	1	1,697	0.59	5.6	0.179	0.005, 0.995	Lower
Pediatric medical/surgical	2	1,802	1.11	5.406	0.37	0.045, 1.336	Same
Surgical	5	2,245	2.23	5.164	0.968	0.314, 2.260	Same
Surgical cardiothoracic	4	3,414	1.17	4.78	0.837	0.228, 2.143	Same
YTD Total for Reporting ICUs	26	19,728	1.32	44.731	0.581	0.380, 0.852	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 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 2. Rate and SIR, Jan-Sep 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	190,612	0.06	19.414	0.567	0.283, 1.014	Same

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

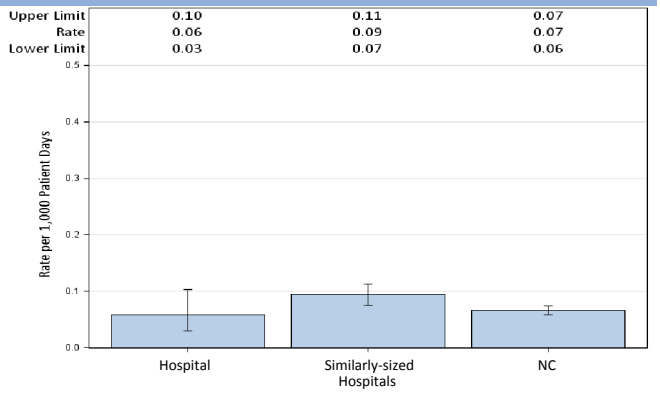


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

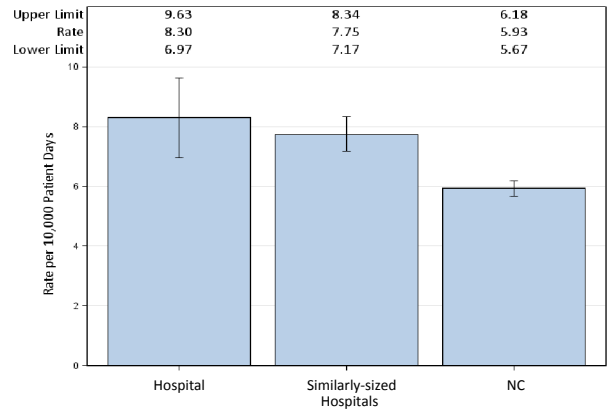


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

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

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	150	180,669	8.3	153.891	0.975	0.825, 1.144	Same

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

Refer to HAI in NC 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 January 15, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Duke University Hospital, Durham, Durham County

Catheter-Associated Urinary Tract Infections (CAUTI)

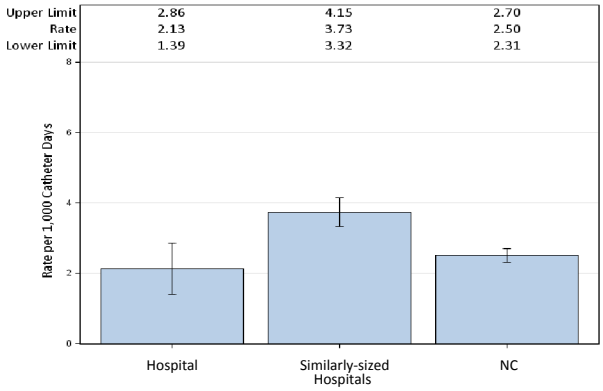


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

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

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	10	2,488	4.02	5.722	1.748	0.838, 3.214	Same
Medical cardiac	5	1,873	2.67	3.746	1.335	0.433, 3.115	Same
Neurologic	3	3,169	0.95	12.042	0.249	0.051, 0.728	Lower
Pediatric cardiothoracic	1	452	2.21	1.22	0.82	0.021, 4.567	Same
Pediatric medical/surgical	1	1,162	0.86	3.254	0.307	0.008, 1.712	Same
Surgical	8	2,463	3.25	6.404	1.249	0.539, 2.461	Same
Surgical cardiothoracic	4	3,444	1.16	5.855	0.683	0.186, 1.749	Same
YTD Total for Reporting ICUs	32	15,051	2.13	38.243	0.837	0.572, 1.181	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-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	293	0	2.643	0	, 1.396	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.

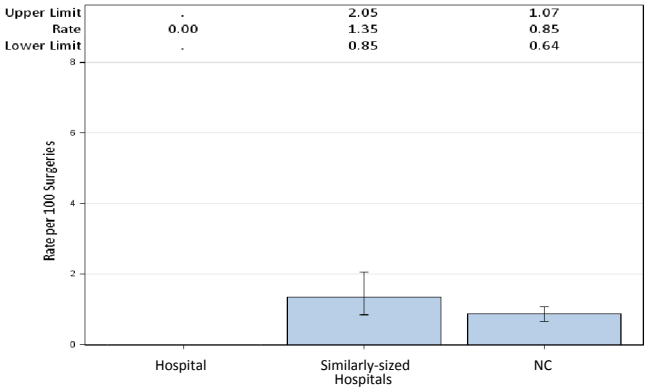


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

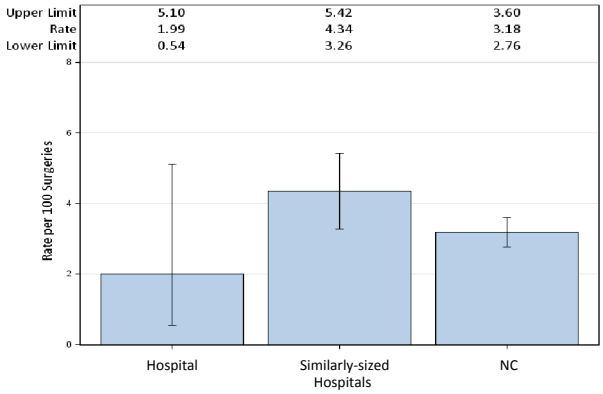


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

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

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	4	201	1.99	6.687	0.598	0.163, 1.532	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.

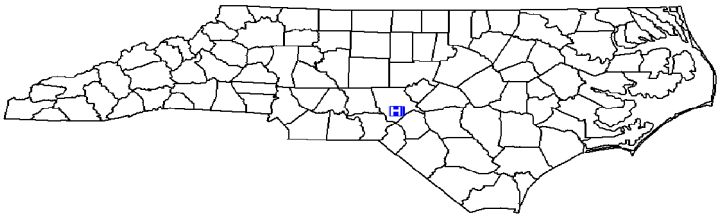
Refer to HAI in NC Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of January 15, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
FirstHealth Moore Regional Hospital, Pinehurst, Moore County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	28,040
Patient Days in 2012:	113,623
Total Number of Beds:	528
Number of ICU Beds:	69
FTE* Infection Preventionists:	4.00
Number of FTEs* per 100 beds:	0.76

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

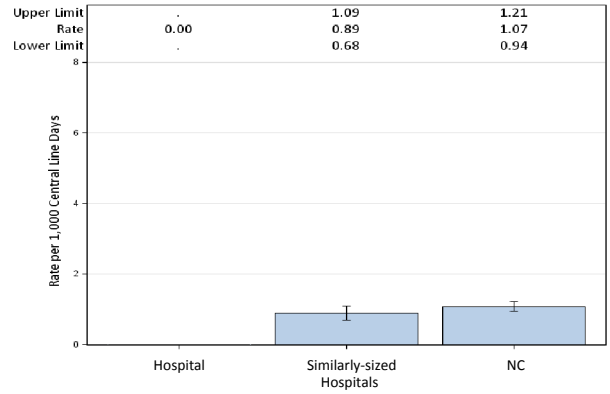


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	982	0	1.964	0	, 1.878	Same
Medical/surgical	0	2,056	0	3.084	0	, 1.196	Same
Neonatal Level III	0	187	0	0.356	.		
Surgical cardiothoracic	0	1,024	0	1.434	0	, 2.572	Same
YTD Total for Reporting ICUs	0	4,249	0	6.838	0	, 0.539	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 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 2. Rate and SIR, Jan-Sep 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	82,755	0.07	4.851	1.237	0.454, 2.692	Same

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

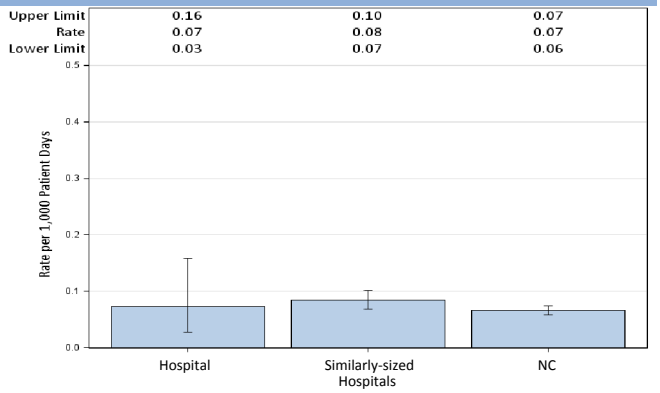


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

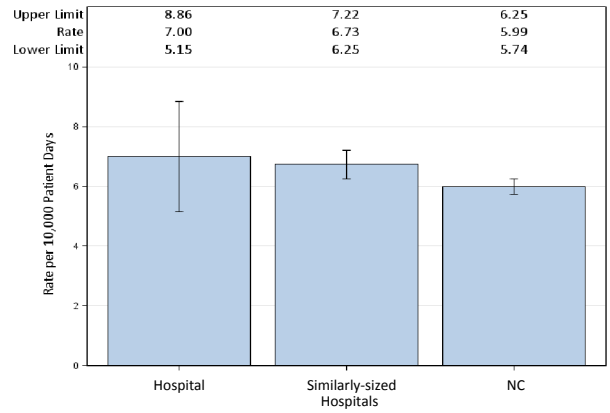


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 3. Rate and SIR, Jan-Sep 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	78,522	7	60.769	0.905	0.682, 1.178	Same

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

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
FirstHealth Moore Regional Hospital, Pinehurst, Moore County

Catheter-Associated Urinary Tract Infections (CAUTI)

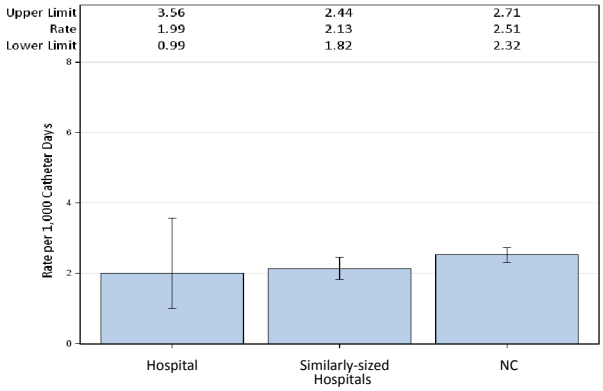


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

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

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	4	1,430	2.8	2.86	1.399	0.381, 3.581	Same
Medical/surgical	4	2,865	1.4	3.465	1.154	0.315, 2.956	Same
Surgical cardiothoracic	3	1,230	2.44	2.091	1.435	0.296, 4.193	Same
YTD Total for Reporting ICUs	11	5,525	1.99	8.416	1.307	0.652, 2.339	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-Sep 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	0.369	.		

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.

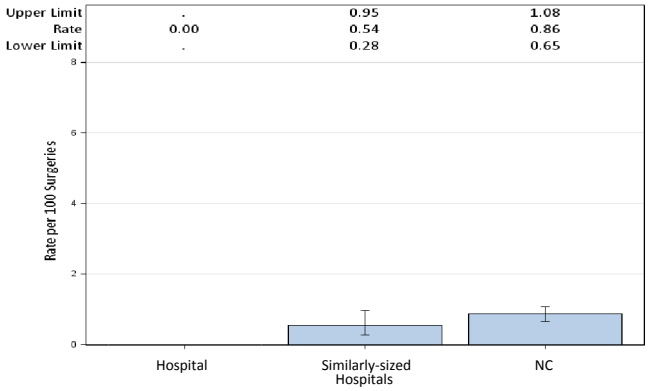


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

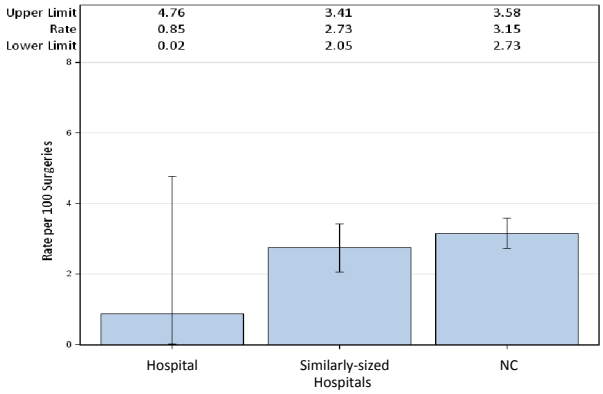


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

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

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	1	117	0.85	3.449	0.29	0.007, 1.615	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.

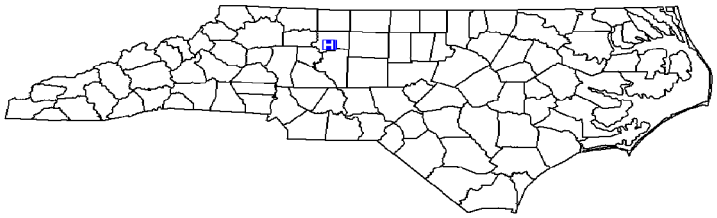
Refer to HAI in NC Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Forsyth Medical Center, Winston Salem, Forsyth County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	44,597
Patient Days in 2012:	224,879
Total Number of Beds:	861
Number of ICU Beds:	128
FTE* Infection Preventionists:	4.00
Number of FTEs* per 100 beds:	0.46

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

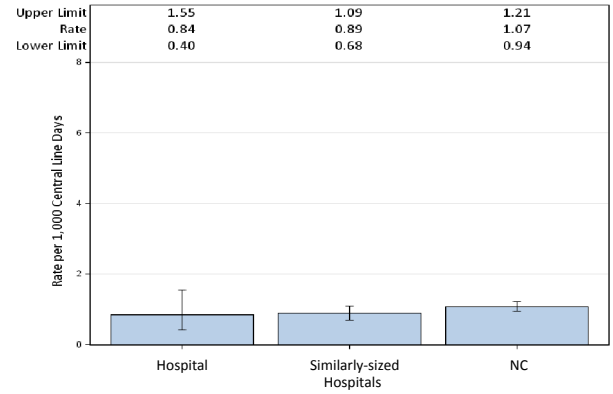


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	216	9.26	0.41	.		
Medical cardiac	4	2,317	1.73	4.634	0.863	0.235, 2.210	Same
Medical/surgical	4	5,569	0.72	8.354	0.479	0.130, 1.226	Same
Neonatal Level II/III	0	1,558	0	4.752	0	, 0.776	Lower
Neurosurgical	0	844	0	2.11	0	, 1.748	Same
Surgical cardiothoracic	0	1,344	0	1.882	0	, 1.960	Same
YTD Total for Reporting ICUs	10	11,848	0.84	22.142	0.452	0.217, 0.831	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 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 2. Rate and SIR, Jan-Sep 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	177,515	0.1	12.743	1.334	0.777, 2.136	Same

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

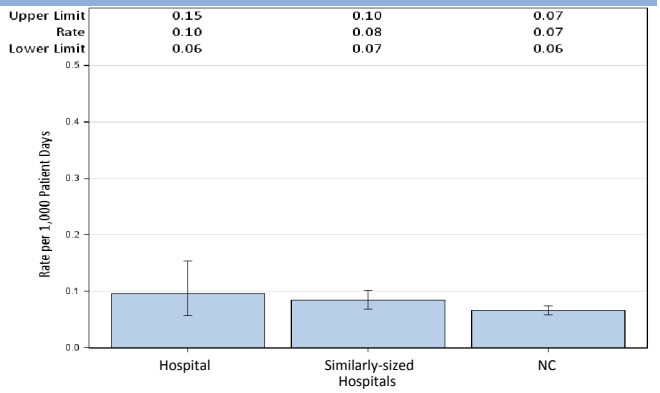


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

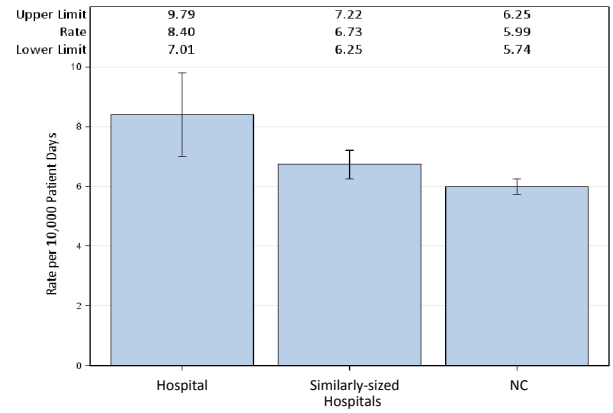


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

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

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	141	167,822	8.4	130.881	1.077	0.907, 1.271	Same

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

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Forsyth Medical Center, Winston Salem, Forsyth County

Catheter-Associated Urinary Tract Infections (CAUTI)

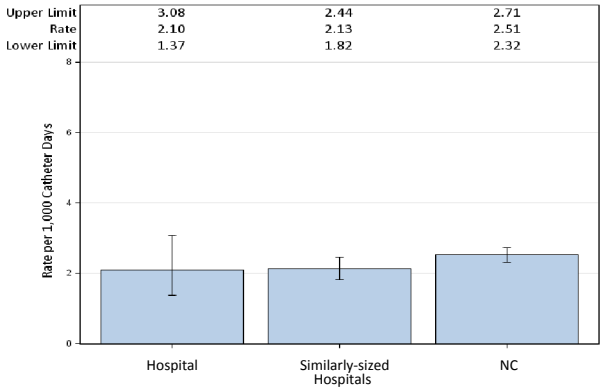


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

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

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	421	0	0.842	.		
Medical cardiac	5	2,938	1.7	5.876	0.851	0.276, 1.986	Same
Medical/surgical	12	6,025	1.99	7.23	1.66	0.858, 2.899	Same
Neurosurgical	7	1,546	4.53	6.802	1.029	0.414, 2.120	Same
Surgical cardiothoracic	2	1,447	1.38	2.46	0.813	0.098, 2.937	Same
YTD Total for Reporting ICUs	26	12,377	2.1	23.21	1.12	0.732, 1.641	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-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	117	0	1.082	0	, 3.409	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.

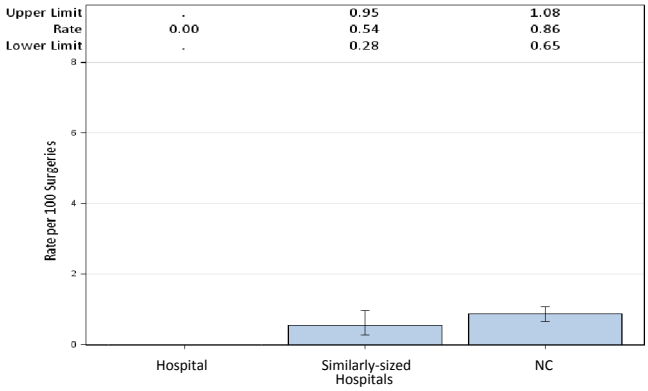


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

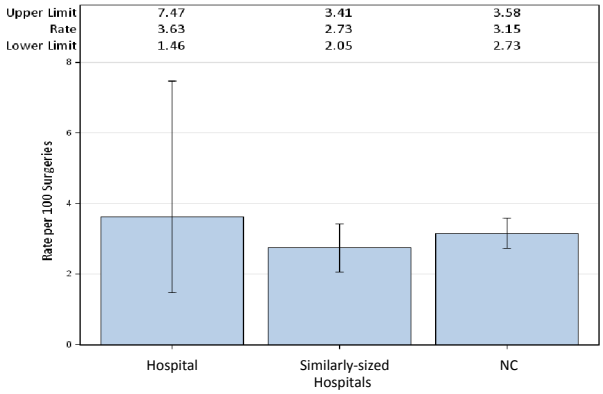


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

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

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	7	193	3.63	6.349	1.103	0.443, 2.272	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.

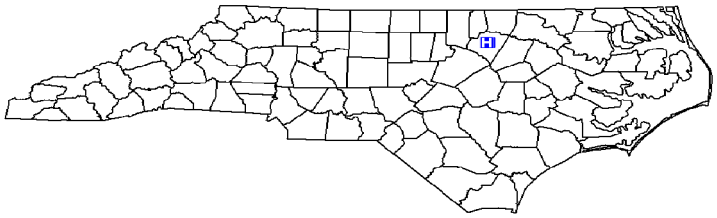
Refer to HAI in NC Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Franklin Regional Medical Center, Louisburg, Franklin County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	For Profit
Admissions in 2012:	2,000
Patient Days in 2012:	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)

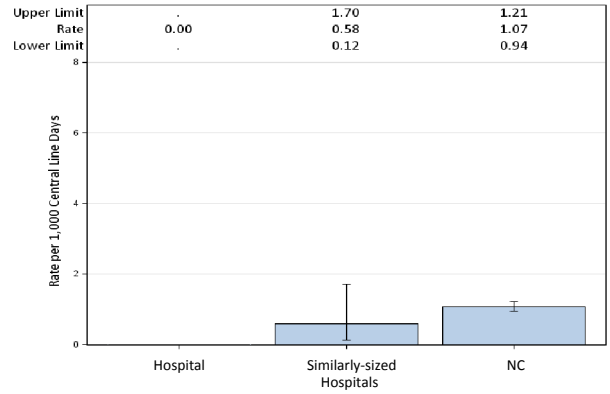


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	82	0	0.156	.		
YTD Total for Reporting ICUs	0	82	0	0.156	.		

*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 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 2. Rate and SIR, Jan-Sep 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	0.139	.		

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

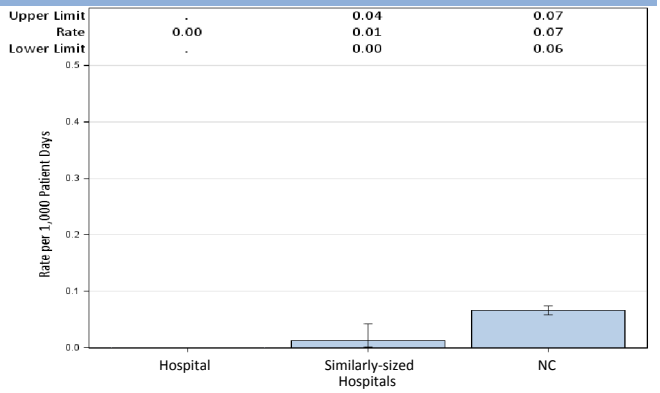


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

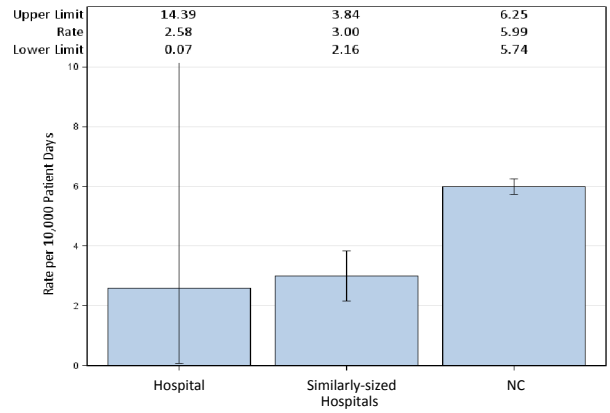


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 3. Rate and SIR, Jan-Sep 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	3,872	2.58	2.541	0.394	0.010, 2.193	Same

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

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Franklin Regional Medical Center, Louisburg, Franklin County

Catheter-Associated Urinary Tract Infections (CAUTI)

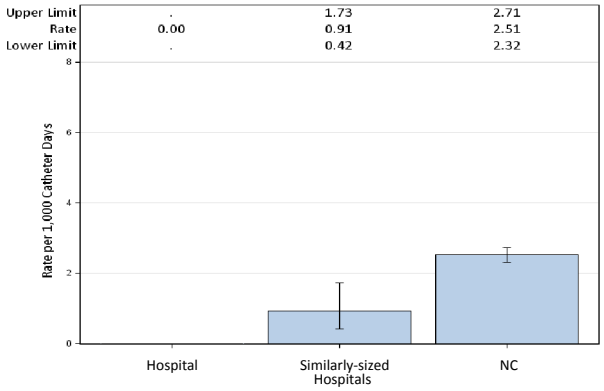


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

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

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	269	0	0.538	.		
YTD Total for Reporting ICUs	0	269	0	0.538	.		

*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-Sep 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	.	.	.		

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.

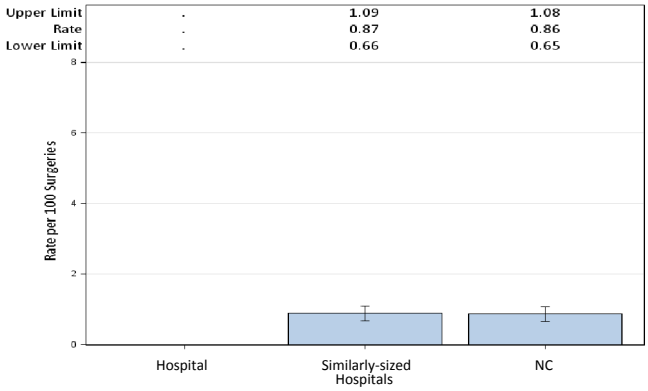


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

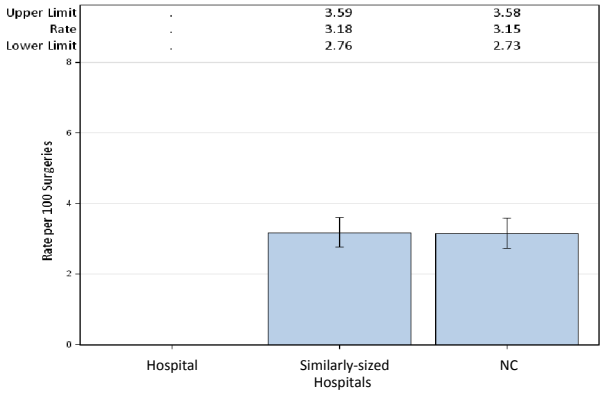


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

Table 6. Rates and SIRs, Jan-Sep 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	.	.	.		

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.

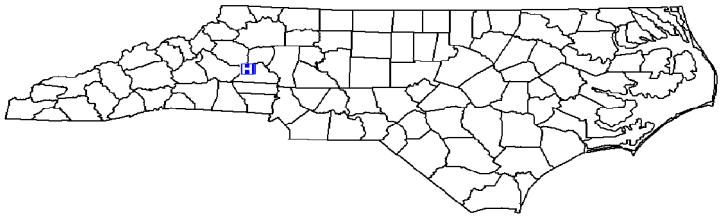
Refer to HAI in NC Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Frye Regional Medical Center, Hickory, Catawba County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	For Profit
Admissions in 2012:	11,799
Patient Days in 2012:	62,357
Total Number of Beds:	355
Number of ICU Beds:	30
FTE* Infection Preventionists:	1.90
Number of FTEs* per 100 beds:	0.54

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

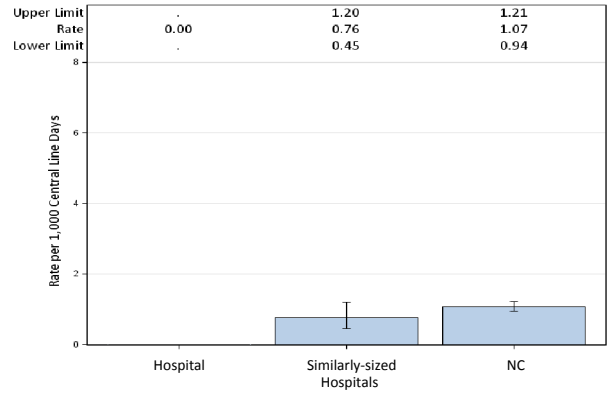


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	653	0	1.306	0	, 2.825	Same
Neurologic	0	464	0	0.65	.		
Surgical cardiothoracic	0	982	0	1.375	0	, 2.683	Same
YTD Total for Reporting ICUs	0	2,099	0	3.33	0	, 1.108	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 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 2. Rate and SIR, Jan-Sep 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	28,559	0	1.282	0	, 2.877	Same

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

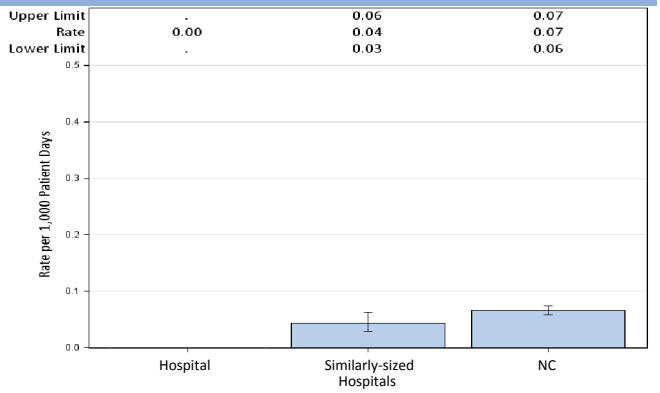


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

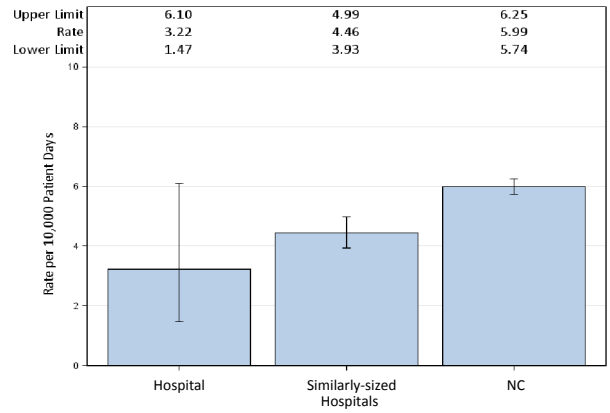


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 3. Rate and SIR, Jan-Sep 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	27,987	3.22	16.822	0.535	0.245, 1.016	Same

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

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Frye Regional Medical Center, Hickory, Catawba County

Catheter-Associated Urinary Tract Infections (CAUTI)

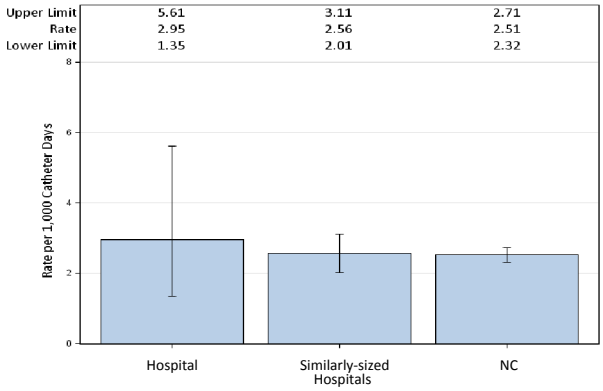


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 4. Rates and SIRs by ICU Type, Jan-Sep 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	1,035	0.97	2.07	0.483	0.012, 2.692	Same
Neurologic	4	695	5.76	2.641	1.515	0.413, 3.878	Same
Surgical cardiothoracic	4	1,316	3.04	2.237	1.788	0.487, 4.578	Same
YTD Total for Reporting ICUs	9	3,046	2.95	6.948	1.295	0.592, 2.459	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-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	1	51	1.96	0.426	.		

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.

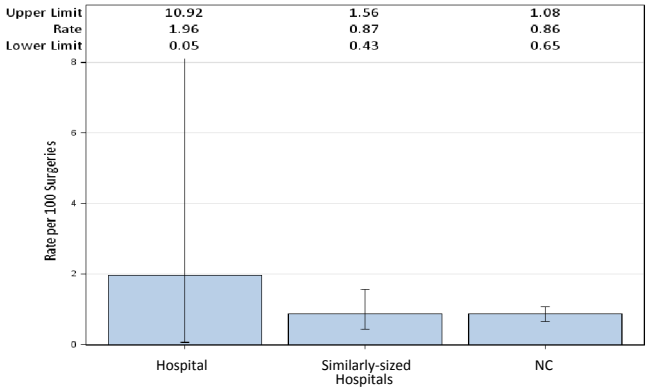


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

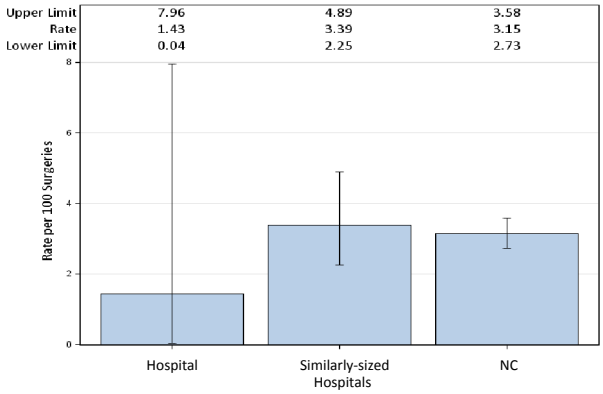


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

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

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	1	70	1.43	2.124	0.471	0.012, 2.623	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.

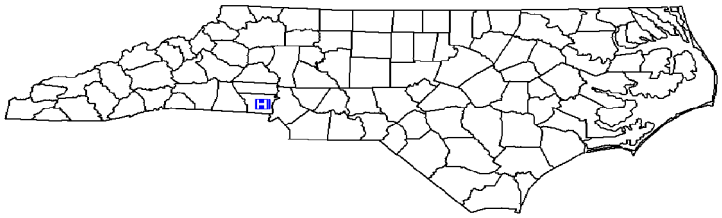
Commentary from Hospitals:
FRMC has zero central line blood stream infections. We implemented an alcohol impregnated port protector that guards against infection by keeping the needleless valves of central lines protected and clean. Foley catheter related urinary tract infection is a challenge and we 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.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Gaston Memorial Hospital, Gastonia, Gaston County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	21,494
Patient Days in 2012:	101,419
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)

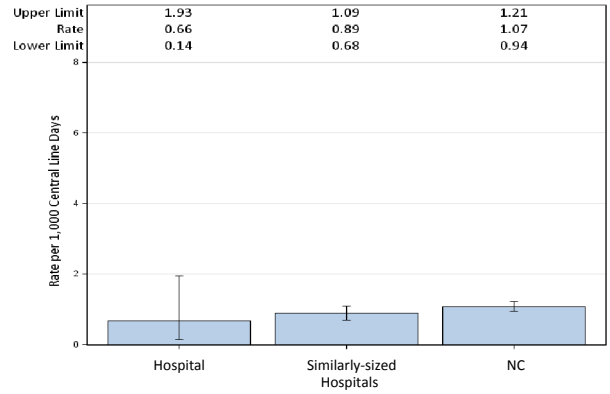


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	1,400	0.71	2.66	0.376	0.010, 2.095	Same
Medical cardiac	0	1,161	0	2.322	0	, 1.589	Same
Neonatal Level II/III	0	251	0	0.405	.		
Surgical	1	1,043	0.96	2.399	0.417	0.011, 2.322	Same
Surgical cardiothoracic	1	687	1.46	0.962	.		
YTD Total for Reporting ICUs	3	4,542	0.66	8.748	0.343	0.071, 1.002	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 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 2. Rate and SIR, Jan-Sep 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	75,358	0.07	4.592	1.089	0.354, 2.541	Same

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

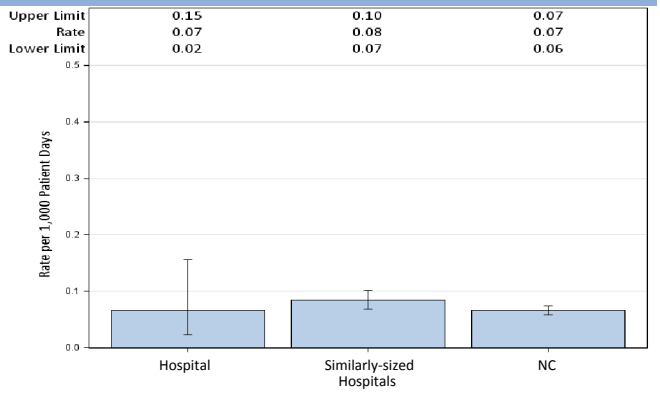


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

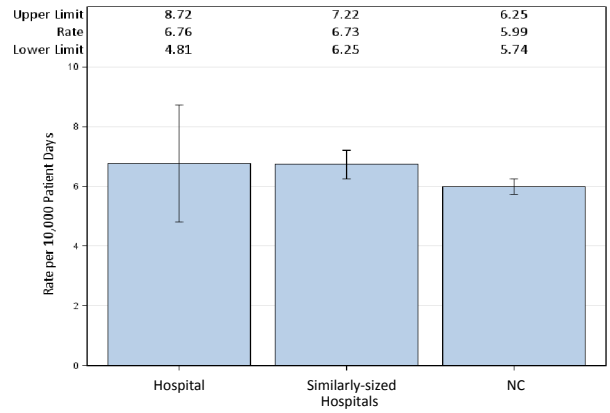


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

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

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	46	68,014	6.76	54.898	0.838	0.613, 1.118	Same

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

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Gaston Memorial Hospital, Gastonia, Gaston County

Catheter-Associated Urinary Tract Infections (CAUTI)

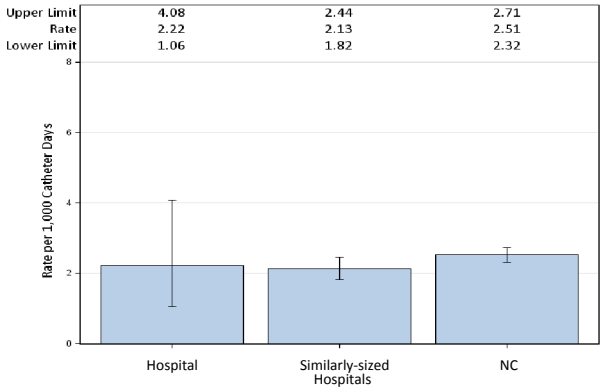


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

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

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	5	1,403	3.56	2.806	1.782	0.579, 4.158	Same
Medical cardiac	2	1,239	1.61	2.478	0.807	0.098, 2.916	Same
Surgical	2	1,142	1.75	2.969	0.674	0.082, 2.433	Same
Surgical cardiothoracic	1	728	1.37	1.238	0.808	0.020, 4.501	Same
YTD Total for Reporting ICUs	10	4,512	2.22	9.491	1.054	0.505, 1.938	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-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	116	0	1.275	0	, 2.893	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.

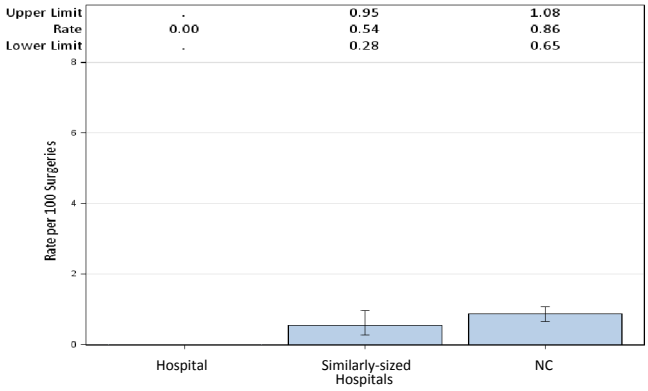


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

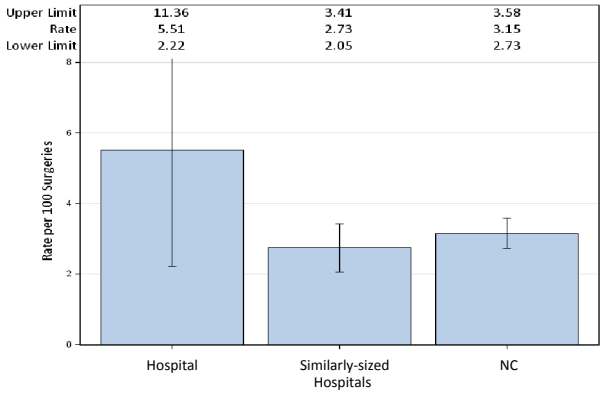


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

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

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	7	127	5.51	4.231	1.654	0.665, 3.409	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.

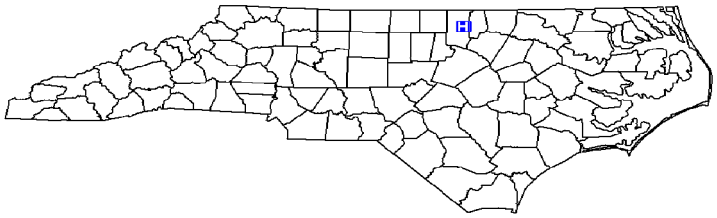
Refer to HAI in NC Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Granville Medical Center, Oxford, Granville County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Government
Admissions in 2012:	4,177
Patient Days in 2012:	12,080
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)

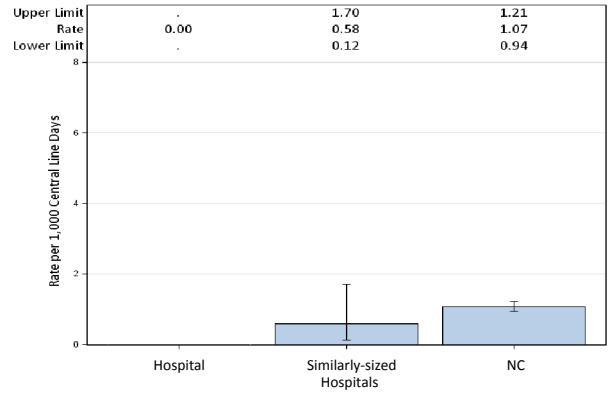


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	325	0	0.488	.		
YTD Total for Reporting ICUs	0	325	0	0.488	.		

*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 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 2. Rate and SIR, Jan-Sep 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	5,770	0	0.487	.		

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

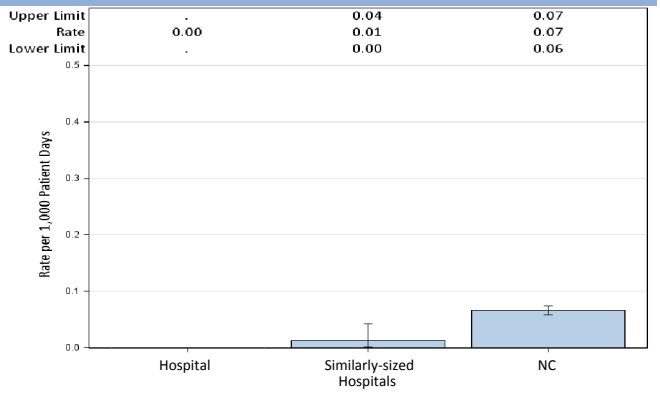


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

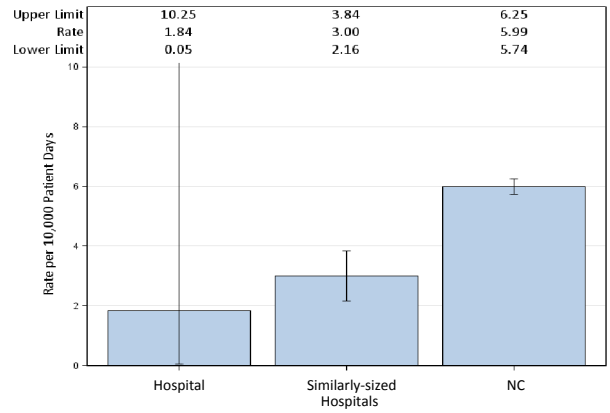


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 3. Rate and SIR, Jan-Sep 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	5,436	1.84	2.74	0.365	0.009, 2.033	Same

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

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Granville Medical Center, Oxford, Granville County

Catheter-Associated Urinary Tract Infections (CAUTI)

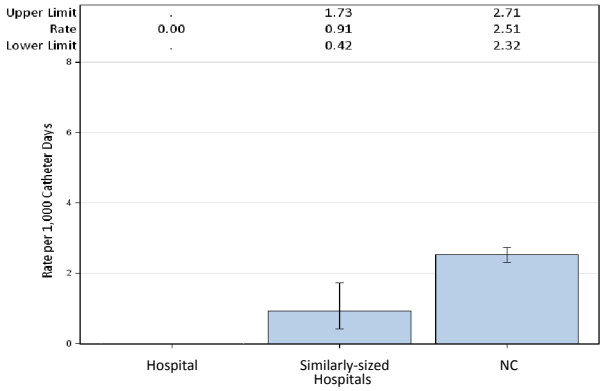


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 4. Rates and SIRs by ICU Type, Jan-Sep 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	531	0	0.69	.		
YTD Total for Reporting ICUs	0	531	0	0.69	.		

*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-Sep 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	0.244	.		

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.

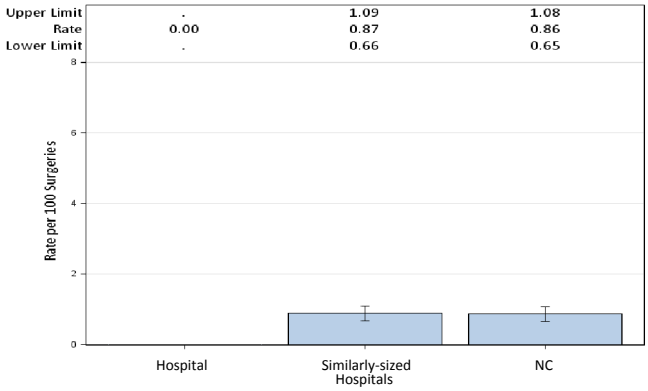


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

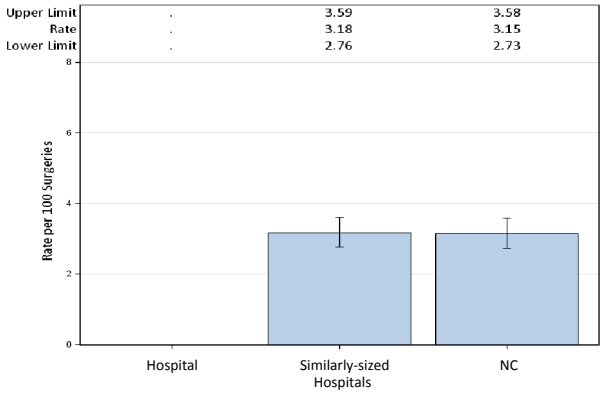


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

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

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	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 not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

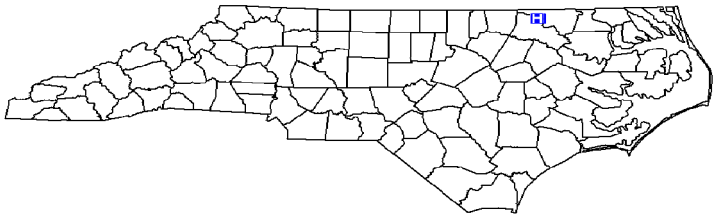
Refer to HAI in NC Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Halifax Regional Medical Center, Roanoke Rapids, Halifax County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	6,098
Patient Days in 2012:	26,128
Total Number of Beds:	128
Number of ICU Beds:	12
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.78

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

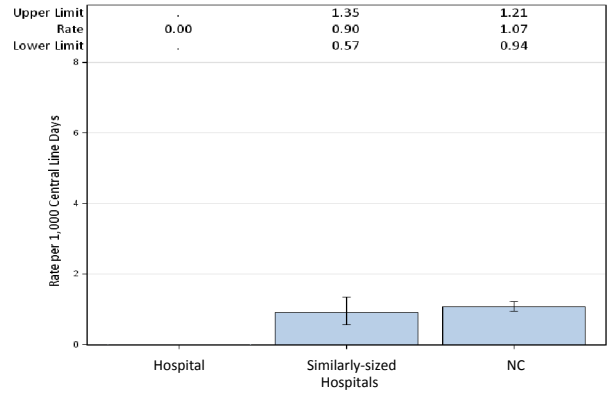


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	296	0	0.444	.		
YTD Total for Reporting ICUs	0	296	0	0.444	.		

*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 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 2. Rate and SIR, Jan-Sep 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	17,255	0.06	0.732	.		

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

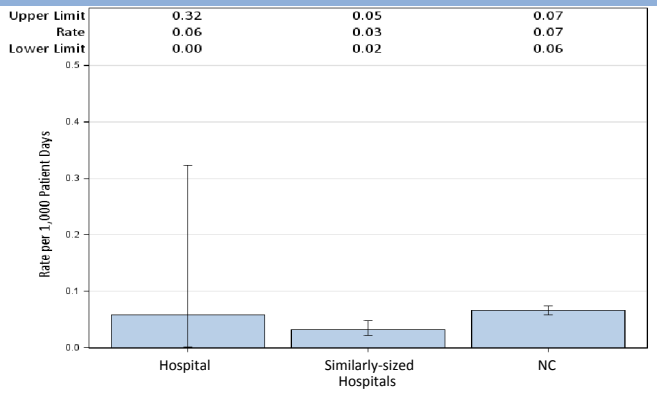


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

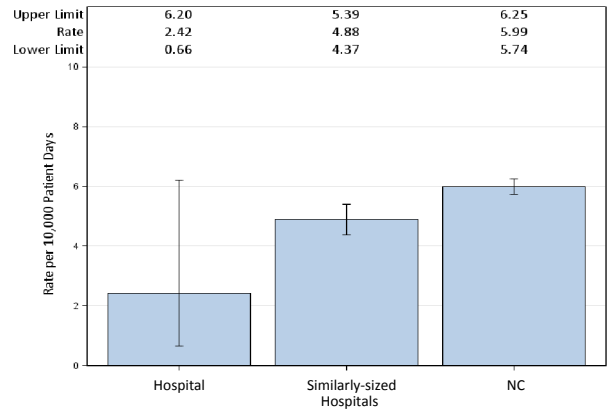


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 3. Rate and SIR, Jan-Sep 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	16,517	2.42	8.432	0.474	0.129, 1.215	Same

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

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Halifax Regional Medical Center, Roanoke Rapids, Halifax County

Catheter-Associated Urinary Tract Infections (CAUTI)

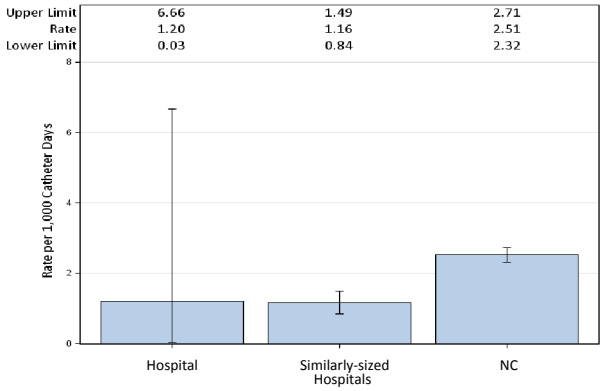


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 4. Rates and SIRs by ICU Type, Jan-Sep 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	836	1.2	1.087	0.92	0.023, 5.126	Same
YTD Total for Reporting ICUs	1	836	1.2	1.087	0.92	0.023, 5.126	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-Sep 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	0.169	.		

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.

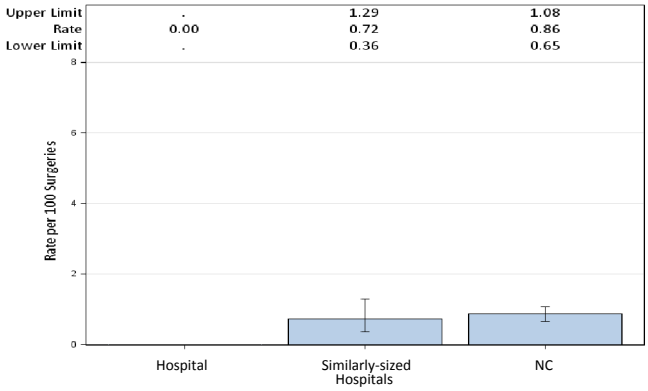


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

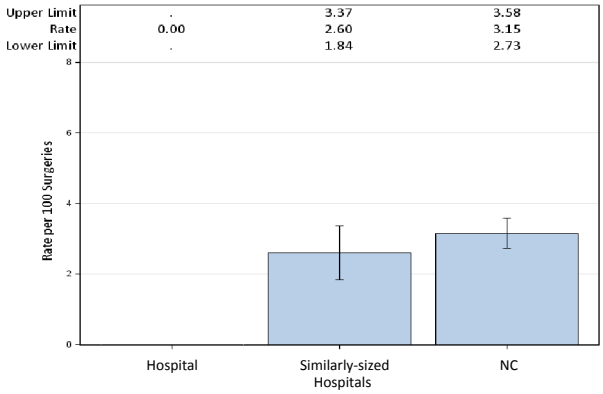


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

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

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	21	0	0.602	.		

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.

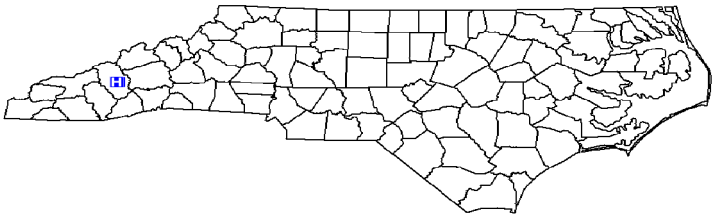
Refer to HAI in NC Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Haywood Regional Medical Center, Clyde, Haywood County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	6,758
Patient Days in 2012:	23,556
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)

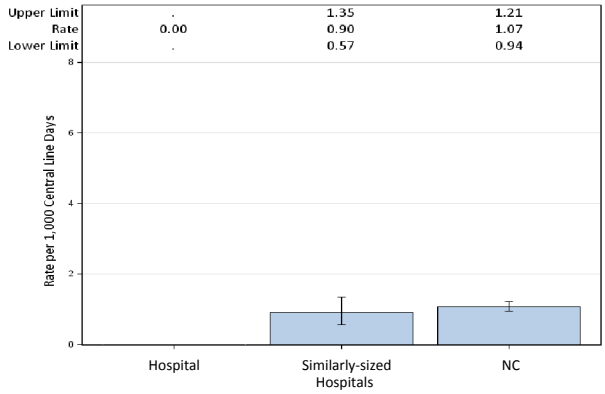


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	276	0	0.414	.		
YTD Total for Reporting ICUs	0	276	0	0.414	.		

*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 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 2. Rate and SIR, Jan-Sep 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	16,960	0	0.915	.		

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

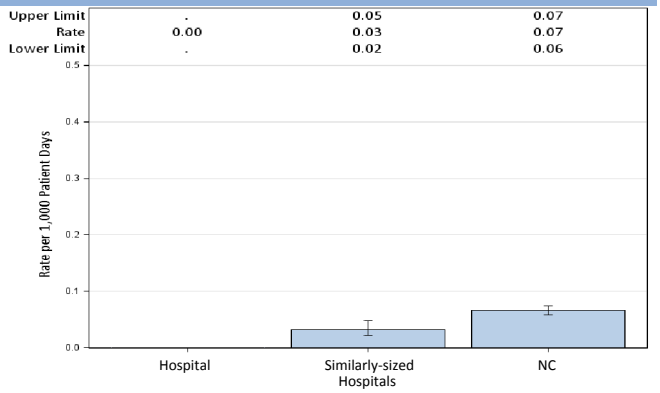


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

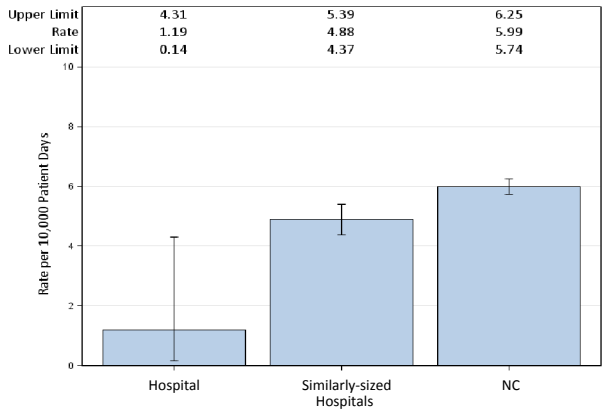


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 3. Rate and SIR, Jan-Sep 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	16,782	1.19	7.722	0.259	0.031, 0.936	Lower

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

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Haywood Regional Medical Center, Clyde, Haywood County

Catheter-Associated Urinary Tract Infections (CAUTI)

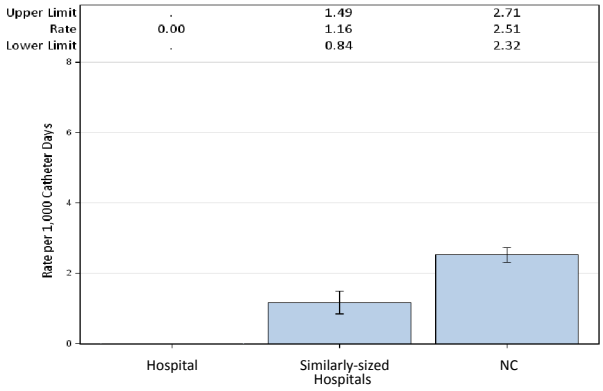


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 4. Rates and SIRs by ICU Type, Jan-Sep 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	537	0	0.698	.		
YTD Total for Reporting ICUs	0	537	0	0.698	.		

*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-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	35	0	0.328	.		

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.

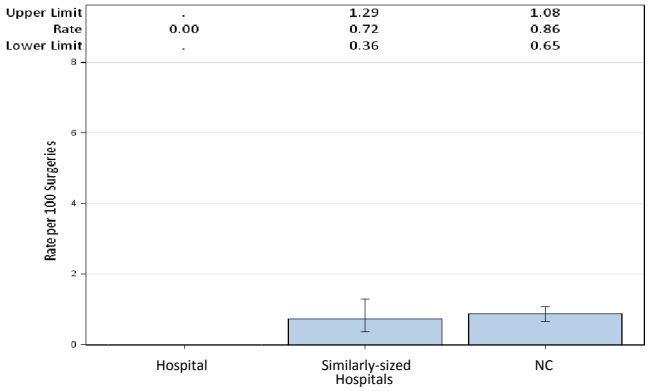


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

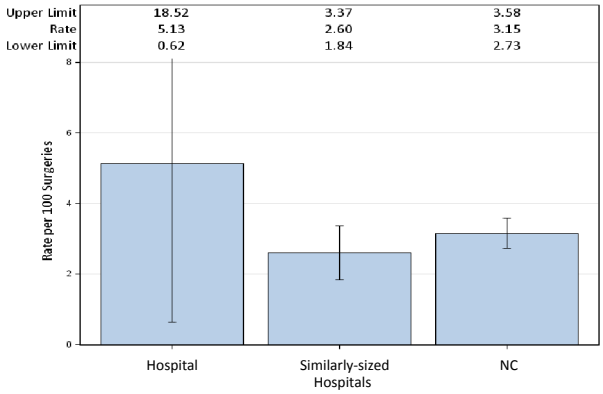


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

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

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	2	39	5.13	1.151	1.738	0.210, 6.277	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, an affiliation of Carolinas 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.

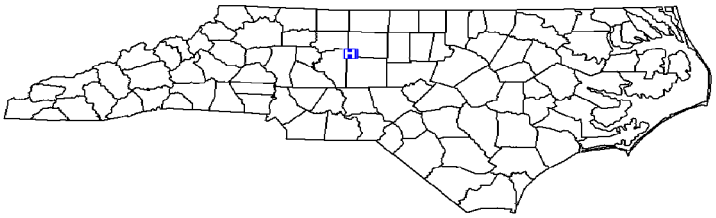
Refer to HAI in NC Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
High Point Regional Health System, High Point, Guilford County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	17,719
Patient Days in 2012:	70,226
Total Number of Beds:	363
Number of ICU Beds:	32
FTE* Infection Preventionists:	2.00
Number of FTEs* per 100 beds:	0.55

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

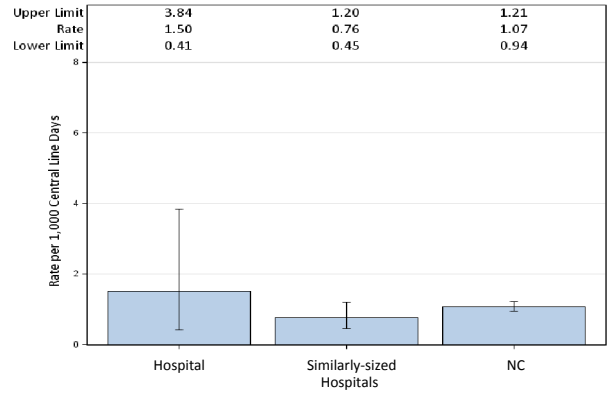


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	522	1.92	1.044	0.958	0.024, 5.337	Same
Medical/surgical	3	1,875	1.6	2.813	1.066	0.220, 3.117	Same
Surgical cardiothoracic	0	270	0	0.378	.		
YTD Total for Reporting ICUs	4	2,667	1.5	4.235	0.945	0.257, 2.418	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 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 2. Rate and SIR, Jan-Sep 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	53,539	0.02	2.414	0.414	0.010, 2.308	Same

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

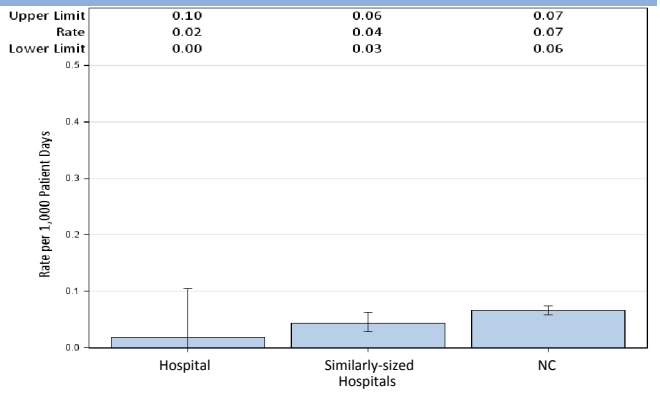


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

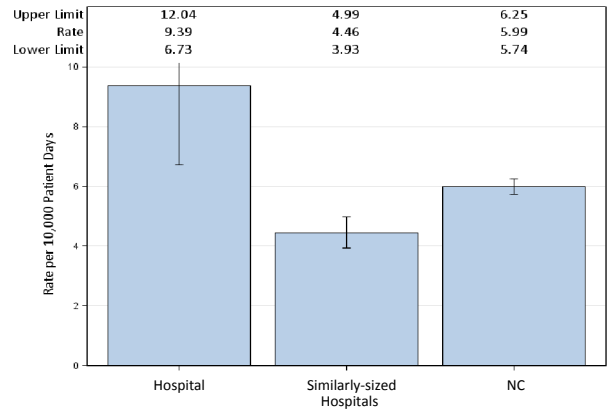


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

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

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	48	51,144	9.39	43.242	1.11	0.818, 1.472	Same

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

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
High Point Regional Health System, High Point, Guilford County

Catheter-Associated Urinary Tract Infections (CAUTI)

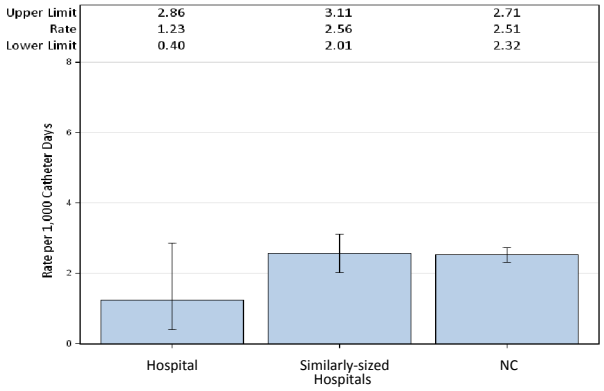


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 4. Rates and SIRs by ICU Type, Jan-Sep 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	786	0	1.572	0	, 2.347	Same
Medical/surgical	5	3,005	1.66	3.606	1.387	0.450, 3.236	Same
Surgical cardiothoracic	0	283	0	0.481	.		
YTD Total for Reporting ICUs	5	4,074	1.23	5.659	0.884	0.287, 2.062	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-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	122	0	1.404	0	, 2.627	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.

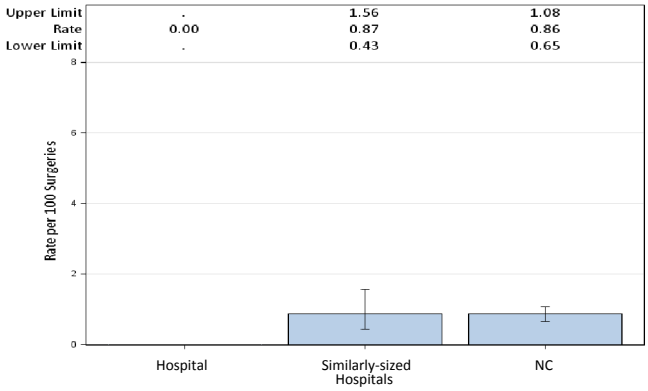


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

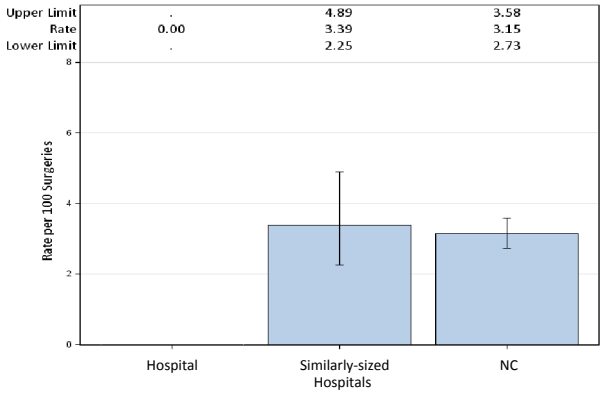


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

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

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	90	0	2.985	0	, 1.236	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.

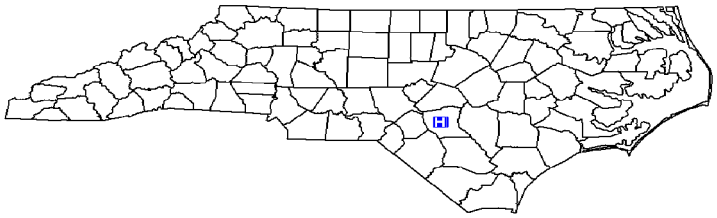
Commentary from Hospitals:
No comments provided.

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Highsmith Rainey Specialty Hospital, Fayetteville, Cumberland County

2012 Hospital Survey Information

Hospital Type:	Long-term Acute Care Hospital
Profit Status:	Not for Profit
Admissions in 2012:	369
Patient Days in 2012:	21,542
Total Number of Beds:	66
FTE* Infection Preventionists:	0.88
Number of FTEs* per 100 beds:	1.33



*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

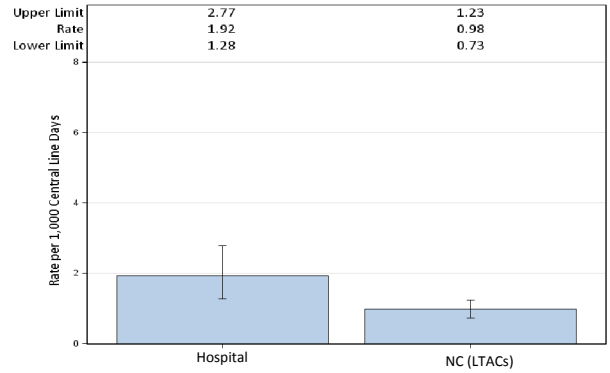


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

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

Type of Unit	Infections	Line Days	Rate
Adult intensive care unit	6	1,927	3.11
Adult ward	22	12,660	1.74
YTD Total for Reporting Units	28	14,587	1.92

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-Sep 2013

Type of Unit	Infections	Catheter Days	Rate
Adult intensive care unit	15	1,732	8.66
Adult ward	68	7,676	8.86
YTD Total for Reporting Units	83	9,408	8.82

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

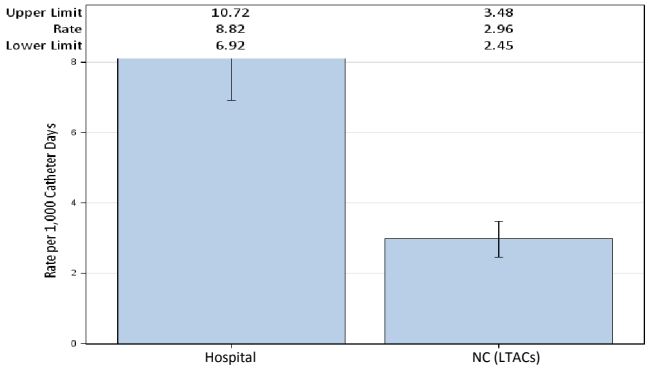


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Other Healthcare-Associated Infections (HAIs)

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

Commentary from Hospitals:
No comments provided.

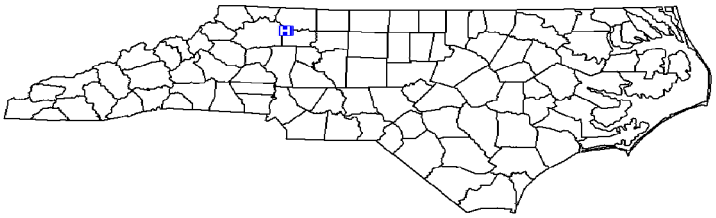
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Hugh Chatham Memorial Hospital, Elkin, Surry County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	5,405
Patient Days in 2012:	15,974
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)

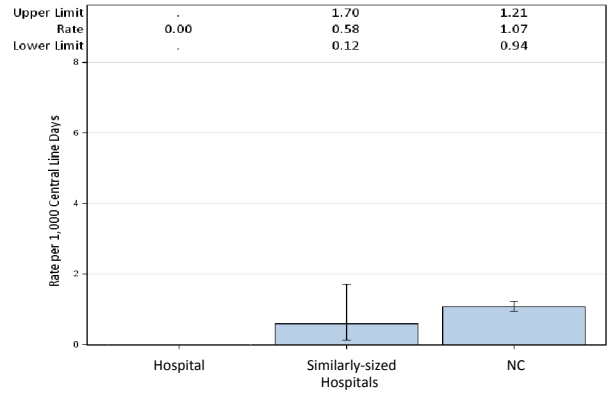


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	142	0	0.213	.		
YTD Total for Reporting ICUs	0	142	0	0.213	.		

*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 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 2. Rate and SIR, Jan-Sep 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	10,548	0	.	.	.	

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

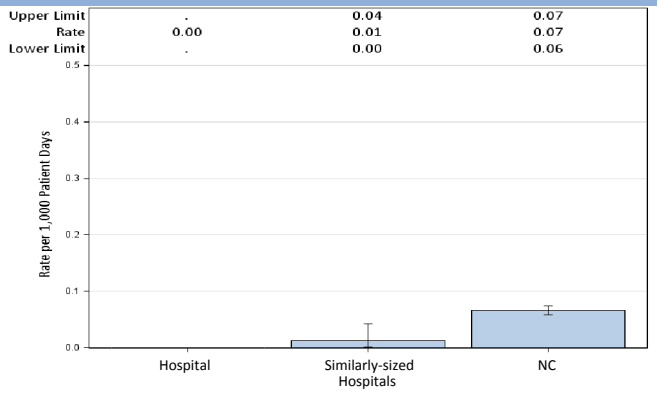


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

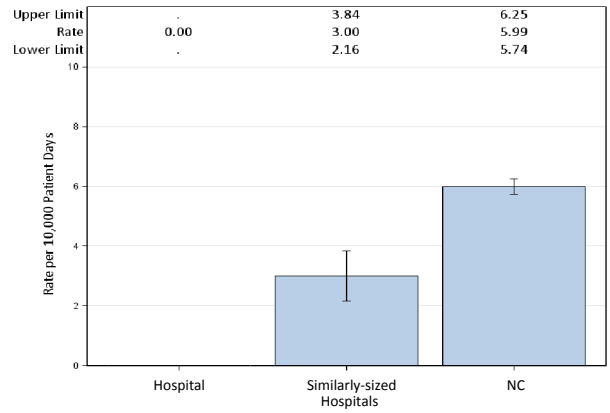


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 3. Rate and SIR, Jan-Sep 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	9,353	0	5.105	0	, 0.723	Lower

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

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Hugh Chatham Memorial Hospital, Elkin, Surry County

Catheter-Associated Urinary Tract Infections (CAUTI)

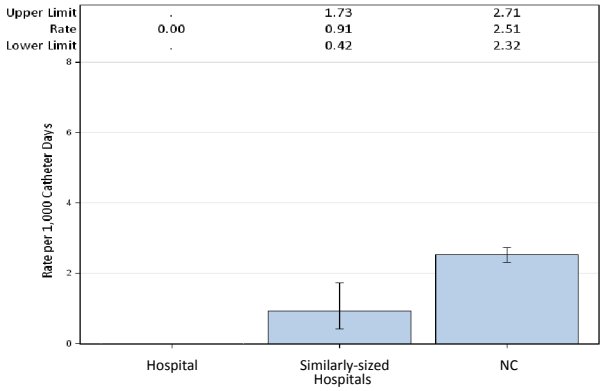


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 4. Rates and SIRs by ICU Type, Jan-Sep 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	250	0	0.325	.		
YTD Total for Reporting ICUs	0	250	0	0.325	.		

*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-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	47	0	0.476	.		

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.

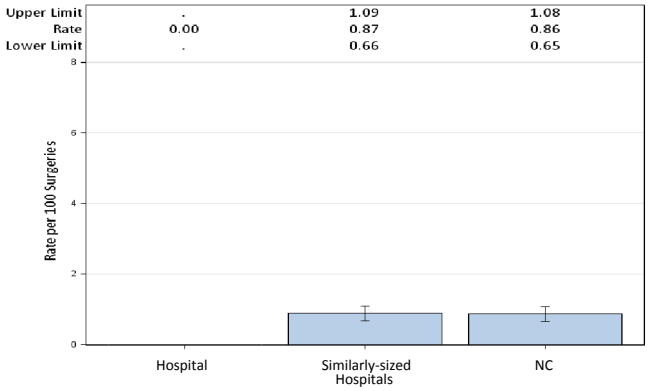


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

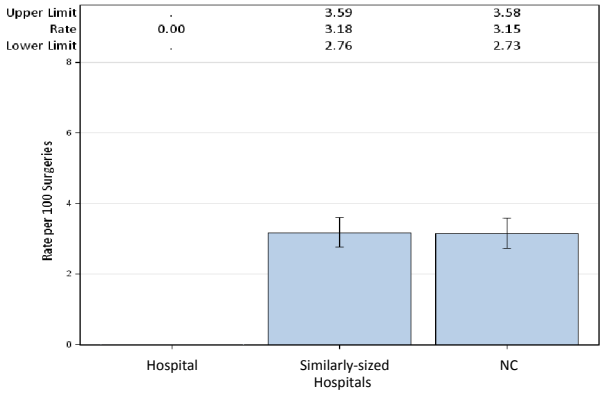


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

Table 6. Rates and SIRs, Jan-Sep 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	0.844	.		

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.

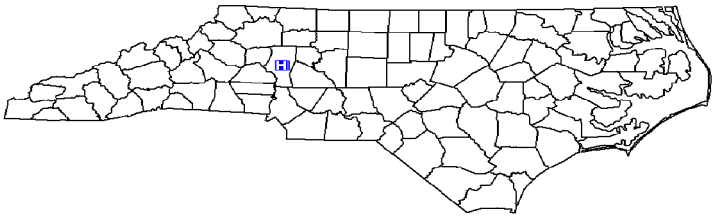
Refer to HAI in NC Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Iredell Memorial Hospital, Statesville, Iredell County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	9,051
Patient Days in 2012:	40,500
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)

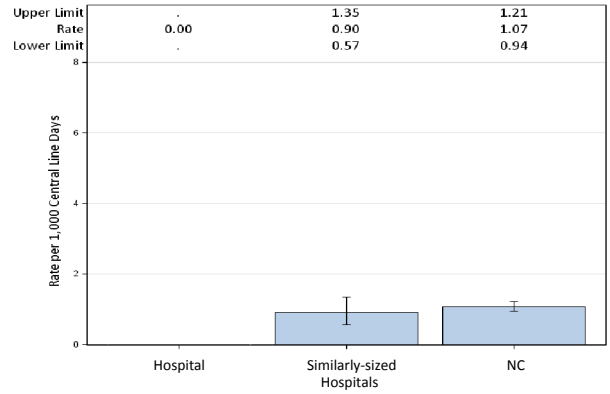


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	1,227	0	1.841	0	, 2.004	Same
YTD Total for Reporting ICUs	0	1,227	0	1.841	0	, 2.004	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 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 2. Rate and SIR, Jan-Sep 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	31,574	0	1.487	0	, 2.481	Same

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

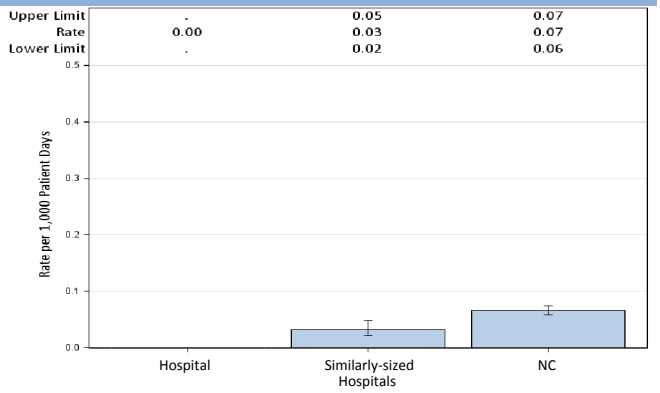


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

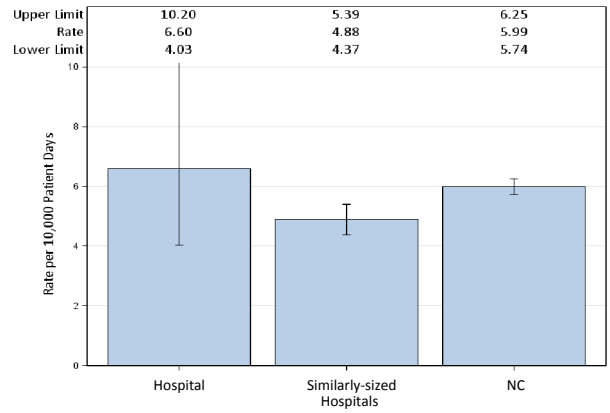


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 3. Rate and SIR, Jan-Sep 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	30,287	6.6	15.801	1.266	0.773, 1.955	Same

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

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Iredell Memorial Hospital, Statesville, Iredell County

Catheter-Associated Urinary Tract Infections (CAUTI)

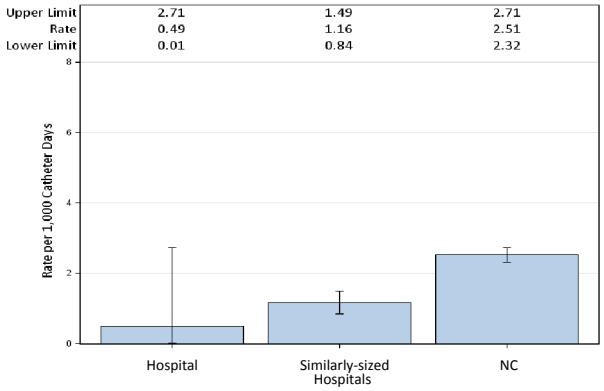


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 4. Rates and SIRs by ICU Type, Jan-Sep 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	2,055	0.49	2.466	0.406	0.010, 2.259	Same
YTD Total for Reporting ICUs	1	2,055	0.49	2.466	0.406	0.010, 2.259	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-Sep 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	0.63	.		

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.

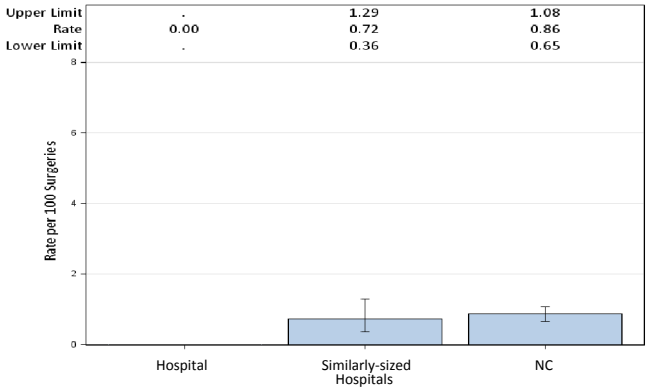


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

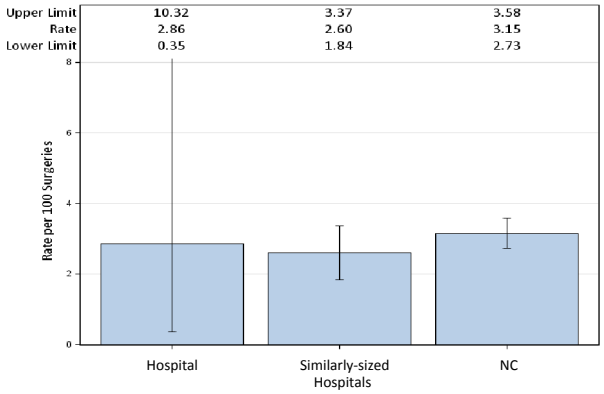


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

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

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	2	70	2.86	2.304	0.868	0.105, 3.136	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.

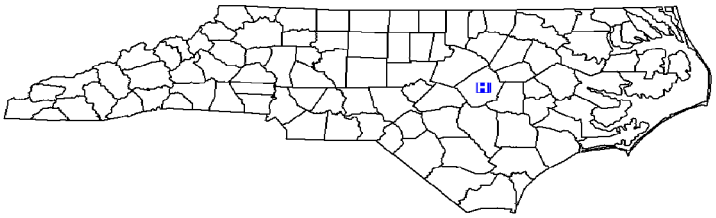
Refer to HAI in NC Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Johnston Health, Smithfield, Johnston County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	11,098
Patient Days in 2012:	40,182
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)

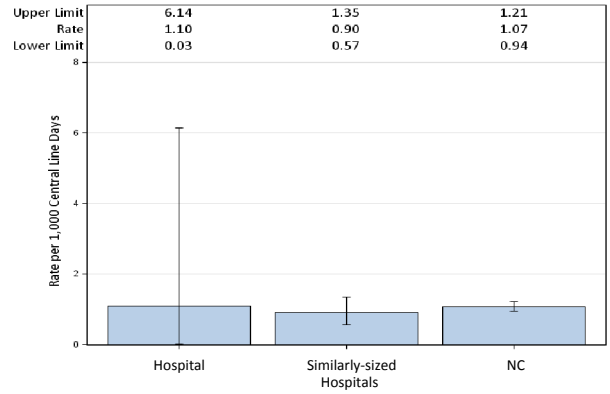


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	907	1.1	1.723	0.58	0.015, 3.234	Same
YTD Total for Reporting ICUs	1	907	1.1	1.723	0.58	0.015, 3.234	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 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 2. Rate and SIR, Jan-Sep 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	26,239	0.08	1.247	1.604	0.194, 5.794	Same

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

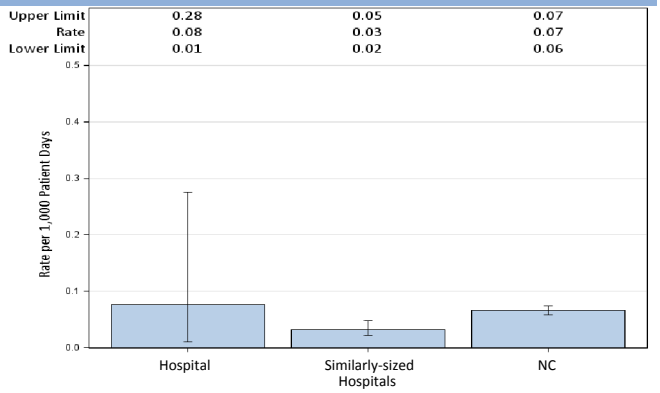


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

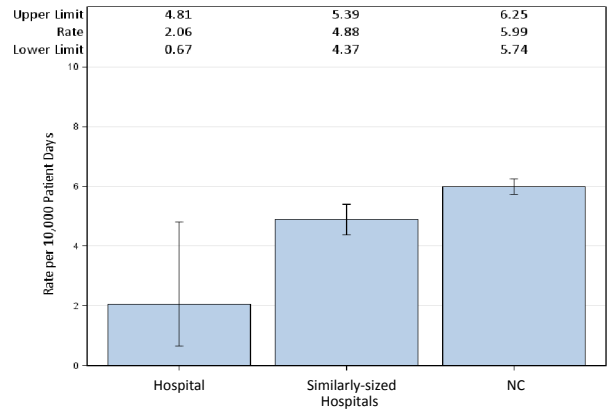


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 3. Rate and SIR, Jan-Sep 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	24,249	2.06	12.118	0.413	0.134, 0.963	Lower

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

Refer to HAI in NC 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 – September 30, 2013
Johnston Health, Smithfield, Johnston County

Catheter-Associated Urinary Tract Infections (CAUTI)

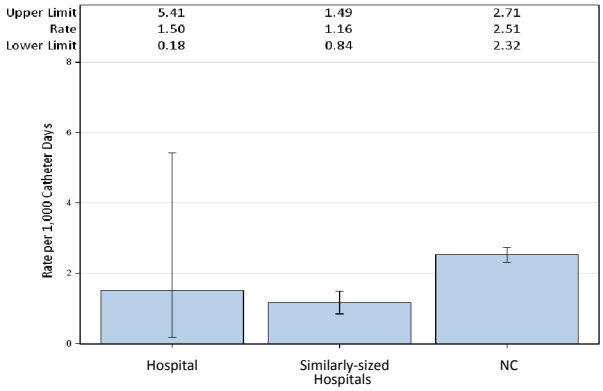


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

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

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	2	1,335	1.5	2.67	0.749	0.091, 2.706	Same
YTD Total for Reporting ICUs	2	1,335	1.5	2.67	0.749	0.091, 2.706	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-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	1	66	1.52	0.51	.		

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.

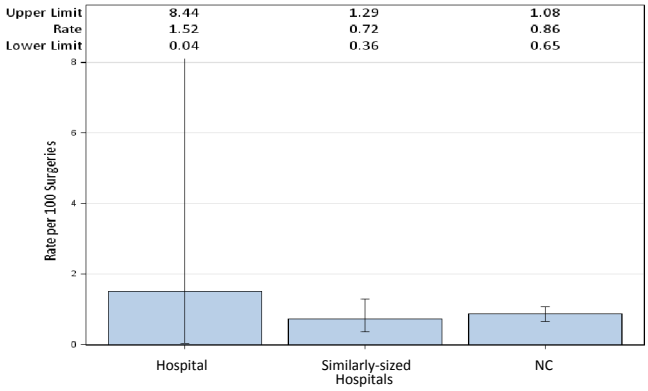


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

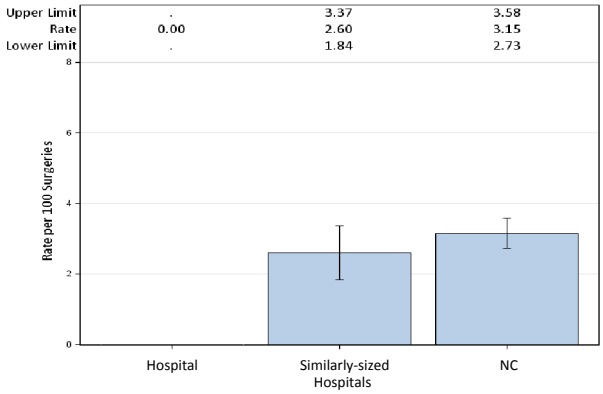


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

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

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	49	0	1.246	0	, 2.961	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.

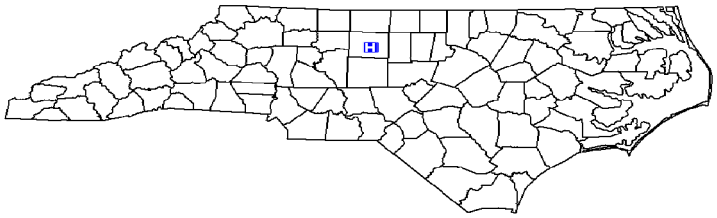
Commentary from Hospitals:
No comments provided.

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Kindred Hospital Greensboro, Greensboro, Guilford County

2012 Hospital Survey Information

Hospital Type:	Long-term Acute Care Hospital
Profit Status:	For Profit
Admissions in 2012:	470
Patient Days in 2012:	19,442
Total Number of Beds:	101
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.99



*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

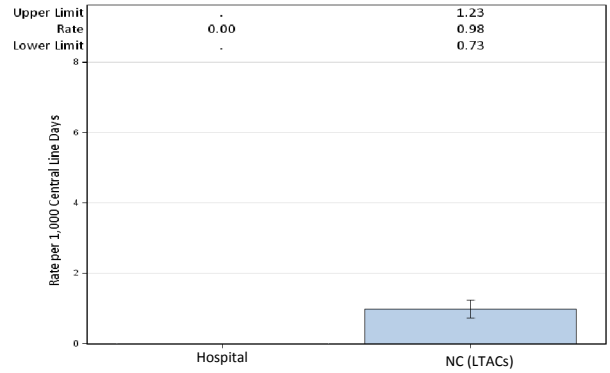


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

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

Type of Unit	Infections	Line Days	Rate
Adult ward	0	12,906	0.00
YTD Total for Reporting Units	0	12,906	0.00

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-Sep 2013

Type of Unit	Infections	Catheter Days	Rate
Adult ward	2	8,140	0.25
YTD Total for Reporting Units	2	8,140	0.25

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

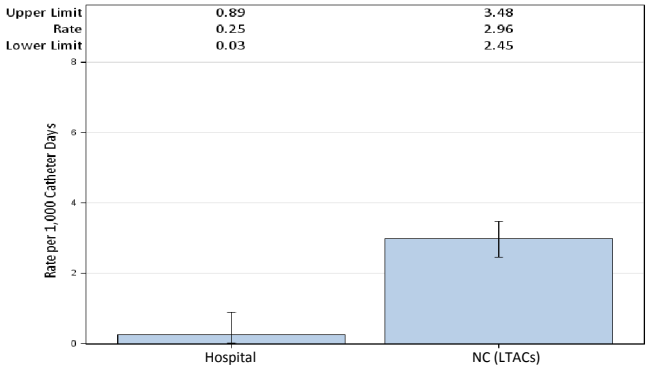


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Other Healthcare-Associated Infections (HAIs)

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

Commentary from Hospitals:
No comments provided.

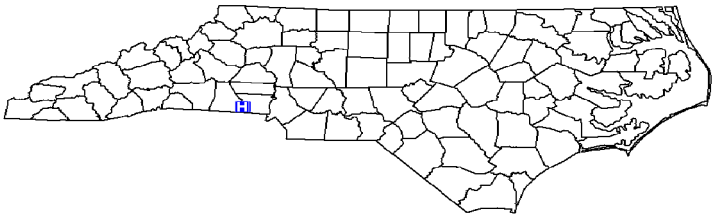
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Kings Mountain Hospital, Kings Mountain, Cleveland County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	2,274
Patient Days in 2012:	12,000
Total Number of Beds:	102
Number of ICU Beds:	6
FTE* Infection Preventionists:	0.50
Number of FTEs* per 100 beds:	0.49

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

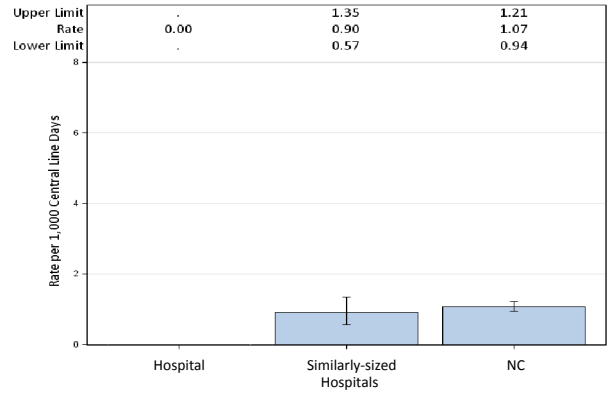


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	197	0	0.374	.		
YTD Total for Reporting ICUs	0	197	0	0.374	.		

*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 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 2. Rate and SIR, Jan-Sep 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	9,942	0	0.356	.		

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

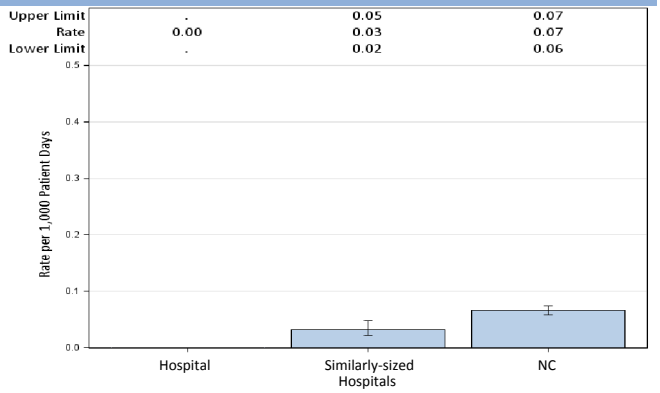


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

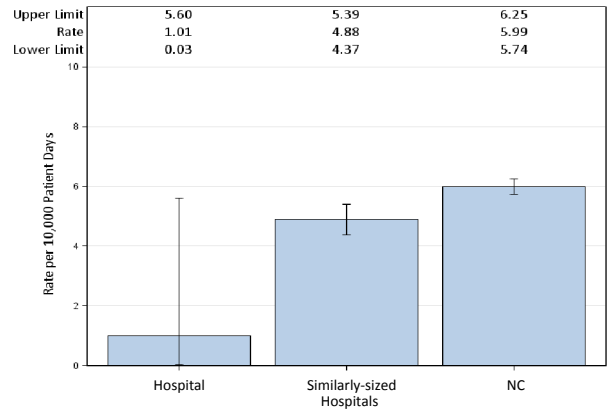


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 3. Rate and SIR, Jan-Sep 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	9,942	1.01	6.496	0.154	0.004, 0.858	Lower

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

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Kings Mountain Hospital, Kings Mountain, Cleveland County

Catheter-Associated Urinary Tract Infections (CAUTI)

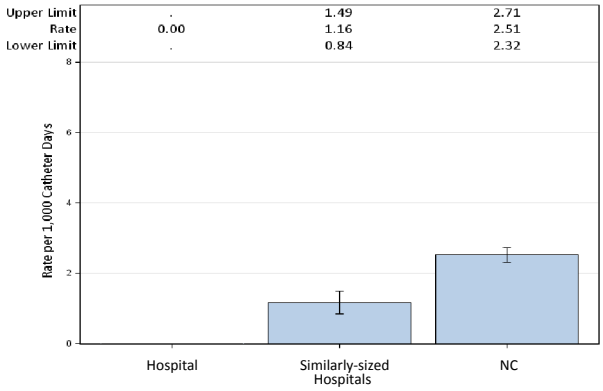


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

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

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	582	0	1.164	0	, 3.169	Same
YTD Total for Reporting ICUs	0	582	0	1.164	0	, 3.169	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-Sep 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	.	.	.		

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.

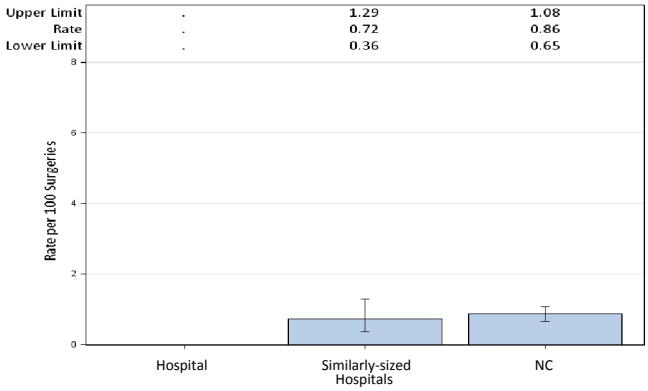


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

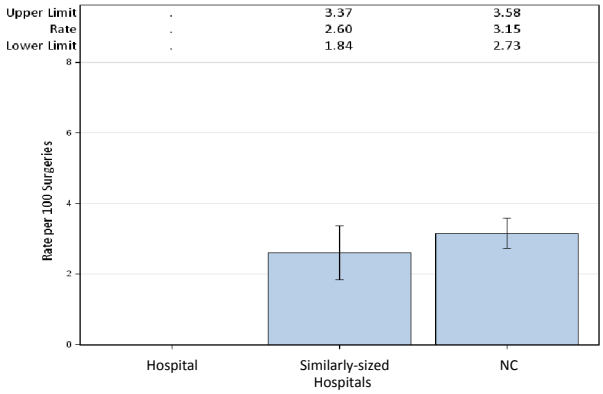


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

Table 6. Rates and SIRs, Jan-Sep 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	.	.	.		

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.

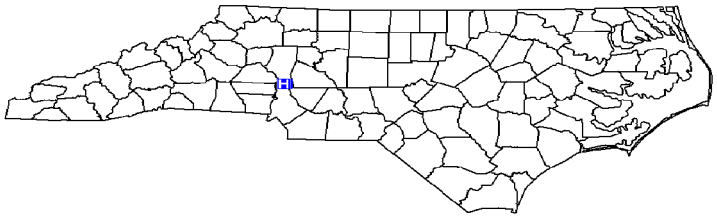
Refer to HAI in NC Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Lake Norman Regional Medical Center, Mooresville, Iredell County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	For Profit
Admissions in 2012:	4,428
Patient Days in 2012:	19,569
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)

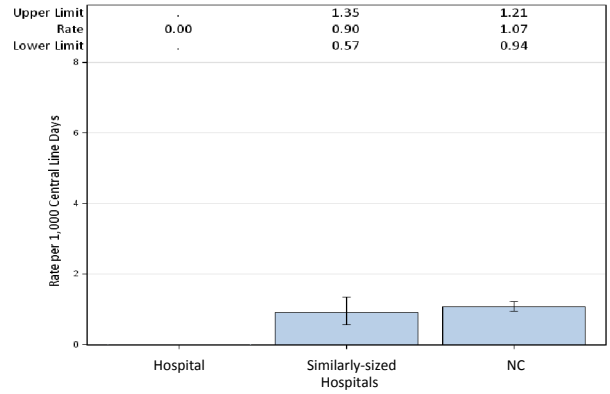


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	731	0	1.389	0	, 2.656	Same
Neonatal Level II/III	0	1	.	.	.		
YTD Total for Reporting ICUs	0	732	0	1.39	0	, 2.654	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 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 2. Rate and SIR, Jan-Sep 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	12,508	0.08	0.672	.		

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

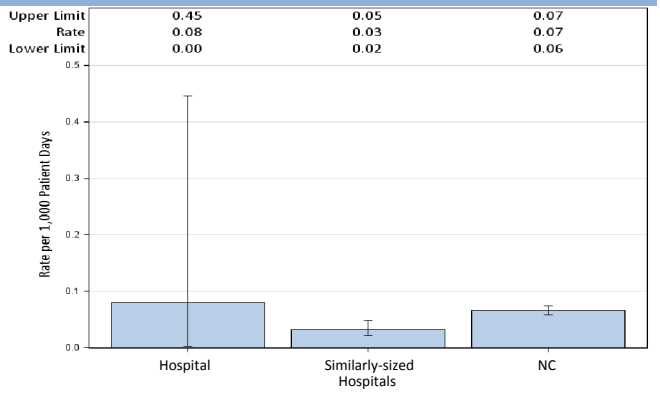


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

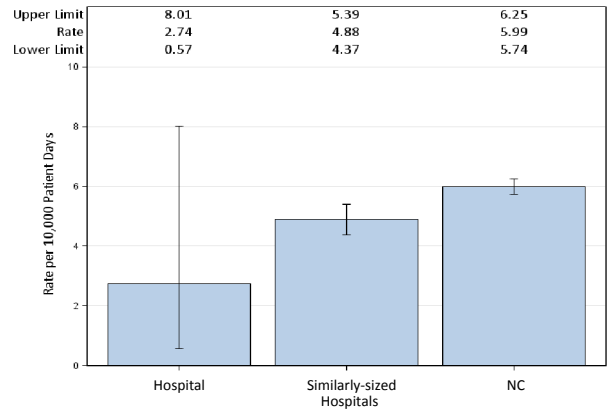


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 3. Rate and SIR, Jan-Sep 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	10,939	2.74	5.371	0.559	0.115, 1.632	Same

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

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Lake Norman Regional Medical Center, Mooresville, Iredell County

Catheter-Associated Urinary Tract Infections (CAUTI)

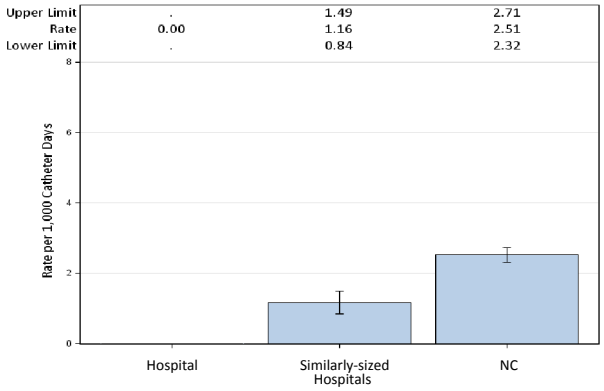


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

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

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	1,015	0	2.03	0	, 1.817	Same
YTD Total for Reporting ICUs	0	1,015	0	2.03	0	, 1.817	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-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	49	0	0.413	.		

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.

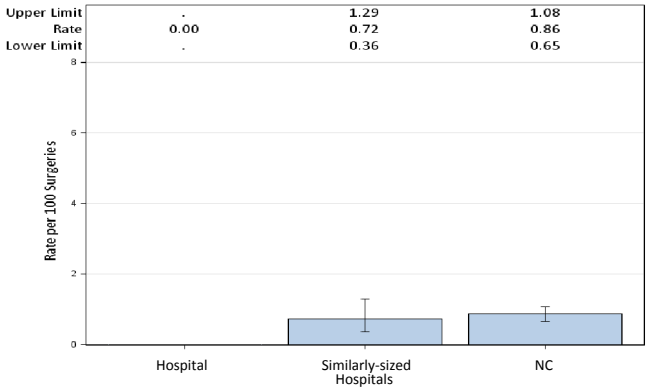


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

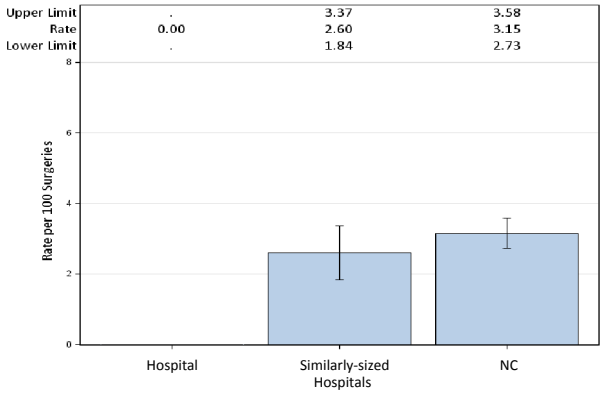


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

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

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	34	0	0.952	.		

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.

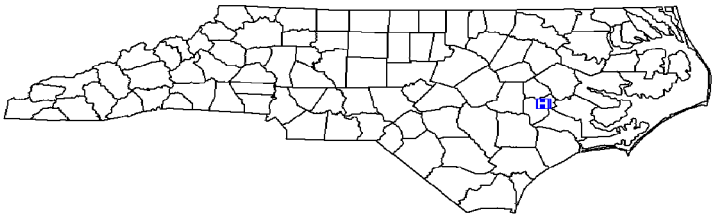
Refer to HAI in NC Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Lenoir Memorial Hospital, Inc, Kinston, Lenoir County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	7,155
Patient Days in 2012:	34,517
Total Number of Beds:	216
Number of ICU Beds:	14
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.46

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

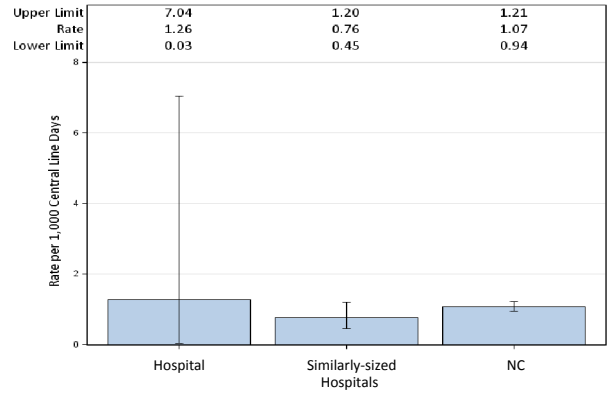


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	791	1.26	1.187	0.842	0.021, 4.694	Same
YTD Total for Reporting ICUs	1	791	1.26	1.187	0.842	0.021, 4.694	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 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 2. Rate and SIR, Jan-Sep 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	27,075	0.07	2.659	0.752	0.091, 2.717	Same

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

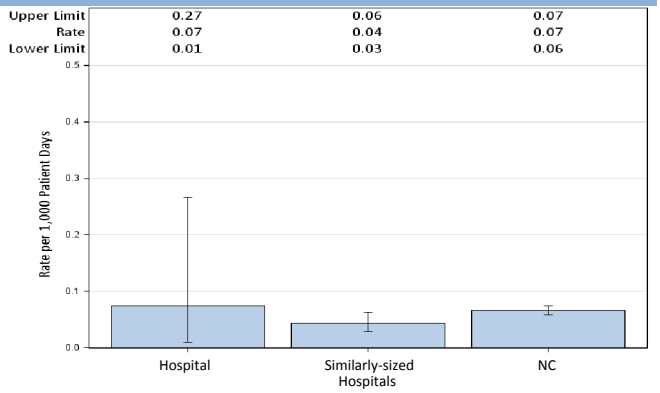


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

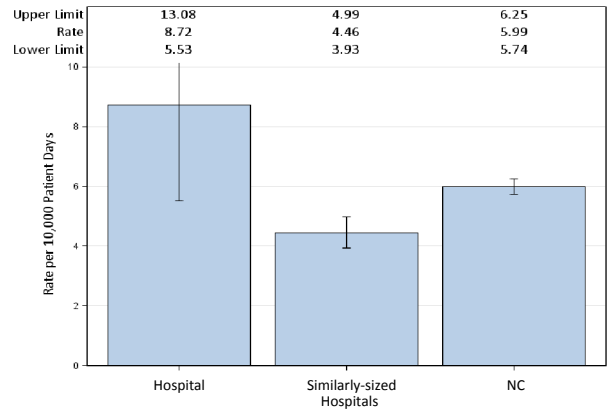


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 3. Rate and SIR, Jan-Sep 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	26,382	8.72	18.385	1.251	0.793, 1.877	Same

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

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Lenoir Memorial Hospital, Inc, Kinston, Lenoir County

Catheter-Associated Urinary Tract Infections (CAUTI)

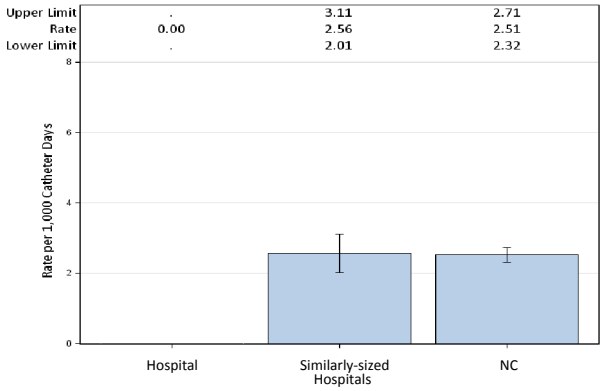


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 4. Rates and SIRs by ICU Type, Jan-Sep 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	1,532	0	1.992	0	, 1.852	Same
YTD Total for Reporting ICUs	0	1,532	0	1.992	0	, 1.852	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-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	1	29	3.45	0.372	.		

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.

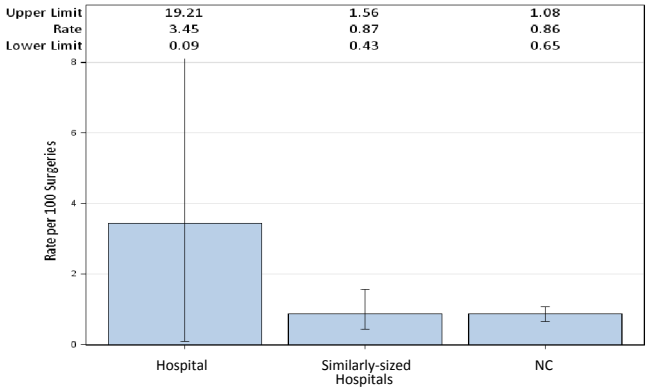


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

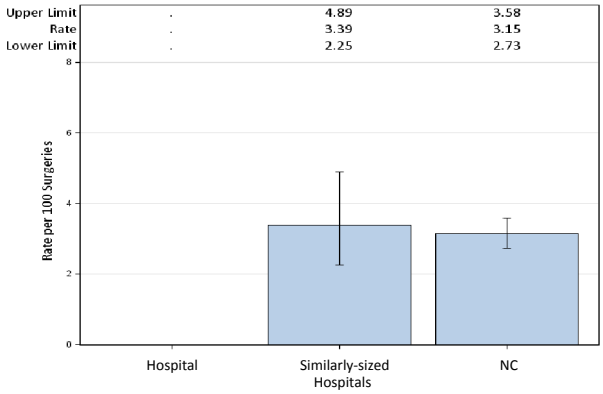


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

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

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	16	.	.	.		

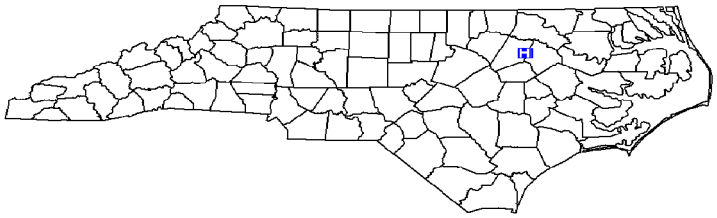
Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Lifecare Hospitals Of North Carolina, Rocky Mount, Nash County

2012 Hospital Survey Information

Hospital Type:	Long-term Acute Care Hospital
Profit Status:	For Profit
Admissions in 2012:	485
Patient Days in 2012:	14,268
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)

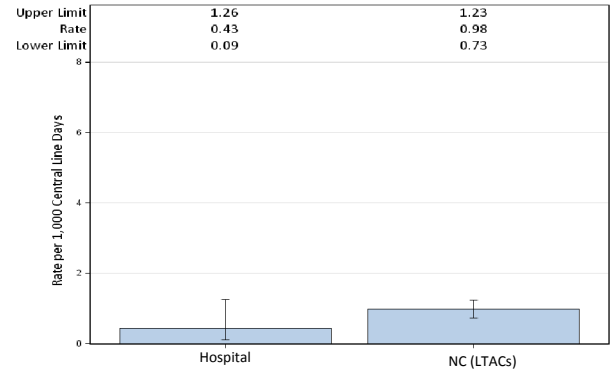


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

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

Type of Unit	Infections	Line Days	Rate
Adult ward	3	6,955	0.43
YTD Total for Reporting Units	3	6,955	0.43

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-Sep 2013

Type of Unit	Infections	Catheter Days	Rate
Adult ward	7	6,064	1.15
YTD Total for Reporting Units	7	6,064	1.15

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

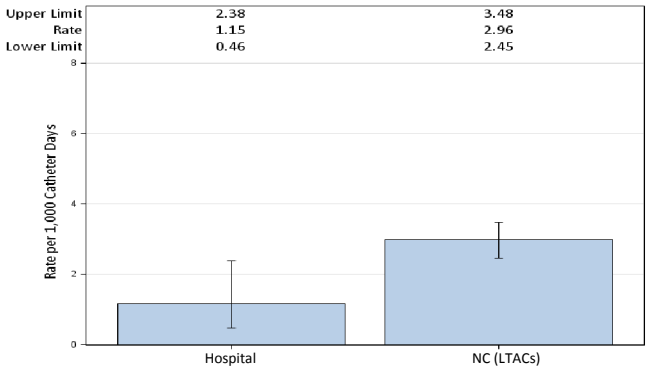


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Other Healthcare-Associated Infections (HAIs)

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

Commentary from Hospitals:
No comments provided.

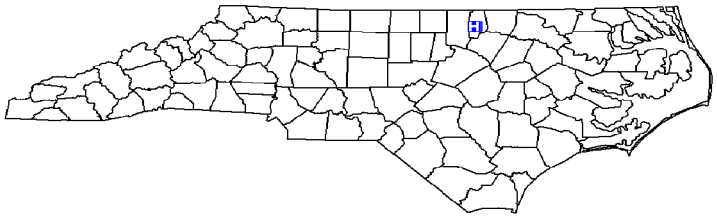
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Maria Parham Medical Center, Henderson, Vance County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	For Profit
Admissions in 2012:	5,576
Patient Days in 2012:	20,886
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)

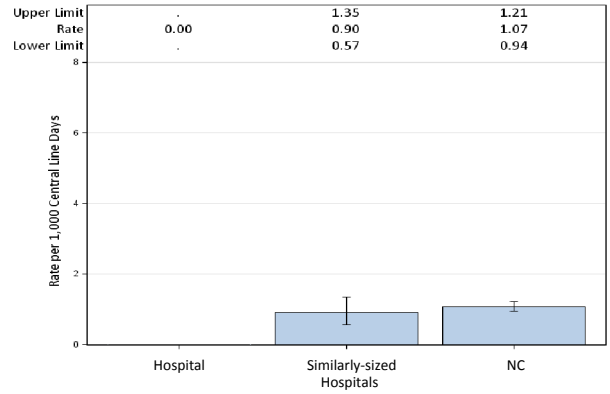


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	931	0	1.397	0	, 2.641	Same
YTD Total for Reporting ICUs	0	931	0	1.397	0	, 2.641	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 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 2. Rate and SIR, Jan-Sep 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	18,401	0	0.773	.		

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

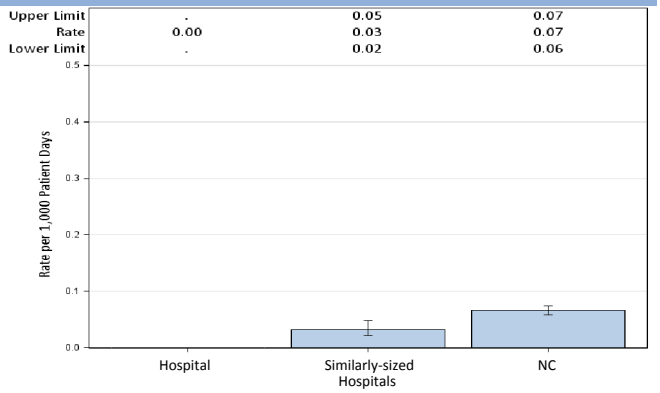


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

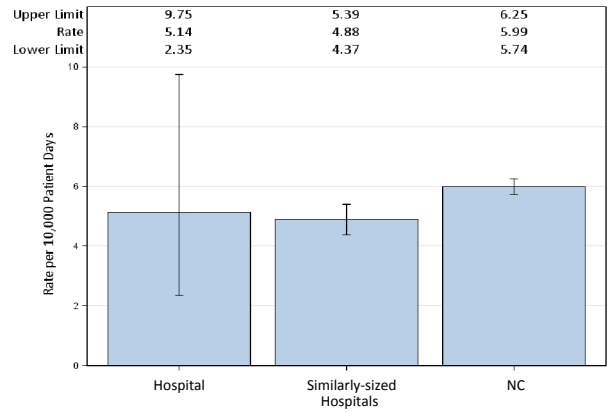


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 3. Rate and SIR, Jan-Sep 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	17,514	5.14	9.696	0.928	0.424, 1.762	Same

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

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Maria Parham Medical Center, Henderson, Vance County

Catheter-Associated Urinary Tract Infections (CAUTI)

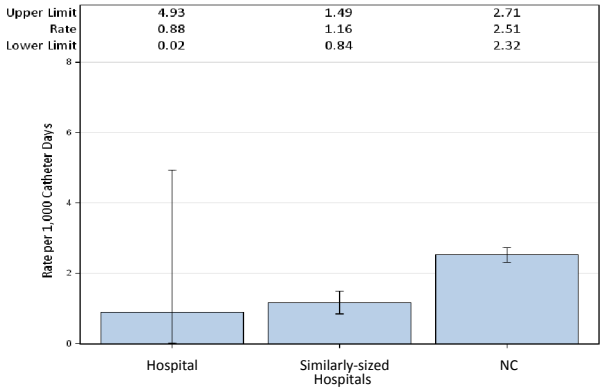


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 4. Rates and SIRs by ICU Type, Jan-Sep 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	1,131	0.88	1.47	0.68	0.017, 3.790	Same
YTD Total for Reporting ICUs	1	1,131	0.88	1.47	0.68	0.017, 3.790	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-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	39	0	0.432	.		

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.

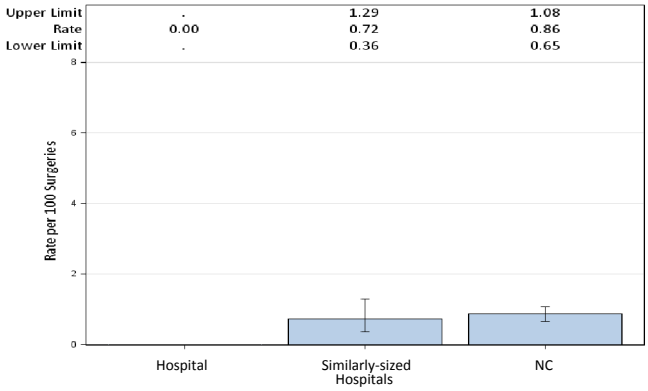


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

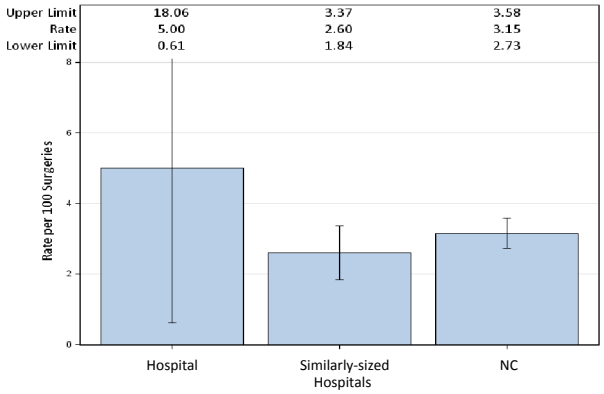


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

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

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	2	40	5	1.324	1.511	0.183, 5.457	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.

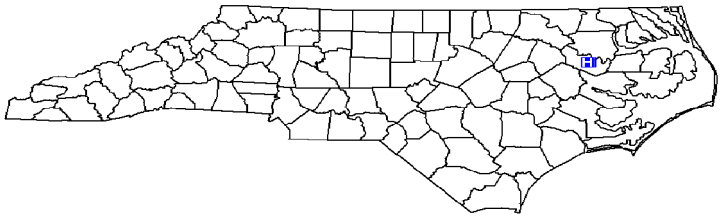
Commentary from Hospitals:
No comments provided.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Martin General Hospital, Williamston, Martin County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	For Profit
Admissions in 2012:	2,230
Patient Days in 2012:	7,223
Total Number of Beds:	49
Number of ICU Beds:	6
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	2.04

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

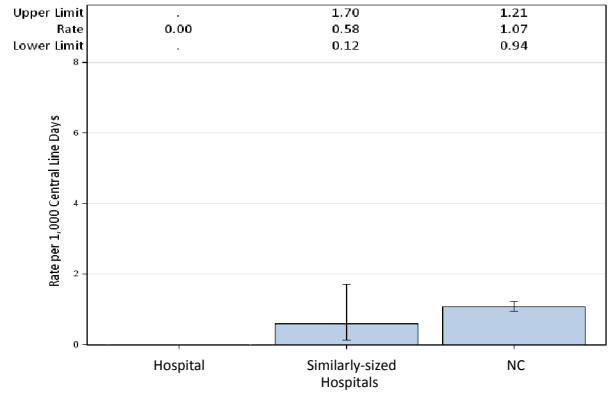


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	127	0	0.191	.		
YTD Total for Reporting ICUs	0	127	0	0.191	.		

*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 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 2. Rate and SIR, Jan-Sep 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	6,497	0	0.263	.		

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

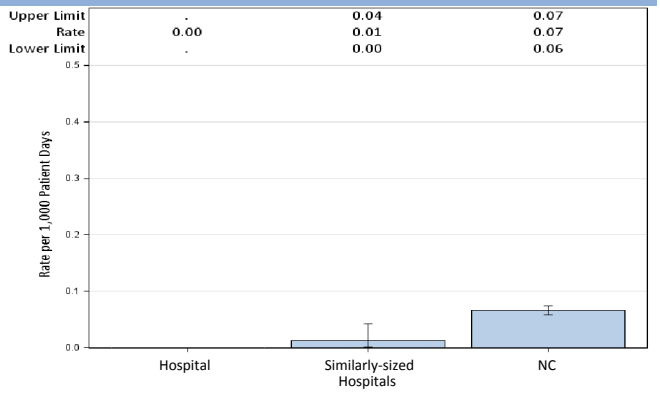


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

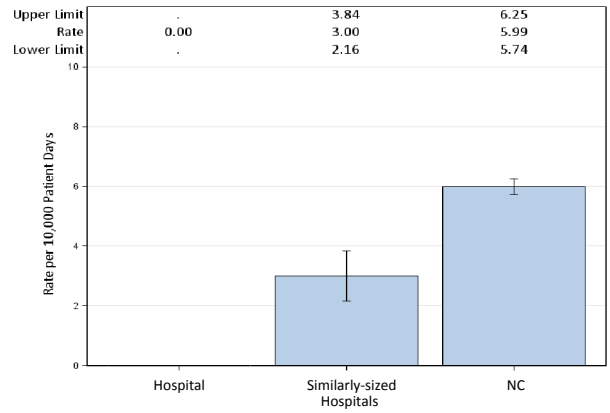


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 3. Rate and SIR, Jan-Sep 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	6,497	0	3.633	0	, 1.015	Same

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

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Martin General Hospital, Williamston, Martin County

Catheter-Associated Urinary Tract Infections (CAUTI)

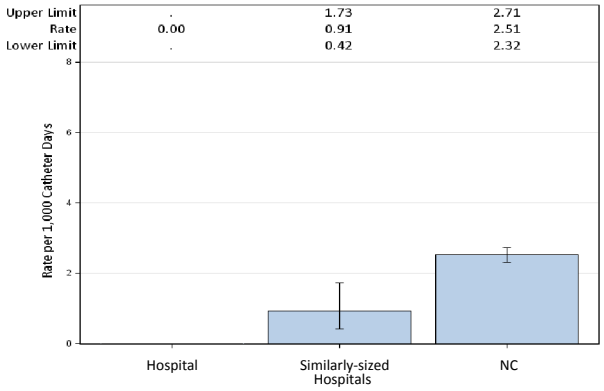


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 4. Rates and SIRs by ICU Type, Jan-Sep 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	487	0	0.633	.		
YTD Total for Reporting ICUs	0	487	0	0.633	.		

*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-Sep 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	.	.	.		

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.

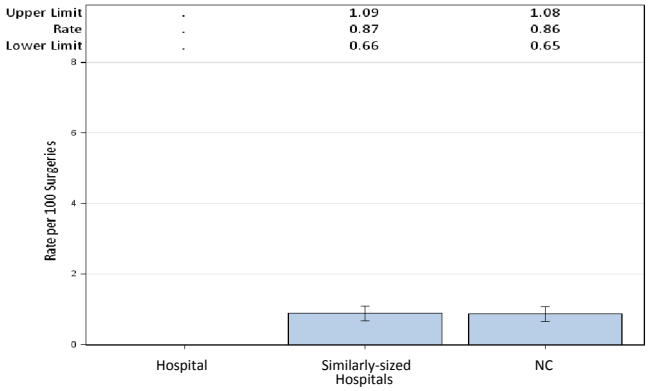


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

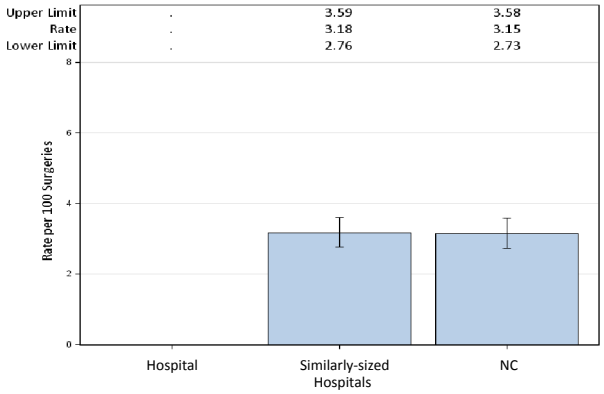


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

Table 6. Rates and SIRs, Jan-Sep 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	.	.	.		

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.

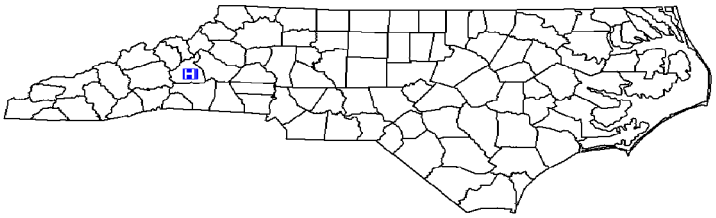
Refer to HAI in NC Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
McDowell Hospital, Marion, McDowell County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	2,805
Patient Days in 2012:	6,373
Total Number of Beds:	52
Number of ICU Beds:	9
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	1.92

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

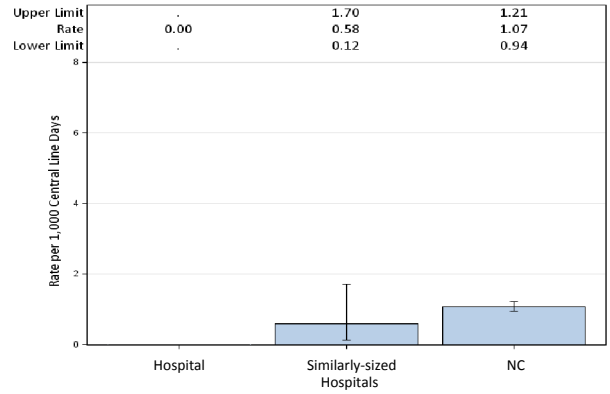


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	177	0	0.266	.		
YTD Total for Reporting ICUs	0	177	0	0.266	.		

*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 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 2. Rate and SIR, Jan-Sep 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	4,856	0	0.195	.		

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

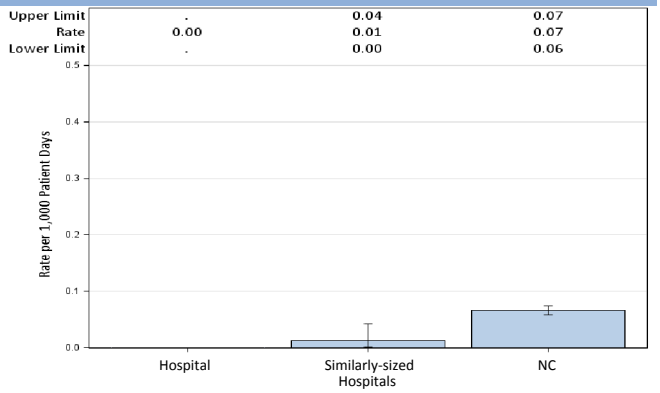


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

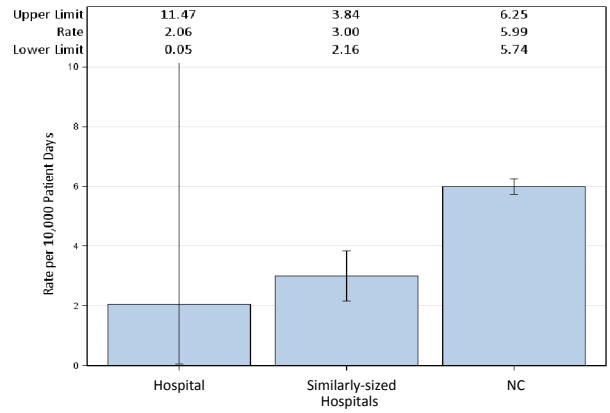


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 3. Rate and SIR, Jan-Sep 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	4,856	2.06	1.927	0.519	0.013, 2.891	Same

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

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
McDowell Hospital, Marion, McDowell County

Catheter-Associated Urinary Tract Infections (CAUTI)

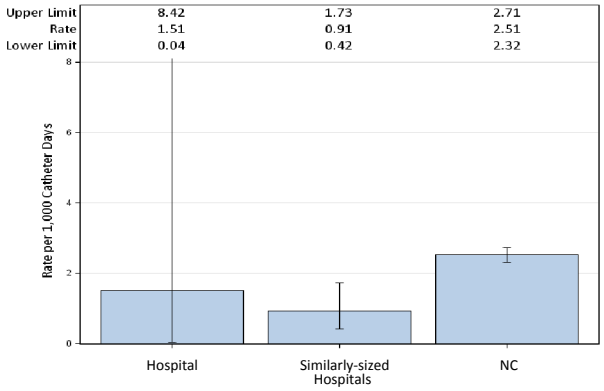


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 4. Rates and SIRs by ICU Type, Jan-Sep 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	662	1.51	0.861	.		
YTD Total for Reporting ICUs	1	662	1.51	0.861	.		

*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-Sep 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	0.26	.		

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.

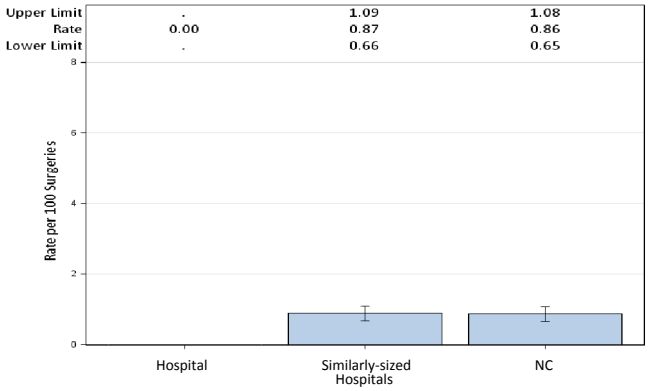


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

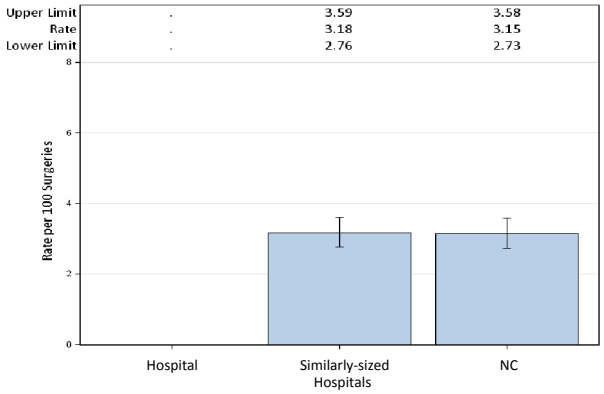


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

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

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	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 not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

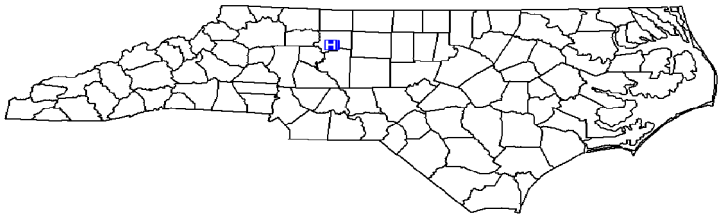
Refer to HAI in NC Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Medical Park Hospital, Winston Salem, Forsyth County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	720
Patient Days in 2012:	2,600
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 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.

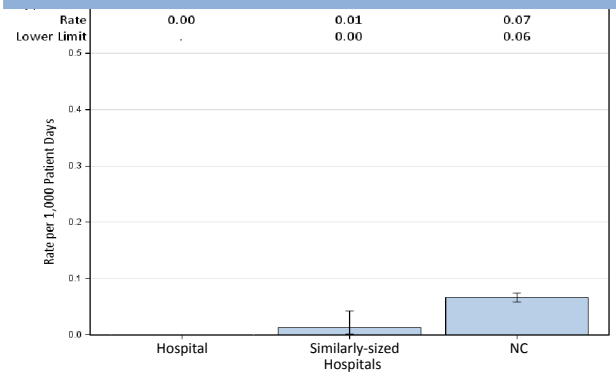


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rate and SIR, Jan-Sep 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	2,008	0	0.072	.		

*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-Sep 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	2,008	19.9	1.162	3.442	0.938, 8.814	Same

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

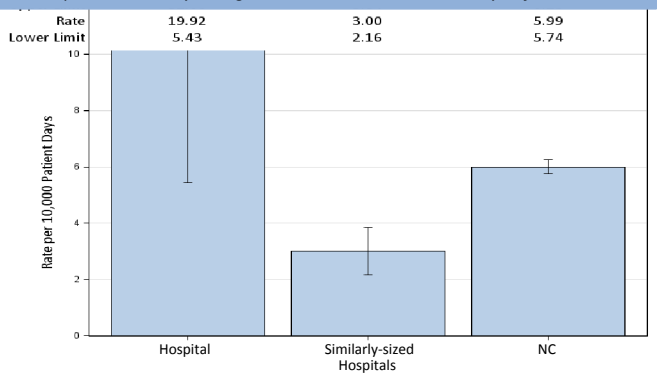


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI)

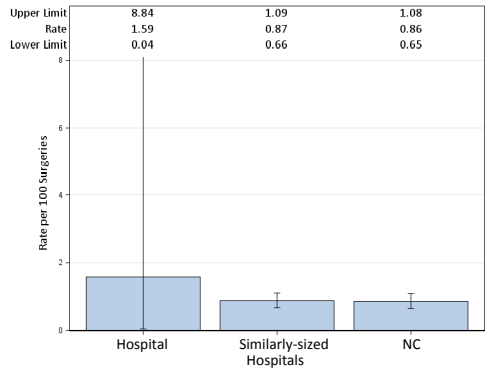


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Sep 2013.

Table 3. Rates and SIRs by Surgery, Jan-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	1	11
Procedures	63	149
Rate	1.59	7.38
Predicted Infections	0.53	4.59
SIR**	.	2.399
95% CI**		1.197, 4.292
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.

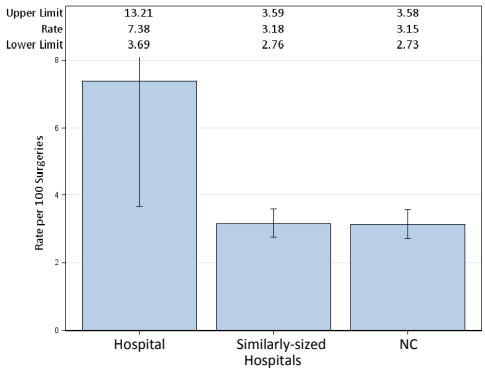


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

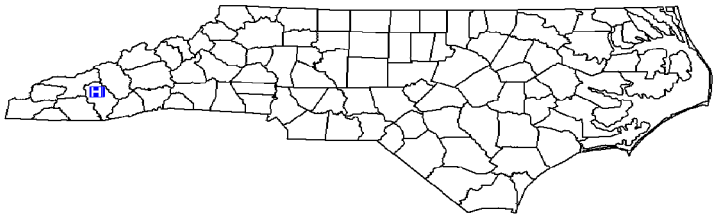
Commentary from Hospitals:
At Novant Health, the safety of our patients comes first. Our goal is to have the lowest possible infection rates and we continually monitor infection prevention tactics for improvement opportunities. We support transparency in reporting infection rates and make common infection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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
MedWest-Harris Regional Hospital, Sylva, Jackson County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	4,274
Patient Days in 2012:	12,831
Total Number of Beds:	94
Number of ICU Beds:	8
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	1.06

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

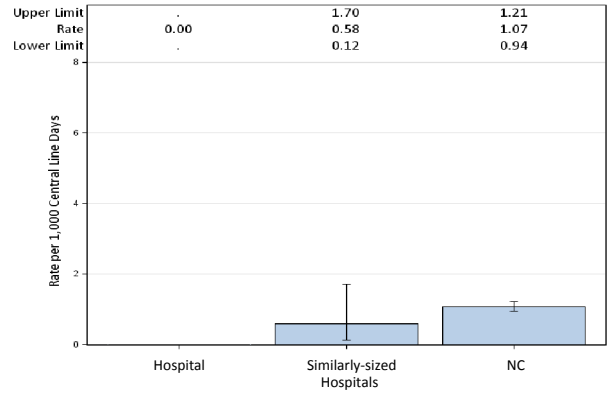


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	358	0	0.537	.		
YTD Total for Reporting ICUs	0	358	0	0.537	.		

*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 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 2. Rate and SIR, Jan-Sep 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	9,624	0	.	.	.	

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

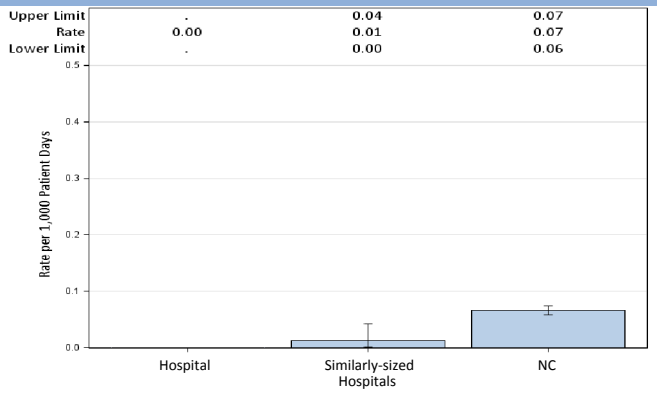


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

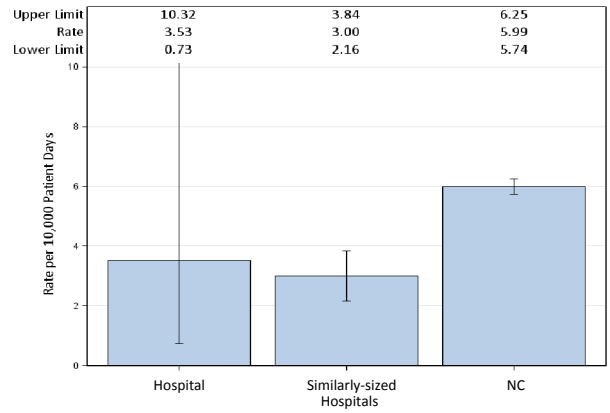


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 3. Rate and SIR, Jan-Sep 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	8,497	3.53	4.333	0.692	0.143, 2.023	Same

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

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
MedWest-Harris Regional Hospital, Sylva, Jackson County

Catheter-Associated Urinary Tract Infections (CAUTI)

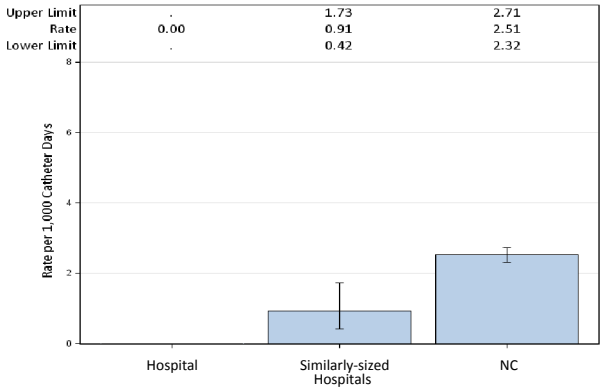


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 4. Rates and SIRs by ICU Type, Jan-Sep 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	874	0	1.136	0	, 3.247	Same
YTD Total for Reporting ICUs	0	874	0	1.136	0	, 3.247	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-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	10	.	.	.		

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.

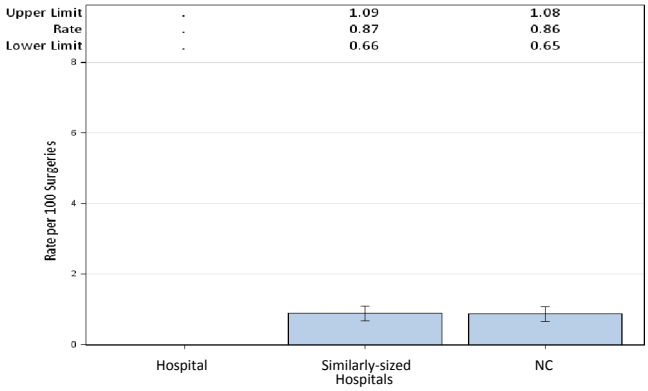


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

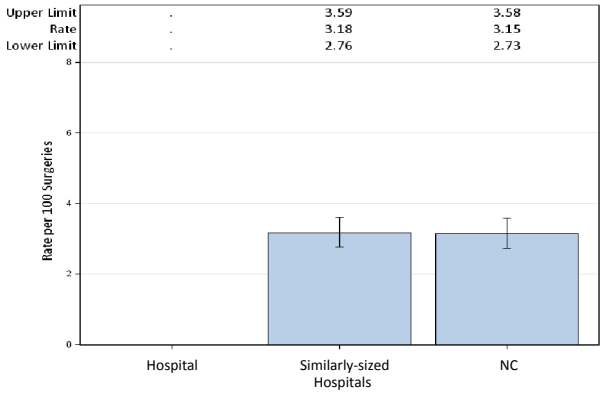


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

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

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	1	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 not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

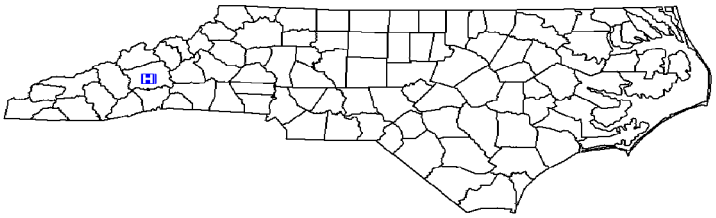
Refer to HAI in NC Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Mission Hospital, Asheville, Buncombe County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Profit Status:	Not for Profit
Admissions in 2012:	56,272
Patient Days in 2012:	213,678
Total Number of Beds:	763
Number of ICU Beds:	131
FTE* Infection Preventionists:	6.00
Number of FTEs* per 100 beds:	0.79

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

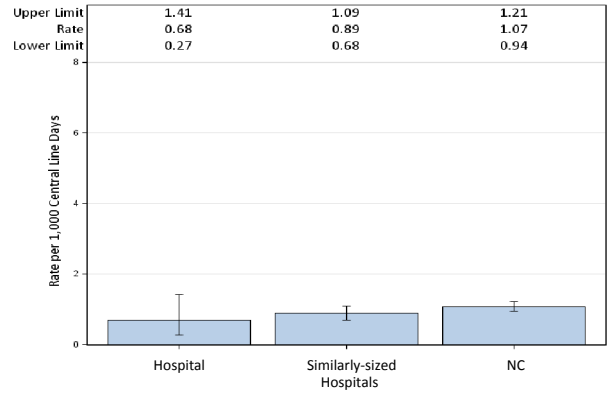


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	715	0	1.43	0	, 2.580	Same
Medical/surgical	2	3,563	0.56	5.345	0.374	0.045, 1.352	Same
Neonatal Level II/III	0	1,554	0	3.444	0	, 1.071	Same
Neurosurgical	3	1,982	1.51	4.955	0.605	0.125, 1.769	Same
Pediatric medical/surgical	1	377	2.65	1.131	0.884	0.022, 4.926	Same
Surgical cardiothoracic	1	2,056	0.49	2.878	0.347	0.009, 1.936	Same
YTD Total for Reporting ICUs	7	10,247	0.68	19.183	0.365	0.147, 0.752	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 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 2. Rate and SIR, Jan-Sep 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	158,768	0.05	9.478	0.844	0.364, 1.663	Same

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

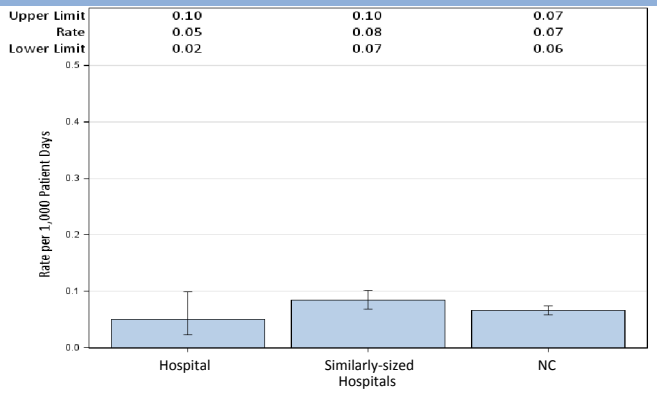


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

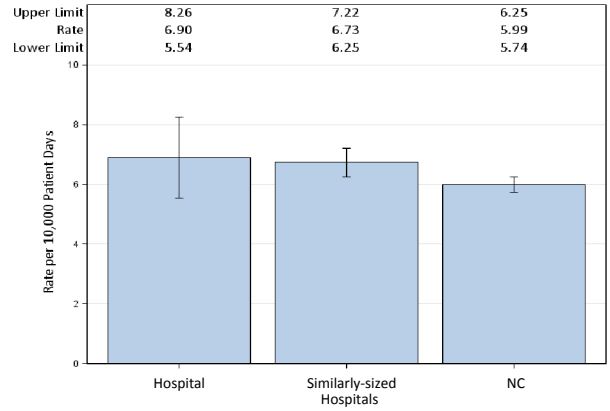


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

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

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	99	143,450	6.9	131.666	0.752	0.611, 0.915	Lower

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

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Mission Hospital, Asheville, Buncombe County

Catheter-Associated Urinary Tract Infections (CAUTI)

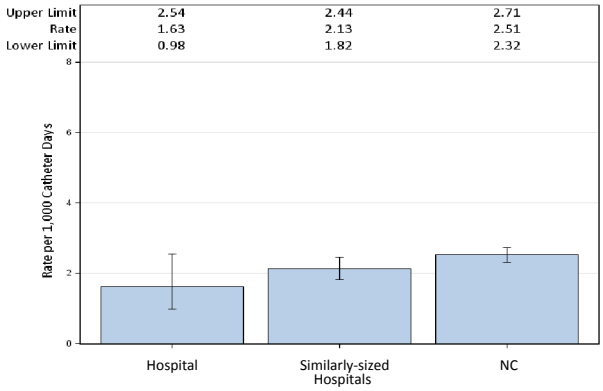


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 4. Rates and SIRs by ICU Type, Jan-Sep 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	1,119	2.68	2.238	1.34	0.276, 3.917	Same
Medical/surgical	7	5,032	1.39	6.542	1.07	0.430, 2.205	Same
Neurosurgical	8	3,109	2.57	13.68	0.585	0.252, 1.152	Same
Pediatric medical/surgical	0	82	0	0.23	.		
Surgical cardiothoracic	1	2,338	0.43	3.975	0.252	0.006, 1.402	Same
YTD Total for Reporting ICUs	19	11,680	1.63	26.663	0.713	0.429, 1.113	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-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	3	323	0.93	3.276	0.916	0.189, 2.676	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.

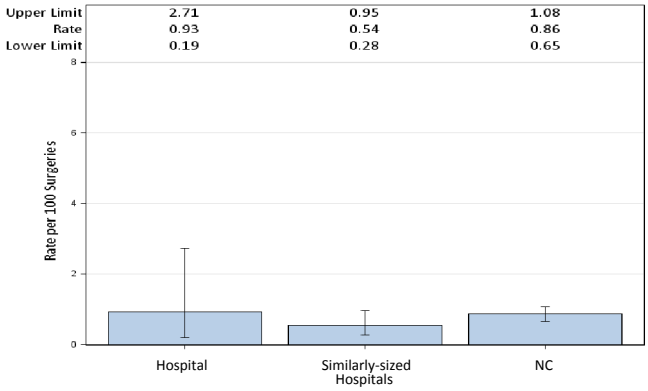


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

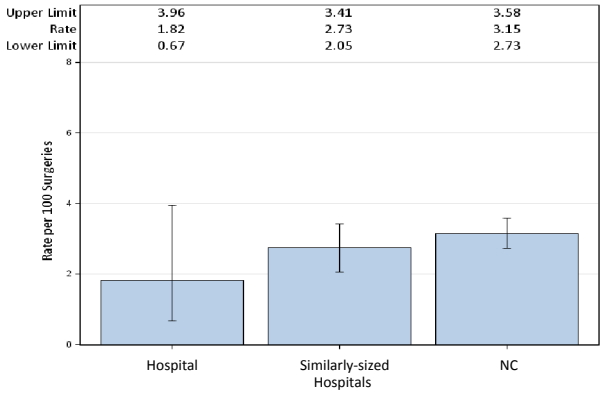


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

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

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	6	330	1.82	10.567	0.568	0.208, 1.236	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.

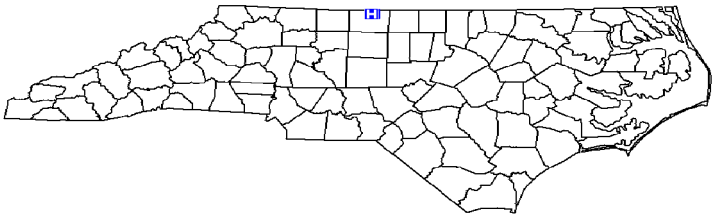
Refer to HAI in NC Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Morehead Memorial Hospital, Eden, Rockingham County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	5,372
Patient Days in 2012:	19,924
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)

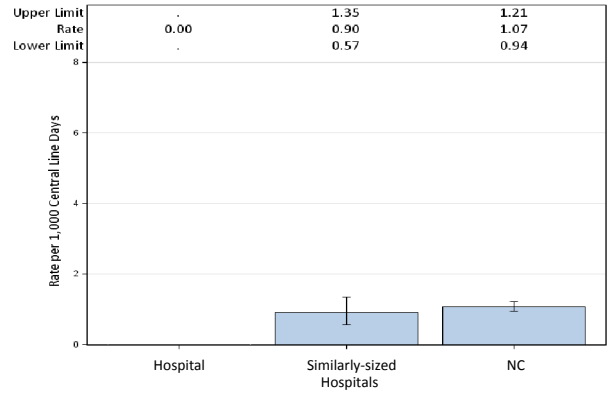


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	142	0	0.213	.		
YTD Total for Reporting ICUs	0	142	0	0.213	.		

*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 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 2. Rate and SIR, Jan-Sep 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	12,606	0.08	0.677	.		

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

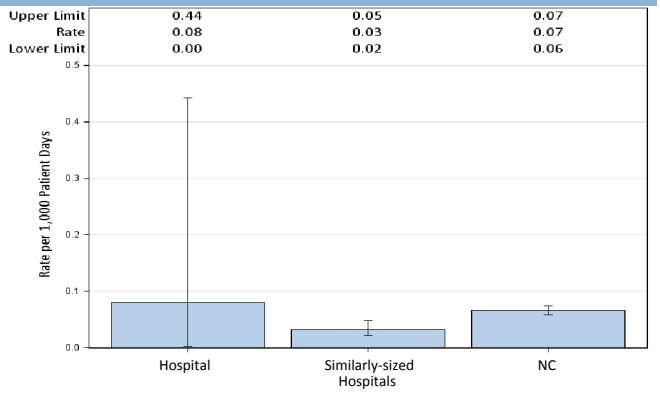


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

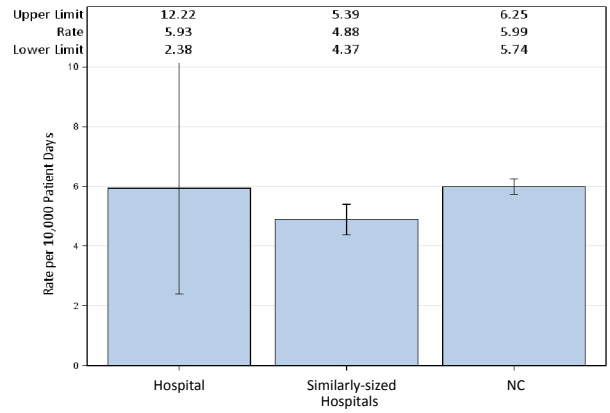


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 3. Rate and SIR, Jan-Sep 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	11,801	5.93	8.652	0.809	0.325, 1.667	Same

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

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Morehead Memorial Hospital, Eden, Rockingham County

Catheter-Associated Urinary Tract Infections (CAUTI)

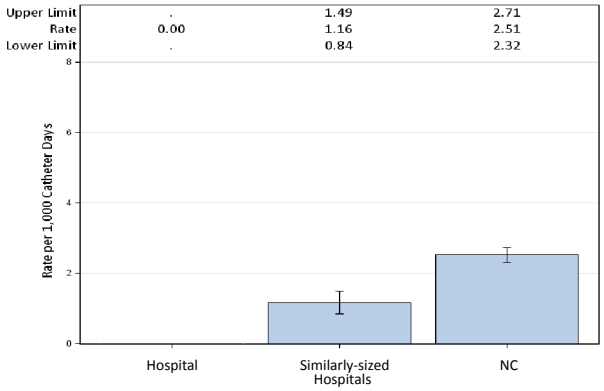


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 4. Rates and SIRs by ICU Type, Jan-Sep 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	879	0	1.143	0	, 3.227	Same
YTD Total for Reporting ICUs	0	879	0	1.143	0	, 3.227	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-Sep 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	0.264	.		

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.

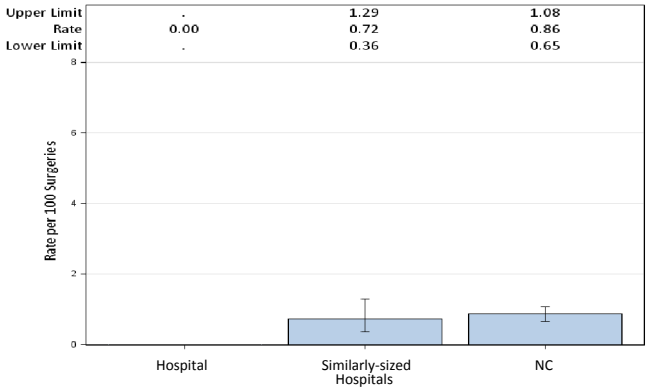


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

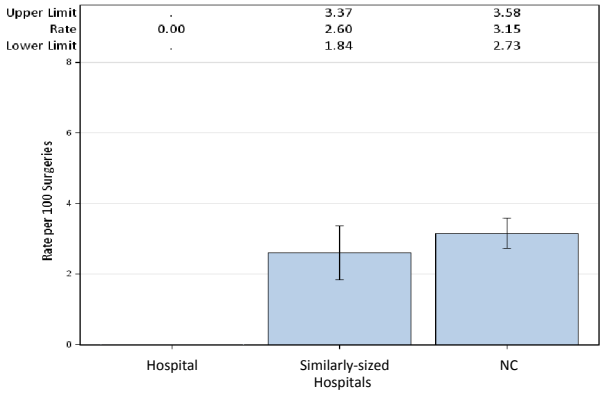


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

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

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	26	0	0.859	.		

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.

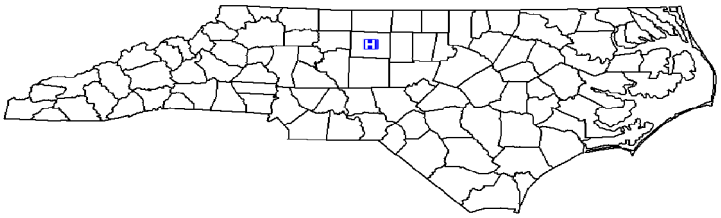
Refer to HAI in NC Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Moses Cone Hospital, Greensboro, Guilford County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	25,719
Patient Days in 2012:	121,023
Total Number of Beds:	536
Number of ICU Beds:	66
FTE* Infection Preventionists:	3.00
Number of FTEs* per 100 beds:	0.56

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

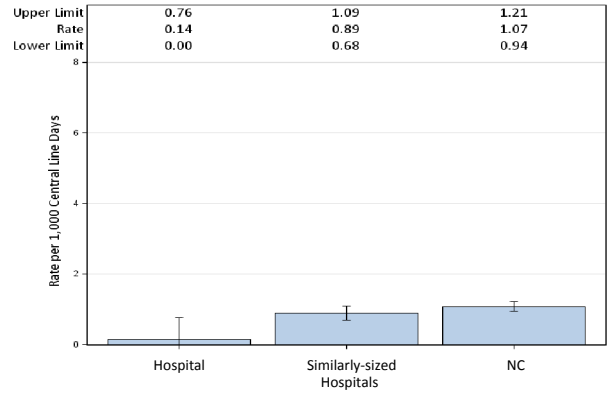


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	1,856	0	3.712	0	, 0.994	Lower
Medical/surgical	1	1,998	0.5	2.997	0.334	0.008, 1.859	Same
Neurosurgical	0	967	0	2.418	0	, 1.526	Same
Pediatric medical/surgical	0	33	.	.	.		
Surgical cardiothoracic	0	2,452	0	3.433	0	, 1.075	Same
YTD Total for Reporting ICUs	1	7,306	0.14	12.658	0.079	0.002, 0.440	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 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 2. Rate and SIR, Jan-Sep 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	84,227	0.02	5.47	0.366	0.044, 1.321	Same

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

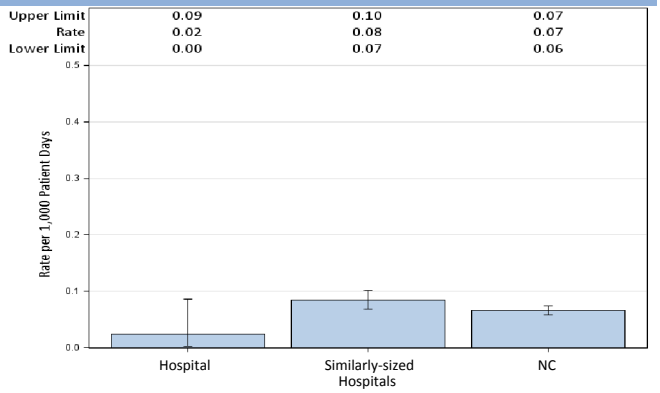


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

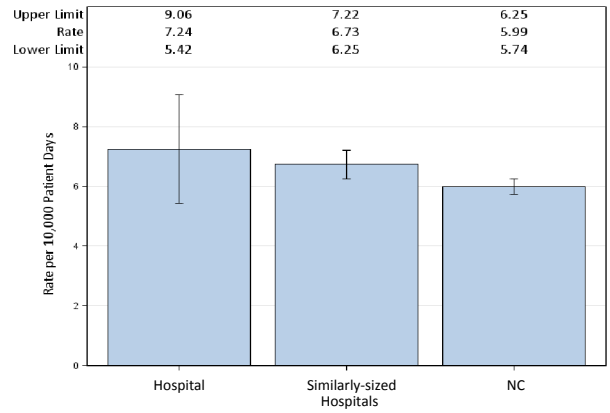


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

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

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	61	84,227	7.24	64.299	0.949	0.726, 1.219	Same

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

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Moses Cone Hospital, Greensboro, Guilford County

Catheter-Associated Urinary Tract Infections (CAUTI)

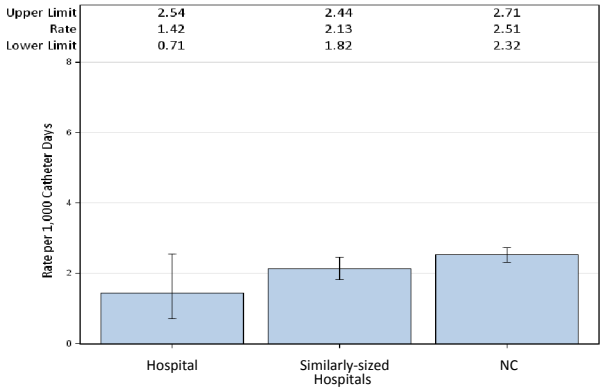


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 4. Rates and SIRs by ICU Type, Jan-Sep 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	1,685	0.59	3.37	0.297	0.008, 1.653	Same
Medical/surgical	5	2,208	2.26	2.65	1.887	0.613, 4.403	Same
Neurosurgical	3	1,575	1.9	6.93	0.433	0.089, 1.265	Same
Pediatric medical/surgical	0	34	.	.	.		
Surgical cardiothoracic	2	2,246	0.89	3.818	0.524	0.063, 1.892	Same
YTD Total for Reporting ICUs	11	7,748	1.42	16.863	0.652	0.326, 1.167	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-Sep 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	.	.	.		

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.

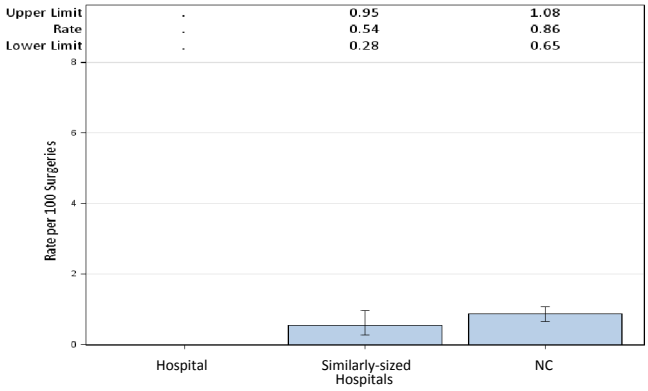


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

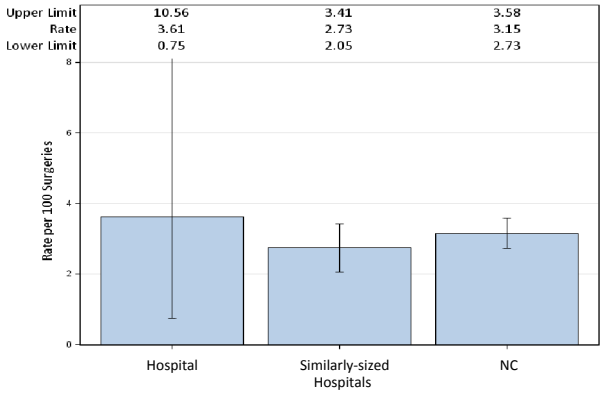


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

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

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	3	83	3.61	2.913	1.03	0.212, 3.010	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.

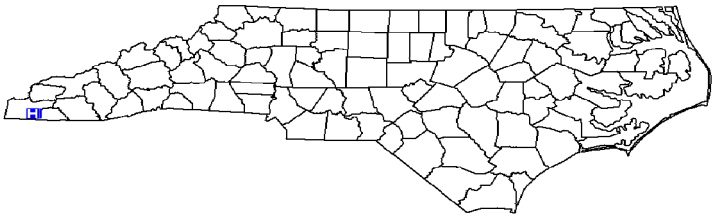
Commentary from Hospitals:
Cone Health is committed to preventing Healthcare Associated Infections. We have dedicated teams of experts focused on process improvements to improve our patient outcomes. Please contact Cone Health Infection Prevention if you would like further information.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Murphy Medical Center, Murphy, Cherokee County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	2,176
Patient Days in 2012:	7,512
Total Number of Beds:	57
Number of ICU Beds:	6
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	1.75

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

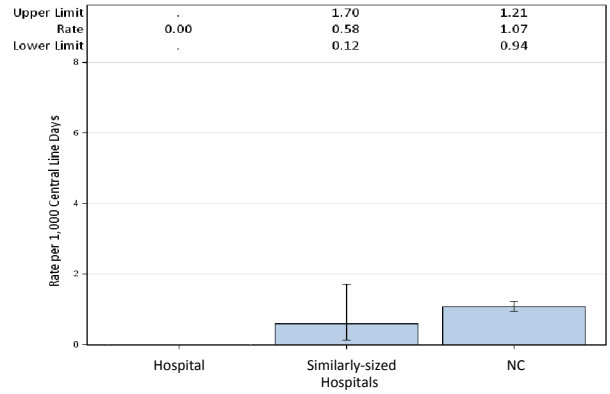


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	142	0	0.213	.		
YTD Total for Reporting ICUs	0	142	0	0.213	.		

*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 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 2. Rate and SIR, Jan-Sep 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	4,991	0	.	.	.	

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

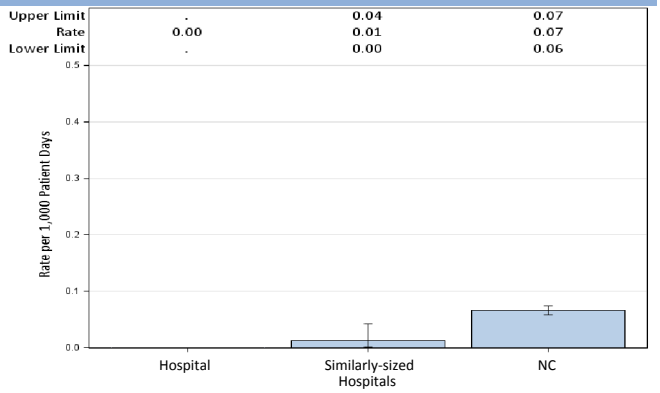


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

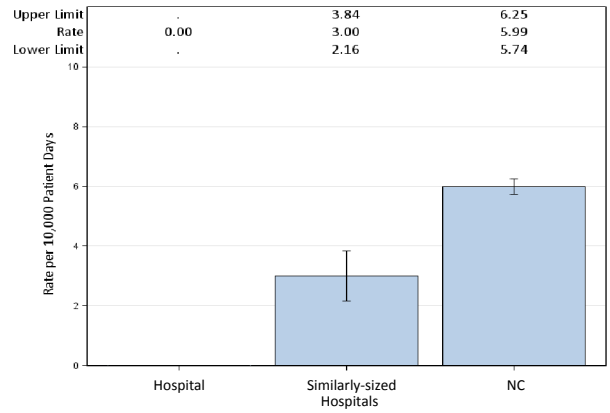


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 3. Rate and SIR, Jan-Sep 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	4,936	0	2.153	0	, 1.713	Same

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

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Murphy Medical Center, Murphy, Cherokee County

Catheter-Associated Urinary Tract Infections (CAUTI)

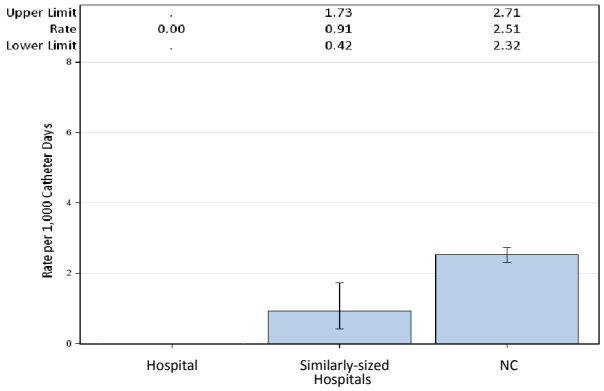


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 4. Rates and SIRs by ICU Type, Jan-Sep 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	402	0	0.523	.		
YTD Total for Reporting ICUs	0	402	0	0.523	.		

*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-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

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

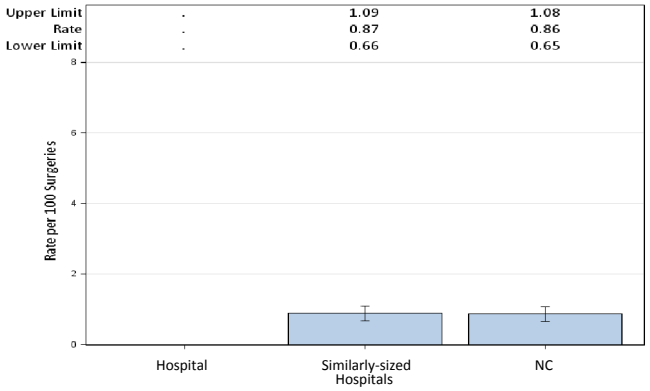


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

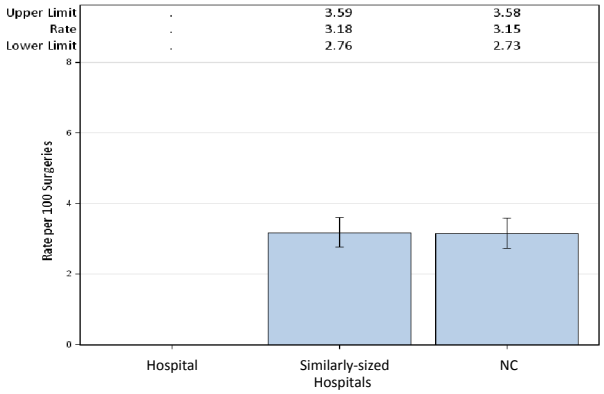


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

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

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	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:
No comments provided.

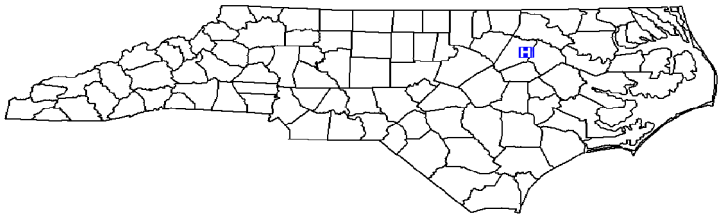
Refer to HAI in NC Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Nash Health Care Systems, Rocky Mount, Nash County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	13,583
Patient Days in 2012:	62,057
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)

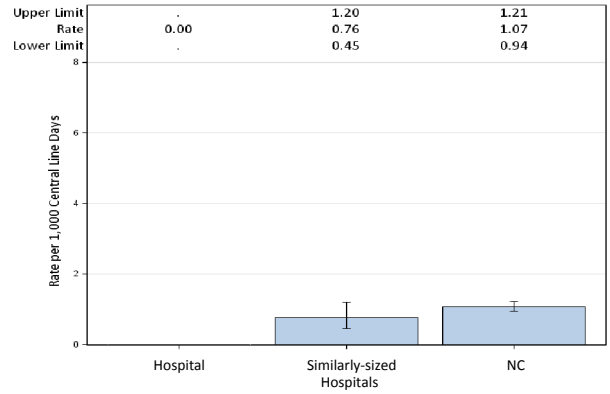


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	2,169	0	3.254	0	, 1.134	Same
Neonatal Level II/III	0	15	.	.	.		
YTD Total for Reporting ICUs	0	2,184	0	3.275	0	, 1.126	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 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 2. Rate and SIR, Jan-Sep 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	40,416	0.05	2.764	0.724	0.088, 2.614	Same

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

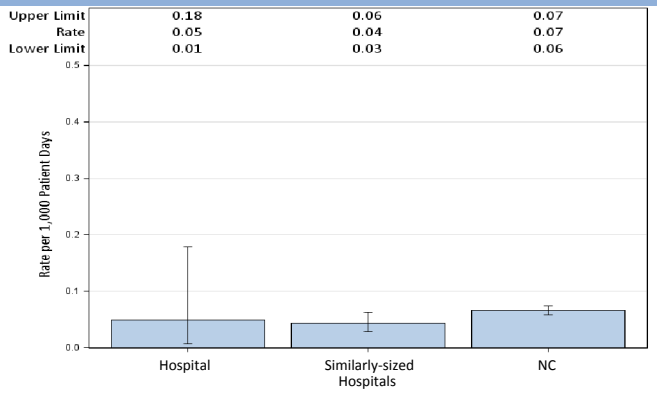


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

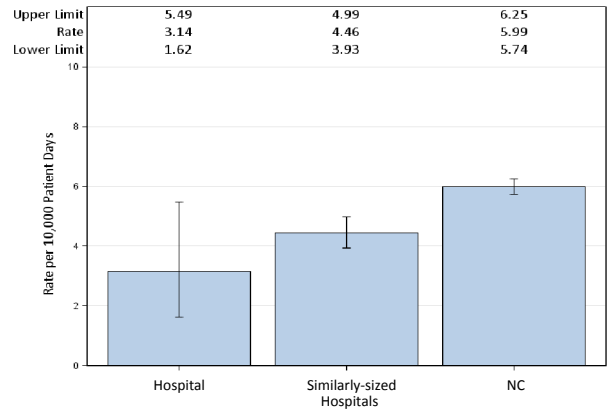


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 3. Rate and SIR, Jan-Sep 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	38,204	3.14	19.155	0.626	0.324, 1.094	Same

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

Refer to HAI in NC 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 – September 30, 2013
Nash Health Care Systems, Rocky Mount, Nash County

Catheter-Associated Urinary Tract Infections (CAUTI)

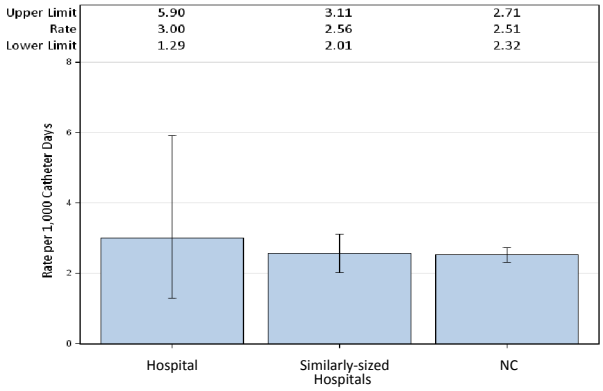


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 4. Rates and SIRs by ICU Type, Jan-Sep 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	2,670	3	3.204	2.497	1.078, 4.920	Higher
YTD Total for Reporting ICUs	8	2,670	3	3.204	2.497	1.078, 4.920	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-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	4	125	3.2	1.21	3.306	0.901, 8.464	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.

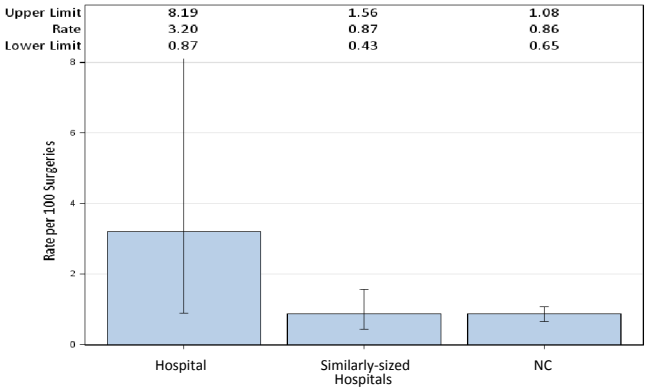


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

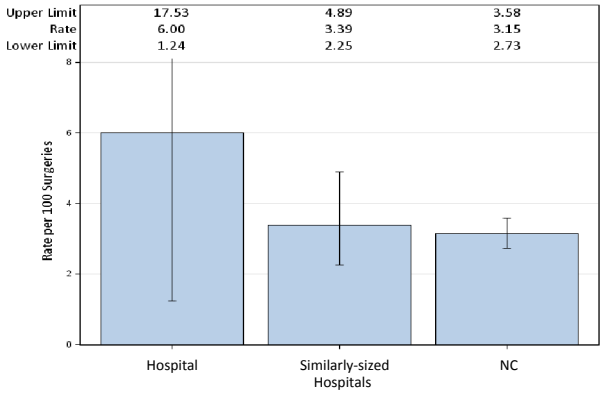


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

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

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	3	50	6	1.626	1.845	0.380, 5.392	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.

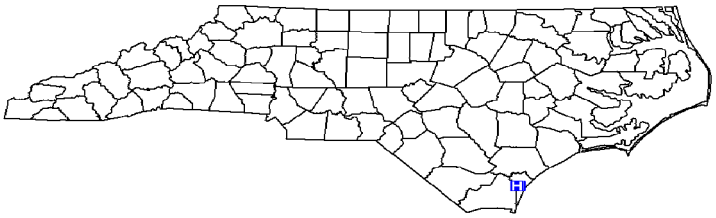
Refer to HAI in NC Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
New Hanover Regional Medical Center, Wilmington, New Hanover County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Profit Status:	Not for Profit
Admissions in 2012:	36,683
Patient Days in 2012:	182,697
Total Number of Beds:	579
Number of ICU Beds:	112
FTE* Infection Preventionists:	4.00
Number of FTEs* per 100 beds:	0.69

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

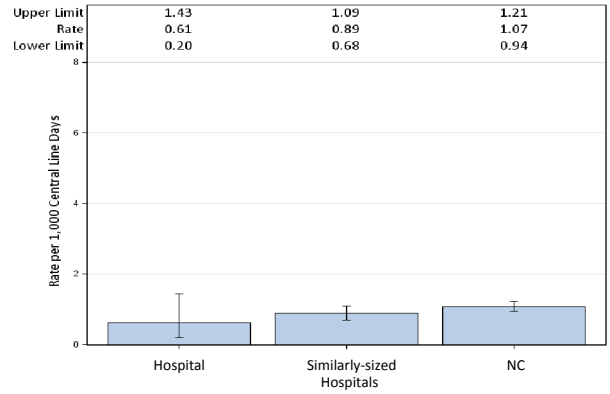


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	1,314	0.76	3.416	0.293	0.007, 1.631	Same
Medical cardiac	1	1,933	0.52	3.866	0.259	0.007, 1.441	Same
Medical/surgical	0	45	.	.	.		
Neonatal Level II/III	1	1,420	0.7	4.166	0.24	0.006, 1.337	Same
Pediatric medical/surgical	0	139	0	0.417	.		
Surgical	0	1,618	0	3.721	0	, 0.991	Lower
Surgical cardiothoracic	2	1,666	1.2	2.332	0.858	0.104, 3.098	Same
YTD Total for Reporting ICUs	5	8,135	0.61	18.014	0.278	0.090, 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 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 2. Rate and SIR, Jan-Sep 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	13	123,462	0.11	14.187	0.916	0.488, 1.567	Same

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

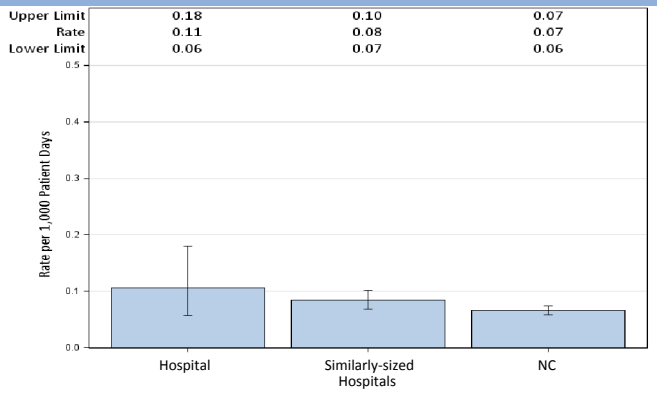


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

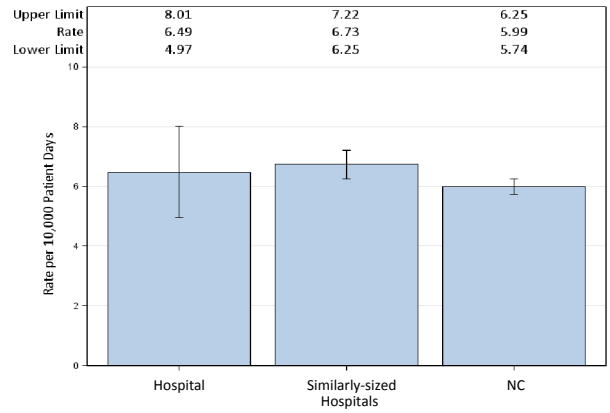


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

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

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	70	107,897	6.49	81.193	0.862	0.672, 1.089	Same

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

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
New Hanover Regional Medical Center, Wilmington, New Hanover County

Catheter-Associated Urinary Tract Infections (CAUTI)

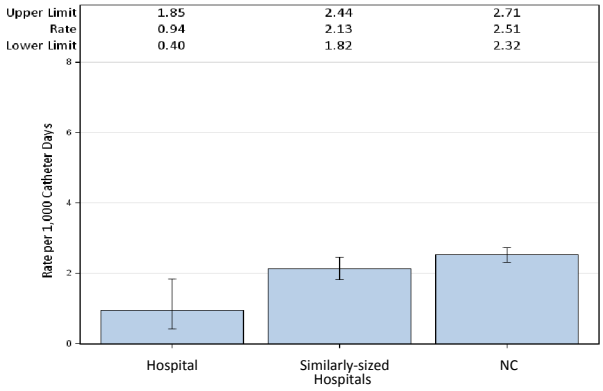


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

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

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	3	1,575	1.9	3.623	0.828	0.171, 2.420	Same
Medical cardiac	0	2,483	0	4.966	0	, 0.743	Lower
Medical/surgical	1	275	3.64	0.633	.		
Pediatric medical/surgical	0	67	0	0.188	.		
Surgical	4	2,561	1.56	6.659	0.601	0.164, 1.538	Same
Surgical cardiothoracic	0	1,570	0	2.669	0	, 1.382	Same
YTD Total for Reporting ICUs	8	8,531	0.94	18.736	0.427	0.184, 0.841	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-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	354	0	3.37	0	, 1.095	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.

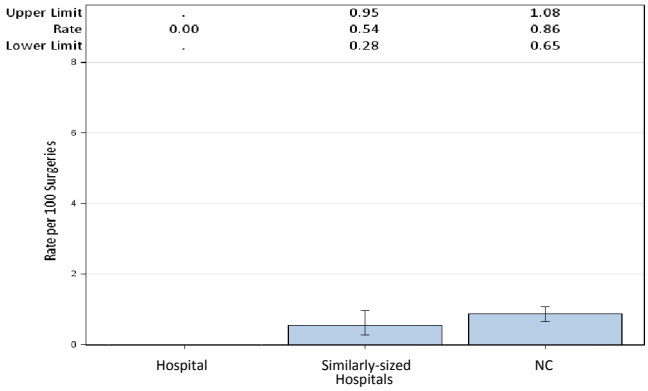


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

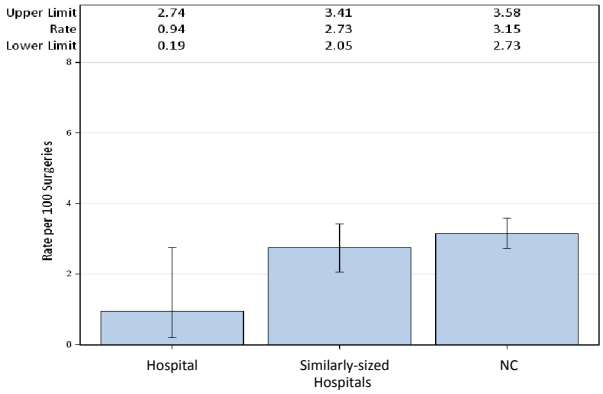


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

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

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	3	320	0.94	10.302	0.291	0.060, 0.851	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 NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
North Carolina Specialty Hospital, Durham, Durham County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Profit Status:	Physician-owned
Admissions in 2012:	1,553
Patient Days in 2012:	4,038
Total Number of Beds:	18
FTE* Infection Preventionists:	0.63
Number of FTEs* per 100 beds:	3.47

*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.

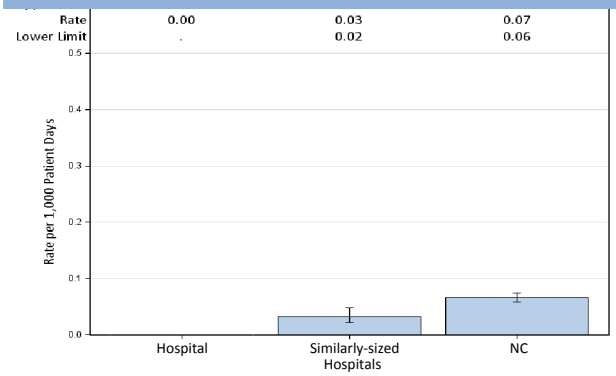


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rate and SIR, Jan-Sep 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	2,491	0	0.089	.		

*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-Sep 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	2,491	0	1.086	0	, 3.397	Same

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

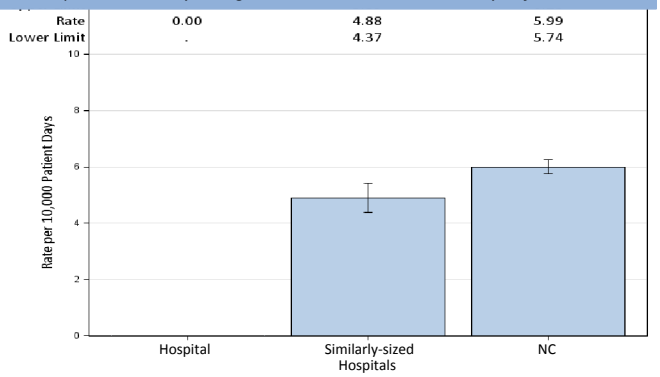


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

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.

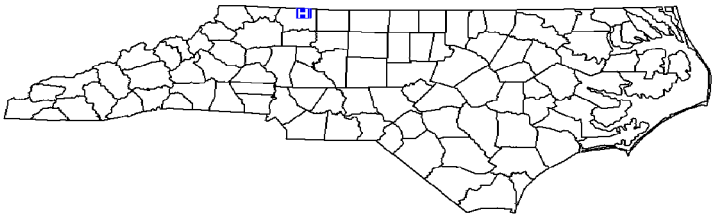
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Northern Hospital Of Surry County, Mount Airy, Surry County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	4,887
Patient Days in 2012:	15,002
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)

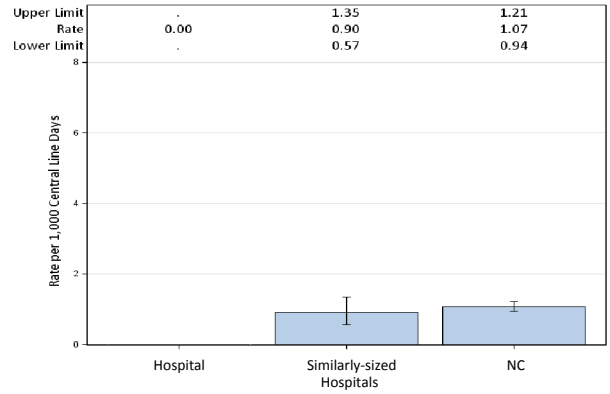


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	209	0	0.314	.		
YTD Total for Reporting ICUs	0	209	0	0.314	.		

*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 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 2. Rate and SIR, Jan-Sep 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	11,955	0	0.638	.		

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

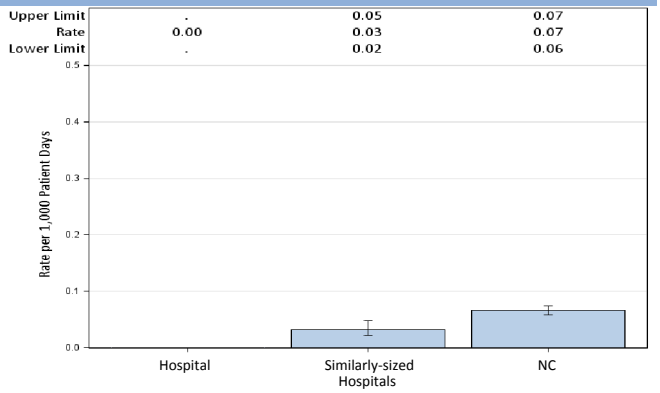


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

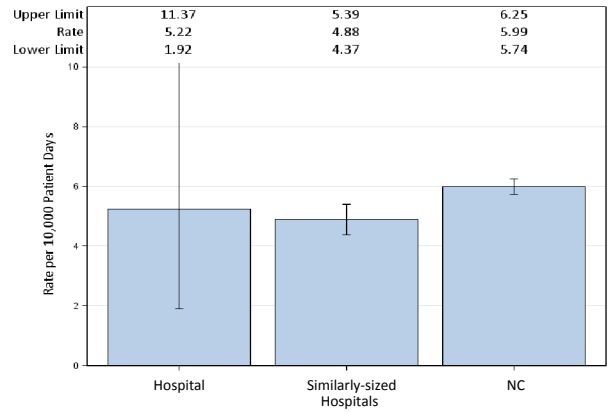


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 3. Rate and SIR, Jan-Sep 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	11,486	5.22	8.432	0.712	0.261, 1.549	Same

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

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Northern Hospital Of Surry County, Mount Airy, Surry County

Catheter-Associated Urinary Tract Infections (CAUTI)

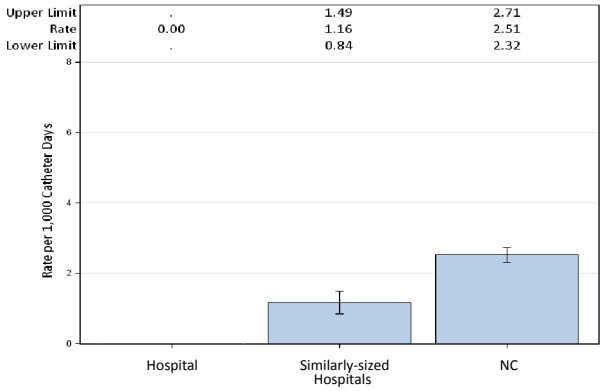


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 4. Rates and SIRs by ICU Type, Jan-Sep 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	532	0	0.692	.		
YTD Total for Reporting ICUs	0	532	0	0.692	.		

*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-Sep 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	0.302	.		

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.

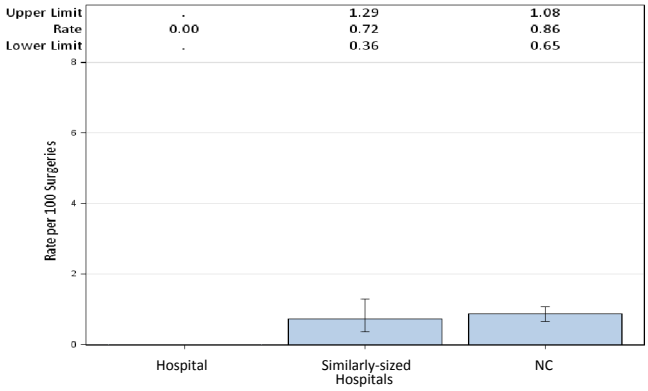


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

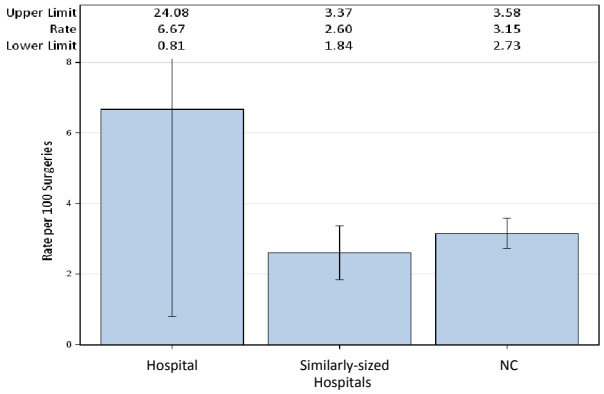


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

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

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	2	30	6.67	0.963	.		

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.

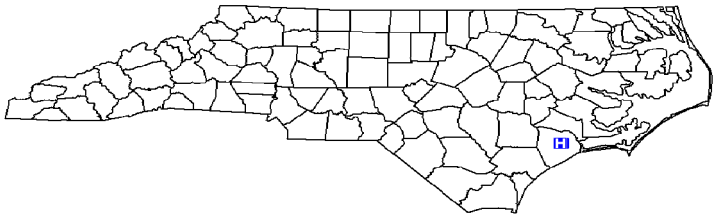
Commentary from Hospitals:
No comments provided.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Onslow Memorial Hospital, Jacksonville, Onslow County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	9,964
Patient Days in 2012:	34,029
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)

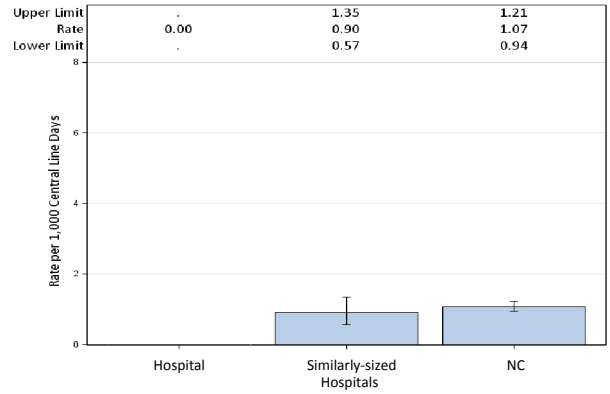


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	763	0	1.145	0	, 3.222	Same
Neonatal Level III	0	1	.	.	.		
YTD Total for Reporting ICUs	0	764	0	1.148	0	, 3.213	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 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 2. Rate and SIR, Jan-Sep 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	26,551	0.08	1.261	1.586	0.192, 5.729	Same

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

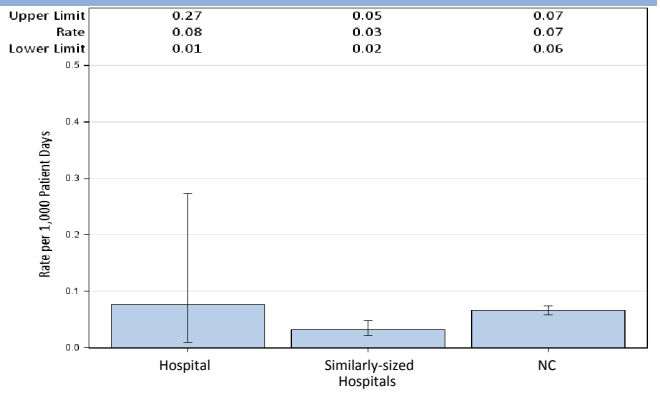


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

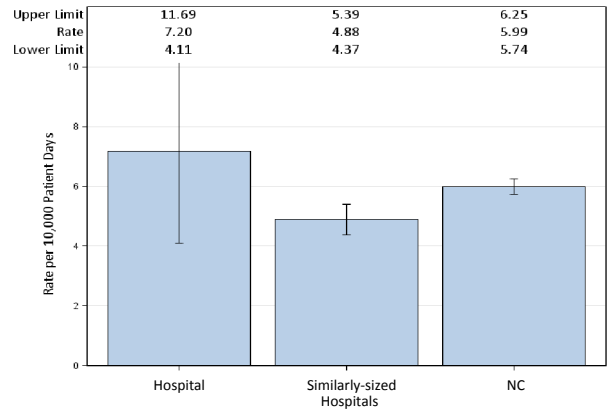


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 3. Rate and SIR, Jan-Sep 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	22,233	7.2	11.419	1.401	0.800, 2.276	Same

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

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Onslow Memorial Hospital, Jacksonville, Onslow County

Catheter-Associated Urinary Tract Infections (CAUTI)

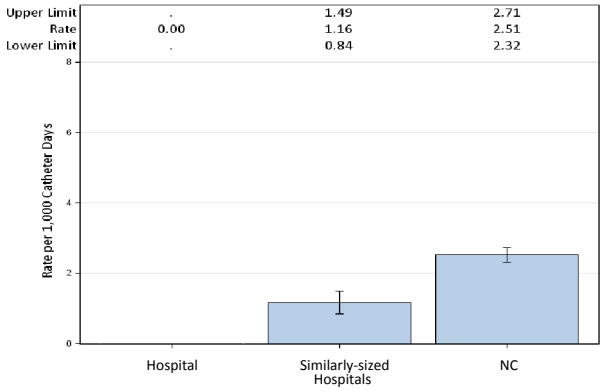


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 4. Rates and SIRs by ICU Type, Jan-Sep 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	2,035	0	2.646	0	, 1.394	Same
YTD Total for Reporting ICUs	0	2,035	0	2.646	0	, 1.394	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-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

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

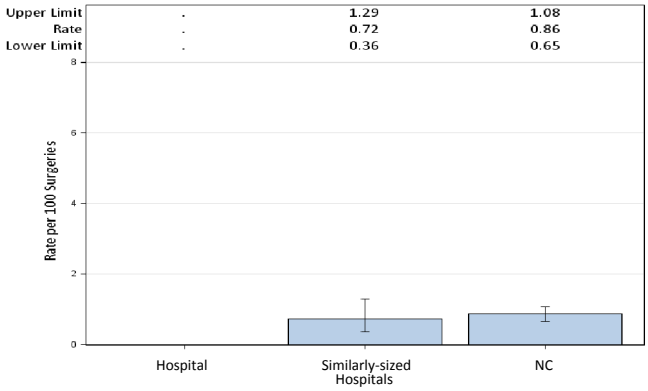


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

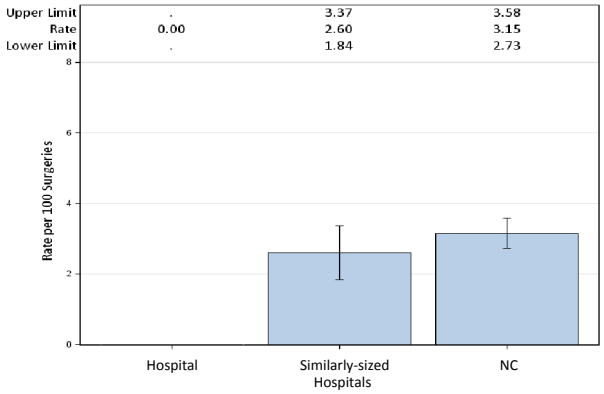


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

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

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	47	0	1.47	0	, 2.509	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.

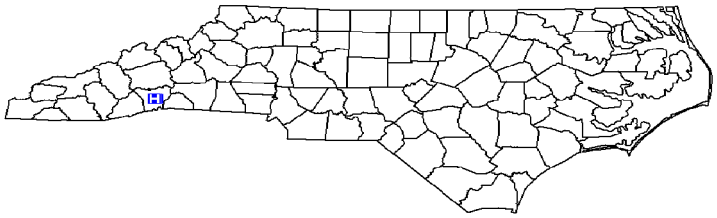
Refer to HAI in NC Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Pardee Hospital, Hendersonville, Henderson County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Profit Status:	Not for Profit
Admissions in 2012:	8,736
Patient Days in 2012:	31,655
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)

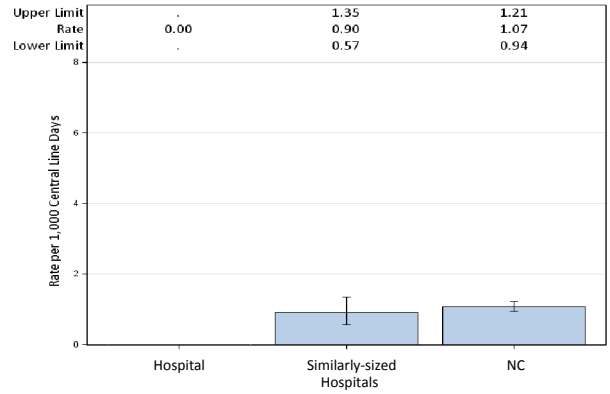


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	281	0	0.422	.		
YTD Total for Reporting ICUs	0	281	0	0.422	.		

*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 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 2. Rate and SIR, Jan-Sep 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	20,701	0.1	1.266	1.58	0.191, 5.707	Same

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

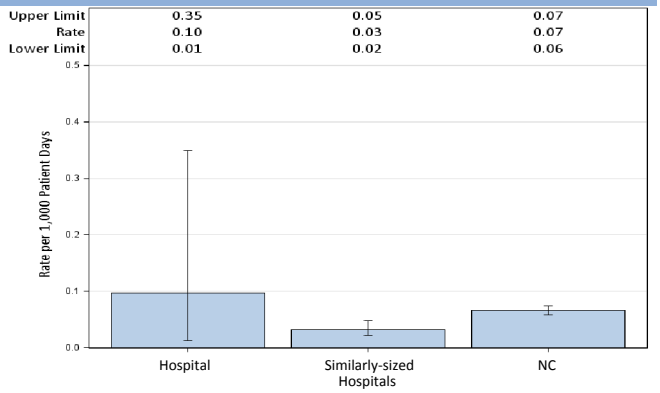


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

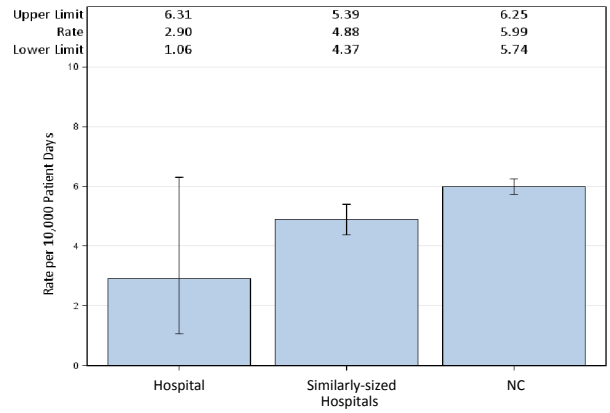


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 3. Rate and SIR, Jan-Sep 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	20,701	2.9	11.361	0.528	0.194, 1.150	Same

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

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Pardee Hospital, Hendersonville, Henderson County

Catheter-Associated Urinary Tract Infections (CAUTI)

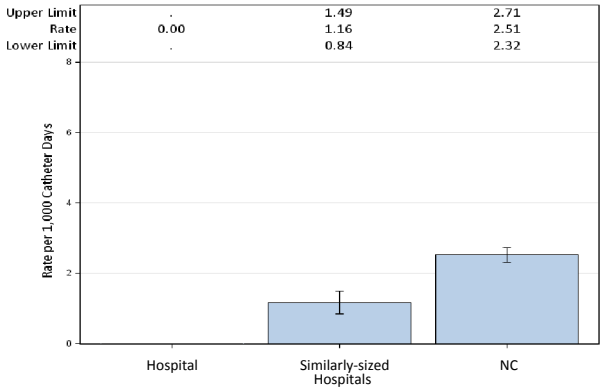


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 4. Rates and SIRs by ICU Type, Jan-Sep 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	904	0	1.175	0	, 3.139	Same
YTD Total for Reporting ICUs	0	904	0	1.175	0	, 3.139	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-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	43	0	0.449	.		

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.

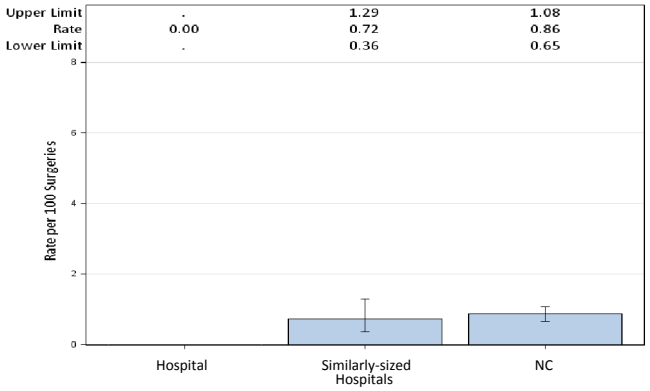


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

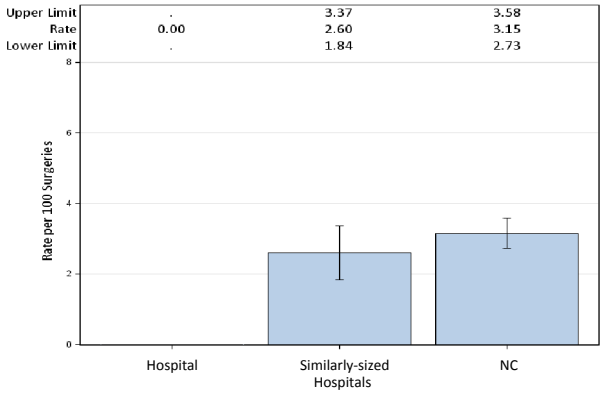


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

Table 6. Rates and SIRs, Jan-Sep 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	0.965	.		

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.

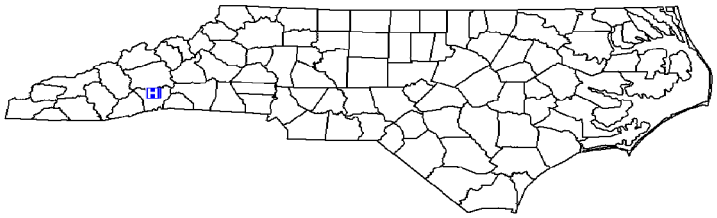
Refer to HAI in NC Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Park Ridge Health, Hendersonville, Henderson County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	4,862
Patient Days in 2012:	23,135
Total Number of Beds:	100
Number of ICU Beds:	6
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	1.00

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

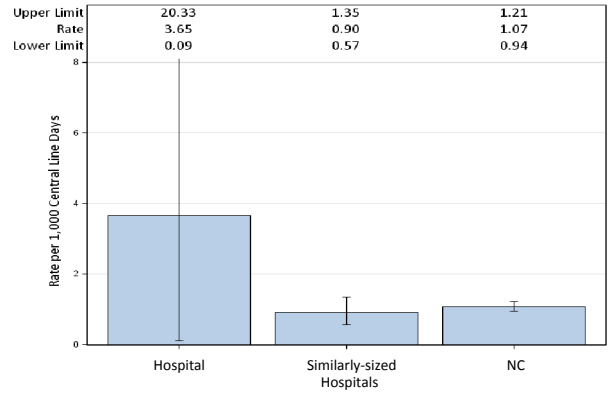


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	274	3.65	0.521	.		
YTD Total for Reporting ICUs	1	274	3.65	0.521	.		

*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 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 2. Rate and SIR, Jan-Sep 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	17,194	0.12	0.616	.		

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

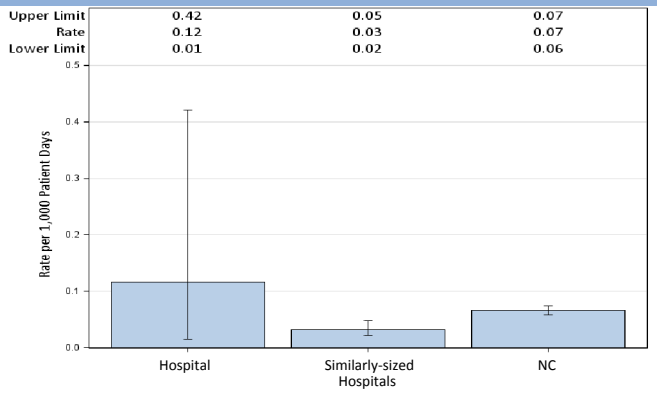


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

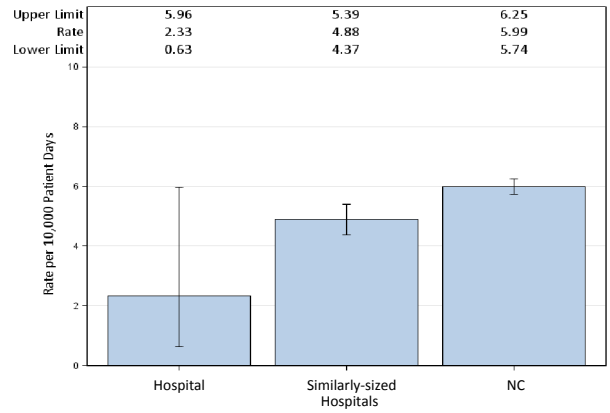


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 3. Rate and SIR, Jan-Sep 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	17,194	2.33	7.716	0.518	0.141, 1.327	Same

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

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Park Ridge Health, Hendersonville, Henderson County

Catheter-Associated Urinary Tract Infections (CAUTI)

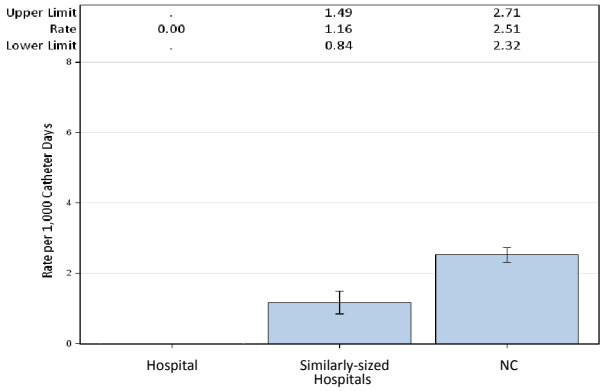


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

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

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	509	0	1.018	0	, 3.624	Same
YTD Total for Reporting ICUs	0	509	0	1.018	0	, 3.624	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-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	1	66	1.52	0.706	.		

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.

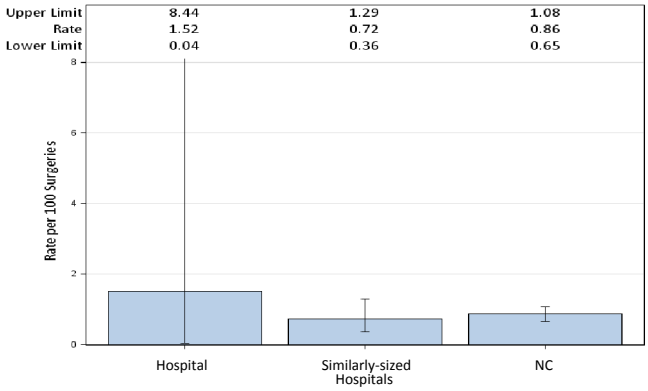


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

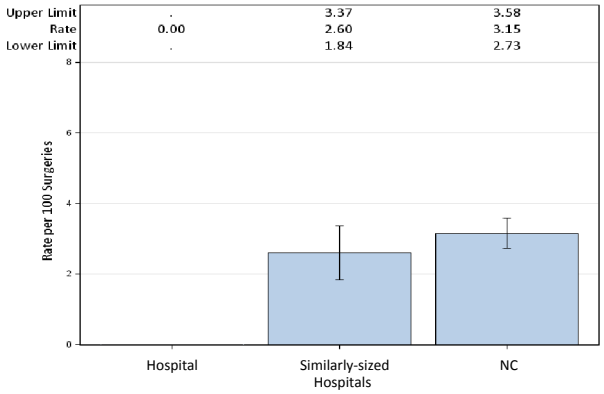


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

Table 6. Rates and SIRs, Jan-Sep 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	1.099	0	, 3.357	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.

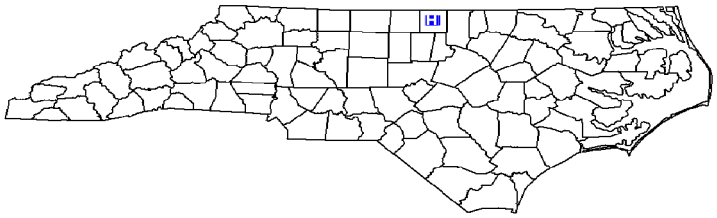
Refer to HAI in NC Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Person Memorial Hospital, Roxboro, Person County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	For Profit
Admissions in 2012:	1,869
Patient Days in 2012:	7,131
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)

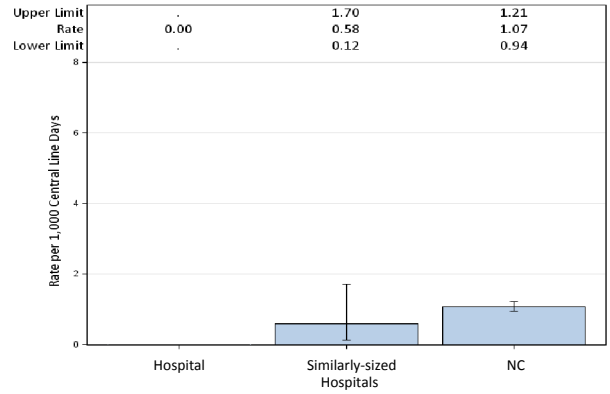


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	112	0	0.168	.		
YTD Total for Reporting ICUs	0	112	0	0.168	.		

*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 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 2. Rate and SIR, Jan-Sep 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	4,643	0	0.2	.		

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

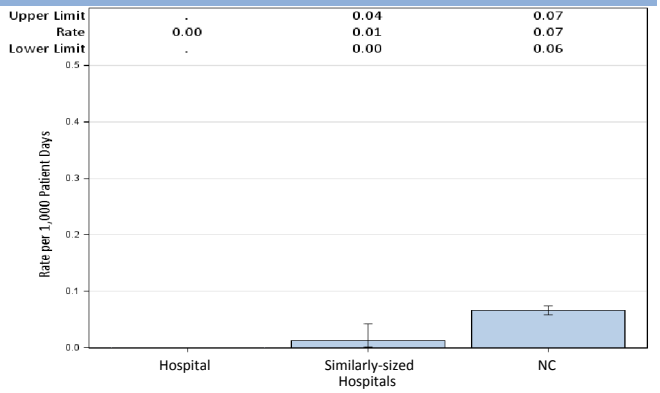


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

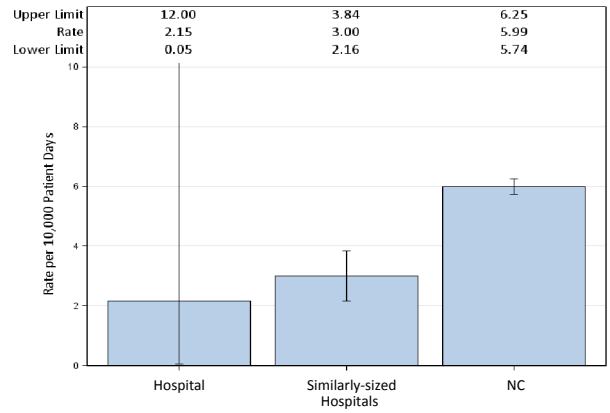


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 3. Rate and SIR, Jan-Sep 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	4,643	2.15	2.586	0.387	0.010, 2.155	Same

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

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Person Memorial Hospital, Roxboro, Person County

Catheter-Associated Urinary Tract Infections (CAUTI)

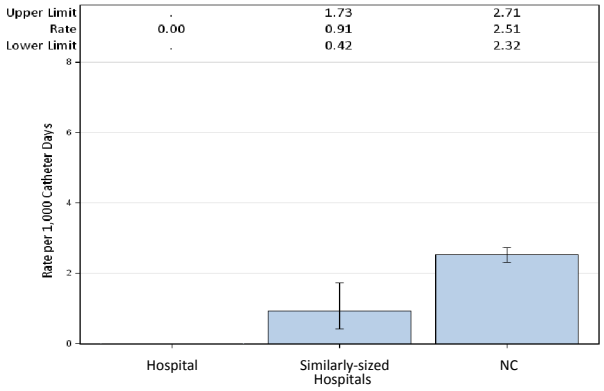


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 4. Rates and SIRs by ICU Type, Jan-Sep 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	362	0	0.471	.		
YTD Total for Reporting ICUs	0	362	0	0.471	.		

*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-Sep 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	.	.	.		

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.

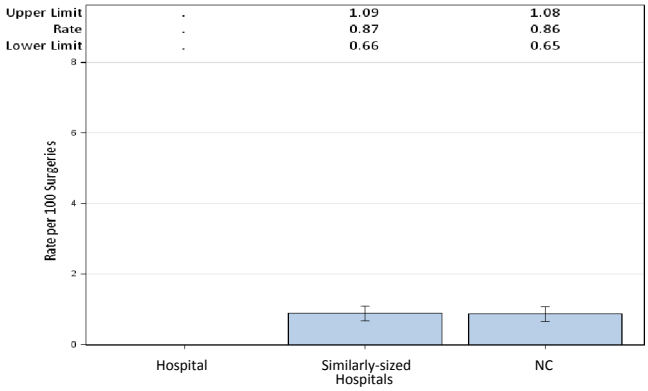


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

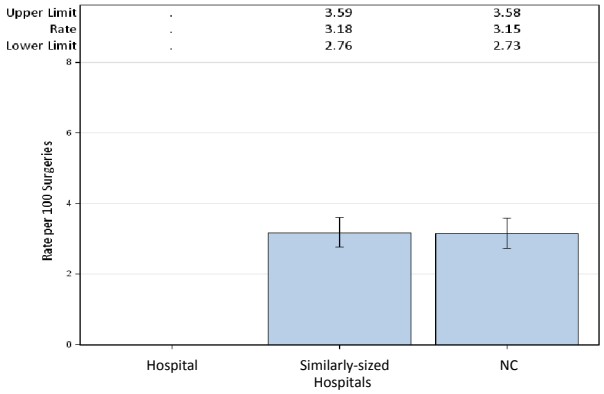


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

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

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	10	.	.	.		

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.

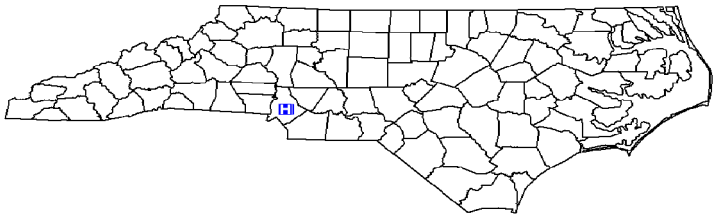
Commentary from Hospitals:
No comments provided.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Presbyterian Hospital Charlotte, Charlotte, Mecklenburg County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	33,995
Patient Days in 2012:	161,027
Total Number of Beds:	609
Number of ICU Beds:	86
FTE* Infection Preventionists:	4.50
Number of FTEs* per 100 beds:	0.74

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

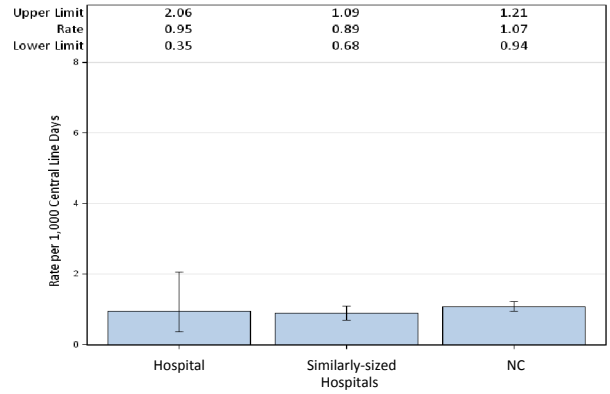


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	1,318	1.52	2.636	0.759	0.092, 2.741	Same
Medical/surgical	0	1,754	0	2.631	0	, 1.402	Same
Neonatal Level III	4	2,361	1.69	5.957	0.671	0.183, 1.719	Same
Neurosurgical	0	393	0	0.983	.		
Pediatric medical/surgical	0	210	0	0.63	.		
Surgical cardiothoracic	0	294	0	0.412	.		
YTD Total for Reporting ICUs	6	6,330	0.95	13.248	0.453	0.166, 0.986	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 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 2. Rate and SIR, Jan-Sep 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	13	115,703	0.11	9.349	1.391	0.740, 2.378	Same

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

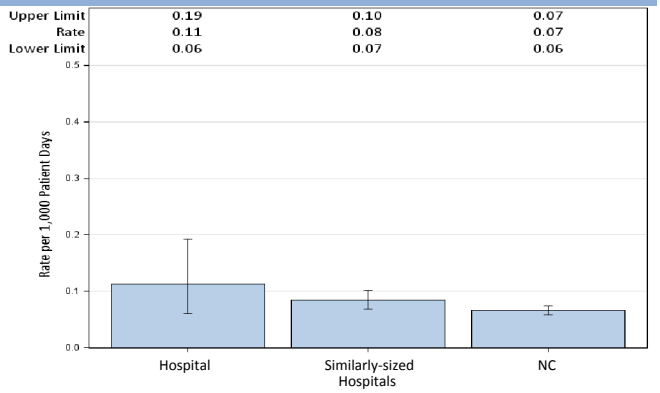


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

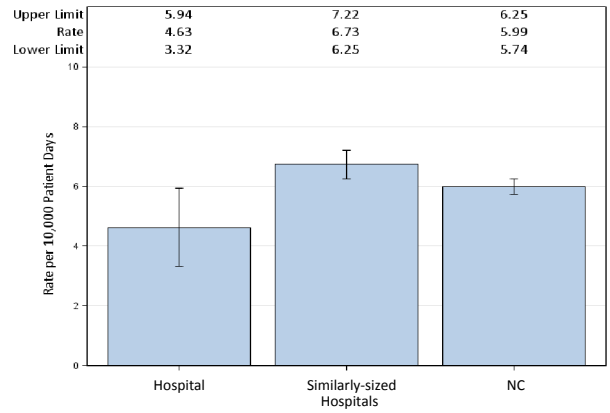


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

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

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	48	103,660	4.63	52.061	0.922	0.680, 1.222	Same

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

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Presbyterian Hospital Charlotte, Charlotte, Mecklenburg County

Catheter-Associated Urinary Tract Infections (CAUTI)

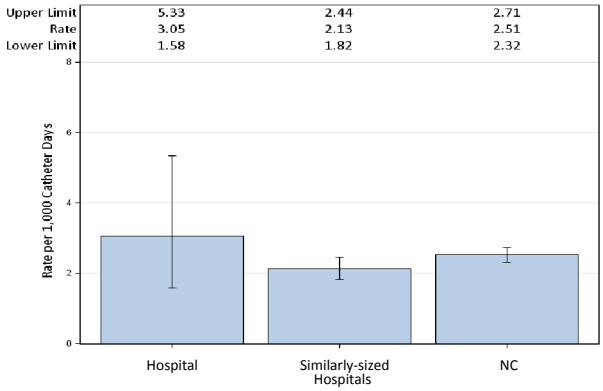


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

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

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	4	1,419	2.82	2.838	1.409	0.384, 3.609	Same
Medical/surgical	5	1,636	3.06	2.127	2.351	0.763, 5.486	Same
Neurosurgical	3	701	4.28	3.084	0.973	0.201, 2.843	Same
Pediatric medical/surgical	0	94	0	0.263	.		
Surgical cardiothoracic	0	84	0	0.143	.		
YTD Total for Reporting ICUs	12	3,934	3.05	8.455	1.419	0.733, 2.479	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-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	1	190	0.53	1.747	0.572	0.014, 3.189	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.

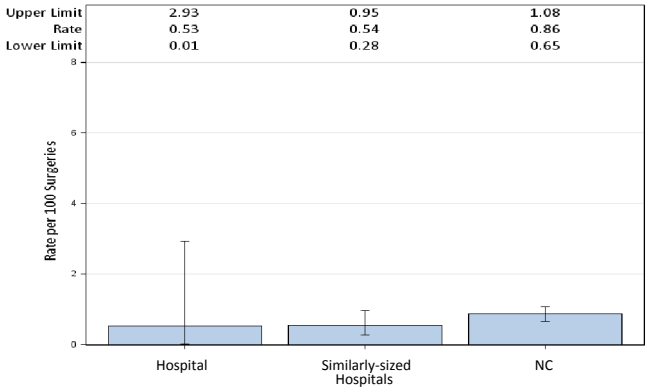


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

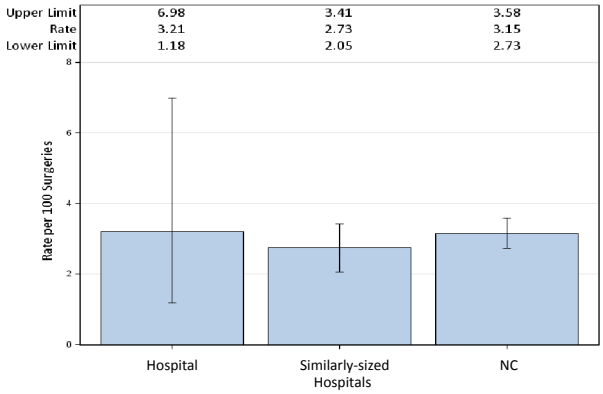


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

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

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	6	187	3.21	6.033	0.995	0.365, 2.165	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.

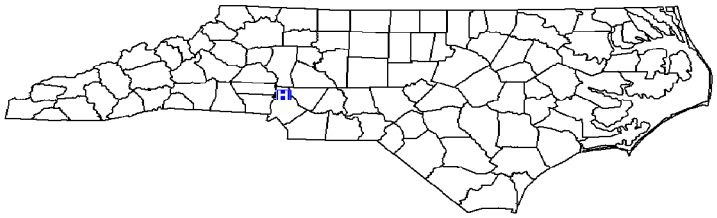
Commentary from Hospitals:
At Novant Health, the safety of our patients comes first. Our goal is to have the lowest possible infection rates and we continually monitor infection prevention tactics for improvement opportunities. We support transparency in reporting infection rates and make common infection 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 – September 30, 2013
Presbyterian Hospital Huntersville, Huntersville, Mecklenburg County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	5,700
Patient Days in 2012:	19,849
Total Number of Beds:	75
Number of ICU Beds:	9
FTE* Infection Preventionists:	0.80
Number of FTEs* per 100 beds:	1.07

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

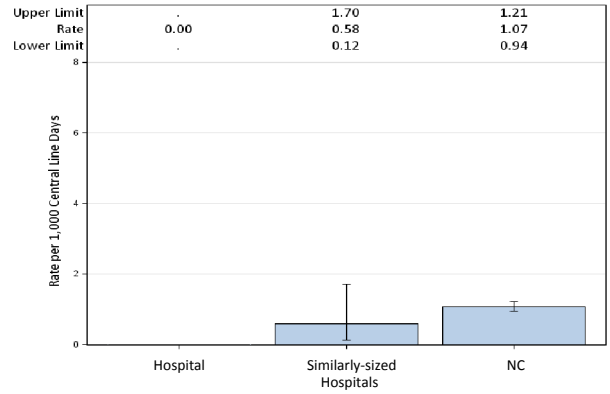


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	651	0	0.977	.		
Neonatal Level II/III	0	7	.	.	.		
YTD Total for Reporting ICUs	0	658	0	0.99	.		

*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 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 2. Rate and SIR, Jan-Sep 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	15,859	0	0.66	.		

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

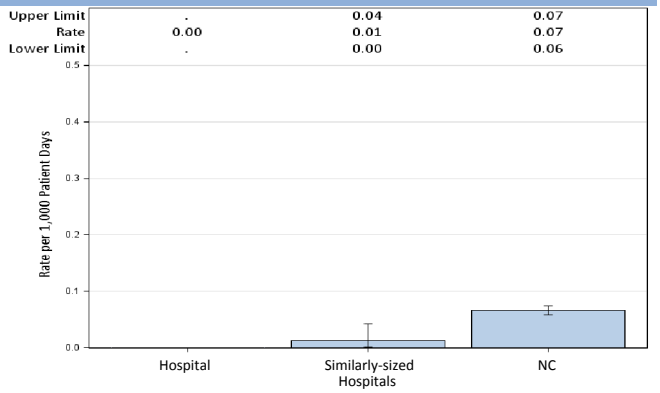


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

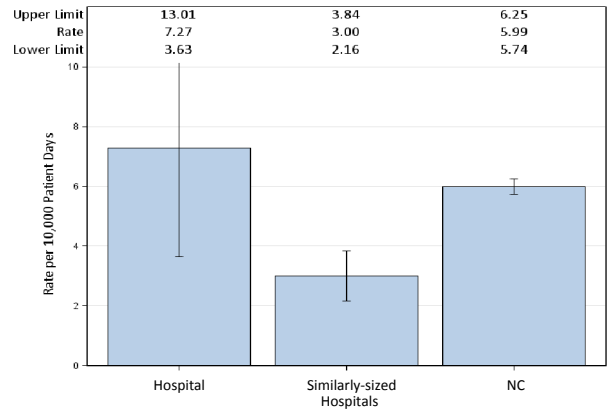


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 3. Rate and SIR, Jan-Sep 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	15,127	7.27	6.414	1.715	0.856, 3.069	Same

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

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Presbyterian Hospital Huntersville, Huntersville, Mecklenburg County

Catheter-Associated Urinary Tract Infections (CAUTI)

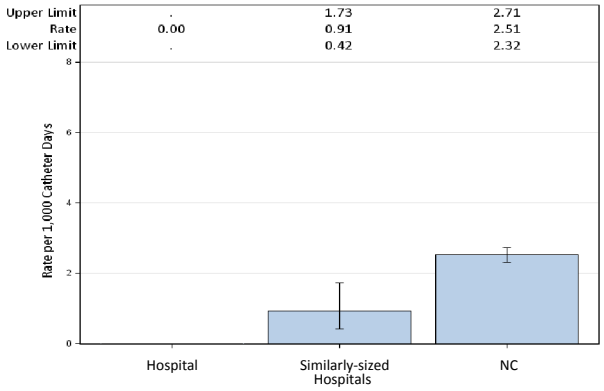


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 4. Rates and SIRs by ICU Type, Jan-Sep 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	993	0	1.291	0	, 2.857	Same
YTD Total for Reporting ICUs	0	993	0	1.291	0	, 2.857	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-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	15	.	.	.		

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.

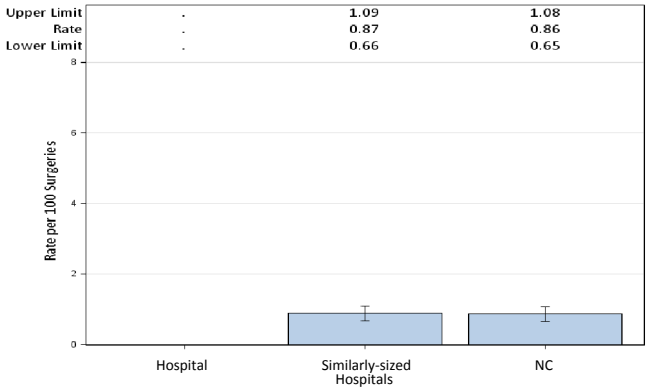


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

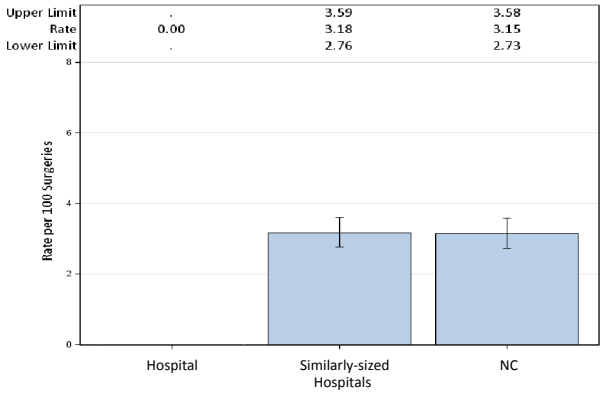


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

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

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	42	0	1.236	0	, 2.985	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.

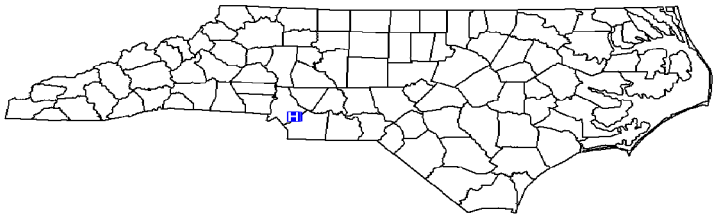
Commentary from Hospitals:
At Novant Health, the safety of our patients comes first. Our goal is to have the lowest possible infection rates and we continually monitor infection prevention tactics for improvement opportunities. We support transparency in reporting infection rates and make common infection 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 – September 30, 2013
Presbyterian Hospital Matthews, Matthews, Mecklenburg County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	9,637
Patient Days in 2012:	29,273
Total Number of Beds:	117
Number of ICU Beds:	14
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.85

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

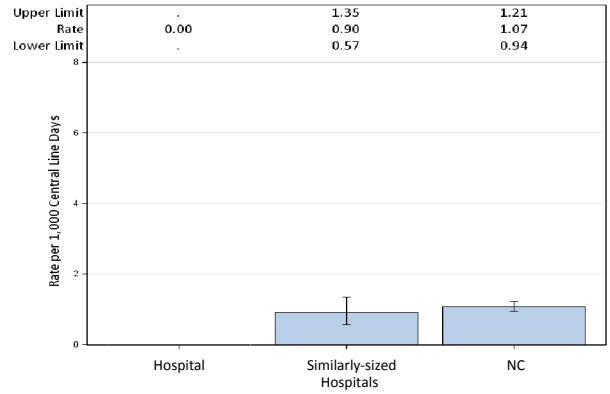


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	595	0	0.893	.		
Neonatal Level II/III	0	60	0	0.074	.		
YTD Total for Reporting ICUs	0	655	0	0.967	.		

*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 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 2. Rate and SIR, Jan-Sep 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	21,427	0	1.113	0	, 3.314	Same

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

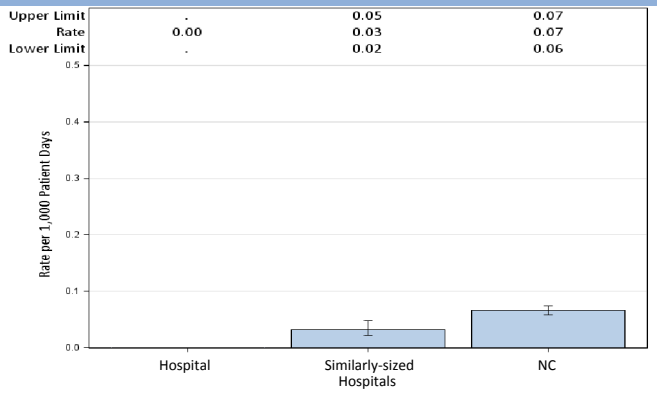


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

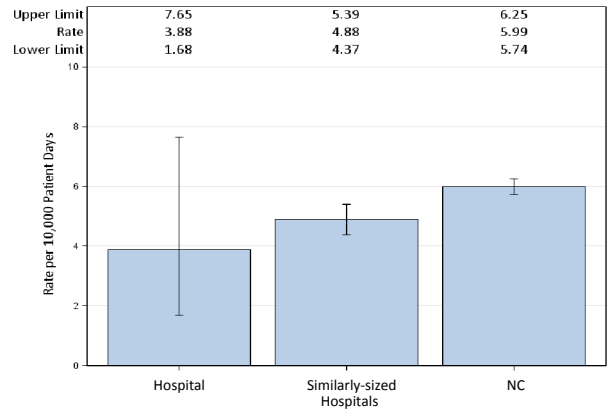


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 3. Rate and SIR, Jan-Sep 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	20,616	3.88	9.897	0.808	0.349, 1.593	Same

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

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Presbyterian Hospital Matthews, Matthews, Mecklenburg County

Catheter-Associated Urinary Tract Infections (CAUTI)

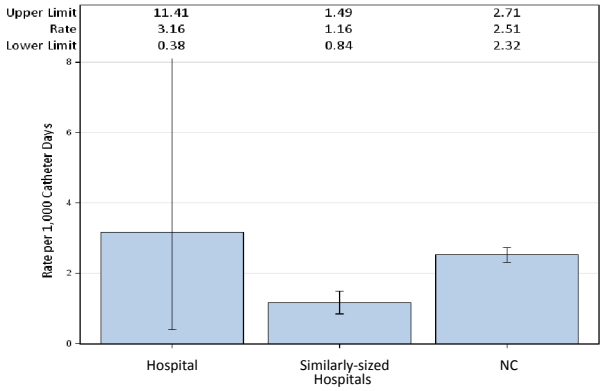


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 4. Rates and SIRs by ICU Type, Jan-Sep 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	633	3.16	0.823	.		
YTD Total for Reporting ICUs	2	633	3.16	0.823	.		

*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-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	1	22	4.55	0.183	.		

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.

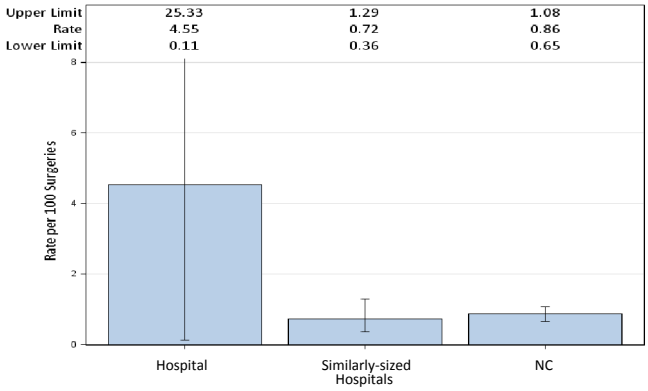


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

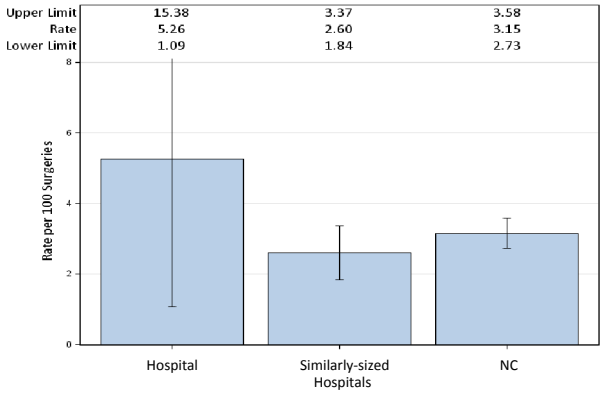


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

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

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	3	57	5.26	1.827	1.642	0.339, 4.799	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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Presbyterian Orthopaedic Hospital, Charlotte, Mecklenburg County

2012 Hospital Survey Information

Hospital Type:	Specialty Acute Care Hospital
Profit Status:	Not for Profit
Admissions in 2012:	3,678
Patient Days in 2012:	14,208
Total Number of Beds:	80
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	1.25

*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.

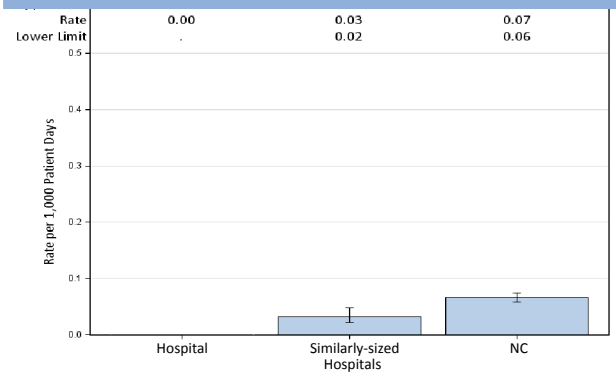


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rate and SIR, Jan-Sep 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	10,693	0	0.383	.		

*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-Sep 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	10,693	2.81	5.836	0.514	0.106, 1.502	Same

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

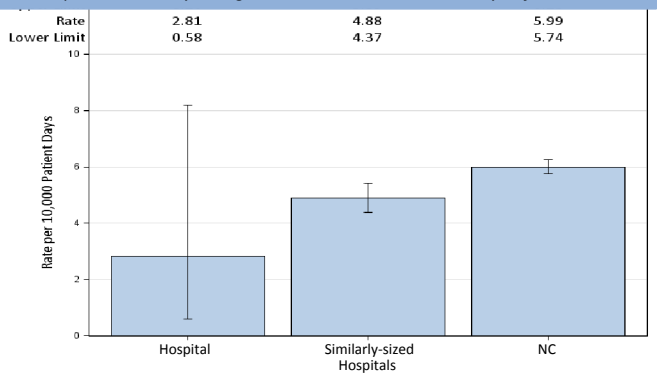


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

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.

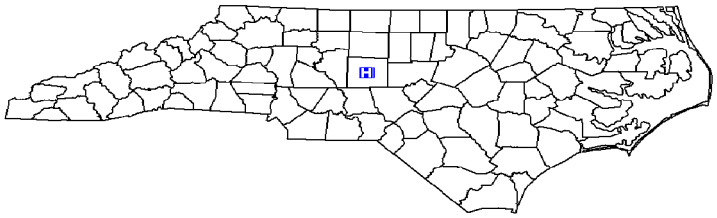
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Randolph Hospital, Asheboro, Randolph County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	5,518
Patient Days in 2012:	23,970
Total Number of Beds:	119
Number of ICU Beds:	7
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.84

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

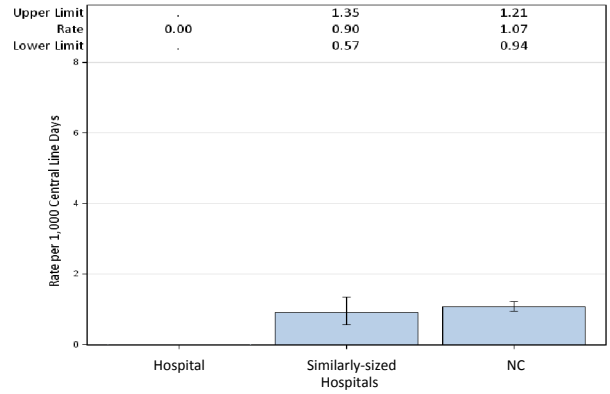


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	588	0	0.882	.		
YTD Total for Reporting ICUs	0	588	0	0.882	.		

*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 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 2. Rate and SIR, Jan-Sep 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	16,250	0	0.961	.		

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

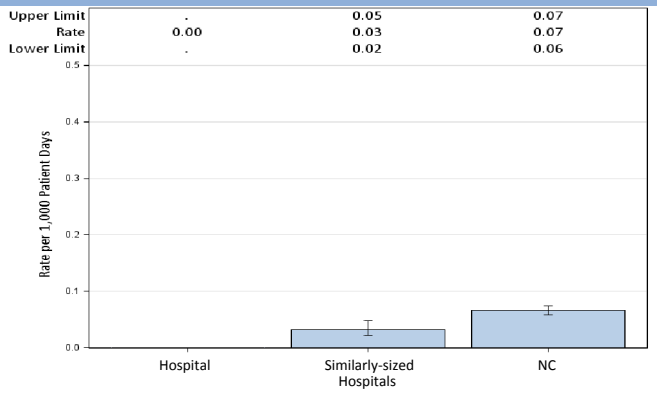


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

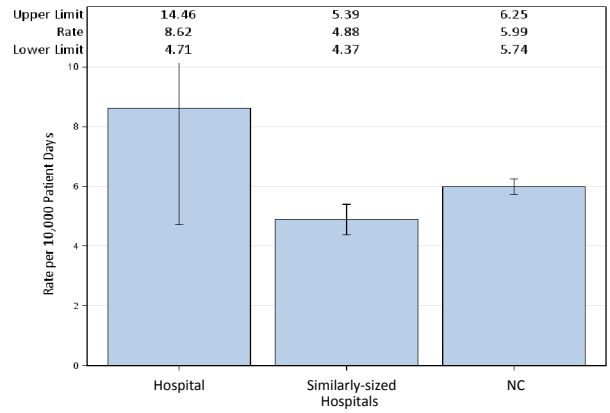


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 3. Rate and SIR, Jan-Sep 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	16,250	8.62	13.716	1.021	0.558, 1.713	Same

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

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Randolph Hospital, Asheboro, Randolph County

Catheter-Associated Urinary Tract Infections (CAUTI)

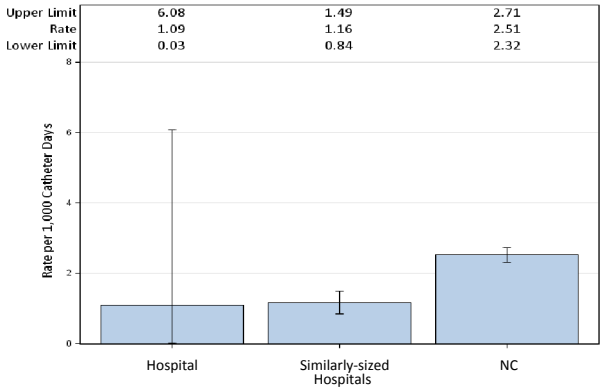


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 4. Rates and SIRs by ICU Type, Jan-Sep 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	917	1.09	1.192	0.839	0.021, 4.674	Same
YTD Total for Reporting ICUs	1	917	1.09	1.192	0.839	0.021, 4.674	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-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	1	44	2.27	0.446	.		

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.

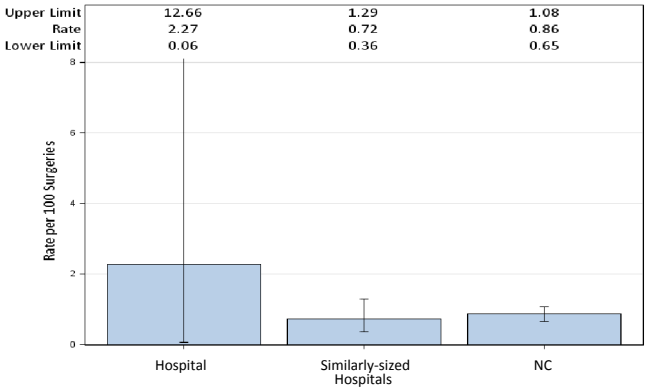


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

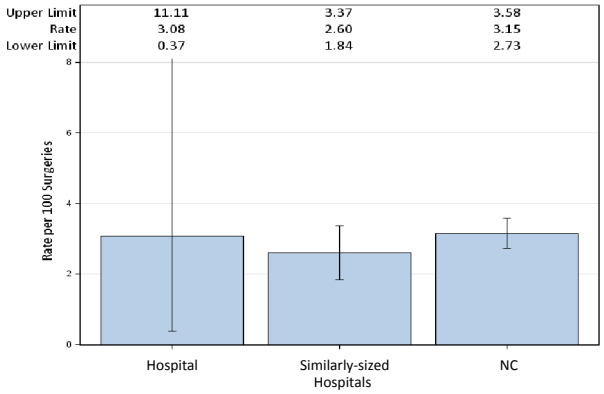


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

Table 6. Rates and SIRs, Jan-Sep 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	2.134	0.937	0.114, 3.386	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.

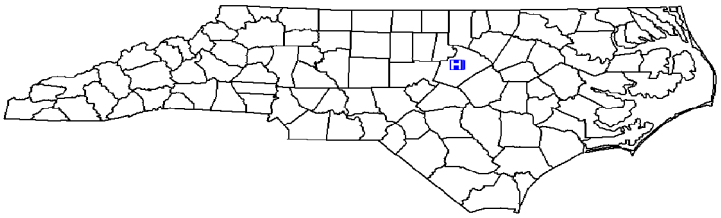
Refer to HAI in NC Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Rex Healthcare, Raleigh, Wake County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	30,093
Patient Days in 2012:	115,530
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)

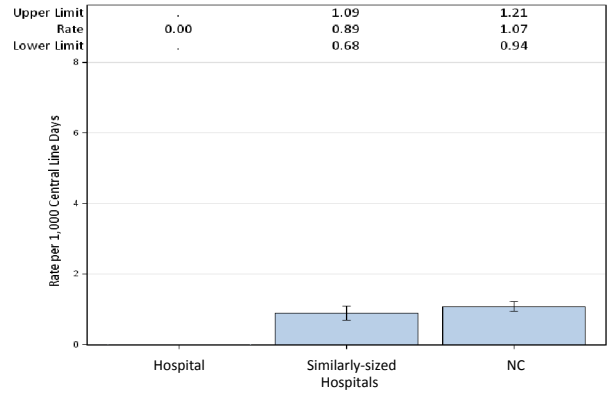


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	625	0	1.25	0	, 2.951	Same
Medical/surgical	0	2,086	0	3.129	0	, 1.179	Same
Surgical cardiothoracic	0	704	0	0.986	.		
YTD Total for Reporting ICUs	0	3,415	0	5.365	0	, 0.688	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 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 2. Rate and SIR, Jan-Sep 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	90,858	0.01	6.375	0.157	0.004, 0.874	Lower

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

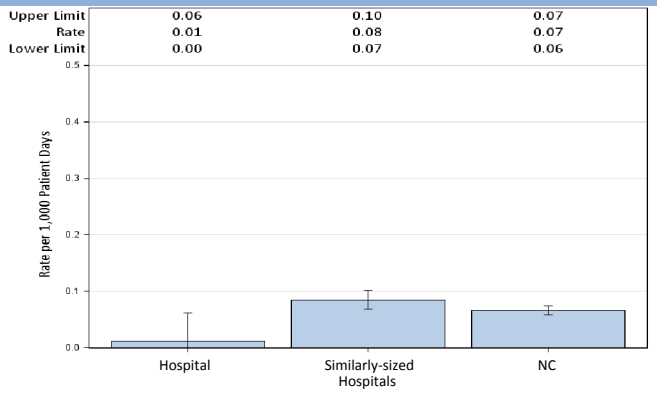


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

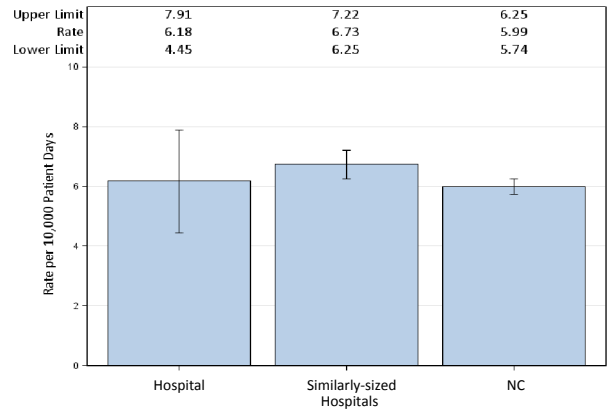


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

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

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	49	79,336	6.18	61.728	0.794	0.587, 1.049	Same

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

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Rex Healthcare, Raleigh, Wake County

Catheter-Associated Urinary Tract Infections (CAUTI)

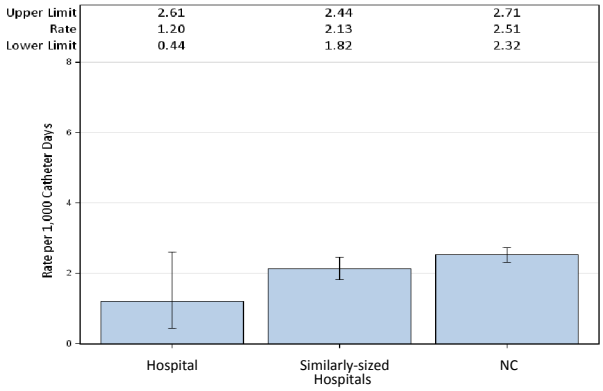


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 4. Rates and SIRs by ICU Type, Jan-Sep 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	1,107	0.9	2.214	0.452	0.011, 2.517	Same
Medical/surgical	4	2,855	1.4	3.426	1.168	0.318, 2.989	Same
Surgical cardiothoracic	1	1,041	0.96	1.77	0.565	0.014, 3.148	Same
YTD Total for Reporting ICUs	6	5,003	1.2	7.41	0.81	0.297, 1.762	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-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	2	320	0.63	2.851	0.702	0.085, 2.534	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.

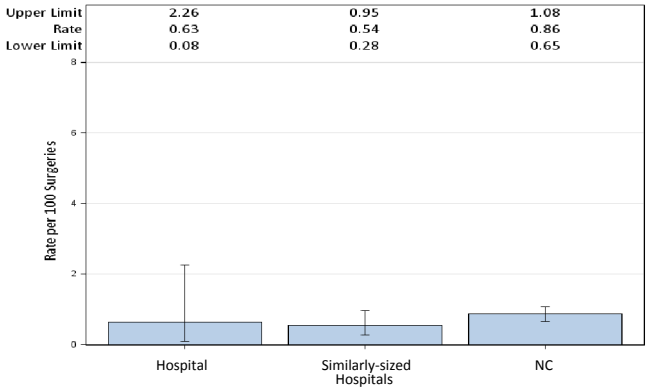


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

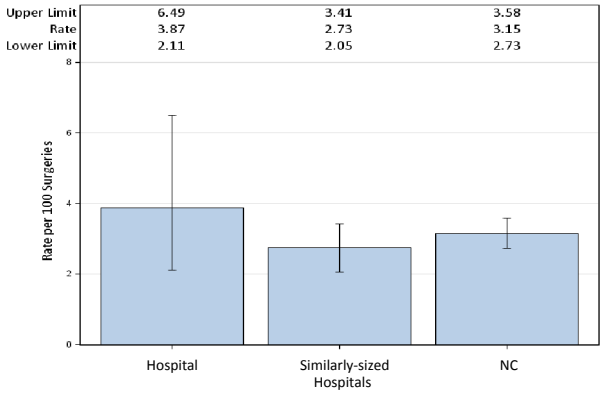


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

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

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	14	362	3.87	11.864	1.18	0.645, 1.980	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.

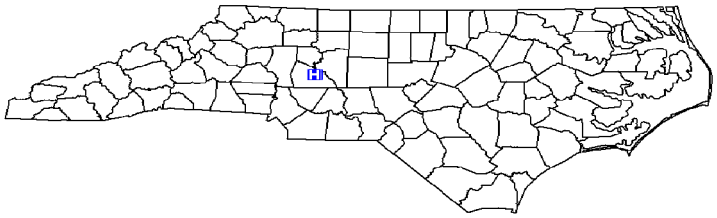
Refer to HAI in NC Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Rowan Regional Medical Center, Salisbury, Rowan County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	9,152
Patient Days in 2012:	43,840
Total Number of Beds:	268
Number of ICU Beds:	20
FTE* Infection Preventionists:	0.75
Number of FTEs* per 100 beds:	0.28

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

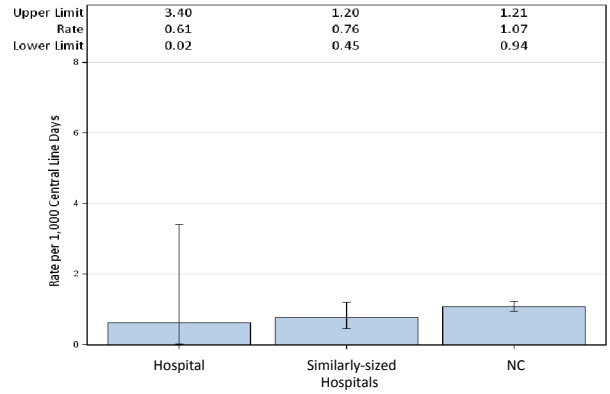


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	1,638	0.61	2.457	0.407	0.010, 2.268	Same
YTD Total for Reporting ICUs	1	1,638	0.61	2.457	0.407	0.010, 2.268	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 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 2. Rate and SIR, Jan-Sep 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	35,018	0.03	2.467	0.405	0.010, 2.258	Same

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

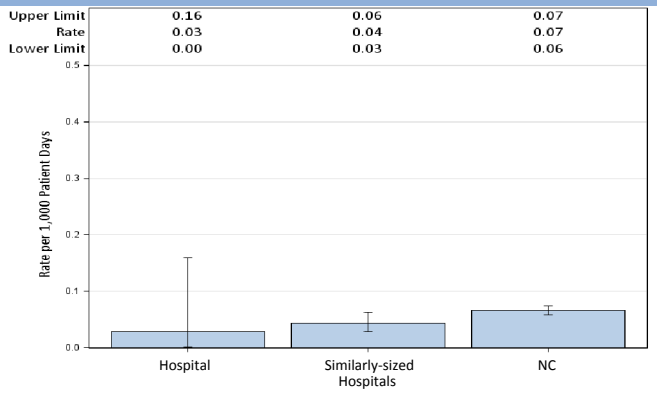


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

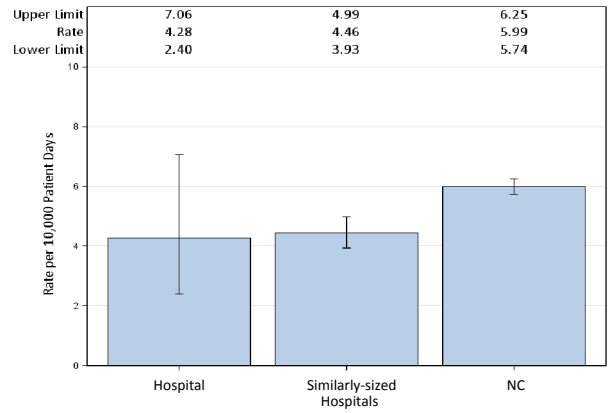


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 3. Rate and SIR, Jan-Sep 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	35,018	4.28	21.338	0.703	0.393, 1.160	Same

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

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Rowan Regional Medical Center, Salisbury, Rowan County

Catheter-Associated Urinary Tract Infections (CAUTI)

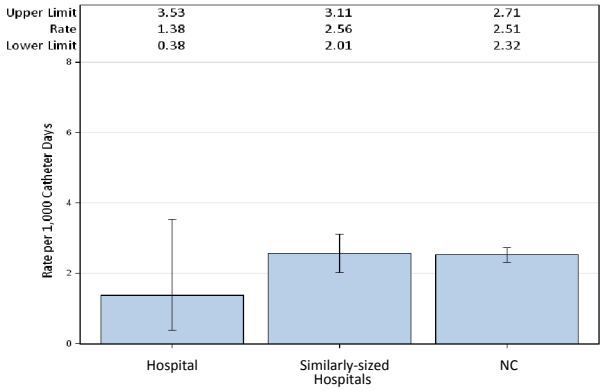


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 4. Rates and SIRs by ICU Type, Jan-Sep 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	2,904	1.38	3.775	1.06	0.289, 2.713	Same
YTD Total for Reporting ICUs	4	2,904	1.38	3.775	1.06	0.289, 2.713	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-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	1	15	.	.	.		

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.

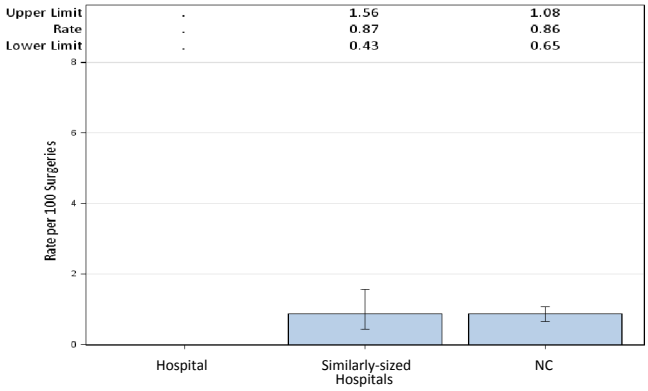


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

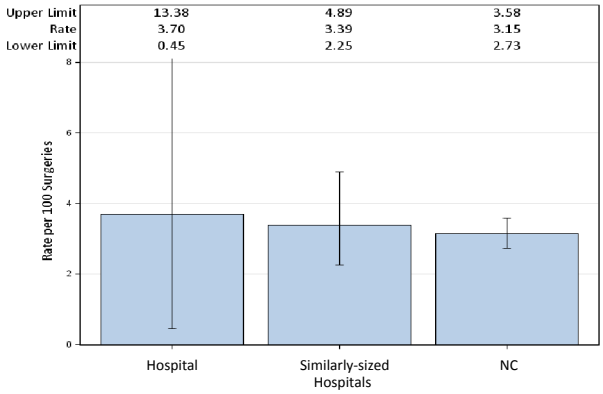


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

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

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	2	54	3.7	1.753	1.141	0.138, 4.121	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.

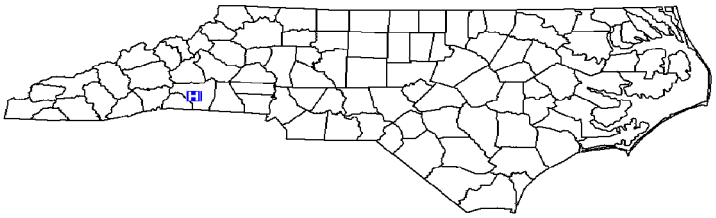
Commentary from Hospitals:
At Novant Health, the safety of our patients comes first. Our goal is to have the lowest possible infection rates and we continually monitor infection prevention tactics for improvement opportunities. We support transparency in reporting infection rates and make common infection 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 – September 30, 2013
Rutherford Regional Medical Center, Rutherfordton, Rutherford County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	5,772
Patient Days in 2012:	20,527
Total Number of Beds:	120
Number of ICU Beds:	10
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.83

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

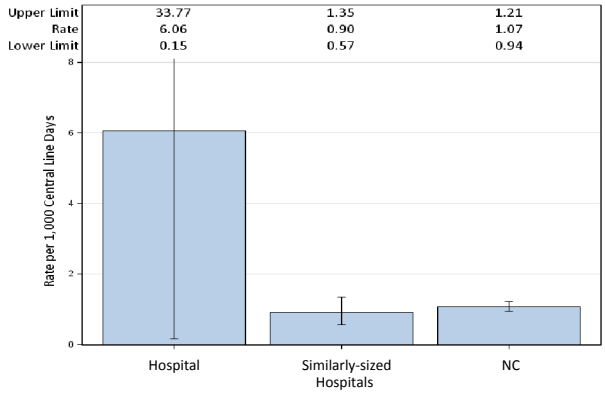


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	165	6.06	0.248	.		
YTD Total for Reporting ICUs	1	165	6.06	0.248	.		

*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 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 2. Rate and SIR, Jan-Sep 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	17,726	0	0.818	.		

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

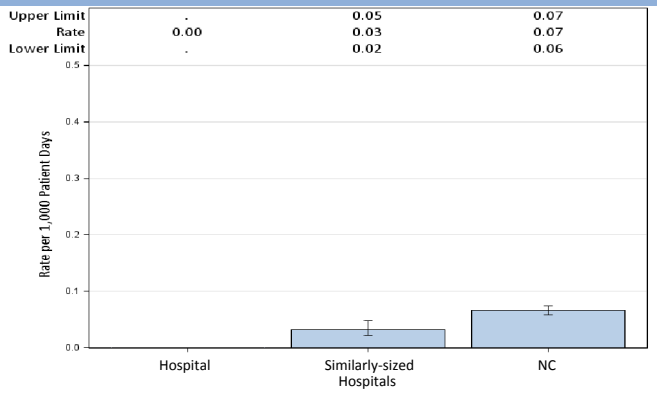


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

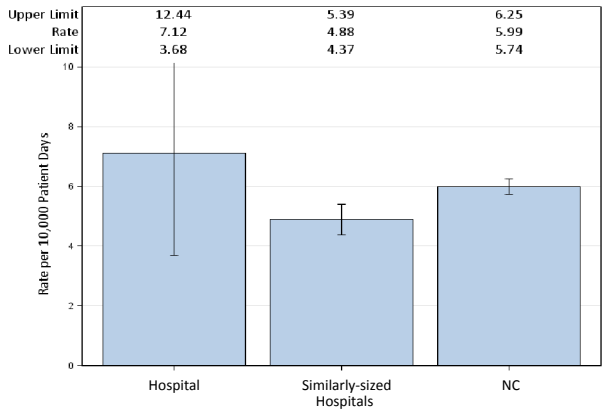


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 3. Rate and SIR, Jan-Sep 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	16,846	7.12	13.199	0.909	0.470, 1.588	Same

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

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Rutherford Regional Medical Center, Rutherfordton, Rutherford County

Catheter-Associated Urinary Tract Infections (CAUTI)

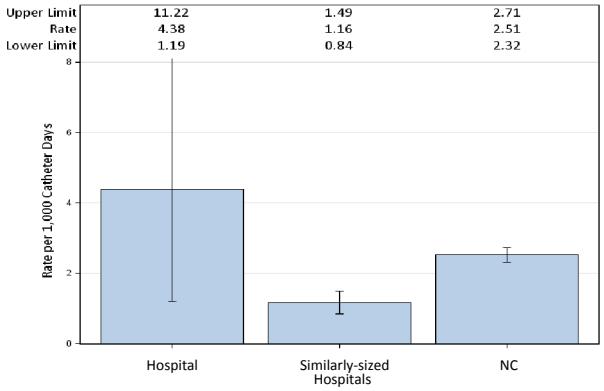


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 4. Rates and SIRs by ICU Type, Jan-Sep 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	913	4.38	1.187	3.37	0.918, 8.628	Same
YTD Total for Reporting ICUs	4	913	4.38	1.187	3.37	0.918, 8.628	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-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	25	0	0.281	.		

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.

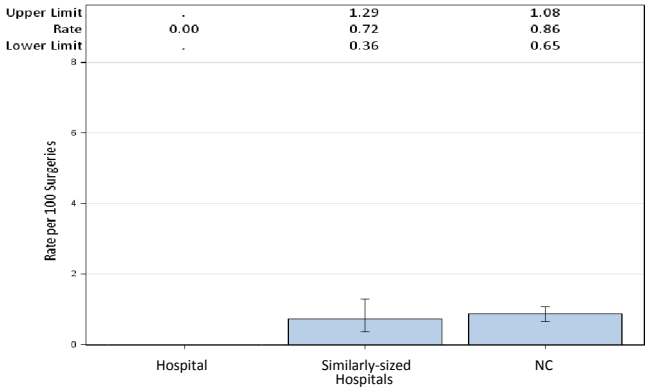


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

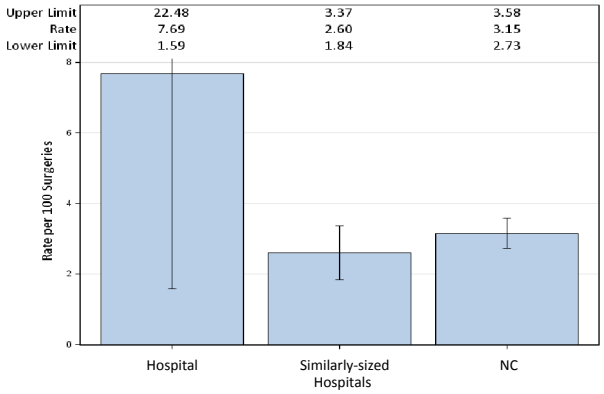


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

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

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	3	39	7.69	1.239	2.421	0.499, 7.076	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.

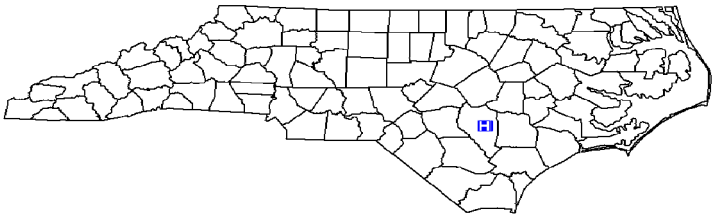
Refer to HAI in NC Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Sampson Regional Medical Center, Clinton, Sampson County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	3,297
Patient Days in 2012:	10,283
Total Number of Beds:	116
Number of ICU Beds:	12
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.86

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

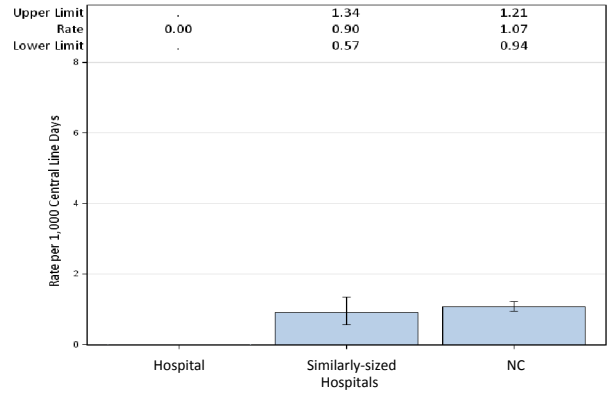


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	156	0	0.234	.		
YTD Total for Reporting ICUs	0	156	0	0.234	.		

*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 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 2. Rate and SIR, Jan-Sep 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	11,256	0	0.432	.		

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

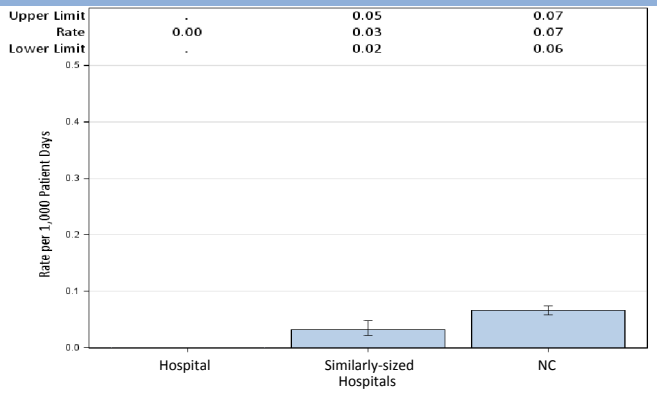


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

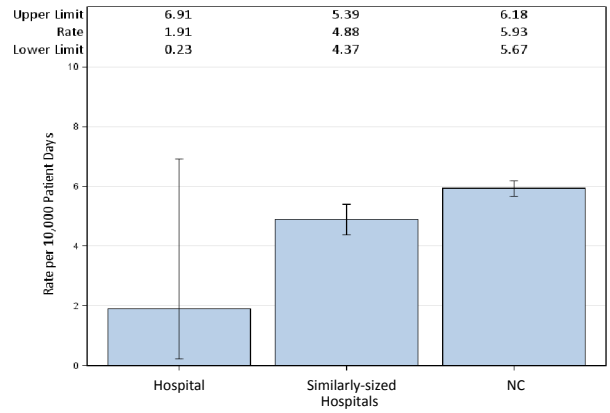


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 3. Rate and SIR, Jan-Sep 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	10,453	1.91	5.659	0.353	0.043, 1.277	Same

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

Refer to HAI in NC 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 January 15, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Sampson Regional Medical Center, Clinton, Sampson County

Catheter-Associated Urinary Tract Infections (CAUTI)

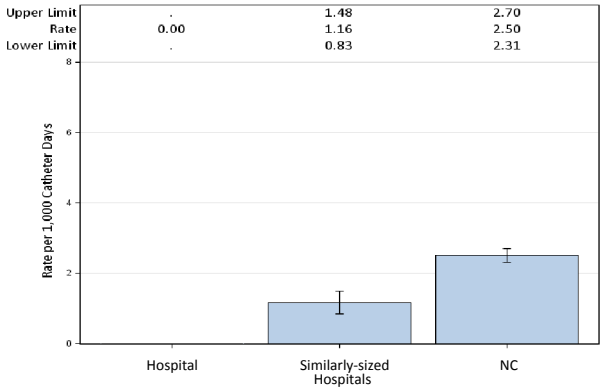


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 4. Rates and SIRs by ICU Type, Jan-Sep 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	689	0	0.896	.		
YTD Total for Reporting ICUs	0	689	0	0.896	.		

*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-Sep 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	.	.	.		

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.

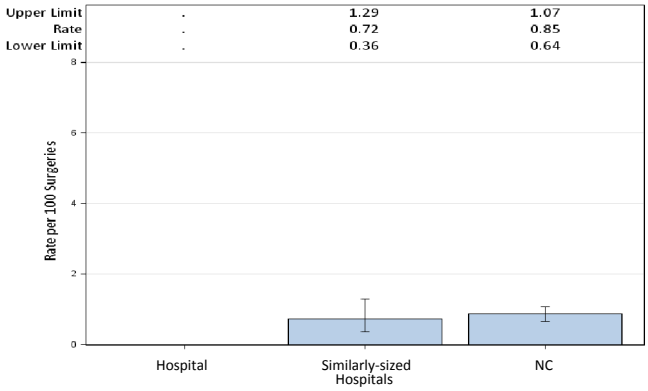


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

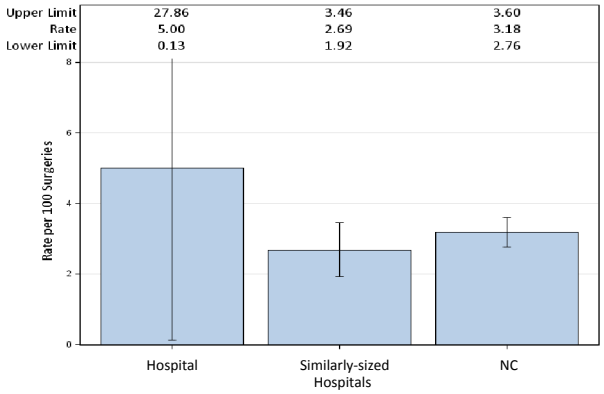


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

Table 6. Rates and SIRs, Jan-Sep 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	0.605	.		

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.

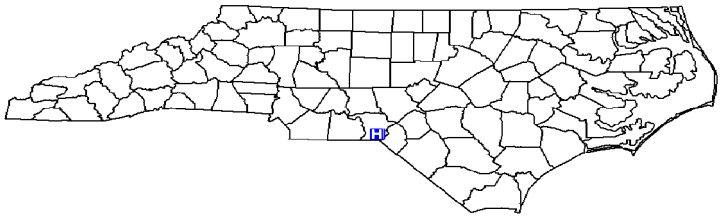
Refer to HAI in NC Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of January 15, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Sandhills Regional Medical Center, Hamlet, Richmond County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	For Profit
Admissions in 2012:	2,918
Patient Days in 2012:	12,774
Total Number of Beds:	64
Number of ICU Beds:	6
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	1.56

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

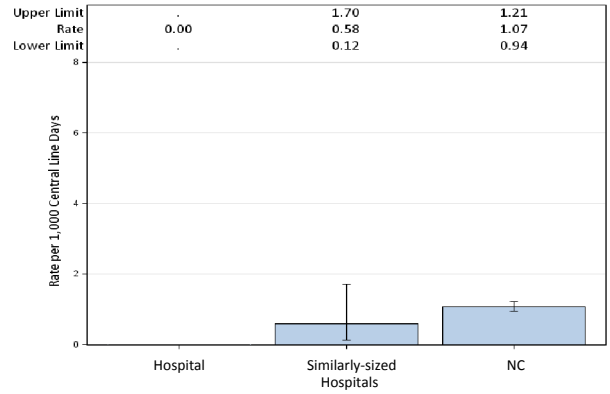


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	111	0	0.211	.		
YTD Total for Reporting ICUs	0	111	0	0.211	.		

*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 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 2. Rate and SIR, Jan-Sep 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	7,487	0.13	0.39	.		

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

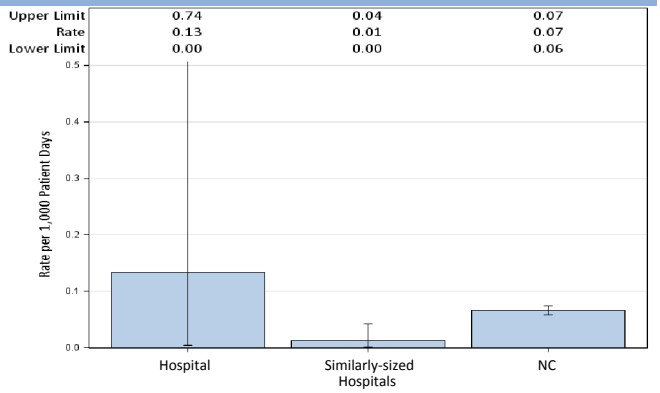


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

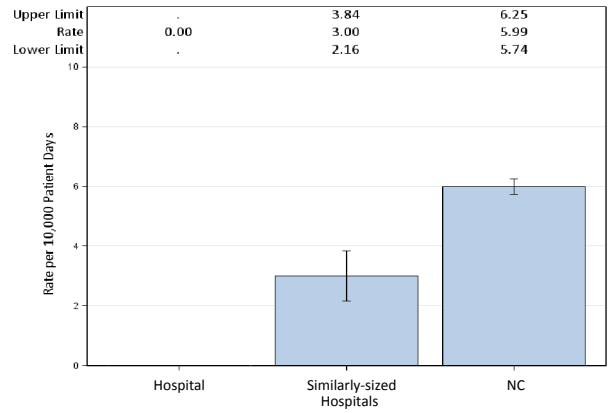


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 3. Rate and SIR, Jan-Sep 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	7,487	0	3.265	0	, 1.130	Same

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

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Sandhills Regional Medical Center, Hamlet, Richmond County

Catheter-Associated Urinary Tract Infections (CAUTI)

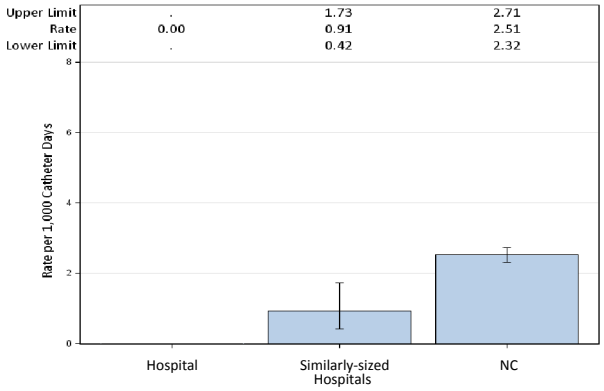


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

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

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	378	0	0.756	.		
YTD Total for Reporting ICUs	0	378	0	0.756	.		

*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-Sep 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	.	.	.		

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.

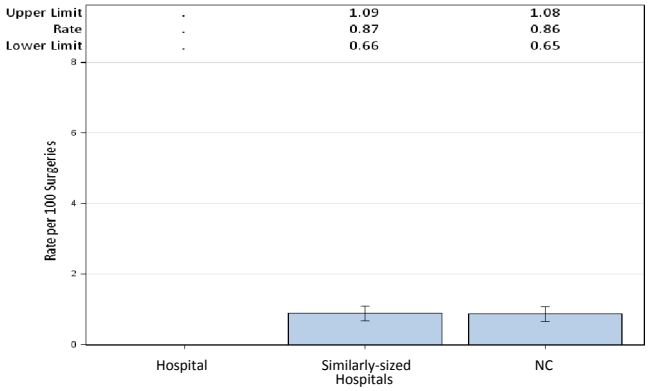


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

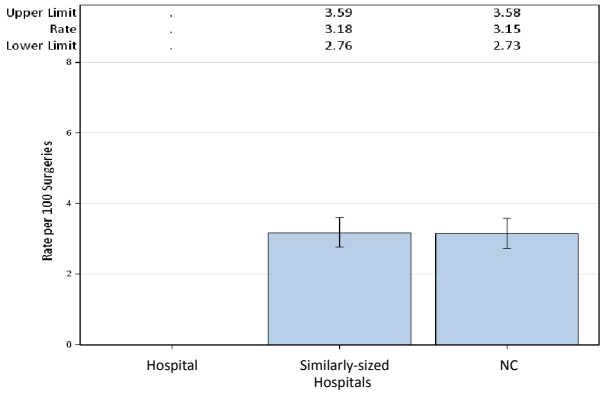


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

Table 6. Rates and SIRs, Jan-Sep 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	.	.	.		

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.

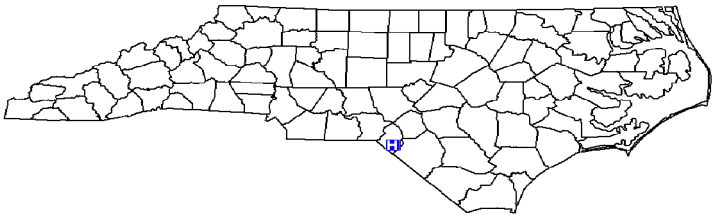
Refer to HAI in NC Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Scotland Memorial Hospital, Laurinburg, Scotland County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	6,682
Patient Days in 2012:	23,045
Total Number of Beds:	104
Number of ICU Beds:	7
FTE* Infection Preventionists:	0.80
Number of FTEs* per 100 beds:	0.77

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

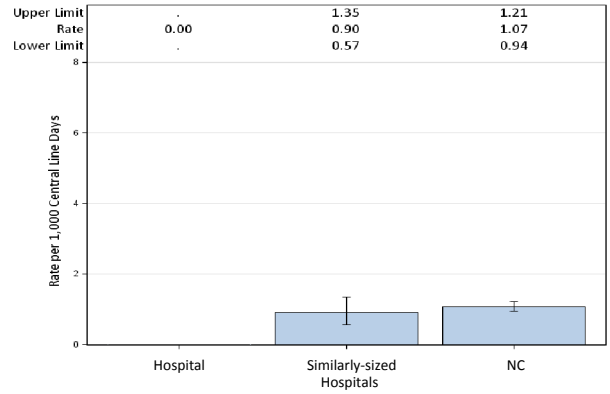


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	320	0	0.48	.		
YTD Total for Reporting ICUs	0	320	0	0.48	.		

*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 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 2. Rate and SIR, Jan-Sep 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	15,789	0.06	0.886	.		

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

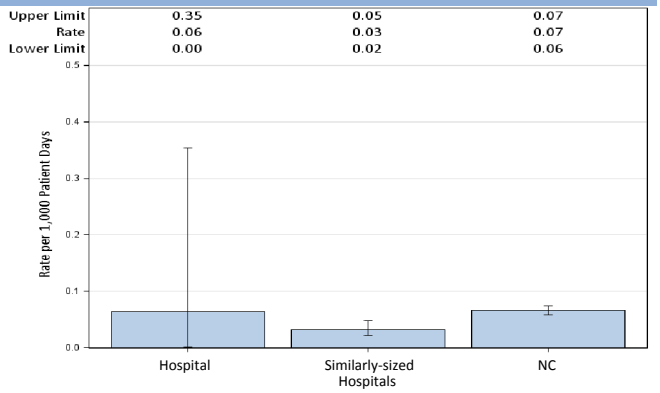


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

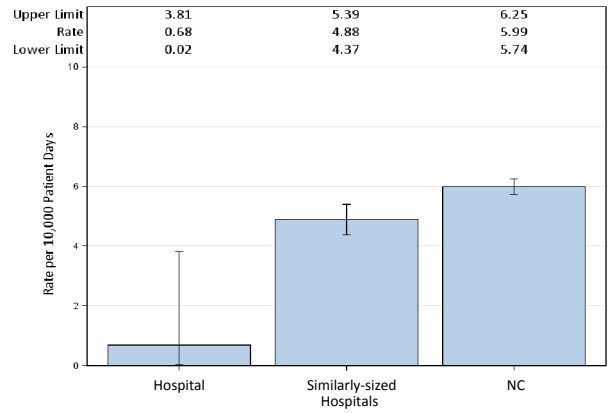


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 3. Rate and SIR, Jan-Sep 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	14,605	0.68	7.108	0.141	0.004, 0.784	Lower

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

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Scotland Memorial Hospital, Laurinburg, Scotland County

Catheter-Associated Urinary Tract Infections (CAUTI)

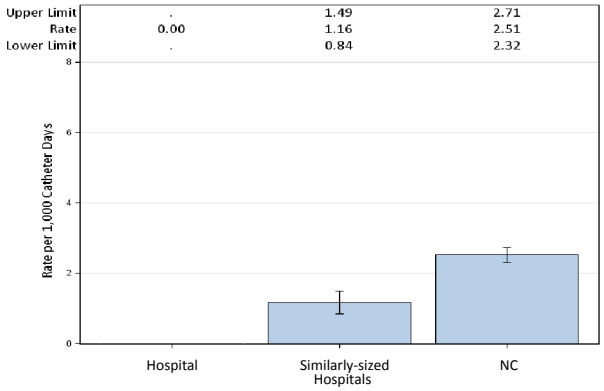


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 4. Rates and SIRs by ICU Type, Jan-Sep 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	453	0	0.589	.		
YTD Total for Reporting ICUs	0	453	0	0.589	.		

*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-Sep 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	0.194	.		

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.

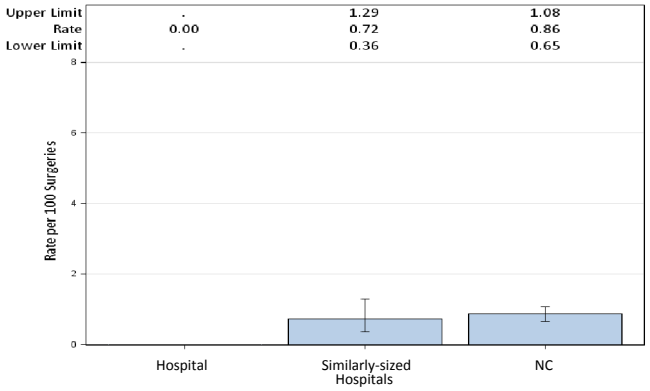


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

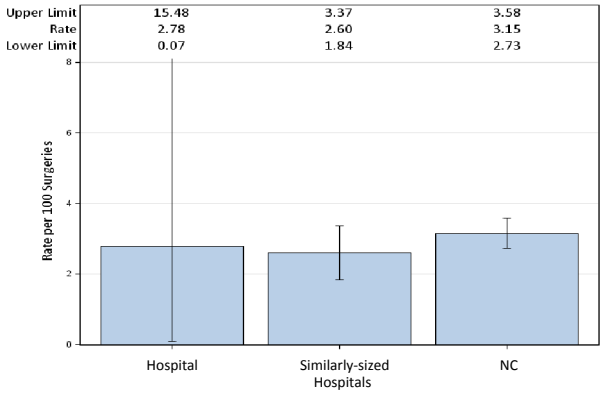


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

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

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	1	36	2.78	1.211	0.826	0.021, 4.601	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.

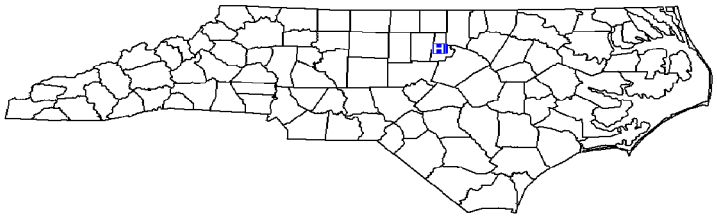
Commentary from Hospitals:
No comments provided.

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Select Specialty Hospital, Durham, Durham, Durham County

2012 Hospital Survey Information

Hospital Type:	Long-term Acute Care Hospital
Profit Status:	For Profit
Admissions in 2012:	274
Patient Days in 2012:	8,600
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)

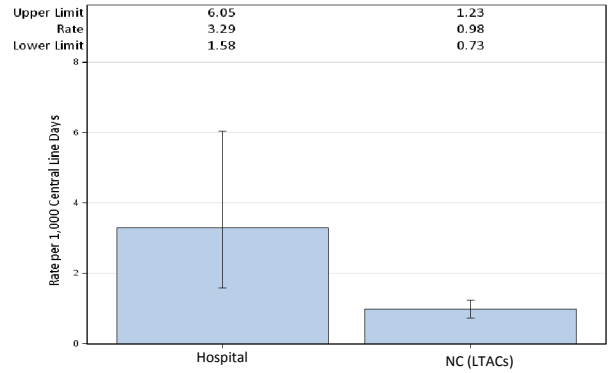


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

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

Type of Unit	Infections	Line Days	Rate
Adult ward	10	3,040	3.29
YTD Total for Reporting Units	10	3,040	3.29

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-Sep 2013

Type of Unit	Infections	Catheter Days	Rate
Adult ward	11	2,036	5.4
YTD Total for Reporting Units	11	2,036	5.4

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

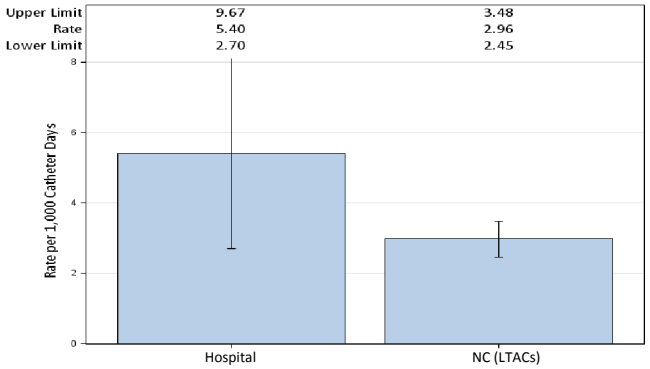


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Other Healthcare-Associated Infections (HAIs)

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

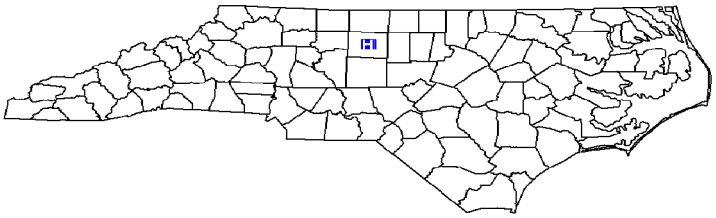
Commentary from Hospitals:
No comments provided.

Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Select Specialty Hospital, Greensboro, Greensboro, Guilford County

2012 Hospital Survey Information

Hospital Type:	Long-term Acute Care Hospital
Profit Status:	For Profit
Admissions in 2012:	321
Patient Days in 2012:	9,083
Total Number of Beds:	30
FTE* Infection Preventionists:	0.40
Number of FTEs* per 100 beds:	1.33



*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

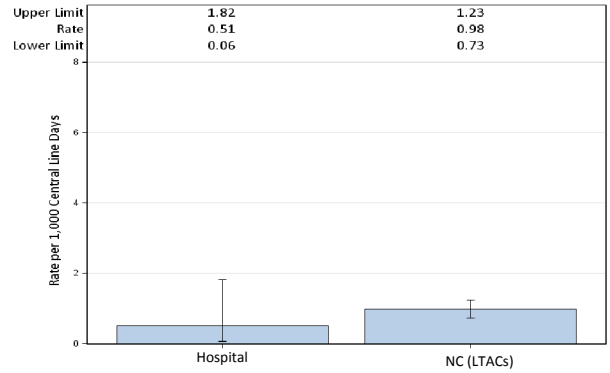


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

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

Type of Unit	Infections	Line Days	Rate
Adult ward	2	3,959	0.51
YTD Total for Reporting Units	2	3,959	0.51

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-Sep 2013

Type of Unit	Infections	Catheter Days	Rate
Adult ward	0	3,591	0.00
YTD Total for Reporting Units	0	3,591	0.00

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

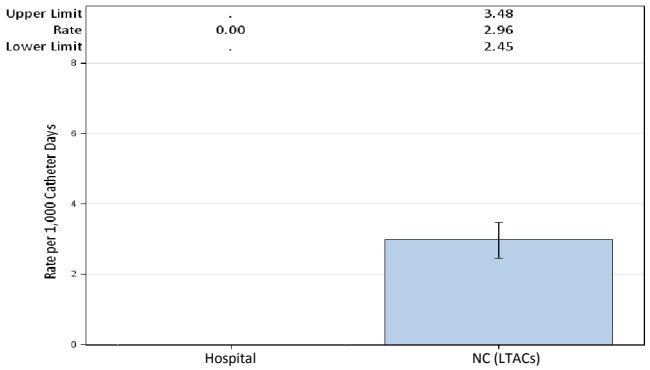


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Other Healthcare-Associated Infections (HAIs)

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

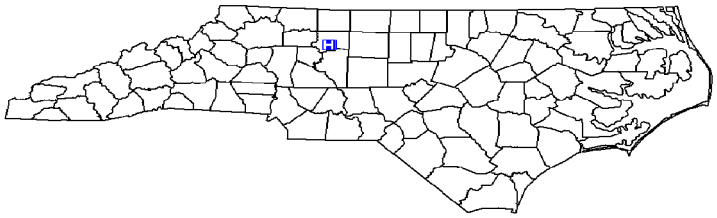
Commentary from Hospitals:
No comments provided.

Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Select Specialty Hospital-Winston Salem, Winston Salem, Forsyth County

2012 Hospital Survey Information

Hospital Type:	Long-term Acute Care Hospital
Profit Status:	For Profit
Admissions in 2012:	432
Patient Days in 2012:	11,697
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)

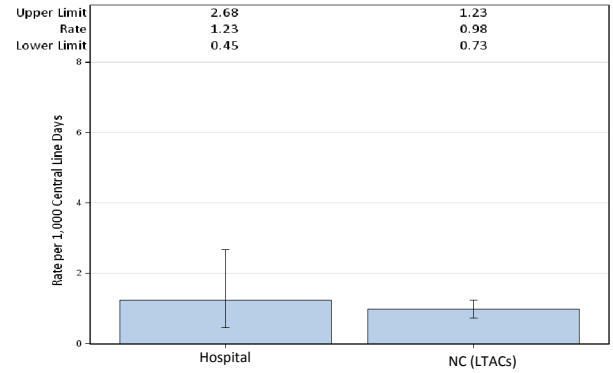


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

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

Type of Unit	Infections	Line Days	Rate
Adult ward	6	4,864	1.23
YTD Total for Reporting Units	6	4,864	1.23

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-Sep 2013

Type of Unit	Infections	Catheter Days	Rate
Adult ward	15	5,050	2.97
YTD Total for Reporting Units	15	5,050	2.97

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

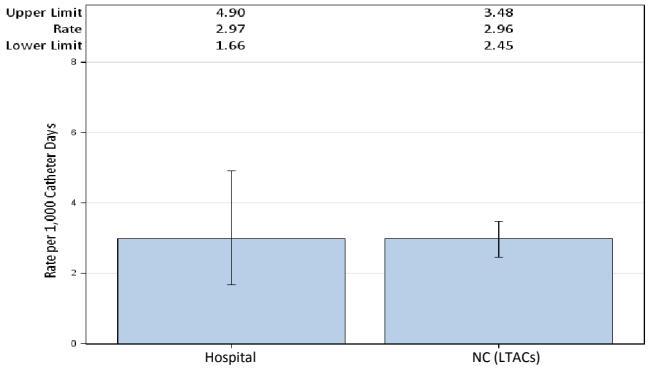


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Other Healthcare-Associated Infections (HAIs)

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

Commentary from Hospitals:
No comments provided.

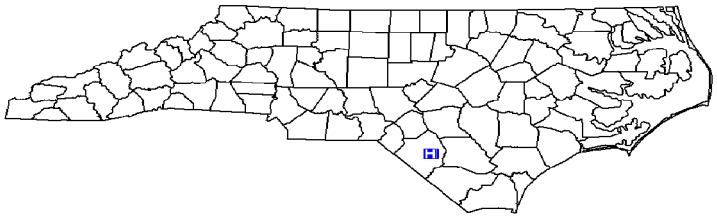
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Southeastern Regional Medical Center, Lumberton, Robeson County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	17,159
Patient Days in 2012:	73,335
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)

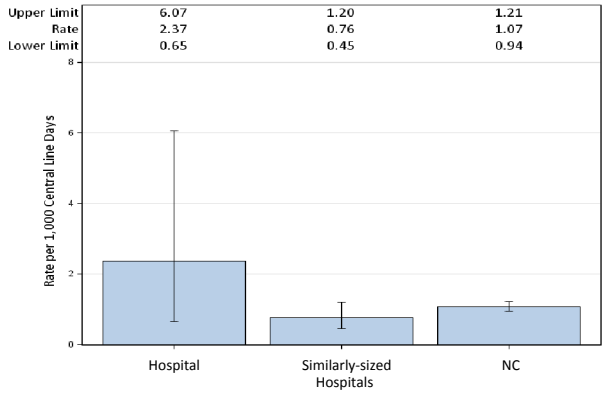


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	1,652	2.42	2.478	1.614	0.440, 4.133	Same
Surgical cardiothoracic	0	36	.	.	.		
YTD Total for Reporting ICUs	4	1,688	2.37	2.528	1.582	0.431, 4.051	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 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 2. Rate and SIR, Jan-Sep 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	58,942	0.08	2.112	2.367	0.769, 5.525	Same

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

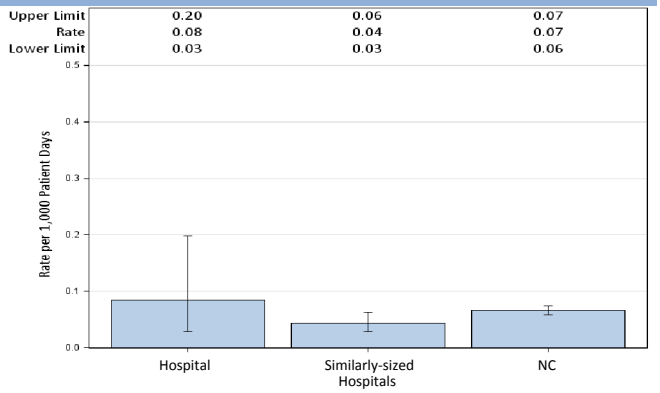


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

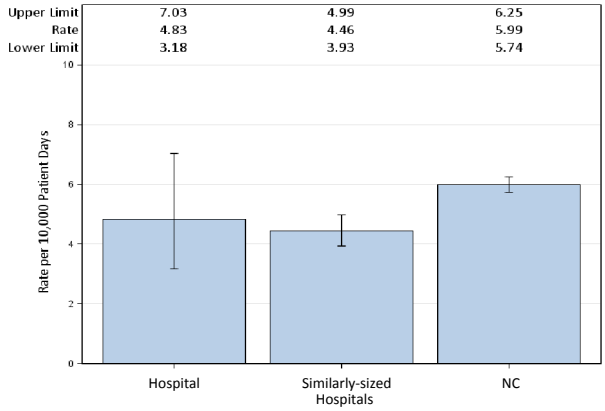


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 3. Rate and SIR, Jan-Sep 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	55,904	4.83	43.555	0.62	0.408, 0.902	Lower

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

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Southeastern Regional Medical Center, Lumberton, Robeson County

Catheter-Associated Urinary Tract Infections (CAUTI)

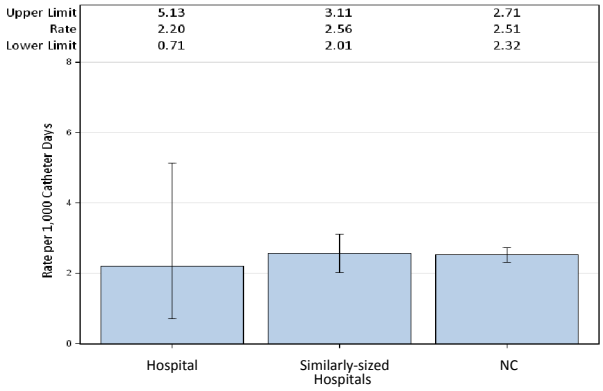


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 4. Rates and SIRs by ICU Type, Jan-Sep 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	2,100	2.38	2.73	1.832	0.595, 4.274	Same
Surgical cardiothoracic	0	175	0	0.298	.		
YTD Total for Reporting ICUs	5	2,275	2.2	3.028	1.651	0.536, 3.853	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-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	1	113	0.88	1.353	0.739	0.019, 4.118	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.

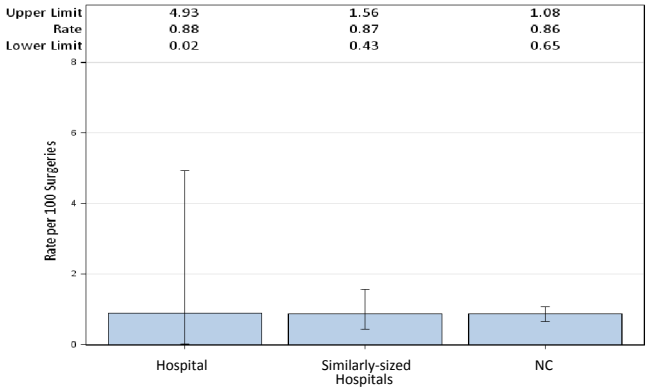


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

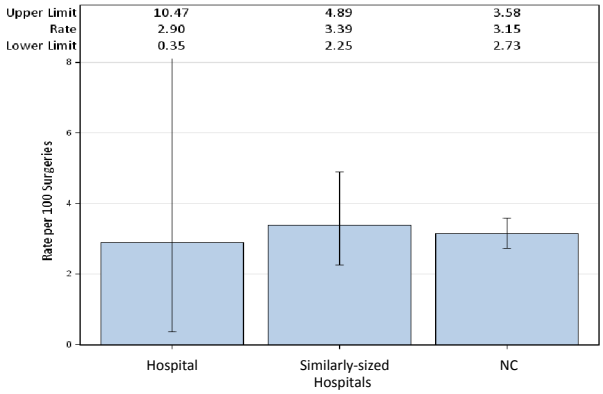


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

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

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	2	69	2.9	2.418	0.827	0.100, 2.988	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.

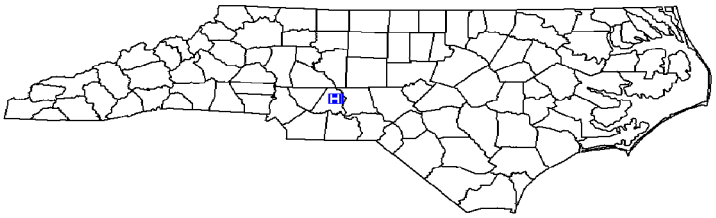
Refer to HAI in NC Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Stanly Regional Medical Center, Albemarle, Stanly County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	5,794
Patient Days in 2012:	20,308
Total Number of Beds:	119
Number of ICU Beds:	10
FTE* Infection Preventionists:	0.88
Number of FTEs* per 100 beds:	0.74

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

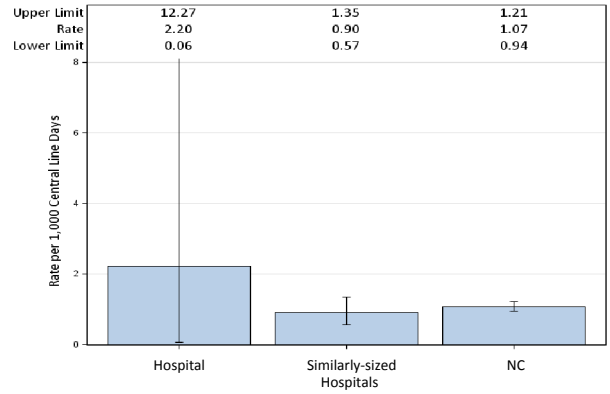


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	454	2.2	0.908	.		
YTD Total for Reporting ICUs	1	454	2.2	0.908	.		

*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 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 2. Rate and SIR, Jan-Sep 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	13,504	0	0.652	.		

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

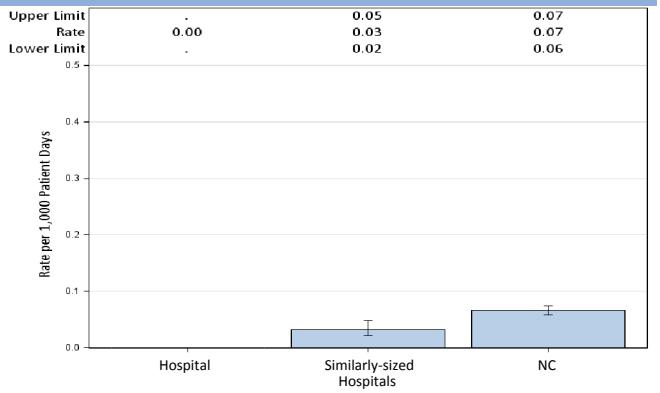


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

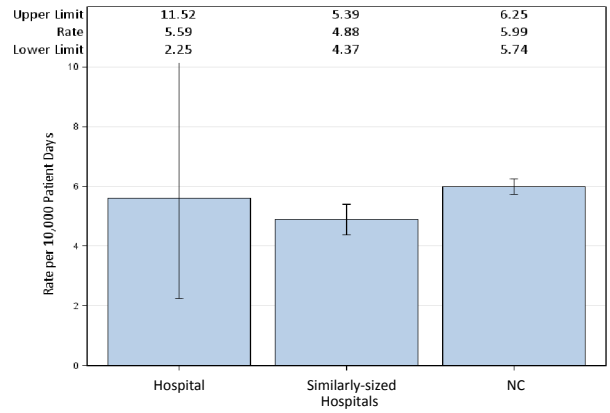


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 3. Rate and SIR, Jan-Sep 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	12,517	5.59	6.709	1.043	0.419, 2.150	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Stanly Regional Medical Center, Albemarle, Stanly County

Catheter-Associated Urinary Tract Infections (CAUTI)

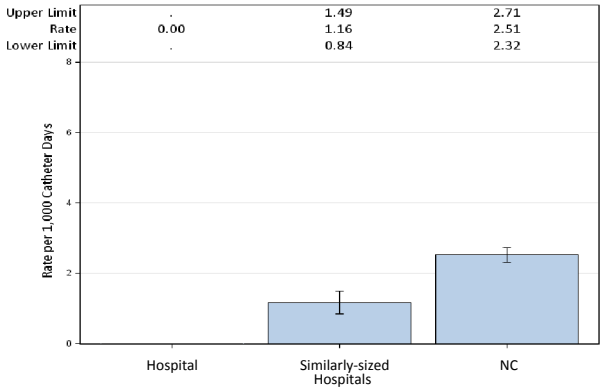


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 4. Rates and SIRs by ICU Type, Jan-Sep 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	1,065	0	2.13	0	, 1.732	Same
YTD Total for Reporting ICUs	0	1,065	0	2.13	0	, 1.732	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-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	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.

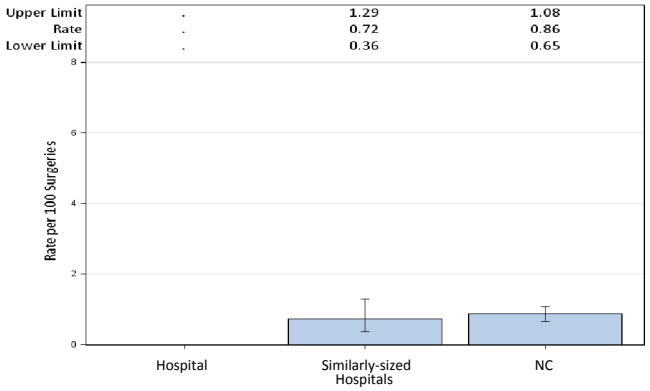


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

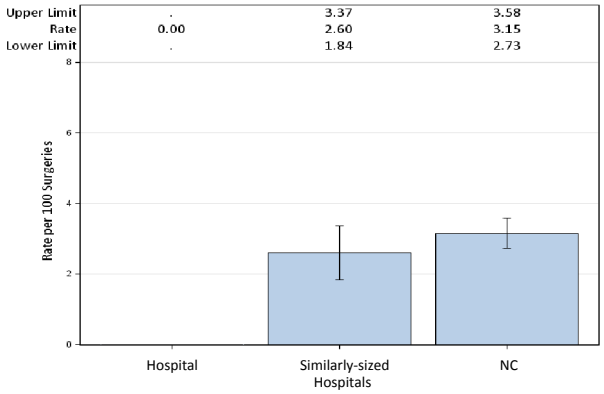


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

Table 6. Rates and SIRs, Jan-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	27	0	0.791	.		

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.

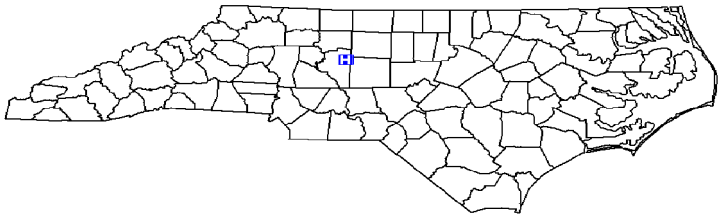
Refer to HAI in NC Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Thomasville Medical Center, Thomasville, Davidson County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	4,236
Patient Days in 2012:	22,605
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)

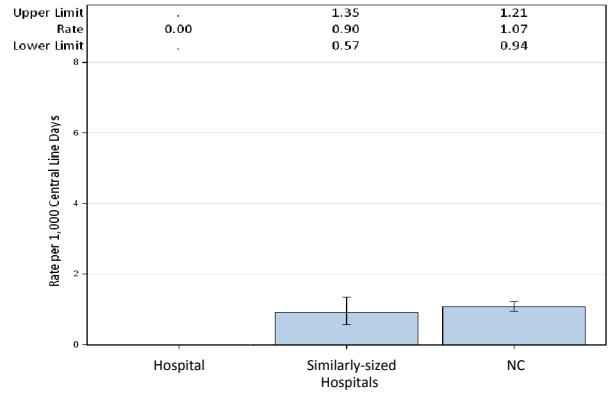


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	184	0	0.276	.		
YTD Total for Reporting ICUs	0	184	0	0.276	.		

*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 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 2. Rate and SIR, Jan-Sep 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	18,373	0	0.887	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

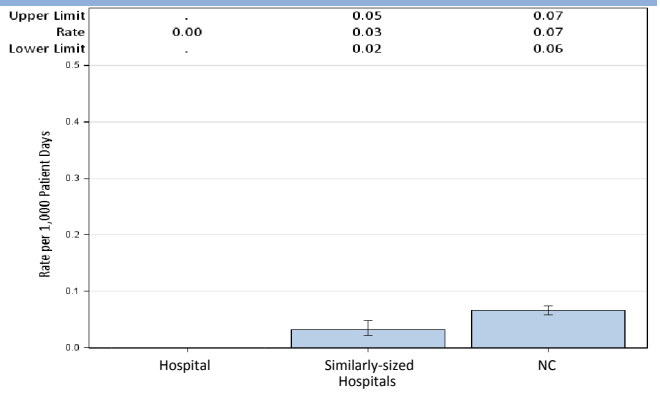


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

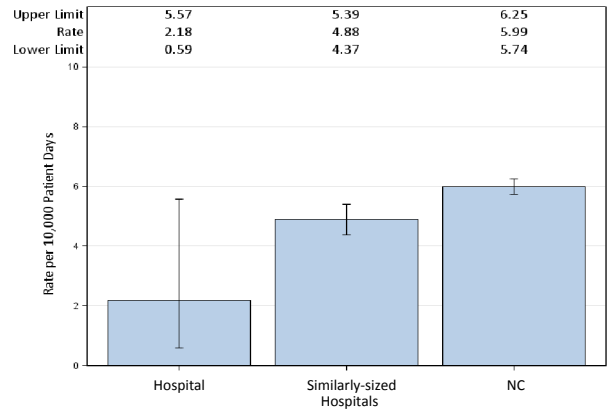


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 3. Rate and SIR, Jan-Sep 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	18,373	2.18	9.392	0.426	0.116, 1.090	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Thomasville Medical Center, Thomasville, Davidson County

Catheter-Associated Urinary Tract Infections (CAUTI)

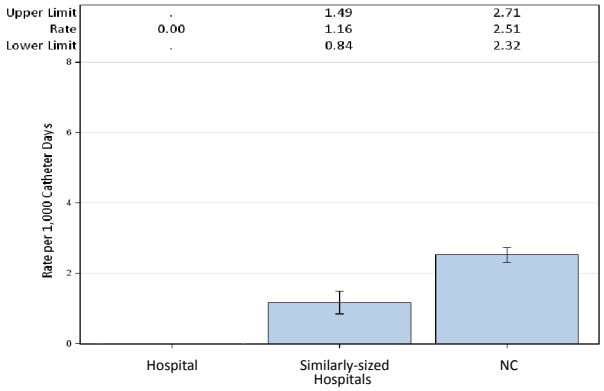


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 4. Rates and SIRs by ICU Type, Jan-Sep 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	0.927	.		
YTD Total for Reporting ICUs	0	713	0	0.927	.		

*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-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	1	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.

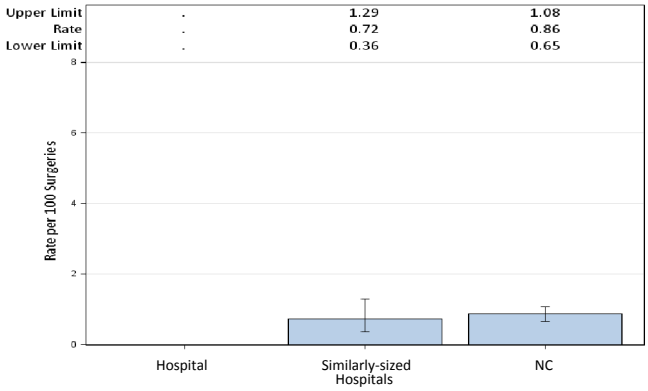


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

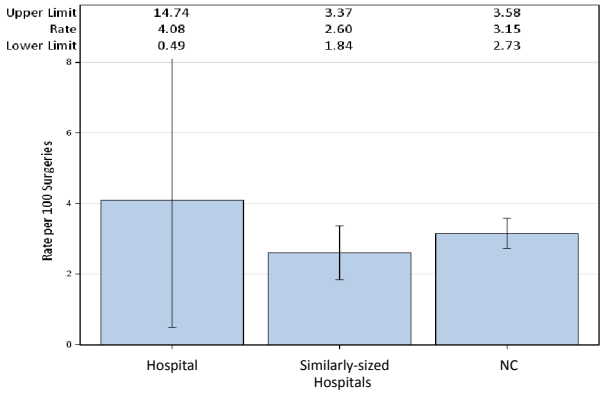


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

Table 6. Rates and SIRs, Jan-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	2	49	4.08	1.523	1.313	0.159, 4.744	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.

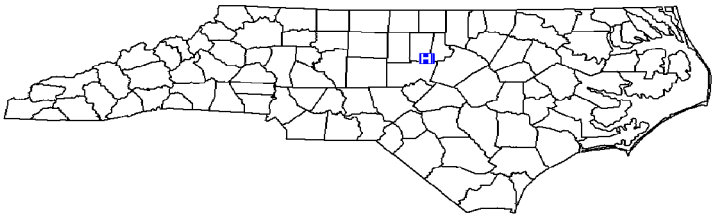
Refer to HAI in NC Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
UNC Health Care, Chapel Hill, Orange County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Profit Status:	Government
Admissions in 2012:	43,191
Patient Days in 2012:	248,498
Total Number of Beds:	848
Number of ICU Beds:	171
FTE* Infection Preventionists:	5.50
Number of FTEs* per 100 beds:	0.65

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

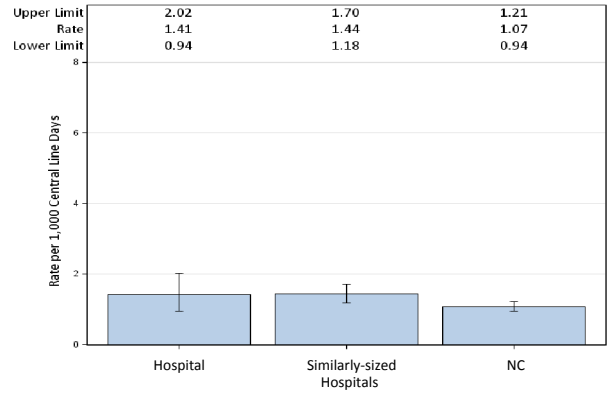


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Burn	4	2,115	1.89	11.633	0.344	0.094, 0.880	Lower
Medical	7	4,047	1.73	10.522	0.665	0.267, 1.371	Same
Medical cardiac	5	2,261	2.21	4.522	1.106	0.359, 2.580	Same
Neonatal Level III	3	3,060	0.98	7.545	0.398	0.082, 1.162	Same
Neurosurgical	1	1,724	0.58	4.31	0.232	0.006, 1.293	Same
Pediatric medical/surgical	5	2,493	2.01	7.479	0.669	0.217, 1.560	Same
Surgical	3	2,652	1.13	6.1	0.492	0.101, 1.437	Same
Surgical cardiothoracic	1	2,280	0.44	3.192	0.313	0.008, 1.746	Same
YTD Total for Reporting ICUs	29	20,632	1.41	55.302	0.524	0.351, 0.753	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 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 2. Rate and SIR, Jan-Sep 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	188,242	0.07	16.994	0.824	0.450, 1.382	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

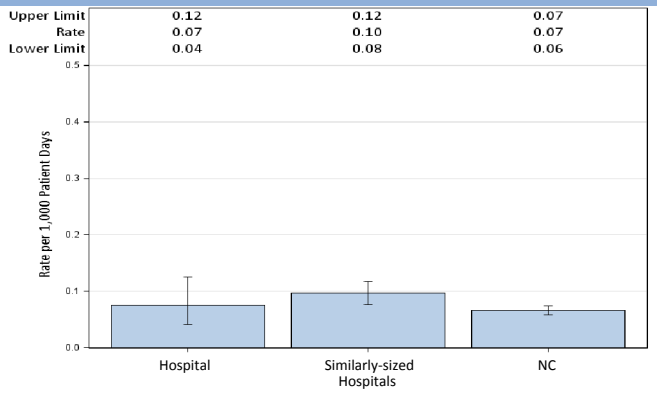


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

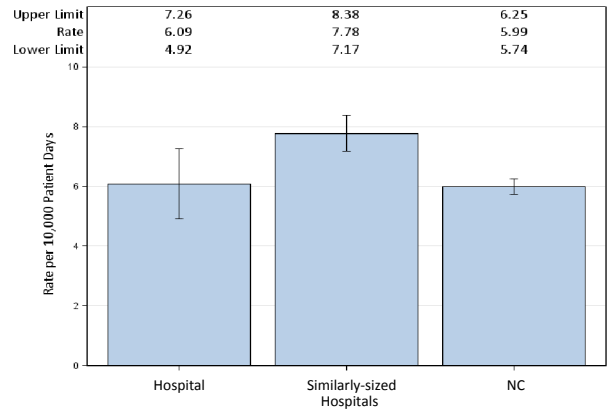


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 3. Rate and SIR, Jan-Sep 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	104	170,726	6.09	152.176	0.683	0.558, 0.828	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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
UNC Health Care, Chapel Hill, Orange County

Catheter-Associated Urinary Tract Infections (CAUTI)

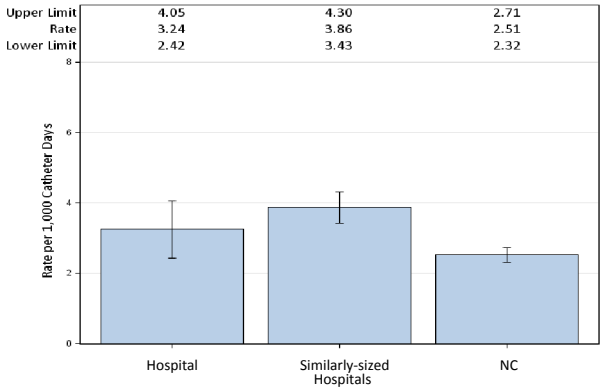


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 4. Rates and SIRs by ICU Type, Jan-Sep 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Burn	11	3,150	3.49	13.86	0.794	0.396, 1.420	Same
Medical	17	3,985	4.27	9.166	1.855	1.080, 2.970	Higher
Medical cardiac	7	1,794	3.9	3.588	1.951	0.784, 4.020	Same
Neurosurgical	14	2,738	5.11	12.047	1.162	0.635, 1.950	Same
Pediatric medical/surgical	2	1,203	1.66	3.368	0.594	0.072, 2.145	Same
Surgical	8	3,599	2.22	9.357	0.855	0.369, 1.685	Same
Surgical cardiothoracic	2	2,377	0.84	4.041	0.495	0.060, 1.788	Same
YTD Total for Reporting ICUs	61	18,846	3.24	55.427	1.101	0.842, 1.414	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-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	9	453	1.99	5.429	1.658	0.758, 3.147	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.

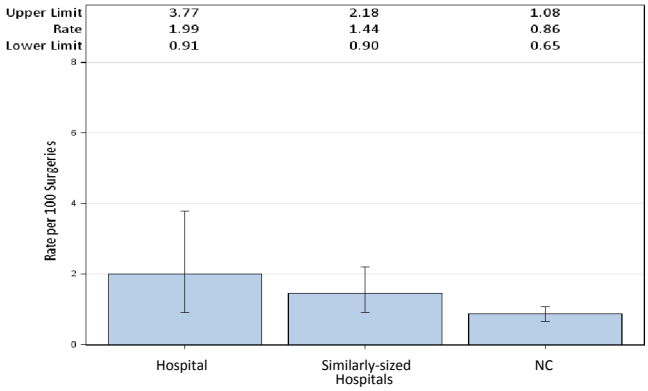


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

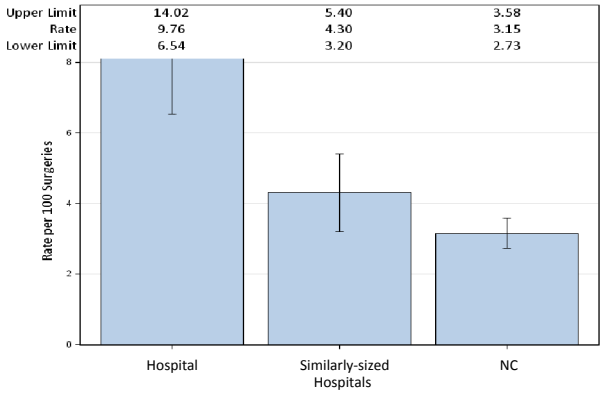


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

Table 6. Rates and SIRs, Jan-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	29	297	9.76	10.977	2.642	1.769, 3.794	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 hospital's patients. UNC Health Care supports the need for the data presented in this report to be validated (i.e., demonstration by independent monitors that the submitted data is correct).

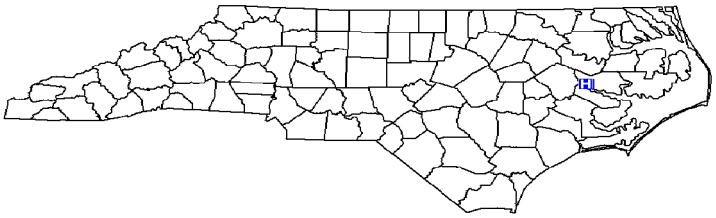
Refer to HAI in NC Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Vidant Beaufort Hospital, Washington, Beaufort County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	3,482
Patient Days in 2012:	13,764
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)

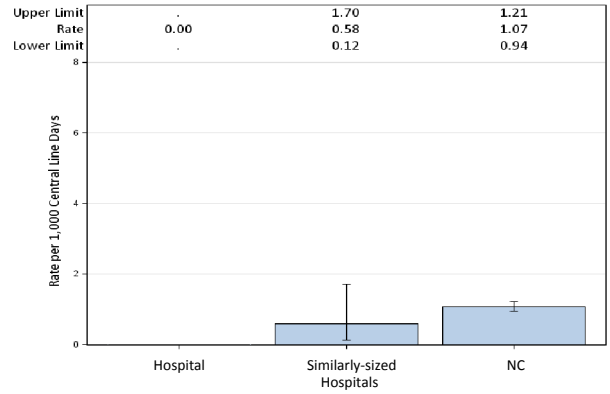


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	104	0	0.156	.		
YTD Total for Reporting ICUs	0	104	0	0.156	.		

*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 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 2. Rate and SIR, Jan-Sep 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	11,008	0	0.564	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

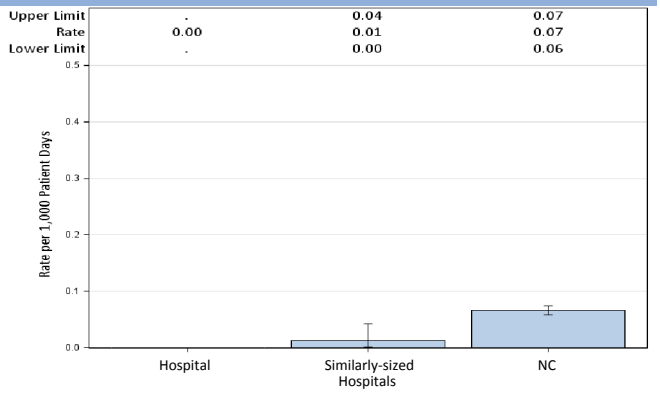


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

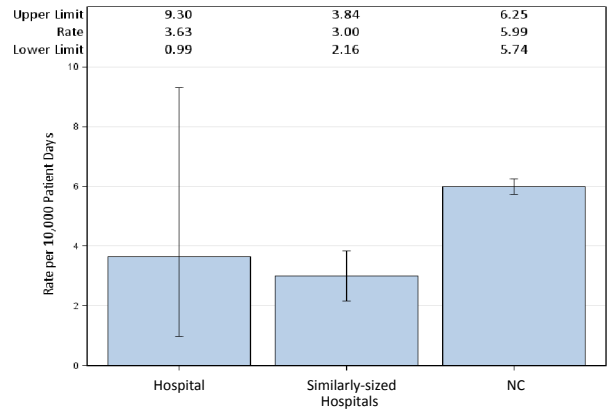


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 3. Rate and SIR, Jan-Sep 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	11,008	3.63	4.863	0.823	0.224, 2.106	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Vidant Beaufort Hospital, Washington, Beaufort County

Catheter-Associated Urinary Tract Infections (CAUTI)

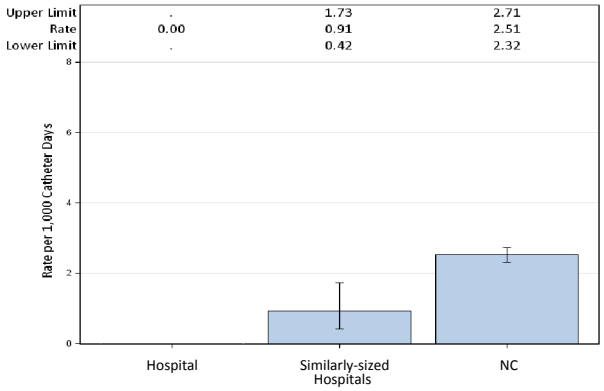


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 4. Rates and SIRs by ICU Type, Jan-Sep 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	211	0	0.274	.		
YTD Total for Reporting ICUs	0	211	0	0.274	.		

*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-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	2	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.

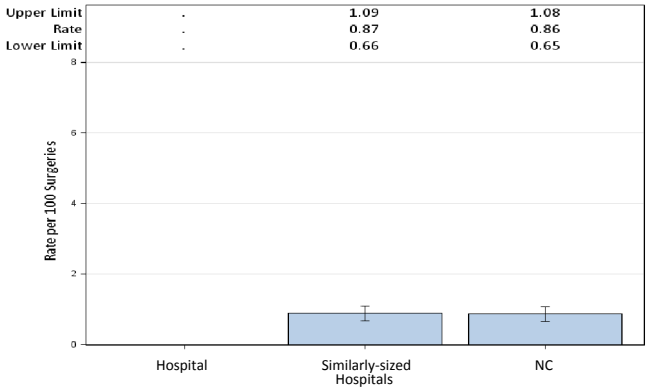


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

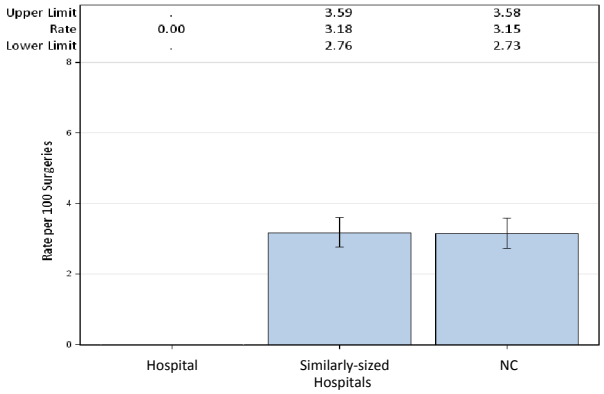


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

Table 6. Rates and SIRs, Jan-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	20	0	0.649	.		

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.

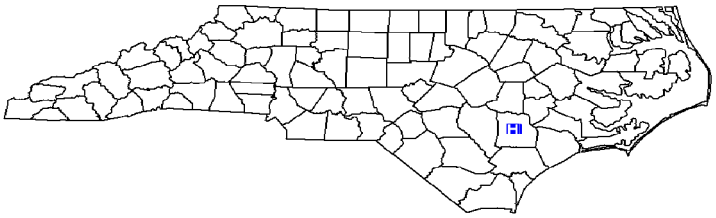
Refer to HAI in NC Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Vidant Duplin Hospital, Kenansville, Duplin County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	3,270
Patient Days in 2012:	15,641
Total Number of Beds:	89
Number of ICU Beds:	9
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	1.12

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

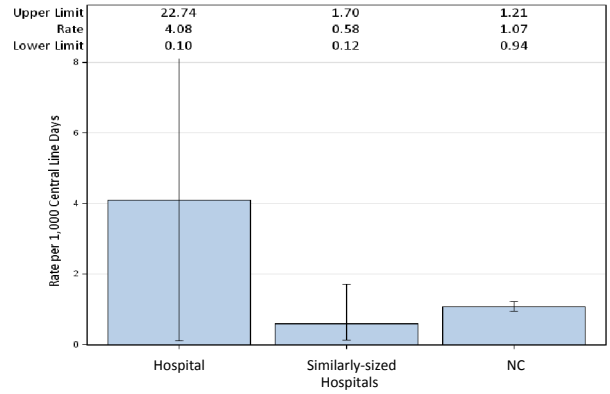


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	245	4.08	0.368	.		
YTD Total for Reporting ICUs	1	245	4.08	0.368	.		

*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 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 2. Rate and SIR, Jan-Sep 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	12,140	0	0.683	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

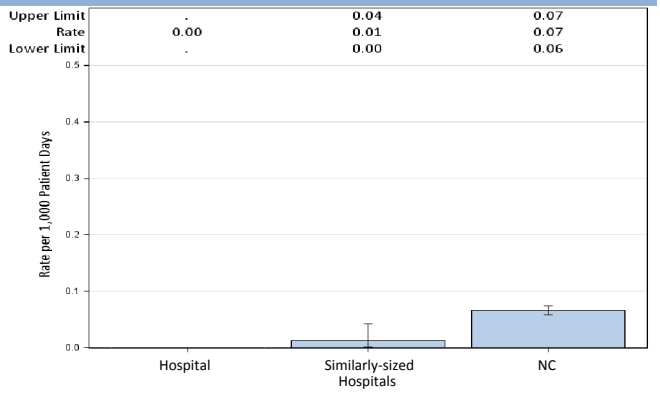


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

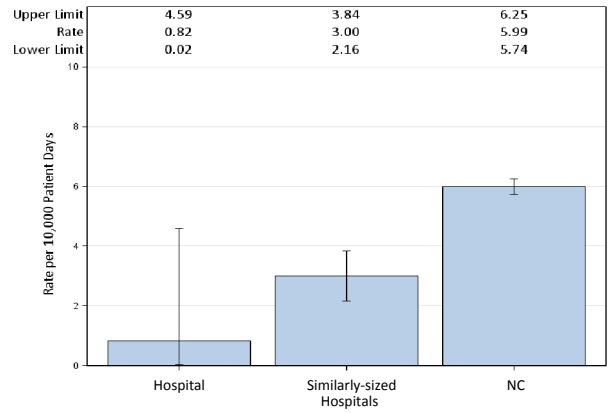


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 3. Rate and SIR, Jan-Sep 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	12,140	0.82	7.171	0.139	0.004, 0.777	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Vidant Duplin Hospital, Kenansville, Duplin County

Catheter-Associated Urinary Tract Infections (CAUTI)

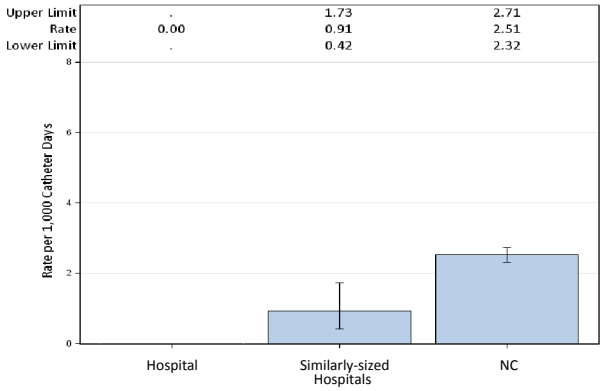


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 4. Rates and SIRs by ICU Type, Jan-Sep 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	404	0	0.525	.		
YTD Total for Reporting ICUs	0	404	0	0.525	.		

*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-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	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.

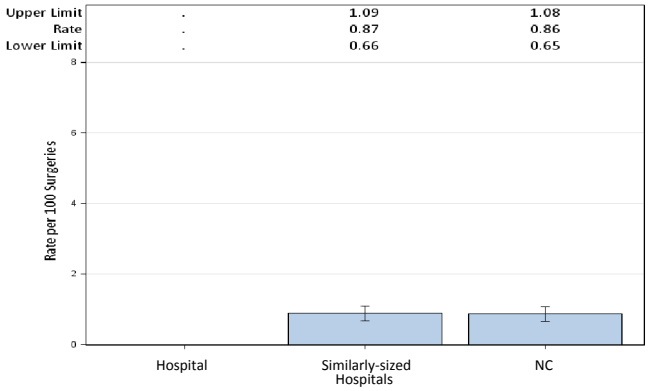


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

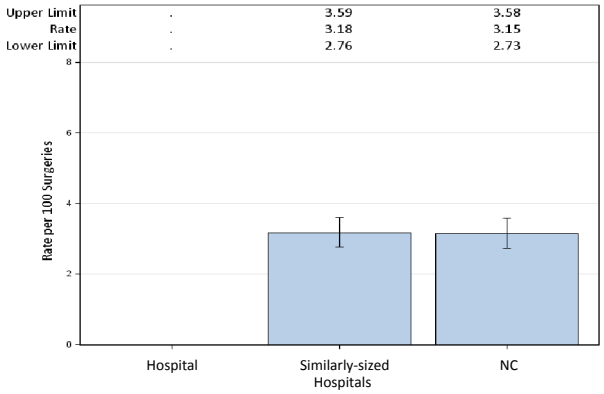


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

Table 6. Rates and SIRs, Jan-Sep 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	.	.	.		

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.

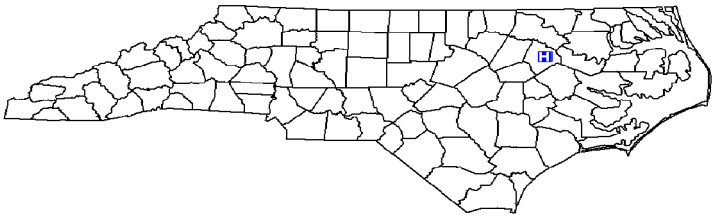
Commentary from Hospitals:
No comments provided.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Vidant Edgecombe Hospital, Tarboro, Edgecombe County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Profit Status:	Not for Profit
Admissions in 2012:	4,660
Patient Days in 2012:	18,001
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)

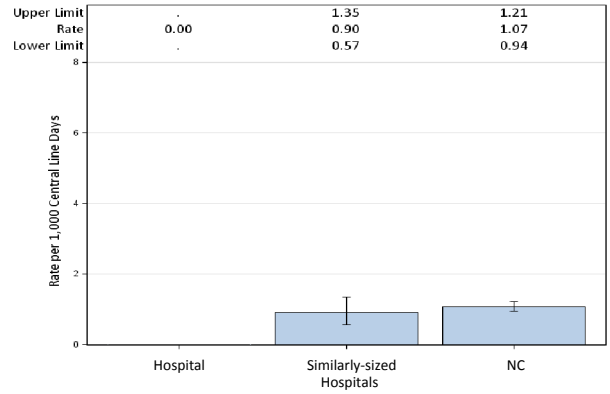


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	678	0	1.424	0	, 2.591	Same
YTD Total for Reporting ICUs	0	678	0	1.424	0	, 2.591	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 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 2. Rate and SIR, Jan-Sep 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	12,551	0.16	0.71	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

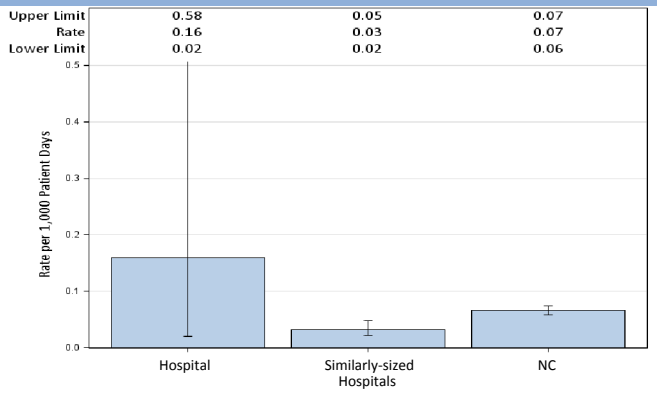


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

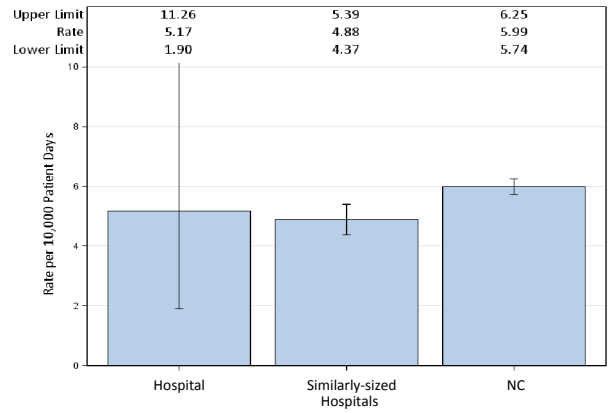


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 3. Rate and SIR, Jan-Sep 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	11,596	5.17	7.178	0.836	0.307, 1.819	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Vidant Edgecombe Hospital, Tarboro, Edgecombe County

Catheter-Associated Urinary Tract Infections (CAUTI)

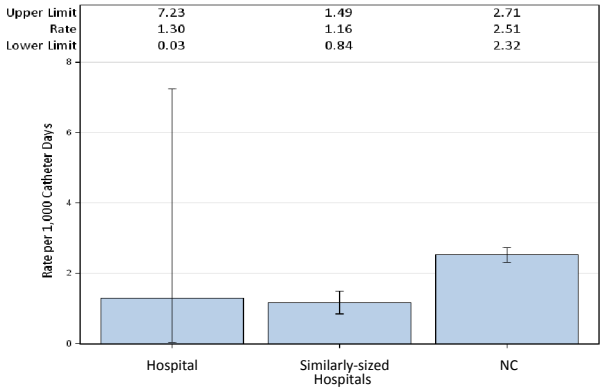


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 4. Rates and SIRs by ICU Type, Jan-Sep 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	771	1.3	1.773	0.564	0.014, 3.142	Same
YTD Total for Reporting ICUs	1	771	1.3	1.773	0.564	0.014, 3.142	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-Sep 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	0.33	.		

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.

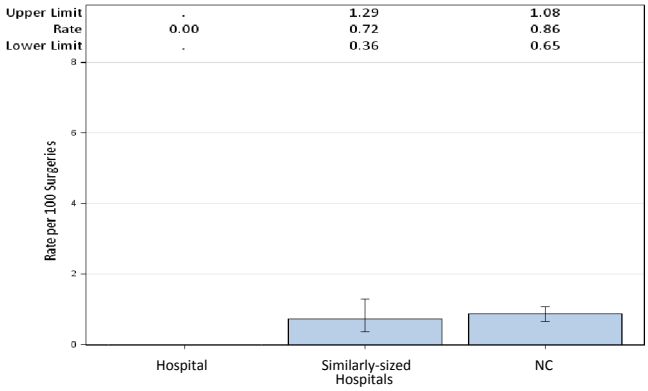


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

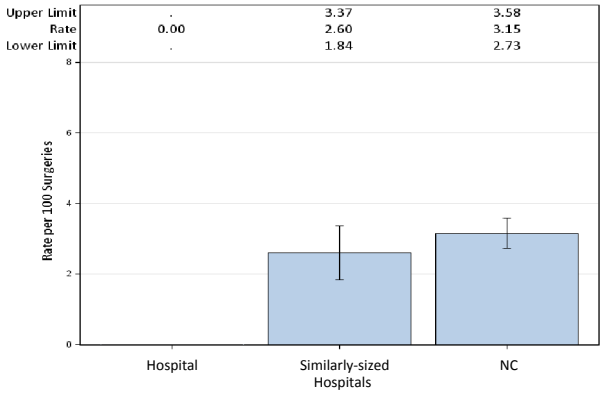


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

Table 6. Rates and SIRs, Jan-Sep 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	0.778	.		

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.

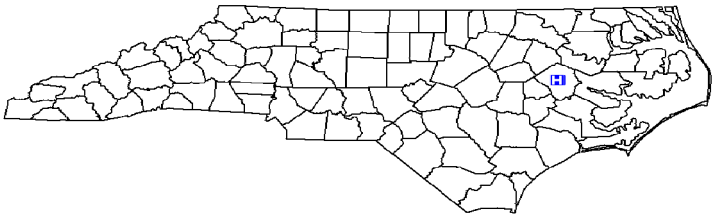
Refer to HAI in NC Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Vidant Medical Center, Greenville, Pitt County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Profit Status:	Not for Profit
Admissions in 2012:	46,920
Patient Days in 2012:	265,015
Total Number of Beds:	870
Number of ICU Beds:	164
FTE* Infection Preventionists:	8.00
Number of FTEs* per 100 beds:	0.92

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

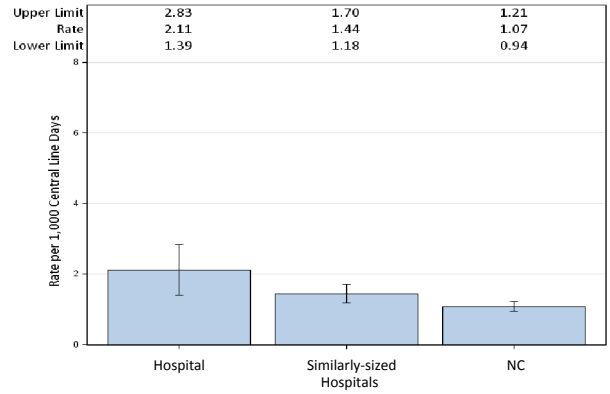


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	6	3,443	1.74	8.952	0.67	0.246, 1.459	Same
Medical cardiac	3	2,302	1.3	4.604	0.652	0.134, 1.904	Same
Neonatal Level III	7	2,243	3.12	5.759	1.215	0.489, 2.504	Same
Neurosurgical	1	527	1.9	1.318	0.759	0.019, 4.227	Same
Pediatric medical/surgical	1	750	1.33	2.25	0.444	0.011, 2.476	Same
Surgical	10	2,674	3.74	6.15	1.626	0.780, 2.990	Same
Surgical cardiothoracic	5	3,708	1.35	5.191	0.963	0.313, 2.248	Same
YTD Total for Reporting ICUs	33	15,647	2.11	34.223	0.964	0.664, 1.354	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 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 2. Rate and SIR, Jan-Sep 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	200,620	0.07	19.657	0.763	0.427, 1.259	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

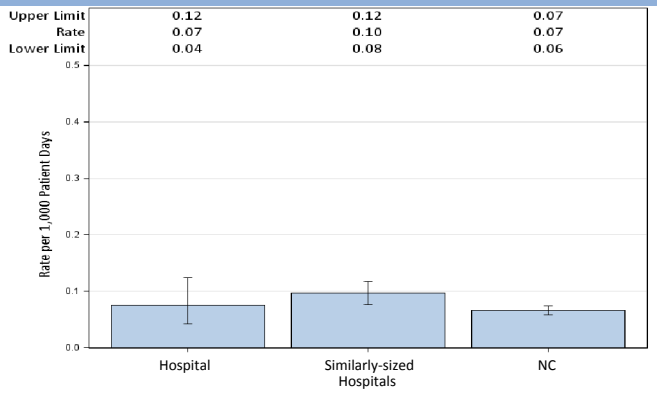


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

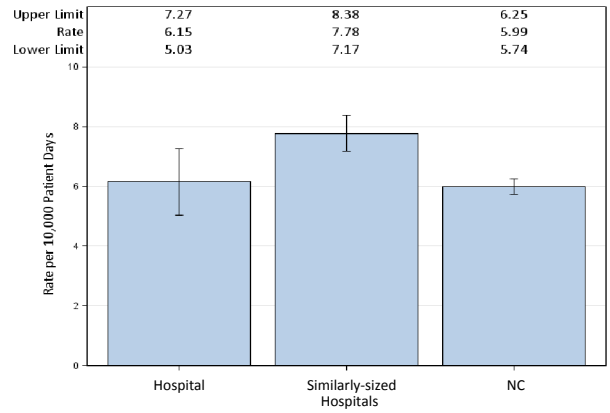


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 3. Rate and SIR, Jan-Sep 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	116	188,672	6.15	163.686	0.709	0.586, 0.850	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Vidant Medical Center, Greenville, Pitt County

Catheter-Associated Urinary Tract Infections (CAUTI)

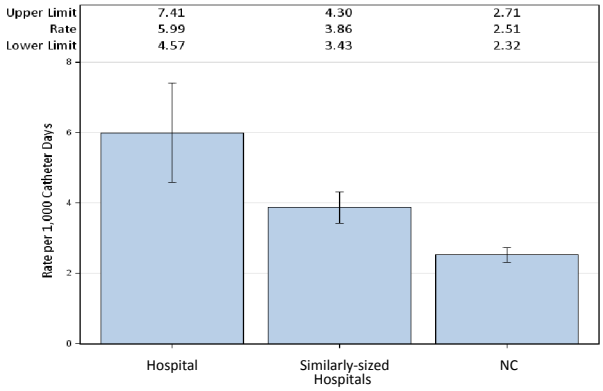


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 4. Rates and SIRs by ICU Type, Jan-Sep 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	18	3,088	5.83	7.102	2.534	1.501, 4.006	Higher
Medical cardiac	5	2,190	2.28	4.38	1.142	0.371, 2.664	Same
Neurosurgical	12	807	14.9	3.551	3.379	1.746, 5.903	Higher
Pediatric medical/surgical	3	319	9.4	0.893	.		
Surgical	23	2,734	8.41	7.108	3.236	2.051, 4.856	Higher
Surgical cardiothoracic	7	2,213	3.16	3.762	1.861	0.748, 3.834	Same
YTD Total for Reporting ICUs	68	11,351	5.99	26.797	2.538	1.970, 3.217	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-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	4	249	1.61	2.633	1.519	0.414, 3.890	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.

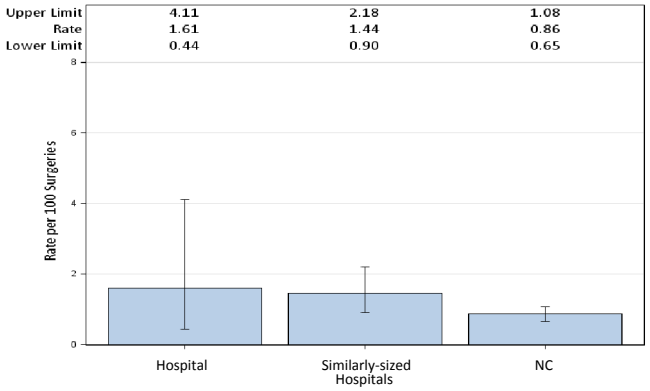


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

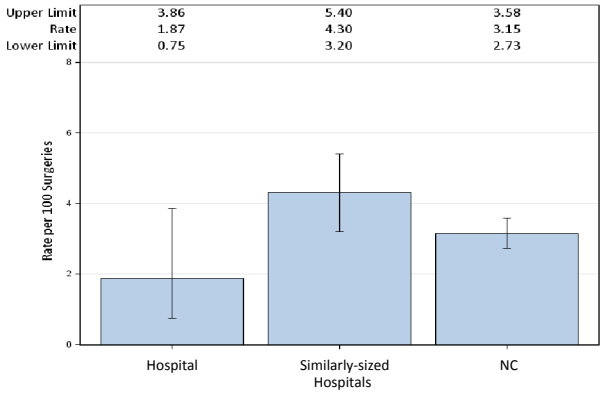


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

Table 6. Rates and SIRs, Jan-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	7	374	1.87	12.727	0.55	0.221, 1.133	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.

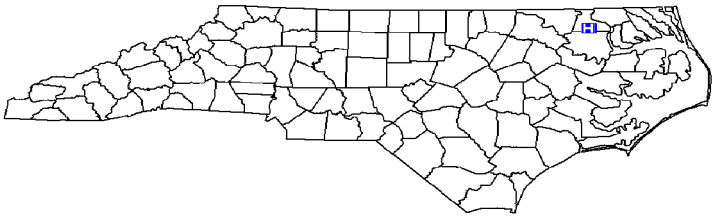
Refer to HAI in NC Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Vidant Roanoke Chowan Hospital, Ahoskie, Hertford County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	4,787
Patient Days in 2012:	21,244
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)

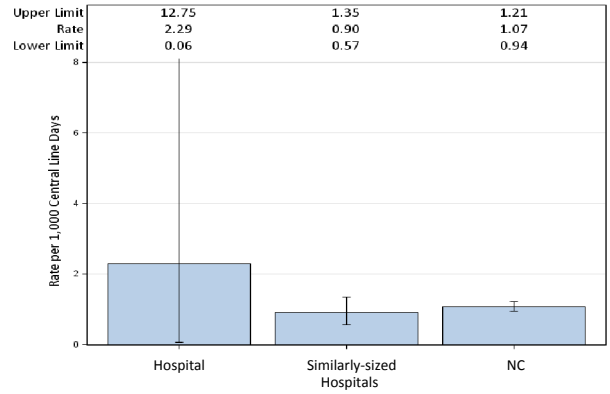


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	437	2.29	0.656	.		
YTD Total for Reporting ICUs	1	437	2.29	0.656	.		

*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 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 2. Rate and SIR, Jan-Sep 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	12,347	0	.	.	.	

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

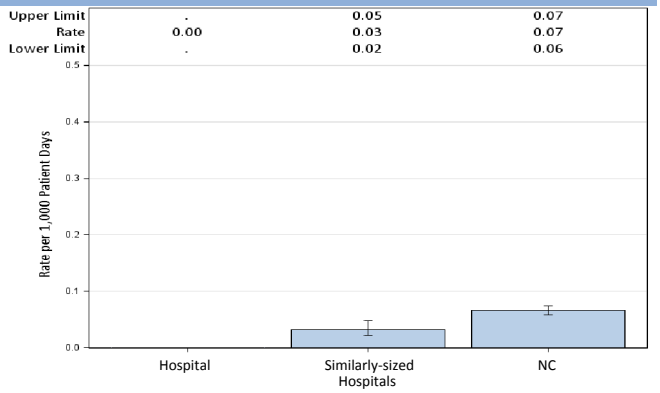


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

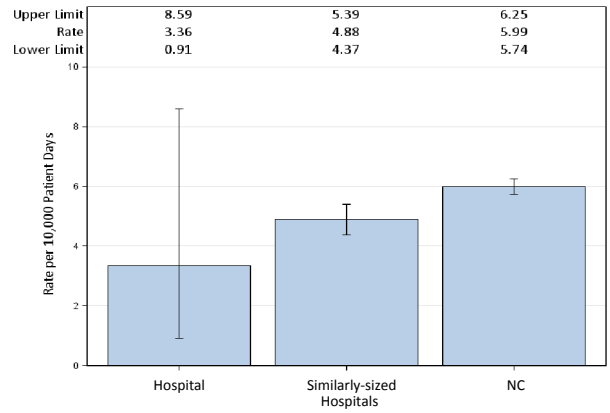


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 3. Rate and SIR, Jan-Sep 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	11,918	3.36	5.779	0.692	0.189, 1.772	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Vidant Roanoke Chowan Hospital, Ahoskie, Hertford County

Catheter-Associated Urinary Tract Infections (CAUTI)

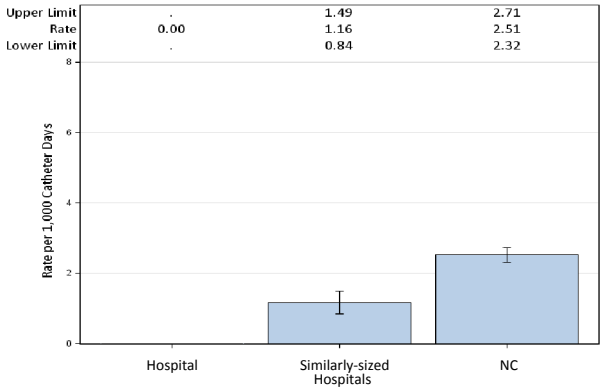


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 4. Rates and SIRs by ICU Type, Jan-Sep 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	557	0	0.724	.		
YTD Total for Reporting ICUs	0	557	0	0.724	.		

*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-Sep 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	0.183	.		

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.

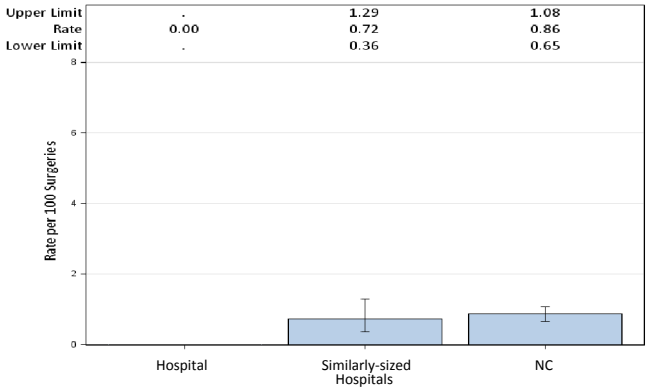


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

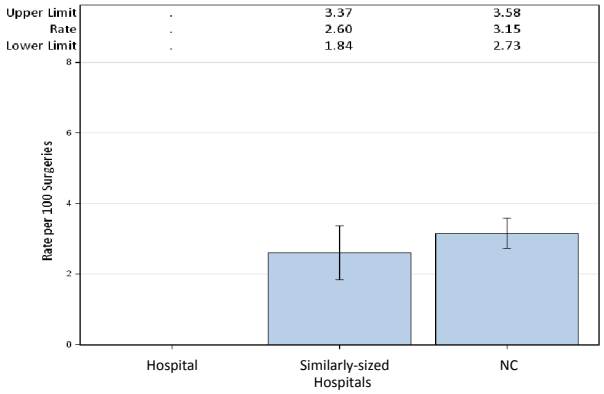


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

Table 6. Rates and SIRs, Jan-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	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 not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

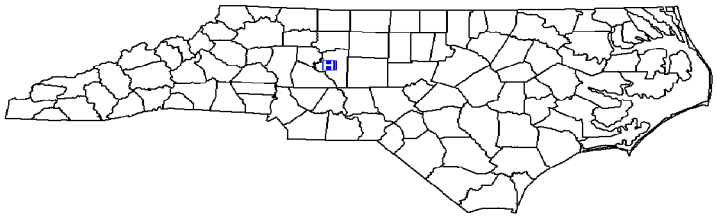
Refer to HAI in NC Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Wake Forest Baptist Health-Lexington Medical Center, Lexington, Davidson County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	4,027
Patient Days in 2012:	10,615
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)

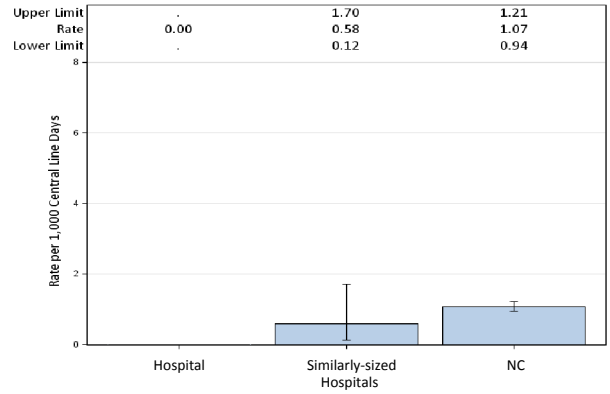


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	223	0	0.335	.		
YTD Total for Reporting ICUs	0	223	0	0.335	.		

*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 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 2. Rate and SIR, Jan-Sep 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	8,095	0	0.501	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

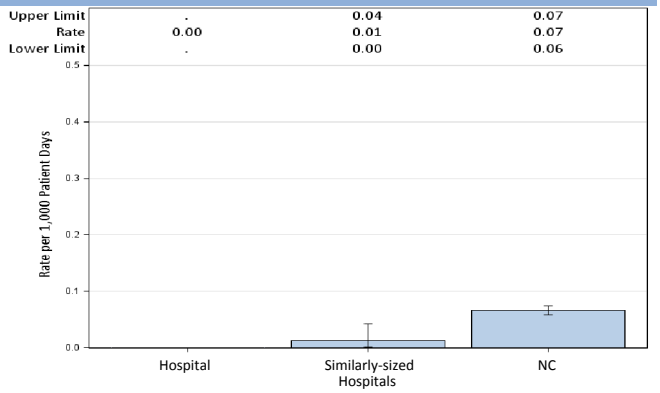


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

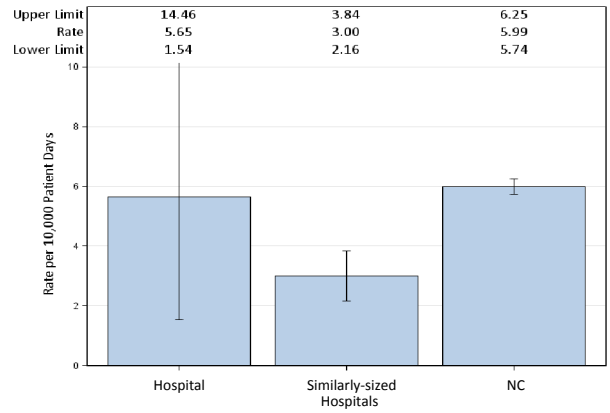


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 3. Rate and SIR, Jan-Sep 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	7,083	5.65	3.594	1.113	0.303, 2.850	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Wake Forest Baptist Health-Lexington Medical Center, Lexington, Davidson County

Catheter-Associated Urinary Tract Infections (CAUTI)

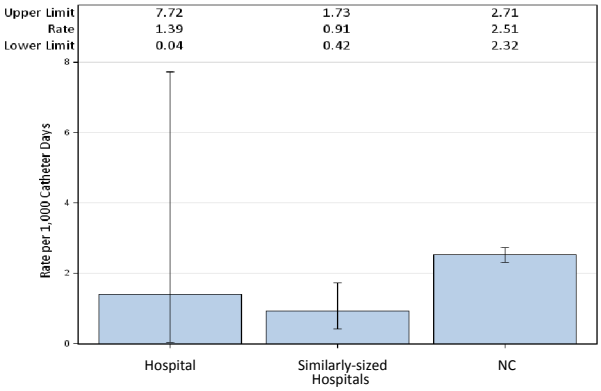


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 4. Rates and SIRs by ICU Type, Jan-Sep 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	722	1.39	0.866	.		
YTD Total for Reporting ICUs	1	722	1.39	0.866	.		

*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-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	35	0	0.341	.		

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.

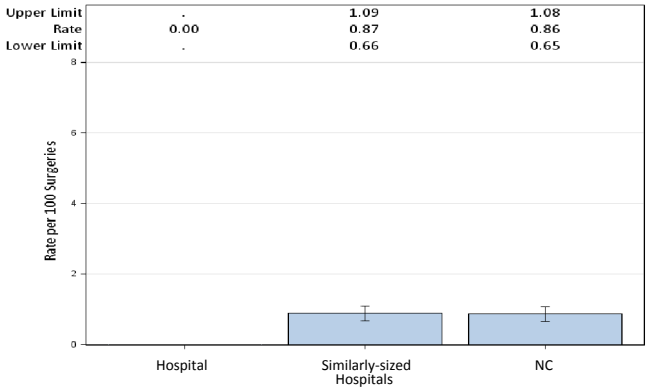


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

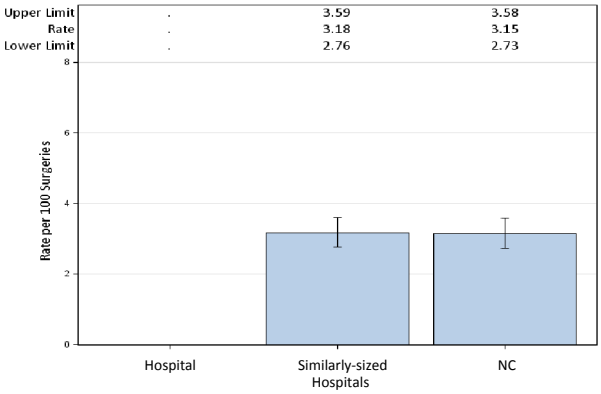


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

Table 6. Rates and SIRs, Jan-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	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 not calculated if less than 20 inpatient surgeries and SIR not presented.

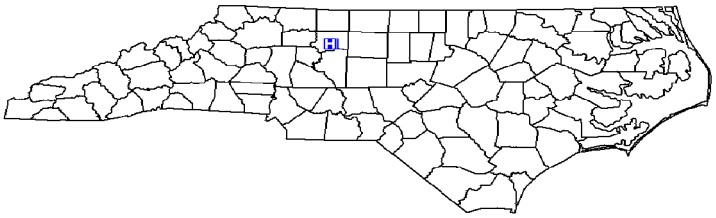
Commentary from Hospitals:
No comments provided.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Wake Forest University Baptist Medical Center, Winston-Salem, Forsyth County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Profit Status:	Not for Profit
Admissions in 2012:	38,711
Patient Days in 2012:	241,669
Total Number of Beds:	885
Number of ICU Beds:	176
FTE* Infection Preventionists:	7.00
Number of FTEs* per 100 beds:	0.79

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

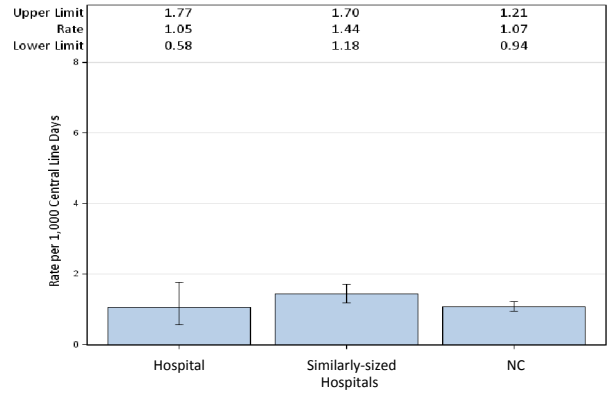


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Burn	0	347	0	1.909	0	, 1.932	Same
Medical	4	3,287	1.22	8.546	0.468	0.128, 1.198	Same
Medical cardiac	0	1,020	0	2.04	0	, 1.808	Same
Medical/surgical	3	1,111	2.7	2.333	1.286	0.265, 3.758	Same
Neonatal Level II/III	2	2,326	0.86	6.087	0.329	0.040, 1.187	Same
Neurosurgical	1	1,035	0.97	2.588	0.386	0.010, 2.153	Same
Pediatric medical/surgical	2	1,400	1.43	4.2	0.476	0.058, 1.720	Same
Surgical	0	667	0	1.534	0	, 2.405	Same
Surgical cardiothoracic	1	1,518	0.66	2.125	0.471	0.012, 2.622	Same
Trauma	1	582	1.72	2.095	0.477	0.012, 2.659	Same
YTD Total for Reporting ICUs	14	13,293	1.05	33.457	0.418	0.229, 0.702	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 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 2. Rate and SIR, Jan-Sep 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	176,466	0.12	17.173	1.281	0.803, 1.940	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

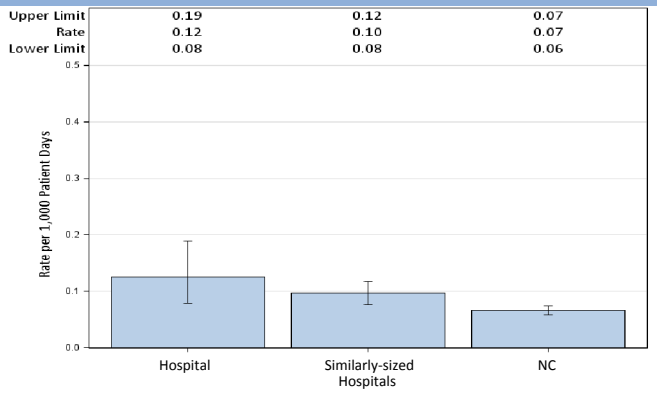


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

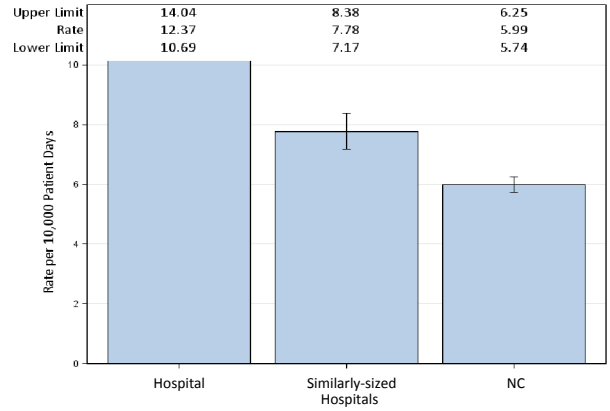


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 3. Rate and SIR, Jan-Sep 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	209	169,000	12.4	169.08	1.236	1.074, 1.416	Higher

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Wake Forest University Baptist Medical Center, Winston-Salem, Forsyth County

Catheter-Associated Urinary Tract Infections (CAUTI)

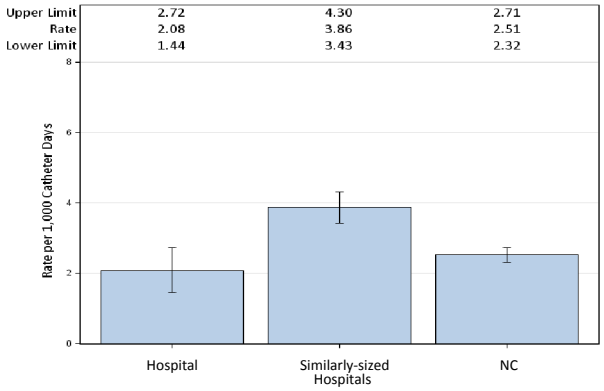


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 4. Rates and SIRs by ICU Type, Jan-Sep 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Burn	0	791	0	3.48	0	, 1.060	Same
Medical	18	6,342	2.84	14.587	1.234	0.731, 1.950	Same
Medical cardiac	5	1,397	3.58	2.794	1.79	0.581, 4.176	Same
Medical/surgical	2	2,181	0.92	5.016	0.399	0.048, 1.440	Same
Neurosurgical	8	2,288	3.5	10.067	0.795	0.343, 1.566	Same
Pediatric medical/surgical	4	717	5.58	2.008	1.992	0.543, 5.100	Same
Surgical	2	1,709	1.17	4.443	0.45	0.055, 1.626	Same
Surgical cardiothoracic	2	1,936	1.03	3.291	0.608	0.074, 2.195	Same
Trauma	0	2,346	0	7.976	0	, 0.462	Lower
YTD Total for Reporting ICUs	41	19,707	2.08	53.663	0.764	0.548, 1.037	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-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	129	0	1.45	0	, 2.544	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.

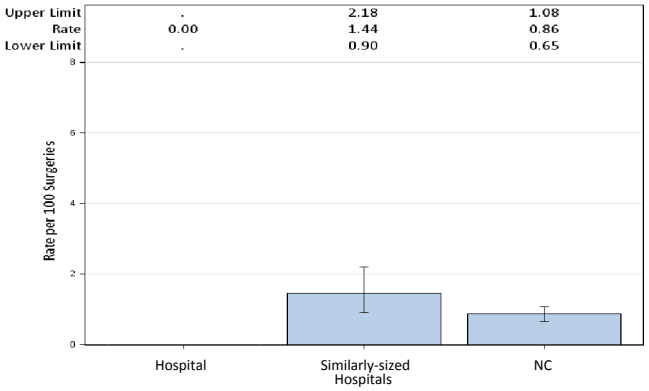


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

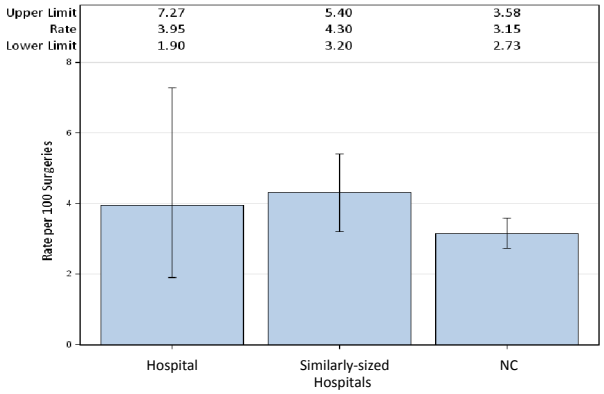


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

Table 6. Rates and SIRs, Jan-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	10	253	3.95	9.13	1.095	0.525, 2.014	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).

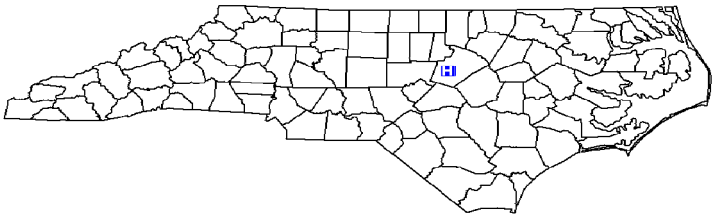
Refer to HAI in NC Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
WakeMed Cary Hospital, Cary, Wake County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	21,834
Patient Days in 2012:	46,563
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)

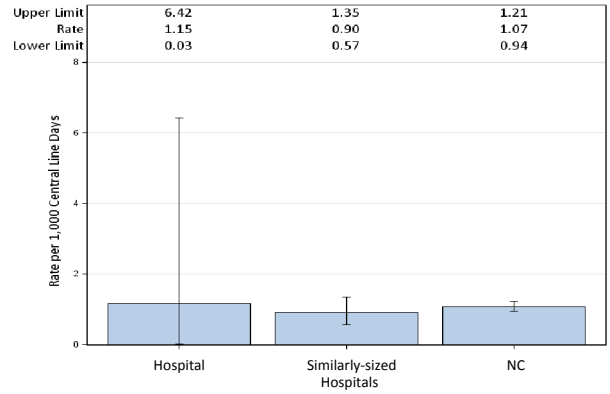


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	868	1.15	1.302	0.768	0.019, 4.279	Same
YTD Total for Reporting ICUs	1	868	1.15	1.302	0.768	0.019, 4.279	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 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 2. Rate and SIR, Jan-Sep 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	32,680	0.06	1.361	1.47	0.178, 5.308	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

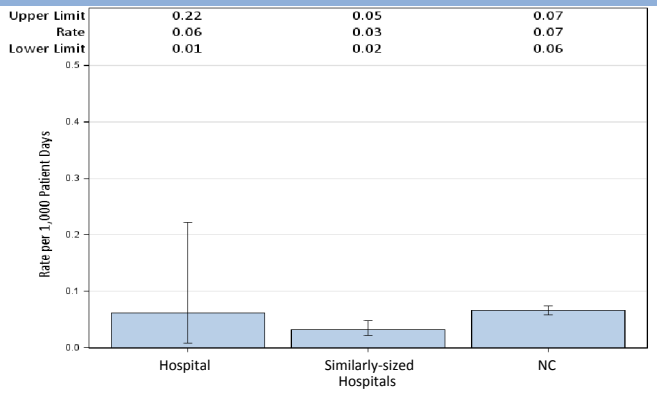


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

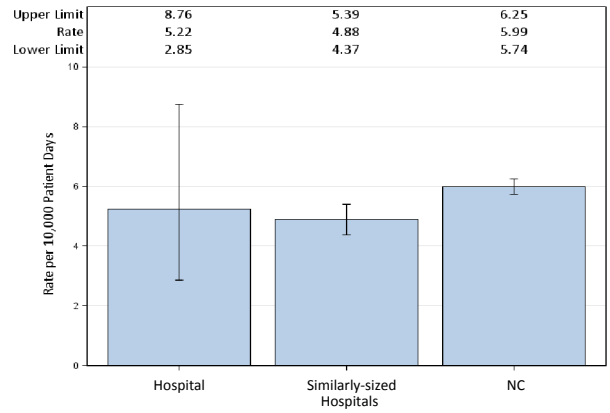


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 3. Rate and SIR, Jan-Sep 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	26,817	5.22	14.709	0.952	0.520, 1.597	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
WakeMed Cary Hospital, Cary, Wake County

Catheter-Associated Urinary Tract Infections (CAUTI)

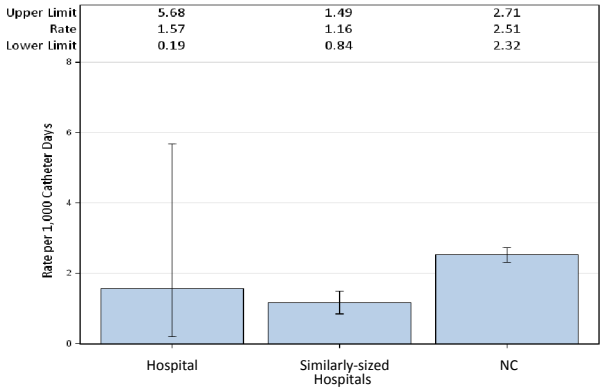


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 4. Rates and SIRs by ICU Type, Jan-Sep 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	1,273	1.57	1.655	1.208	0.146, 4.365	Same
YTD Total for Reporting ICUs	2	1,273	1.57	1.655	1.208	0.146, 4.365	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-Sep 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	0.489	.		

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.

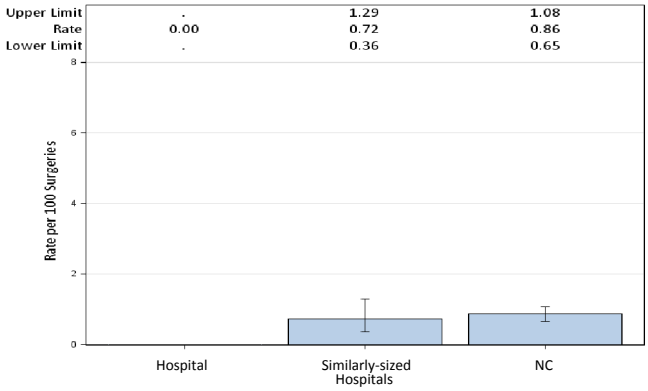


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

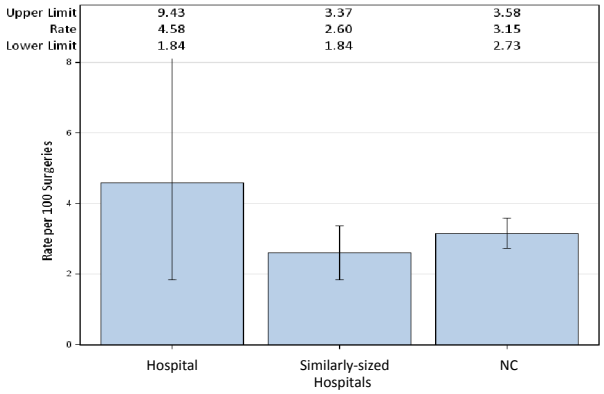


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

Table 6. Rates and SIRs, Jan-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	7	153	4.58	4.893	1.431	0.575, 2.948	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.

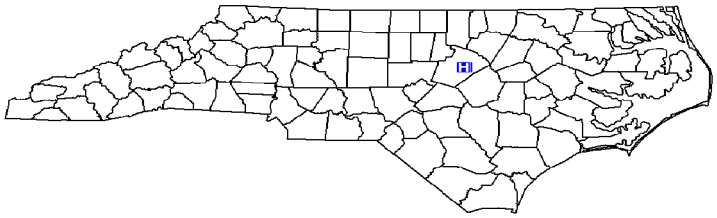
Refer to HAI in NC Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
WakeMed, Raleigh, Wake County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Profit Status:	Not for Profit
Admissions in 2012:	72,523
Patient Days in 2012:	178,434
Total Number of Beds:	596
Number of ICU Beds:	116
FTE* Infection Preventionists:	7.00
Number of FTEs* per 100 beds:	1.17

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

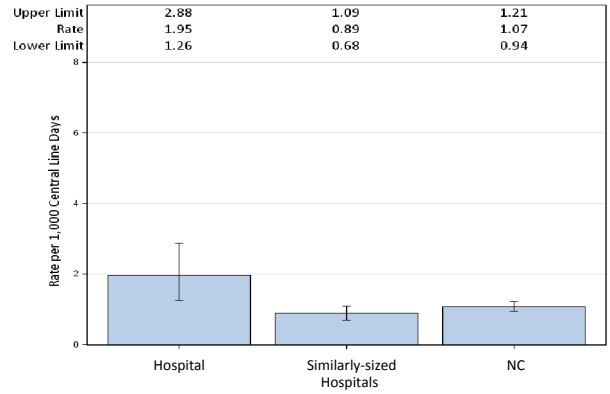


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	1,657	0.6	4.308	0.232	0.006, 1.293	Same
Medical cardiac	7	4,138	1.69	8.276	0.846	0.340, 1.743	Same
Neonatal Level II/III	3	1,874	1.6	4.36	0.688	0.142, 2.011	Same
Pediatric medical/surgical	1	452	2.21	1.356	0.737	0.019, 4.109	Same
Surgical cardiothoracic	6	1,867	3.21	2.614	2.295	0.842, 4.996	Same
Trauma	7	2,844	2.46	10.238	0.684	0.275, 1.409	Same
YTD Total for Reporting ICUs	25	12,832	1.95	31.152	0.803	0.519, 1.185	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 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 2. Rate and SIR, Jan-Sep 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	121,241	0.1	10.246	1.171	0.605, 2.046	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

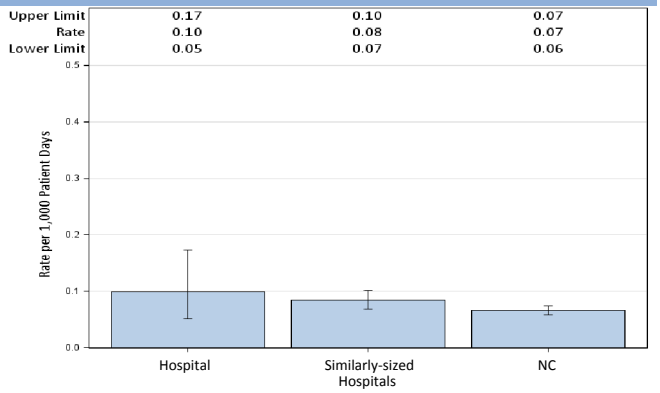


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

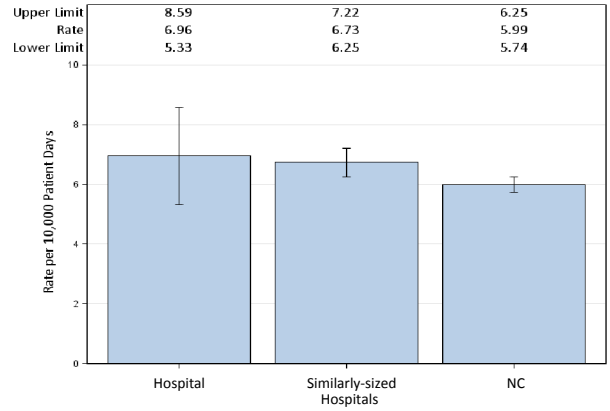


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 3. Rate and SIR, Jan-Sep 2013 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	70	100,632	6.96	70.036	0.999	0.779, 1.263	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
WakeMed, Raleigh, Wake County

Catheter-Associated Urinary Tract Infections (CAUTI)

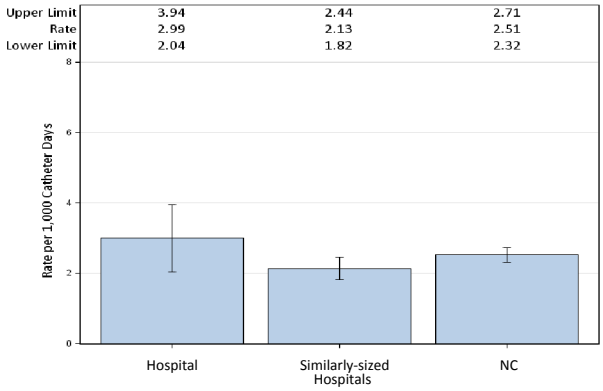


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 4. Rates and SIRs by ICU Type, Jan-Sep 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	3	1,725	1.74	3.968	0.756	0.156, 2.209	Same
Medical cardiac	16	5,115	3.13	10.23	1.564	0.893, 2.540	Same
Pediatric medical/surgical	0	364	0	1.019	0	, 3.620	Same
Surgical cardiothoracic	1	1,987	0.5	3.378	0.296	0.007, 1.649	Same
Trauma	18	3,506	5.13	11.92	1.51	0.894, 2.387	Same
YTD Total for Reporting ICUs	38	12,697	2.99	30.515	1.245	0.881, 1.709	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-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	1	209	0.48	2.133	0.469	0.012, 2.612	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.

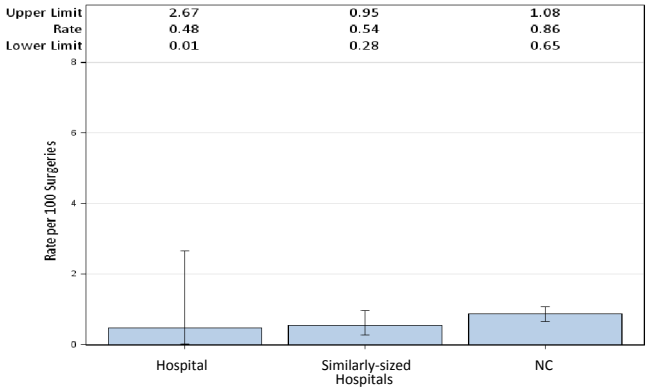


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

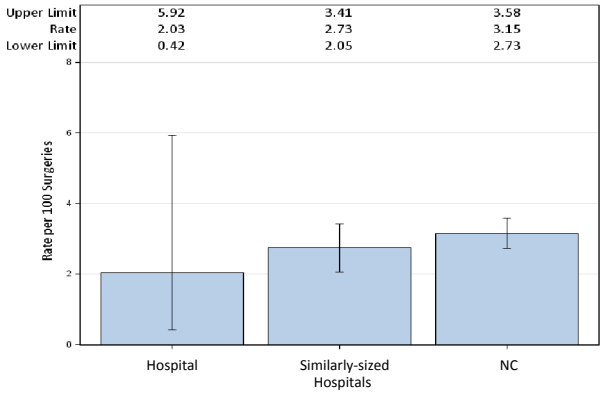


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

Table 6. Rates and SIRs, Jan-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	3	148	2.03	4.903	0.612	0.126, 1.788	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.

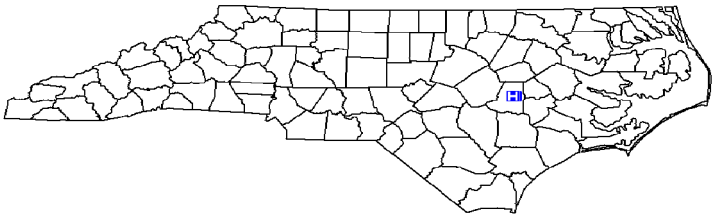
Refer to HAI in NC Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Wayne Memorial Hospital, Goldsboro, Wayne County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	12,398
Patient Days in 2012:	56,684
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)

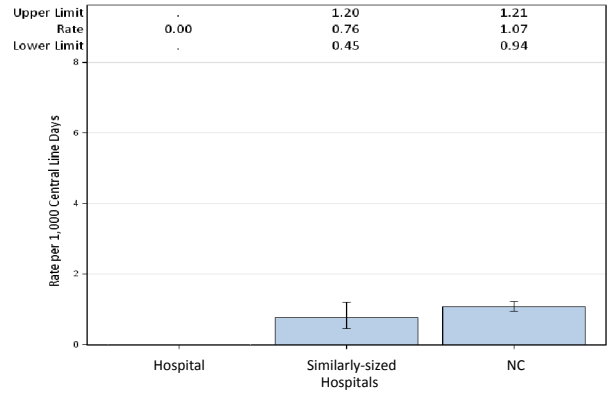


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	2,474	0	3.711	0	, 0.994	Lower
YTD Total for Reporting ICUs	0	2,474	0	3.711	0	, 0.994	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 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 2. Rate and SIR, Jan-Sep 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	39,794	0.05	2.305	0.868	0.105, 3.134	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

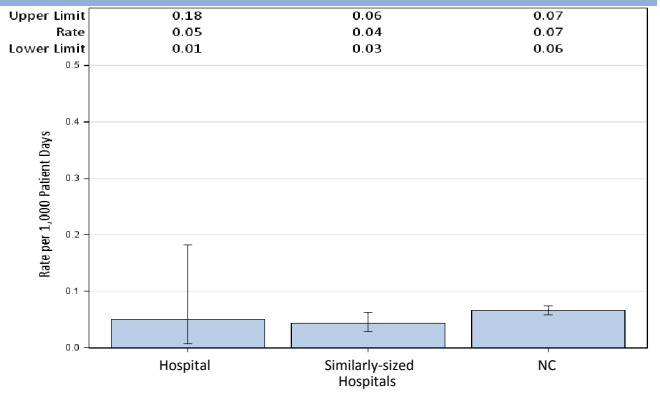


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

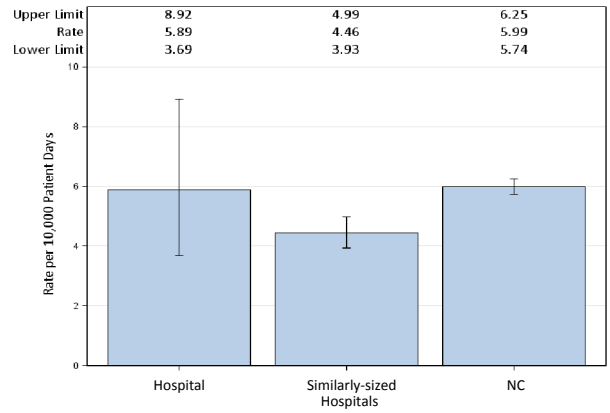


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 3. Rate and SIR, Jan-Sep 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	37,355	5.89	29.455	0.747	0.468, 1.131	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Wayne Memorial Hospital, Goldsboro, Wayne County

Catheter-Associated Urinary Tract Infections (CAUTI)

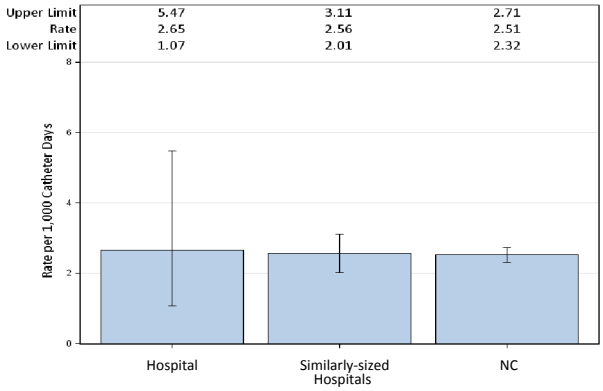


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 4. Rates and SIRs by ICU Type, Jan-Sep 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	2,638	2.65	3.166	2.211	0.889, 4.555	Same
YTD Total for Reporting ICUs	7	2,638	2.65	3.166	2.211	0.889, 4.555	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-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	92	0	0.899	.		

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.

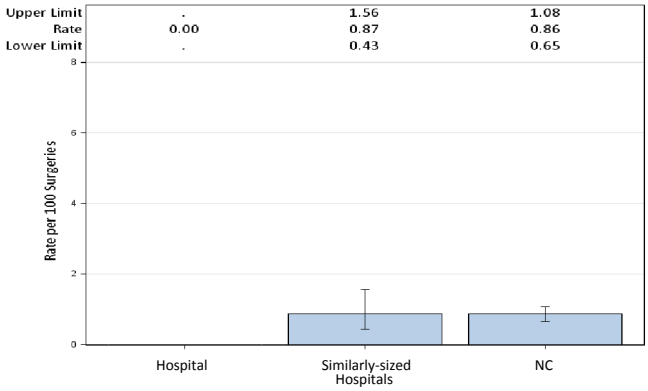


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

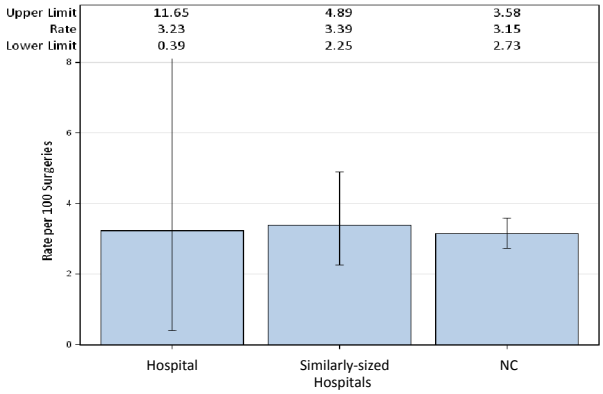


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

Table 6. Rates and SIRs, Jan-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	2	62	3.23	2.053	0.974	0.118, 3.519	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.

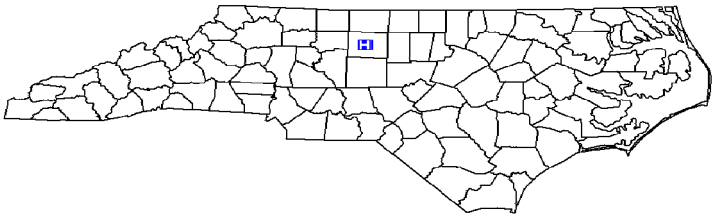
Refer to HAI in NC Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Wesley Long Hospital, Greensboro, Guilford County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	10,239
Patient Days in 2012:	48,589
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)

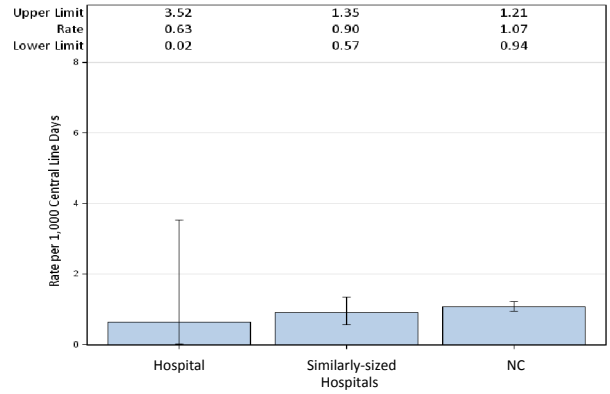


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	1,582	0.63	2.373	0.421	0.011, 2.348	Same
YTD Total for Reporting ICUs	1	1,582	0.63	2.373	0.421	0.011, 2.348	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 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 2. Rate and SIR, Jan-Sep 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	35,177	0	1.89	0	, 1.952	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

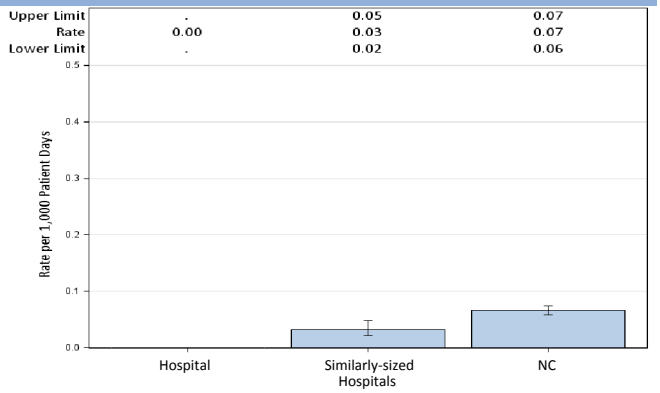


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

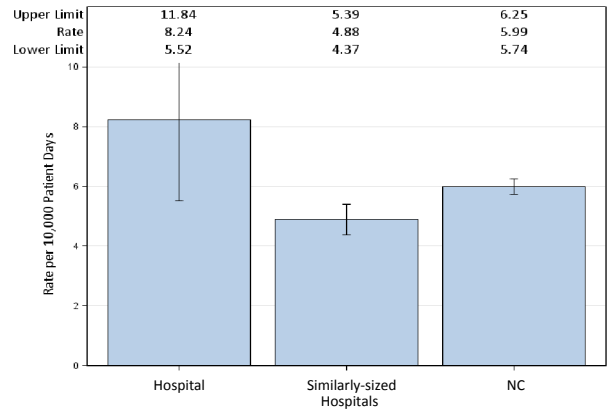


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 3. Rate and SIR, Jan-Sep 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	35,177	8.24	28.966	1.001	0.670, 1.438	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in NC 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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Wesley Long Hospital, Greensboro, Guilford County

Catheter-Associated Urinary Tract Infections (CAUTI)

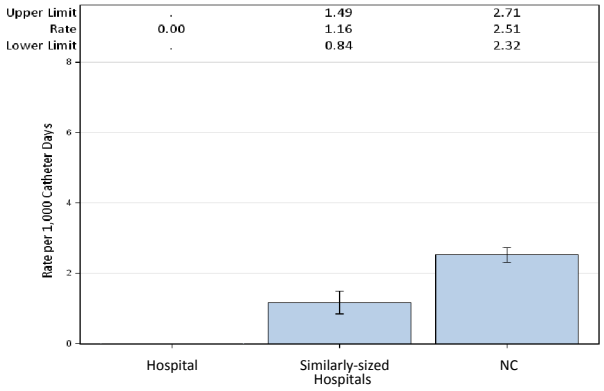


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 4. Rates and SIRs by ICU Type, Jan-Sep 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	2,534	0	3.041	0	, 1.213	Same
YTD Total for Reporting ICUs	0	2,534	0	3.041	0	, 1.213	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-Sep 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	0.154	.		

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.

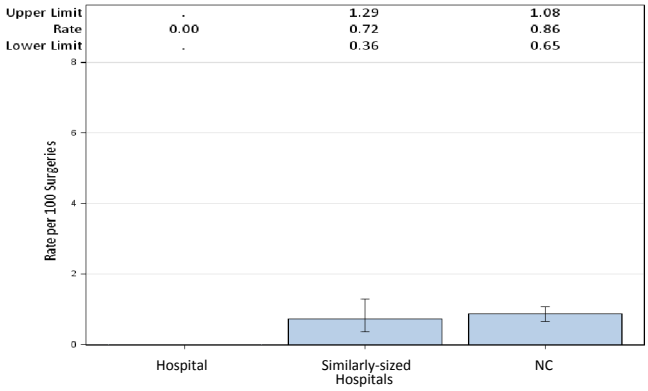


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

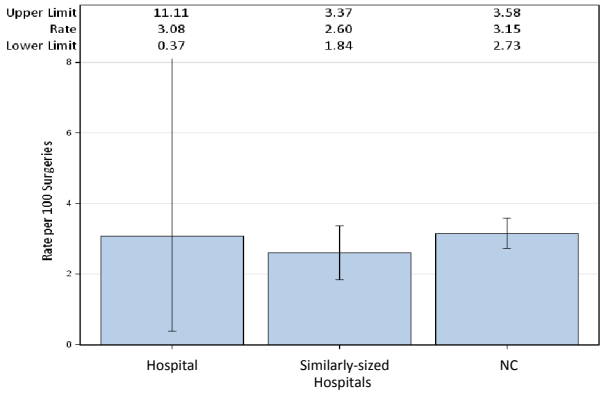


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

Table 6. Rates and SIRs, Jan-Sep 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	2.062	0.97	0.117, 3.504	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.

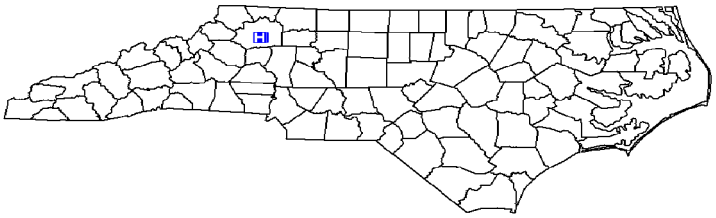
Refer to HAI in NC Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Wilkes Regional Medical Center, North Wilkesboro, Wilkes County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	5,004
Patient Days in 2012:	19,889
Total Number of Beds:	130
Number of ICU Beds:	8
FTE* Infection Preventionists:	0.50
Number of FTEs* per 100 beds:	0.38

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

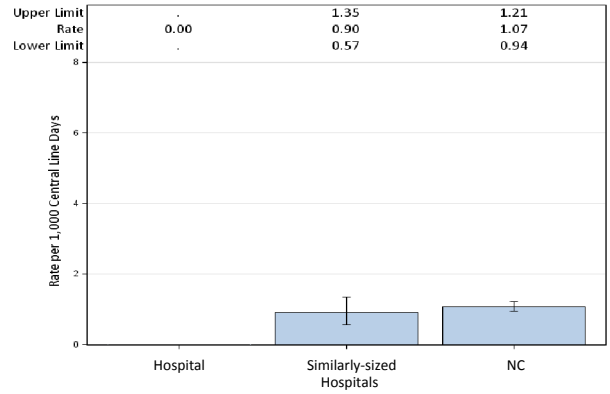


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	268	0	0.402	.		
YTD Total for Reporting ICUs	0	268	0	0.402	.		

*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 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 2. Rate and SIR, Jan-Sep 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	15,932	0	0.648	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

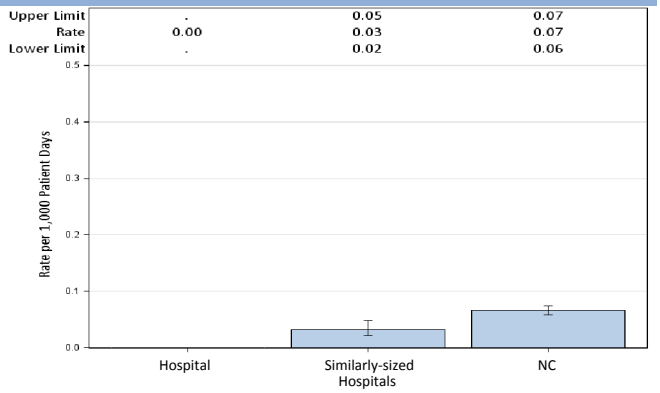


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

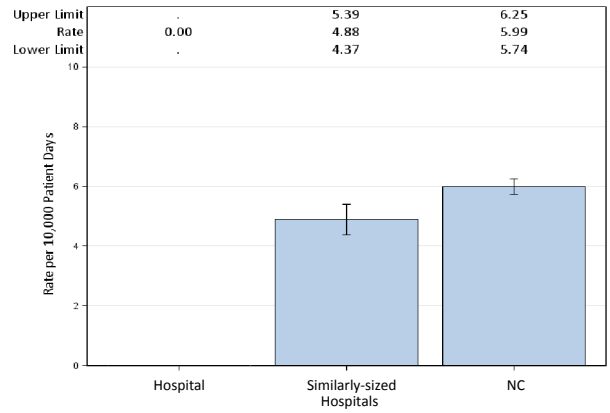


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 3. Rate and SIR, Jan-Sep 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	15,350	0	7.582	0	, 0.487	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 December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Wilkes Regional Medical Center, North Wilkesboro, Wilkes County

Catheter-Associated Urinary Tract Infections (CAUTI)

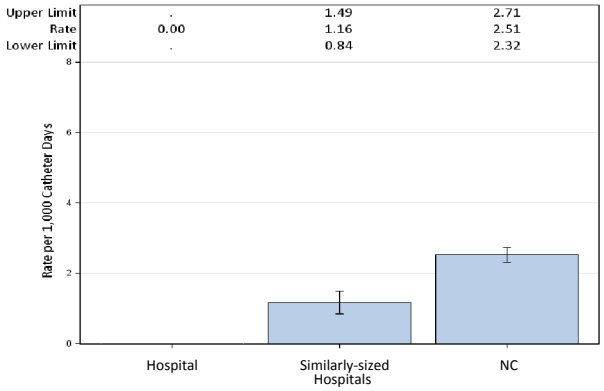


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 4. Rates and SIRs by ICU Type, Jan-Sep 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	821	0	1.067	0	, 3.457	Same
YTD Total for Reporting ICUs	0	821	0	1.067	0	, 3.457	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-Sep 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	.	.	.		

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.

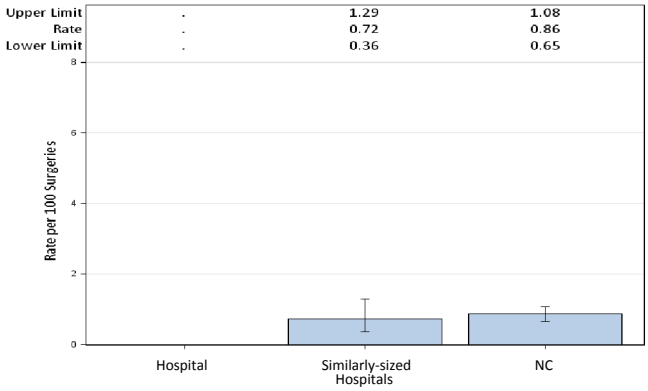


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

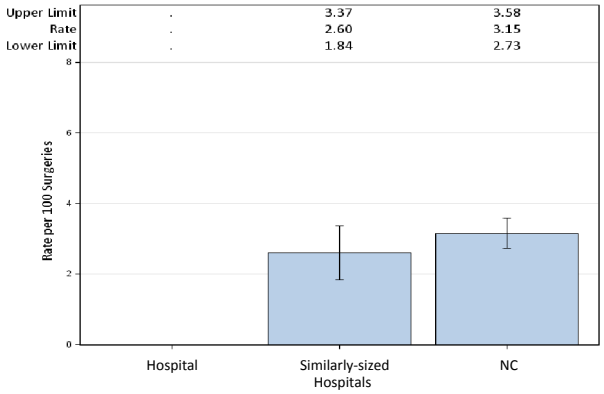


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

Table 6. Rates and SIRs, Jan-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	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 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.

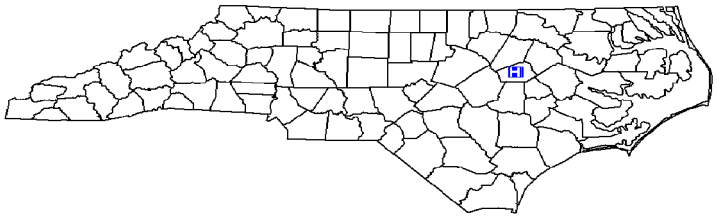
Refer to HAI in NC Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Wilson Medical Center, Wilson, Wilson County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	8,125
Patient Days in 2012:	34,756
Total Number of Beds:	193
Number of ICU Beds:	14
FTE* Infection Preventionists:	1.50
Number of FTEs* per 100 beds:	0.78

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

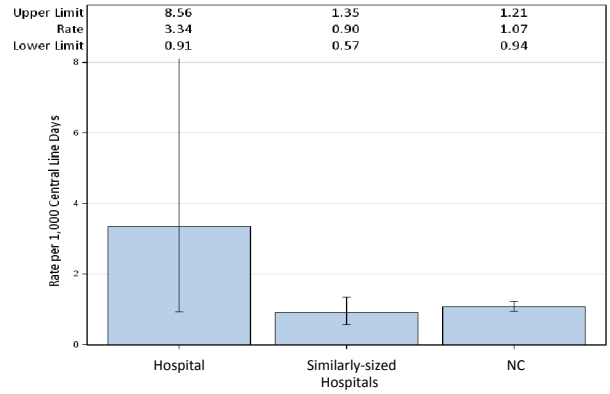


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	1,196	3.34	1.794	2.23	0.608, 5.709	Same
YTD Total for Reporting ICUs	4	1,196	3.34	1.794	2.23	0.608, 5.709	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 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 2. Rate and SIR, Jan-Sep 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	25,243	0	1.445	0	, 2.553	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

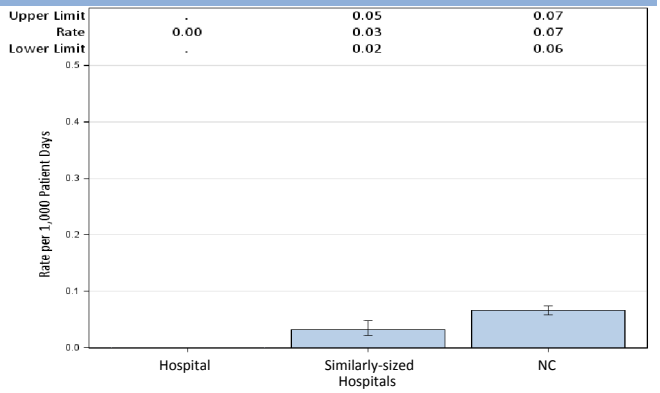


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

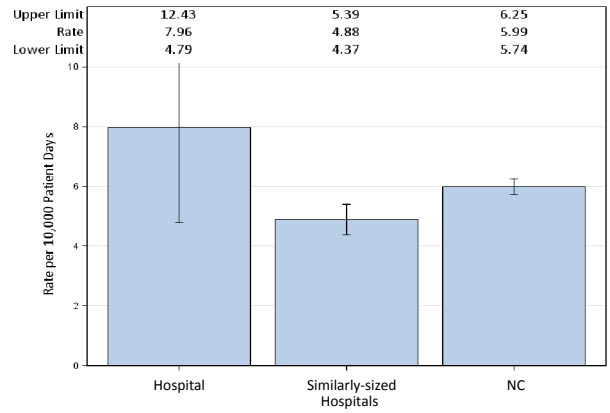


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 3. Rate and SIR, Jan-Sep 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	23,873	7.96	12.951	1.467	0.883, 2.291	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in NC 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
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Wilson Medical Center, Wilson, Wilson County

Catheter-Associated Urinary Tract Infections (CAUTI)

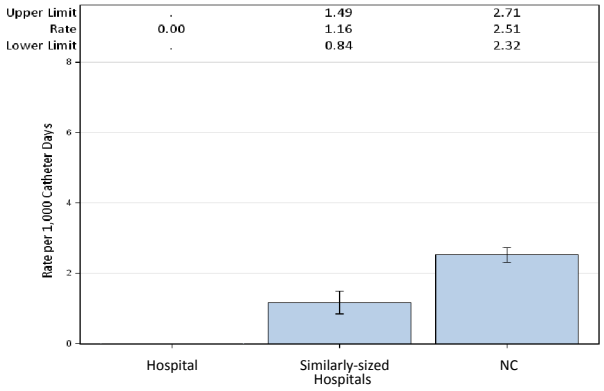


Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 4. Rates and SIRs by ICU Type, Jan-Sep 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	1,374	0	1.786	0	, 2.065	Same
YTD Total for Reporting ICUs	0	1,374	0	1.786	0	, 2.065	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-Sep 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	0.8	.		

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.

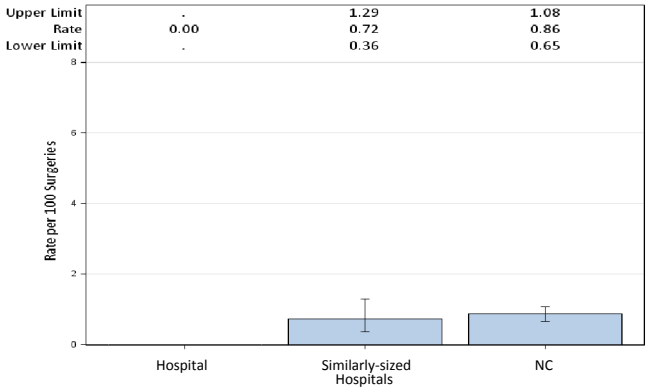


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

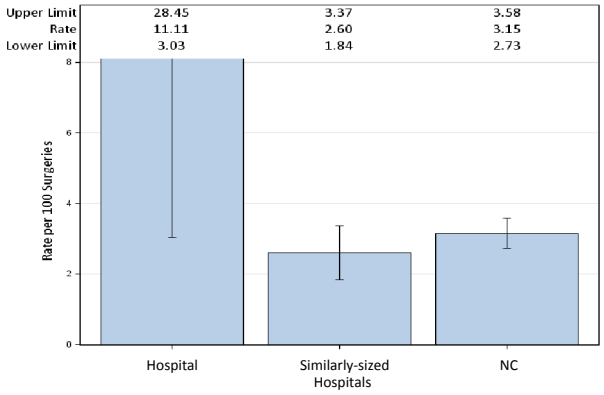


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

Table 6. Rates and SIRs, Jan-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	4	36	11.1	1.192	3.356	0.914, 8.592	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.

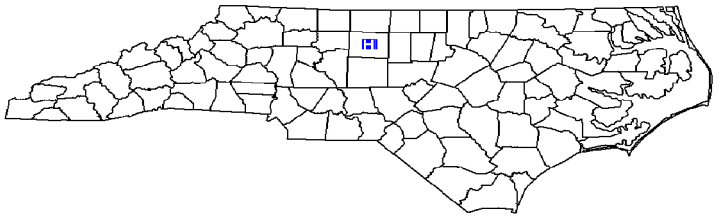
Refer to HAI in NC Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of December 17, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2013
Women's Hospital, Greensboro, Guilford County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital - Women's
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	7,861
Patient Days in 2012:	42,713
Total Number of Beds:	134
Number of ICU Beds:	40
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.75

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

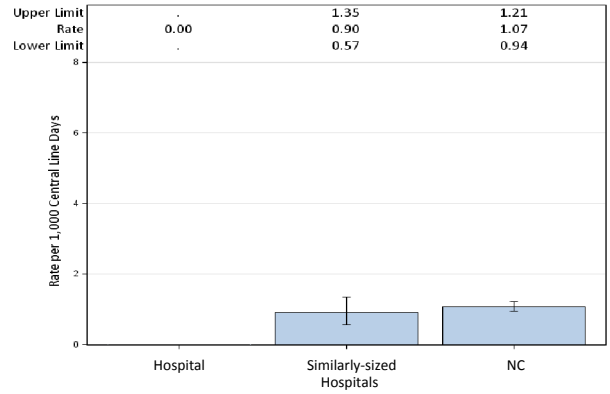


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Sep 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	0	1,603	0	4.027	0	, 0.916	Lower
YTD Total for Reporting ICUs	0	1,613	0	4.042	0	, 0.913	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 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 2. Rate and SIR, Jan-Sep 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	31,677	0	1.135	0	, 3.250	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

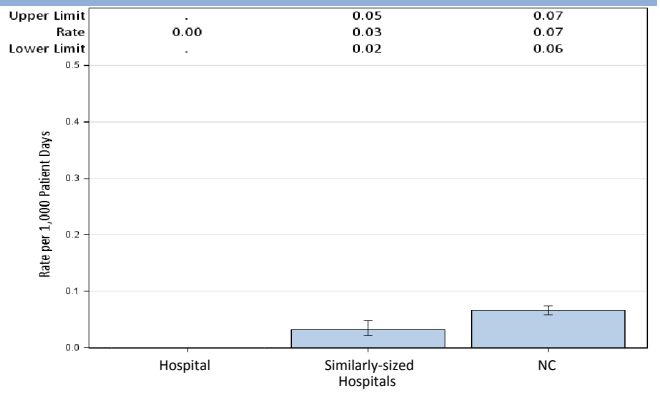


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

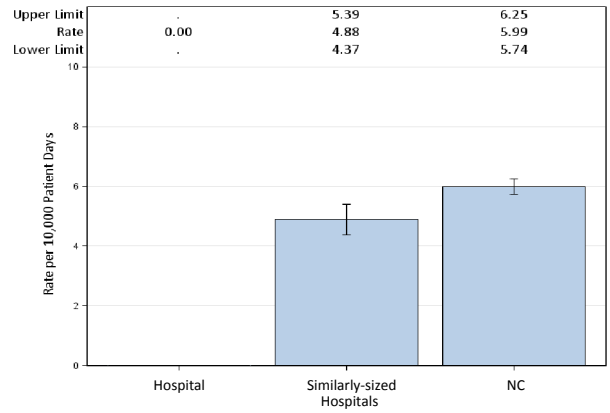


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 3. Rate and SIR, Jan-Sep 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	14,291	0	8.564	0	, 0.431	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

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Women's Hospital, Greensboro, Guilford County

Catheter-Associated Urinary Tract Infections (CAUTI)

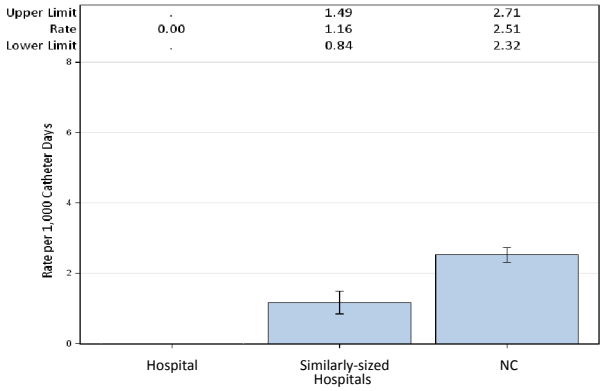

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Table 4. Rates and SIRs by ICU Type, Jan-Sep 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	127	0	0.165	.		
YTD Total for Reporting ICUs	0	127	0	0.165	.		

*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-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	1	87	1.15	0.946	.		

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.

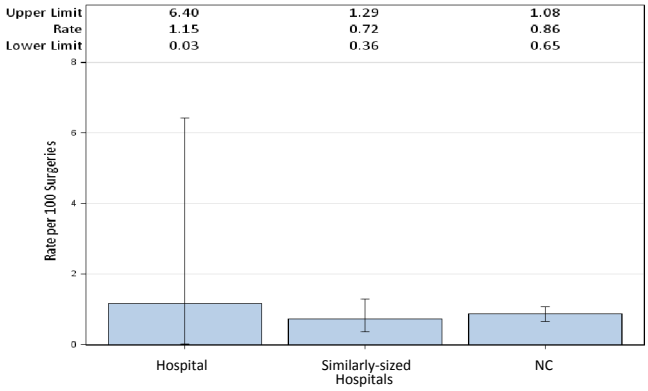

Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2013.

Surgical Site Infections (SSI) after Colon Surgeries

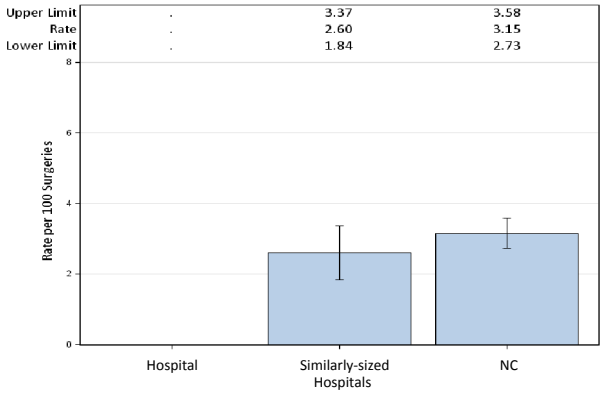

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2013.

Table 6. Rates and SIRs, Jan-Sep 2013 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	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 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.

APPENDICES

APPENDIX A. Definitions

Term	Definition
Acute care hospital	A hospital that provides acute medical care due to illness, injury or following surgery to patients hospitalized for a brief period of time.
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
Bacteremia	Bloodstream infection (BSI).
Beds	The number of staffed beds in a facility or patient care location. This may be different from 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 that ends 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, ventilator, 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 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.
Hand hygiene (cont)	*Antiseptic hand rub* is the use of alcohol-based hand rubs to remove or destroy susceptible

Term	Definition
	germs from the hands. Antiseptic hand rubs are less effective when hands are visibly dirty and against some viruses. *Surgical hand antisepsis* is the use of water, antimicrobial soap, and a brush 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 that occur during the course of receiving medical care.
Inpatient rehabilitation facility	A facility that provides rehabilitation services after injury, illness, or surgery. These may be free-standing facilities or specialized units within a hospital.
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.
Laboratory-identified *Clostridium difficile*	A positive laboratory test result for *Clostridium difficile.*
Laboratory-identified Methicillin-resistant *Staphylococcus aureus* (MRSA) bacteremia	*Staphylococcus aureus* cultured from blood specimens that is oxacillin-resistant, cefoxitin-resistant, or methicillin-resistant by standard susceptibility testing methods, or by a laboratory test that is FDA-approved for MRSA detection from isolated colonies.
Long term acute care hospital	A hospital that provides acute medical care due to illness, injury or following surgery but the average length of patient stay is greater than 25 days.
Medical affiliation	Affiliation with a medical school. There are four categories: *Major* - Facility has a program for medical students and post-graduate medical training. *Graduate* - Facility has a program for post-graduate medical training (i.e., residency and/or fellowships). *Undergraduate* - Facility has a program for medical students only. *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 or event that actually occurred.

APPENDIX B. Acronyms

ACH	Acute care hospital (short-term)
ASA	American Society of Anesthesiologists
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
CDI, *C. diff*	*Clostridium difficile*
CI	Confidence interval
CMS	Centers for Medicare and Medicaid Services
CLABSI	Central line-associated bloodstream infection
CRE	Carbapenem-resistant Enterobacteriaceae
DHHS	Department of Health and Human Services
DPH	Division of Public Health
HAI	Healthcare-associated Infections
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
NHSN	National Healthcare Safety Network
NICU	Neonatal intensive (critical) care unit
SIR	Standardized infection ratio
SSI	Surgical site infection
VRE	Vancomycin-resistant *Enterococcus*

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, February 2013

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APPENDIX E. Healthcare Facility Groupings, 2012 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-University	94
	Franklin Regional Medical Center	70
	Granville Medical Center	62
	Hugh Chatham Memorial Hospital	81
	Martin General Hospital	49
	McDowell Hospital	52
	Medical Park Hospital	22
	Medwest-Harris Regional Hospital	94
	Murphy Medical Center	57
	North Carolina Specialty Hospital	18
	Person Memorial Hospital	38
	Presbyterian Hospital Huntersville	75
	Presbyterian Orthopaedic Hospital	80
	Sandhills Regional Medical Center	64
	Vidant Beaufort Hospital	83
	Vidant Duplin Hospital	89
	Wake Forest Baptist Health-Lexington MC	85
100-199 beds	ARHS-Watauga Medical Center	110
	Albemarle Health Authority	135
	Annie Penn Hospital	110
	Betsy Johnson Regional	101
	Blue Ridge Healthcare-Morganton	184
	Blue Ridge Healthcare-Valdese	131
	Carolinas Medical Center-Lincoln	101
	Carolinas Medical Center-Mercy	162
	Carolinas Medical Center-Union	171
	Carteret General Hospital	135
	Catawba Valley Medical Center	190
	Central Carolina Hospital	108
	Columbus Regional Healthcare System	106
	Davis Regional Medical Center	130
	Duke Raleigh Hospital	148
	Halifax Regional Medical Center	128
	Haywood Regional Medical Center	100
	Iredell Memorial Hospital	199
	Johnston Health	199
	Kings Mountain Hospital	102
	Lake Norman Regional Medical Center	123
	Maria Parham Medical Center	102
	Morehead Memorial Hospital	108
	Northern Hospital Of Surry County	100
	Onslow Memorial Hospital	162

APPENDIX E. Healthcare Facility Groupings, 2012 National Healthcare Safety Network Annual Hospital Survey

Appendix E1. Healthcare Facility Group: Short-term Acute Care Hospitals

Hospital Groups	Hospital Name	Number of Beds
	Pardee Hospital	138
	Park Ridge Health	100
	Presbyterian Hospital Matthews	117
	Randolph Hospital	119
	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
	Central Regional Hospital	398
	Cherry Hospital	241
	Cleveland Regional Medical Center	241
	Duke Regional Hospital	301
	Frye Regional Medical Center	355
	High Point Regional Health System	363
	Lenoir Memorial Hospital, Inc	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	612
	Carolinas Medical Center- Northeast	457
	FirstHealth Moore Regional Hospital	528
	Forsyth Medical Center	861
	Gaston Memorial Hospital	402
	Mission Hospital	763
	Moses Cone Hospital	536
	New Hanover Regional Medical Center	579
	Presbyterian Hospital Charlotte	609
	Rex Healthcare	479
	WakeMed	596
Primary Medical School Affiliation	Carolinas Medical Center	880
	Duke University Hospital	850
	UNC Health Care	848

APPENDIX E. Healthcare Facility Groupings, 2012 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	870
	Wake Forest University Baptist MC	885

APPENDIX E. Healthcare Facility Groupings, 2012 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, 2012 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, Inc	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