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2015

Healthcare-Associated Infections in North Carolina

Reporting Period:
January 1 – September 30, 2014

Healthcare Consumer Version

N.C. Department of Health and Human Services



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 2015 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, 2014. Data included in this report are preliminary and therefore 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 healthcare-associated infections;
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 healthcare consumers. Data are intended to provide an understanding of the burden of healthcare-associated infections in North Carolina and an opportunity to evaluate infection rates across the state. Prevention tips are also provided so readers can take steps to minimize their risk of acquiring a healthcare-associated infection (Appendix C). A separate, more technical healthcare provider version of this report is also available at <http://epi.publichealth.nc.gov/cd/hai/figures.html>. 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.html>.

Acknowledgements

The North Carolina Healthcare-Associated Infections 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 Infections 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 these 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 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 (NHSN). The N.C. 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 N.C. HAI Program cannot enter or change data in NHSN.

To learn more about CLABSIs, CAUTIs, SSIs, MRSA, *Clostridium difficile* and other HAIs, please visit the N.C. 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 July 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. Requirements beginning January 2015 will be reflected in the upcoming July 2015 Quarterly Report which will publish Jan-Mar 2015 data.

Table 1: Requirements for Reporting of Healthcare-Associated Infections from N.C. Hospitals^{1,2}

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 LabID events (laboratory identified)	Short-Term Acute Care Hospitals including Specialty Hospitals (i.e., psychiatric)	January 2013
<i>Clostridium difficile</i> LabID events (laboratory identified)	Short-Term Acute Care Hospitals including Specialty Hospitals (i.e., psychiatric)	January 2013
CLABSI	Short-Term Acute Care Hospitals: Medical, Surgical, Medical/Surgical Wards (per NC	January 2015

¹ Centers for Medicare and Medicaid Services. Acute Inpatient Prospective Payment System. www.cms.gov/Center/Provider-Type/Hospital-Center.html. Accessed January 14, 2015.

² Centers for Disease Control and Prevention, Healthcare Facility Reporting Requirements to CMA via NHSN – Current Requirements, <http://www.cdc.gov/nhsn/PDFs/CMS/CMS-Reporting-Requirements.pdf>. Accessed July 8, 2014.

	mandate this includes Specialty Hospitals which have Medical wards)	
CAUTI	Short-Term Acute Care Hospitals: Medical, Surgical, Medical/Surgical Wards (per NC mandate this includes Specialty Hospitals which have Medical wards)	January 2015
MRSA LabID	Inpatient Rehabilitation Facilities (includes all CMS units within Short-term Acute Care Hospitals and free-standing IRFs) Long-Term Care Hospitals*	January 2015
<i>Clostridium difficile</i> LabID	Inpatient Rehabilitation Facilities (includes all CMS units within Short-term Acute Care Hospitals and free-standing IRFs) Long-Term Care Hospitals*	January 2015

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

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.

These reports cover the first six months of 2014 and data were downloaded from NHSN on September 25, 2014; 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 within this report are preliminary.** Although efforts were made by hospitals and the N.C. HAI Program to ensure that the data were accurate and complete, the data are self-reported and have not been formally “double checked”, or validated. Until data validation is completed, numbers should be interpreted with caution.
2. **There may be differences in reporting practices among hospitals.** Hospitals with more infection control personnel and resources may be able to identify and report more infections compared to a hospital with fewer infection control resources.
3. **There may be differences between results published by the N.C. HAI Program and results published elsewhere** (i.e., CMS, Centers for Medicare and Medicaid Services). Results may differ due to using data from different time periods, different facility types, different patient populations, and/or different methods of analysis.
4. **The N.C. HAI Program chose not to present some rates** for individual hospital units, procedures or hospitals that did not meet a threshold (minimum value) for the reporting period. The minimum threshold numbers are based on CDC recommendations for reporting healthcare-associated infection data:
 - Central line-associated bloodstream infections: 50 central line days;
 - Catheter-associated urinary tract infections: 50 catheter days; and
 - Surgical site infections: 20 surgeries.
5. **Laboratory-Identified Events (LabID):** Methicillin-resistant *Staphylococcus aureus* (MRSA) bacteremia (blood infection) and *Clostridium difficile* infections (CDI) LabID events rely on laboratory data. Patients did not have to be ill to have a positive result, and a positive result can be determined without requiring clinical information about the patient. This allows for a much less labor-intensive means to track CDI and MRSA infections. Only those LabID events that are acquired in the hospital are displayed in this report.

1. General Hospital Information

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

2. HAI Information

All HAIs include reporting from short-term acute care hospitals (i.e., CLABSI, CAUTI, SSI, MRSA LabID, CDI LabID). Long-term acute care hospitals report CLABSI and CAUTI HAIs, while inpatient rehabilitation facilities report only CAUTIs. Specialty hospitals also report MRSA and CDI LabID events. A list of reporting hospitals by facility category can be found in Appendix E.

There may be more than one reporting unit for a given facility HAI (specifically for CLABSI and CAUTI), such as multiple intensive care units, but the hospital-specific report tables only summarize the year-to-date total across all reporting units in the hospital.

- a. **Report Tables:** All HAI tables include: 1) the total number of infections during the reporting period; 2) the total number of days at risk for infection (e.g., central line days for CLABSI, catheter days for CAUTI, the number of procedures for SSI, and the number of patient days for MRSA and CDI LabID); 3) the infection rate, and 4) the bar graph interpretation. The infection rate and bar graph interpretation are described below.

Table 2a. – Example of Hospital-Specific Report Table

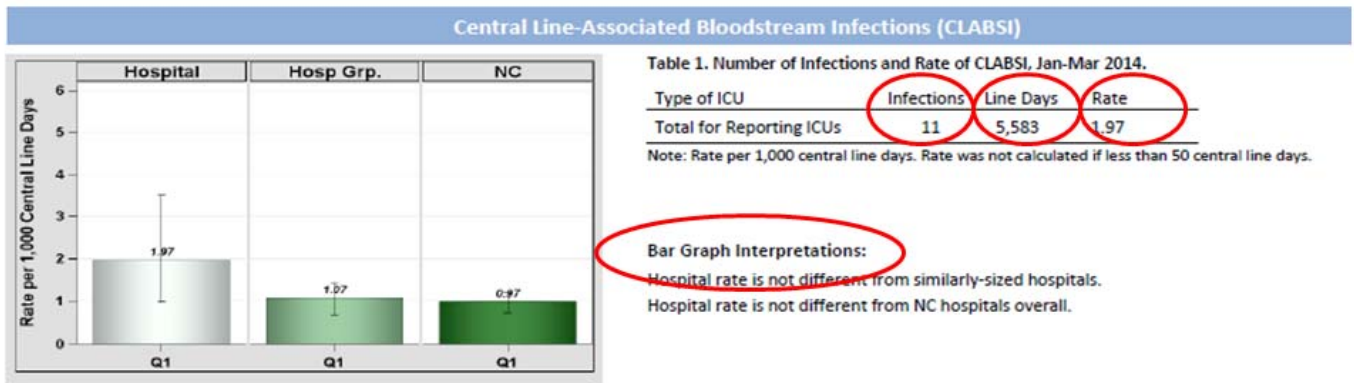


Figure 1. Rates and 95% Confidence Intervals, Jan-Mar 2014.

- b. **Rates:** Each HAI rate was calculated and reported as follows:

- **CLABSI Rate** = (number of infections/number of central line days) x 1,000*; Reported per 1,000 central line days
- **CAUTI Rate** = (number of infections/number of catheter days) x 1,000*; Reported per 1,000 catheter days
- **SSI Rate** = (number of infections/number of procedures) x 100*; Reported per 100 procedures (abdominal hysterectomies or colon surgeries)
- **MRSA Rate** = (number of positive laboratory events/number of patient days) x 1,000; Reported per 1,000 patient days
- **CDI Rate** = (number of positive laboratory events/number of patient days) x 10,000; Reported per 10,000 patient days

NOTE: Not all HAI rates are provided in the report. If the hospital reports <50 central line days for CLABSI, <50 catheter days for CAUTI, or <20 procedures for SSI (abdominal hysterectomies or colon surgeries) then rates and additional statistics were not calculated; the rate is indicated as blank or “.” in the HAI table, per Table 2b.

Table 2b. – Example of Rate Calculation Not Done

Surgical Site Infections (SSI)

Table 5. Number of Infections and Rate of SSIs, Jan-Mar 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	19	.

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

- c. **Bar Graph Interpretations:** These interpretations in the HAI tables are the result of statistical tests or comparisons used to determine if there is a difference between the hospital's infection rate (number of infections/number of days at risk for infection) and 1)the rate of similarly-sized hospitals (i.e., Hosp Grp.) and 2)the rate of N.C. hospitals overall (i.e., NC). Interpretations indicate that the hospital rate was lower, not different, or higher compared to the rate of similarly-sized hospitals or N.C. hospitals overall. Interpretations of the bar graphs are explained further in Table 2d.

NOTE: HAI rate comparisons were not made if the hospital rate was blank ("."), or if the hospital rate was 0.

Table 2c. – Example of Bar Graph Interpretations

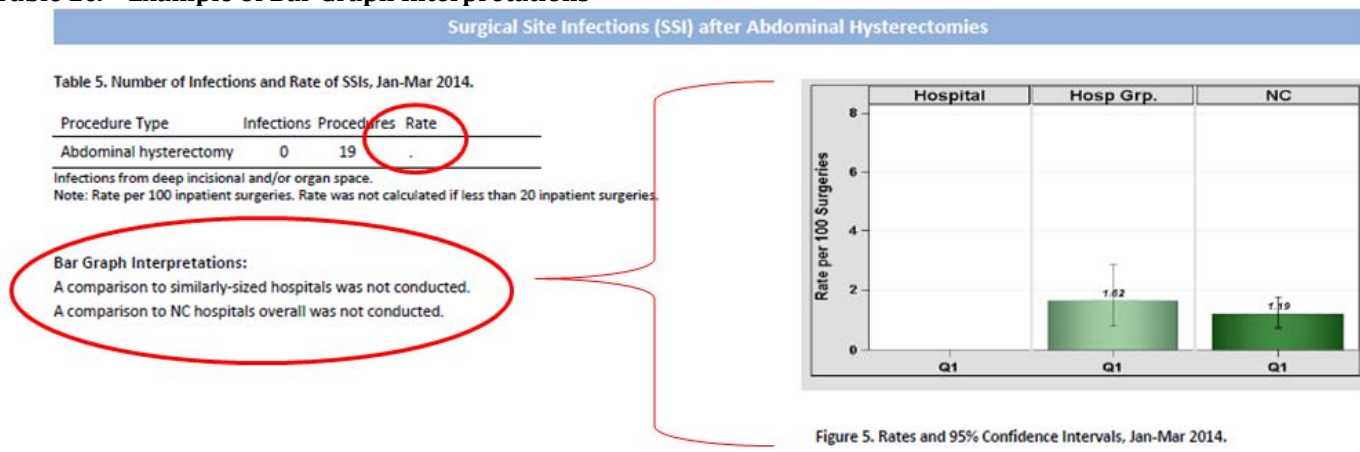


Table 2d. Interpretation of Rate Comparisons – Further Explanation

Interpretation of Results	Explanation
Hospital rate is not different from similarly-sized hospitals (or NC hospitals overall)	There was no statistically significant difference in the rates between the hospital and similarly-sized hospitals (or North Carolina hospitals overall).
Hospital rate is (higher or lower) than similarly-sized hospitals (or NC hospitals overall).	The hospital rate was statistically significantly higher or lower than the rate of similarly-sized hospitals (or North Carolina hospitals overall).
A comparison to similarly-sized hospitals (or NC hospitals overall) was not conducted.	Comparisons to similarly-sized hospitals (or North Carolina hospitals overall) are not made if <50 central line days or catheter days are reported, or if <20 procedures are performed during the reporting period. Comparisons to similarly-sized hospitals (or North Carolina hospitals overall) are also not made if the hospital rate is 0.

3. Commentary from Hospital

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

Statistics

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

North Carolina Healthcare-Associated Infections Report

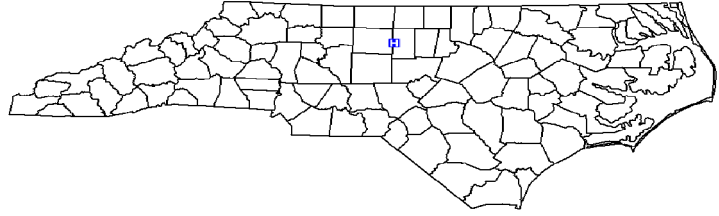
Data from January 1 – September 30, 2014

Alamance Regional Medical Center, Burlington, Alamance County

2013 Hospital Survey Information

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

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

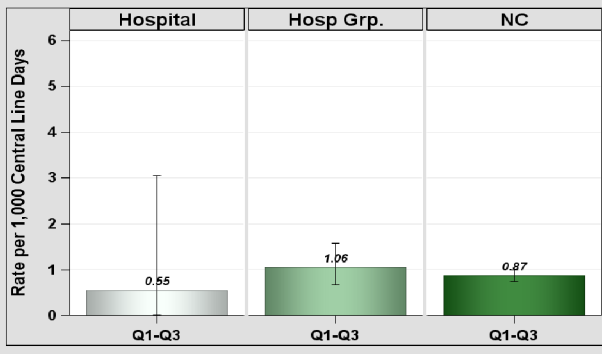


Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	1	1,823	0.55

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

Bar Graph Interpretations:

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

Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

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

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	36,842	0

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

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

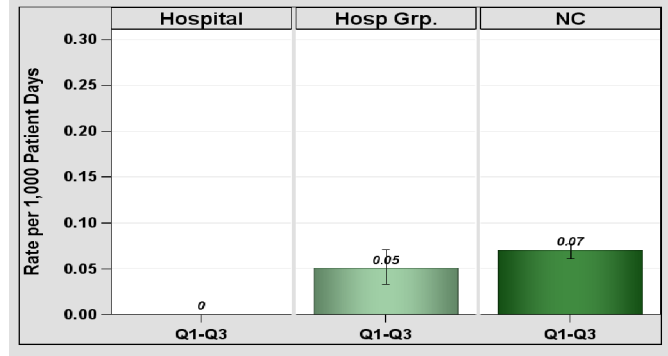


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

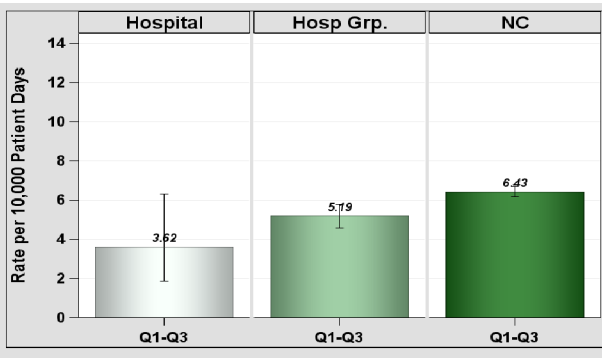


Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	12	33,174	3.62

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

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

Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of January 5, 2015.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
 Alamance Regional Medical Center, Burlington, Alamance County

Catheter-Associated Urinary Tract Infections (CAUTI)

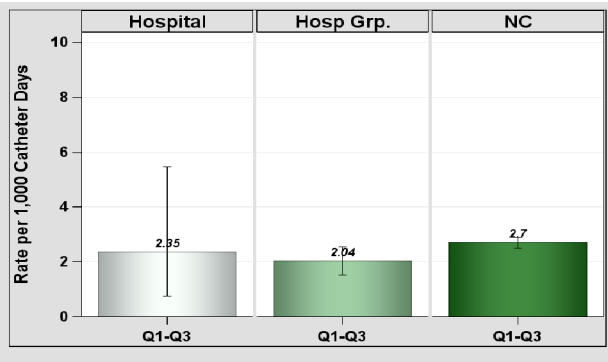


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	5	2,131	2.35

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

Bar Graph Interpretations:

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

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	129	0

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

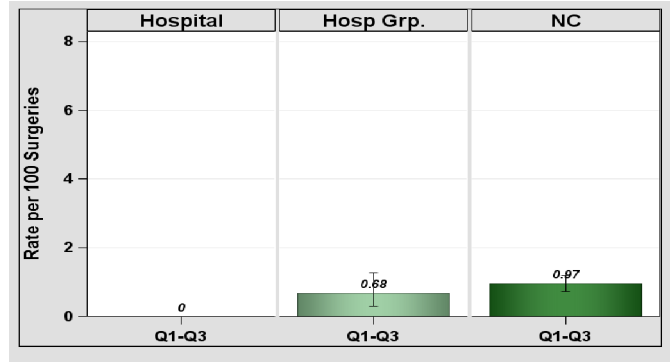


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

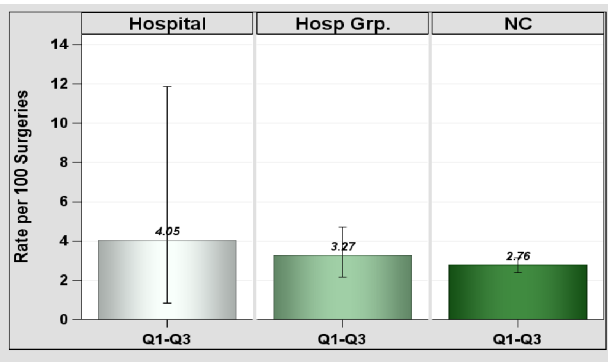


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	3	74	4.05

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

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

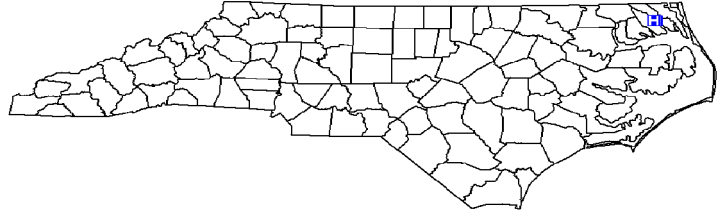
Data from January 1 – September 30, 2014

Sentara Albemarle Medical Center, Elizabeth City, Pasquotank County

2013 Hospital Survey Information

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

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

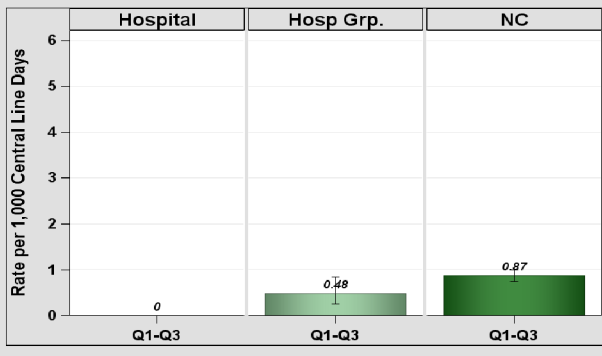


Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	618	0

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

Bar Graph Interpretations:

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

Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

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

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	1	16,608	0.06

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

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

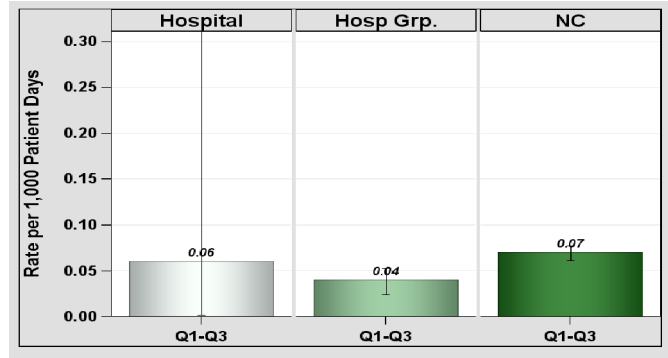


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

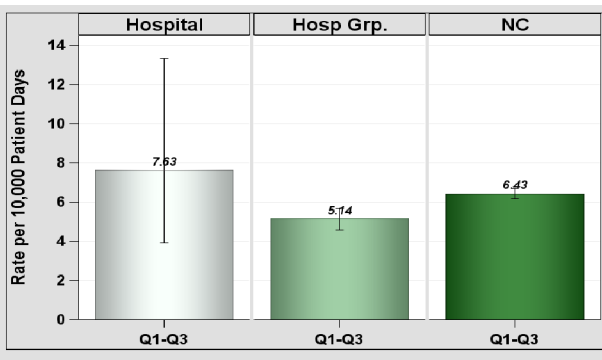


Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	12	15,719	7.63

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

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

Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of January 5, 2015.

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

N.C. HAI Quarterly Report (Consumer Version) - January 2015

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
 Sentara Albemarle Medical Center, Elizabeth City, Pasquotank County

Catheter-Associated Urinary Tract Infections (CAUTI)

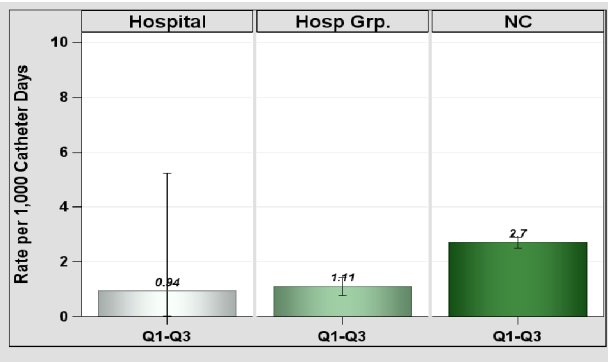


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	1	1,064	0.94

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

Bar Graph Interpretations:

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

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	44	0

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

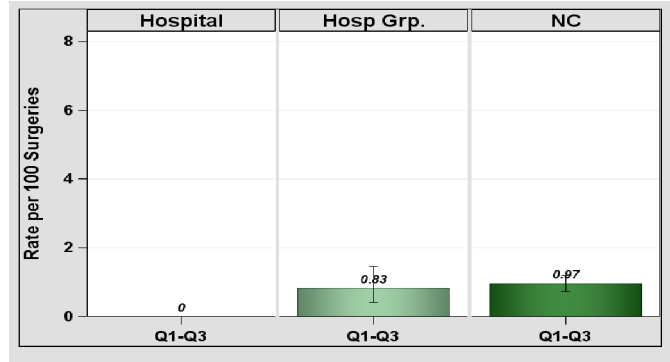


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

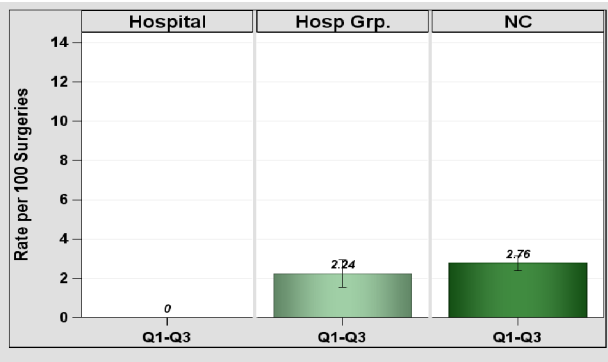


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	0	53	0

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

Commentary from Hospitals:

No comments provided.

North Carolina Healthcare-Associated Infections Report

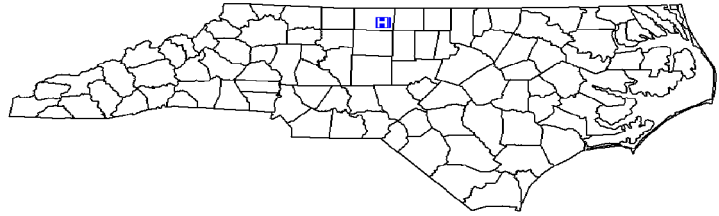
Data from January 1 – September 30, 2014

Annie Penn Hospital, Reidsville, Rockingham County

2013 Hospital Survey Information

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

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

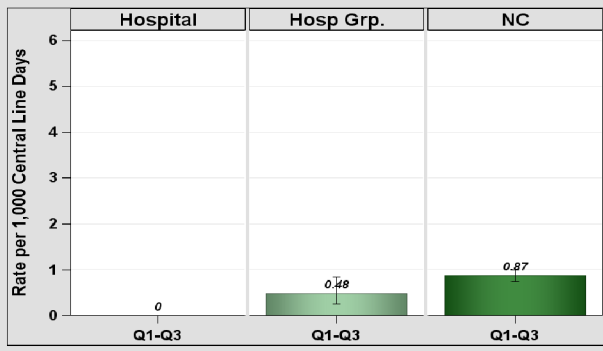


Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	527	0

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

Bar Graph Interpretations:

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

Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

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

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	10,225	0

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

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

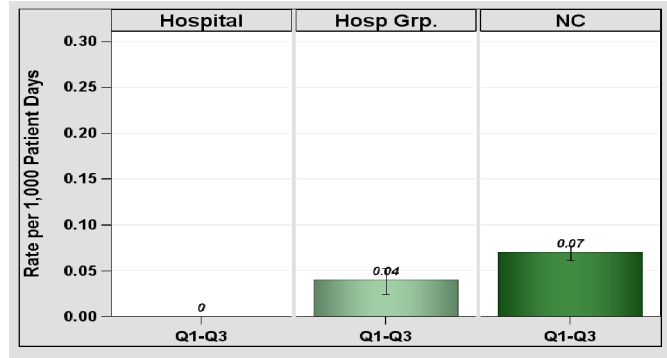


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

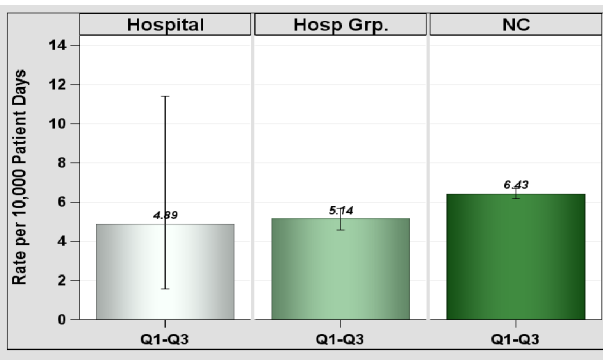


Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	5	10,225	4.89

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

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

Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of January 5, 2015.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
 Annie Penn Hospital, Reidsville, Rockingham County

Catheter-Associated Urinary Tract Infections (CAUTI)

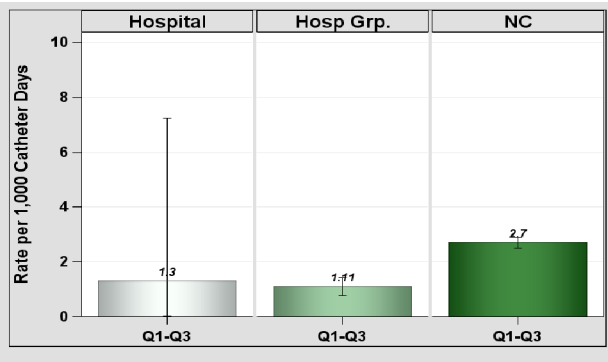


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	1	768	1.3

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

Bar Graph Interpretations:

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

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	11	.

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

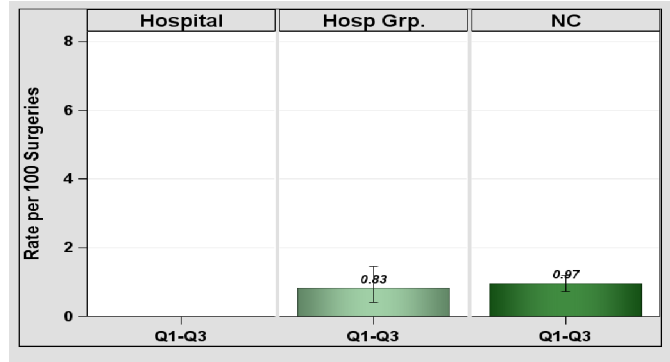


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

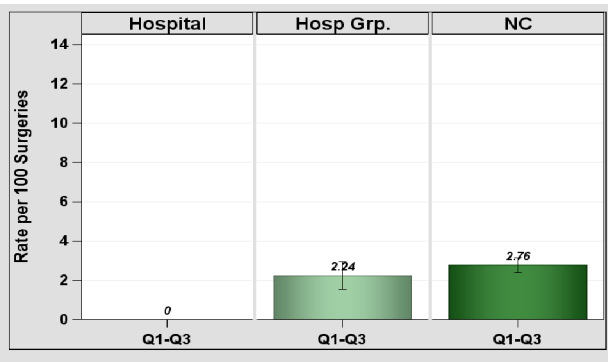


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	0	21	0

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

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

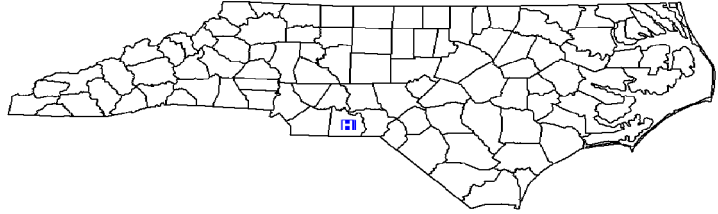
Data from January 1 – September 30, 2014

Anson Community Hospital, Wadesboro, Anson County

2013 Hospital Survey Information

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

*FTE = Full-time equivalent



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

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

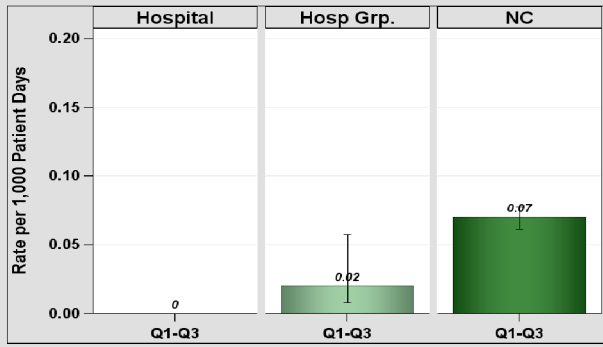


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Table 1. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	440	0

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

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

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

Table 2. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	290	0

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

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

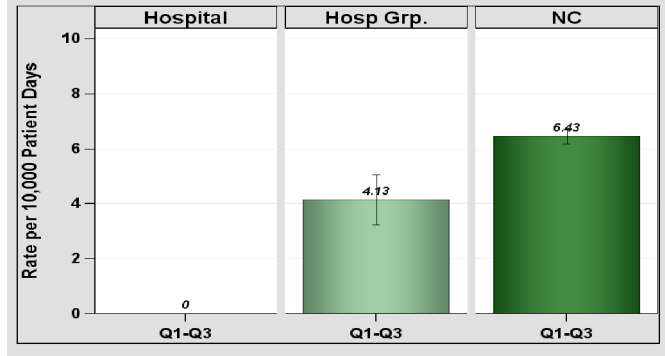


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Other Healthcare-Associated Infections (HAIs)

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

Commentary from Hospitals:

No comments provided.

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

Data as of January 5, 2015.

NC Division of Public Health, HAI Prevention Program

NC HAI Quarterly Report (Consumer Version) - January 2015

North Carolina Healthcare-Associated Infections Report

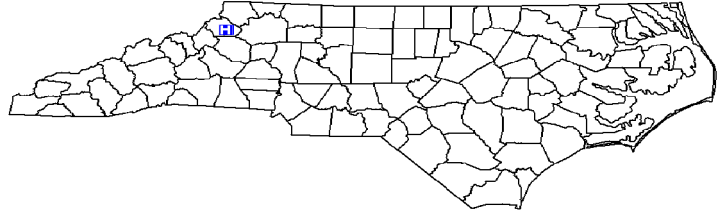
Data from January 1 – September 30, 2014

ARHS-Watauga Medical Center, Boone, Watauga County

2013 Hospital Survey Information

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

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

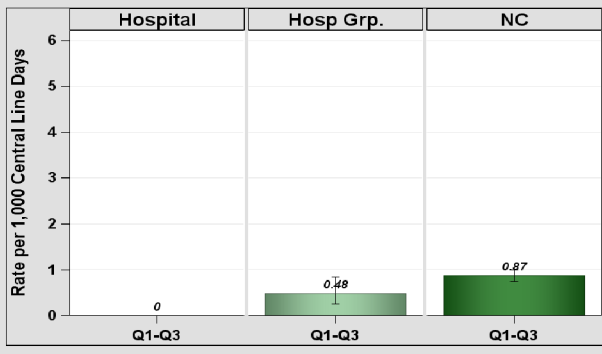


Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	504	0

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

Bar Graph Interpretations:

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

Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

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

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	13,822	0

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

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

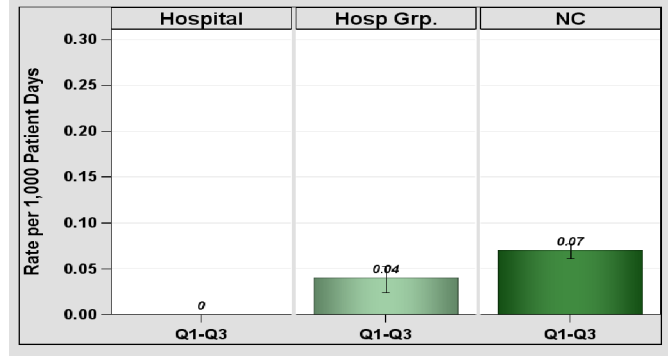


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

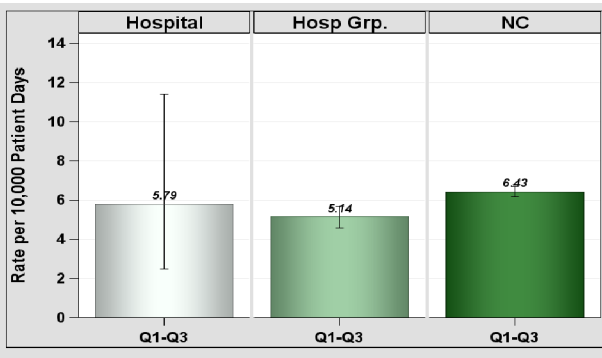


Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	8	13,822	5.79

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

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

Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
ARHS-Watauga Medical Center, Boone, Watauga County

Catheter-Associated Urinary Tract Infections (CAUTI)

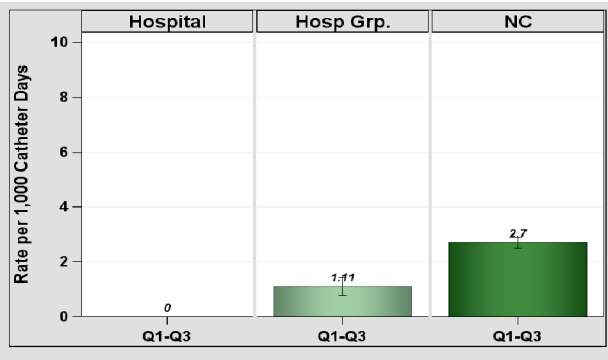


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	1,110	0

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

Bar Graph Interpretations:

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

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	8	.

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

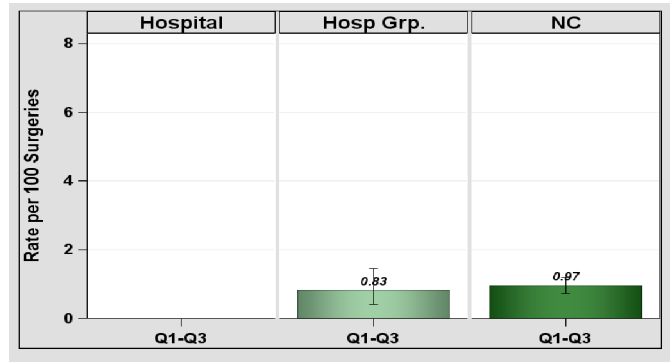


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

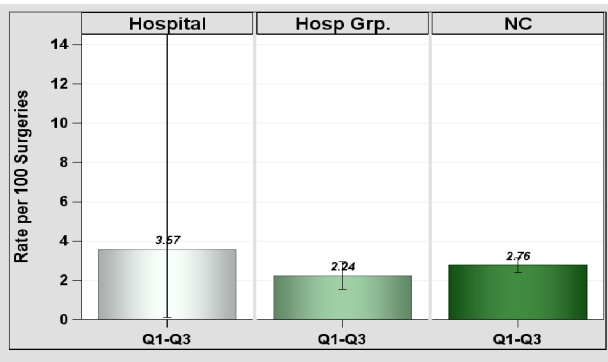


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	1	28	3.57

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

Commentary from Hospitals:

No comments provided.

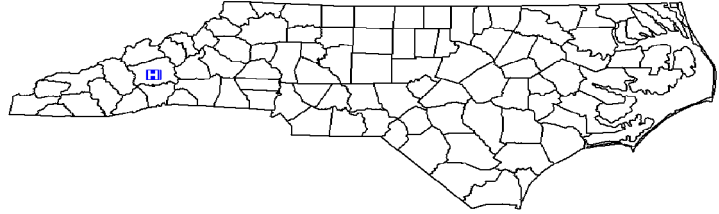
North Carolina Healthcare-Associated Infections Report

Data from January 1 – September 30, 2014

Asheville Specialty Hospital, Asheville, Buncombe County

2013 Hospital Survey Information

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



*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

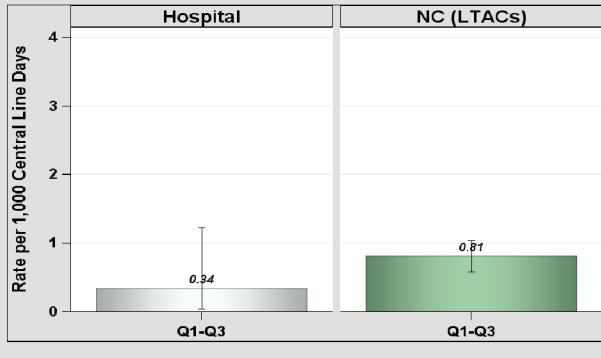


Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

	Infections	Line Days	Rate
Total for Reporting Units	2	5,898	0.34

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

Bar Graph Interpretations:

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

Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Number of Infections and Rate of CAUTI, Jan-Sep 2014.

	Infections	Catheter Days	Rate
Total for Reporting Units	0	2,271	0.00

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

Bar Graph Interpretations:

A comparison to NC long-term acute care hospitals was not conducted.

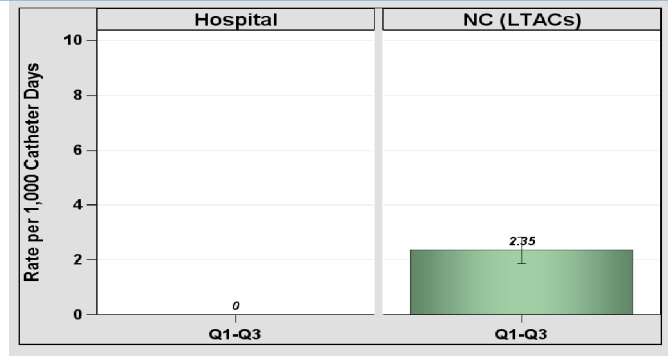


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Other Healthcare-Associated Infections (HAIs)

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

Commentary from Hospitals:

No comments provided.

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

Data as of January 5, 2015.

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

North Carolina Healthcare-Associated Infections Report

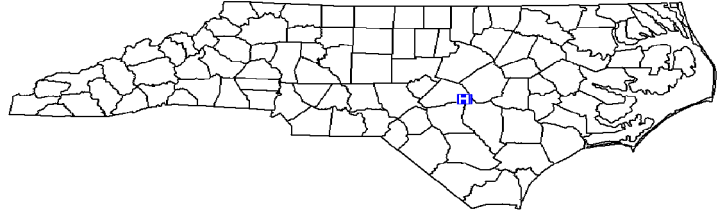
Data from January 1 – September 30, 2014

Betsy Johnson Regional, Dunn, Harnett County

2013 Hospital Survey Information

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

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

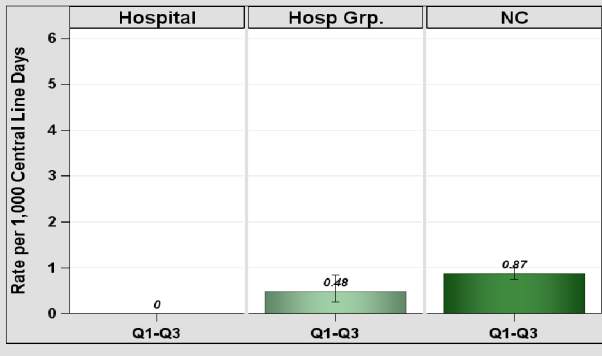


Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	223	0

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

Bar Graph Interpretations:

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

Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

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

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	2	23,061	0.09

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

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

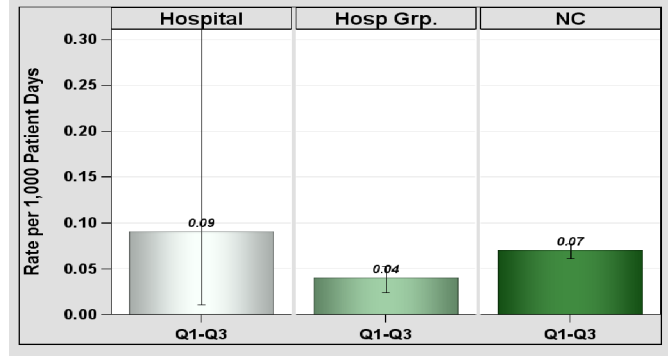


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

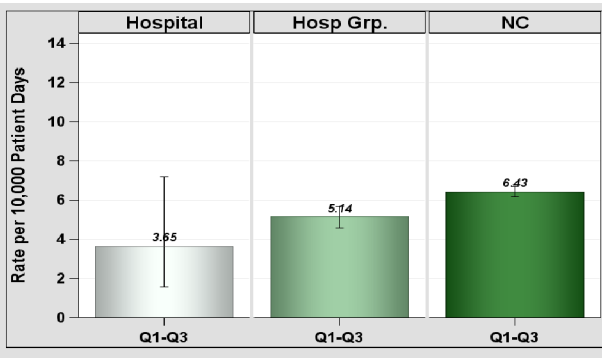


Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	8	21,915	3.65

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

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

Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of January 5, 2015.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
 Betsy Johnson Regional, Dunn, Harnett County

Catheter-Associated Urinary Tract Infections (CAUTI)

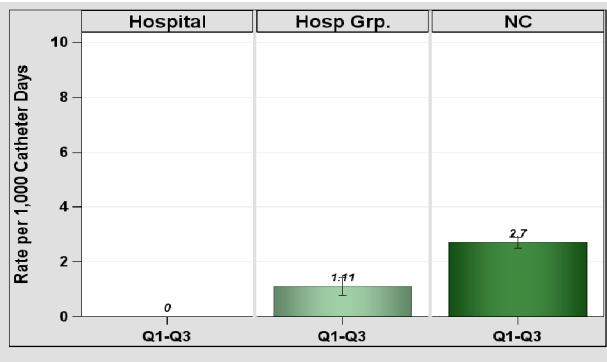


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	559	0

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

Bar Graph Interpretations:

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

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	37	0

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

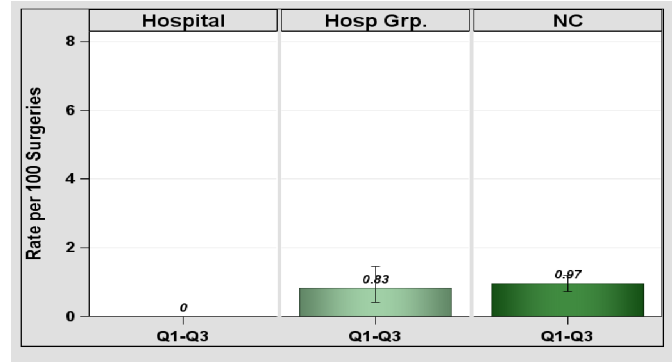


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

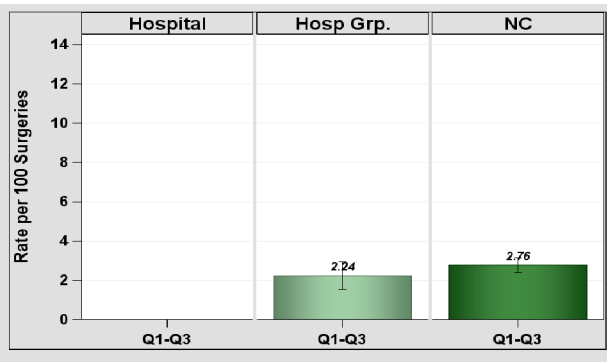


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	0	17	.

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

Commentary from Hospitals:

No comments provided.

North Carolina Healthcare-Associated Infections Report

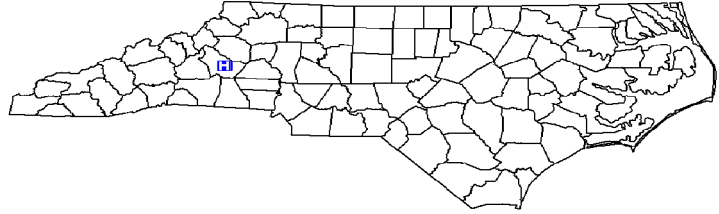
Data from January 1 – September 30, 2014

Blue Ridge Healthcare Hospitals-Morganton, Morganton, Burke County

2013 Hospital Survey Information

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

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

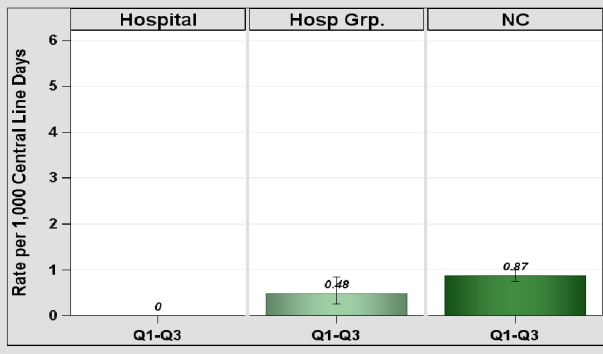


Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	657	0

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

Bar Graph Interpretations:

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

Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

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

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	1	20,476	0.05

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

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

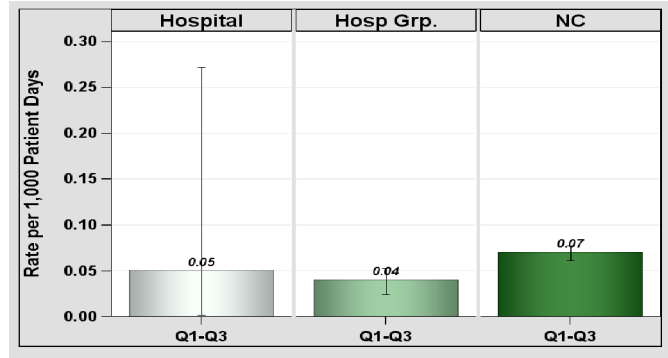


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

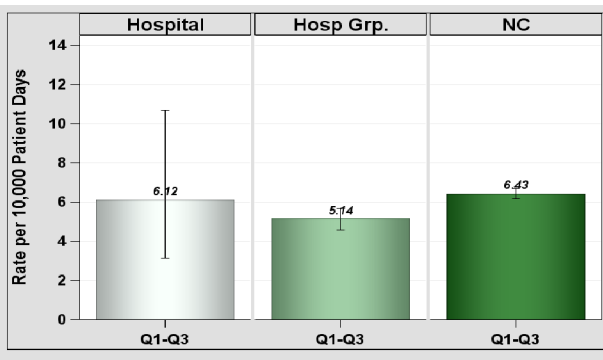


Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	12	19,610	6.12

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

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

Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of January 5, 2015.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
Blue Ridge Healthcare Hospitals-Morganton, Morganton, Burke County

Catheter-Associated Urinary Tract Infections (CAUTI)

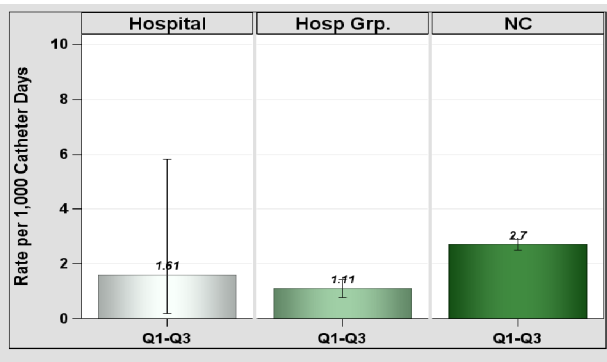


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	2	1,242	1.61

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

Bar Graph Interpretations:

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

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	15	.

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

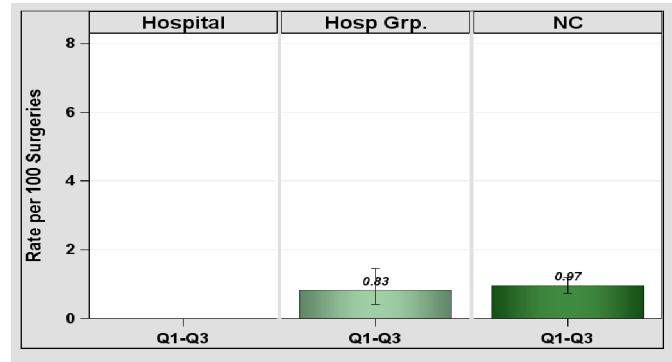


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

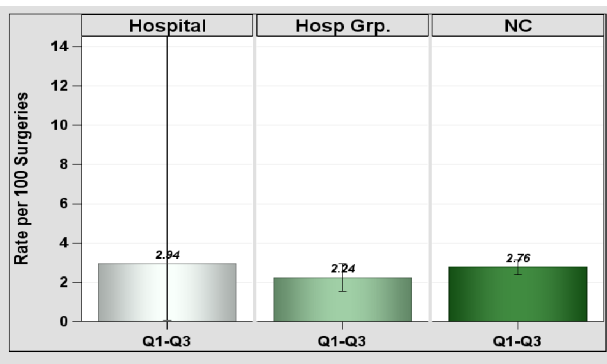


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	1	34	2.94

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

Commentary from Hospitals:

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

North Carolina Healthcare-Associated Infections Report

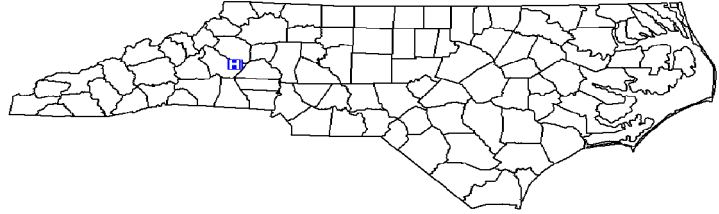
Data from January 1 – September 30, 2014

Blue Ridge Healthcare Hospitals-Valdese, Valdese, Burke County

2013 Hospital Survey Information

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

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

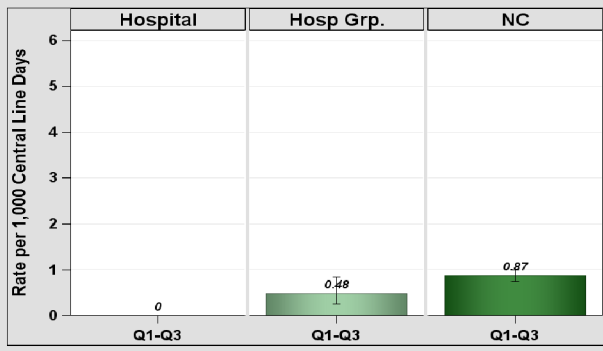


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	155	0

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

Bar Graph Interpretations:

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

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

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	5,304	0

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

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

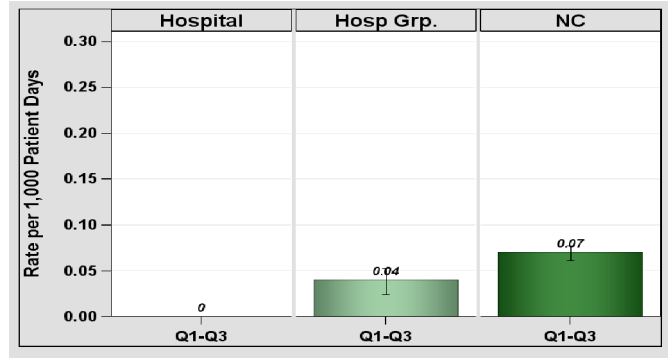


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

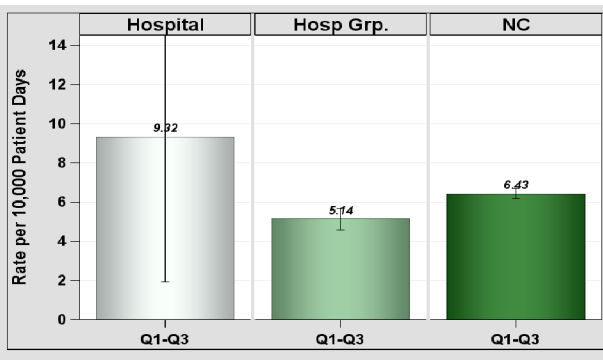


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	3	3,220	9.32

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
Blue Ridge Healthcare Hospitals-Valdese, Valdese, Burke County

Catheter-Associated Urinary Tract Infections (CAUTI)

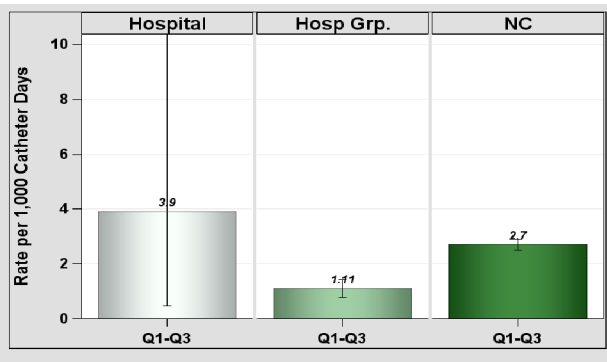


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	2	513	3.9

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

Bar Graph Interpretations:

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

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	0	.

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

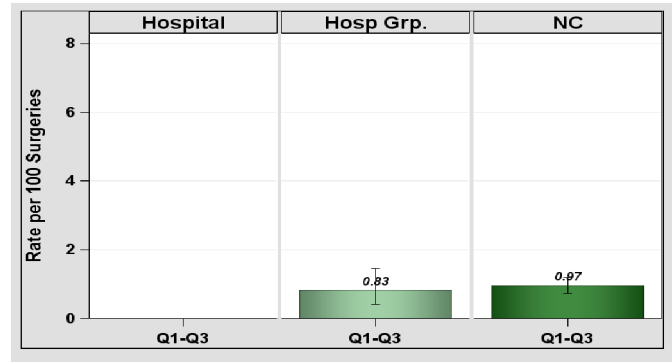


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

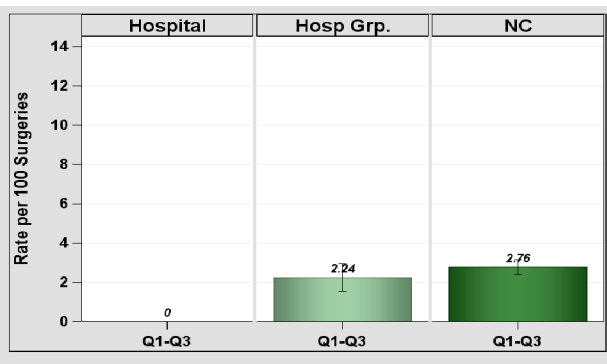


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	0	27	0

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

Commentary from Hospitals:

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

North Carolina Healthcare-Associated Infections Report

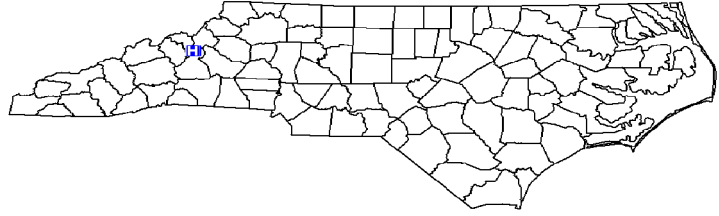
Data from January 1 – September 30, 2014

Blue Ridge Regional Hospital, Spruce Pine, Mitchell County

2013 Hospital Survey Information

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

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

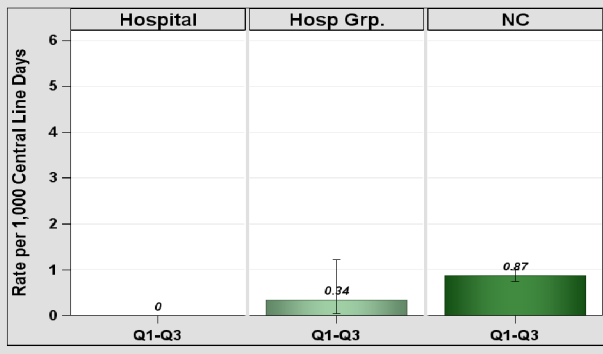


Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	154	0

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

Bar Graph Interpretations:

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

Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

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

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	1	4,279	0.23

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

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

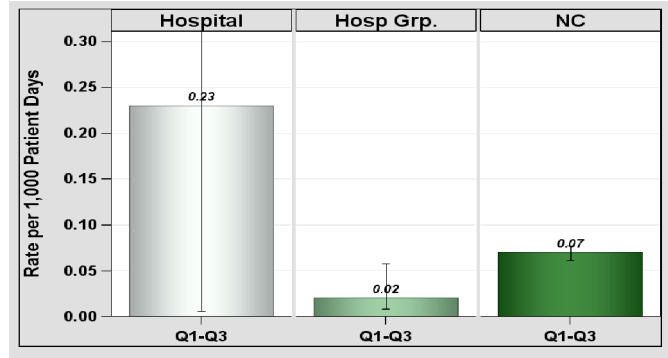


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

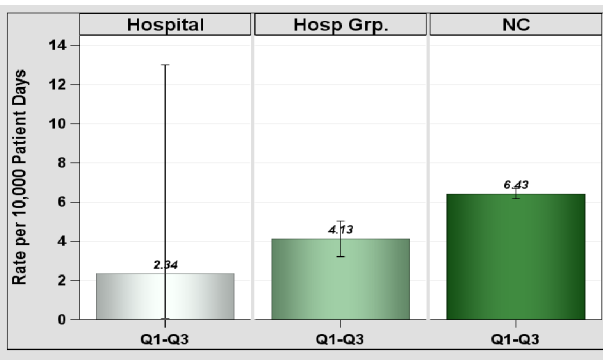


Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	1	4,279	2.34

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

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

Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of January 5, 2015.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
 Blue Ridge Regional Hospital, Spruce Pine, Mitchell County

Catheter-Associated Urinary Tract Infections (CAUTI)

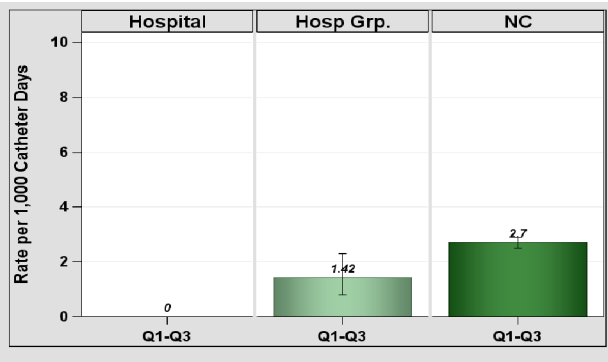


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	407	0

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

Bar Graph Interpretations:

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

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	3	.

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

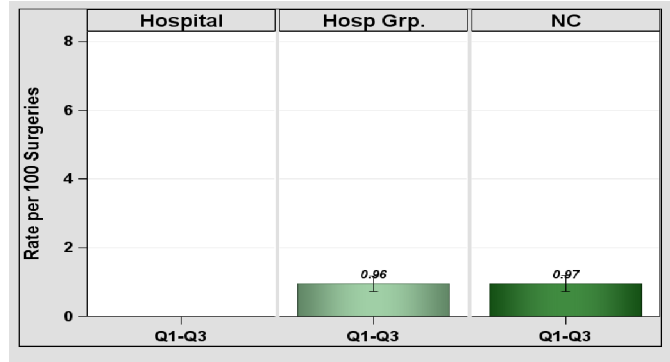


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

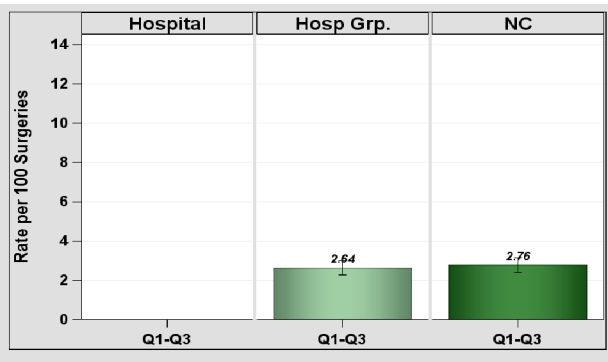


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	0	15	.

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

Commentary from Hospitals:
 No comments provided.

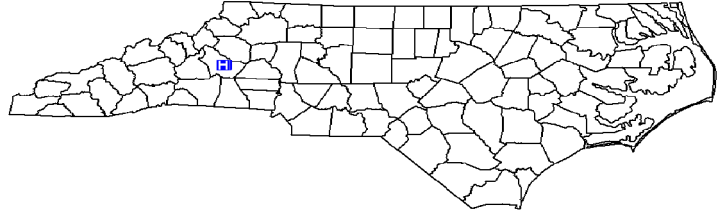
North Carolina Healthcare-Associated Infections Report

Data from January 1 – September 30, 2014

Broughton Hospital, Morganton, Burke County

2013 Hospital Survey Information

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



*FTE = Full-time equivalent

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

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

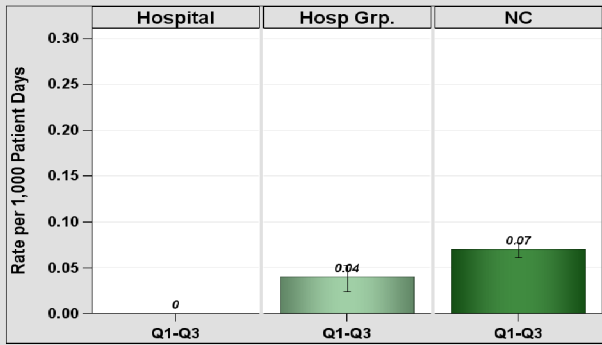


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Table 1. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	72,218	0

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

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

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

Table 2. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	72,218	0

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

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

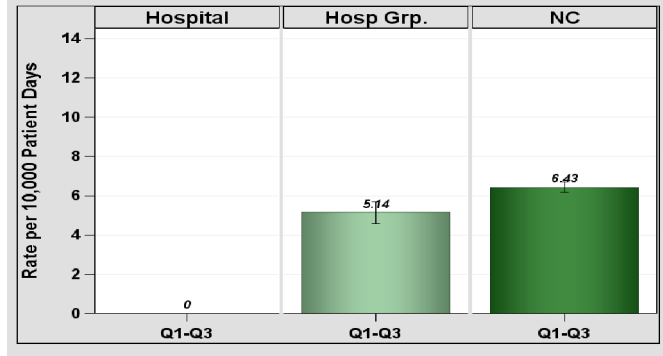


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Other Healthcare-Associated Infections (HAIs)

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

Commentary from Hospitals:

No comments provided.

North Carolina Healthcare-Associated Infections Report

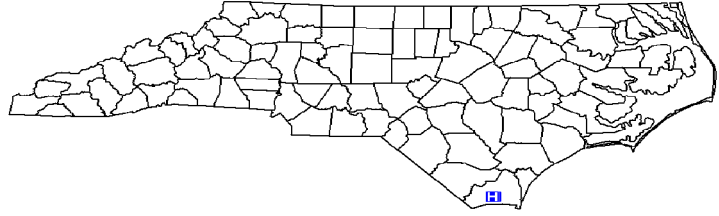
Data from January 1 – September 30, 2014

Brunswick Novant Medical Center, Bolivia, Brunswick County

2013 Hospital Survey Information

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

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

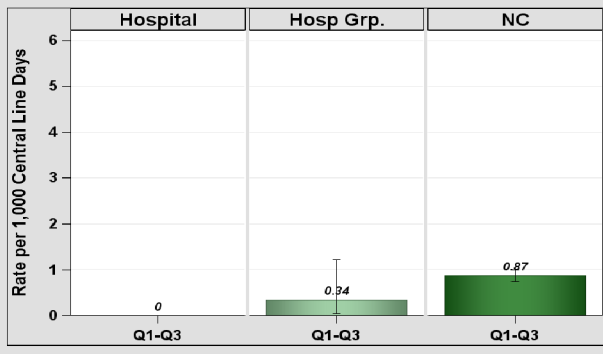


Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	216	0

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

Bar Graph Interpretations:

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

Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

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

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	11,904	0

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

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

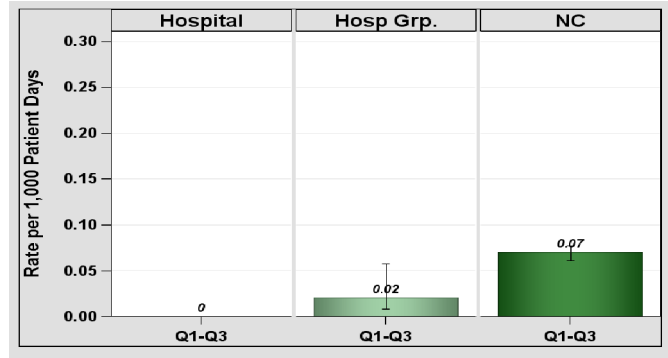


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

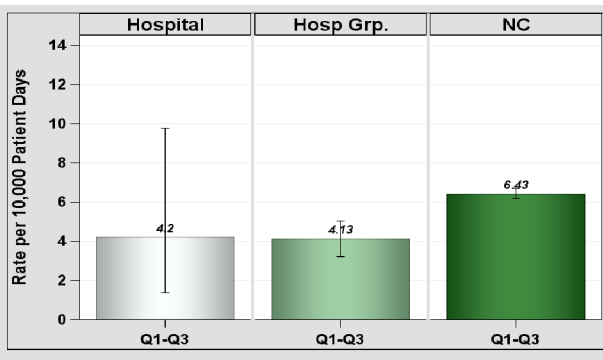


Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	5	11,904	4.2

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

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

Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of January 5, 2015.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
 Brunswick Novant Medical Center, Bolivia, Brunswick County

Catheter-Associated Urinary Tract Infections (CAUTI)

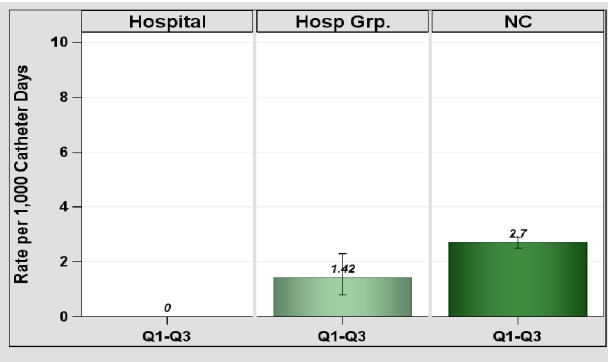


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	450	0

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

Bar Graph Interpretations:

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

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	15	.

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

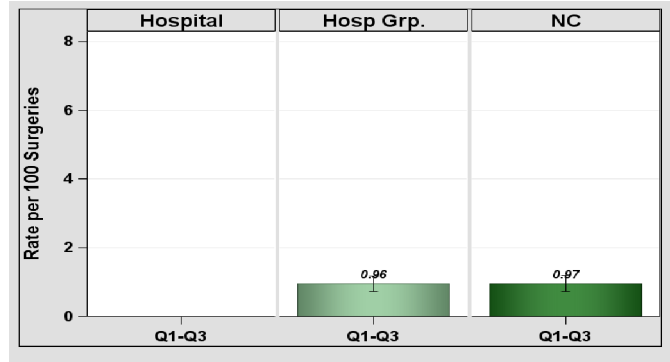


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

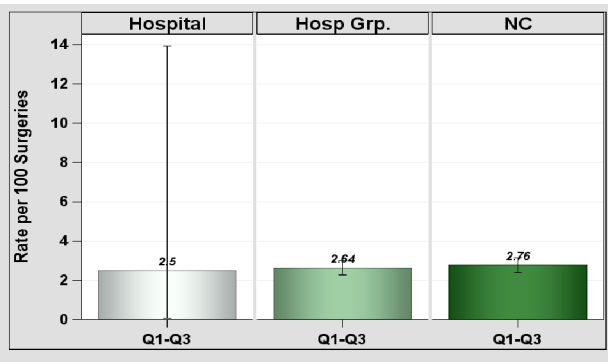


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	1	40	2.5

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

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

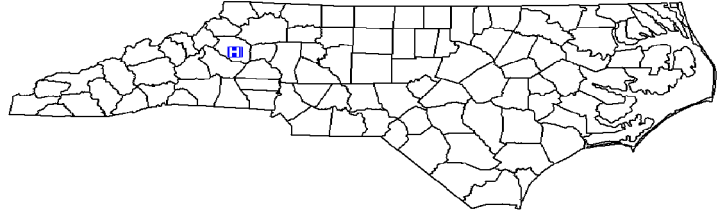
Data from January 1 – September 30, 2014

Caldwell Memorial Hospital, Lenoir, Caldwell County

2013 Hospital Survey Information

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

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

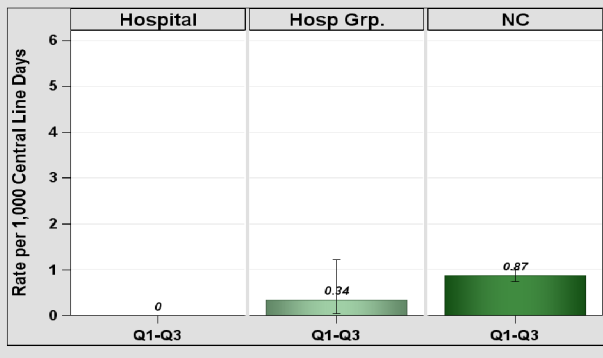


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	1,095	0

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

Bar Graph Interpretations:

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

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

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	15,891	0

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

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

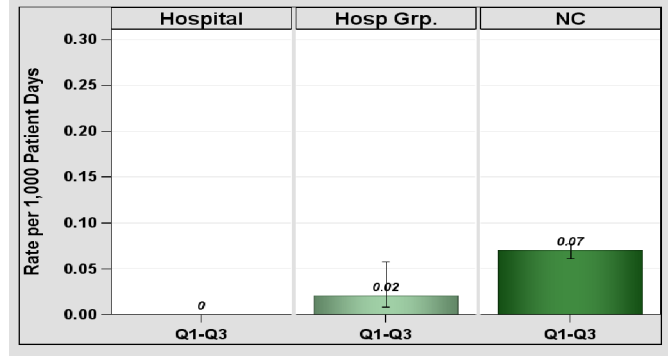


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

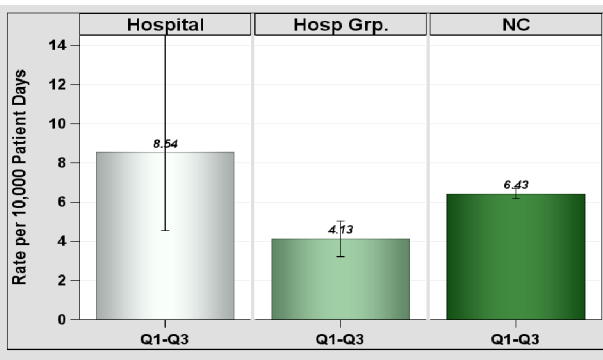


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	13	15,221	8.54

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
Caldwell Memorial Hospital, Lenoir, Caldwell County

Catheter-Associated Urinary Tract Infections (CAUTI)

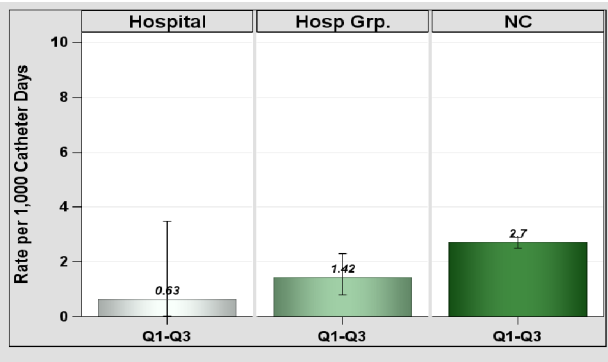


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	1	1,597	0.63

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

Bar Graph Interpretations:

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

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	18	.

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

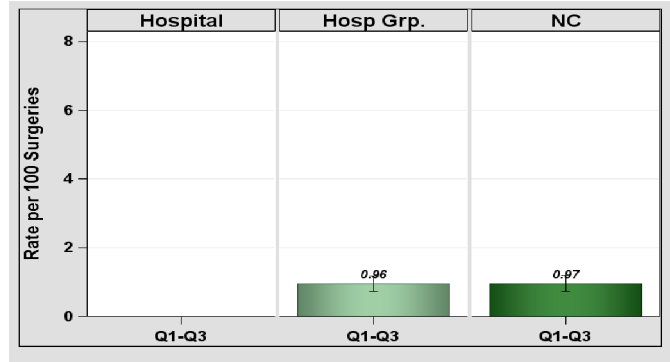


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

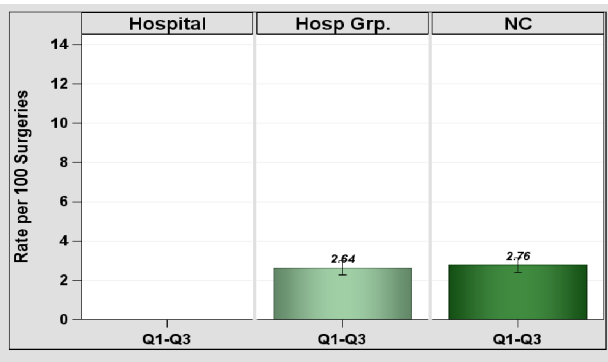


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	1	18	.

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

Commentary from Hospitals:

No comments provided.

North Carolina Healthcare-Associated Infections Report

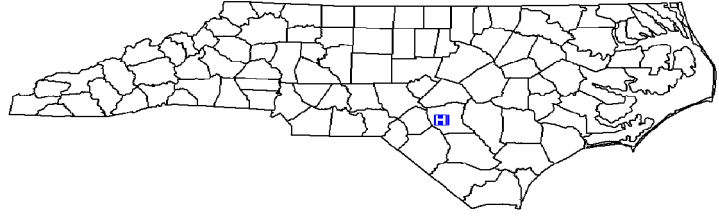
Data from January 1 – September 30, 2014

Cape Fear Valley Health System, Fayetteville, Cumberland County

2013 Hospital Survey Information

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

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

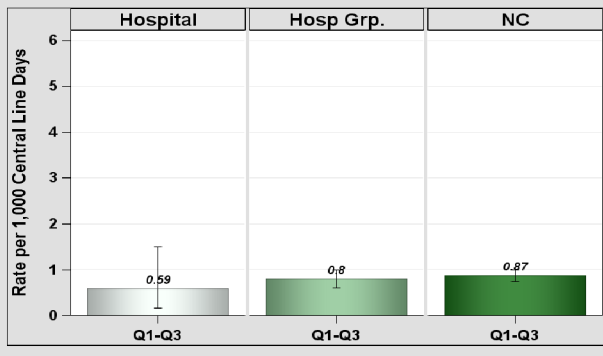


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	4	6,808	0.59

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

Bar Graph Interpretations:

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

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

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	16	113,565	0.14

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

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

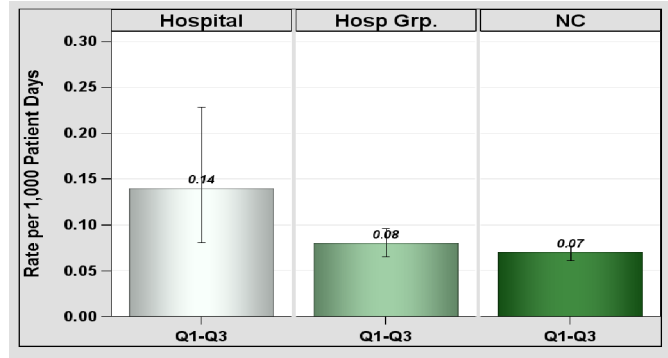


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

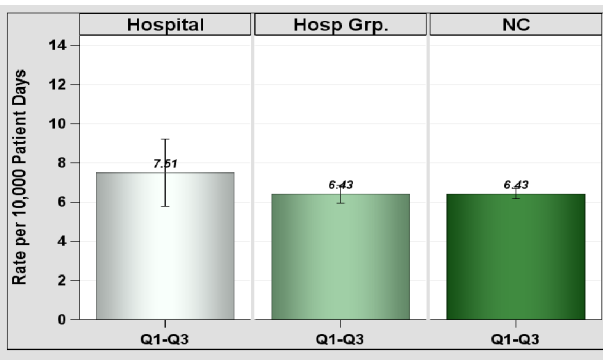


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	73	97,252	7.51

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
 Cape Fear Valley Health System, Fayetteville, Cumberland County

Catheter-Associated Urinary Tract Infections (CAUTI)

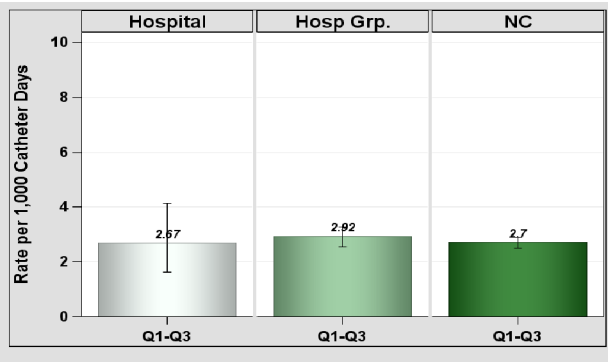


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	20	7,487	2.67

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

Bar Graph Interpretations:

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

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	3	214	1.4

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

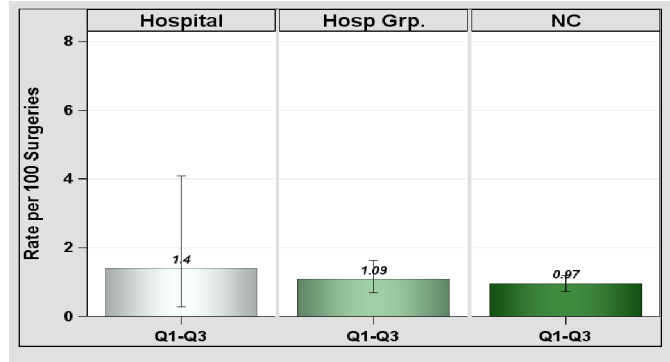


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

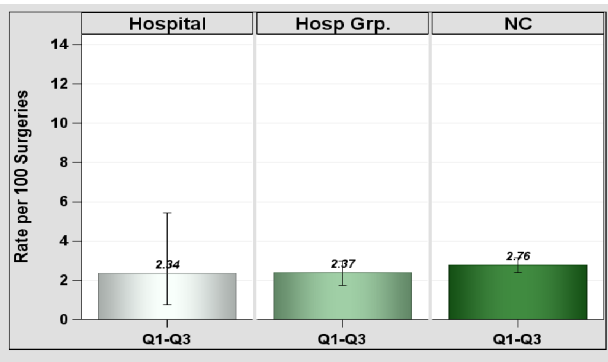


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	5	214	2.34

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

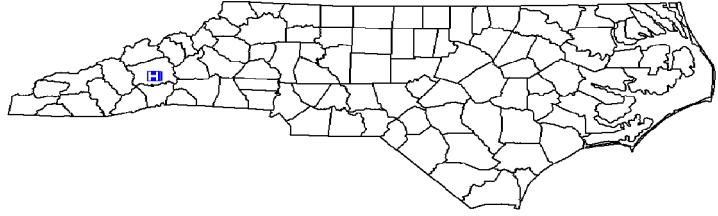
Commentary from Hospitals:

No comments provided.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
 CarePartners Health Services, Asheville, Buncombe County

2013 Hospital Survey Information

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



*FTE = Full-time equivalent

Catheter-Associated Urinary Tract Infections (CAUTI)

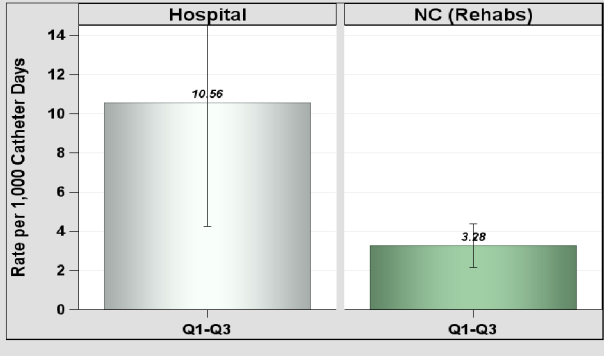


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Table 1. Number of Infections and Rate of CAUTI, Jan-Sep 2014.

	Infections	Catheter Days	Rate
Total for Reporting Wards	7	663	10.6

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

Bar Graph Interpretations:

Hospital rate is not different from all reporting inpatient rehabilitation wards in NC.

Other Healthcare-Associated Infections (HAIs)

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

Commentary from Hospitals:
 No comments provided.

Refer to the HAI in N.C. Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
 Data as of January 5, 2015.

North Carolina Healthcare-Associated Infections Report

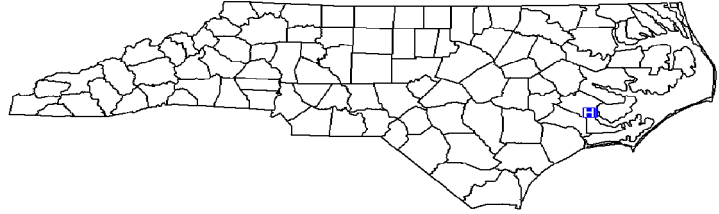
Data from January 1 – September 30, 2014

CarolinaEast Medical Center, New Bern, Craven County

2013 Hospital Survey Information

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

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

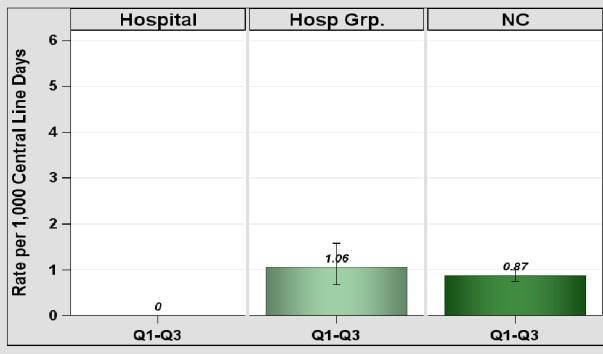


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	1,502	0

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

Bar Graph Interpretations:

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

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

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	2	45,259	0.04

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

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

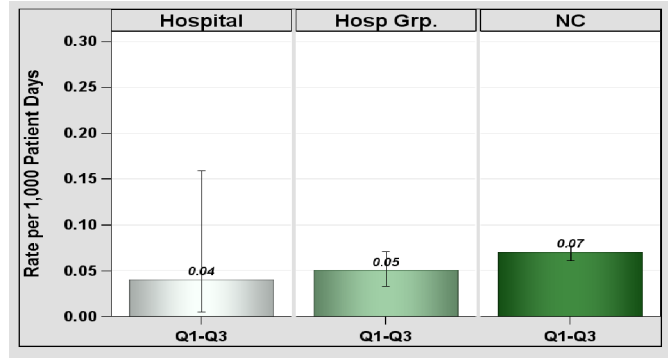


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

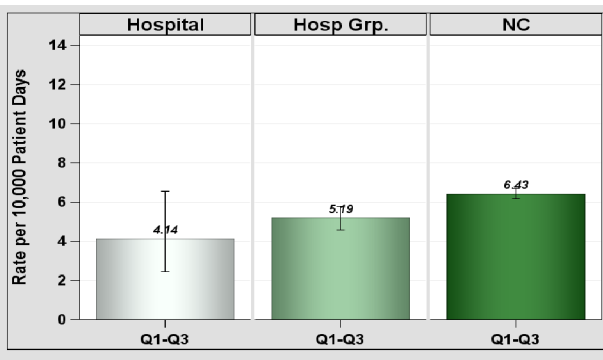


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	18	43,460	4.14

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
 CarolinaEast Medical Center, New Bern, Craven County

Catheter-Associated Urinary Tract Infections (CAUTI)

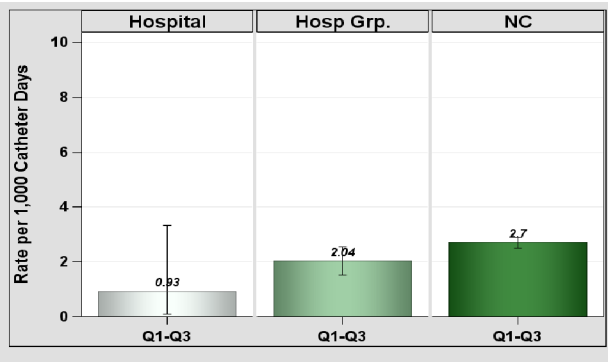


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	2	2,160	0.93

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

Bar Graph Interpretations:

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

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	1	132	0.76

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

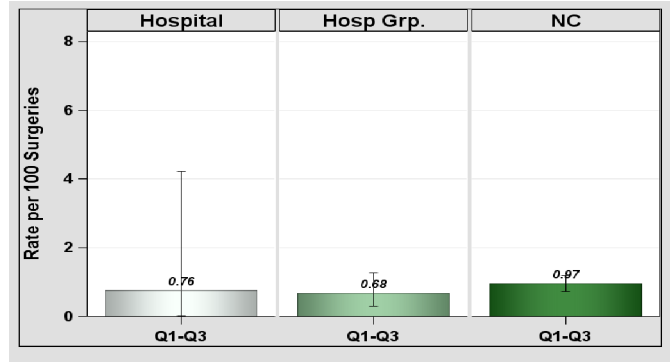


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

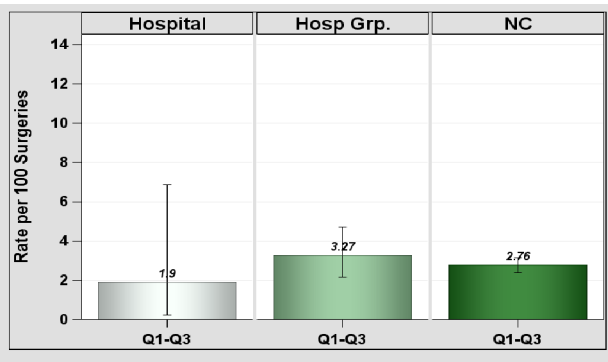


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	2	105	1.9

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

Commentary from Hospitals:

No comments provided.

North Carolina Healthcare-Associated Infections Report

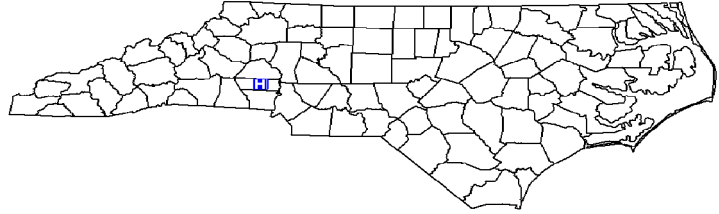
Data from January 1 – September 30, 2014

Carolinas Medical Center-Lincoln, Lincoln, Lincoln County

2013 Hospital Survey Information

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

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

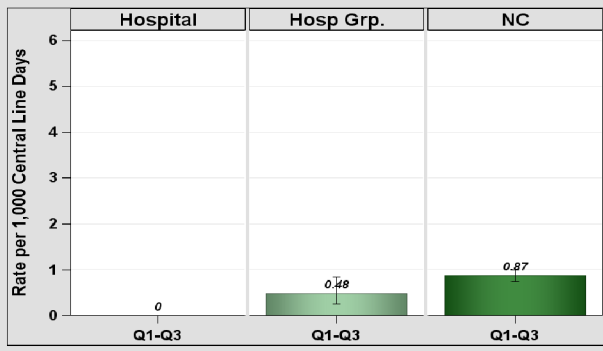


Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	874	0

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

Bar Graph Interpretations:

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

Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

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

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	13,528	0

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

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

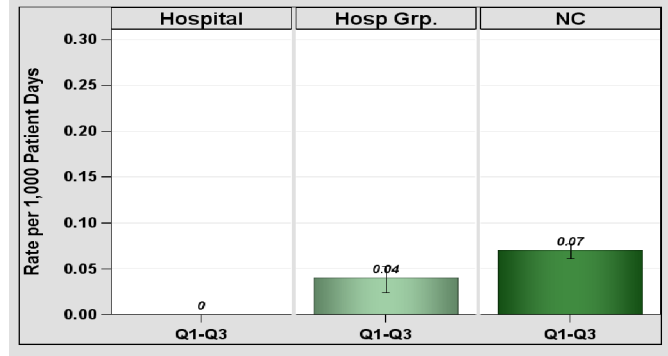


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

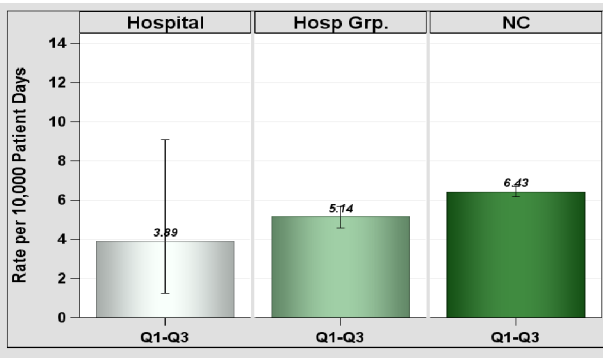


Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	5	12,837	3.89

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

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

Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of January 5, 2015.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
 Carolinas Medical Center-Lincoln, Lincoln, Lincoln County

Catheter-Associated Urinary Tract Infections (CAUTI)

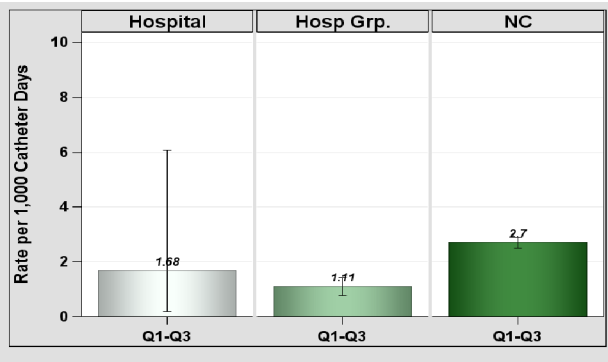


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	2	1,192	1.68

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

Bar Graph Interpretations:

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

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	11	.

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

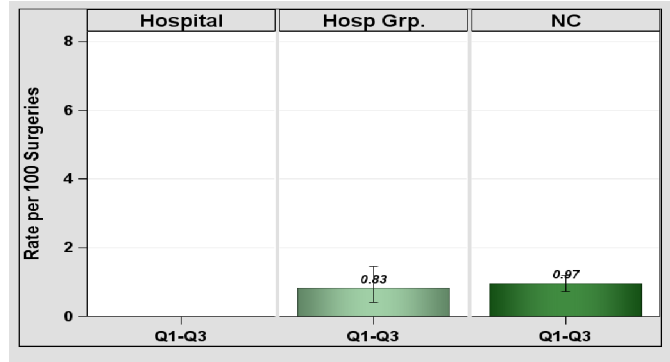


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

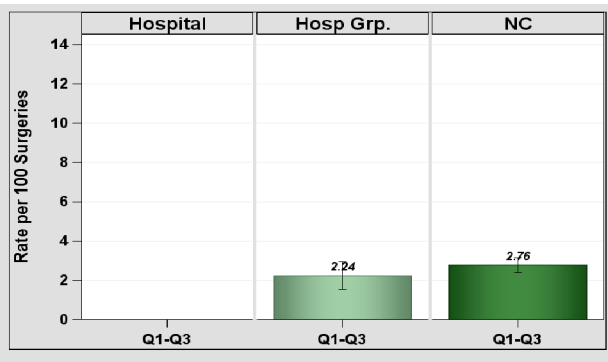


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	0	19	.

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

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

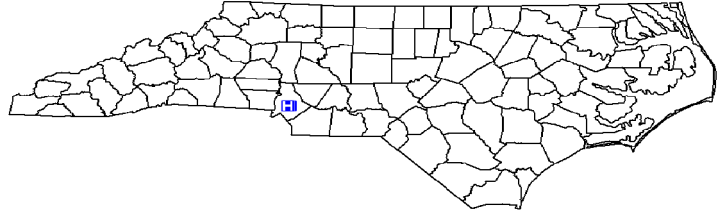
Data from January 1 – September 30, 2014

Carolinas Medical Center, Charlotte, Mecklenburg County

2013 Hospital Survey Information

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

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

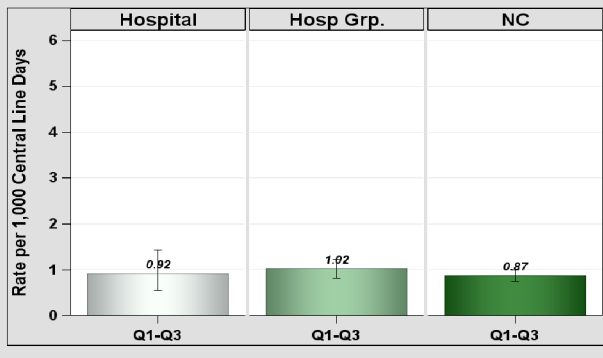


Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	19	20,723	0.92

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

Bar Graph Interpretations:

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

Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

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

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	24	196,479	0.12

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

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

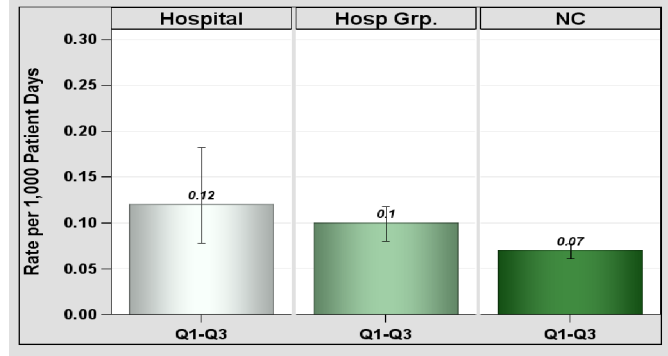


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

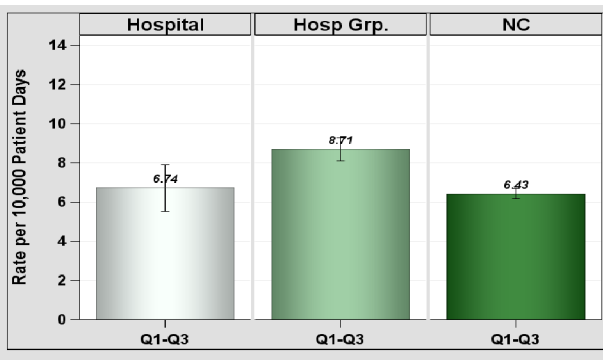


Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	120	178,170	6.74

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

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

Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of January 5, 2015.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
 Carolinas Medical Center, Charlotte, Mecklenburg County

Catheter-Associated Urinary Tract Infections (CAUTI)

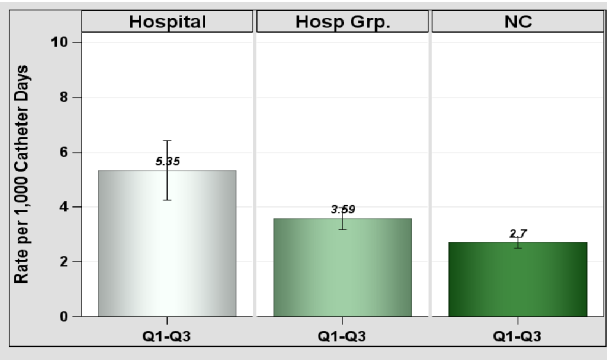


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	95	17,764	5.35

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

Bar Graph Interpretations:

Hospital rate is higher than similarly-sized hospitals.
 Hospital rate is higher than NC hospitals overall.

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	8	482	1.66

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

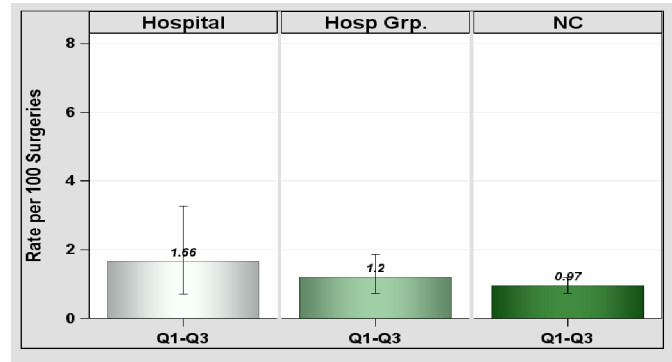


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

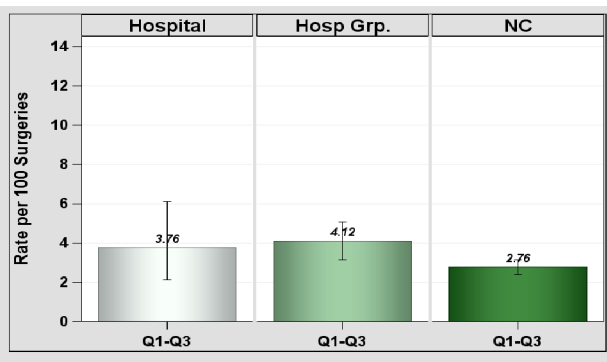


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	16	426	3.76

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

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

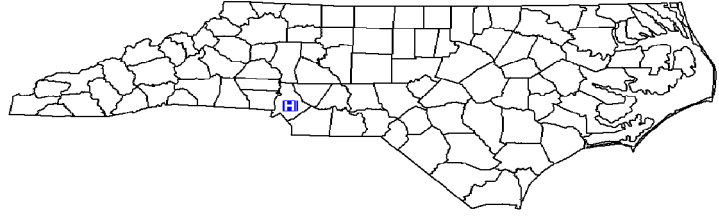
Data from January 1 – September 30, 2014

Carolinas Medical Center-Mercy, Charlotte, Mecklenburg County

2013 Hospital Survey Information

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

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

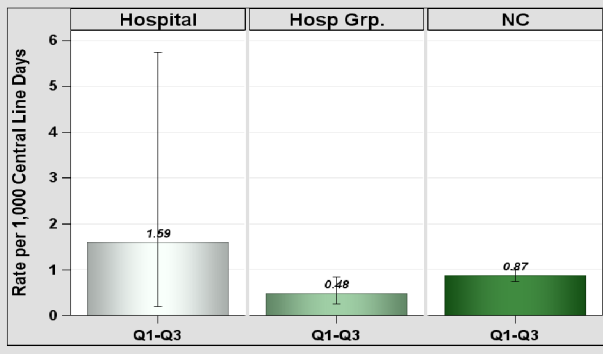


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	2	1,258	1.59

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

Bar Graph Interpretations:

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

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

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	2	24,593	0.08

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

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

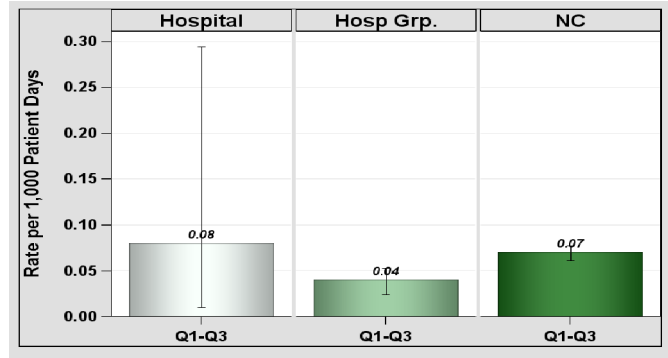


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

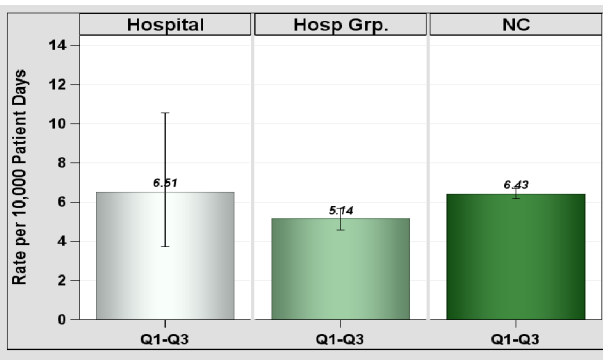


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	16	24,593	6.51

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

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

North Carolina Healthcare-Associated Infections Report

Data from January 1 – September 30, 2014

Carolinas Medical Center-Mercy, Charlotte, Mecklenburg County

Catheter-Associated Urinary Tract Infections (CAUTI)

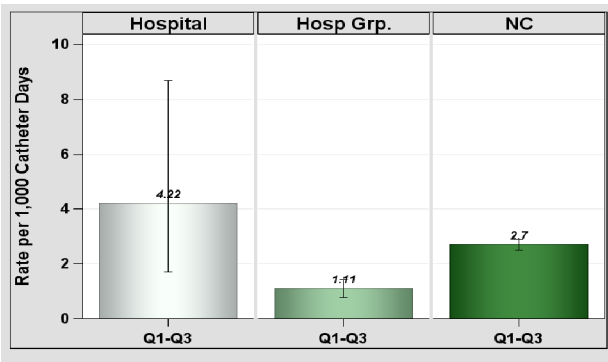


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	7	1,660	4.22

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

Bar Graph Interpretations:

Hospital rate is higher than similarly-sized hospitals.

Hospital rate is not different from NC hospitals overall.

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	67	0

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.

A comparison to NC hospitals overall was not conducted.

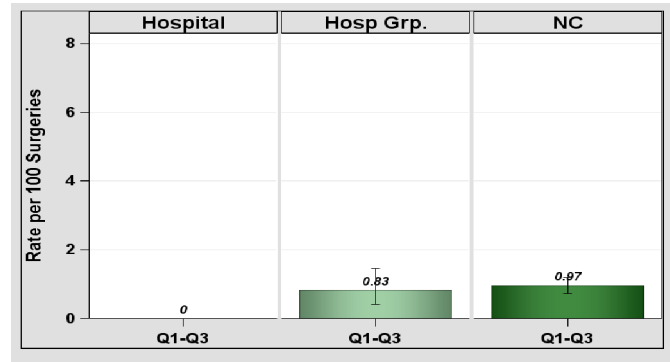


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

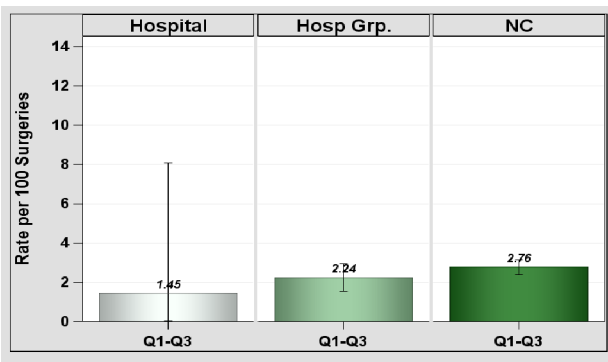


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	1	69	1.45

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.

Hospital rate is not different from NC hospitals overall.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

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

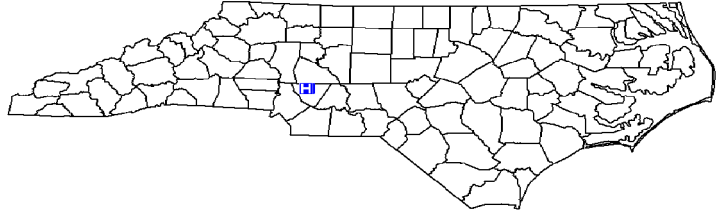
Data from January 1 – September 30, 2014

Carolinas Medical Center- Northeast, Concord, Cabarrus County

2013 Hospital Survey Information

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

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

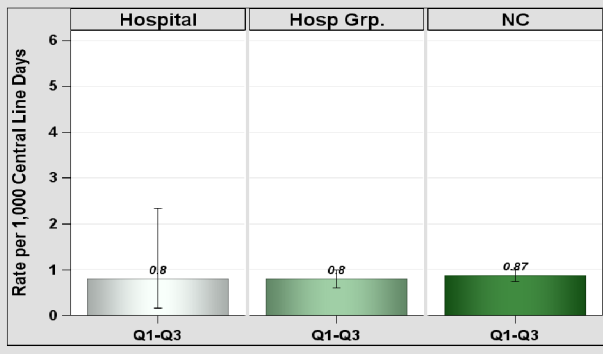


Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	3	3,747	0.8

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

Bar Graph Interpretations:

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

Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

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

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	5	82,137	0.06

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

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

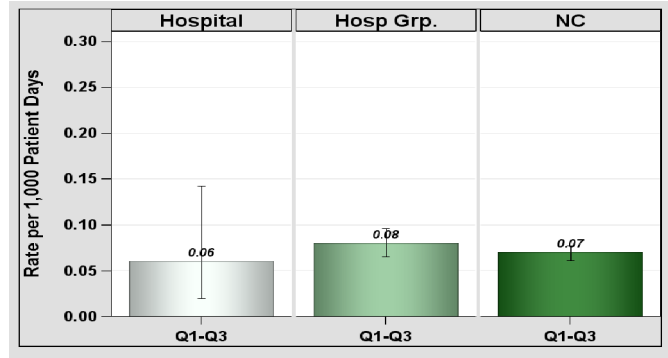


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

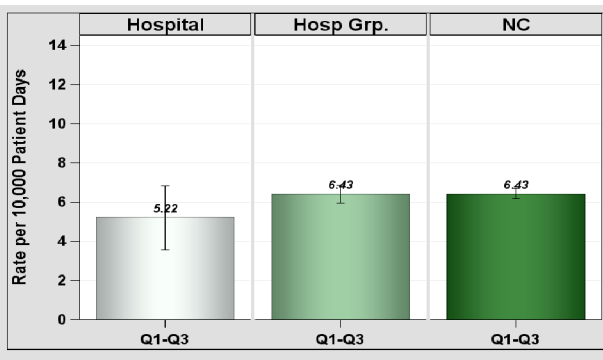


Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	39	74,778	5.22

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

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

Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of January 5, 2015.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
 Carolinas Medical Center- Northeast, Concord, Cabarrus County

Catheter-Associated Urinary Tract Infections (CAUTI)

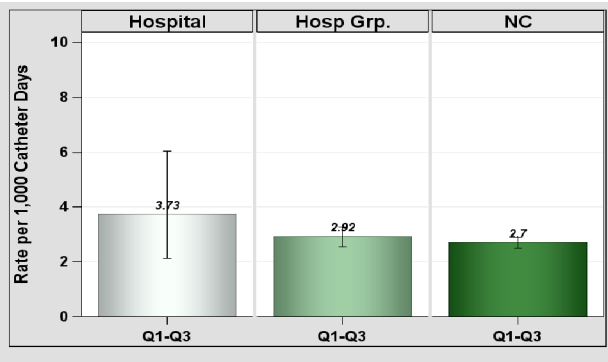


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	16	4,294	3.73

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

Bar Graph Interpretations:

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

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	1	231	0.43

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

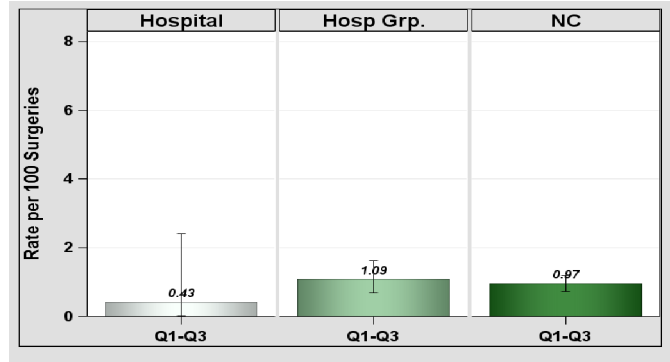


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

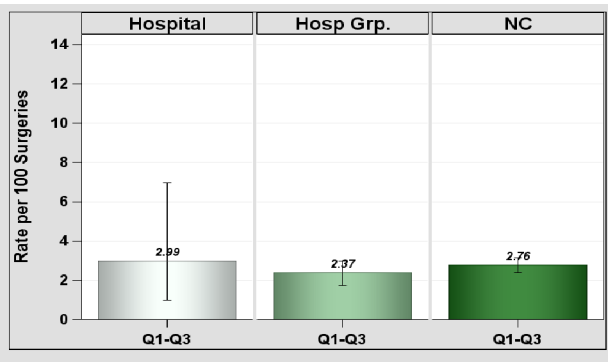


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	5	167	2.99

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

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

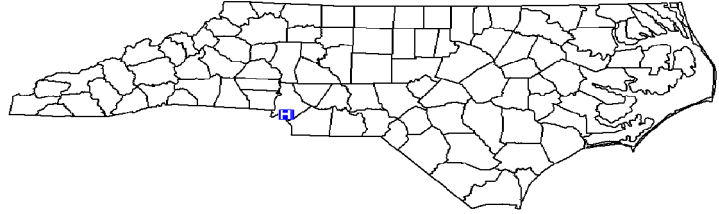
Data from January 1 – September 30, 2014

Carolinas Medical Center-Pineville, Charlotte, Mecklenburg County

2013 Hospital Survey Information

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

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

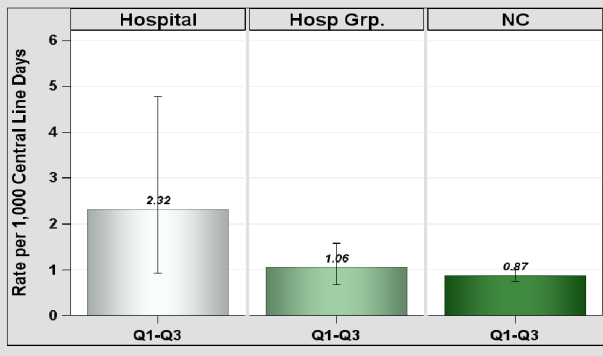


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	7	3,012	2.32

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

Bar Graph Interpretations:

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

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

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	3	51,523	0.06

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

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

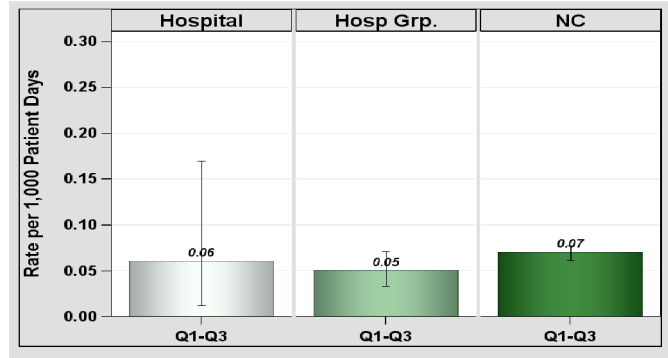


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

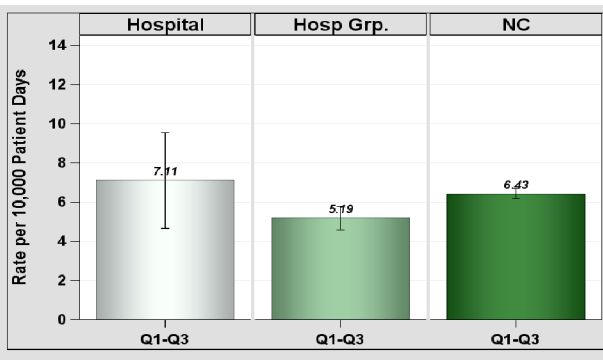


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	33	46,443	7.11

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
 Carolinas Medical Center-Pineville, Charlotte, Mecklenburg County

Catheter-Associated Urinary Tract Infections (CAUTI)

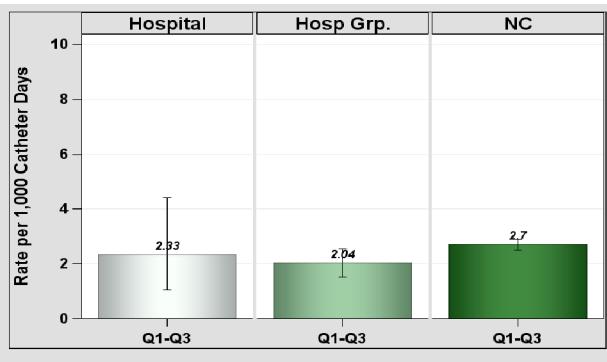


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	9	3,867	2.33

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

Bar Graph Interpretations:

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

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	164	0

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

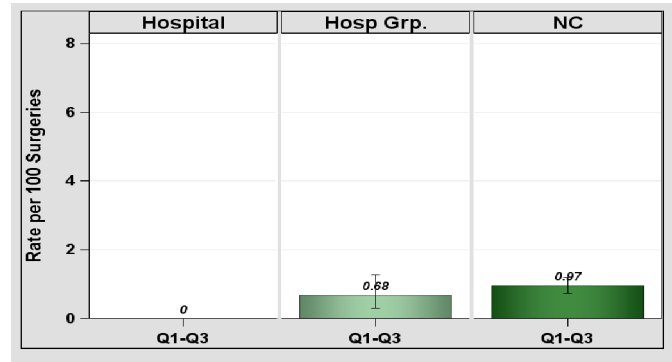


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

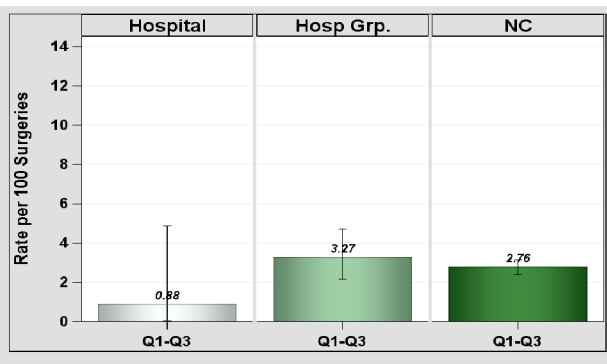


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	1	114	0.88

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

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

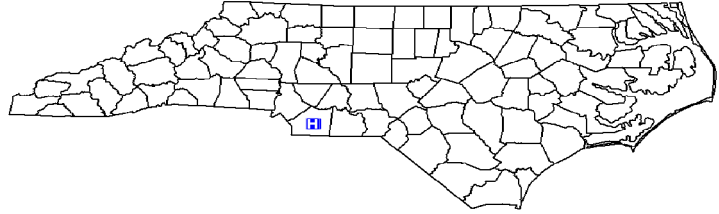
Data from January 1 – September 30, 2014

Carolinas Medical Center-Union, Monroe, Union County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: No
 Profit Status: Not for Profit
 Admissions in 2013: 5,837
 Patient Days in 2013: 27,517
 Total Number of Beds: 157
 Number of ICU Beds: 14
 FTE* Infection Preventionists: 1.00
 Number of FTEs* per 100 beds: 0.64

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

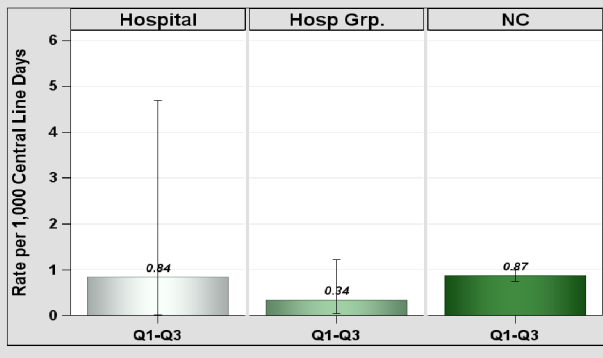


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	1	1,186	0.84

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

Bar Graph Interpretations:

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

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

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	1	22,560	0.04

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

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

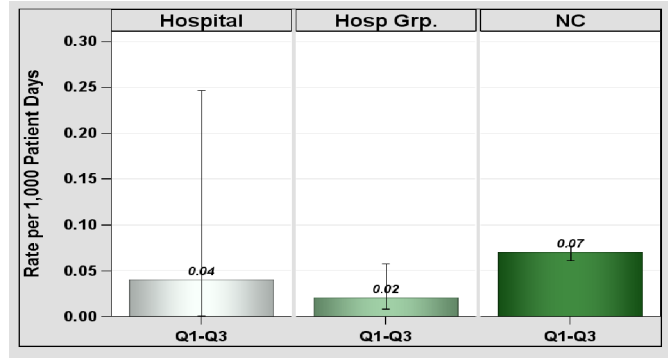


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

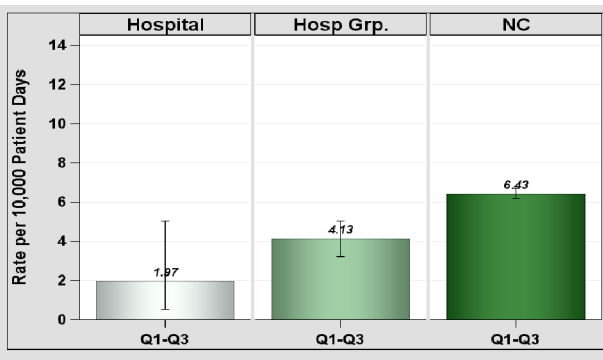


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	4	20,255	1.97

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
 Carolinas Medical Center-Union, Monroe, Union County

Catheter-Associated Urinary Tract Infections (CAUTI)

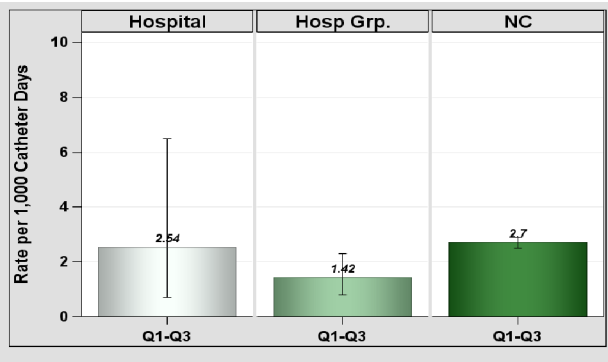


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	4	1,577	2.54

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

Bar Graph Interpretations:

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

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	41	0

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

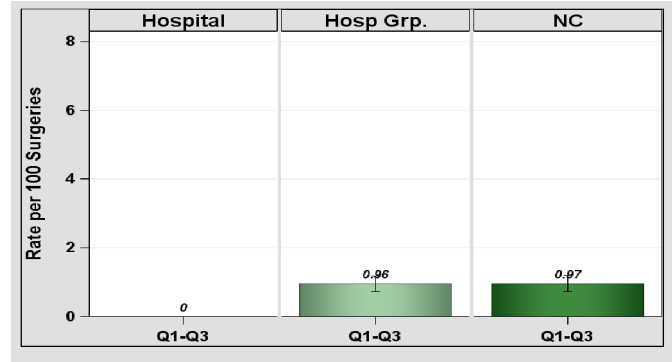


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

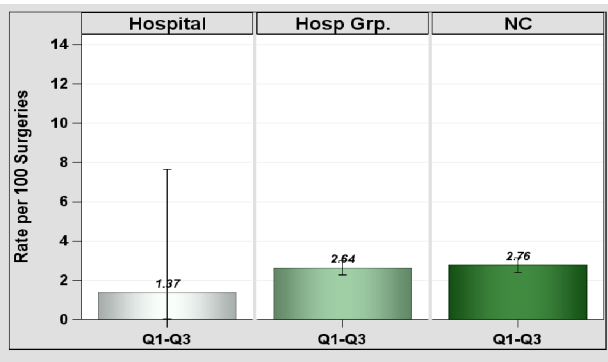


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	1	73	1.37

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

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

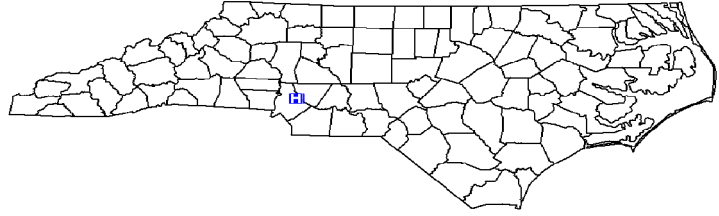
Data from January 1 – September 30, 2014

Carolinas Medical Center-University, Charlotte, Mecklenburg County

2013 Hospital Survey Information

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

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

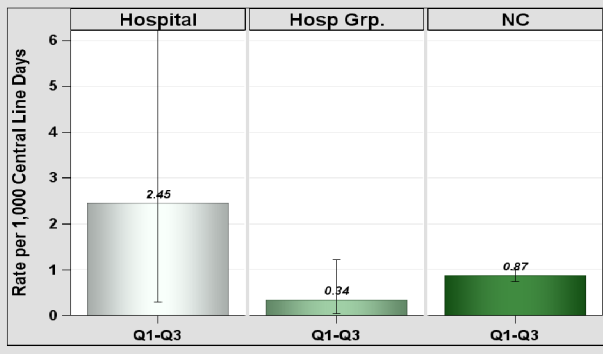


Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	2	817	2.45

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

Bar Graph Interpretations:

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

Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

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

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	1	18,459	0.05

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

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

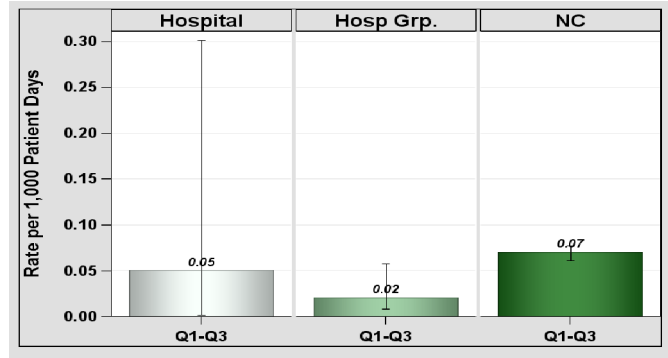


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

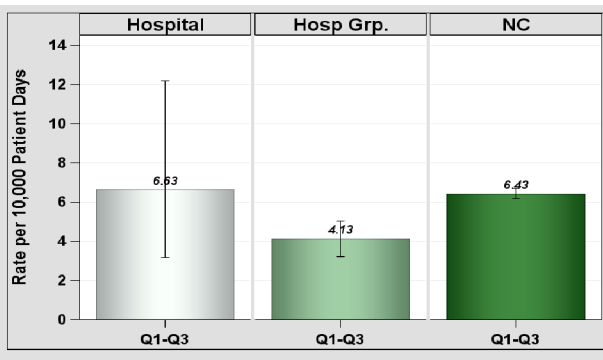


Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	10	15,081	6.63

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

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

Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of January 5, 2015.

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

N.C. HAI Quarterly Report (Consumer Version) - January 2015

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
 Carolinas Medical Center-University, Charlotte, Mecklenburg County

Catheter-Associated Urinary Tract Infections (CAUTI)

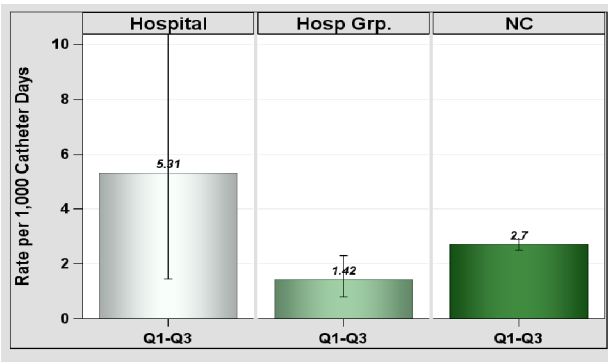


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	4	753	5.31

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

Bar Graph Interpretations:

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

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	1	121	0.83

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

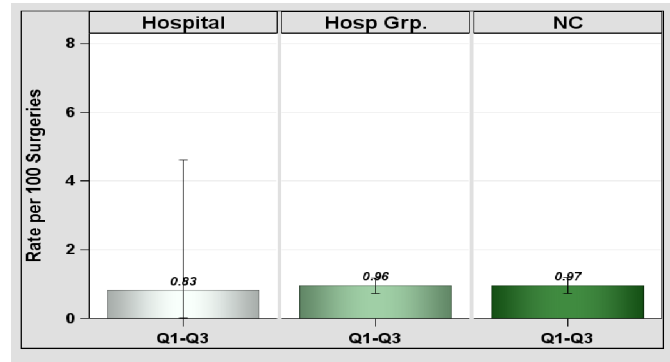


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

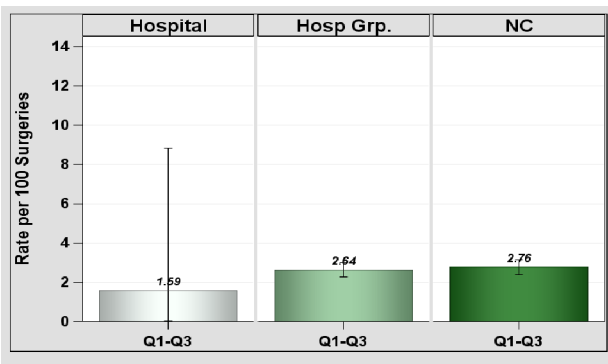


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	1	63	1.59

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

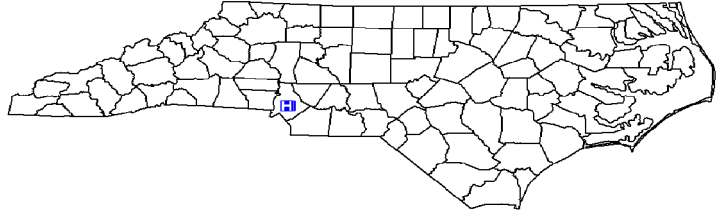
Commentary from Hospitals:

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, 2014
 Carolinas Rehabilitation, Charlotte, Mecklenburg County

2013 Hospital Survey Information

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



*FTE = Full-time equivalent

Catheter-Associated Urinary Tract Infections (CAUTI)

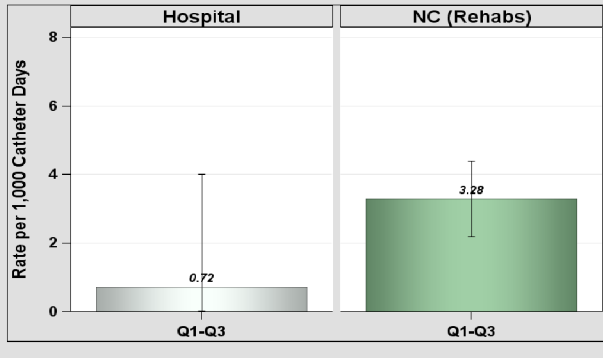


Table 1. Number of Infections and Rate of CAUTI, Jan-Sep 2014.

	Infections	Catheter Days	Rate
Total for Reporting Wards	1	1,393	0.72

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

Bar Graph Interpretations:

Hospital rate is not different from all reporting inpatient rehabilitation wards in NC.

Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Other Healthcare-Associated Infections (HAIs)

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

Commentary from Hospitals:

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

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

Data as of January 5, 2015.

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

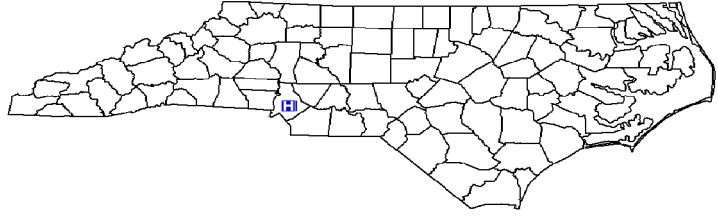
North Carolina Healthcare-Associated Infections Report

Data from January 1 – September 30, 2014

Carolinas Specialty Hospital, Charlotte, Mecklenburg County

2013 Hospital Survey Information

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



*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

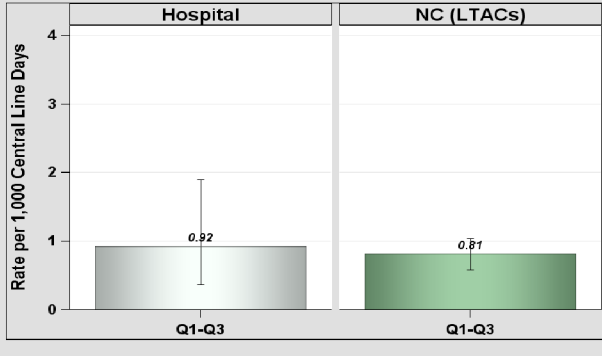


Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

	Infections	Line Days	Rate
Total for Reporting Units	7	7,612	0.92

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

Bar Graph Interpretations:

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

Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Number of Infections and Rate of CAUTI, Jan-Sep 2014.

	Infections	Catheter Days	Rate
Total for Reporting Units	13	5,917	2.2

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

Bar Graph Interpretations:

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

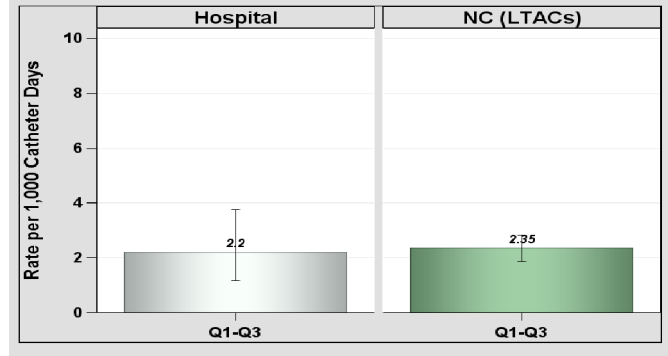


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Other Healthcare-Associated Infections (HAIs)

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

Commentary from Hospitals:

No comments provided.

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

Data as of January 5, 2015.

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

North Carolina Healthcare-Associated Infections Report

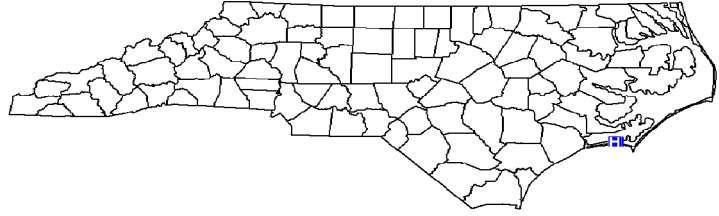
Data from January 1 – September 30, 2014

Carteret General Hospital, Morehead City, Carteret County

2013 Hospital Survey Information

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

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

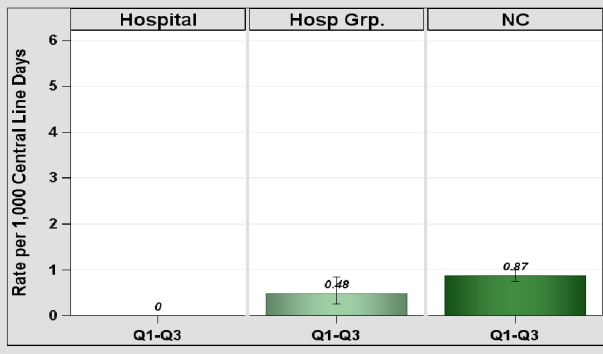


Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	394	0

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

Bar Graph Interpretations:

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

Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

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

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	19,104	0

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

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

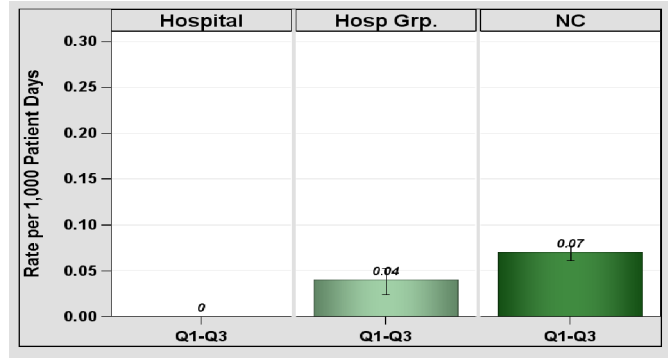


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

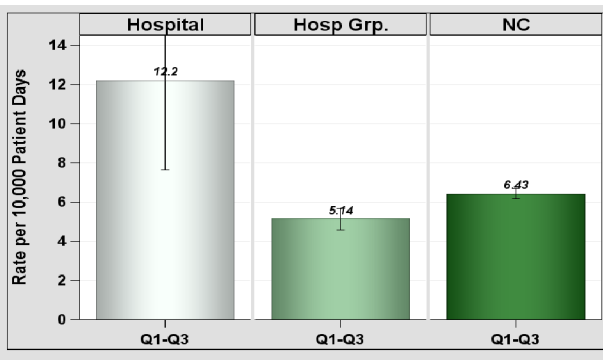


Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	22	18,032	12.2

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

Hospital rate is higher than similarly-sized hospitals.
 Hospital rate is higher than NC hospitals overall.

Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of January 5, 2015.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
Carteret General Hospital, Morehead City, Carteret County

Catheter-Associated Urinary Tract Infections (CAUTI)

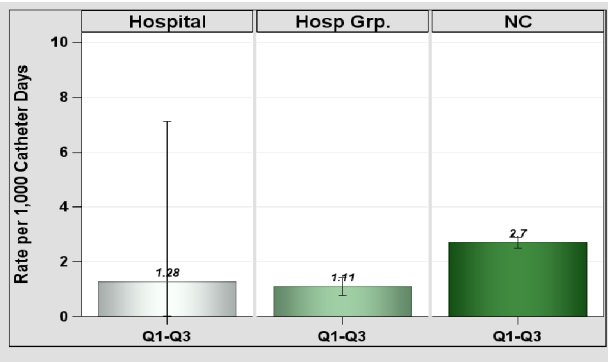


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	1	784	1.28

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

Bar Graph Interpretations:

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

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	18	.

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

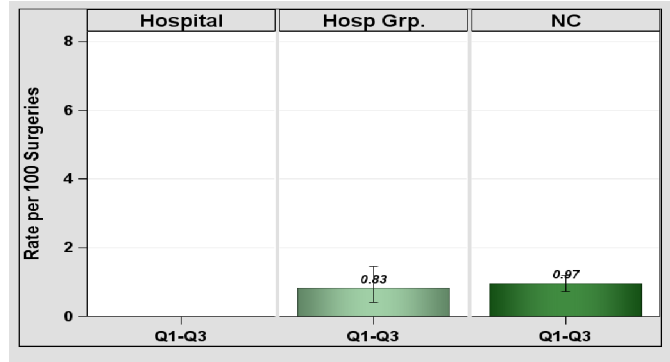


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

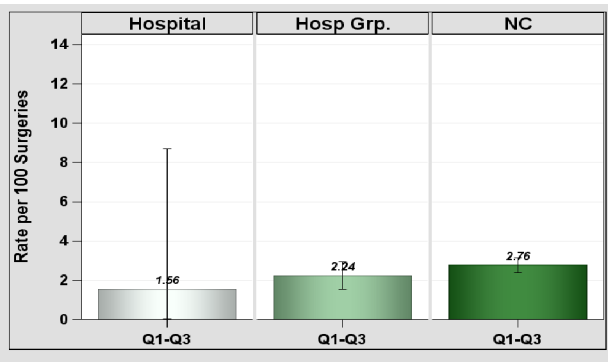


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	1	64	1.56

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

Commentary from Hospitals:

No comments provided.

North Carolina Healthcare-Associated Infections Report

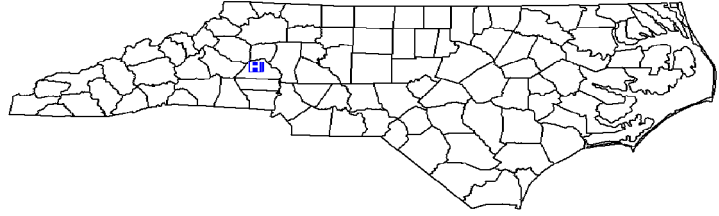
Data from January 1 – September 30, 2014

Catawba Valley Medical Center, Hickory, Catawba County

2013 Hospital Survey Information

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

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

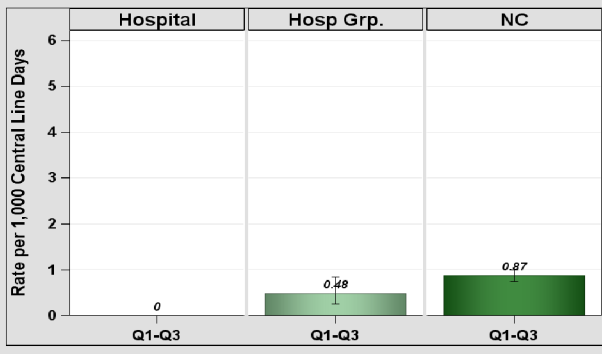


Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	1,712	0

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

Bar Graph Interpretations:

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

Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

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

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	37,576	0

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

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

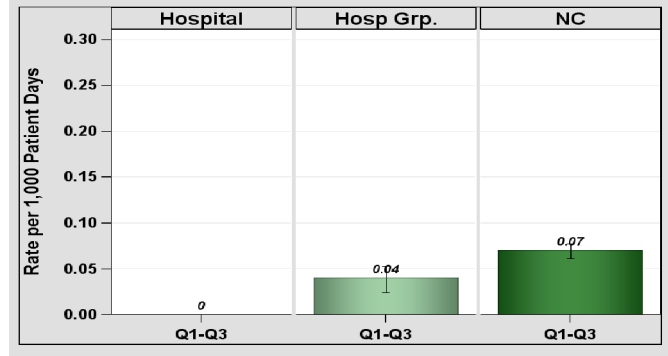


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

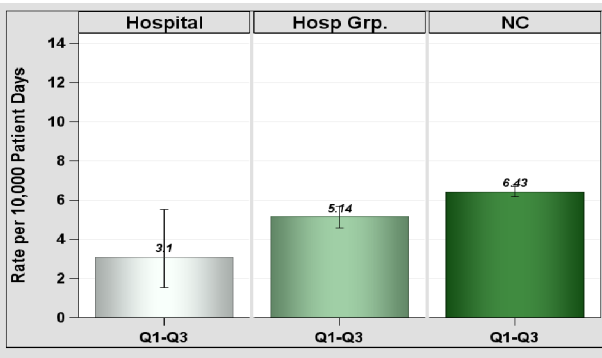


Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	11	35,472	3.1

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

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

Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of January 5, 2015.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
 Catawba Valley Medical Center, Hickory, Catawba County

Catheter-Associated Urinary Tract Infections (CAUTI)

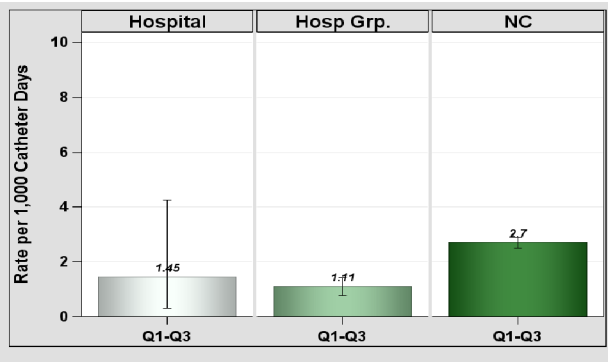


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	3	2,062	1.45

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

Bar Graph Interpretations:

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

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	80	0

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

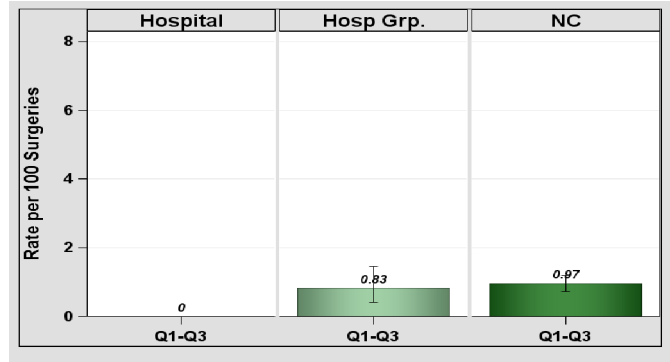


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

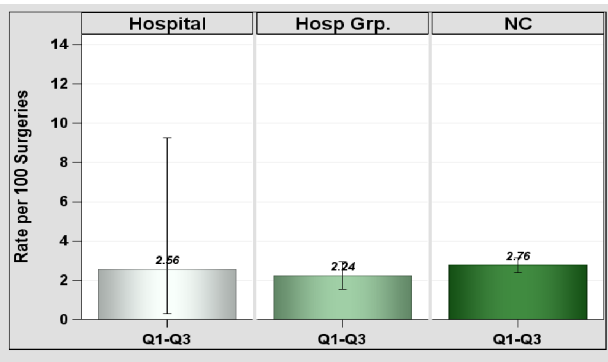


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	2	78	2.56

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

Commentary from Hospitals:

No comments provided.

North Carolina Healthcare-Associated Infections Report

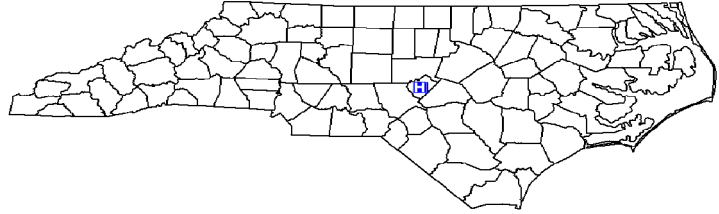
Data from January 1 – September 30, 2014

Central Carolina Hospital, Sanford, Lee County

2013 Hospital Survey Information

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

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

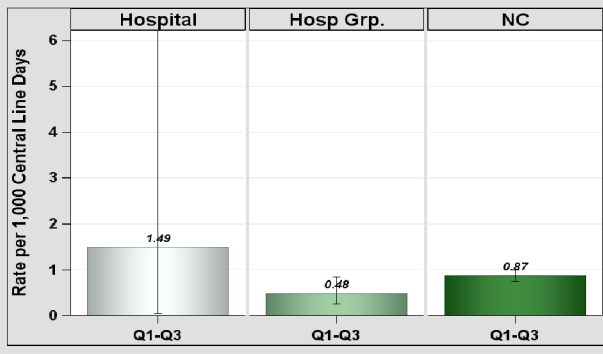


Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	1	672	1.49

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

Bar Graph Interpretations:

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

Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

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

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	1	13,405	0.07

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

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

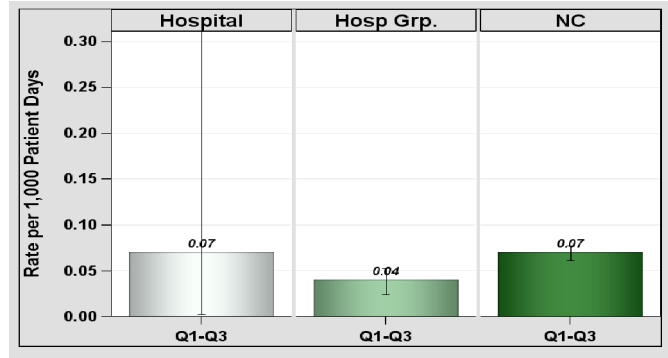


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

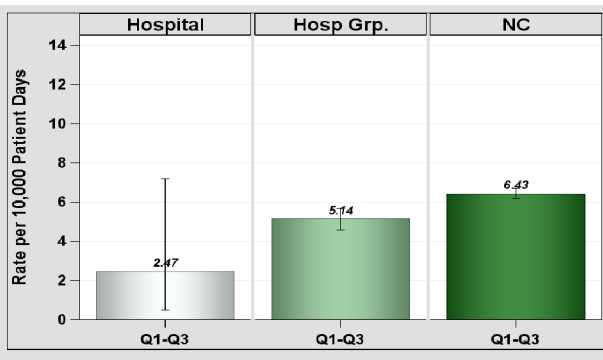


Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	3	12,162	2.47

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

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

Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of January 5, 2015.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
 Central Carolina Hospital, Sanford, Lee County

Catheter-Associated Urinary Tract Infections (CAUTI)

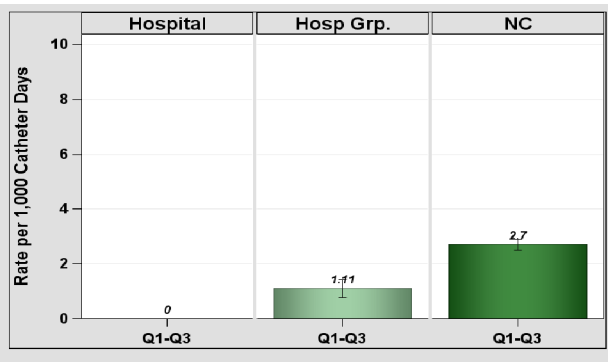


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	1,061	0

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

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.

A comparison to NC hospitals overall was not conducted.

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	31	0

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.

A comparison to NC hospitals overall was not conducted.

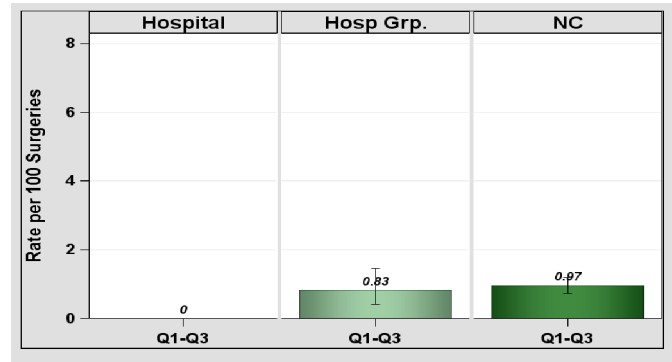


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

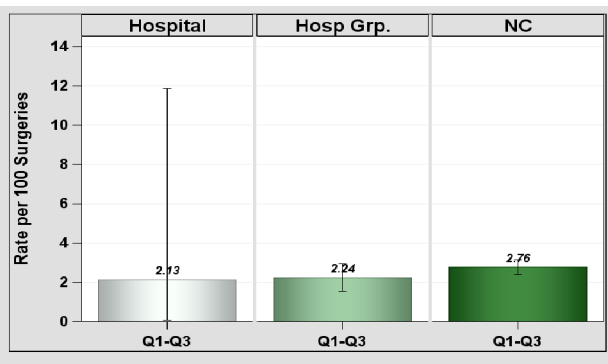


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	1	47	2.13

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.

Hospital rate is not different from NC hospitals overall.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

Commentary from Hospitals:

No comments provided.

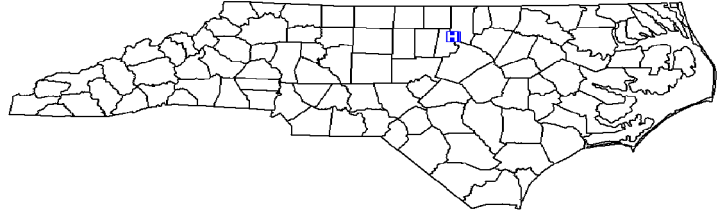
North Carolina Healthcare-Associated Infections Report

Data from January 1 – September 30, 2014

Central Regional Hospital, Butner, Granville County

2013 Hospital Survey Information

Hospital Type: Specialty Acute Care Hospital
 Profit Status: Government
 Admissions in 2013: 1,434
 Patient Days in 2013: 132,280
 Total Number of Beds: 405
 FTE* Infection Preventionists: 1.00
 Number of FTEs* per 100 beds: 0.25



*FTE = Full-time equivalent

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

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

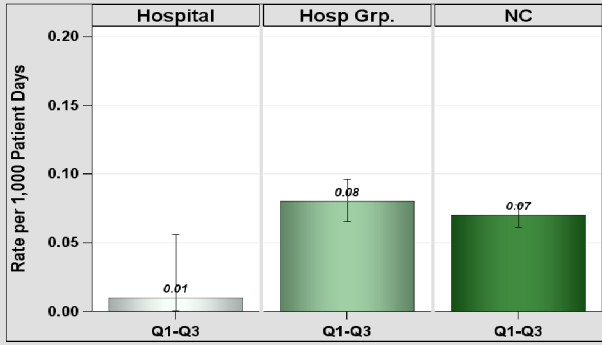


Table 1. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014

Location	Infections	Patient Days	Rate
Facility-wide inpatient	1	99,485	0.01

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

Hospital rate is lower than similarly-sized hospitals.
 Hospital rate is lower than NC hospitals overall.

Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

Table 2. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	1	99,485	0.1

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

Hospital rate is lower than similarly-sized hospitals.
 Hospital rate is lower than NC hospitals overall.

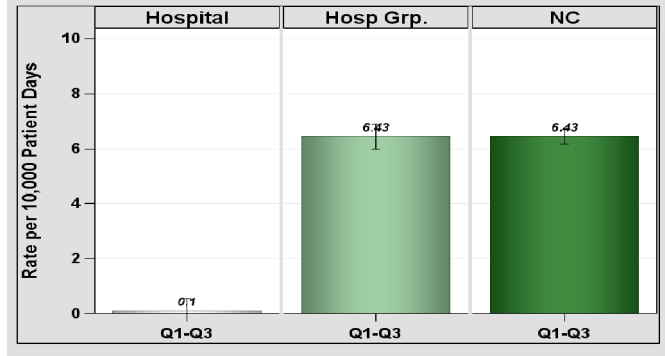


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Other Healthcare-Associated Infections (HAIs)

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

Commentary from Hospitals:
 No comments provided.

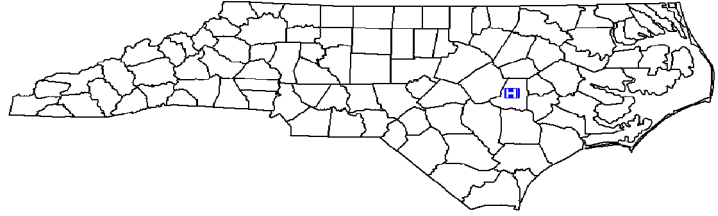
North Carolina Healthcare-Associated Infections Report

Data from January 1 – September 30, 2014

Cherry Hospital, Goldsboro, Wayne County

2013 Hospital Survey Information

Hospital Type: Specialty Acute Care Hospital
 Profit Status: Government
 Admissions in 2013: 932
 Patient Days in 2013: 66,357
 Total Number of Beds: 241
 FTE* Infection Preventionists: 1.00
 Number of FTEs* per 100 beds: 0.41



*FTE = Full-time equivalent

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

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

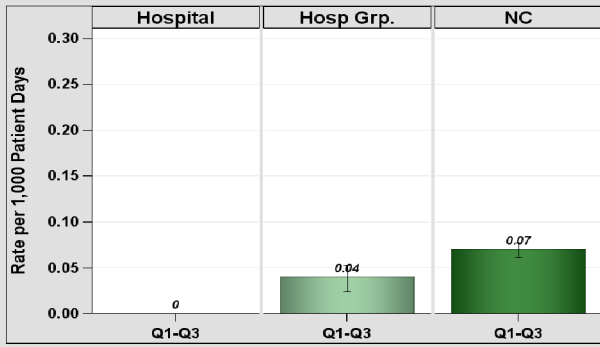


Table 1. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	47,374	0

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

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

Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

Table 2. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	47,374	0

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

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

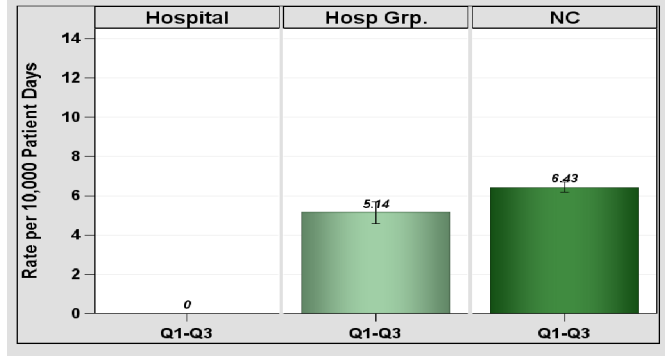


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Other Healthcare-Associated Infections (HAIs)

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

Commentary from Hospitals:
 No comments provided.

North Carolina Healthcare-Associated Infections Report

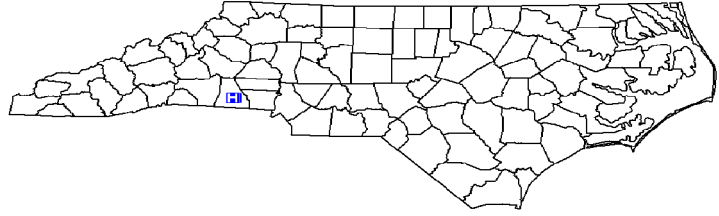
Data from January 1 – September 30, 2014

Cleveland Regional Medical Center, Shelby, Cleveland County

2013 Hospital Survey Information

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

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

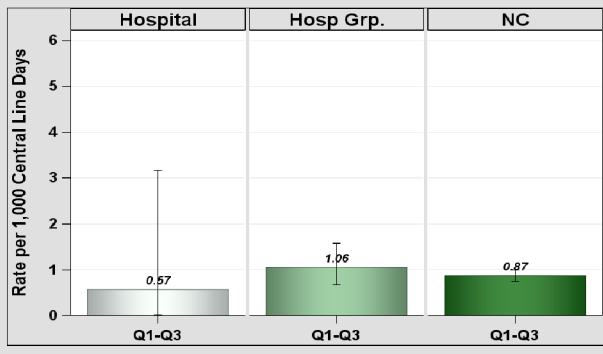


Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	1	1,754	0.57

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

Bar Graph Interpretations:

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

Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

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

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	4	28,449	0.14

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

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

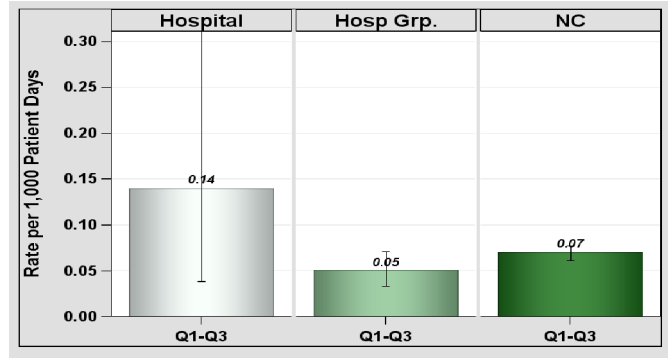


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

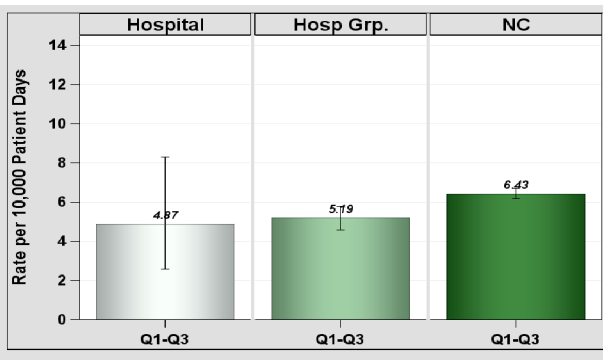


Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	13	26,697	4.87

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

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

Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of January 5, 2015.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
 Cleveland Regional Medical Center, Shelby, Cleveland County

Catheter-Associated Urinary Tract Infections (CAUTI)

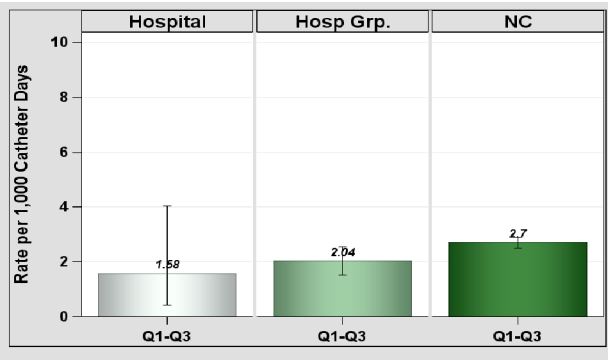


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	4	2,535	1.58

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

Bar Graph Interpretations:

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

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	2	94	2.13

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

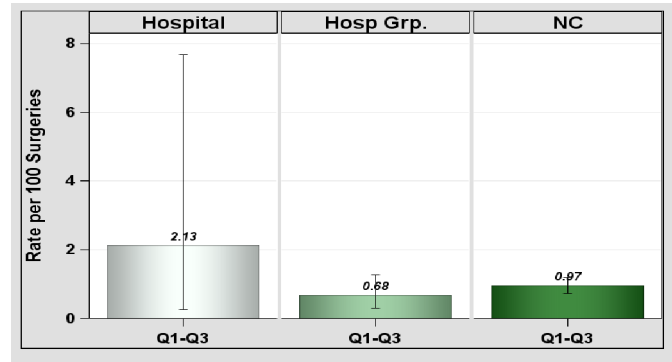


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

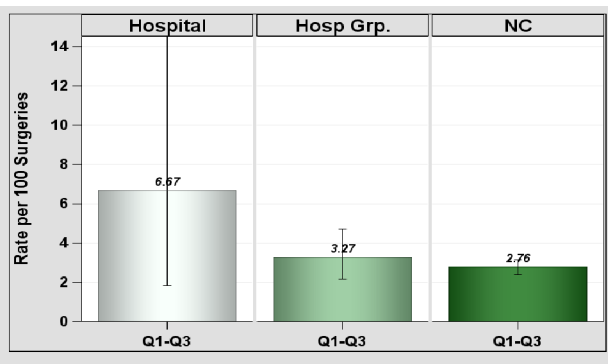


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	4	60	6.67

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

Commentary from Hospitals:

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

North Carolina Healthcare-Associated Infections Report

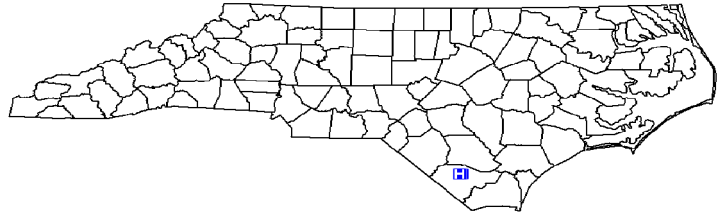
Data from January 1 – September 30, 2014

Columbus Regional Healthcare System, Whiteville, Columbus County

2013 Hospital Survey Information

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

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

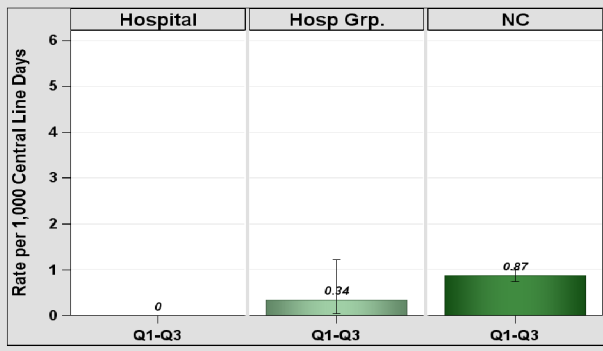


Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	799	0

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

Bar Graph Interpretations:

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

Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

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

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	1	14,601	0.07

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

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

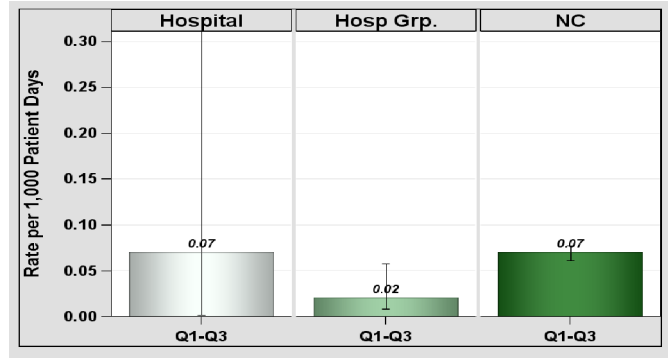


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

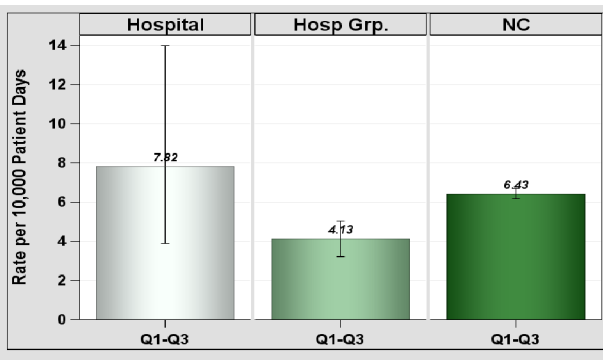


Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	11	14,074	7.82

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

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

Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of January 5, 2015.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
Columbus Regional Healthcare System, Whiteville, Columbus County

Catheter-Associated Urinary Tract Infections (CAUTI)

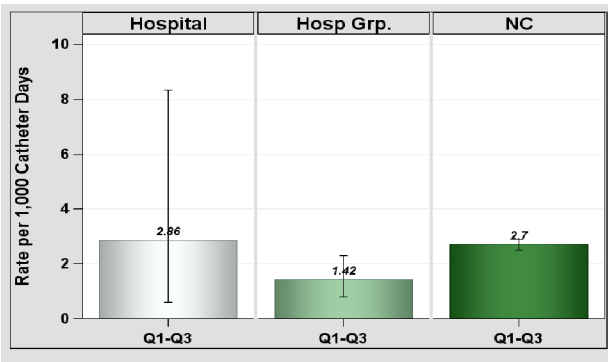


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	3	1,050	2.86

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

Bar Graph Interpretations:

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

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	56	0

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

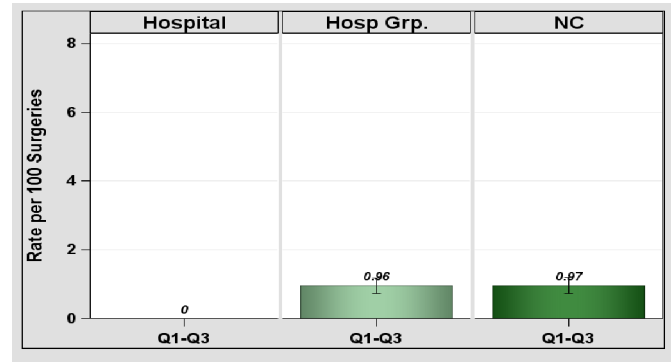


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

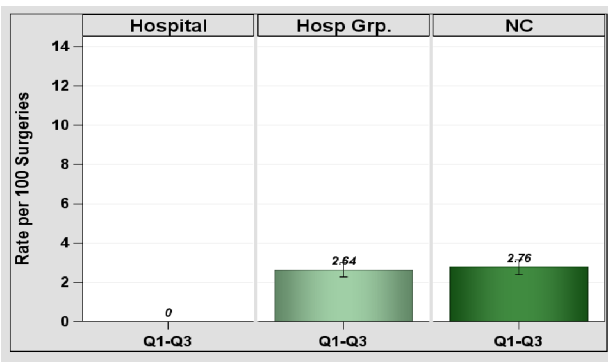


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	0	36	0

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

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.

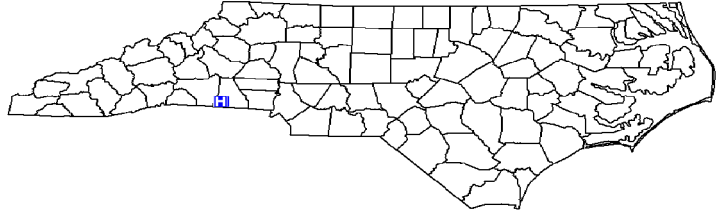
North Carolina Healthcare-Associated Infections Report

Data from January 1 – September 30, 2014

Crawley Memorial Hospital, Shelby, Cleveland County

2013 Hospital Survey Information

Hospital Type:	Long-term Acute Care Hospital
Profit Status:	Not for Profit
Admissions in 2013:	120
Patient Days in 2013:	2,996
Total Number of Beds:	41
FTE* Infection Preventionists:	0.25
Number of FTEs* per 100 beds:	0.61



*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

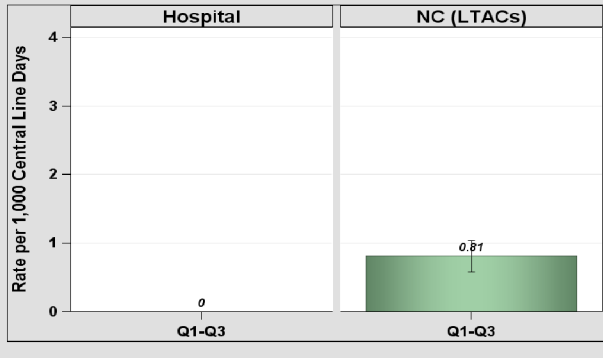


Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

	Infections	Line Days	Rate
Total for Reporting Units	0	2,930	0.00

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

Bar Graph Interpretations:

A comparison to NC long-term acute care hospitals was not conducted.

Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Number of Infections and Rate of CAUTI, Jan-Sep 2014.

	Infections	Catheter Days	Rate
Total for Reporting Units	0	1,426	0.00

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

Bar Graph Interpretations:

A comparison to NC long-term acute care hospitals was not conducted.

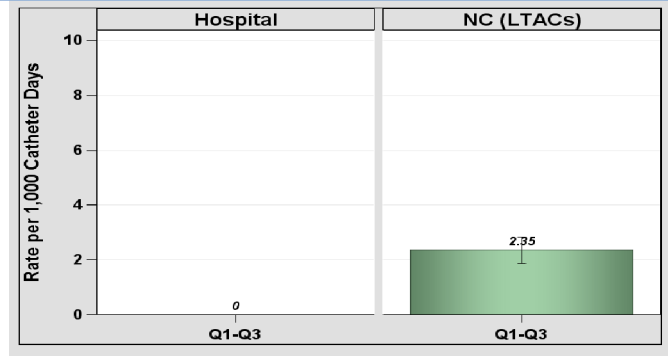


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Other Healthcare-Associated Infections (HAIs)

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

Commentary from Hospitals:

No comments provided.

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

Data as of January 5, 2015.

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

North Carolina Healthcare-Associated Infections Report

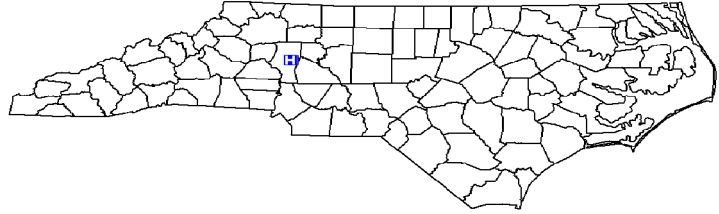
Data from January 1 – September 30, 2014

Davis Regional Medical Center, Statesville, Iredell County

2013 Hospital Survey Information

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

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

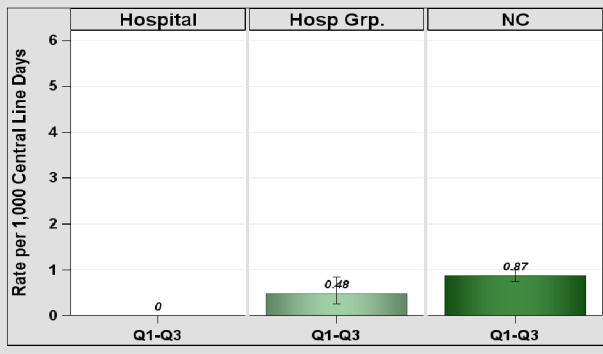


Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	265	0

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

Bar Graph Interpretations:

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

Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

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

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	12,847	0

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

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

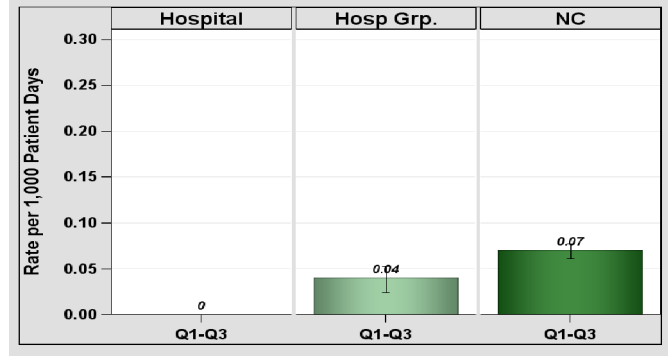


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

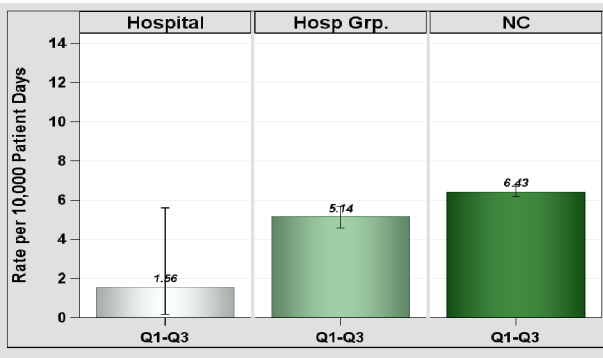


Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	2	12,847	1.56

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

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

Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of January 5, 2015.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
 Davis Regional Medical Center, Statesville, Iredell County

Catheter-Associated Urinary Tract Infections (CAUTI)

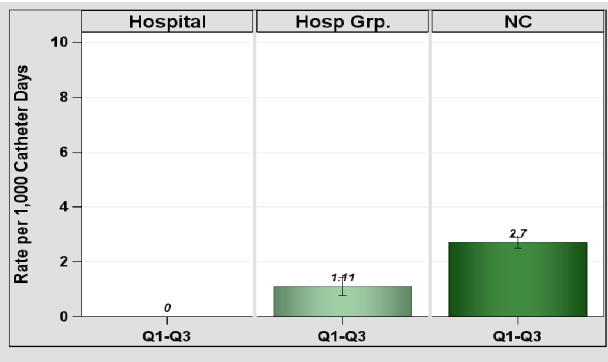


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	566	0

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

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.

A comparison to NC hospitals overall was not conducted.

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	10	.

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.

A comparison to NC hospitals overall was not conducted.

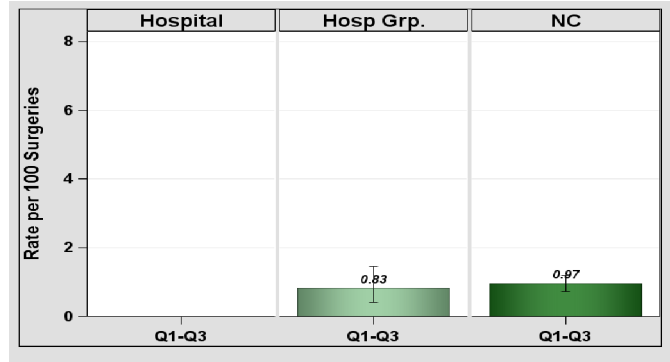


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

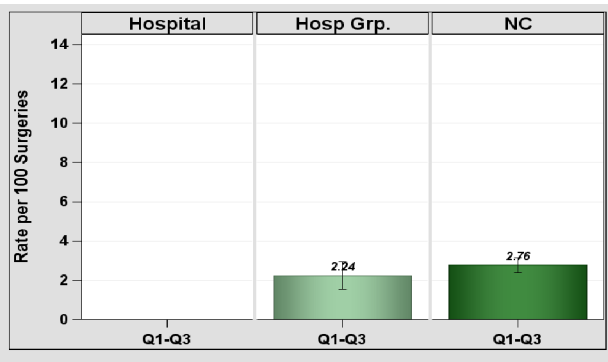


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	1	8	.

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.

A comparison to NC hospitals overall was not conducted.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

Commentary from Hospitals:

No comments provided.

North Carolina Healthcare-Associated Infections Report

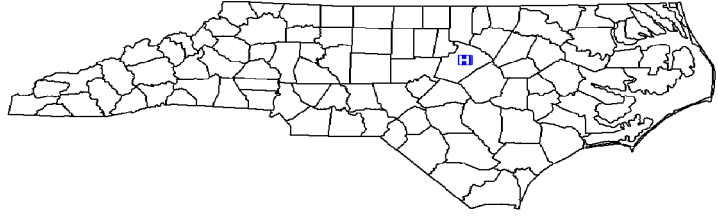
Data from January 1 – September 30, 2014

Duke Raleigh Hospital, Raleigh, Wake County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: No
 Profit Status: Not for Profit
 Admissions in 2013: 7,832
 Patient Days in 2013: 39,088
 Total Number of Beds: 148
 Number of ICU Beds: 15
 FTE* Infection Preventionists: 2.00
 Number of FTEs* per 100 beds: 1.35

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

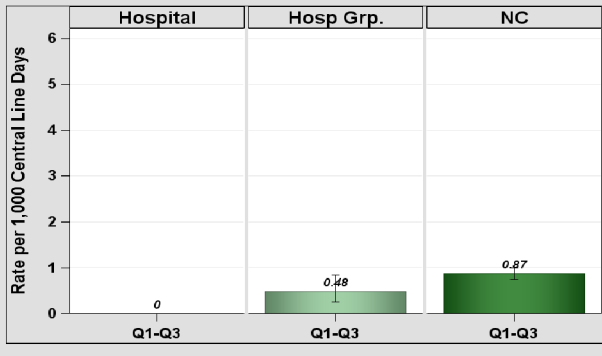


Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	941	0

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

Bar Graph Interpretations:

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

Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

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

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	2	28,841	0.07

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

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

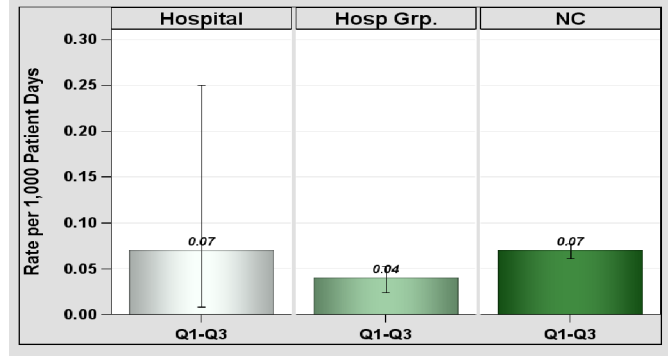


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

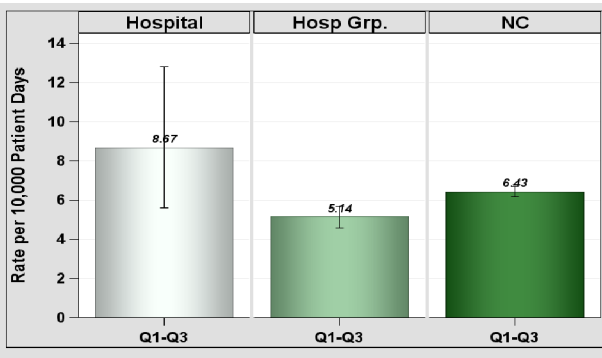


Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	25	28,841	8.67

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

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

Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of January 5, 2015.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
 Duke Raleigh Hospital, Raleigh, Wake County

Catheter-Associated Urinary Tract Infections (CAUTI)

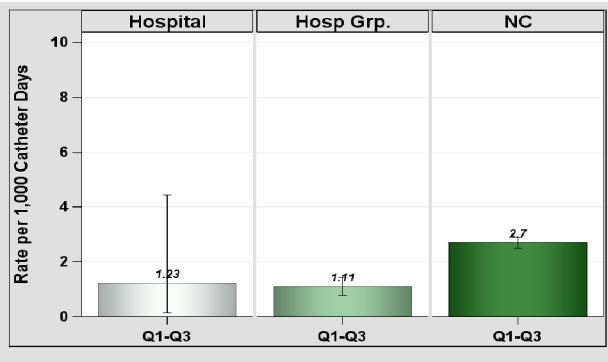


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	2	1,627	1.23

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

Bar Graph Interpretations:

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

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	58	0

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

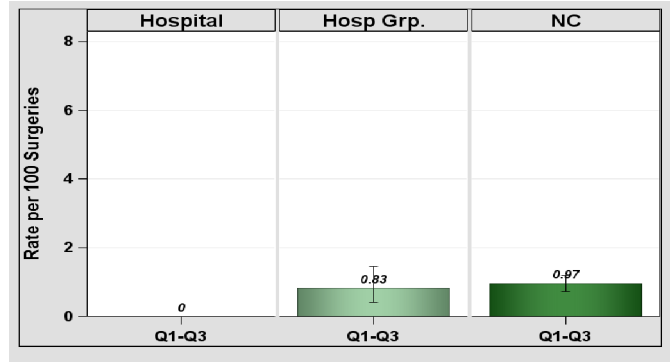


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

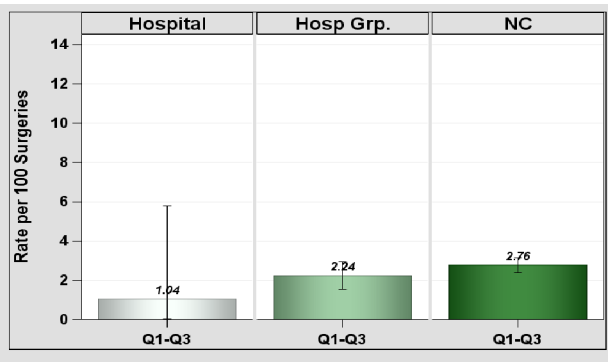


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	1	96	1.04

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

Commentary from Hospitals:

No comments provided.

North Carolina Healthcare-Associated Infections Report

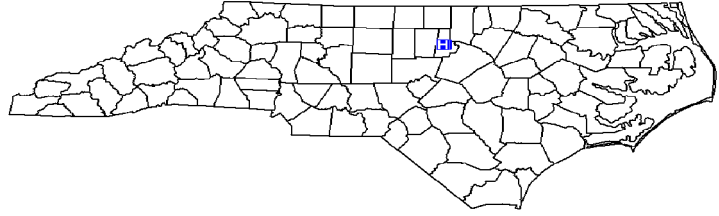
Data from January 1 – September 30, 2014

Duke Regional Hospital, Durham, Durham County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: Major
 Profit Status: Not for Profit
 Admissions in 2013: 15,973
 Patient Days in 2013: 75,194
 Total Number of Beds: 204
 Number of ICU Beds: 22
 FTE* Infection Preventionists: 2.50
 Number of FTEs* per 100 beds: 1.23

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

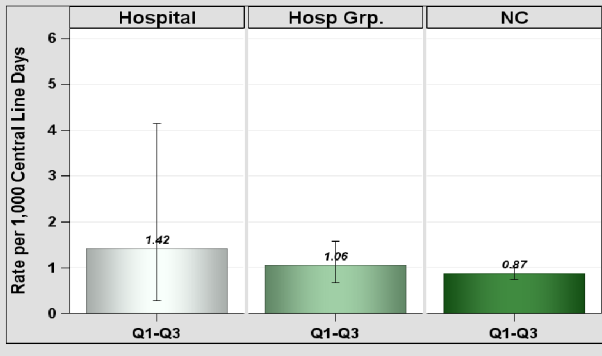


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	3	2,116	1.42

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

Bar Graph Interpretations:

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

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

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	3	52,468	0.06

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

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

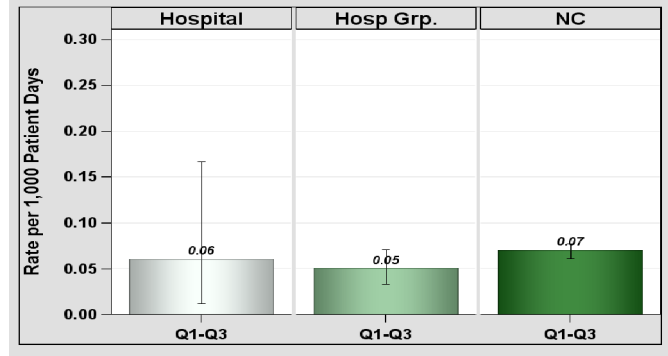


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

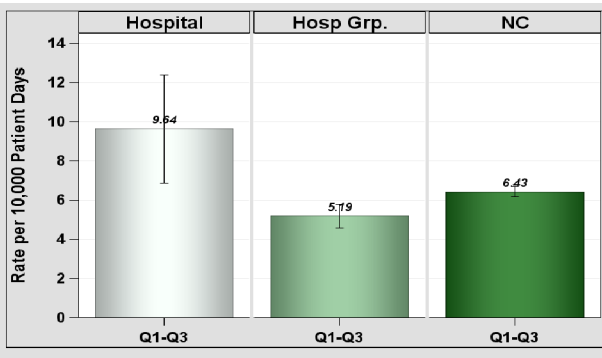


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	47	48,771	9.64

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

Hospital rate is higher than similarly-sized hospitals.
 Hospital rate is higher than NC hospitals overall.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
 Duke Regional Hospital, Durham, Durham County

Catheter-Associated Urinary Tract Infections (CAUTI)

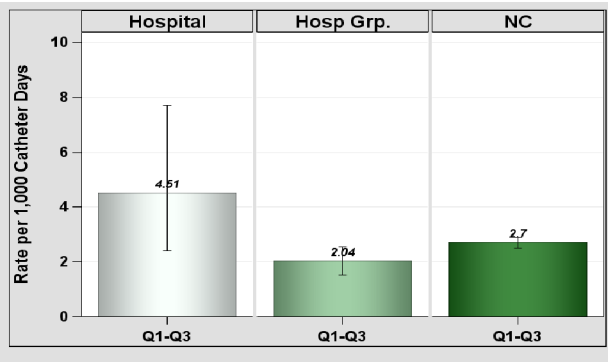


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	13	2,881	4.51

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

Bar Graph Interpretations:

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

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	2	228	0.88

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

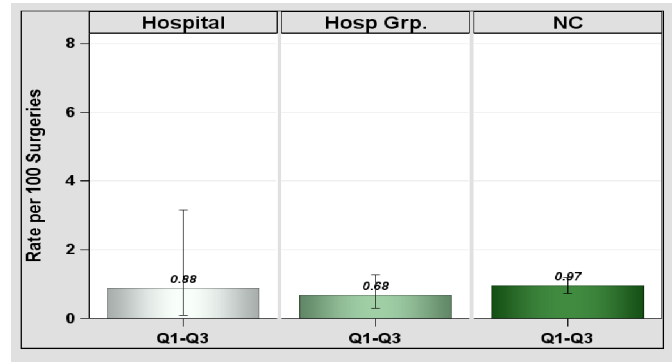


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

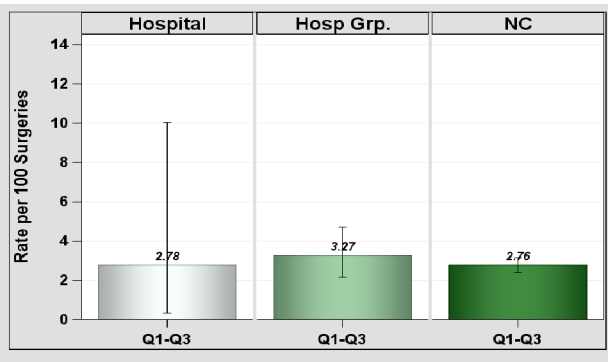


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	2	72	2.78

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

Commentary from Hospitals:

No comments provided.

North Carolina Healthcare-Associated Infections Report

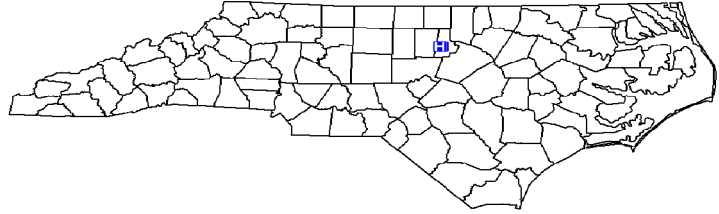
Data from January 1 – September 30, 2014

Duke University Hospital, Durham, Durham County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: Major
 Profit Status: Not for Profit
 Admissions in 2013: 41,812
 Patient Days in 2013: 246,983
 Total Number of Beds: 915
 Number of ICU Beds: 226
 FTE* Infection Preventionists: 1.00
 Number of FTEs* per 100 beds: 0.11

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

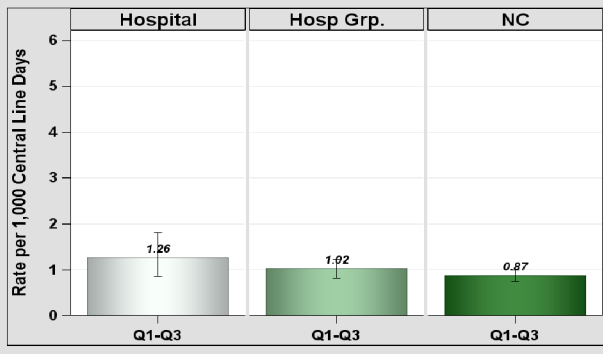


Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	30	23,749	1.26

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

Bar Graph Interpretations:

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

Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

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

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	24	237,324	0.1

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

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

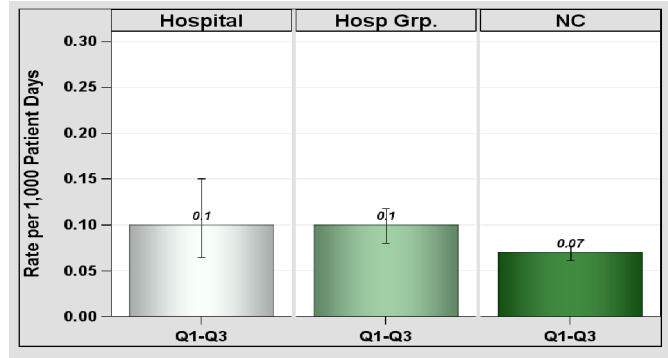


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

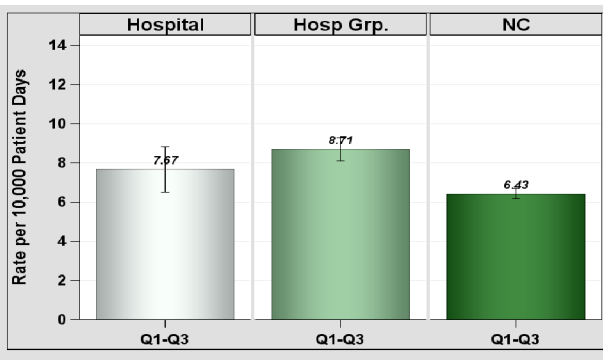


Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	170	221,568	7.67

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

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

Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of January 5, 2015.

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

N.C. HAI Quarterly Report (Consumer Version) - January 2015

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
Duke University Hospital, Durham, Durham County

Catheter-Associated Urinary Tract Infections (CAUTI)

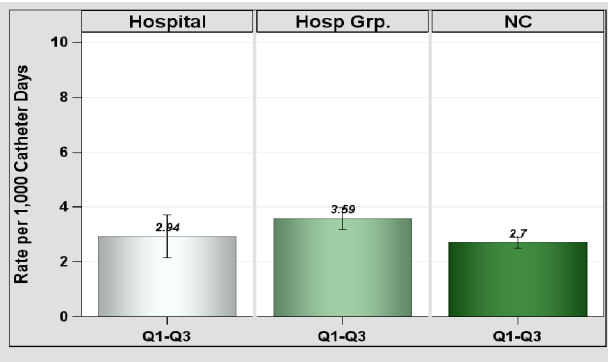


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	55	18,731	2.94

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

Bar Graph Interpretations:

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

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	1	289	0.35

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

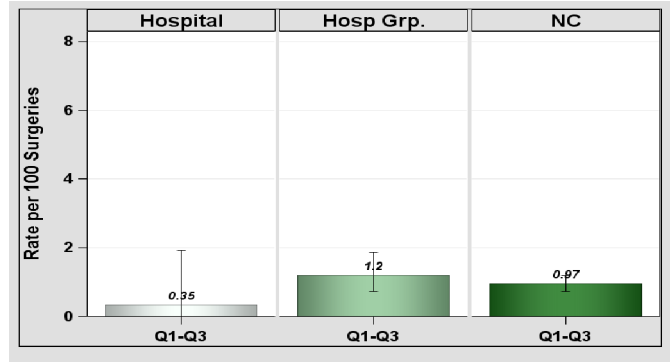


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

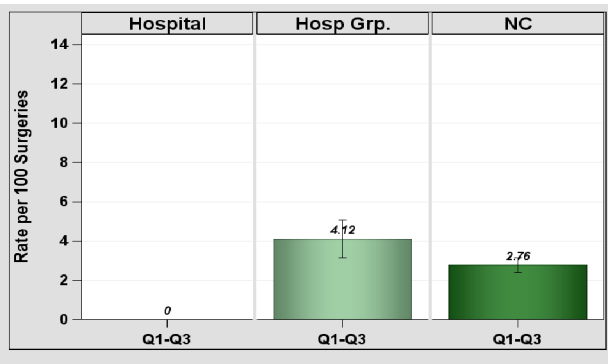


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	0	223	0

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

Commentary from Hospitals:

No comments provided.

North Carolina Healthcare-Associated Infections Report

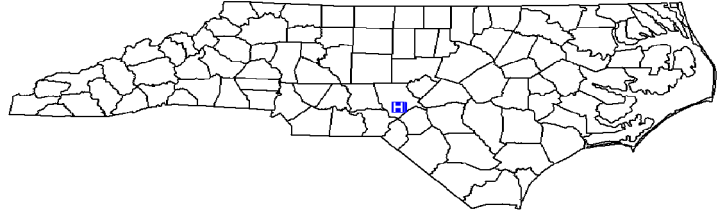
Data from January 1 – September 30, 2014

FirstHealth Moore Regional Hospital, Pinehurst, Moore County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	26,666
Patient Days in 2013:	108,981
Total Number of Beds:	470
Number of ICU Beds:	62
FTE* Infection Preventionists:	4.00
Number of FTEs* per 100 beds:	0.85

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

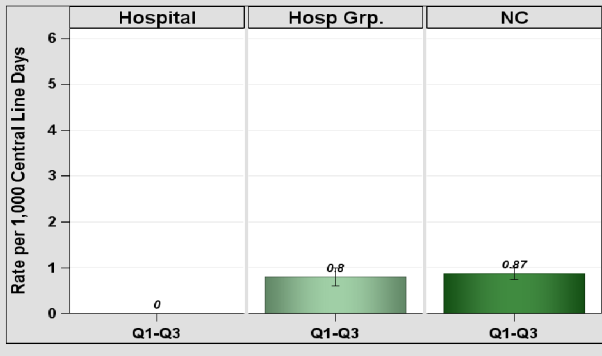


Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	4,101	0

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

Bar Graph Interpretations:

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

Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

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

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	7	80,023	0.09

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

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

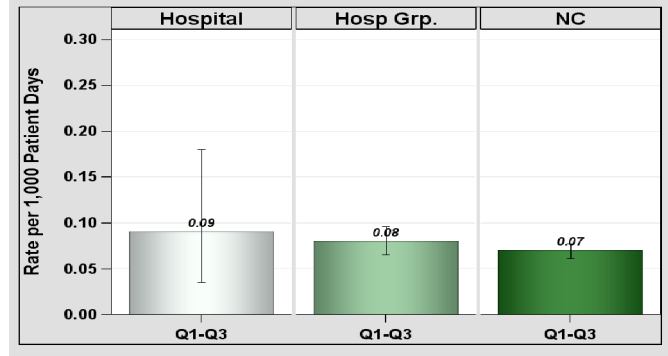


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

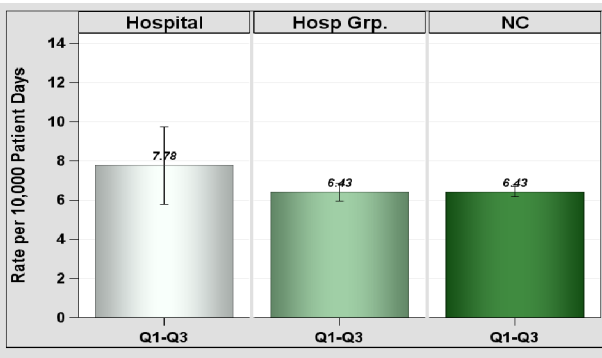


Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	59	75,867	7.78

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

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

Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of January 5, 2015.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
 FirstHealth Moore Regional Hospital, Pinehurst, Moore County

Catheter-Associated Urinary Tract Infections (CAUTI)

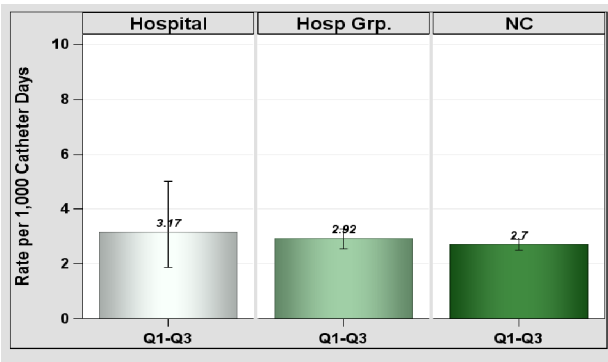


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	18	5,686	3.17

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

Bar Graph Interpretations:

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

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	63	0

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

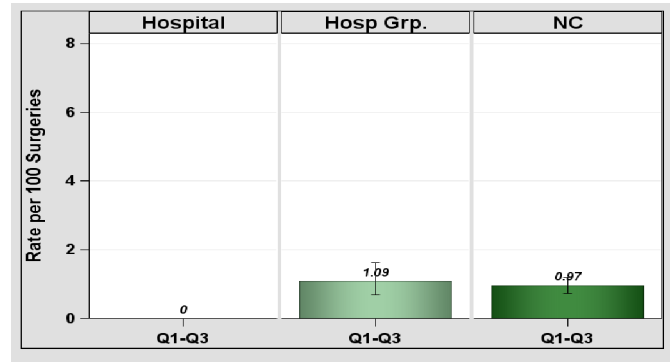


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

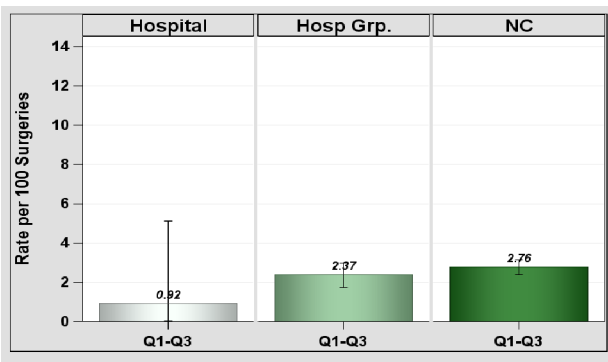


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	1	109	0.92

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

Commentary from Hospitals:

Over the past year, FirstHealth has strived to continue to reduce our infections by continuing to educate staff on infection prevention, emphasizing hand hygiene, and following all evidence based practices to reduce infections. We have worked to decrease use of urinary catheters and worked with our operating room to assure all measures are taken to prevent surgical site infections such as appropriate use of antibiotics. We are also participating in the Partnership for Patients Collaborative with the North Carolina Quality Center.

North Carolina Healthcare-Associated Infections Report

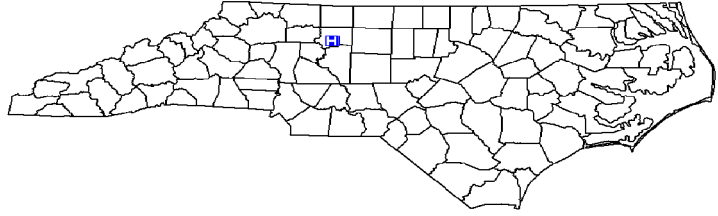
Data from January 1 – September 30, 2014

Forsyth Medical Center, Winston Salem, Forsyth County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: No
 Profit Status: Not for Profit
 Admissions in 2013: 41,421
 Patient Days in 2013: 235,066
 Total Number of Beds: 913
 Number of ICU Beds: 132
 FTE* Infection Preventionists: 5.00
 Number of FTEs* per 100 beds: 0.55

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

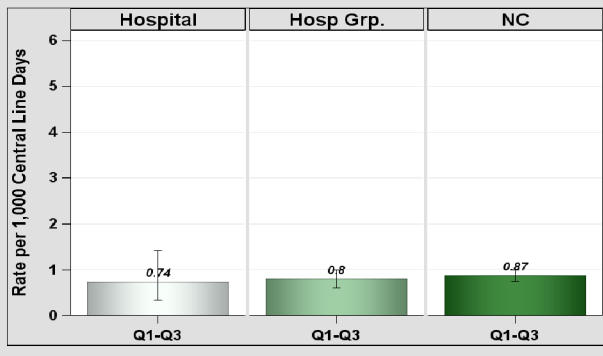


Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	9	12,107	0.74

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

Bar Graph Interpretations:

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

Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

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

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	21	177,360	0.12

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

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

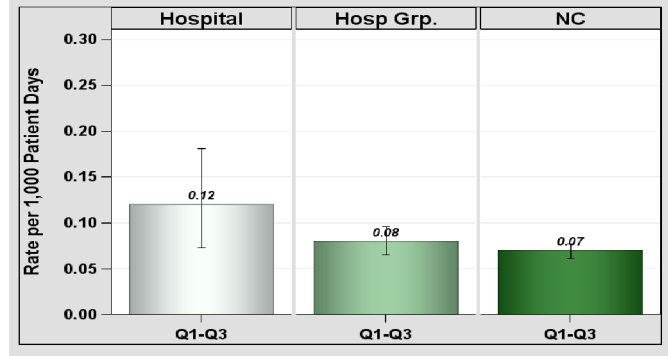


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

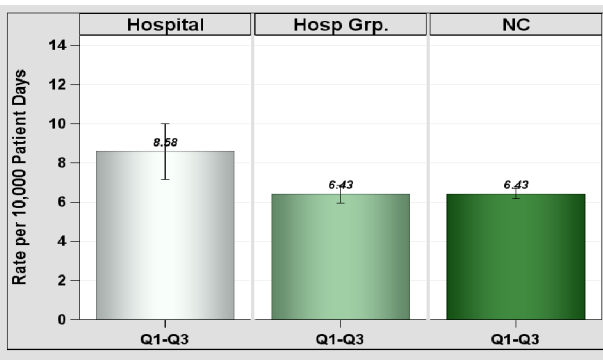


Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	142	165,592	8.58

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

Hospital rate is higher than similarly-sized hospitals.
 Hospital rate is higher than NC hospitals overall.

Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of January 5, 2015.

North Carolina Healthcare-Associated Infections Report

Data from January 1 – September 30, 2014

Forsyth Medical Center, Winston Salem, Forsyth County

Catheter-Associated Urinary Tract Infections (CAUTI)

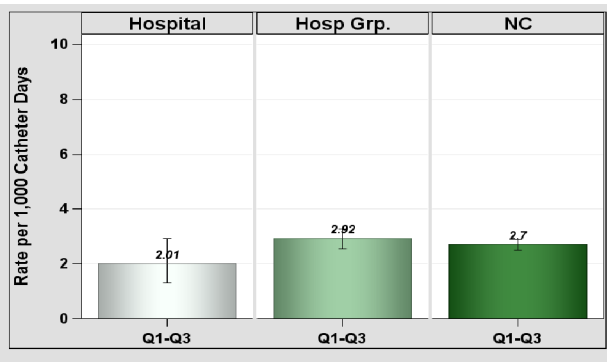


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	26	12,963	2.01

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

Bar Graph Interpretations:

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

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	4	111	3.6

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

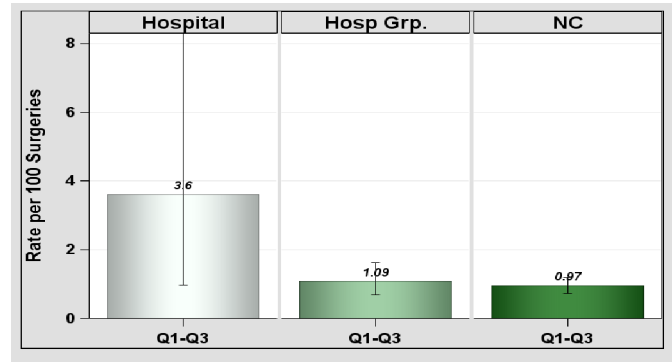


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

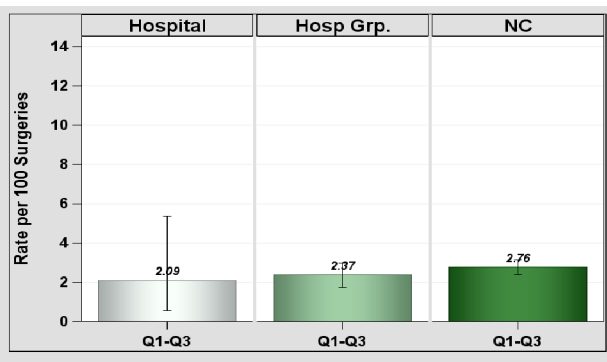


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	4	191	2.09

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

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

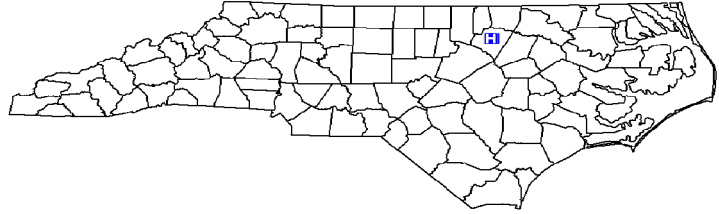
Data from January 1 – September 30, 2014

Franklin Regional Medical Center, Louisburg, Franklin County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: No
 Profit Status: Not for Profit
 Admissions in 2013: 1,387
 Patient Days in 2013: 4,539
 Total Number of Beds: 70
 Number of ICU Beds: 6
 FTE* Infection Preventionists: 0.50
 Number of FTEs* per 100 beds: 0.71

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

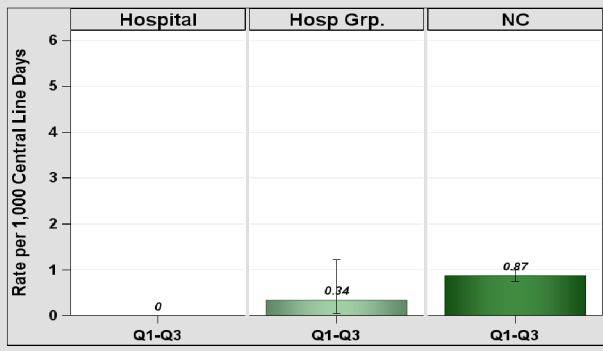


Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	134	0

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

Bar Graph Interpretations:

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

Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

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

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	4,073	0

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

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

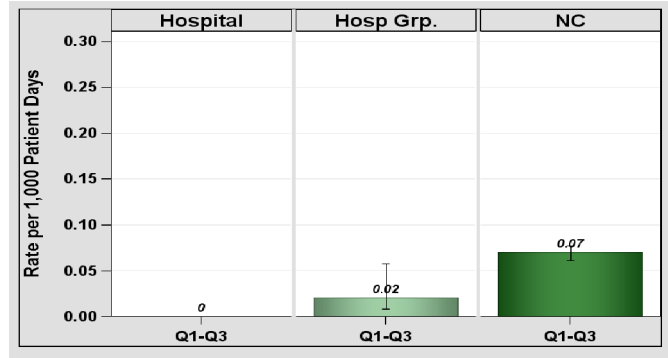


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

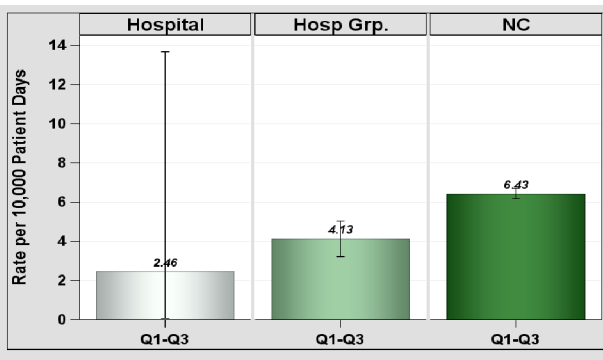


Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	1	4,073	2.46

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

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

Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of January 5, 2015.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
 Franklin Regional Medical Center, Louisburg, Franklin County

Catheter-Associated Urinary Tract Infections (CAUTI)

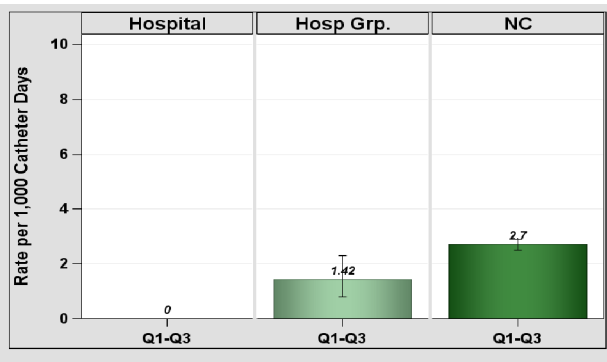


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	258	0

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

Bar Graph Interpretations:

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

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	0	.

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

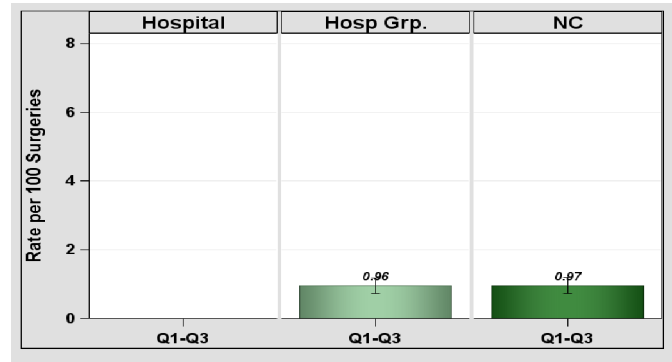


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

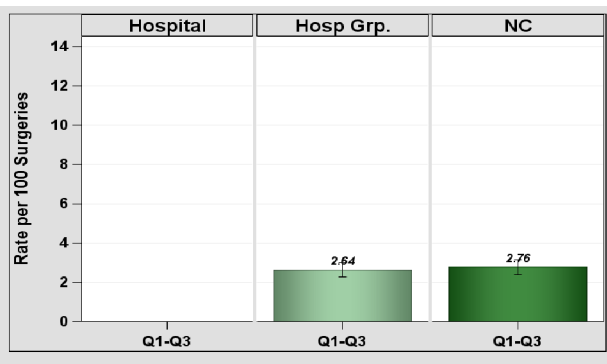


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	0	1	.

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

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

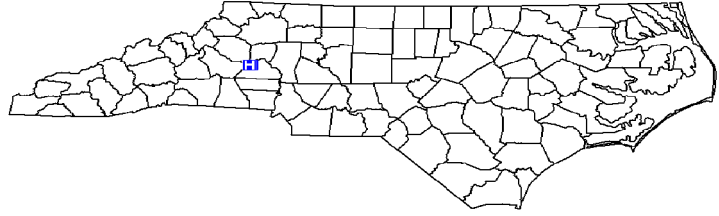
Data from January 1 – September 30, 2014

Frye Regional Medical Center, Hickory, Catawba County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: No
 Profit Status: For Profit
 Admissions in 2013: 9,096
 Patient Days in 2013: 36,658
 Total Number of Beds: 355
 Number of ICU Beds: 24
 FTE* Infection Preventionists: 1.90
 Number of FTEs* per 100 beds: 0.54

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

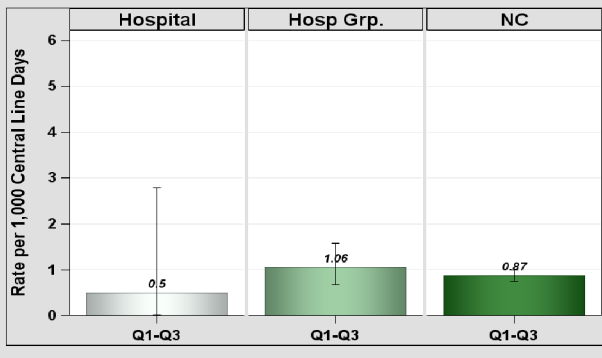


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	1	1,991	0.5

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

Bar Graph Interpretations:

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

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

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	27,622	0

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

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

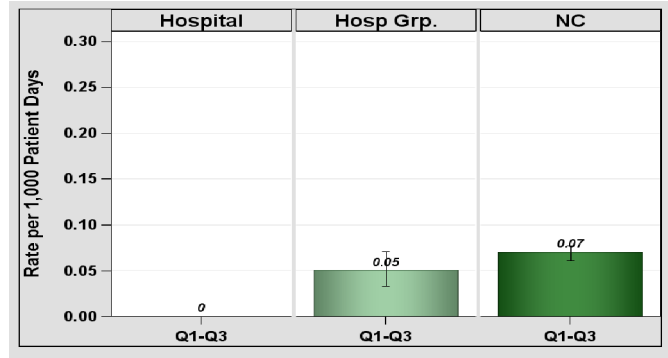


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

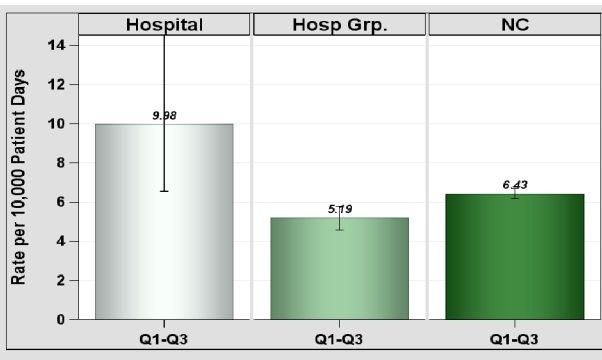


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	27	27,061	9.98

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
 Frye Regional Medical Center, Hickory, Catawba County

Catheter-Associated Urinary Tract Infections (CAUTI)

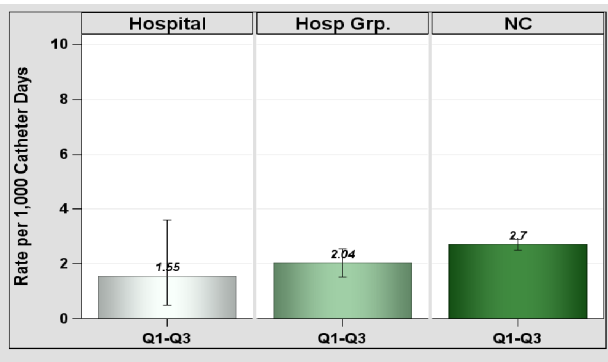


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	5	3,227	1.55

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

Bar Graph Interpretations:

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

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	53	0

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

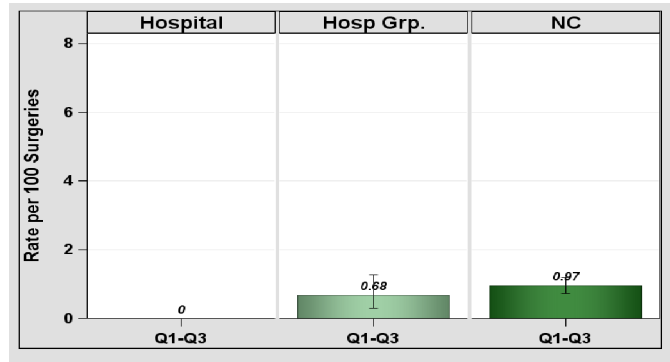


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

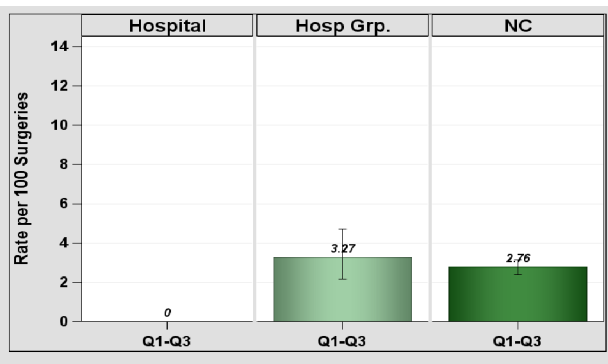


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	0	77	0

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

Commentary from Hospitals:

FRMC has zero central line blood stream infections. We implemented an alcohol impregnated port protector that guards against infection by keeping the needless valves of central lines protected and clean. Foley catheter related urinary tract infection is a challenge and we continue to work on removing the catheter when not necessary. Our commitment to the prevention of infections is a goal we take very seriously. Our commitment to our community to make certain our processes and policies are in line with achieving zero infections.

North Carolina Healthcare-Associated Infections Report

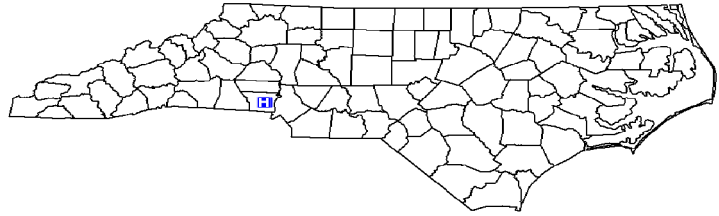
Data from January 1 – September 30, 2014

Gaston Memorial Hospital, Gastonia, Gaston County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	20,495
Patient Days in 2013:	101,051
Total Number of Beds:	402
Number of ICU Beds:	44
FTE* Infection Preventionists:	4.00
Number of FTEs* per 100 beds:	1.00

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

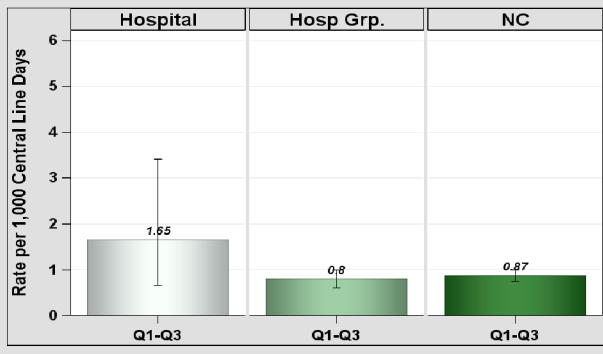


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	7	4,231	1.65

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

Bar Graph Interpretations:

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

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

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	4	68,643	0.06

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

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

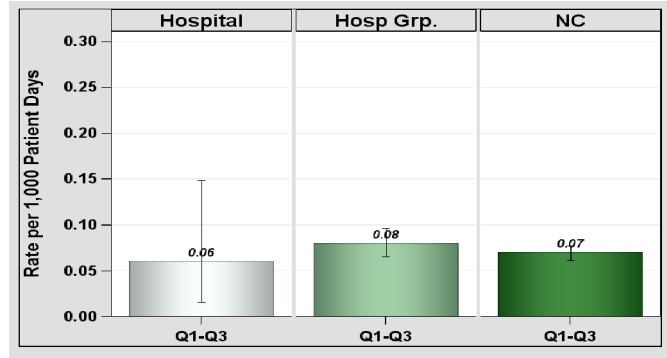


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

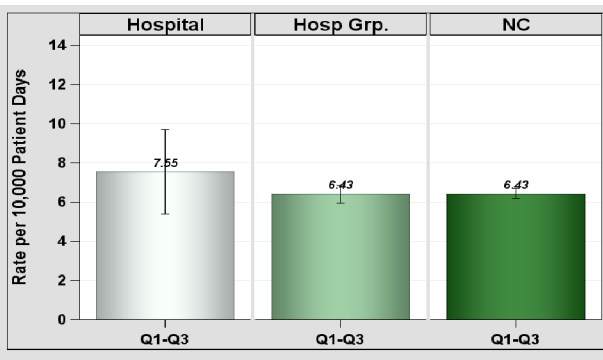


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	47	62,284	7.55

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
Gaston Memorial Hospital, Gastonia, Gaston County

Catheter-Associated Urinary Tract Infections (CAUTI)

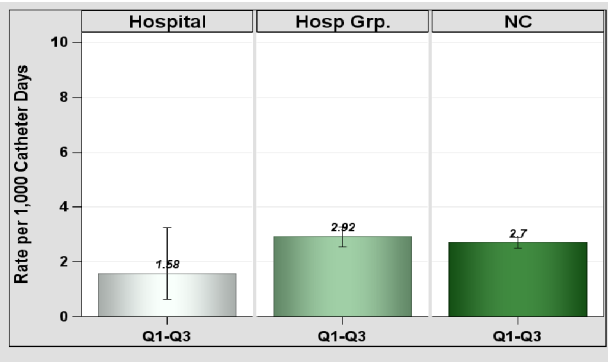


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	7	4,436	1.58

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

Bar Graph Interpretations:

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

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	105	0

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

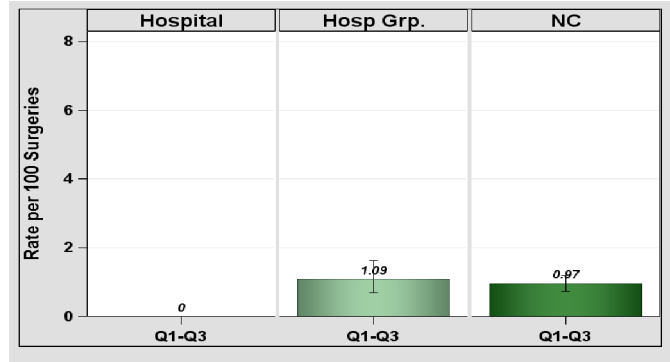


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

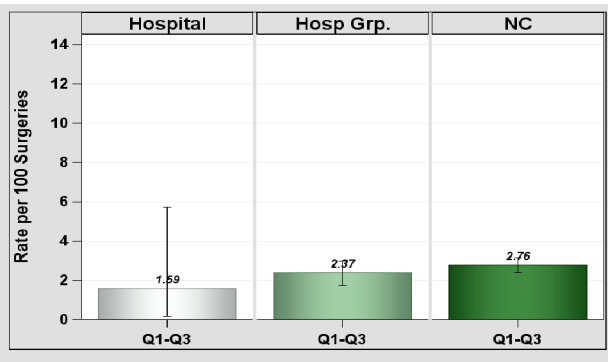


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	2	126	1.59

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

Commentary from Hospitals:

No comments provided.

North Carolina Healthcare-Associated Infections Report

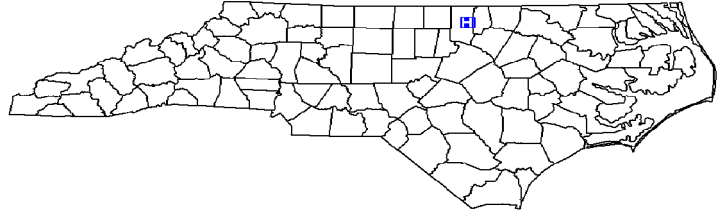
Data from January 1 – September 30, 2014

Granville Medical Center, Oxford, Granville County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: No
 Profit Status: Government
 Admissions in 2013: 4,210
 Patient Days in 2013: 12,345
 Total Number of Beds: 62
 Number of ICU Beds: 6
 FTE* Infection Preventionists: 0.50
 Number of FTEs* per 100 beds: 0.81

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

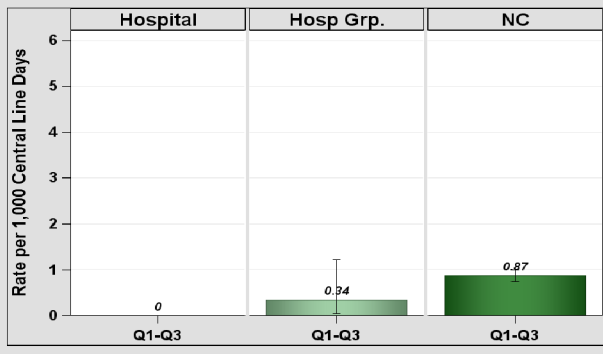


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	465	0

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

Bar Graph Interpretations:

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

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

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	6,709	0

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

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

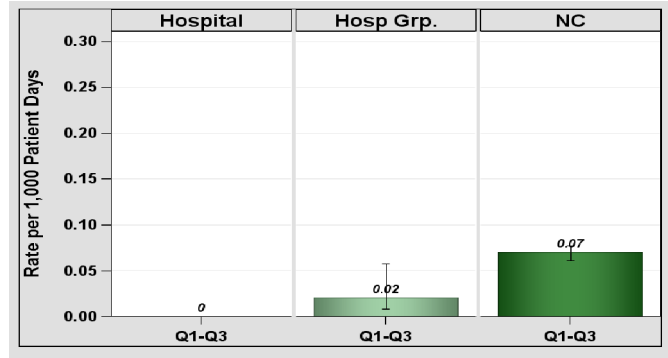


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

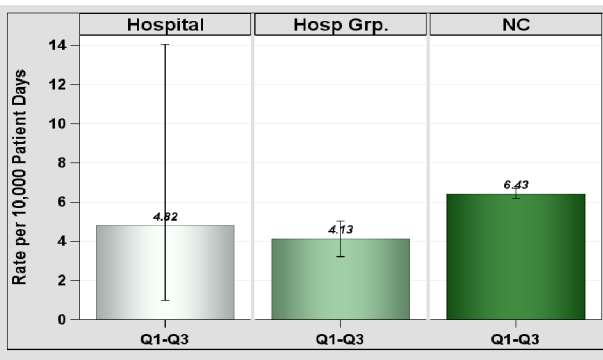


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	3	6,230	4.82

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
 Granville Medical Center, Oxford, Granville County

Catheter-Associated Urinary Tract Infections (CAUTI)

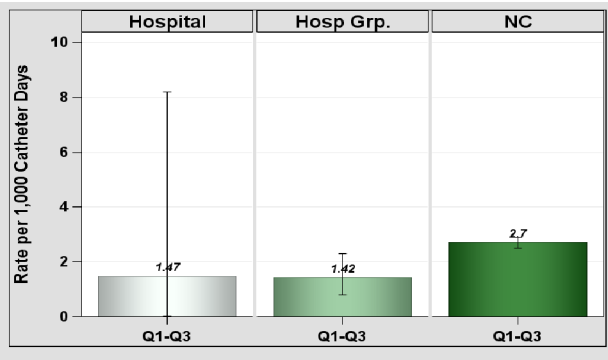


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	1	680	1.47

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

Bar Graph Interpretations:

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

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	12	.

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

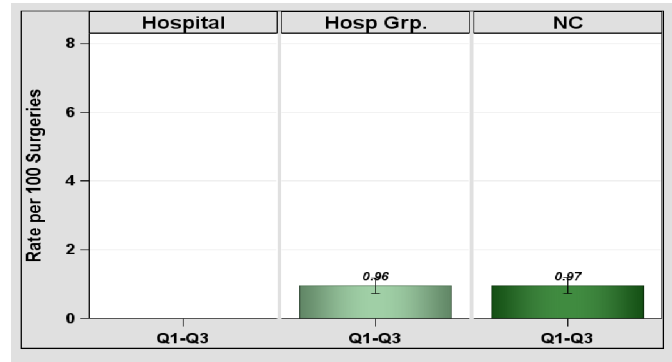


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

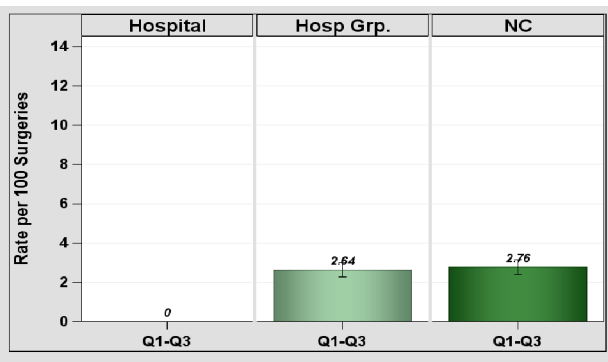


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	0	21	0

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

Commentary from Hospitals:

No comments provided.

North Carolina Healthcare-Associated Infections Report

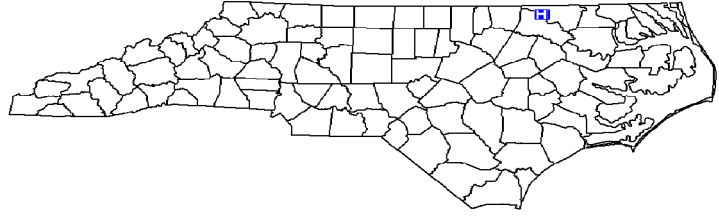
Data from January 1 – September 30, 2014

Halifax Regional Medical Center, Roanoke Rapids, Halifax County

2013 Hospital Survey Information

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

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

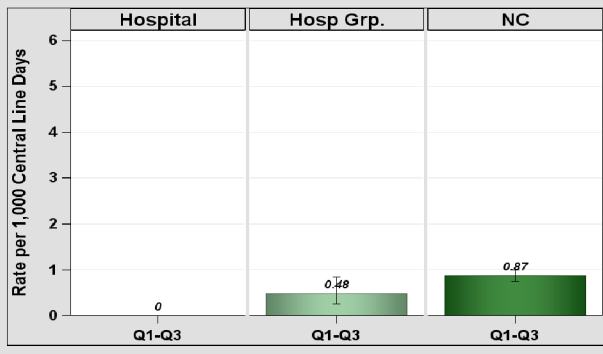


Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	308	0

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

Bar Graph Interpretations:

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

Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

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

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	15,187	0

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

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

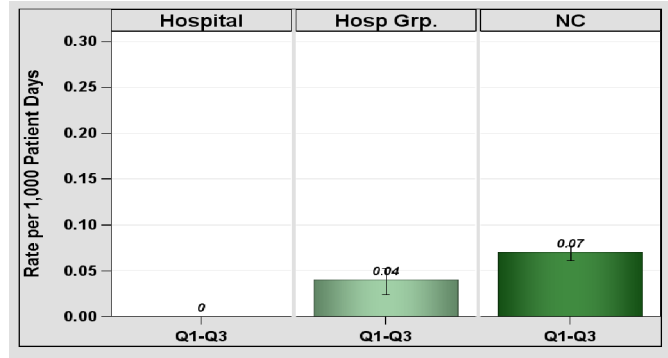


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

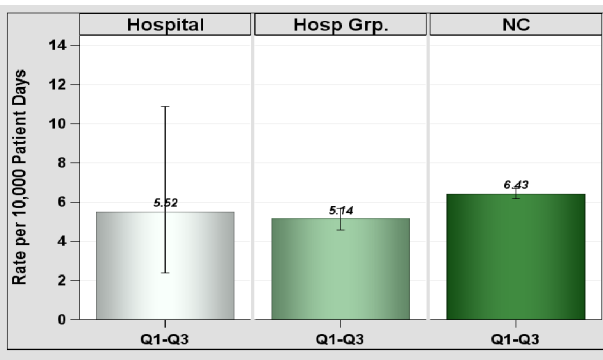


Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	8	14,490	5.52

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

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

Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of January 5, 2015.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
 Halifax Regional Medical Center, Roanoke Rapids, Halifax County

Catheter-Associated Urinary Tract Infections (CAUTI)

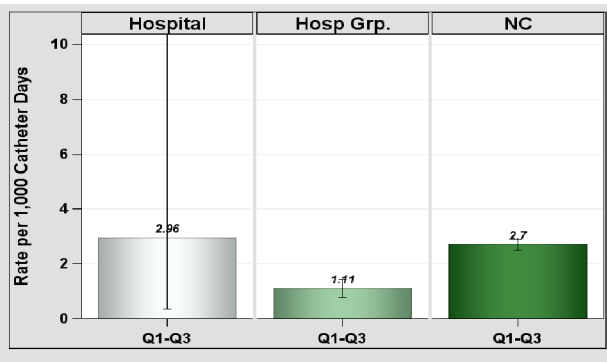


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	2	675	2.96

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

Bar Graph Interpretations:

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

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	1	45	2.22

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

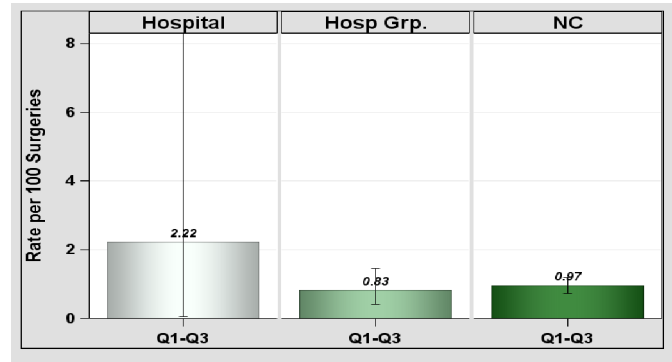


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

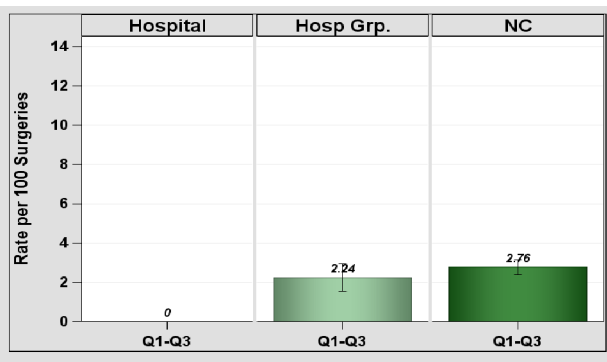


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	0	35	0

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

Commentary from Hospitals:

No comments provided.

North Carolina Healthcare-Associated Infections Report

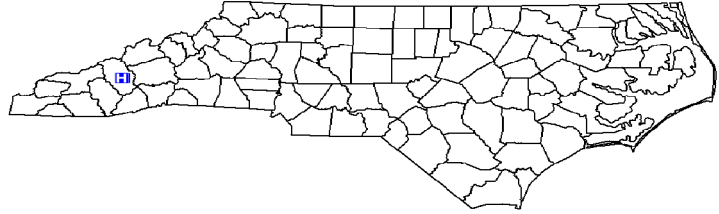
Data from January 1 – September 30, 2014

Haywood Regional Medical Center, Clyde, Haywood County

2013 Hospital Survey Information

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

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

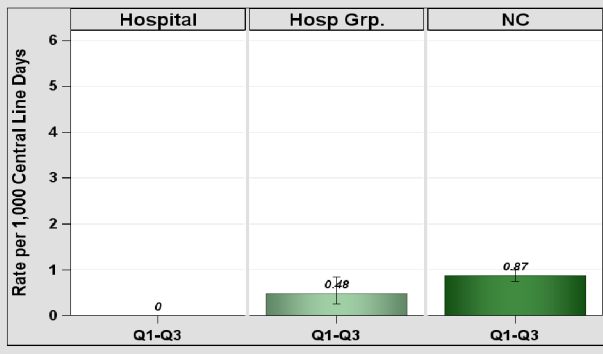


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	291	0

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

Bar Graph Interpretations:

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

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

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	1	15,583	0.06

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

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

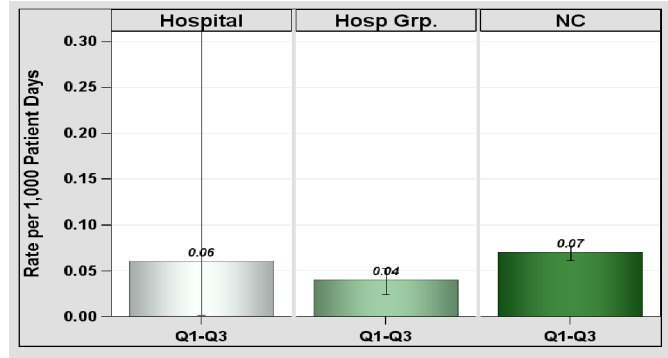


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

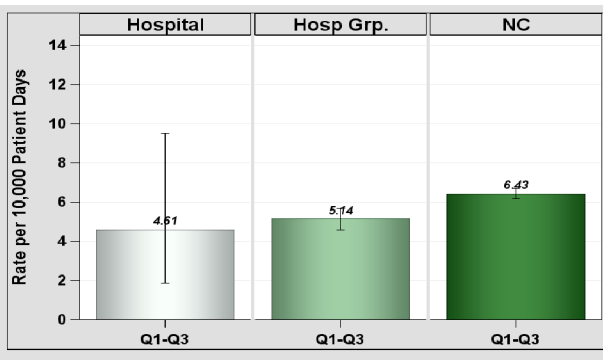


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	7	15,192	4.61

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
 Haywood Regional Medical Center, Clyde, Haywood County

Catheter-Associated Urinary Tract Infections (CAUTI)

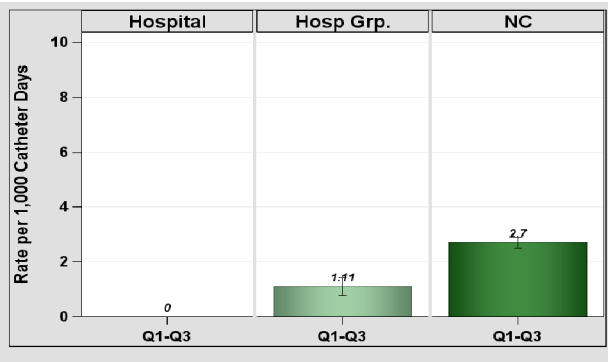


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	603	0

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

Bar Graph Interpretations:

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

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	1	18	.

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

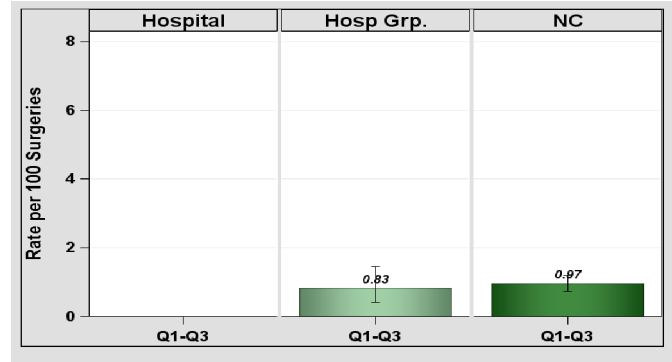


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

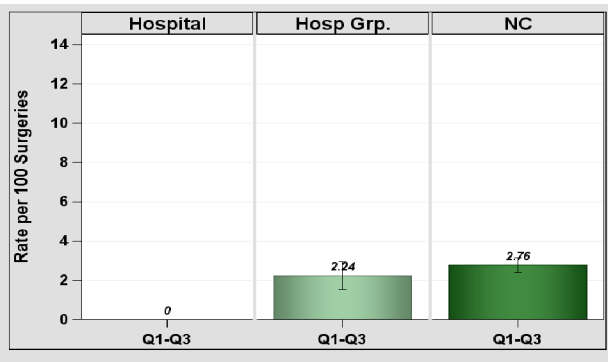


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	0	39	0

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

Commentary from Hospitals:

The prevention and reduction of healthcare associated infections is a top priority at Haywood Regional Medical Center. To accomplish this, infection prevention strategies are continually assessed and measures implemented to decrease the risk for infection. These measures are based on evidence based practices and clinical guidelines. A comprehensive program is provided that encompasses patient care and patient safety.

North Carolina Healthcare-Associated Infections Report

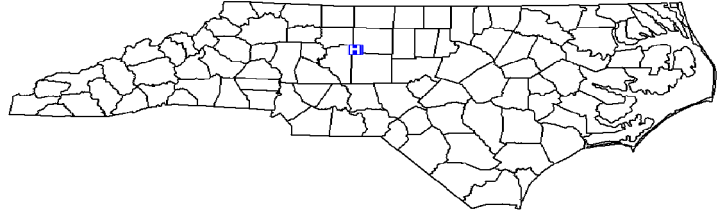
Data from January 1 – September 30, 2014

High Point Regional Health System, High Point, Guilford County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: No
 Profit Status: Not for Profit
 Admissions in 2013: 17,129
 Patient Days in 2013: 69,091
 Total Number of Beds: 355
 Number of ICU Beds: 20
 FTE* Infection Preventionists: 2.00
 Number of FTEs* per 100 beds: 0.56

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

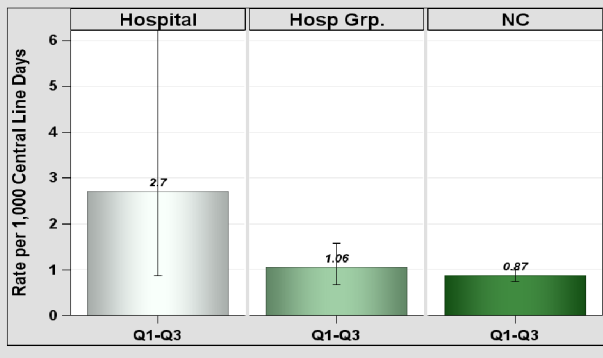


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	5	1,850	2.7

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

Bar Graph Interpretations:

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

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

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	3	55,918	0.05

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

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

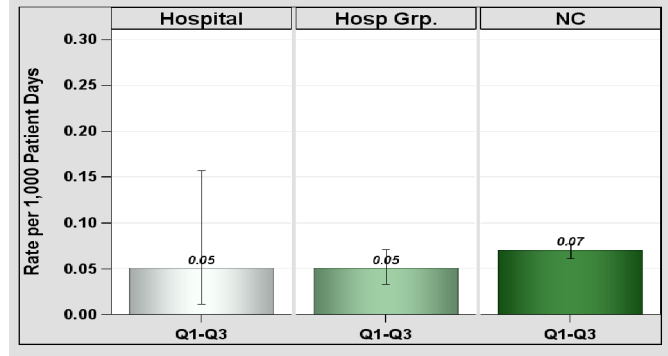


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

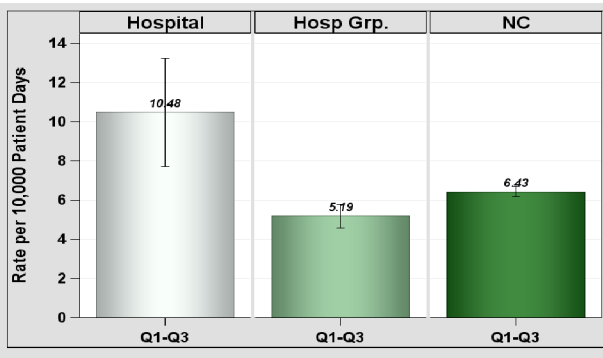


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	56	53,448	10.5

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

Hospital rate is higher than similarly-sized hospitals.
 Hospital rate is higher than NC hospitals overall.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
 High Point Regional Health System, High Point, Guilford County

Catheter-Associated Urinary Tract Infections (CAUTI)

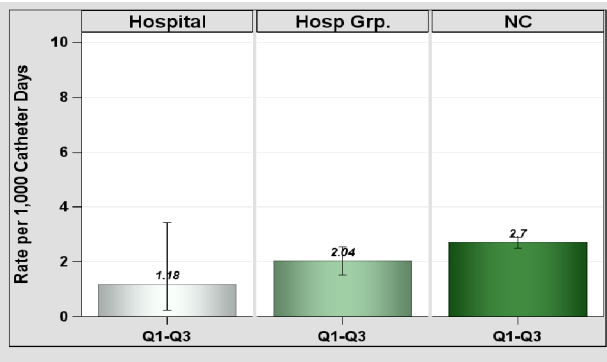


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	3	2,546	1.18

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

Bar Graph Interpretations:

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

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	128	0

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

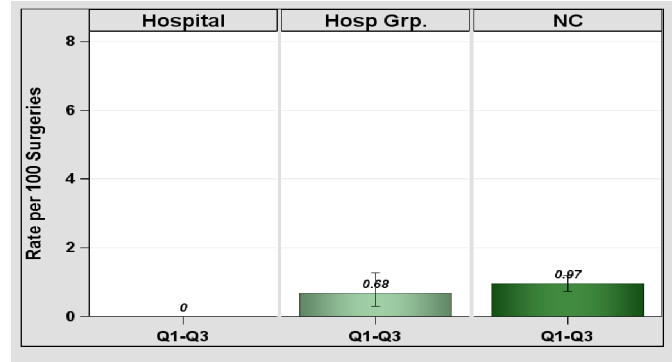


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

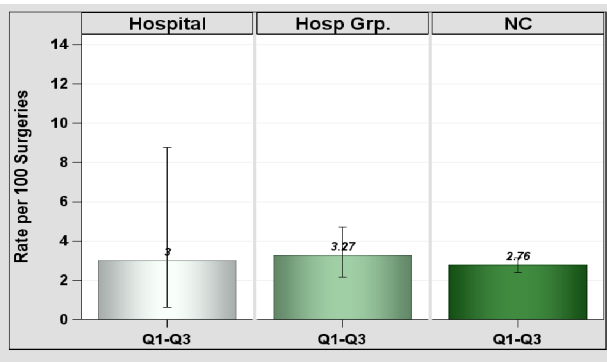


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	3	100	3

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

Commentary from Hospitals:

No comments provided.

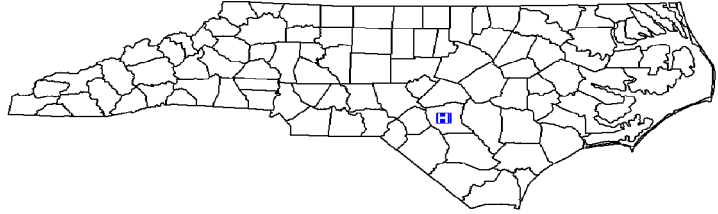
North Carolina Healthcare-Associated Infections Report

Data from January 1 – September 30, 2014

Highsmith Rainey Specialty Hospital, Fayetteville, Cumberland County

2013 Hospital Survey Information

Hospital Type:	Long-term Acute Care Hospital
Profit Status:	Not for Profit
Admissions in 2013:	336
Patient Days in 2013:	20,373
Total Number of Beds:	66
FTE* Infection Preventionists:	0.50
Number of FTEs* per 100 beds:	0.76



*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

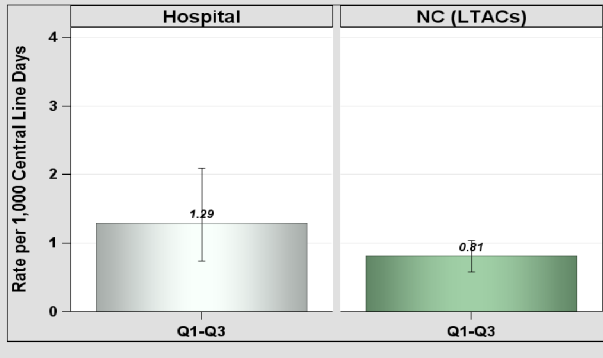


Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

	Infections	Line Days	Rate
Total for Reporting Units	16	12,399	1.29

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

Bar Graph Interpretations:

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

Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Number of Infections and Rate of CAUTI, Jan-Sep 2014.

	Infections	Catheter Days	Rate
Total for Reporting Units	37	4,905	7.54

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

Bar Graph Interpretations:

Hospital rate is higher than NC long-term acute care hospitals overall.

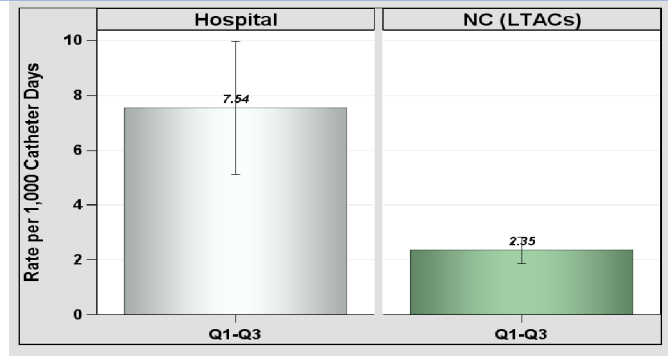


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Other Healthcare-Associated Infections (HAIs)

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

Commentary from Hospitals:

No comments provided.

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

Data as of January 5, 2015.

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

North Carolina Healthcare-Associated Infections Report

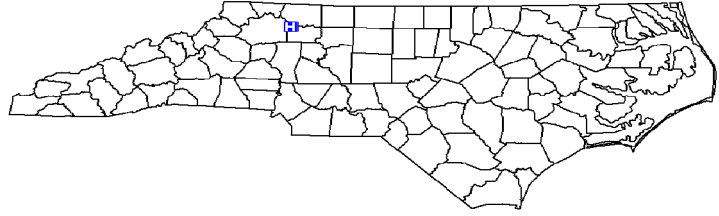
Data from January 1 – September 30, 2014

Hugh Chatham Memorial Hospital, Elkin, Surry County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	4,329
Patient Days in 2013:	13,405
Total Number of Beds:	81
Number of ICU Beds:	8
FTE* Infection Preventionists:	0.75
Number of FTEs* per 100 beds:	0.93

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

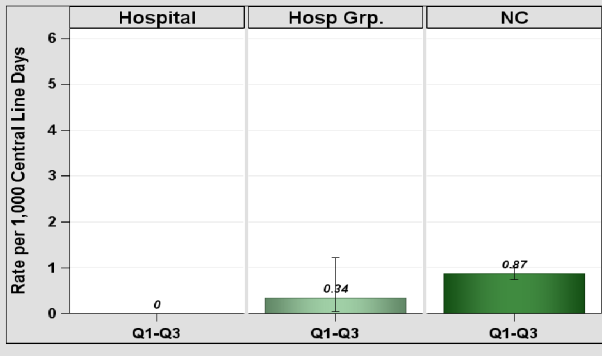


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	191	0

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

Bar Graph Interpretations:

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

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

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	11,166	0

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

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

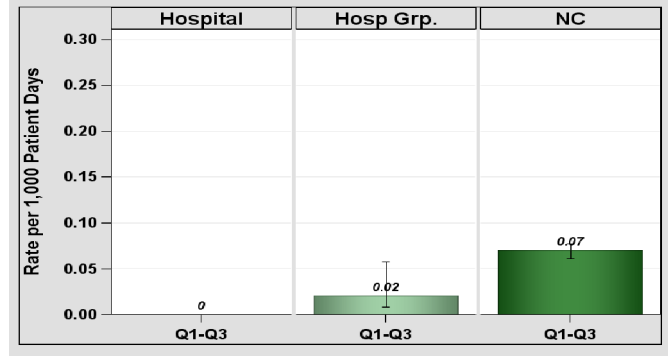


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

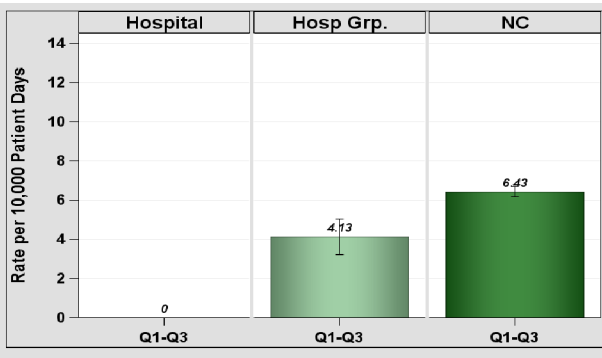


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	9,526	0

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

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

North Carolina Healthcare-Associated Infections Report

Data from January 1 – September 30, 2014

Hugh Chatham Memorial Hospital, Elkin, Surry County

Catheter-Associated Urinary Tract Infections (CAUTI)

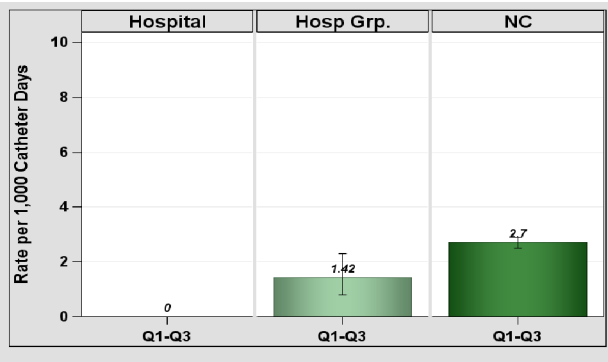


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	434	0

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

Bar Graph Interpretations:

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

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	48	0

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

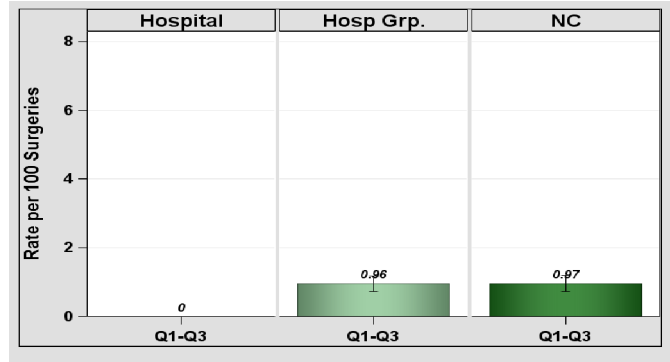


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

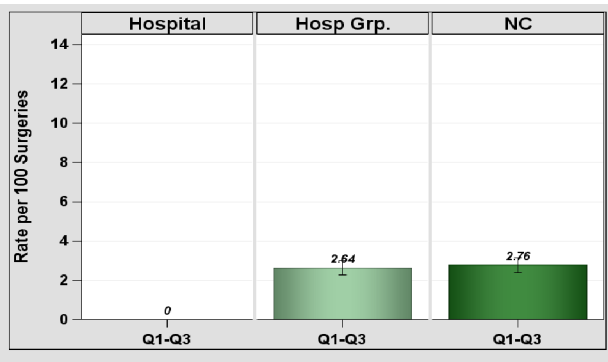


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	0	22	0

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

Commentary from Hospitals:

No comments provided.

North Carolina Healthcare-Associated Infections Report

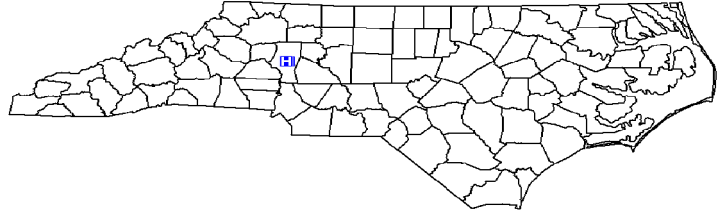
Data from January 1 – September 30, 2014

Iredell Memorial Hospital, Statesville, Iredell County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: No
 Profit Status: Not for Profit
 Admissions in 2013: 11,050
 Patient Days in 2013: 41,539
 Total Number of Beds: 199
 Number of ICU Beds: 16
 FTE* Infection Preventionists: 1.00
 Number of FTEs* per 100 beds: 0.50

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

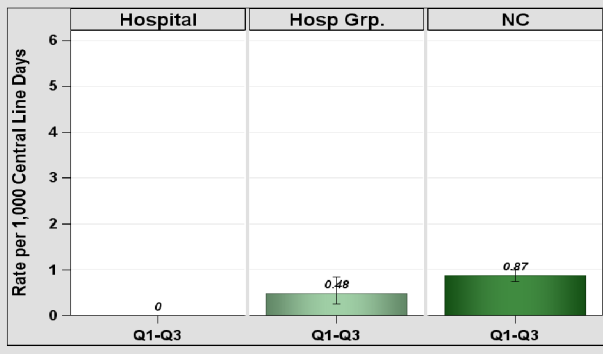


Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	988	0

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

Bar Graph Interpretations:

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

Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

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

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	29,508	0

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

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

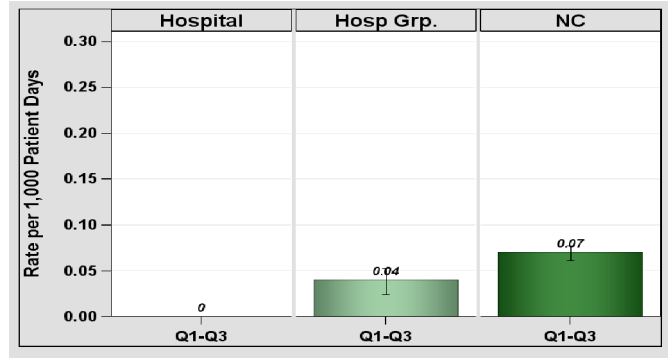


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

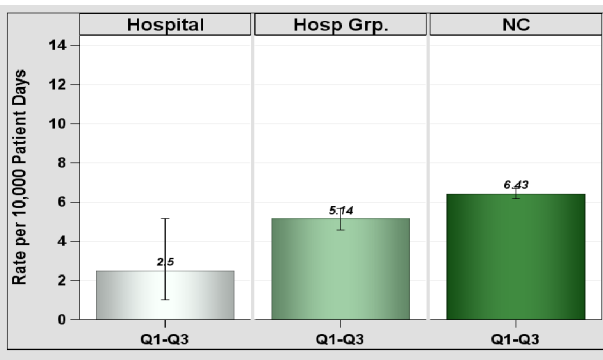


Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	7	28,026	2.5

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

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

Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of January 5, 2015.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
Iredell Memorial Hospital, Statesville, Iredell County

Catheter-Associated Urinary Tract Infections (CAUTI)

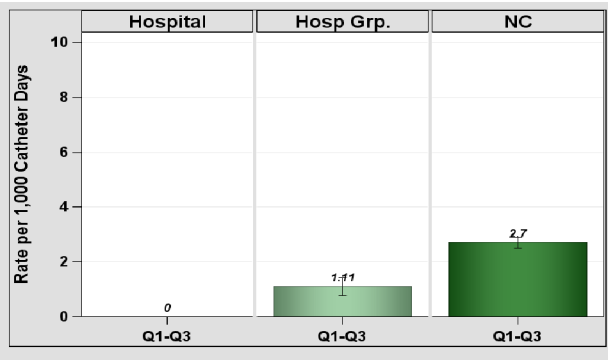


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	1,678	0

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

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.

A comparison to NC hospitals overall was not conducted.

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	82	0

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.

A comparison to NC hospitals overall was not conducted.

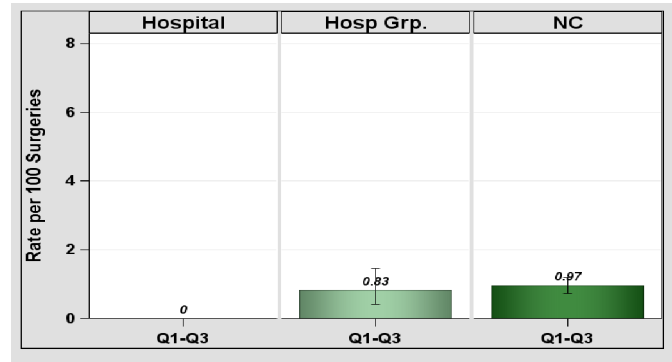


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

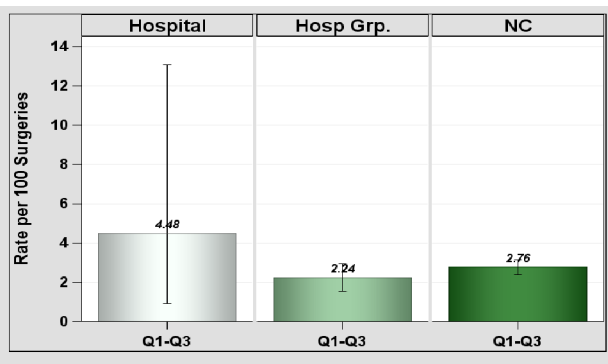


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	3	67	4.48

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.

Hospital rate is not different from NC hospitals overall.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

Commentary from Hospitals:

No comments provided.

North Carolina Healthcare-Associated Infections Report

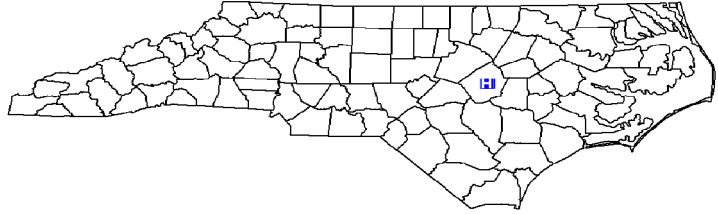
Data from January 1 – September 30, 2014

Johnston Health, Smithfield, Johnston County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: No
 Profit Status: Not for Profit
 Admissions in 2013: 9,843
 Patient Days in 2013: 36,794
 Total Number of Beds: 199
 Number of ICU Beds: 16
 FTE* Infection Preventionists: 1.00
 Number of FTEs* per 100 beds: 0.50

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

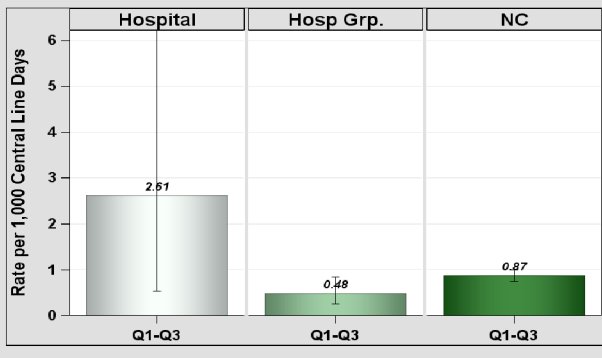


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	3	1,150	2.61

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

Bar Graph Interpretations:

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

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

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	1	29,704	0.03

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

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

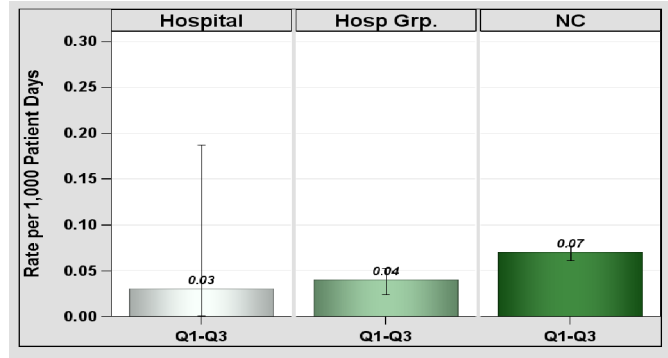


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

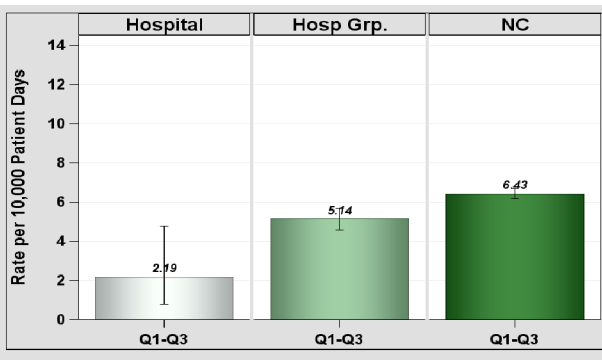


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	6	27,434	2.19

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
Johnston Health, Smithfield, Johnston County

Catheter-Associated Urinary Tract Infections (CAUTI)

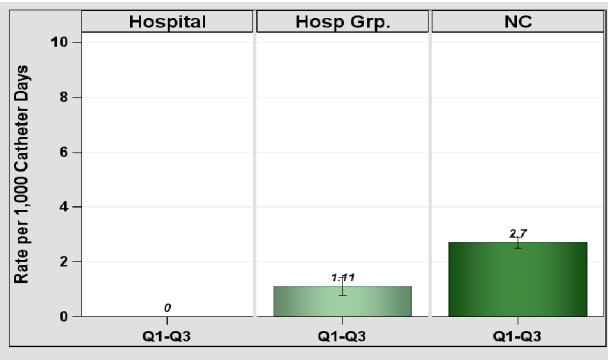


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	1,805	0

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

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.

A comparison to NC hospitals overall was not conducted.

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	2	61	3.28

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.

Hospital rate is not different from NC hospitals overall.

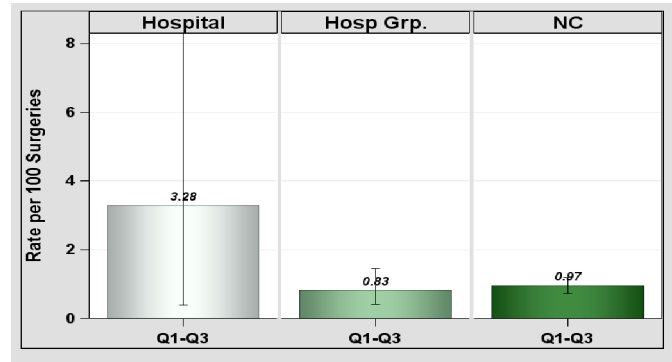


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

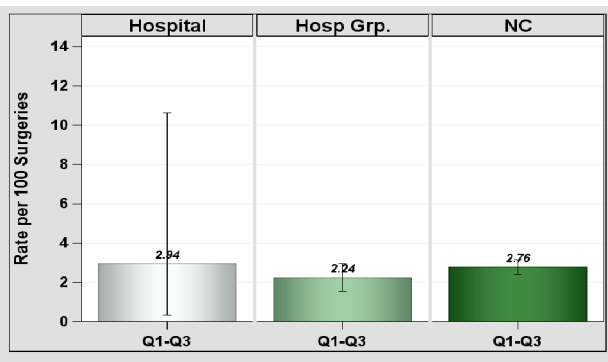


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	2	68	2.94

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.

Hospital rate is not different from NC hospitals overall.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

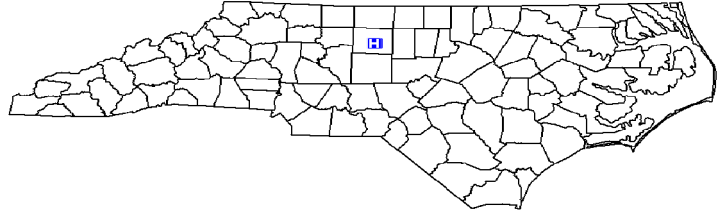
Commentary from Hospitals:

No comments provided.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
Kindred Hospital-Greensboro, Greensboro, Guilford County

2013 Hospital Survey Information

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



*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

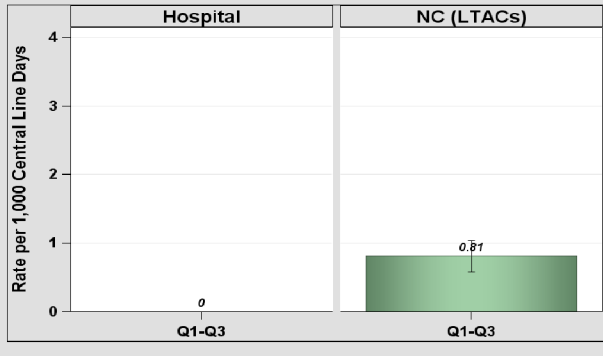


Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

	Infections	Line Days	Rate
Total for Reporting Units	0	9,979	0.00

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

Bar Graph Interpretations:

A comparison to NC long-term acute care hospitals was not conducted.

Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Number of Infections and Rate of CAUTI, Jan-Sep 2014.

	Infections	Catheter Days	Rate
Total for Reporting Units	2	7,441	0.27

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

Bar Graph Interpretations:

Hospital rate is lower than NC long-term acute care hospitals overall.

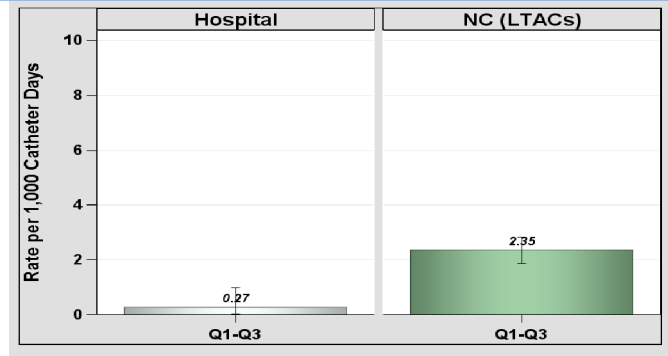


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Other Healthcare-Associated Infections (HAIs)

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

Commentary from Hospitals:
 No comments provided.

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

Data as of January 5, 2015.

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

N.C. HAI Quarterly Report (Consumer Version) - January 2015

North Carolina Healthcare-Associated Infections Report

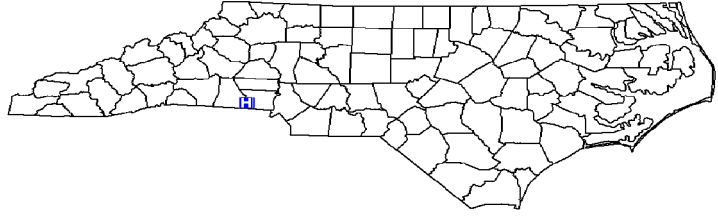
Data from January 1 – September 30, 2014

Kings Mountain Hospital, Kings Mountain, Cleveland County

2013 Hospital Survey Information

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

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

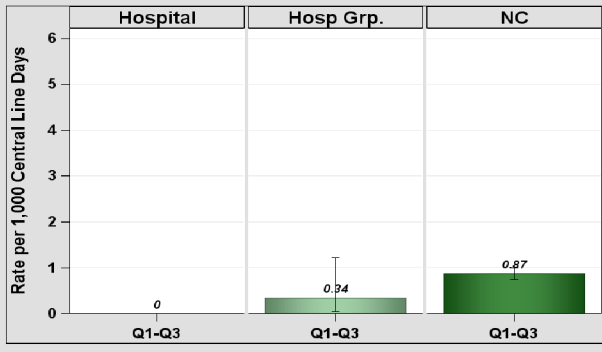


Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	186	0

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

Bar Graph Interpretations:

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

Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

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

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	10,160	0

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

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

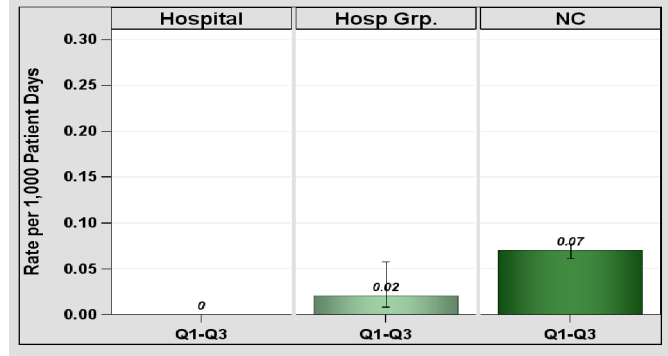


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

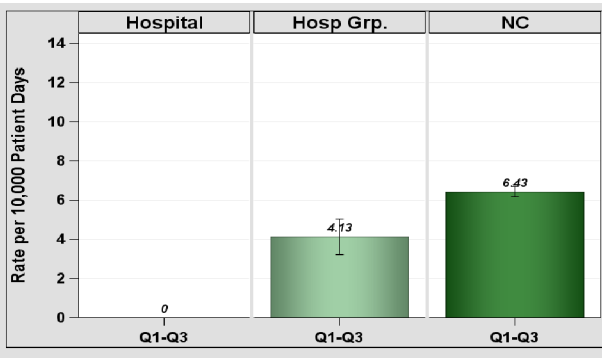


Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	10,160	0

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

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

Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of January 5, 2015.

North Carolina Healthcare-Associated Infections Report

Data from January 1 – September 30, 2014

Kings Mountain Hospital, Kings Mountain, Cleveland County

Catheter-Associated Urinary Tract Infections (CAUTI)

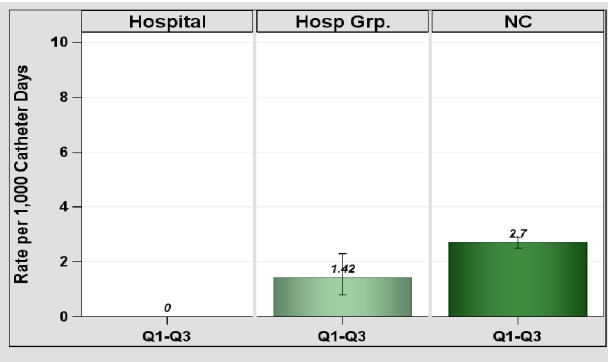


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	561	0

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

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.

A comparison to NC hospitals overall was not conducted.

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	0	.

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.

A comparison to NC hospitals overall was not conducted.

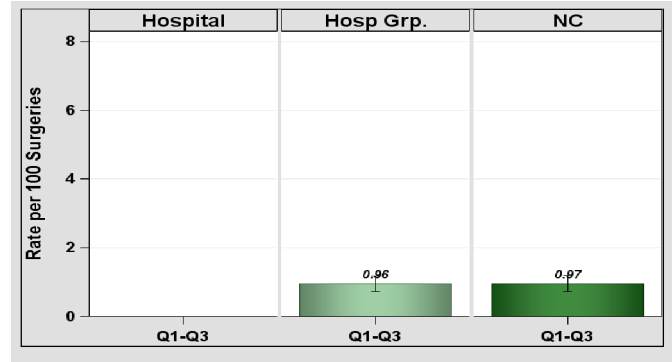


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

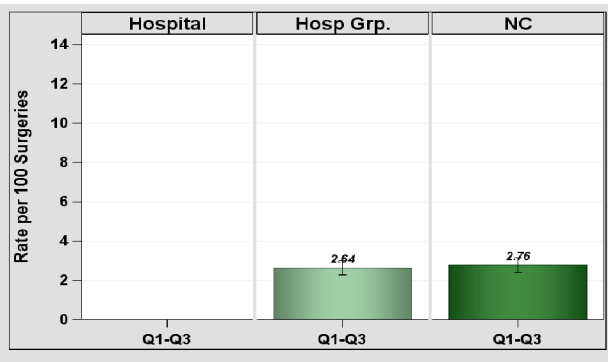


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	1	15	.

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.

A comparison to NC hospitals overall was not conducted.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

Commentary from Hospitals:

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

North Carolina Healthcare-Associated Infections Report

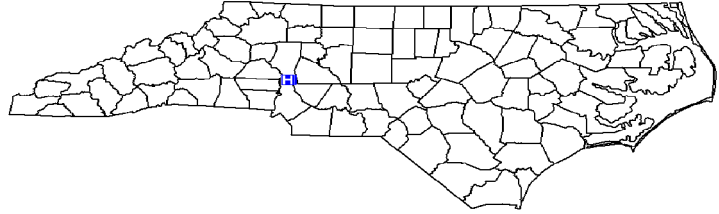
Data from January 1 – September 30, 2014

Lake Norman Regional Medical Center, Mooresville, Iredell County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: No
 Profit Status: For Profit
 Admissions in 2013: 4,136
 Patient Days in 2013: 15,015
 Total Number of Beds: 123
 Number of ICU Beds: 12
 FTE* Infection Preventionists: 1.00
 Number of FTEs* per 100 beds: 0.81

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

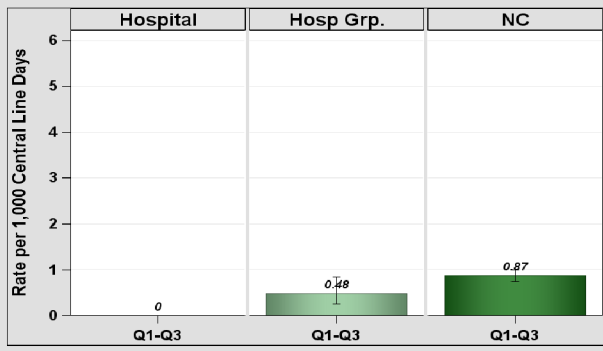


Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	605	0

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

Bar Graph Interpretations:

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

Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

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

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	13,456	0

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

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

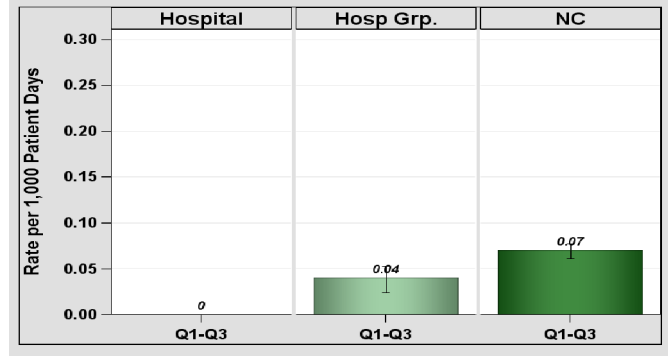


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

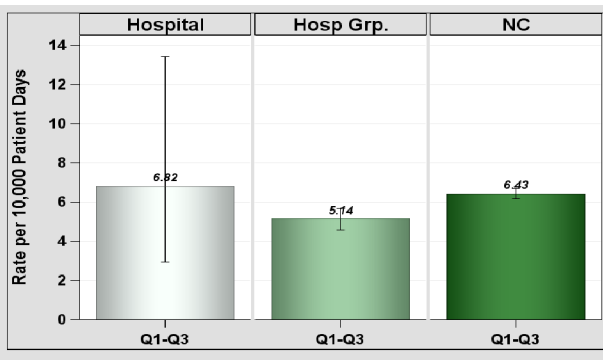


Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	8	11,732	6.82

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

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

Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of January 5, 2015.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
 Lake Norman Regional Medical Center, Mooresville, Iredell County

Catheter-Associated Urinary Tract Infections (CAUTI)

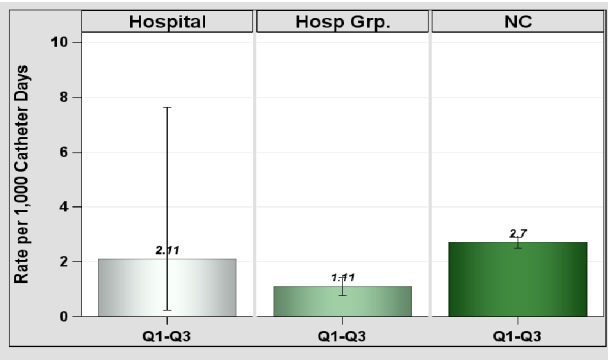


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	2	946	2.11

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

Bar Graph Interpretations:

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

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	77	0

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

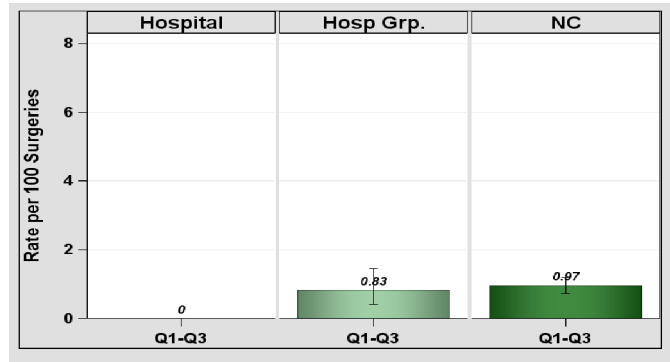


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

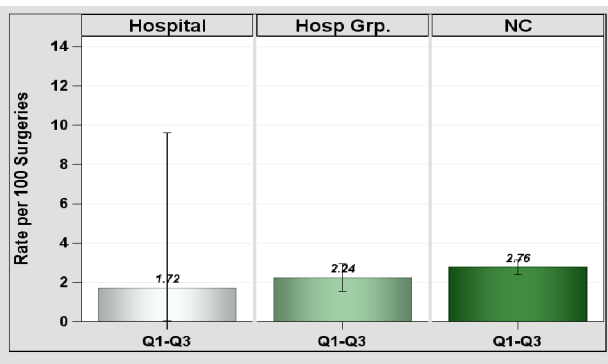


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	1	58	1.72

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

Commentary from Hospitals:

No comments provided.

North Carolina Healthcare-Associated Infections Report

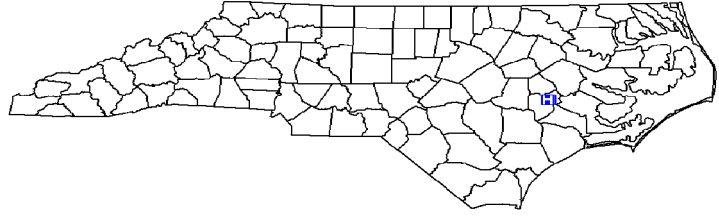
Data from January 1 – September 30, 2014

Lenoir Memorial Hospital, Kinston, Lenoir County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: No
 Profit Status: Not for Profit
 Admissions in 2013: 6,610
 Patient Days in 2013: 32,111
 Total Number of Beds: 235
 Number of ICU Beds: 14
 FTE* Infection Preventionists: 1.00
 Number of FTEs* per 100 beds: 0.43

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

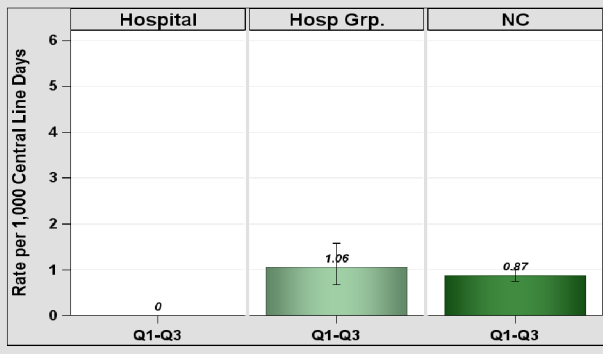


Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	692	0

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

Bar Graph Interpretations:

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

Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

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

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	2	21,237	0.09

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

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

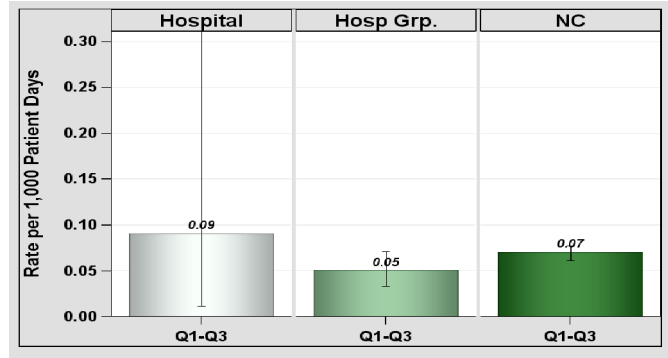


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

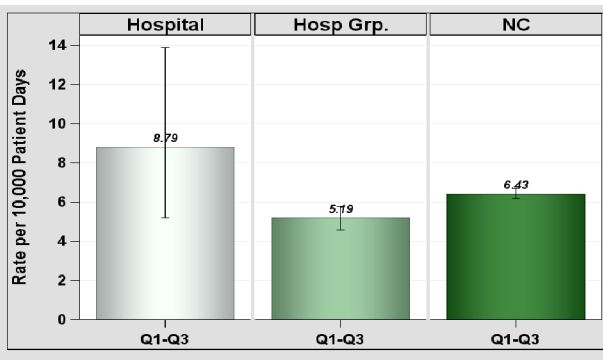


Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	18	20,488	8.79

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

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

Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of January 5, 2015.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
Lenoir Memorial Hospital, Kinston, Lenoir County

Catheter-Associated Urinary Tract Infections (CAUTI)

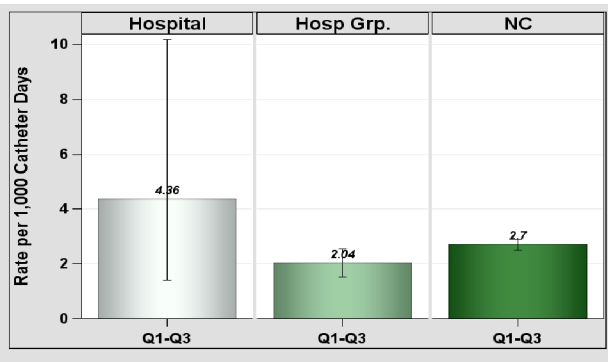


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	5	1,147	4.36

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

Bar Graph Interpretations:

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

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	24	0

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

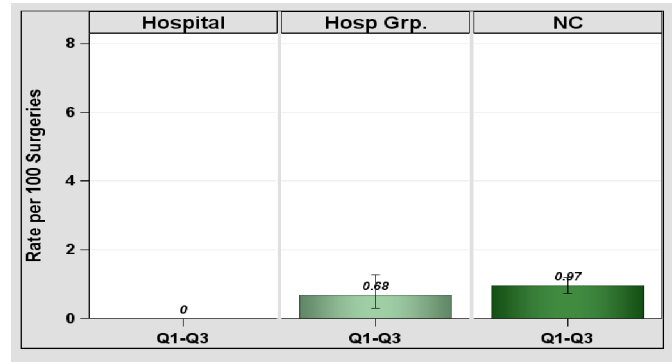


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

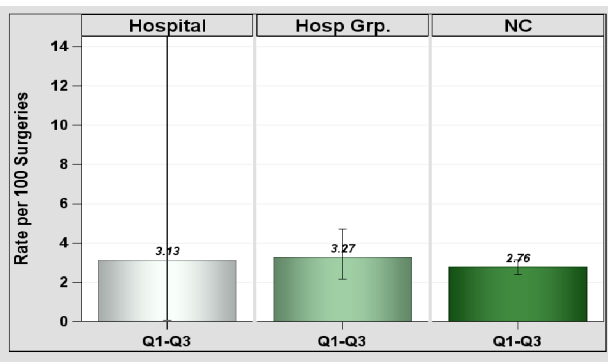


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	1	32	3.13

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

Commentary from Hospitals:

No comments provided.

North Carolina Healthcare-Associated Infections Report

Data from January 1 – September 30, 2014

Lifecare Hospitals Of North Carolina, Rocky Mount, Nash County

2013 Hospital Survey Information

Hospital Type: Long-term Acute Care Hospital
 Profit Status: For Profit
 Admissions in 2013: 505
 Patient Days in 2013: 14,040
 Total Number of Beds: 50
 FTE* Infection Preventionists: 1.00
 Number of FTEs* per 100 beds: 2.00



*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

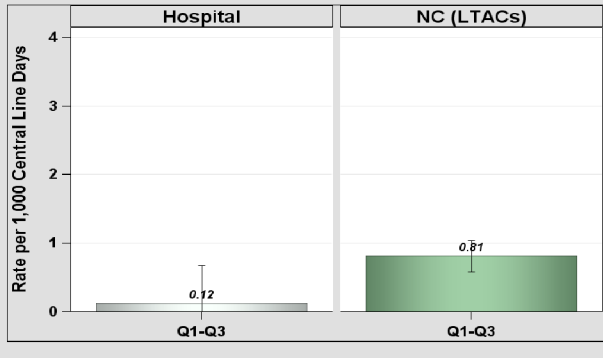


Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

	Infections	Line Days	Rate
Total for Reporting Units	1	8,357	0.12

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

Bar Graph Interpretations:

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

Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Number of Infections and Rate of CAUTI, Jan-Sep 2014.

	Infections	Catheter Days	Rate
Total for Reporting Units	5	6,298	0.79

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

Bar Graph Interpretations:

Hospital rate is lower than NC long-term acute care hospitals overall.

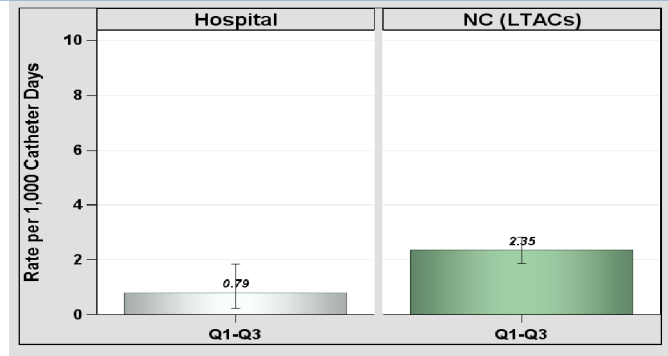


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Other Healthcare-Associated Infections (HAIs)

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

Commentary from Hospitals:

No comments provided.

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

Data as of January 5, 2015.

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

North Carolina Healthcare-Associated Infections Report

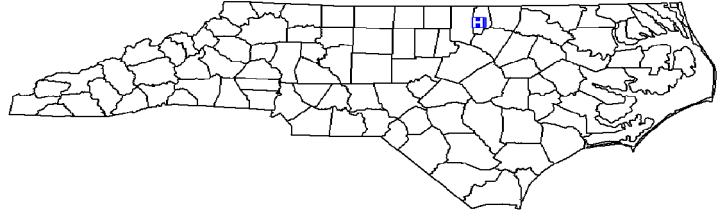
Data from January 1 – September 30, 2014

Maria Parham Medical Center, Henderson, Vance County

2013 Hospital Survey Information

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

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

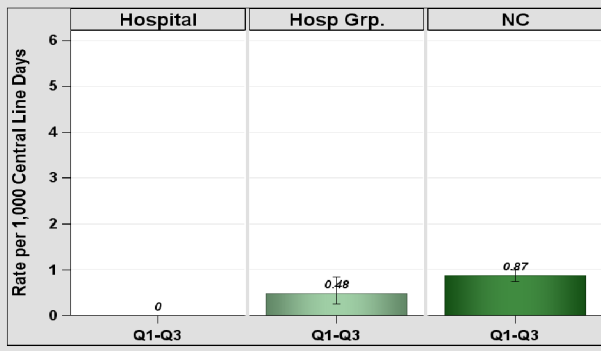


Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	1,136	0

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

Bar Graph Interpretations:

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

Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

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

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	1	17,945	0.06

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

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

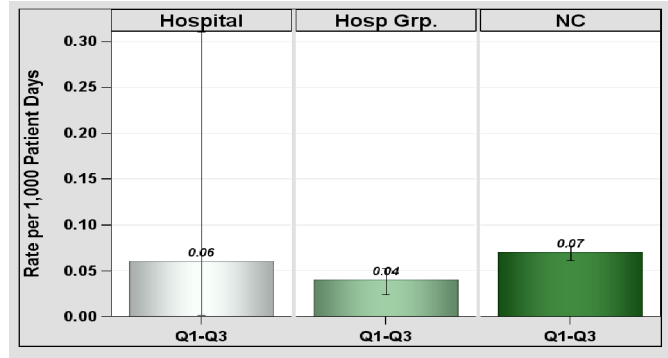


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

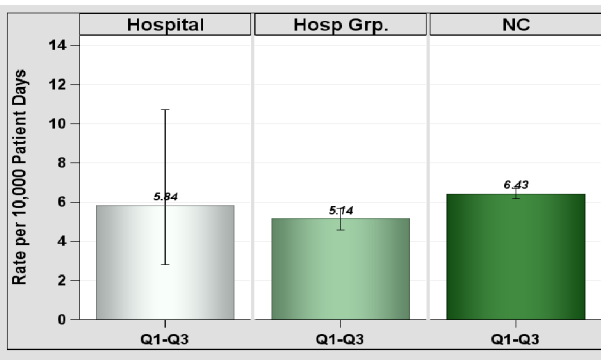


Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	10	17,132	5.84

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

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

Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of January 5, 2015.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
 Maria Parham Medical Center, Henderson, Vance County

Catheter-Associated Urinary Tract Infections (CAUTI)

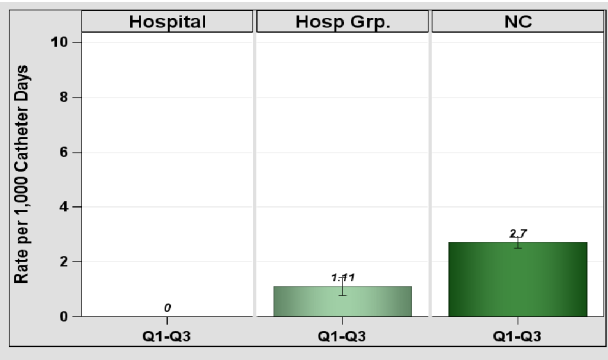


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	1,381	0

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

Bar Graph Interpretations:

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

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	19	.

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

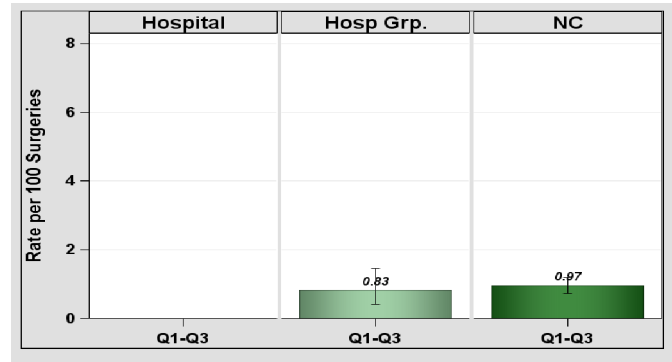


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

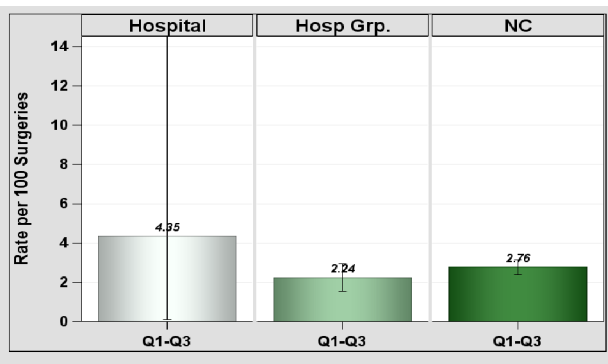


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	1	23	4.35

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

Commentary from Hospitals:

No comments provided.

North Carolina Healthcare-Associated Infections Report

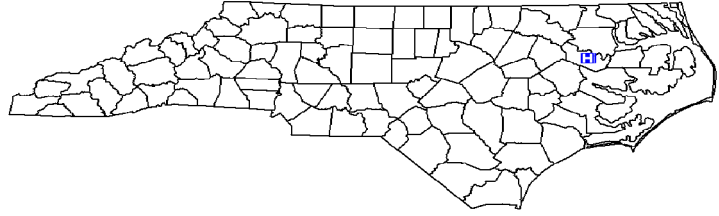
Data from January 1 – September 30, 2014

Martin General Hospital, Williamston, Martin County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: Graduate
 Profit Status: For Profit
 Admissions in 2013: 4,476
 Patient Days in 2013: 6,262
 Total Number of Beds: 45
 Number of ICU Beds: 6
 FTE* Infection Preventionists: 1.00
 Number of FTEs* per 100 beds: 2.22

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

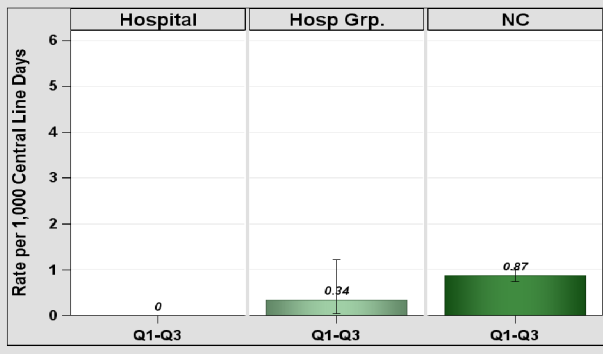


Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	95	0

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

Bar Graph Interpretations:

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

Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

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

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	6,859	0

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

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

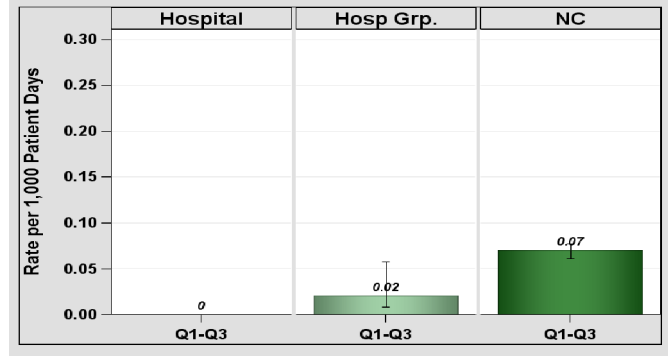


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

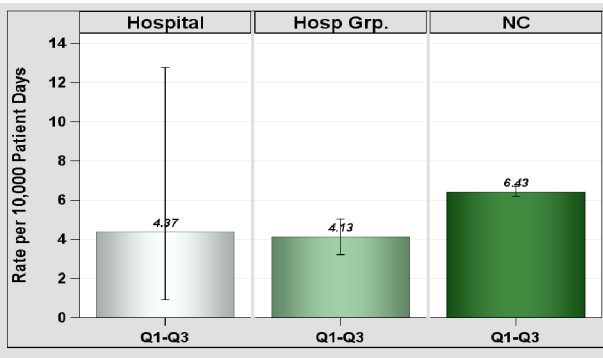


Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	3	6,859	4.37

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

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

Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of January 5, 2015.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
Martin General Hospital, Williamston, Martin County

Catheter-Associated Urinary Tract Infections (CAUTI)

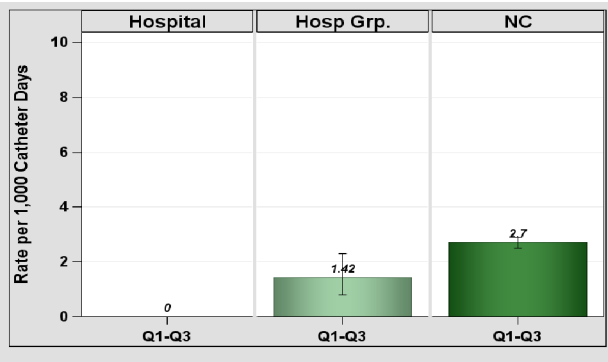


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	311	0

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

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.

A comparison to NC hospitals overall was not conducted.

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	2	.

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.

A comparison to NC hospitals overall was not conducted.

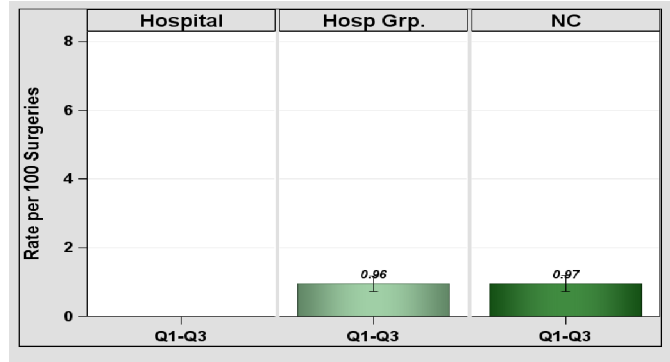


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

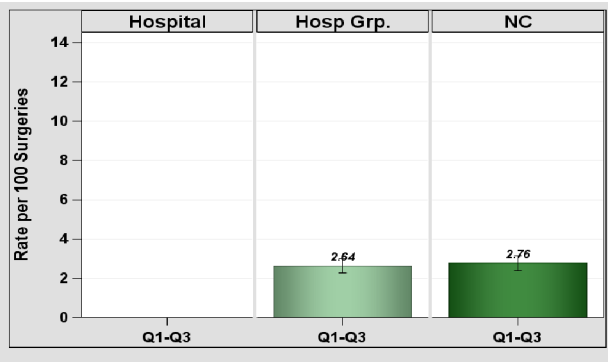


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	0	3	.

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.

A comparison to NC hospitals overall was not conducted.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

Commentary from Hospitals:

No comments provided.

North Carolina Healthcare-Associated Infections Report

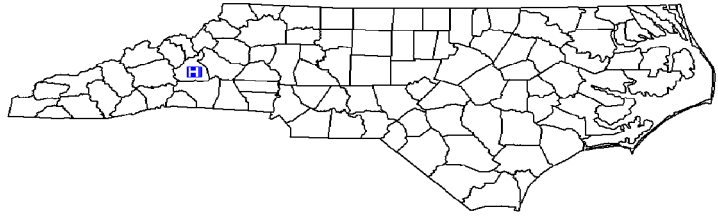
Data from January 1 – September 30, 2014

Mcdowell Hospital, Marion, McDowell County

2013 Hospital Survey Information

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

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

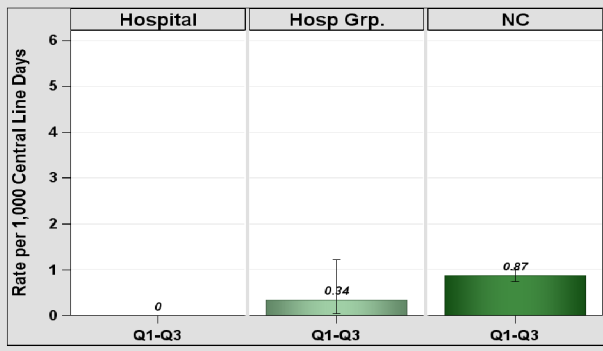


Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	180	0

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

Bar Graph Interpretations:

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

Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

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

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	5,666	0

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

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

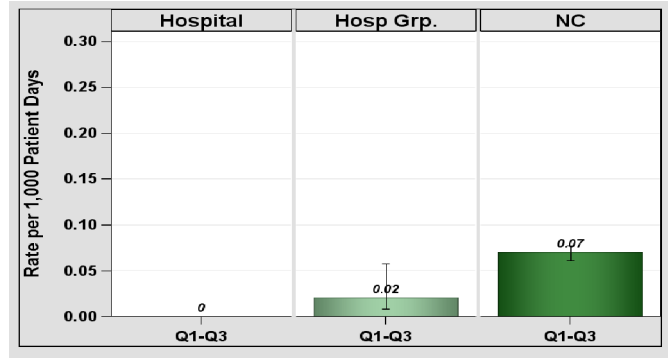


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

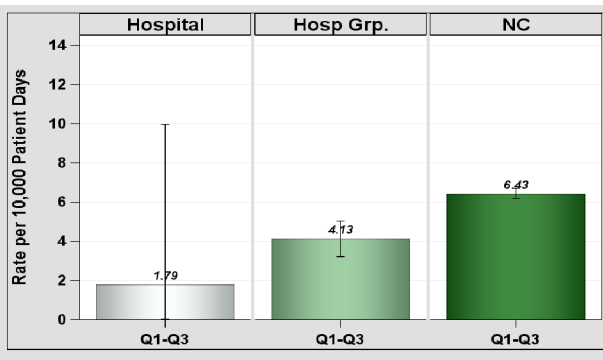


Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	1	5,584	1.79

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

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

Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of January 5, 2015.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
 McDowell Hospital, Marion, McDowell County

Catheter-Associated Urinary Tract Infections (CAUTI)

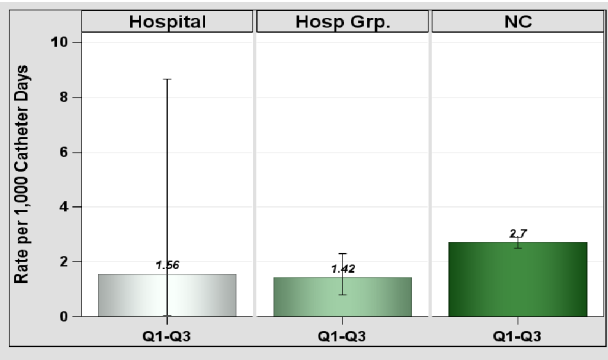


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	1	642	1.56

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

Bar Graph Interpretations:

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

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	16	.

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

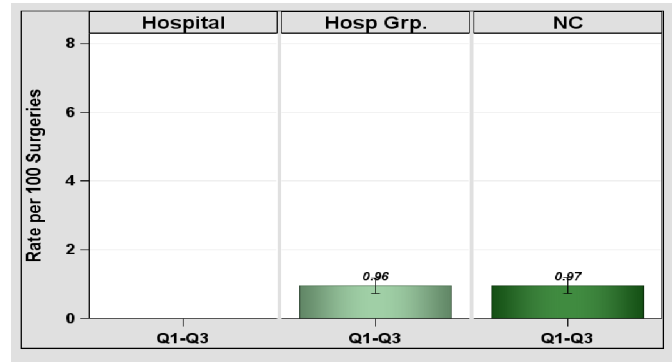


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

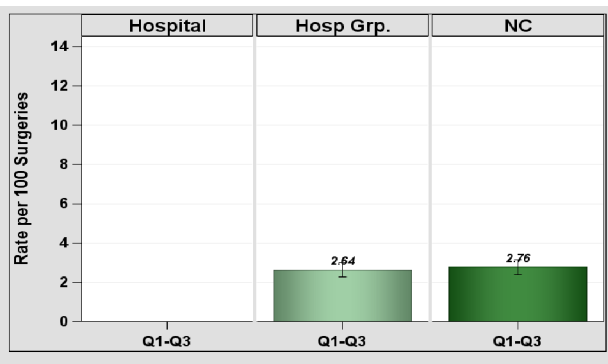


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	0	9	.

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

Commentary from Hospitals:

No comments provided.

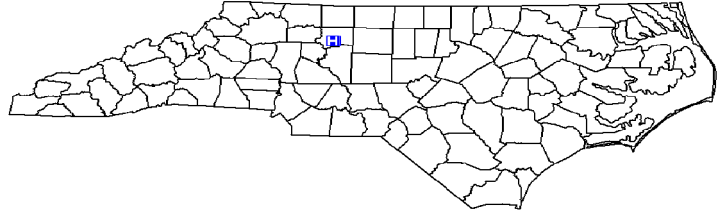
North Carolina Healthcare-Associated Infections Report

Data from January 1 – September 30, 2014

Medical Park Hospital, Winston Salem, Forsyth County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: No
 Profit Status: Not for Profit
 Admissions in 2013: 782
 Patient Days in 2013: 2,766
 Total Number of Beds: 22
 Number of ICU Beds: 0 - Does not report CLABSIs or CAUTIs
 FTE* Infection Preventionists: 0.50
 Number of FTEs* per 100 beds: 2.27
 *FTE = Full-time equivalent



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

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

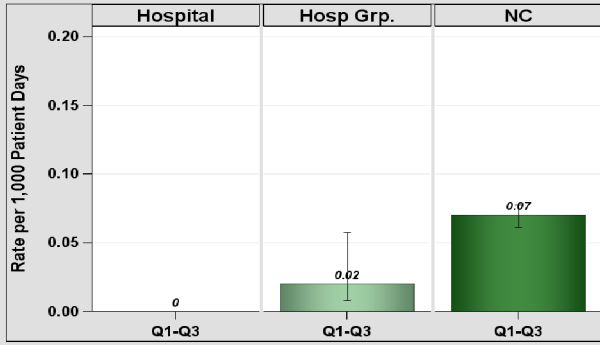


Table 1. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	2,036	0

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

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

Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

Table 2. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	2,036	0

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

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

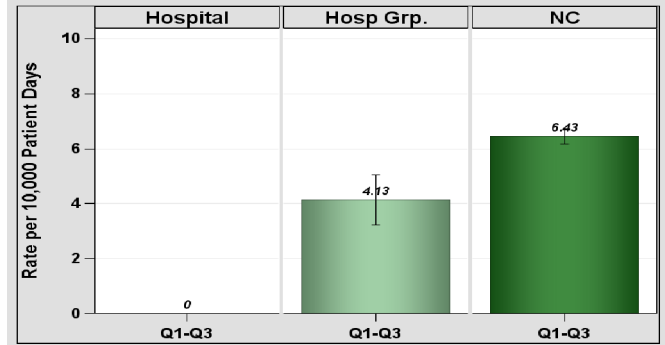


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI)

Table 1. Number of Infections and Rate of SSI, Jan-Sep 2014.

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	1	64	1.56
Colon surgery	0	154	0

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

Bar Graph Interpretations (Abdominal Hysterectomies):

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

Bar Graph Interpretations (Colon Surgeries):

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

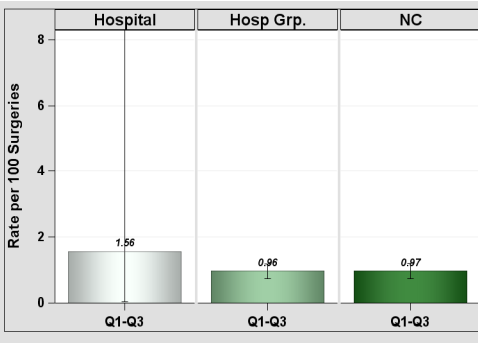


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Sep 2014.

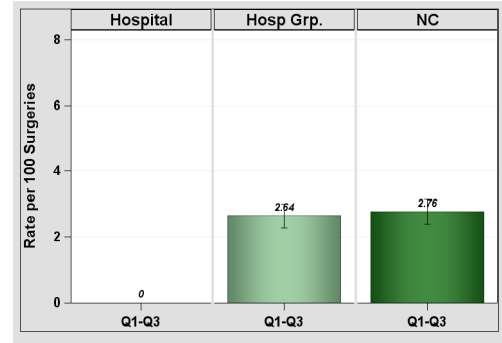


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

Commentary from Hospitals:

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

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

Data as of January 5, 2015.

NC Division of Public Health, HAI Prevention Program

NC HAI Quarterly Report (Consumer Version) - January 2015

North Carolina Healthcare-Associated Infections Report

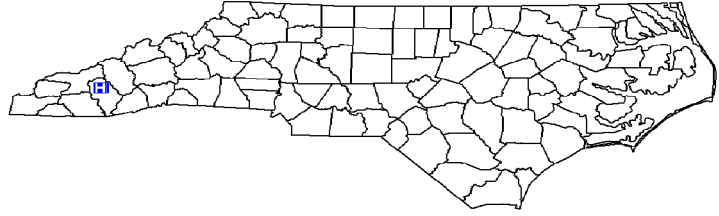
Data from January 1 – September 30, 2014

Westcare - Harris Regional Hospital, Sylva, Jackson County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: No
 Profit Status: Not for Profit
 Admissions in 2013: 3,975
 Patient Days in 2013: 13,842
 Total Number of Beds: 86
 Number of ICU Beds: 9
 FTE* Infection Preventionists: 1.00
 Number of FTEs* per 100 beds: 1.16

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

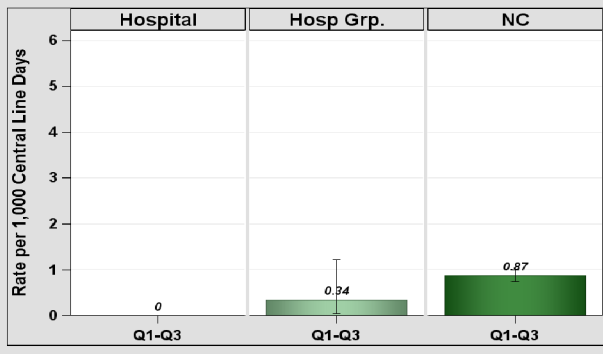


Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	488	0

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

Bar Graph Interpretations:

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

Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

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

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	11,068	0

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

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

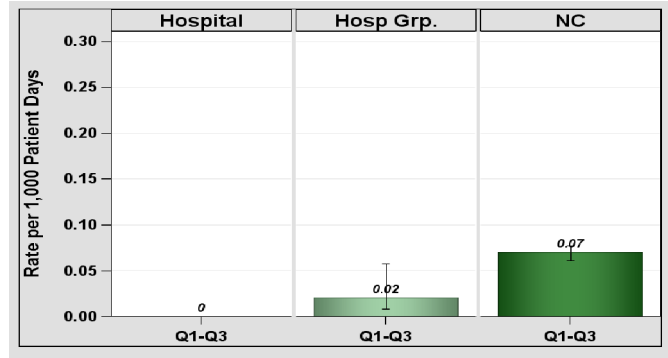


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

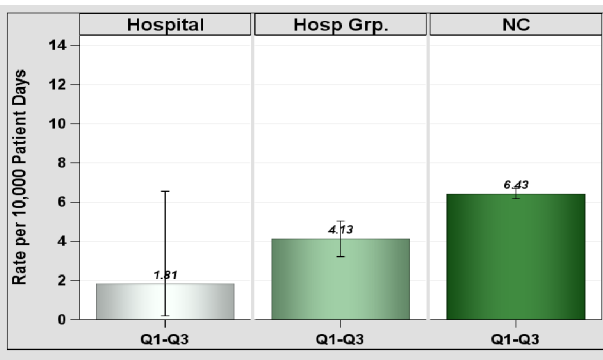


Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	2	11,028	1.81

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

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

Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of January 5, 2015.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
 Westcare - Harris Regional Hospital, Sylva, Jackson County

Catheter-Associated Urinary Tract Infections (CAUTI)

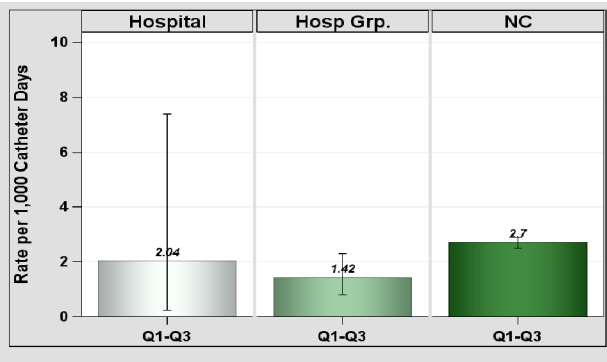


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	2	978	2.04

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

Bar Graph Interpretations:

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

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	2	10	.

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

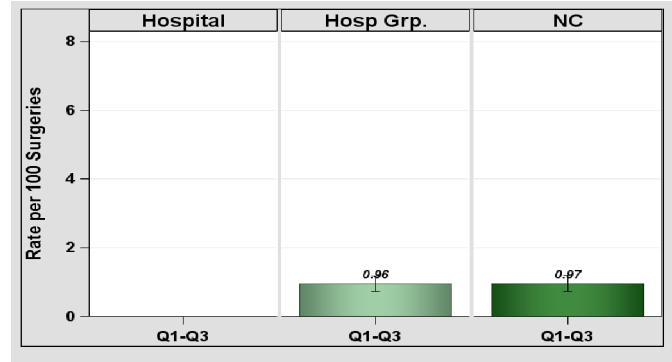


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

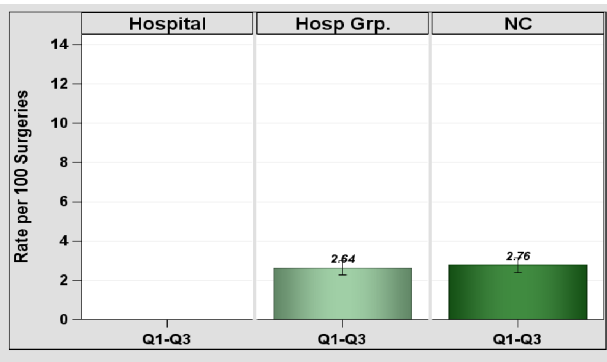


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	0	17	.

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

Commentary from Hospitals:

No comments provided.

North Carolina Healthcare-Associated Infections Report

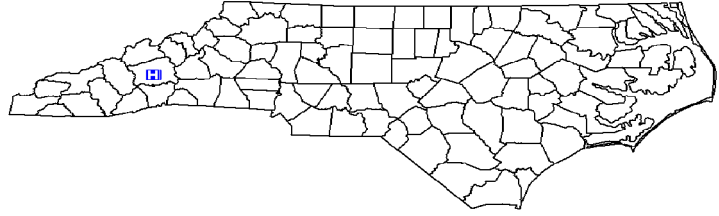
Data from January 1 – September 30, 2014

Mission Hospital, Asheville, Buncombe County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Profit Status:	Not for Profit
Admissions in 2013:	27,483
Patient Days in 2013:	209,622
Total Number of Beds:	739
Number of ICU Beds:	131
FTE* Infection Preventionists:	6.80
Number of FTEs* per 100 beds:	0.92

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

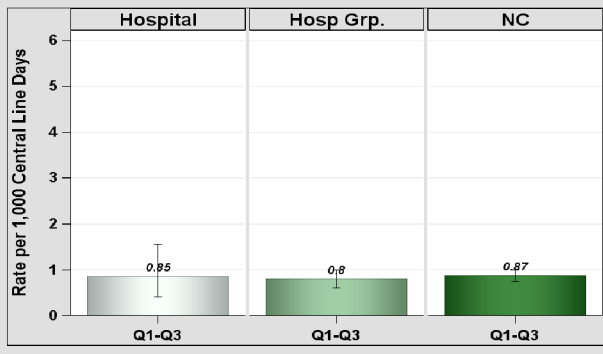


Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	10	11,809	0.85

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

Bar Graph Interpretations:

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

Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

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

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	9	154,668	0.06

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

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

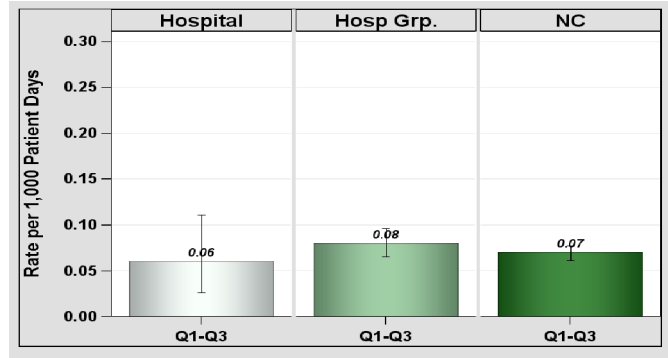


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

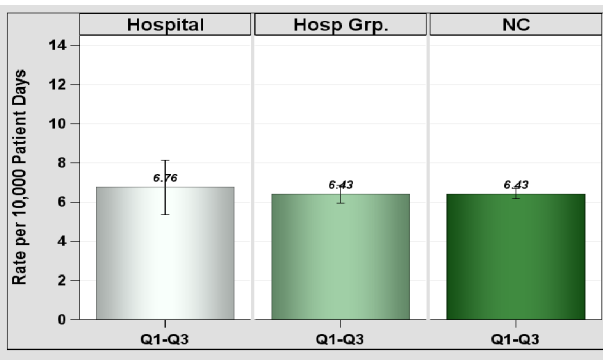


Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	92	136,060	6.76

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

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

Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of January 5, 2015.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
Mission Hospital, Asheville, Buncombe County

Catheter-Associated Urinary Tract Infections (CAUTI)

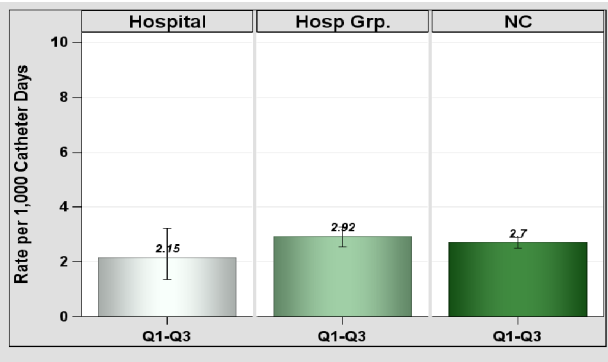


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	23	10,713	2.15

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

Bar Graph Interpretations:

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

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	3	314	0.96

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

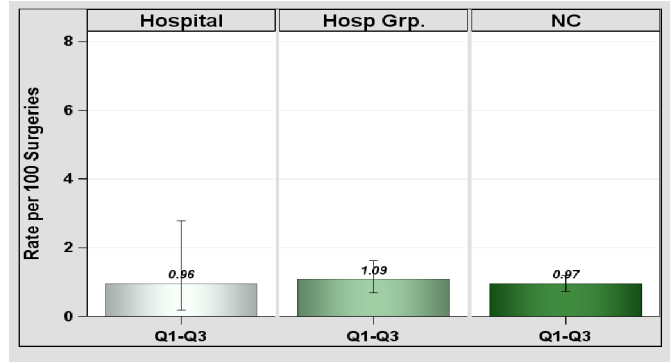


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

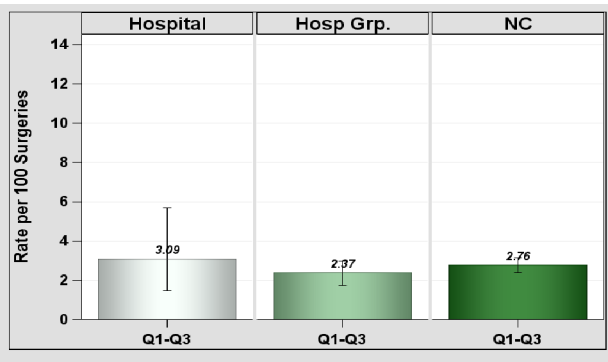


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	10	324	3.09

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

Commentary from Hospitals:

Mission Health strives to improve the quality and safety of the care we give our patients each and every day. The prevention of infections is one of our highest priorities. By continuously and thoughtfully reviewing processes, procedures and events, we identify opportunities for improvement and address them immediately and appropriately, and share that knowledge internally to avert further issues.

North Carolina Healthcare-Associated Infections Report

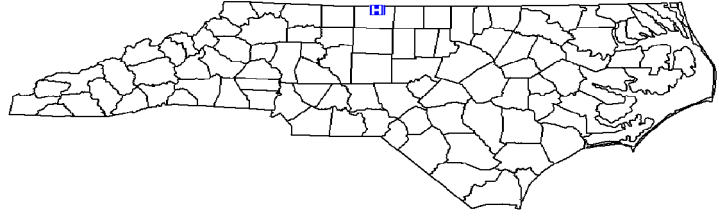
Data from January 1 – September 30, 2014

Morehead Memorial Hospital, Eden, Rockingham County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: No
 Profit Status: Not for Profit
 Admissions in 2013: 4,380
 Patient Days in 2013: 17,153
 Total Number of Beds: 108
 Number of ICU Beds: 9
 FTE* Infection Preventionists: 1.00
 Number of FTEs* per 100 beds: 0.93

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

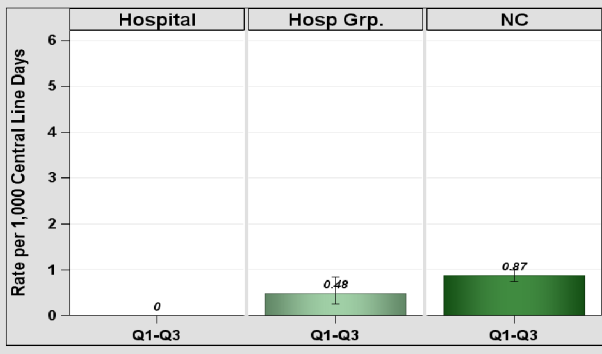


Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	126	0

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

Bar Graph Interpretations:

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

Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

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

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	12,696	0

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

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

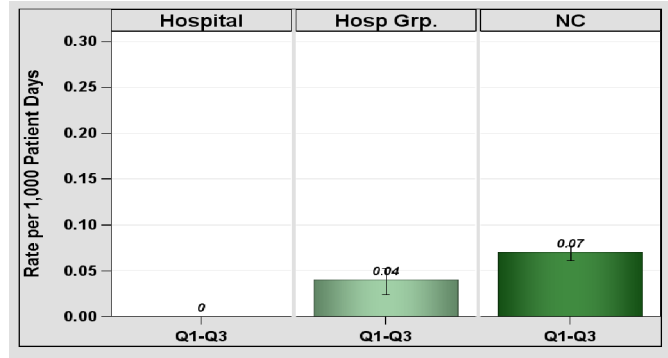


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

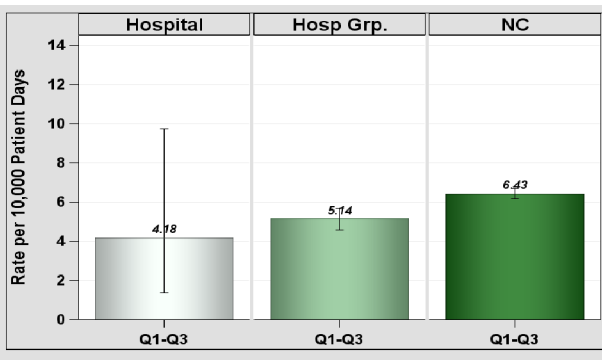


Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	5	11,956	4.18

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

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

Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
Morehead Memorial Hospital, Eden, Rockingham County

Catheter-Associated Urinary Tract Infections (CAUTI)

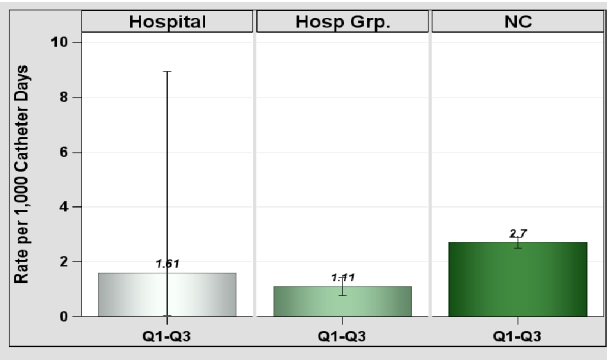


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	1	622	1.61

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

Bar Graph Interpretations:

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

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	10	.

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

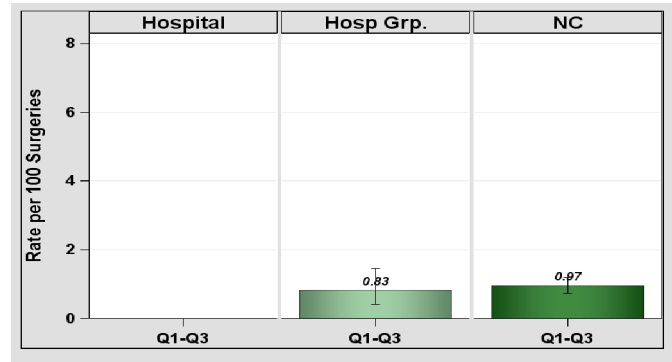


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

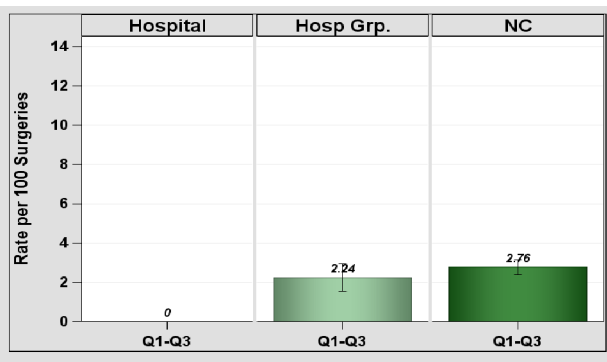


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	0	27	0

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

Commentary from Hospitals:

No comments provided.

North Carolina Healthcare-Associated Infections Report

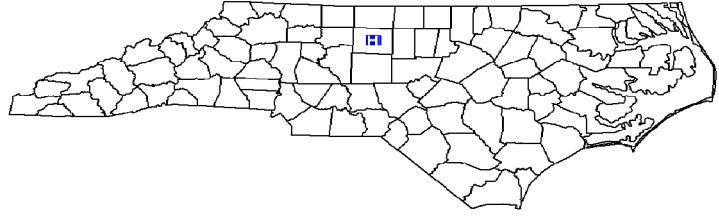
Data from January 1 – September 30, 2014

Moses Cone Hospital, Greensboro, Guilford County

2013 Hospital Survey Information

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

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

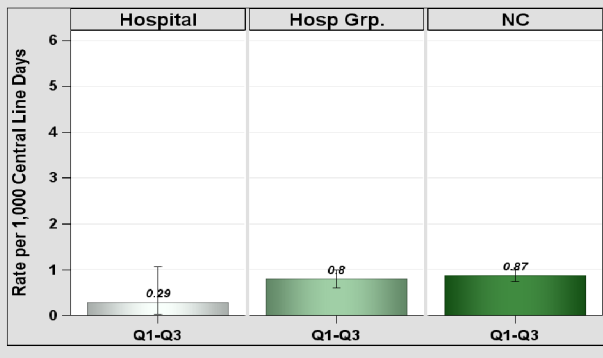


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	2	6,807	0.29

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

Bar Graph Interpretations:

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

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

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	1	91,302	0.01

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

Hospital rate is lower than similarly-sized hospitals.
 Hospital rate is lower than NC hospitals overall.

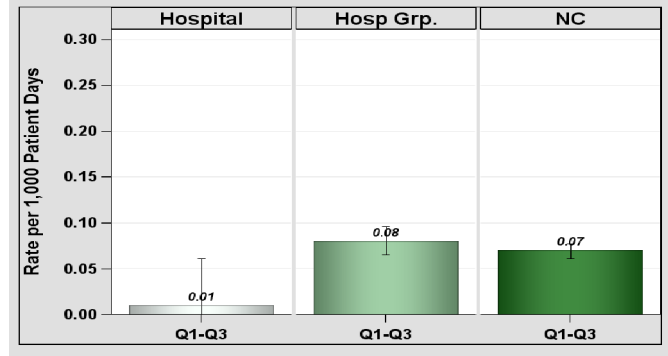


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

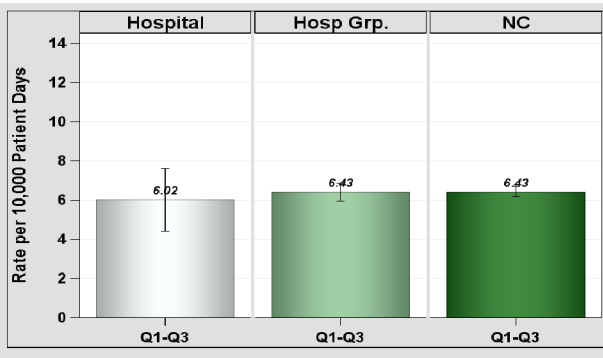


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	55	91,302	6.02

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

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

North Carolina Healthcare-Associated Infections Report

Data from January 1 – September 30, 2014

Moses Cone Hospital, Greensboro, Guilford County

Catheter-Associated Urinary Tract Infections (CAUTI)

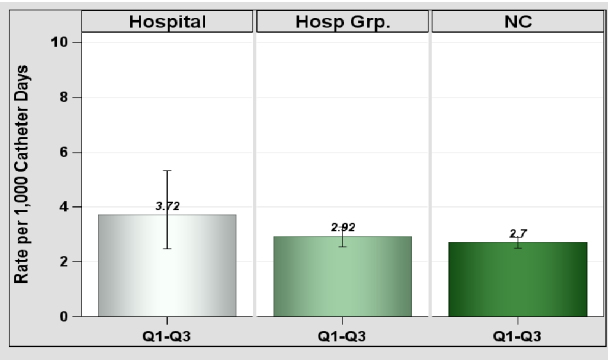


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	29	7,800	3.72

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

Bar Graph Interpretations:

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

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	2	.

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

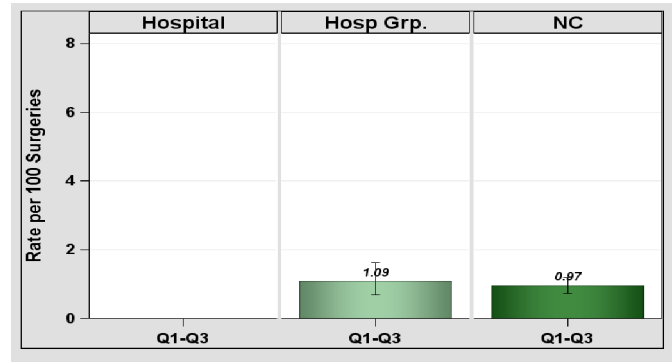


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

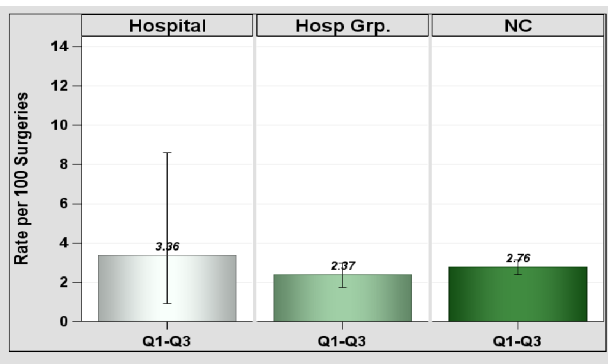


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	4	119	3.36

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

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

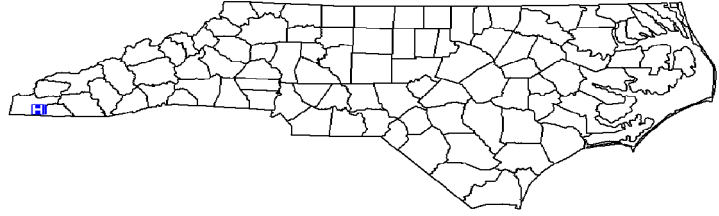
Data from January 1 – September 30, 2014

Murphy Medical Center, Murphy, Cherokee County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: No
 Profit Status: Not for Profit
 Admissions in 2013: 2,179
 Patient Days in 2013: 7,563
 Total Number of Beds: 43
 Number of ICU Beds: 6
 FTE* Infection Preventionists: 1.00
 Number of FTEs* per 100 beds: 2.33

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

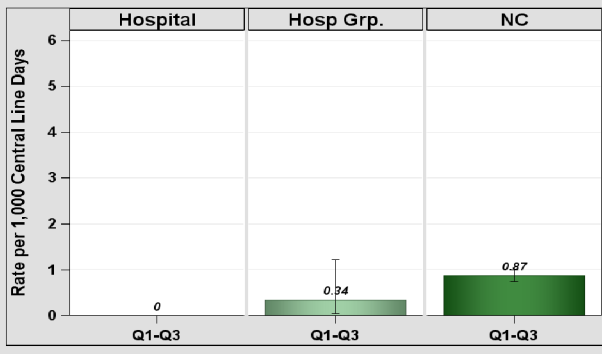


Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	119	0

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

Bar Graph Interpretations:

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

Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

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

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	4,958	0

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

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

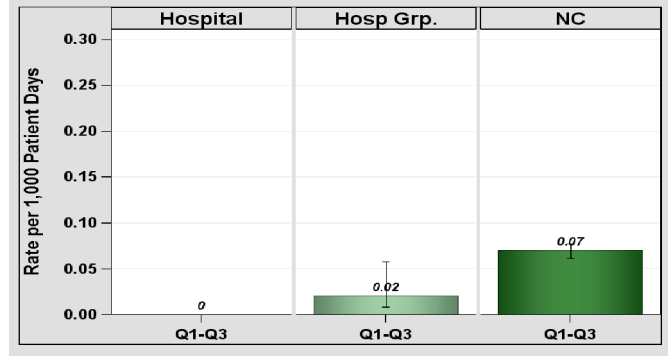


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

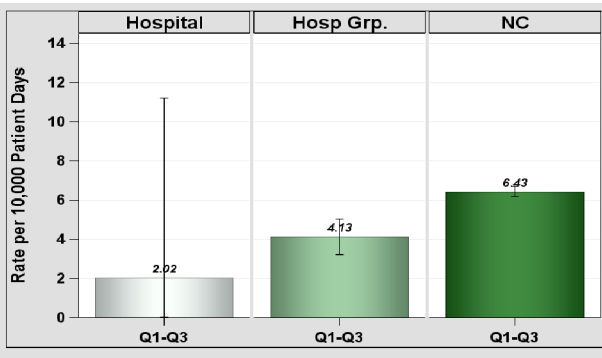


Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	1	4,958	2.02

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

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

Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of January 5, 2015.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
 Murphy Medical Center, Murphy, Cherokee County

Catheter-Associated Urinary Tract Infections (CAUTI)

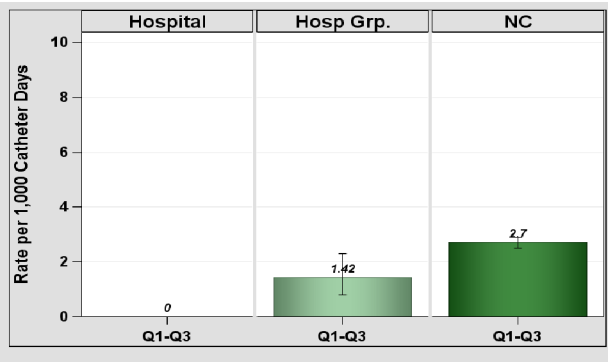


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	369	0

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

Bar Graph Interpretations:

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

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	7	.

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

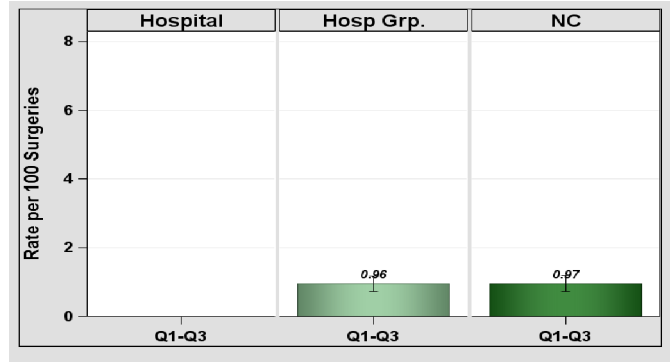


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

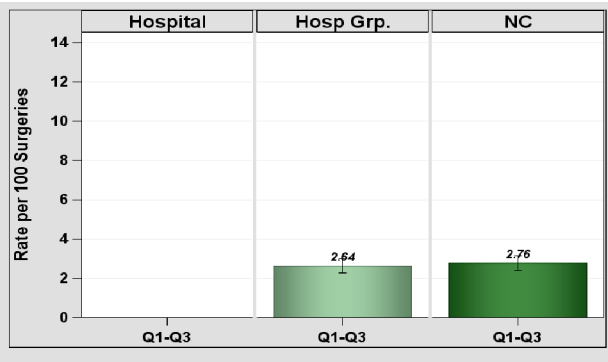


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	0	7	.

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

Commentary from Hospitals:

No comments provided.

North Carolina Healthcare-Associated Infections Report

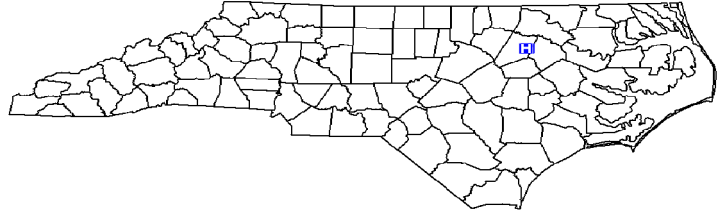
Data from January 1 – September 30, 2014

Nash Health Care Systems, Rocky Mount, Nash County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: No
 Profit Status: Not for Profit
 Admissions in 2013: 11,657
 Patient Days in 2013: 52,810
 Total Number of Beds: 237
 Number of ICU Beds: 30
 FTE* Infection Preventionists: 2.00
 Number of FTEs* per 100 beds: 0.84

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

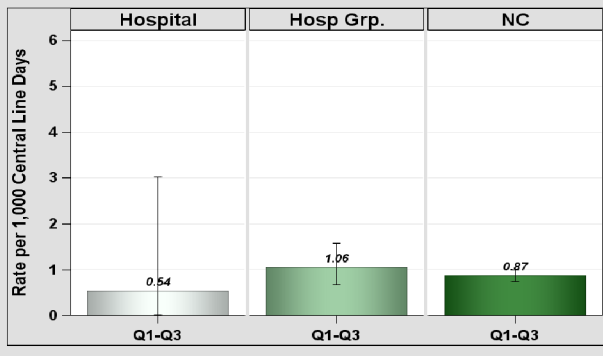


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	1	1,841	0.54

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

Bar Graph Interpretations:

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

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

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	2	38,697	0.05

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

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

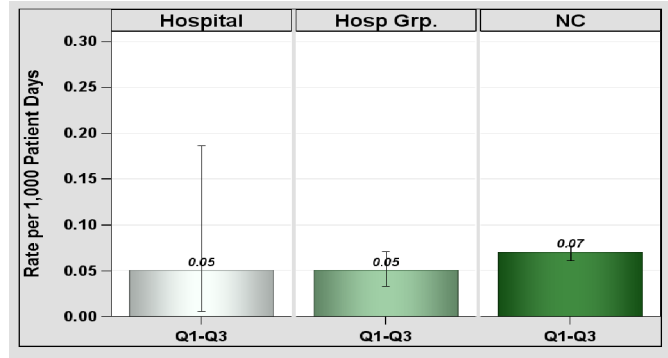


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

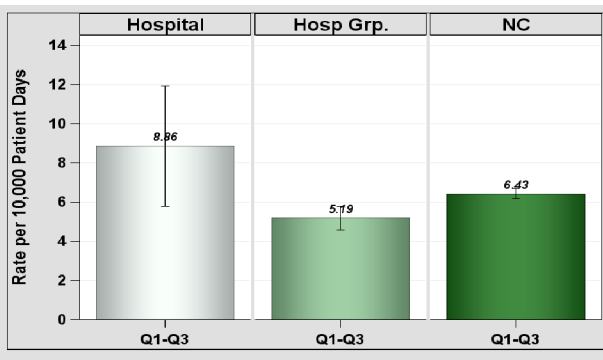


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	32	36,105	8.86

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

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

North Carolina Healthcare-Associated Infections Report

Data from January 1 – September 30, 2014

Nash Health Care Systems, Rocky Mount, Nash County

Catheter-Associated Urinary Tract Infections (CAUTI)

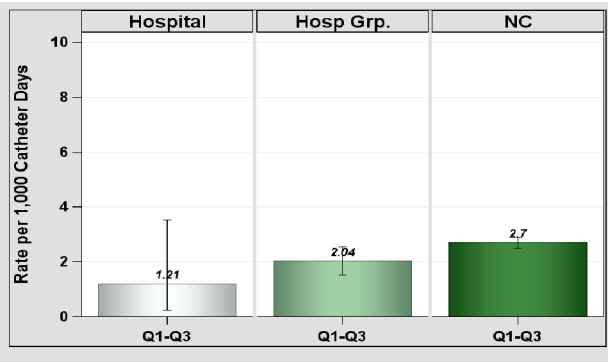


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	3	2,484	1.21

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

Bar Graph Interpretations:

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

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	3	115	2.61

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

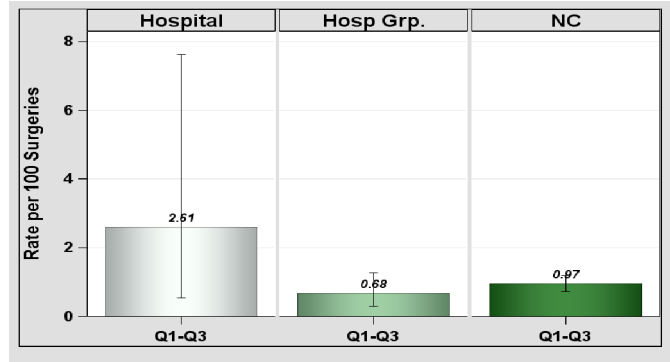


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

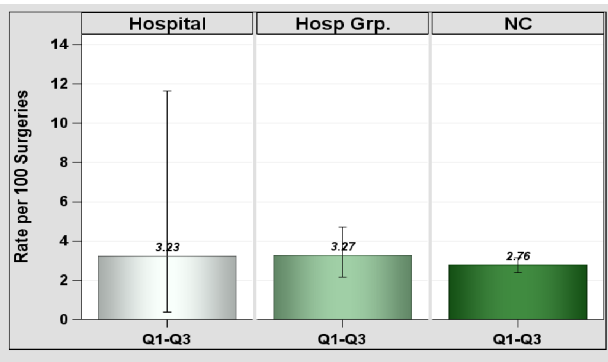


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	2	62	3.23

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

Commentary from Hospitals:

No comments provided.

North Carolina Healthcare-Associated Infections Report

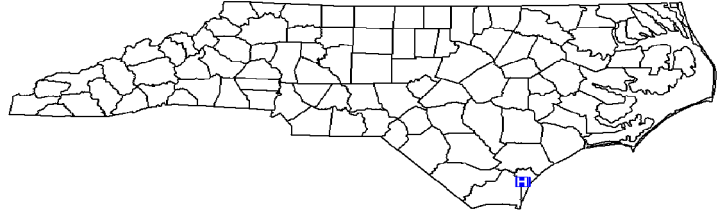
Data from January 1 – September 30, 2014

New Hanover Regional Medical Center, Wilmington, New Hanover County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: Major
 Profit Status: Not for Profit
 Admissions in 2013: 36,520
 Patient Days in 2013: 175,142
 Total Number of Beds: 579
 Number of ICU Beds: 112
 FTE* Infection Preventionists: 4.00
 Number of FTEs* per 100 beds: 0.69

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

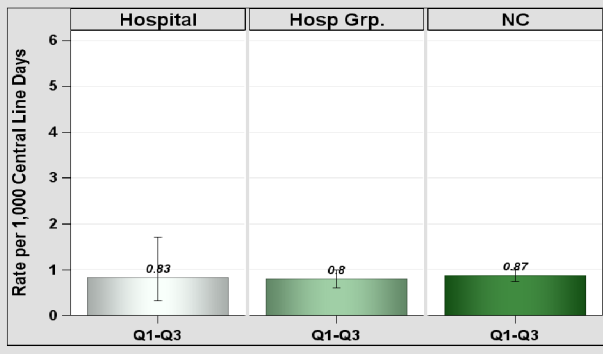


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	7	8,415	0.83

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

Bar Graph Interpretations:

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

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

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	11	132,048	0.08

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

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

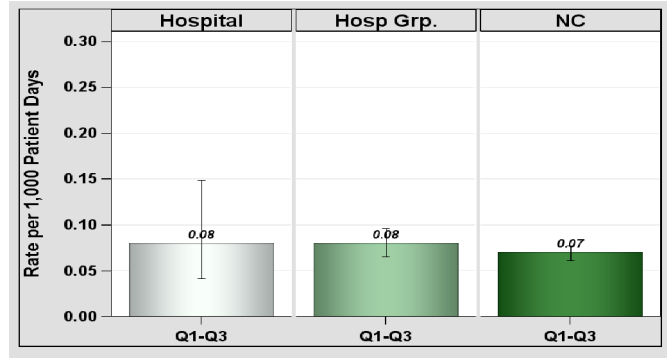


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

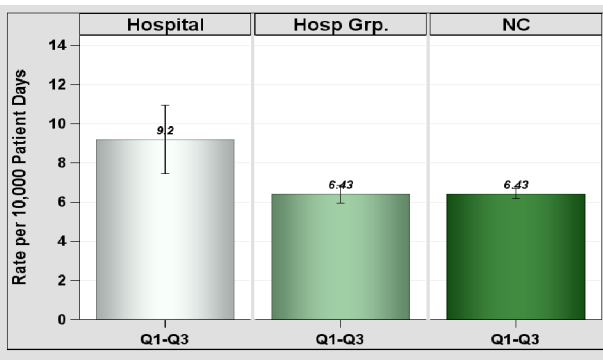


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	107	116,317	9.2

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

Hospital rate is higher than similarly-sized hospitals.
 Hospital rate is higher than NC hospitals overall.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
New Hanover Regional Medical Center, Wilmington, New Hanover County

Catheter-Associated Urinary Tract Infections (CAUTI)

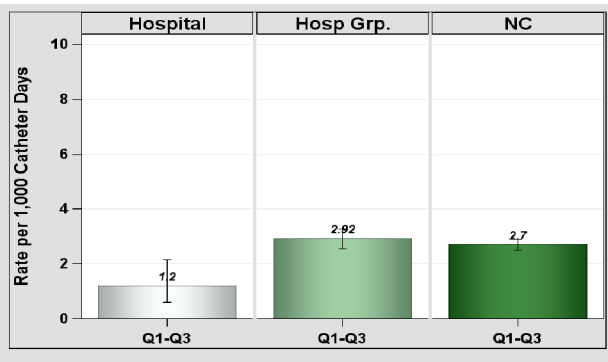


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	11	9,175	1.2

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

Bar Graph Interpretations:

Hospital rate is lower than similarly-sized hospitals.
 Hospital rate is lower than NC hospitals overall.

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	2	388	0.52

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

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

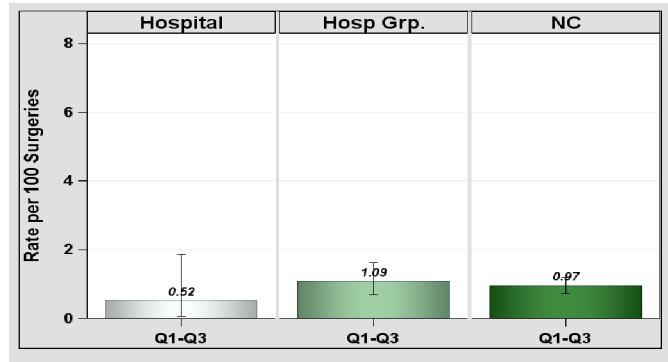


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

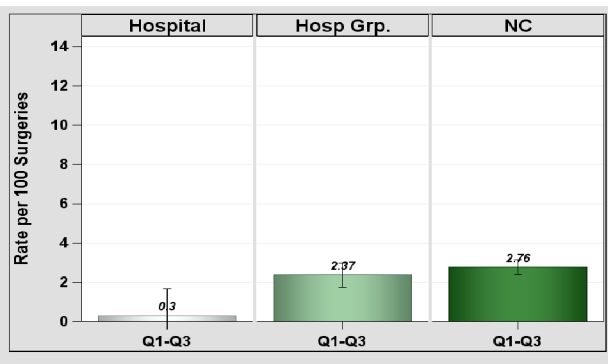


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	1	333	0.3

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

Hospital rate is lower than similarly-sized hospitals.
 Hospital rate is lower than NC hospitals overall.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

Commentary from Hospitals:

At New Hanover Regional Medical Center we take patient safety and quality care extremely seriously. We implement the latest science-based protocols to prevent hospital-acquired infection. We study and adopt best practices, evidence-based medicine and recommendations from national agencies to deliver the best possible outcomes for our patients. We encourage patients and their families to take an active role in helping prevent infections. Our team of infection preventionists works with all staff to ensure they are focused on delivering the highest quality of care possible. We are proud of our success and our ongoing quest to keep preventable infections to an absolute minimum.

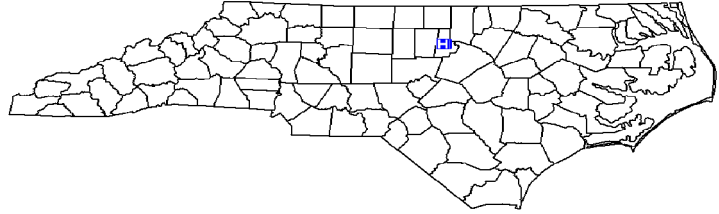
North Carolina Healthcare-Associated Infections Report

Data from January 1 – September 30, 2014

North Carolina Specialty Hospital, Durham, Durham County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Profit Status: Physician-owned
 Admissions in 2013: 2,041
 Patient Days in 2013: 3,573
 Total Number of Beds: 18
 FTE* Infection Preventionists: 0.70
 Number of FTEs* per 100 beds: 3.89



*FTE = Full-time equivalent

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

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

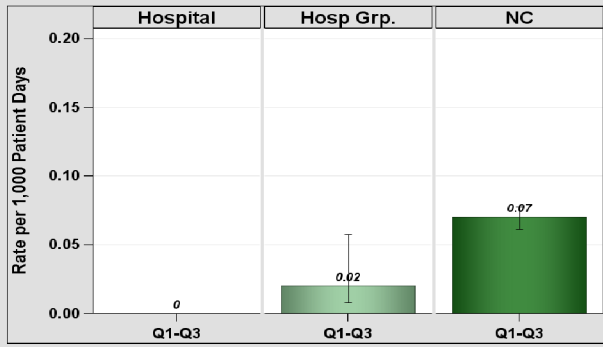


Table 1. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	3,352	0

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

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

Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

Table 2. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	1	3,352	2.98

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

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

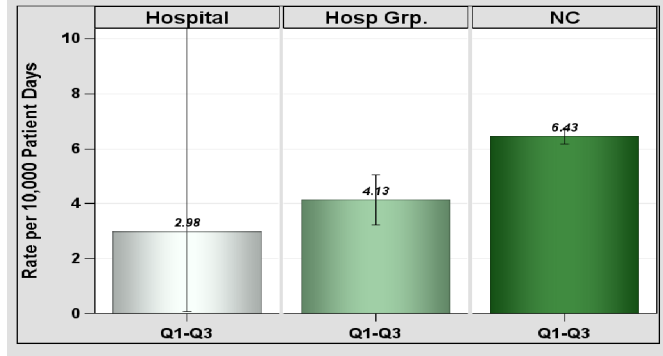


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Other Healthcare-Associated Infections (HAIs)

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

Commentary from Hospitals:

No comments provided.

North Carolina Healthcare-Associated Infections Report

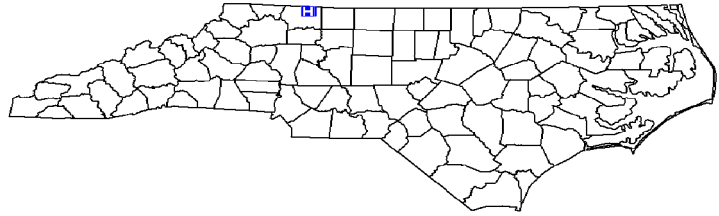
Data from January 1 – September 30, 2014

Northern Hospital Of Surry County, Mount Airy, Surry County

2013 Hospital Survey Information

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

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

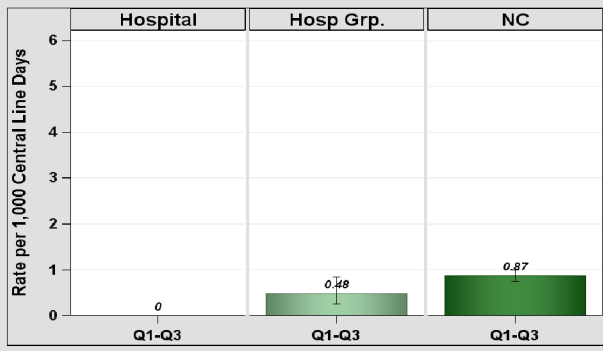


Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	264	0

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

Bar Graph Interpretations:

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

Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

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

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

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	11,414	0

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

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

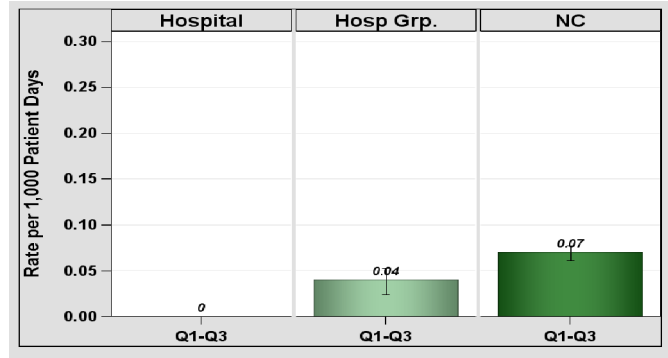


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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

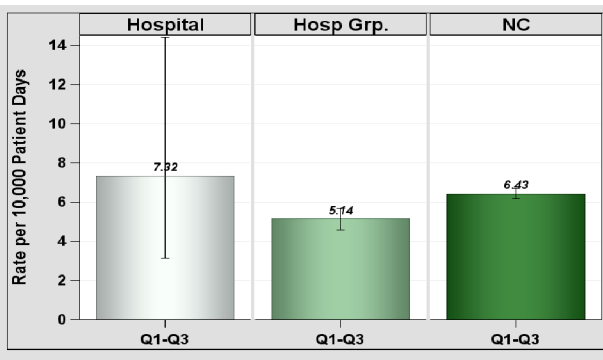


Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	8	10,934	7.32

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

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

Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of January 5, 2015.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
 Northern Hospital Of Surry County, Mount Airy, Surry County

Catheter-Associated Urinary Tract Infections (CAUTI)

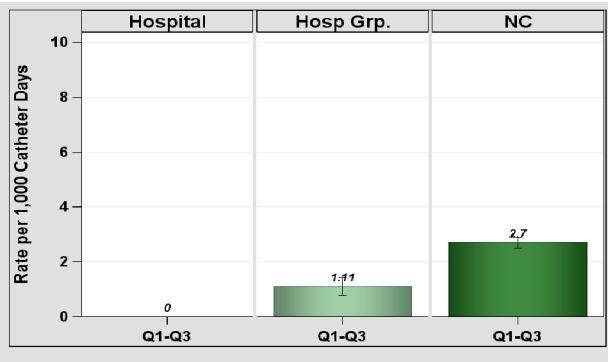


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	548	0

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

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.

A comparison to NC hospitals overall was not conducted.

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	1	53	1.89

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.

Hospital rate is not different from NC hospitals overall.

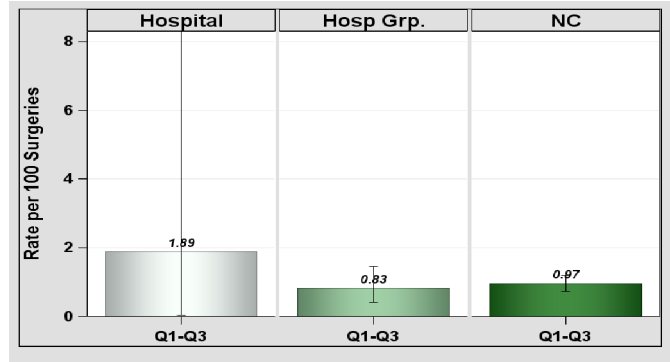


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

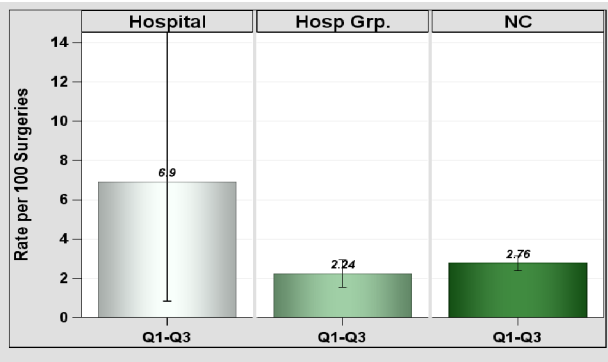


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	2	29	6.9

Infections from deep incisional and/or organ space.

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

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.

Hospital rate is not different from NC hospitals overall.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

Commentary from Hospitals:

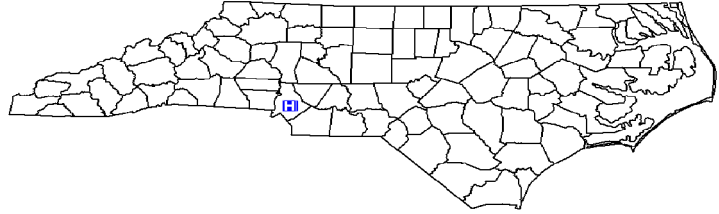
No comments provided.

North Carolina Healthcare-Associated Infections Report Data from January 1 – September 30, 2014

Novant Health Charlotte Orthopedic Hospital, Charlotte, Mecklenburg County

2013 Hospital Survey Information

Hospital Type:	Specialty Acute Care Hospital
Profit Status:	Not for Profit
Admissions in 2013:	3,731
Patient Days in 2013:	14,269
Total Number of Beds:	80
FTE* Infection Preventionists:	0.50
Number of FTEs* per 100 beds:	0.63



*FTE = Full-time equivalent

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

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

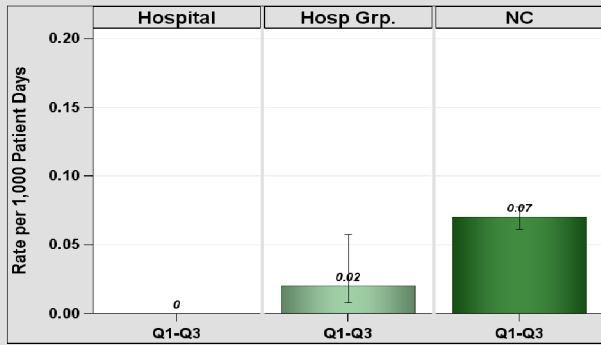


Table 1. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	8,664	0

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	8,664	0

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

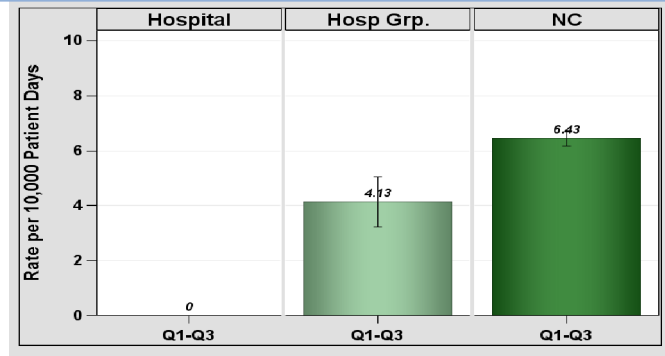


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Other Healthcare-Associated Infections (HAIs)

Specialty acute care hospitals do not report CLABSIs, CAUTIs, or SSIs to the N.C. Division of Public Health.

Commentary from Hospitals:

No comments provided.

North Carolina Healthcare-Associated Infections Report

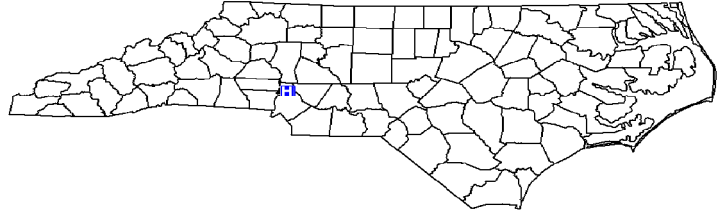
Data from January 1 – September 30, 2014

Novant Health Huntersville Medical Center, Huntersville, Mecklenburg County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: No
 Profit Status: Not for Profit
 Admissions in 2013: 6,035
 Patient Days in 2013: 21,139
 Total Number of Beds: 75
 Number of ICU Beds: 8
 FTE* Infection Preventionists: 0.80
 Number of FTEs* per 100 beds: 1.07

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

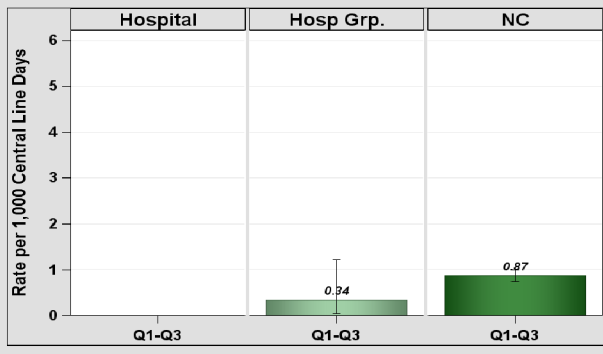


Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	9	.

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
 A comparison to NC hospitals overall was not conducted.

Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	17,328	0

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
 A comparison to NC hospitals overall was not conducted.

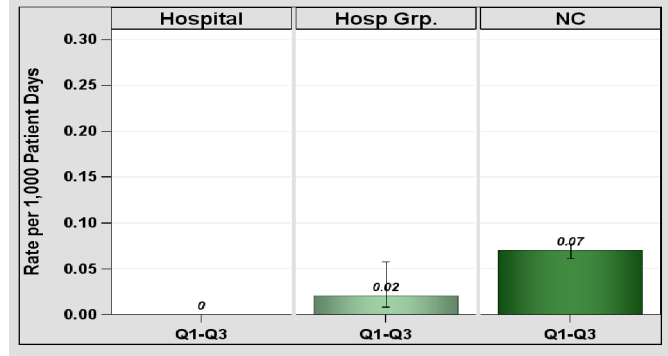


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

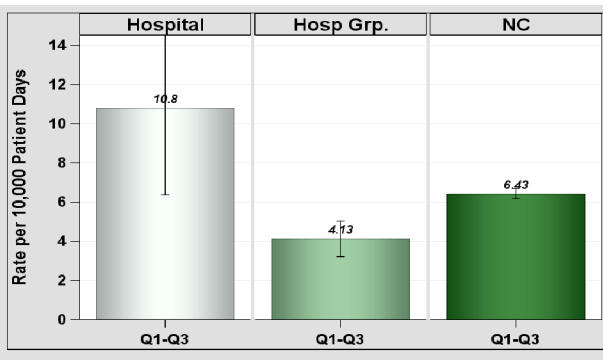


Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	18	16,667	10.8

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

Hospital rate is higher than similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of January 5, 2015.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
 Novant Health Huntersville Medical Center, Huntersville, Mecklenburg County

Catheter-Associated Urinary Tract Infections (CAUTI)

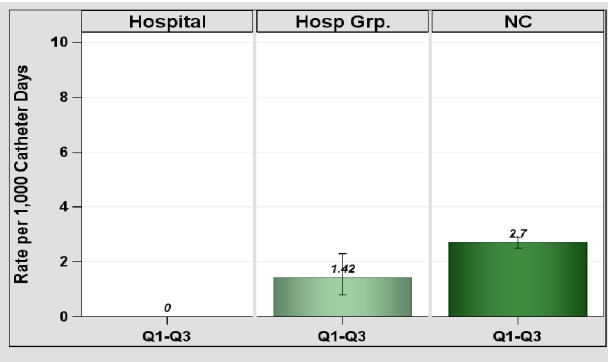


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	748	0

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
 A comparison to NC hospitals overall was not conducted.

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	22	0

Infections from deep incisional and/or organ space.

Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
 A comparison to NC hospitals overall was not conducted.

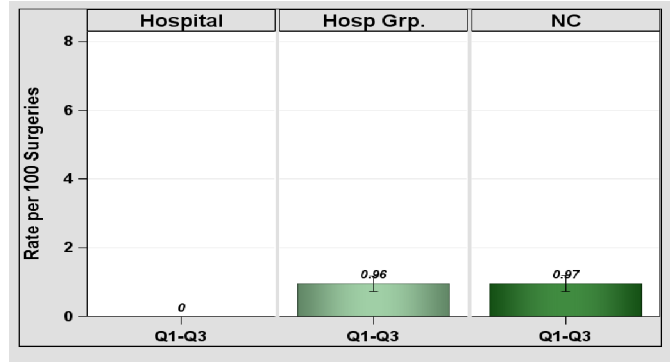


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

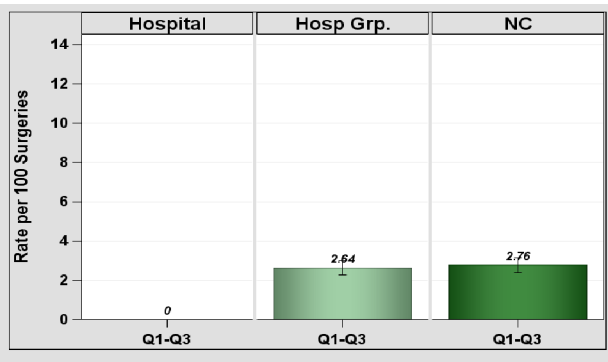


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	0	61	0

Infections from deep incisional and/or organ space.

Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
 A comparison to NC hospitals overall was not conducted.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

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

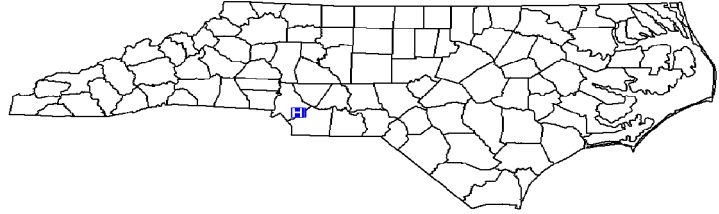
Data from January 1 – September 30, 2014

Novant Health Matthews Medical Center, Matthews, Mecklenburg County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: No
 Profit Status: Not for Profit
 Admissions in 2013: 7,733
 Patient Days in 2013: 29,476
 Total Number of Beds: 137
 Number of ICU Beds: 18
 FTE* Infection Preventionists: 1.00
 Number of FTEs* per 100 beds: 0.73

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

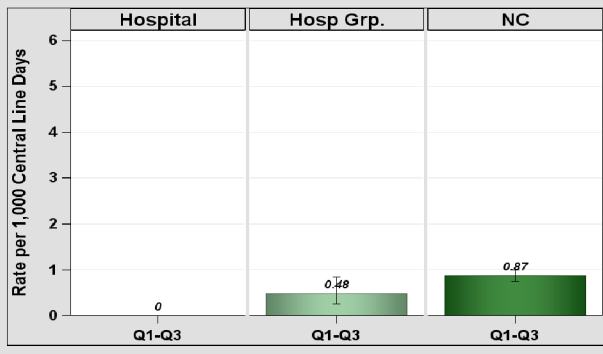


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	759	0

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
 A comparison to NC hospitals overall was not conducted.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	1	24,152	0.04

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

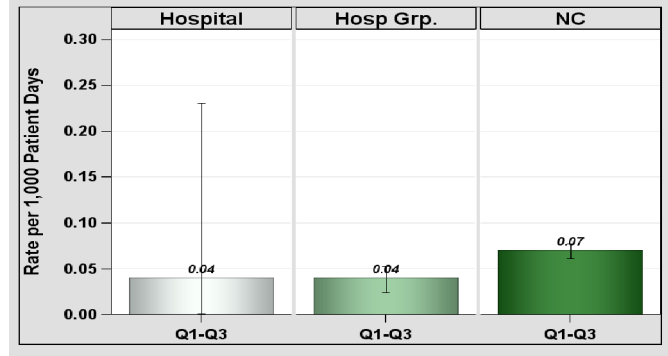


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

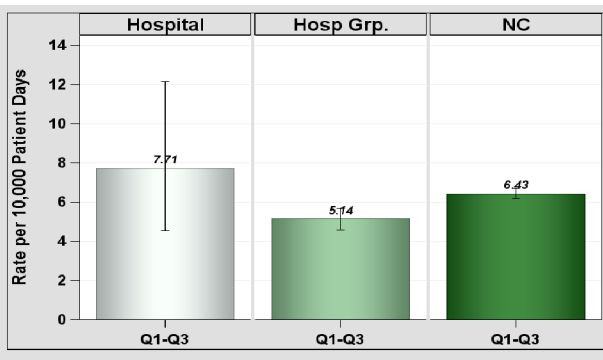


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	18	23,357	7.71

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
 Novant Health Matthews Medical Center, Matthews, Mecklenburg County

Catheter-Associated Urinary Tract Infections (CAUTI)

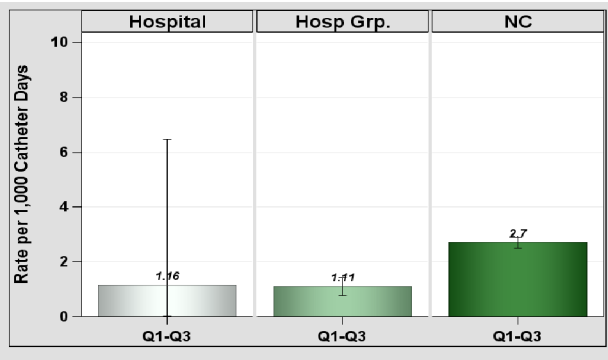


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	1	863	1.16

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	1	35	2.86

Infections from deep incisional and/or organ space.

Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

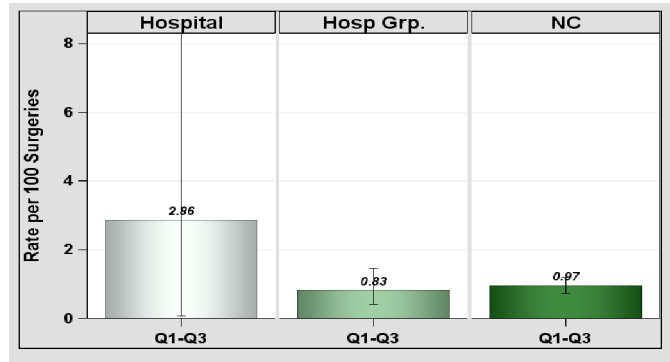


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

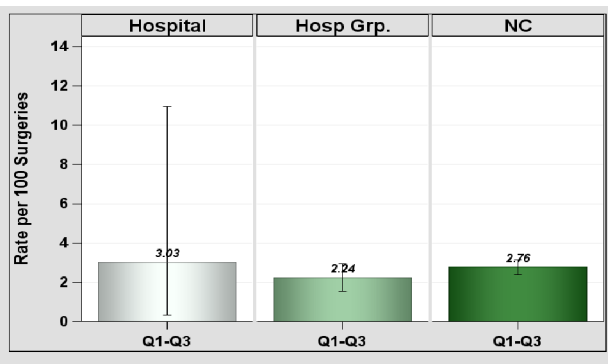


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	2	66	3.03

Infections from deep incisional and/or organ space.

Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

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

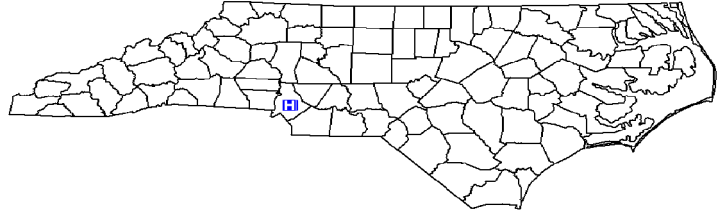
Data from January 1 – September 30, 2014

Novant Health Presbyterian Medical Center, Charlotte, Mecklenburg County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: No
 Profit Status: Not for Profit
 Admissions in 2013: 26,818
 Patient Days in 2013: 152,525
 Total Number of Beds: 609
 Number of ICU Beds: 86
 FTE* Infection Preventionists: 4.50
 Number of FTEs* per 100 beds: 0.74

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

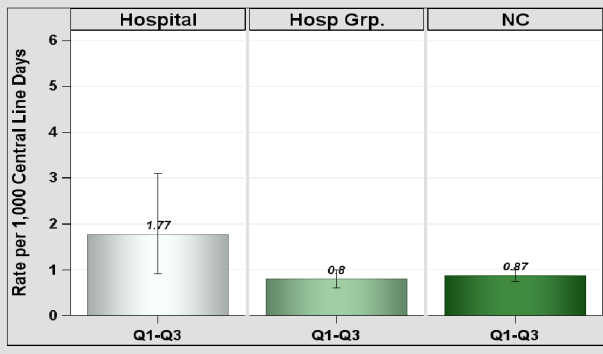


Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	12	6,771	1.77

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	15	104,577	0.14

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is higher than NC hospitals overall.

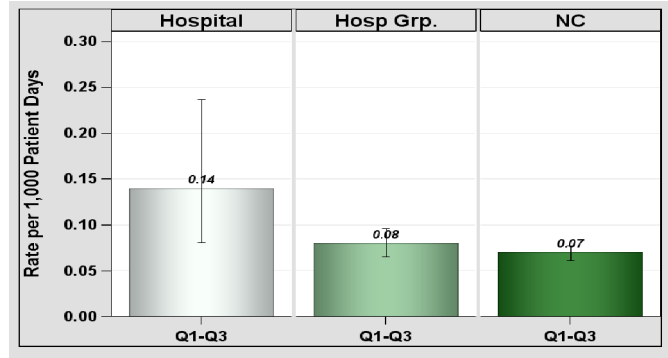


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

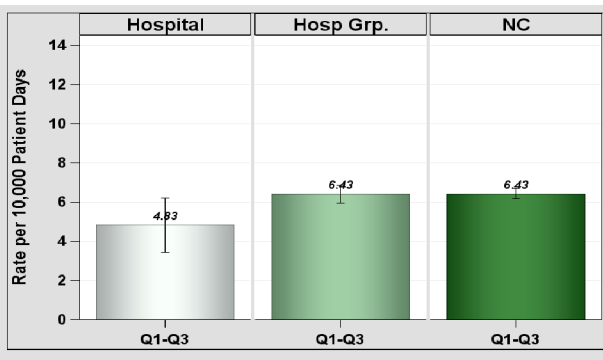


Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	47	97,302	4.83

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of January 5, 2015.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
Novant Health Presbyterian Medical Center, Charlotte, Mecklenburg County

Catheter-Associated Urinary Tract Infections (CAUTI)

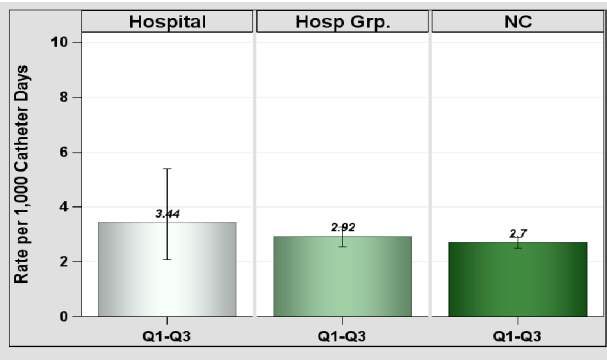


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	19	5,517	3.44

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	6	257	2.33

Infections from deep incisional and/or organ space.

Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

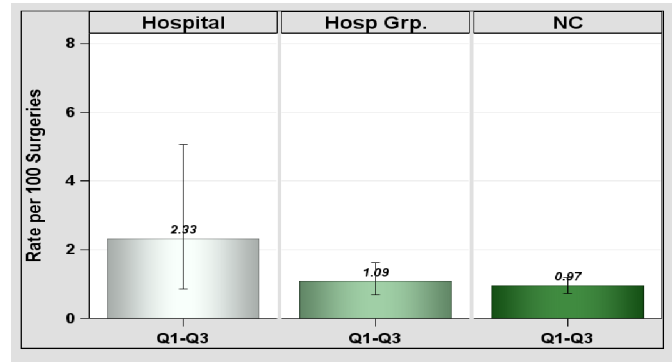


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

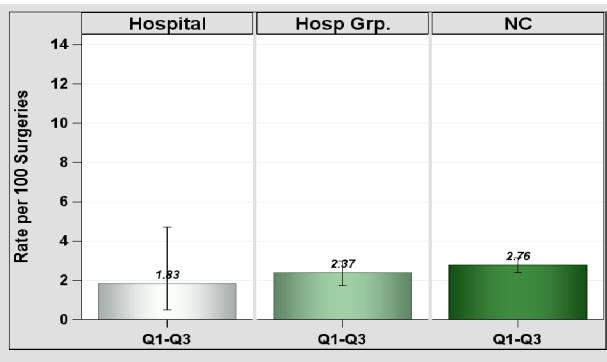


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	4	218	1.83

Infections from deep incisional and/or organ space.

Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

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

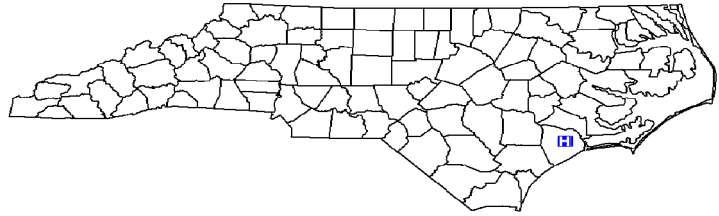
Data from January 1 – September 30, 2014

Onslow Memorial Hospital, Jacksonville, Onslow County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: No
 Profit Status: Not for Profit
 Admissions in 2013: 9,351
 Patient Days in 2013: 34,322
 Total Number of Beds: 162
 Number of ICU Beds: 30
 FTE* Infection Preventionists: 1.00
 Number of FTEs* per 100 beds: 0.62

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

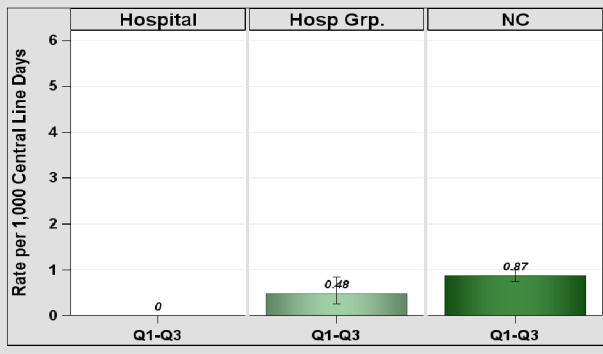


Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	776	0

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
 A comparison to NC hospitals overall was not conducted.

Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	1	24,970	0.04

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

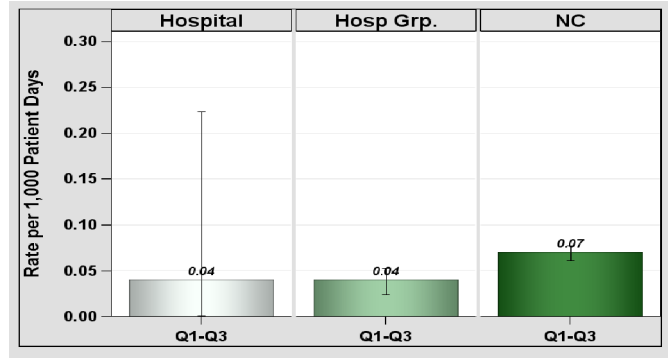


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

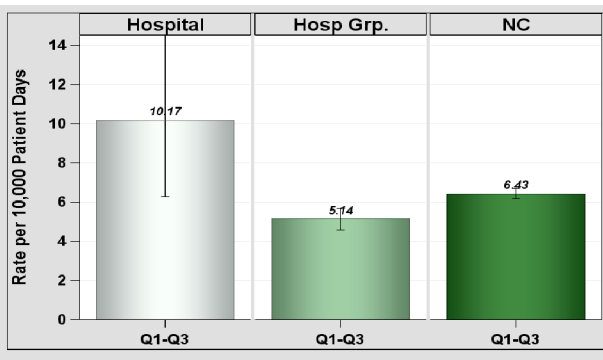


Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	21	20,656	10.2

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

Hospital rate is higher than similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of January 5, 2015.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
Onslow Memorial Hospital, Jacksonville, Onslow County

Catheter-Associated Urinary Tract Infections (CAUTI)

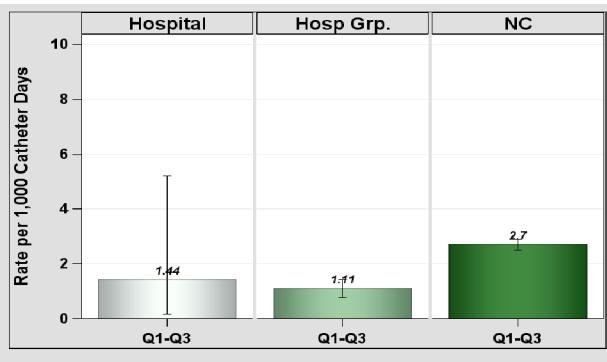


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	2	1,389	1.44

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	10	.

Infections from deep incisional and/or organ space.

Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
 A comparison to NC hospitals overall was not conducted.

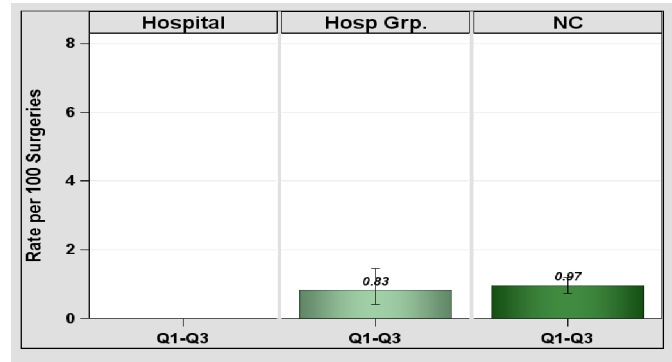


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

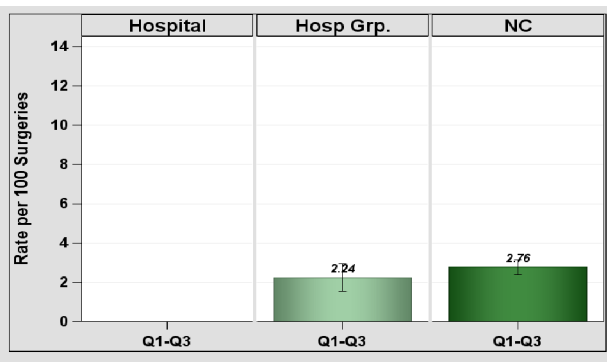


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	0	15	.

Infections from deep incisional and/or organ space.

Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
 A comparison to NC hospitals overall was not conducted.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

Commentary from Hospitals:

No comments provided.

North Carolina Healthcare-Associated Infections Report

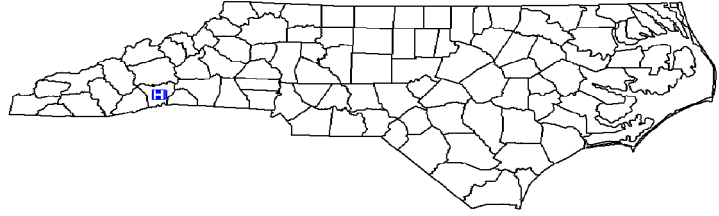
Data from January 1 – September 30, 2014

Pardee Hospital, Hendersonville, Henderson County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: Graduate
 Profit Status: Not for Profit
 Admissions in 2013: 7,242
 Patient Days in 2013: 30,116
 Total Number of Beds: 138
 Number of ICU Beds: 8
 FTE* Infection Preventionists: 1.00
 Number of FTEs* per 100 beds: 0.72

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

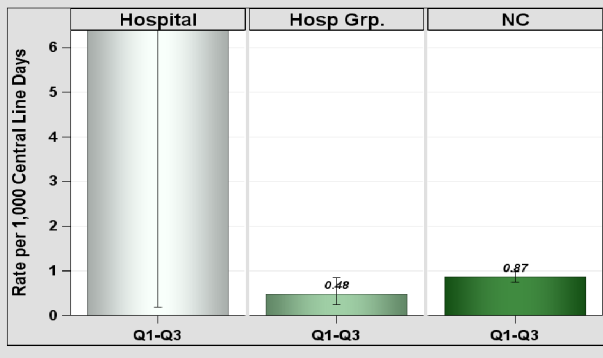


Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	1	141	7.09

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	21,081	0

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
 A comparison to NC hospitals overall was not conducted.

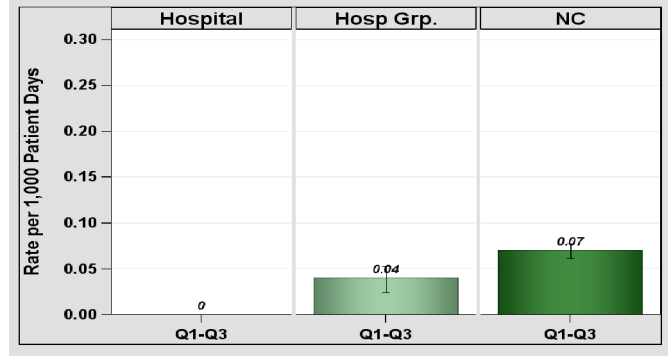


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

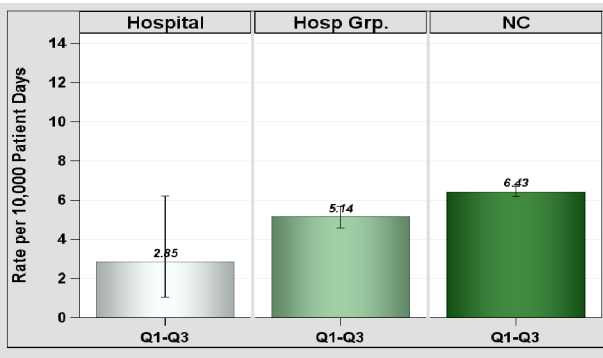


Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	6	21,081	2.85

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of January 5, 2015.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
 Pardee Hospital, Hendersonville, Henderson County

Catheter-Associated Urinary Tract Infections (CAUTI)

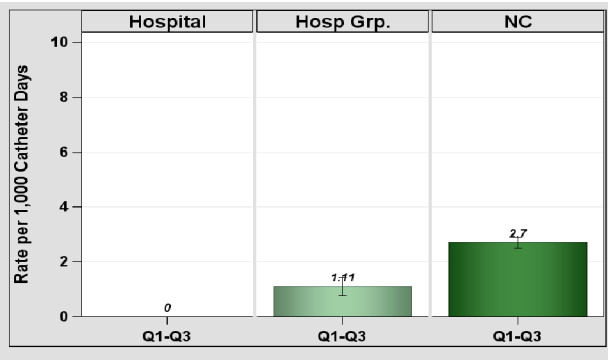


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	766	0

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
 A comparison to NC hospitals overall was not conducted.

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	28	0

Infections from deep incisional and/or organ space.

Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
 A comparison to NC hospitals overall was not conducted.

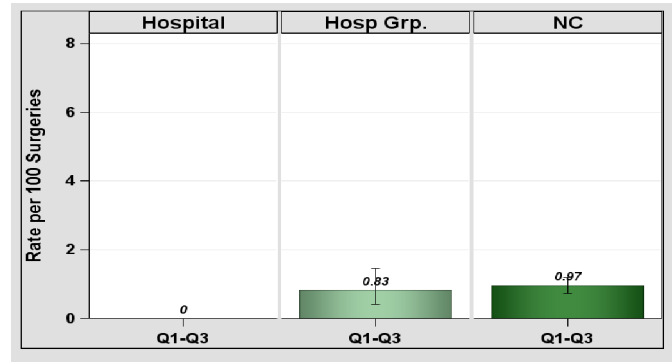


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

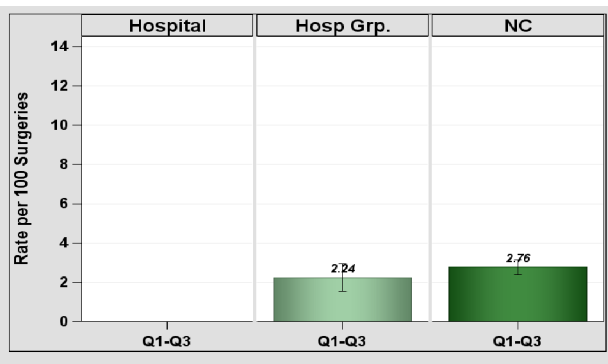


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	0	7	.

Infections from deep incisional and/or organ space.

Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
 A comparison to NC hospitals overall was not conducted.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

Commentary from Hospitals:

No comments provided.

North Carolina Healthcare-Associated Infections Report

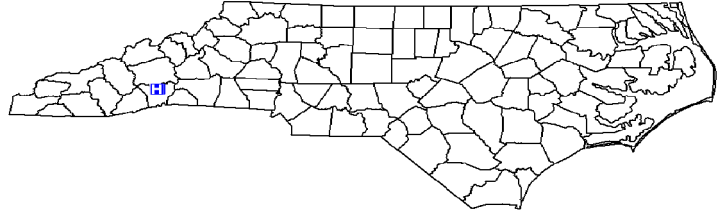
Data from January 1 – September 30, 2014

Park Ridge Health, Hendersonville, Henderson County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: No
 Profit Status: Not for Profit
 Admissions in 2013: 8,345
 Patient Days in 2013: 22,934
 Total Number of Beds: 103
 Number of ICU Beds: 6
 FTE* Infection Preventionists: 1.00
 Number of FTEs* per 100 beds: 0.97

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

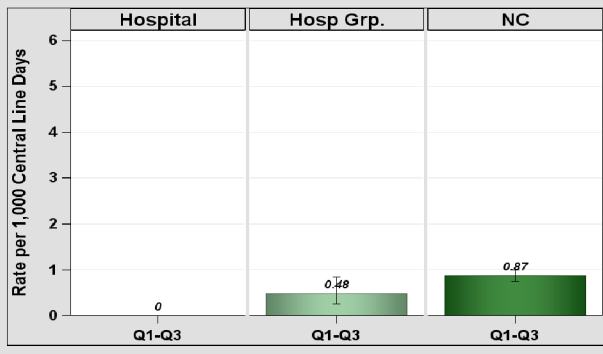


Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	324	0

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
 A comparison to NC hospitals overall was not conducted.

Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	15,798	0

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
 A comparison to NC hospitals overall was not conducted.

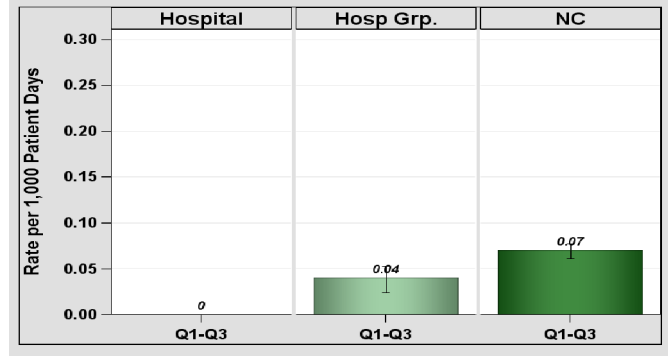


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

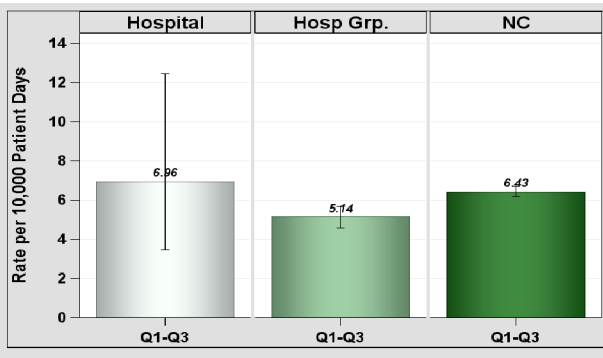


Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	11	15,798	6.96

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of January 5, 2015.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
 Park Ridge Health, Hendersonville, Henderson County

Catheter-Associated Urinary Tract Infections (CAUTI)

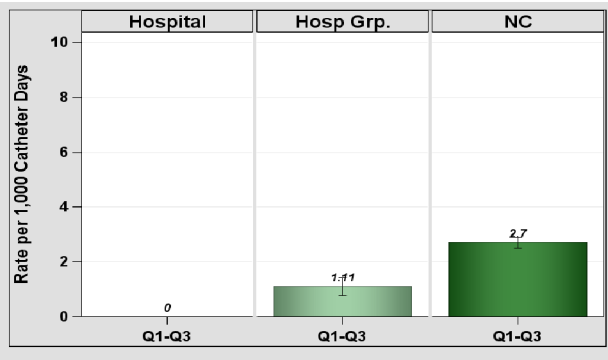


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	648	0

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
 A comparison to NC hospitals overall was not conducted.

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	65	0

Infections from deep incisional and/or organ space.

Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
 A comparison to NC hospitals overall was not conducted.

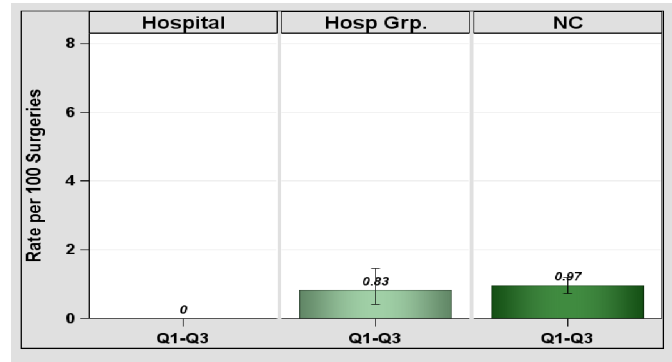


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

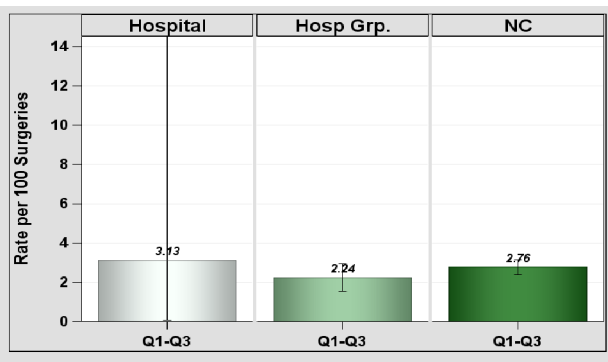


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	1	32	3.13

Infections from deep incisional and/or organ space.

Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

Commentary from Hospitals:

No comments provided.

North Carolina Healthcare-Associated Infections Report

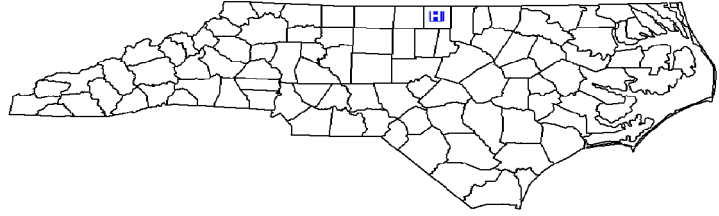
Data from January 1 – September 30, 2014

Person Memorial Hospital, Roxboro, Person County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: No
 Profit Status: For Profit
 Admissions in 2013: 1,645
 Patient Days in 2013: 6,010
 Total Number of Beds: 38
 Number of ICU Beds: 6
 FTE* Infection Preventionists: 0.40
 Number of FTEs* per 100 beds: 1.05

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

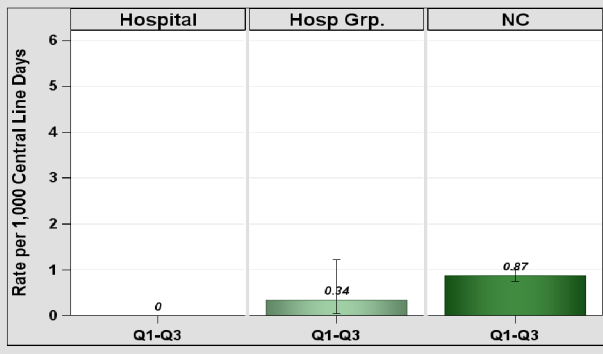


Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	129	0

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
 A comparison to NC hospitals overall was not conducted.

Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	4,074	0

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
 A comparison to NC hospitals overall was not conducted.

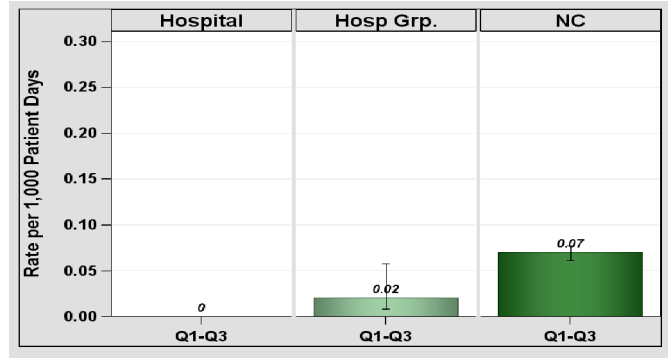


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

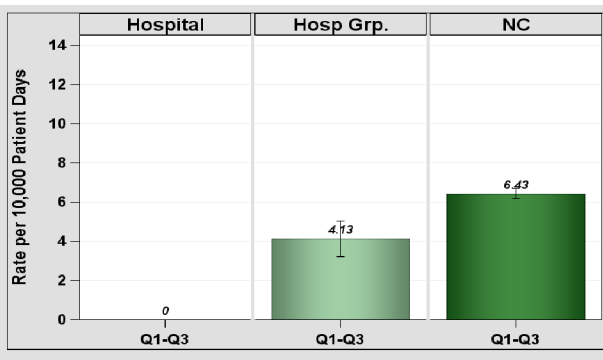


Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	4,074	0

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
 A comparison to NC hospitals overall was not conducted.

Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of January 5, 2015.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
 Person Memorial Hospital, Roxboro, Person County

Catheter-Associated Urinary Tract Infections (CAUTI)

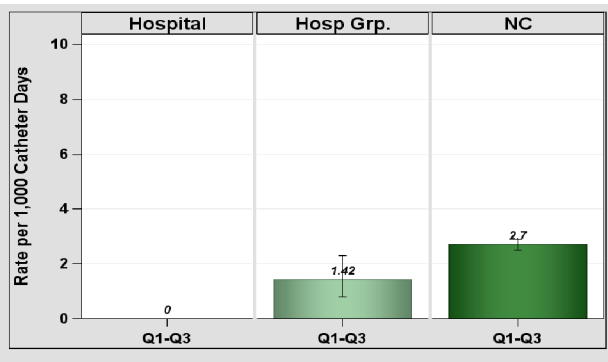


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	435	0

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
 A comparison to NC hospitals overall was not conducted.

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	0	.

Infections from deep incisional and/or organ space.

Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
 A comparison to NC hospitals overall was not conducted.

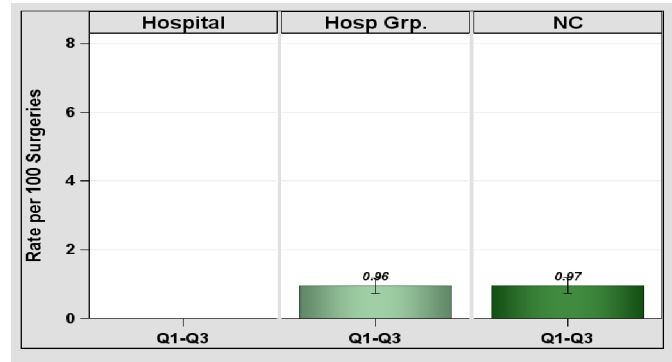


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

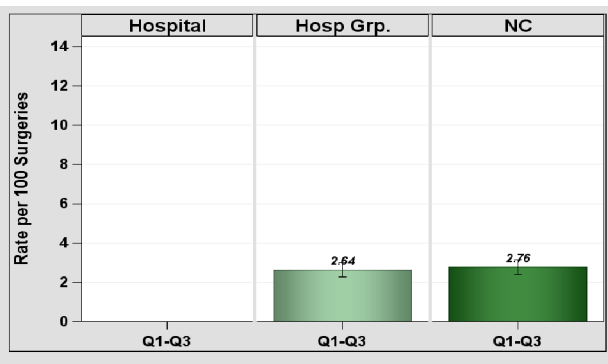


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	1	17	.

Infections from deep incisional and/or organ space.

Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
 A comparison to NC hospitals overall was not conducted.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

Commentary from Hospitals:

No comments provided.

North Carolina Healthcare-Associated Infections Report

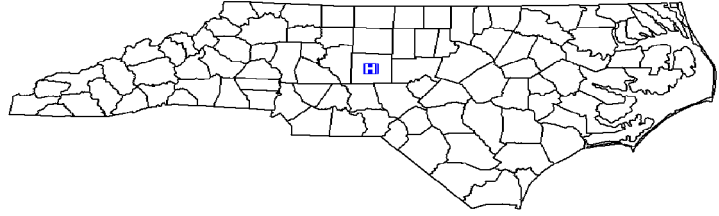
Data from January 1 – September 30, 2014

Randolph Hospital, Asheboro, Randolph County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: No
 Profit Status: Not for Profit
 Admissions in 2013: 5,433
 Patient Days in 2013: 21,208
 Total Number of Beds: 102
 Number of ICU Beds: 9
 FTE* Infection Preventionists: 1.00
 Number of FTEs* per 100 beds: 0.98

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

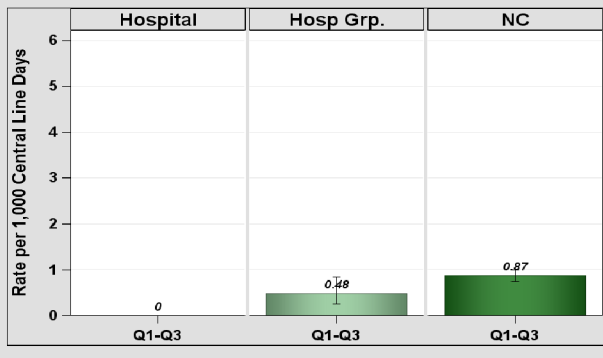


Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	751	0

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
 A comparison to NC hospitals overall was not conducted.

Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	14,952	0

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
 A comparison to NC hospitals overall was not conducted.

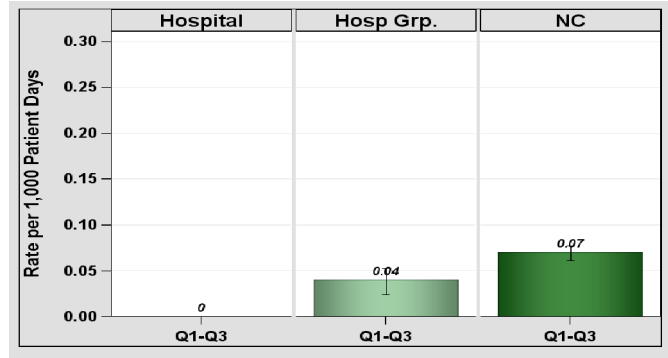


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

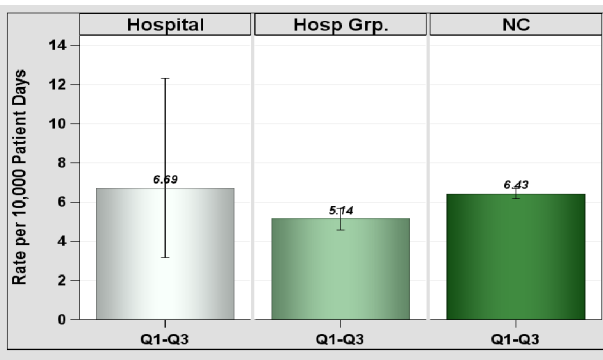


Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	10	14,952	6.69

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of January 5, 2015.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
Randolph Hospital, Asheboro, Randolph County

Catheter-Associated Urinary Tract Infections (CAUTI)

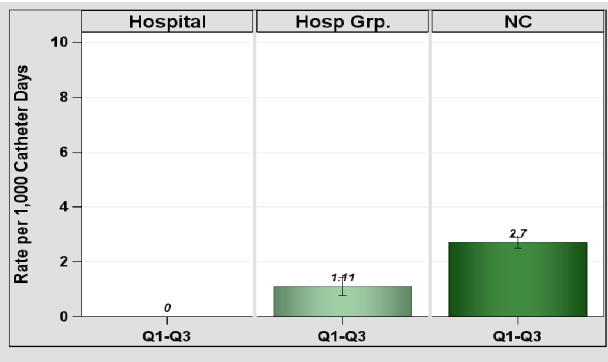


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	1,056	0

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	1	57	1.75

Infections from deep incisional and/or organ space.

Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

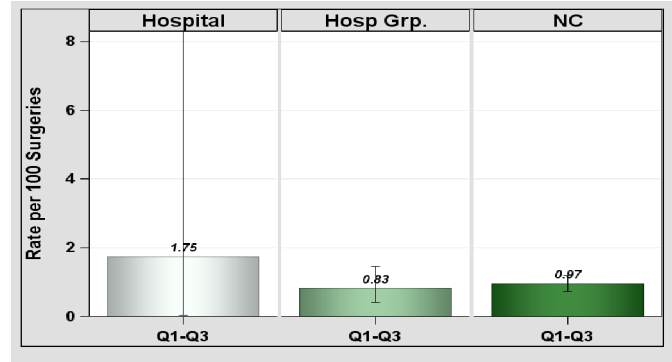


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

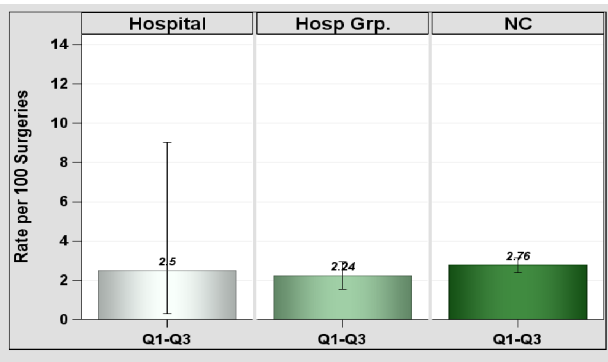


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	2	80	2.5

Infections from deep incisional and/or organ space.

Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

Commentary from Hospitals:

No comments provided.

North Carolina Healthcare-Associated Infections Report

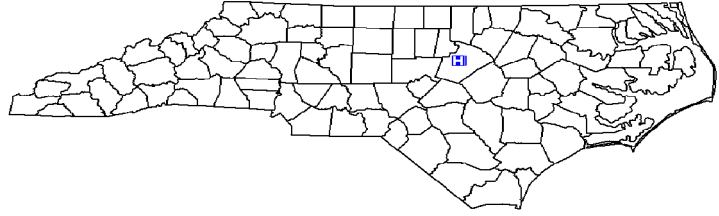
Data from January 1 – September 30, 2014

Rex Healthcare, Raleigh, Wake County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: No
 Profit Status: Not for Profit
 Admissions in 2013: 31,134
 Patient Days in 2013: 121,583
 Total Number of Beds: 479
 Number of ICU Beds: 38
 FTE* Infection Preventionists: 4.00
 Number of FTEs* per 100 beds: 0.84

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

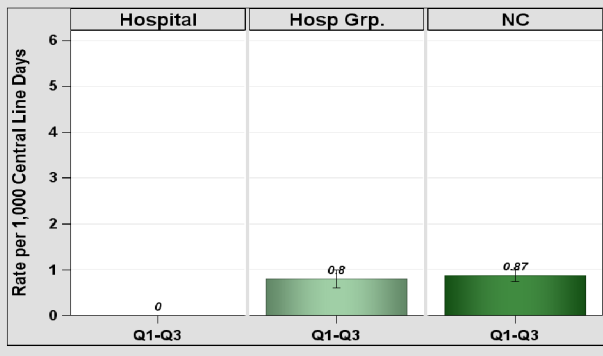


Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	3,728	0

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
 A comparison to NC hospitals overall was not conducted.

Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	6	90,648	0.07

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

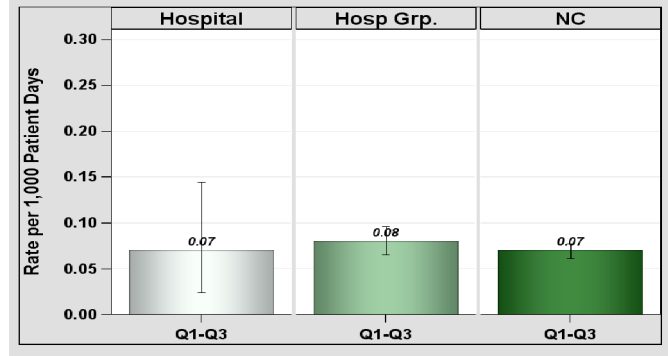


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

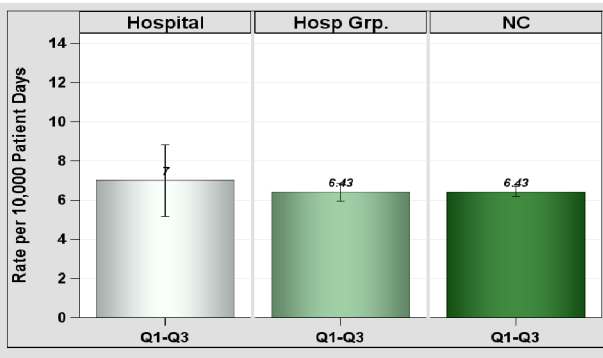


Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	56	80,036	7

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of January 5, 2015.

North Carolina Healthcare-Associated Infections Report

Data from January 1 – September 30, 2014

Rex Healthcare, Raleigh, Wake County

Catheter-Associated Urinary Tract Infections (CAUTI)

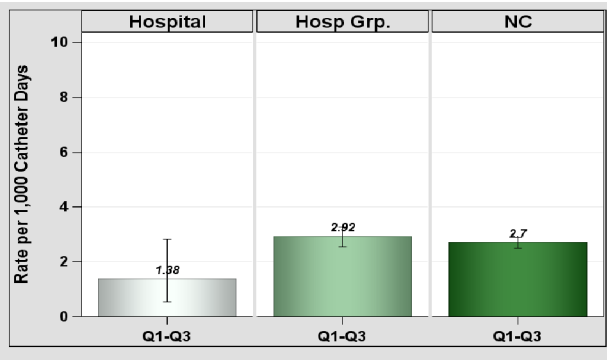


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	7	5,072	1.38

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	3	309	0.97

Infections from deep incisional and/or organ space.

Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

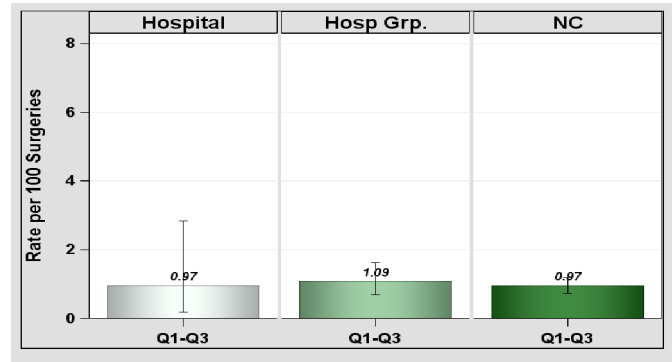


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

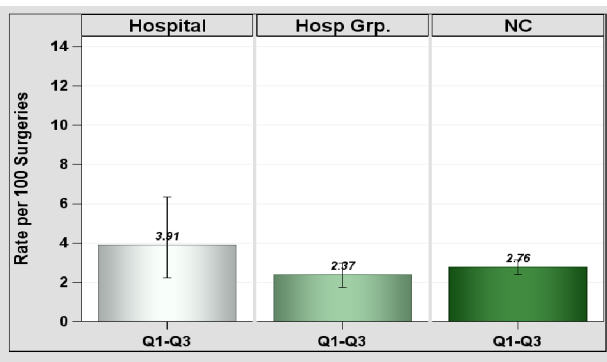


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	16	409	3.91

Infections from deep incisional and/or organ space.

Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

Commentary from Hospitals:

No comments provided.

North Carolina Healthcare-Associated Infections Report

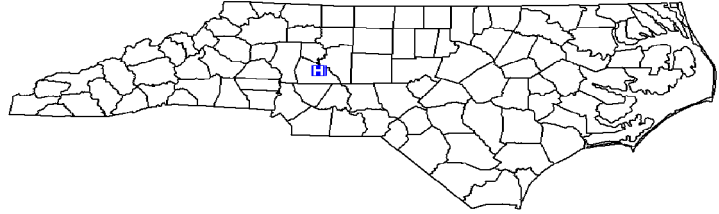
Data from January 1 – September 30, 2014

Rowan Regional Medical Center, Salisbury, Rowan County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: No
 Profit Status: Not for Profit
 Admissions in 2013: 9,724
 Patient Days in 2013: 47,499
 Total Number of Beds: 268
 Number of ICU Beds: 12
 FTE* Infection Preventionists: 0.75
 Number of FTEs* per 100 beds: 0.28

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

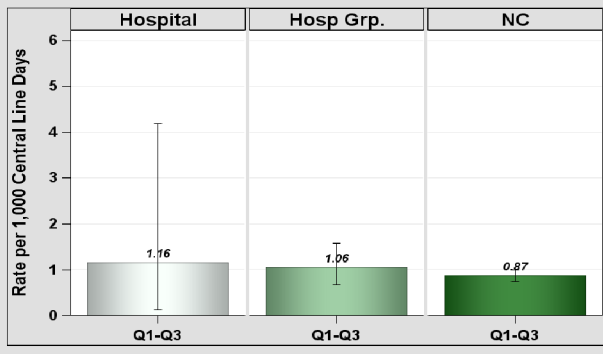


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	2	1,721	1.16

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	4	36,832	0.11

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

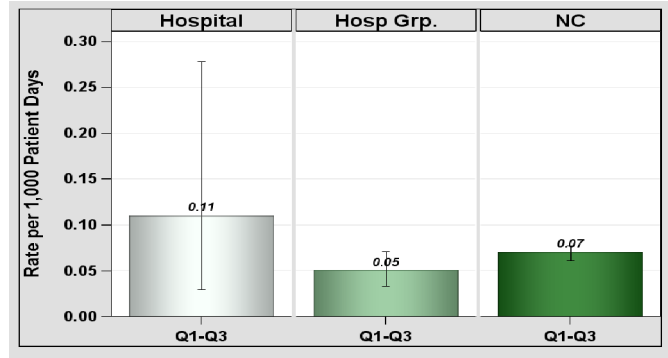


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

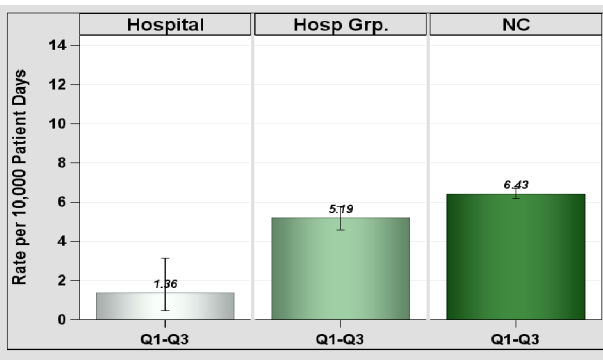


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	5	36,832	1.36

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

Hospital rate is lower than similarly-sized hospitals.
 Hospital rate is lower than NC hospitals overall.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
 Rowan Regional Medical Center, Salisbury, Rowan County

Catheter-Associated Urinary Tract Infections (CAUTI)

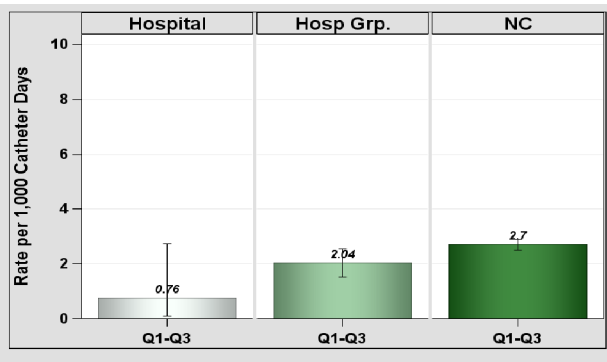


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	2	2,635	0.76

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	1	13	.

Infections from deep incisional and/or organ space.

Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
 A comparison to NC hospitals overall was not conducted.

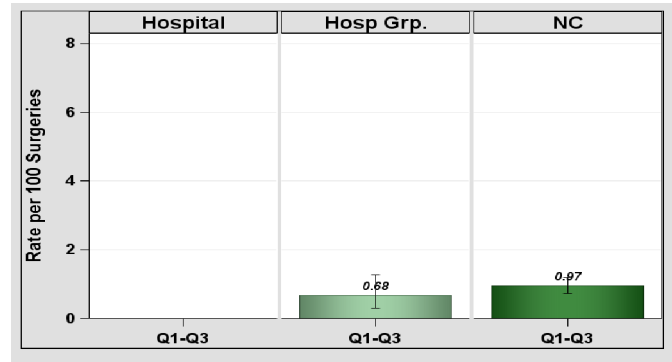


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

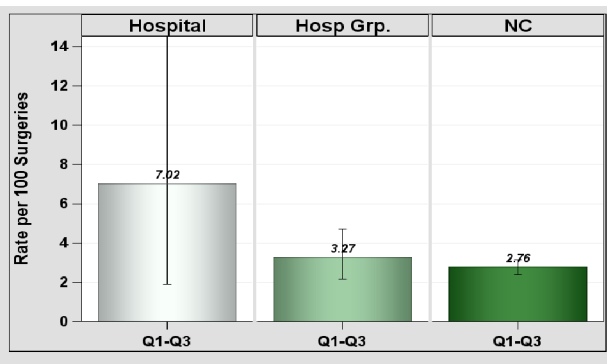


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	4	57	7.02

Infections from deep incisional and/or organ space.

Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

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

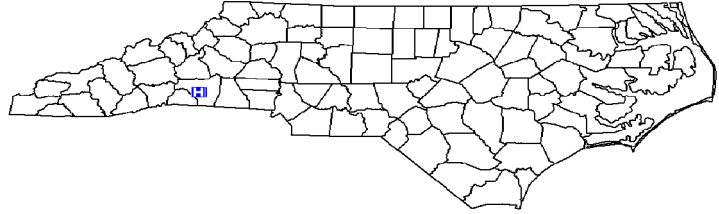
Data from January 1 – September 30, 2014

Rutherford Regional Medical Center, Rutherfordton, Rutherford County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: No
 Profit Status: Not for Profit
 Admissions in 2013: 6,599
 Patient Days in 2013: 24,343
 Total Number of Beds: 120
 Number of ICU Beds: 10
 FTE* Infection Preventionists: 1.00
 Number of FTEs* per 100 beds: 0.83

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

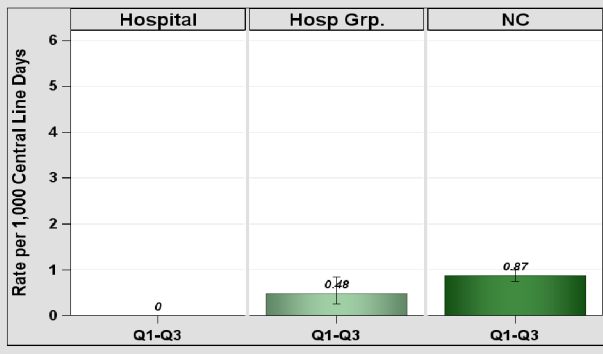


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	169	0

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
 A comparison to NC hospitals overall was not conducted.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	3	13,697	0.22

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

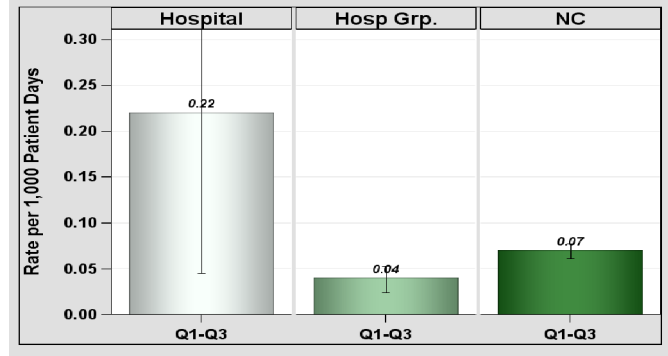


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

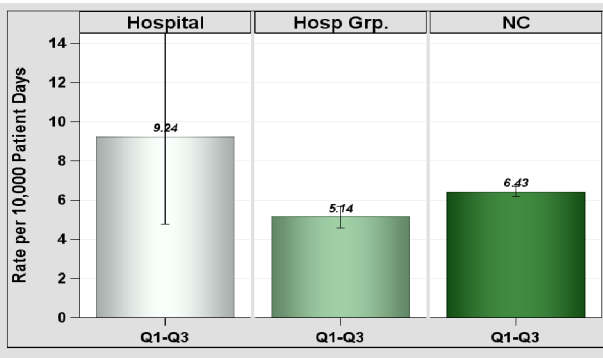


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	12	12,990	9.24

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
Rutherford Regional Medical Center, Rutherfordton, Rutherford County

Catheter-Associated Urinary Tract Infections (CAUTI)

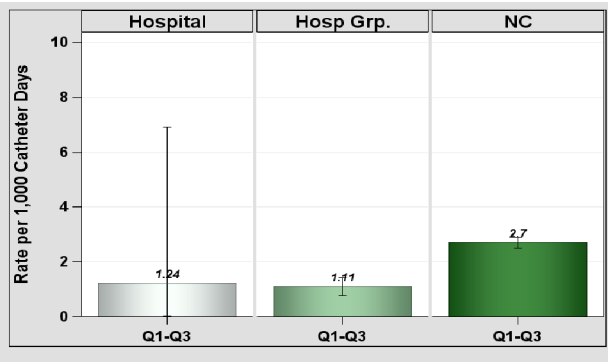


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	1	805	1.24

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	2	29	6.9

Infections from deep incisional and/or organ space.

Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

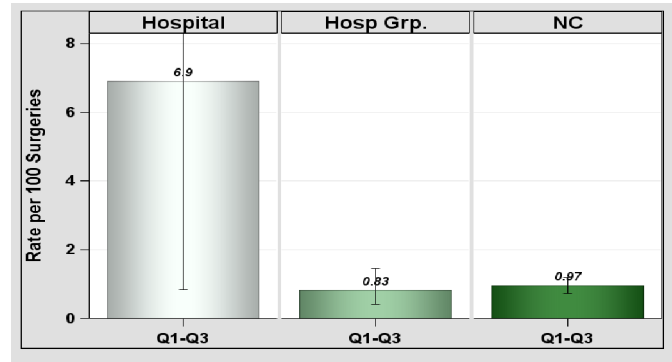


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

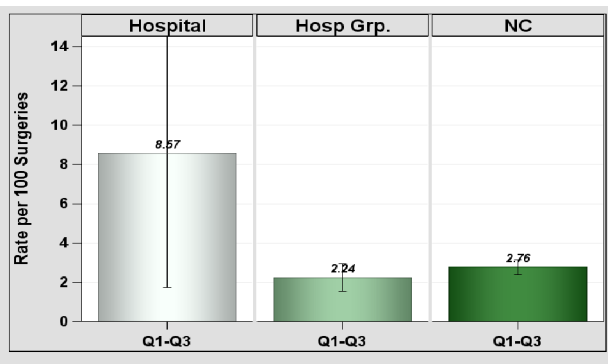


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	3	35	8.57

Infections from deep incisional and/or organ space.

Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

Commentary from Hospitals:

No comments provided.

North Carolina Healthcare-Associated Infections Report

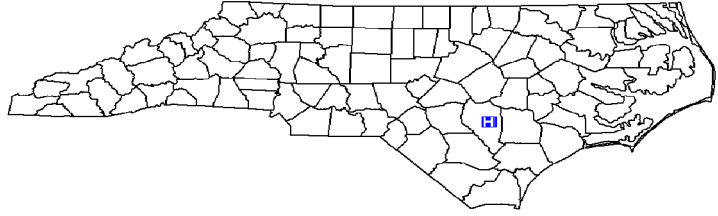
Data from January 1 – September 30, 2014

Sampson Regional Medical Center, Clinton, Sampson County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: No
 Profit Status: Not for Profit
 Admissions in 2013: 4,464
 Patient Days in 2013: 15,521
 Total Number of Beds: 116
 Number of ICU Beds: 8
 FTE* Infection Preventionists: 1.00
 Number of FTEs* per 100 beds: 0.86

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

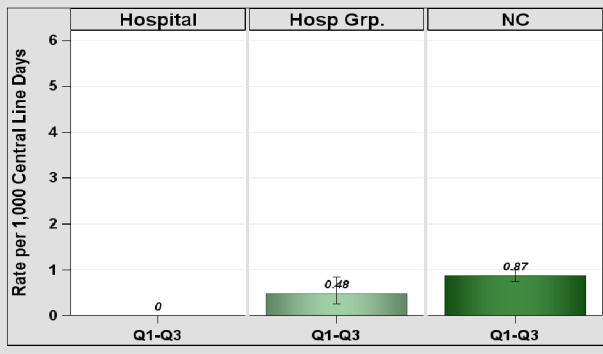


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	77	0

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
 A comparison to NC hospitals overall was not conducted.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	1	10,495	0.1

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

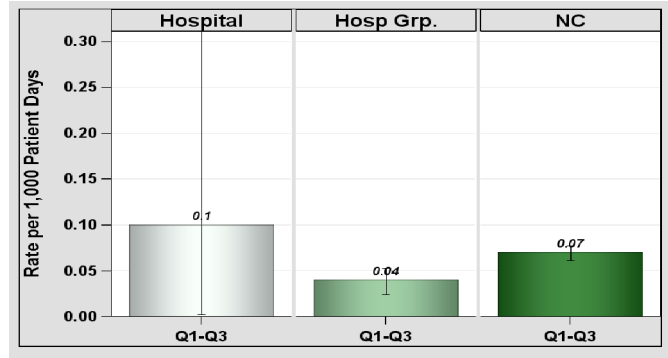


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

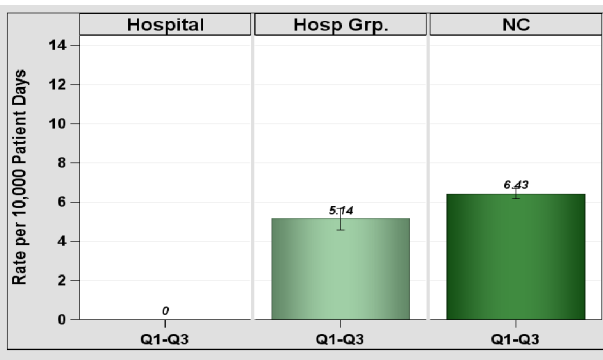


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	9,820	0

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
 A comparison to NC hospitals overall was not conducted.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
Sampson Regional Medical Center, Clinton, Sampson County

Catheter-Associated Urinary Tract Infections (CAUTI)

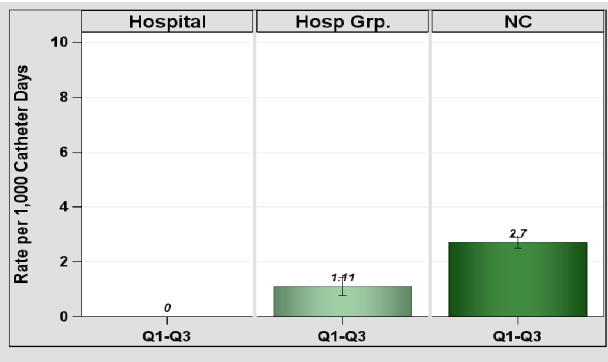


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	571	0

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.

A comparison to NC hospitals overall was not conducted.

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	5	.

Infections from deep incisional and/or organ space.

Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.

A comparison to NC hospitals overall was not conducted.

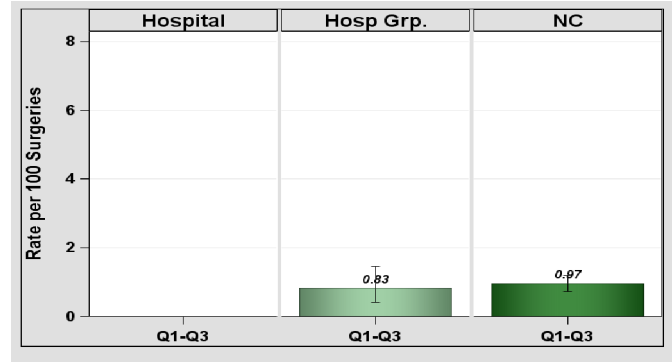


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

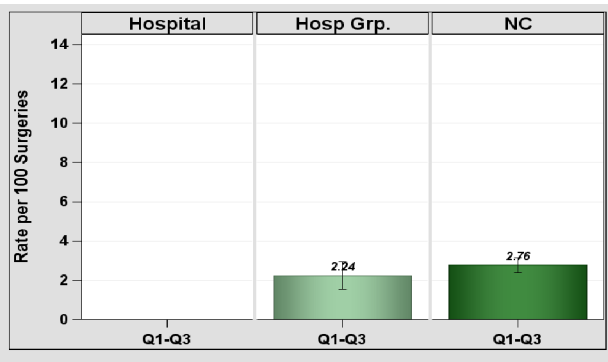


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	0	10	.

Infections from deep incisional and/or organ space.

Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.

A comparison to NC hospitals overall was not conducted.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

Commentary from Hospitals:

No comments provided.

North Carolina Healthcare-Associated Infections Report

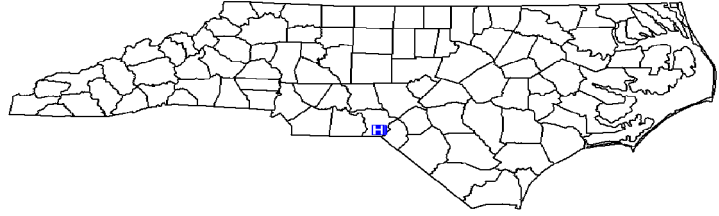
Data from January 1 – September 30, 2014

Sandhills Regional Medical Center, Hamlet, Richmond County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: No
 Profit Status: For Profit
 Admissions in 2013: 2,332
 Patient Days in 2013: 9,469
 Total Number of Beds: 66
 Number of ICU Beds: 6
 FTE* Infection Preventionists: 0.85
 Number of FTEs* per 100 beds: 1.29

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

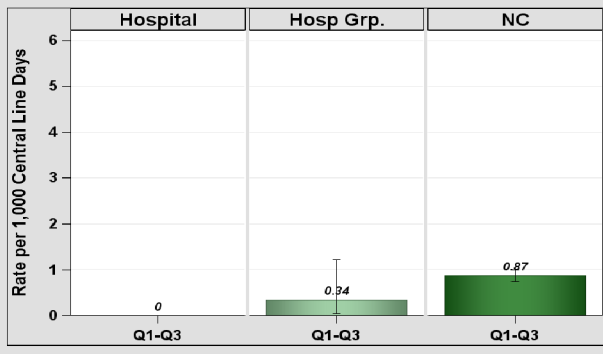


Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	129	0

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
 A comparison to NC hospitals overall was not conducted.

Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	6,452	0

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
 A comparison to NC hospitals overall was not conducted.

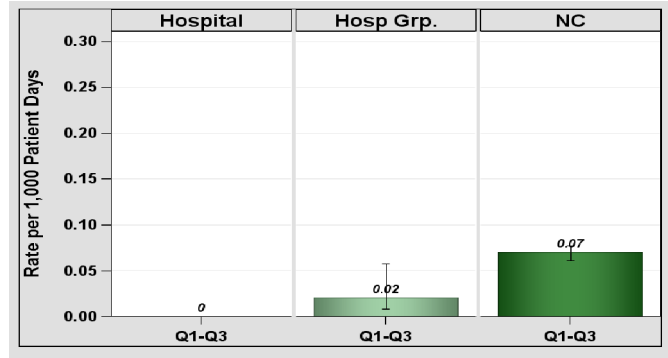


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

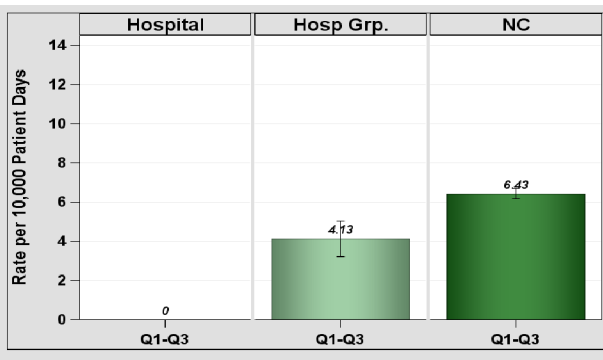


Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	6,452	0

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
 A comparison to NC hospitals overall was not conducted.

Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of January 5, 2015.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
Sandhills Regional Medical Center, Hamlet, Richmond County

Catheter-Associated Urinary Tract Infections (CAUTI)

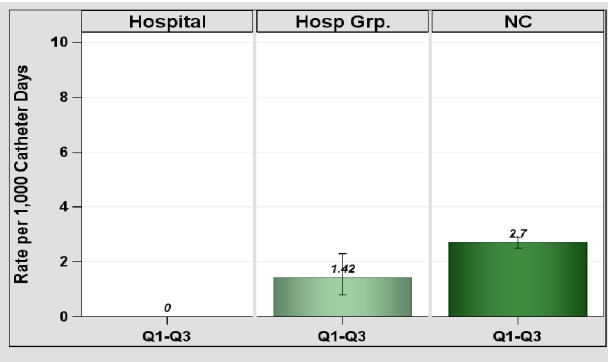


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	378	0

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.

A comparison to NC hospitals overall was not conducted.

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	22	0

Infections from deep incisional and/or organ space.

Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.

A comparison to NC hospitals overall was not conducted.

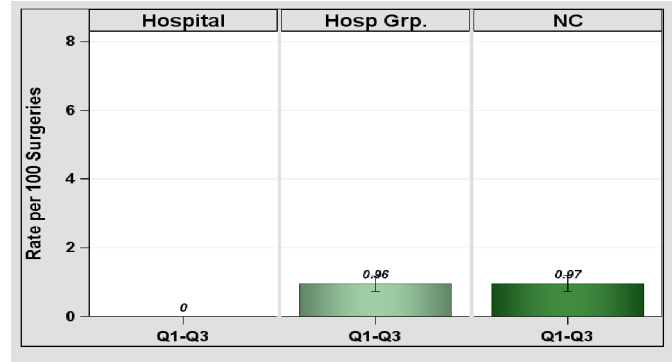


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

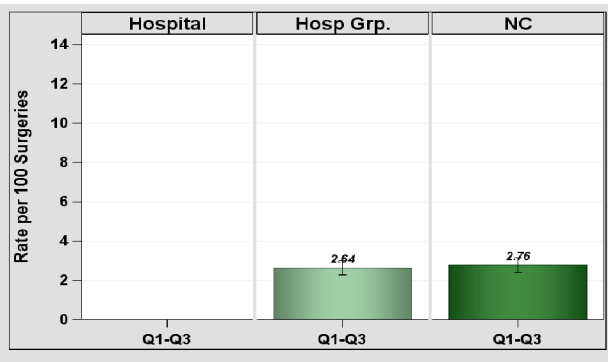


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	0	1	.

Infections from deep incisional and/or organ space.

Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.

A comparison to NC hospitals overall was not conducted.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

Commentary from Hospitals:

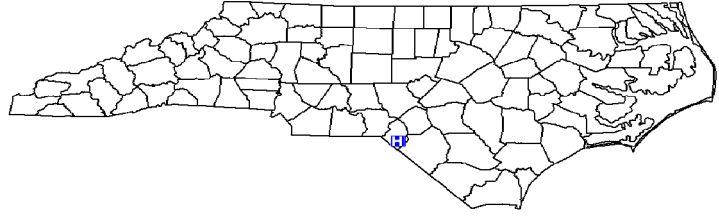
No comments provided.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
 Scotland Memorial Hospital, Laurinburg, Scotland County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	6,074
Patient Days in 2013:	21,154
Total Number of Beds:	104
Number of ICU Beds:	0
FTE* Infection Preventionists:	0.90
Number of FTEs* per 100 beds:	0.87

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

Scotland Memorial's ICU was inactive January-August 2014. The facility did not meet NHSN ICU reporting requirements during the remainder of Quarter 3, and as a result CLABSIs were not reported during this time frame.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	14,917	0

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
 A comparison to NC hospitals overall was not conducted.

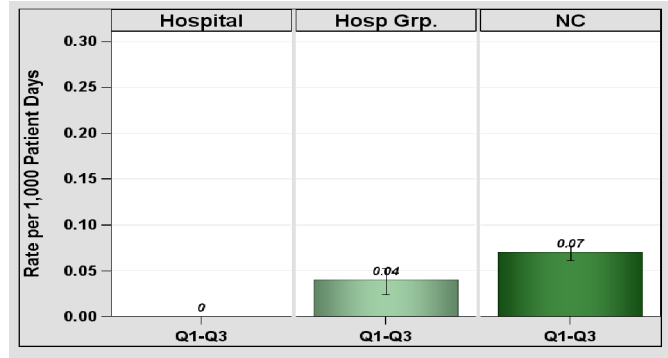


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

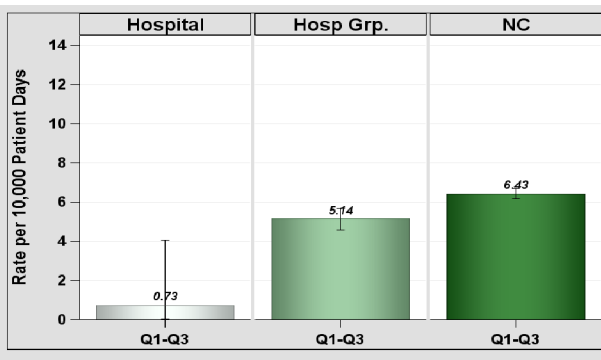


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	1	13,741	0.73

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

Hospital rate is lower than similarly-sized hospitals.
 Hospital rate is lower than NC hospitals overall.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
 Scotland Memorial Hospital, Laurinburg, Scotland County

Catheter-Associated Urinary Tract Infections (CAUTI)

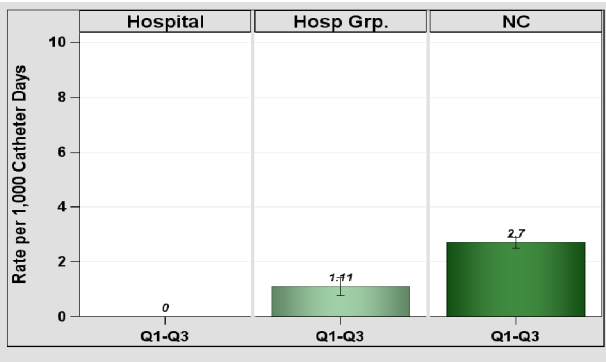


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	65	0

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
 A comparison to NC hospitals overall was not conducted.

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	31	0

Infections from deep incisional and/or organ space.

Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
 A comparison to NC hospitals overall was not conducted.

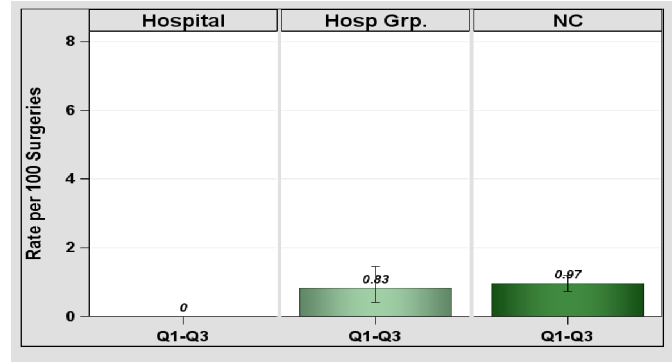


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

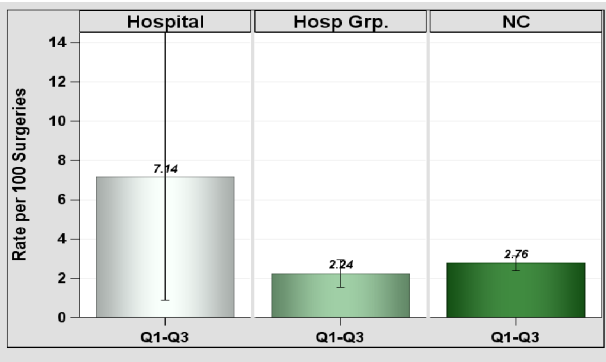


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	2	28	7.14

Infections from deep incisional and/or organ space.

Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

Commentary from Hospitals:

No comments provided.

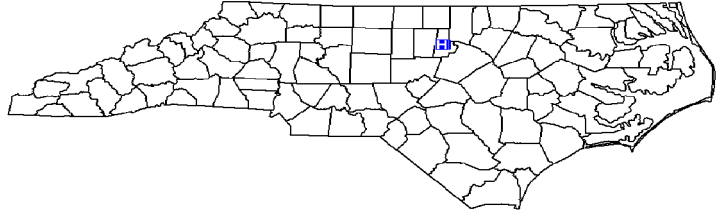
North Carolina Healthcare-Associated Infections Report

Data from January 1 – September 30, 2014

Select Specialty Hospital-Durham, Durham, Durham County

2013 Hospital Survey Information

Hospital Type:	Long-term Acute Care Hospital
Profit Status:	For Profit
Admissions in 2013:	307
Patient Days in 2013:	8,732
Total Number of Beds:	30
FTE* Infection Preventionists:	0.25
Number of FTEs* per 100 beds:	0.83



*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

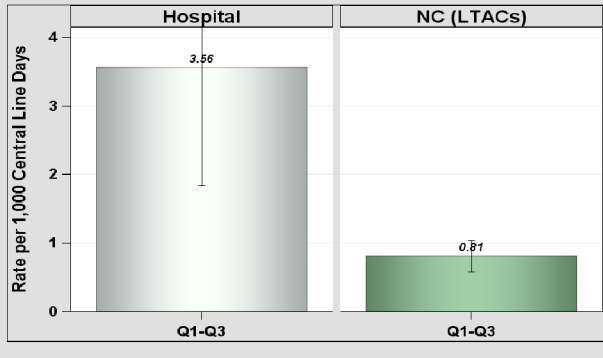


Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

	Infections	Line Days	Rate
Total for Reporting Units	12	3,370	3.56

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:

Hospital rate is higher than NC long-term acute care hospitals overall.

Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Number of Infections and Rate of CAUTI, Jan-Sep 2014.

	Infections	Catheter Days	Rate
Total for Reporting Units	7	2,193	3.19

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:

Hospital rate is not different from NC long-term acute care hospitals overall.

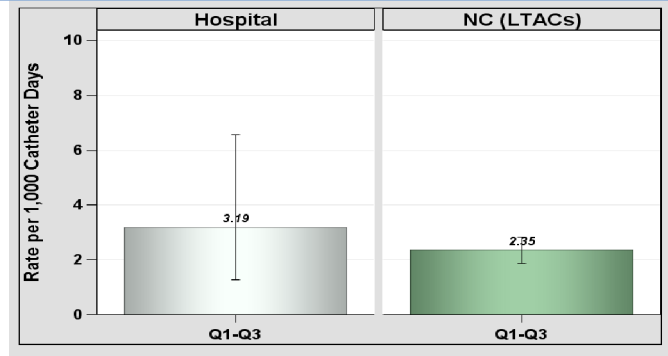


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Other Healthcare-Associated Infections (HAIs)

Long-term acute care hospitals (LTACs) do not report LabID C. difficile, LabID MRSA Bacteremia or SSIs to the N.C. Division of Public Health.

Commentary from Hospitals:

No comments provided.

Refer to the HAI in N.C. Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).

Data as of January 5, 2015.

N.C. Division of Public Health, HAI Prevention Program

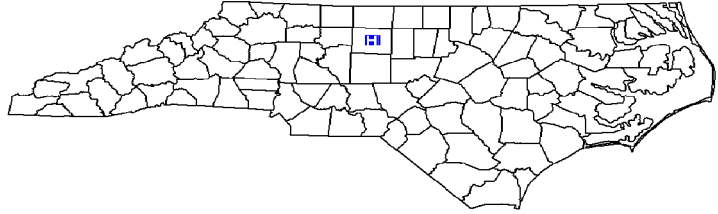
North Carolina Healthcare-Associated Infections Report

Data from January 1 – September 30, 2014

Select Specialty Hospital-Greensboro, Greensboro, Guilford County

2013 Hospital Survey Information

Hospital Type: Long-term Acute Care Hospital
 Profit Status: For Profit
 Admissions in 2013: 345
 Patient Days in 2013: 9,146
 Total Number of Beds: 30
 FTE* Infection Preventionists: 0.45
 Number of FTEs* per 100 beds: 1.50



*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

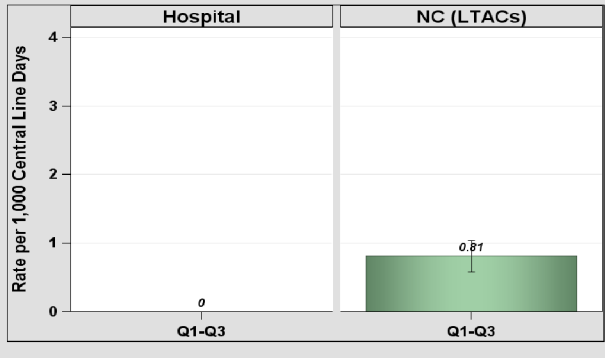


Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

	Infections	Line Days	Rate
Total for Reporting Units	0	4,358	0.00

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:

A comparison to NC long-term acute care hospitals was not conducted.

Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Number of Infections and Rate of CAUTI, Jan-Sep 2014.

	Infections	Catheter Days	Rate
Total for Reporting Units	0	3,641	0.00

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:

A comparison to NC long-term acute care hospitals was not conducted.

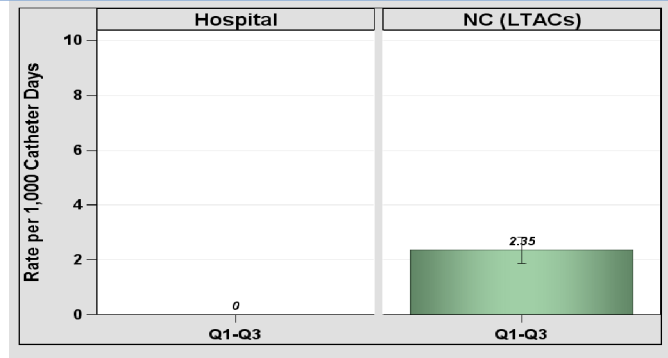


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Other Healthcare-Associated Infections (HAIs)

Long-term acute care hospitals (LTACs) do not report LabID C. difficile, LabID MRSA Bacteremia or SSIs to the N.C. Division of Public Health.

Commentary from Hospitals:

No comments provided.

Refer to the HAI in N.C. Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).

Data as of January 5, 2015.

N.C. Division of Public Health, HAI Prevention Program

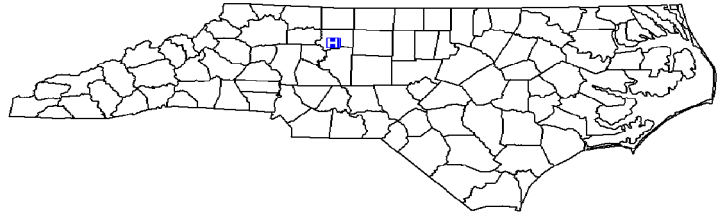
North Carolina Healthcare-Associated Infections Report

Data from January 1 – September 30, 2014

Select Specialty Hospital-Winston Salem, Winston Salem, Forsyth County

2013 Hospital Survey Information

Hospital Type: Long-term Acute Care Hospital
 Profit Status: For Profit
 Admissions in 2013: 410
 Patient Days in 2013: 10,529
 Total Number of Beds: 42
 FTE* Infection Preventionists: 0.35
 Number of FTEs* per 100 beds: 0.83



*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

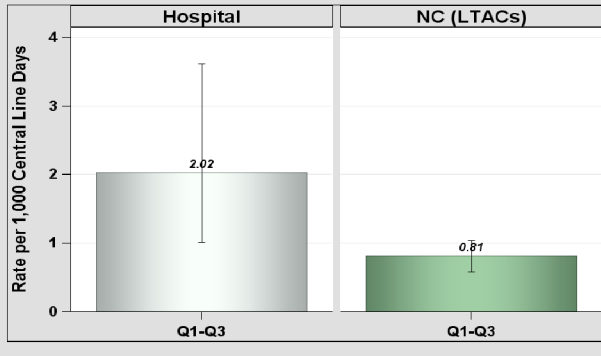


Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

	Infections	Line Days	Rate
Total for Reporting Units	11	5,433	2.02

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:

Hospital rate is not different from NC long-term acute care hospitals overall.

Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Number of Infections and Rate of CAUTI, Jan-Sep 2014.

	Infections	Catheter Days	Rate
Total for Reporting Units	29	5,459	5.31

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:

Hospital rate is higher than NC long-term acute care hospitals overall.

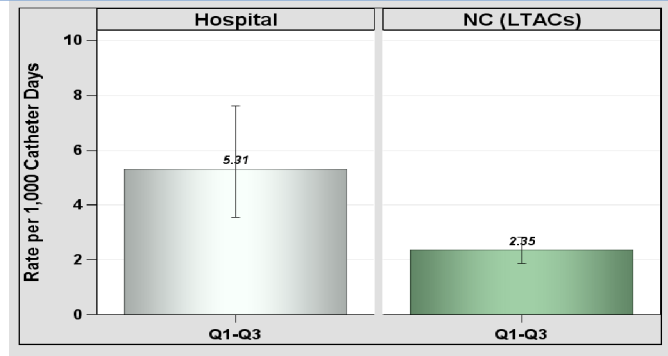


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Other Healthcare-Associated Infections (HAIs)

Long-term acute care hospitals (LTACs) do not report LabID C. difficile, LabID MRSA Bacteremia or SSIs to the N.C. Division of Public Health.

Commentary from Hospitals:
 No comments provided.

Refer to the HAI in N.C. Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
 Data as of January 5, 2015.

North Carolina Healthcare-Associated Infections Report

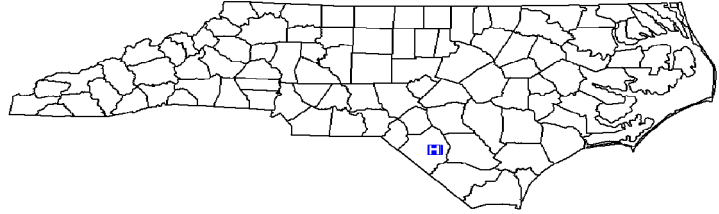
Data from January 1 – September 30, 2014

Southeastern Regional Medical Center, Lumberton, Robeson County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	16,793
Patient Days in 2013:	77,437
Total Number of Beds:	319
Number of ICU Beds:	18
FTE* Infection Preventionists:	2.00
Number of FTEs* per 100 beds:	0.63

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

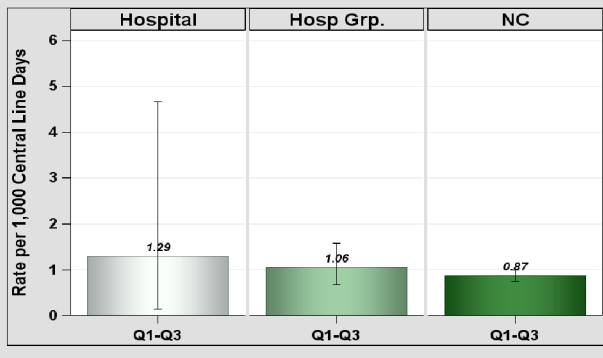


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	2	1,552	1.29

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	3	53,287	0.06

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

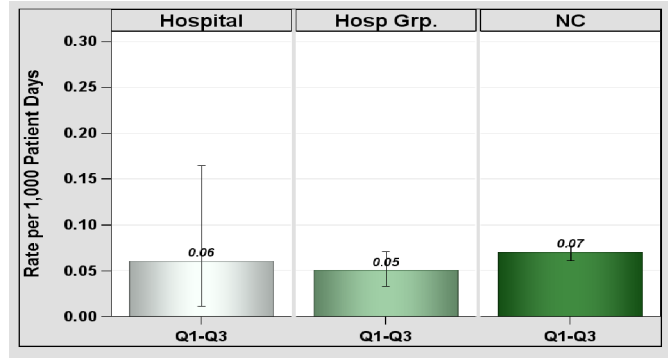


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

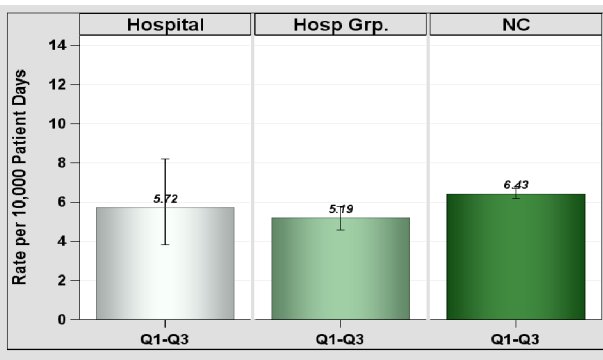


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	29	50,684	5.72

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
 Southeastern Regional Medical Center, Lumberton, Robeson County

Catheter-Associated Urinary Tract Infections (CAUTI)

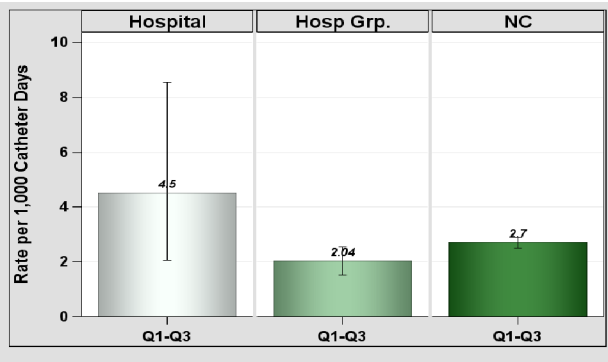


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	9	2,002	4.5

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	122	0

Infections from deep incisional and/or organ space.

Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
 A comparison to NC hospitals overall was not conducted.

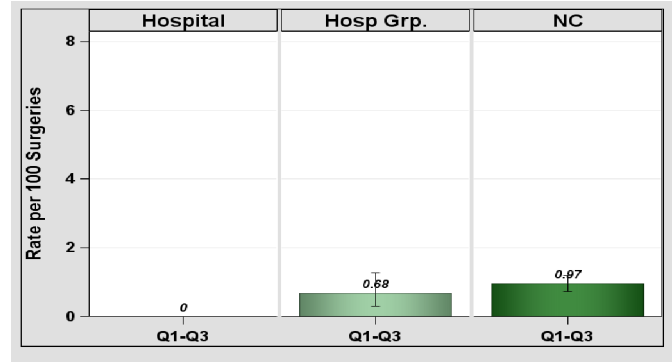


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

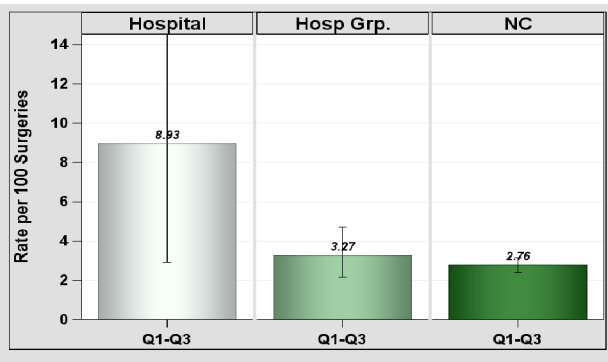


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	5	56	8.93

Infections from deep incisional and/or organ space.

Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

Commentary from Hospitals:

No comments provided.

North Carolina Healthcare-Associated Infections Report

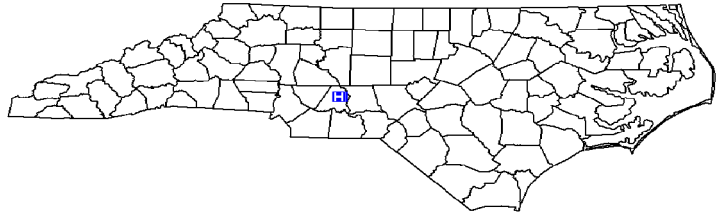
Data from January 1 – September 30, 2014

Stanly Regional Medical Center, Albemarle, Stanly County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	4,568
Patient Days in 2013:	16,001
Total Number of Beds:	119
Number of ICU Beds:	10
FTE* Infection Preventionists:	0.88
Number of FTEs* per 100 beds:	0.74

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

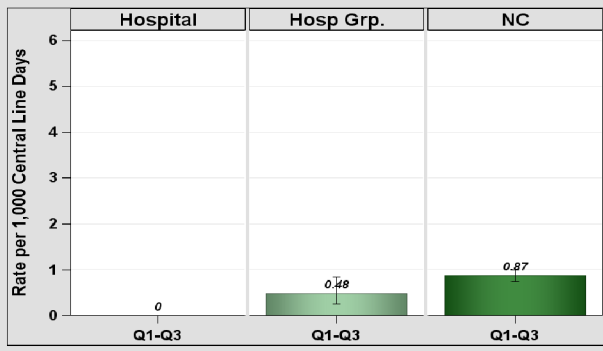


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	530	0

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	11,070	0

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

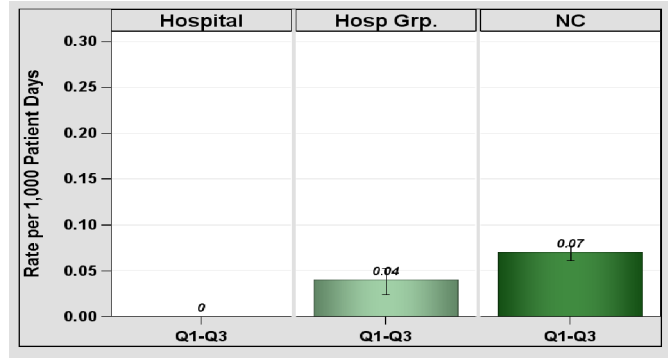


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

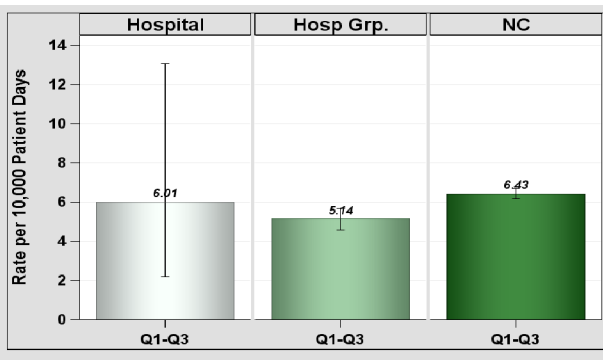


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	6	9,989	6.01

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
Stanly Regional Medical Center, Albemarle, Stanly County

Catheter-Associated Urinary Tract Infections (CAUTI)

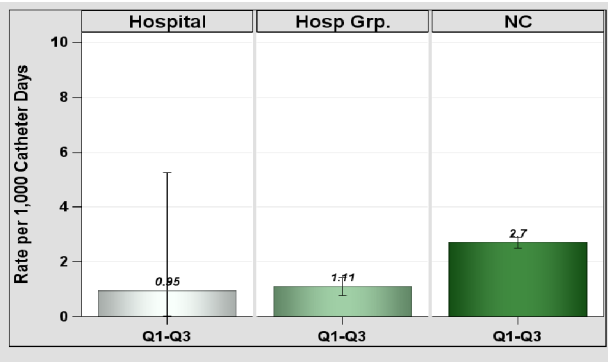


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	1	1,057	0.95

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	16	.

Infections from deep incisional and/or organ space.

Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

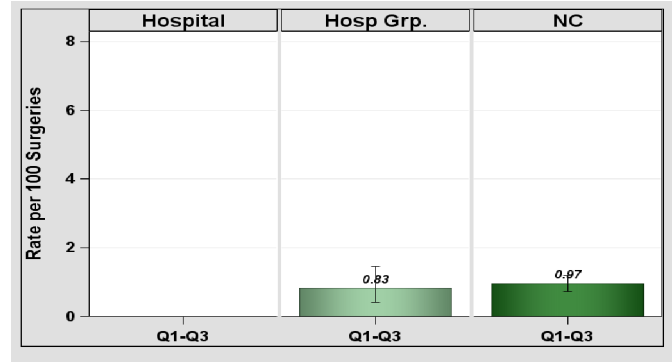


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

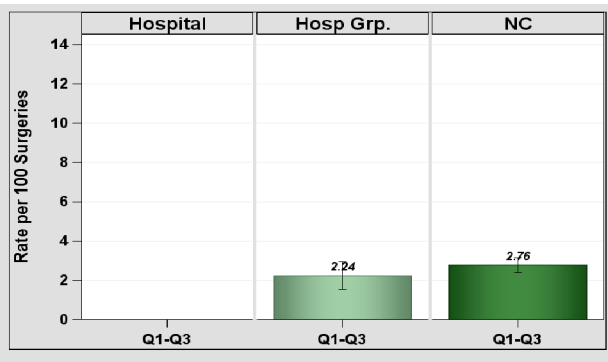


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	1	10	.

Infections from deep incisional and/or organ space.

Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
A comparison to NC hospitals overall was not conducted.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

Commentary from Hospitals:

No comments provided.

North Carolina Healthcare-Associated Infections Report

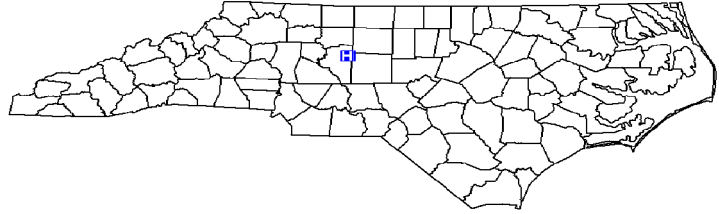
Data from January 1 – September 30, 2014

Thomasville Medical Center, Thomasville, Davidson County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: No
 Profit Status: Not for Profit
 Admissions in 2013: 4,209
 Patient Days in 2013: 24,331
 Total Number of Beds: 149
 Number of ICU Beds: 11
 FTE* Infection Preventionists: 0.50
 Number of FTEs* per 100 beds: 0.34

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

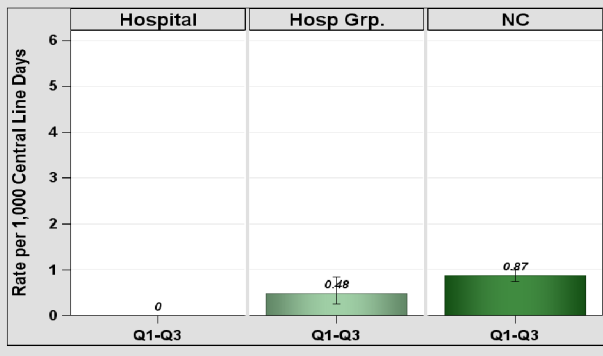


Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	238	0

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
 A comparison to NC hospitals overall was not conducted.

Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	3	18,599	0.16

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

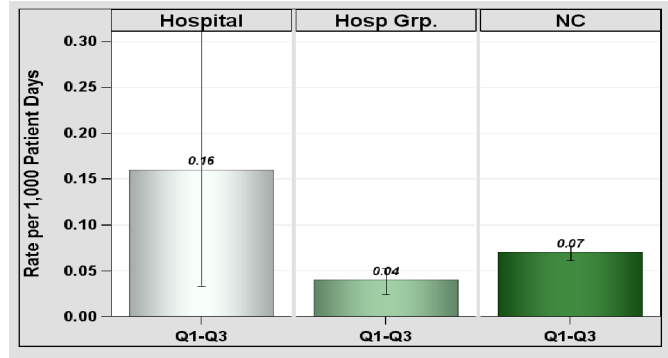


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

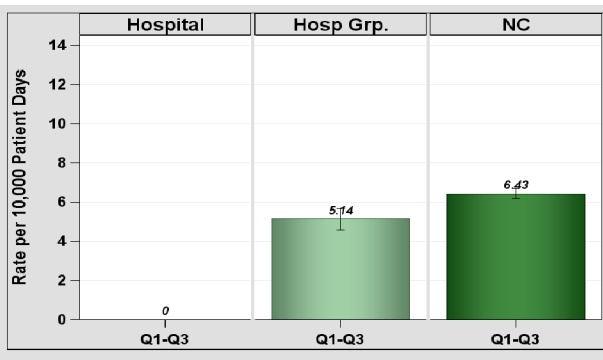


Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	18,599	0

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
 A comparison to NC hospitals overall was not conducted.

Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of January 5, 2015.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
 Thomasville Medical Center, Thomasville, Davidson County

Catheter-Associated Urinary Tract Infections (CAUTI)

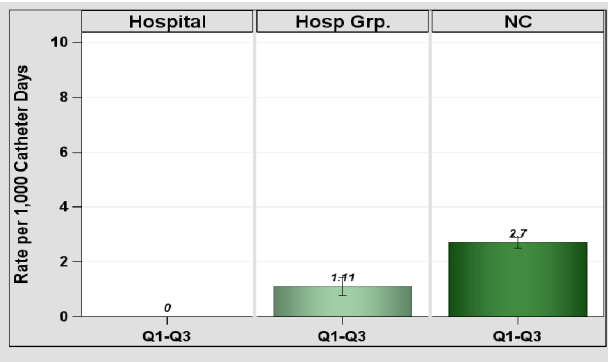


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	862	0

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
 A comparison to NC hospitals overall was not conducted.

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	9	.

Infections from deep incisional and/or organ space.

Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
 A comparison to NC hospitals overall was not conducted.

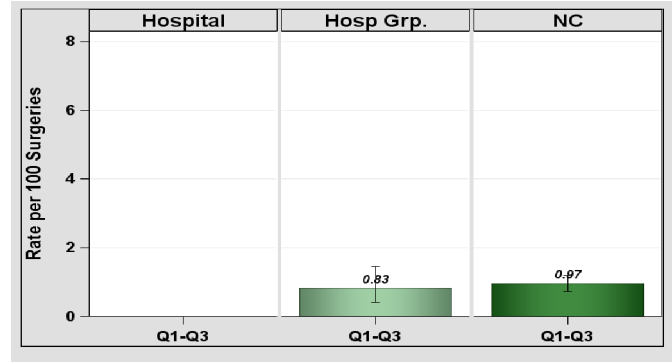


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

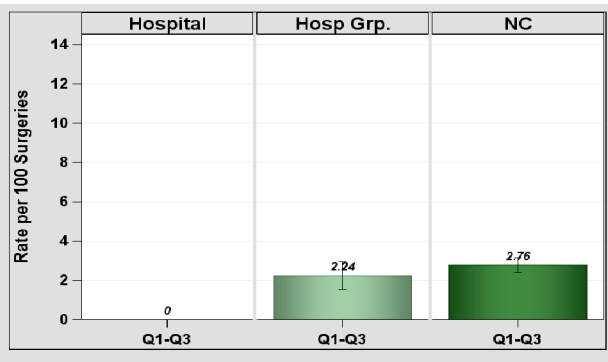


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	0	41	0

Infections from deep incisional and/or organ space.

Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
 A comparison to NC hospitals overall was not conducted.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

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

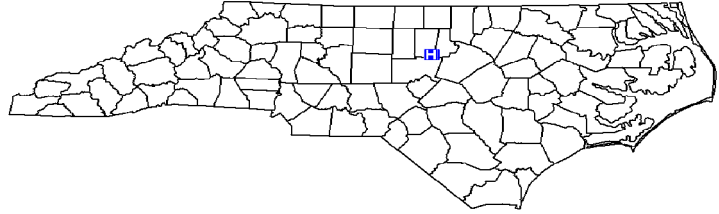
Data from January 1 – September 30, 2014

UNC Health Care, Chapel Hill, Orange County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: Major
 Profit Status: Government
 Admissions in 2013: 40,872
 Patient Days in 2013: 254,256
 Total Number of Beds: 848
 Number of ICU Beds: 171
 FTE* Infection Preventionists: 5.50
 Number of FTEs* per 100 beds: 0.65

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

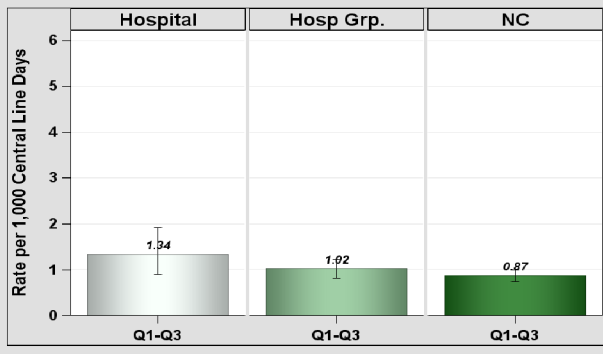


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	29	21,684	1.34

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	18	200,561	0.09

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

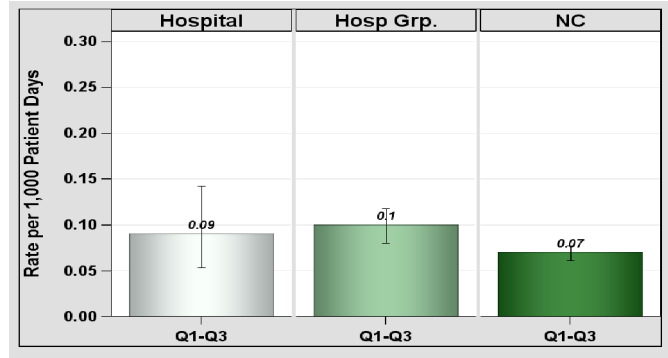


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

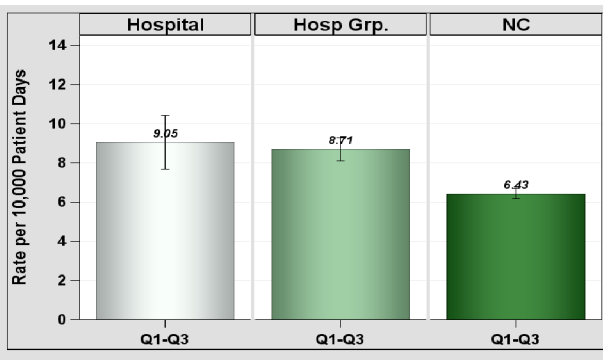


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	166	183,420	9.05

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is higher than NC hospitals overall.

North Carolina Healthcare-Associated Infections Report

Data from January 1 – September 30, 2014

UNC Health Care, Chapel Hill, Orange County

Catheter-Associated Urinary Tract Infections (CAUTI)

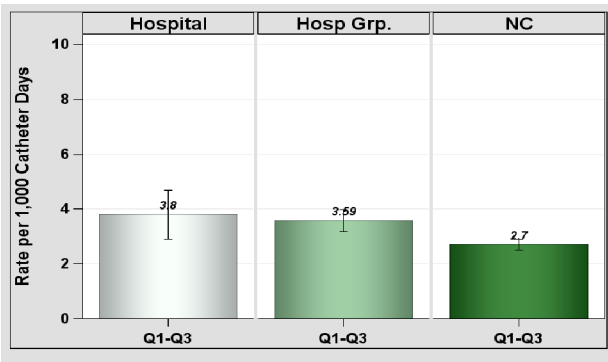


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	71	18,681	3.8

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is higher than NC hospitals overall.

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	6	513	1.17

Infections from deep incisional and/or organ space.

Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

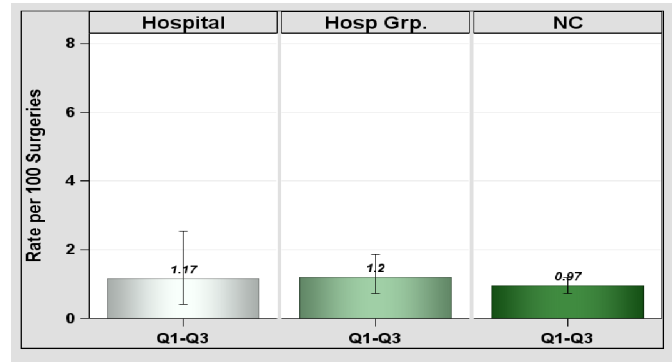


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

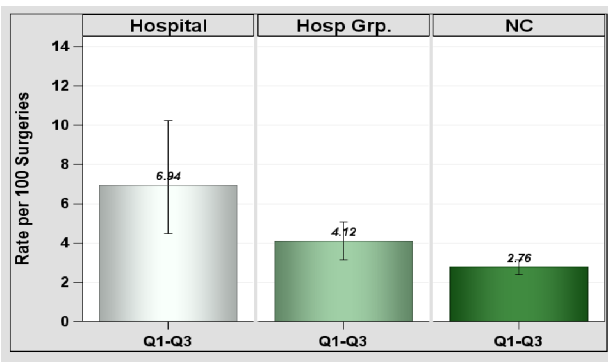


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	25	360	6.94

Infections from deep incisional and/or organ space.

Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is higher than NC hospitals overall.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

Commentary from Hospitals:

UNC Health Care is pleased that our rates of all reported healthcare-associated infections are statistically similar to similarly-sized hospitals despite care in a tertiary referral hospital for highly vulnerable populations (e.g., organ transplant, HIV infected, cancer, severely burned, and very premature infants). NC residents should be aware that the reported information is NOT corrected for the severity of illness of the hospital's patients. UNC Health Care supports the need for the data presented in this report to be validated (i.e., demonstration by independent monitors that the submitted data is correct).

North Carolina Healthcare-Associated Infections Report

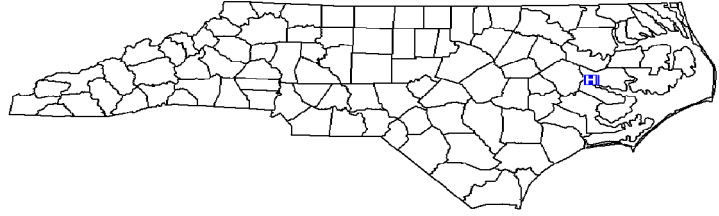
Data from January 1 – September 30, 2014

Vidant Beaufort Hospital, Washington, Beaufort County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: No
 Profit Status: Not for Profit
 Admissions in 2013: 3,387
 Patient Days in 2013: 15,957
 Total Number of Beds: 83
 Number of ICU Beds: 8
 FTE* Infection Preventionists: 1.00
 Number of FTEs* per 100 beds: 1.20

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

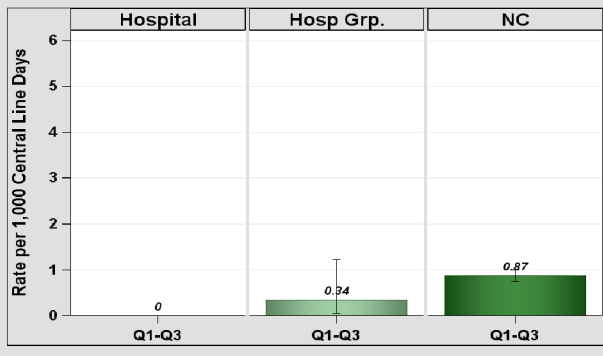


Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	238	0

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
 A comparison to NC hospitals overall was not conducted.

Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	1	11,313	0.09

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

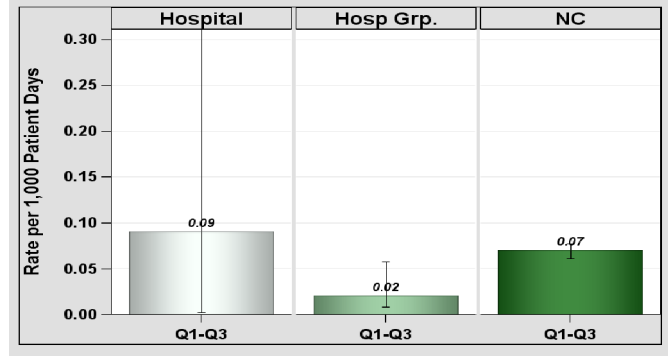


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

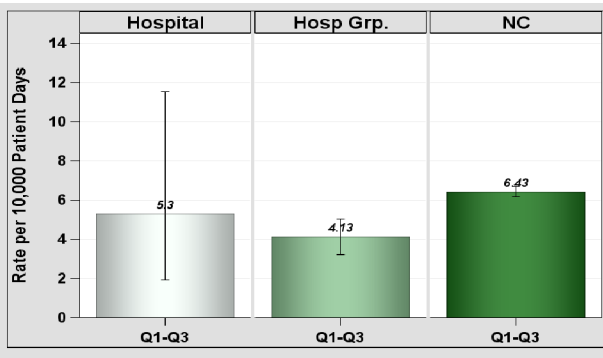


Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	6	11,312	5.3

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of January 5, 2015.

N.C. Division of Public Health, HAI Prevention Program

N.C. HAI Quarterly Report (Consumer Version) - January 2015

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
Vidant Beaufort Hospital, Washington, Beaufort County

Catheter-Associated Urinary Tract Infections (CAUTI)

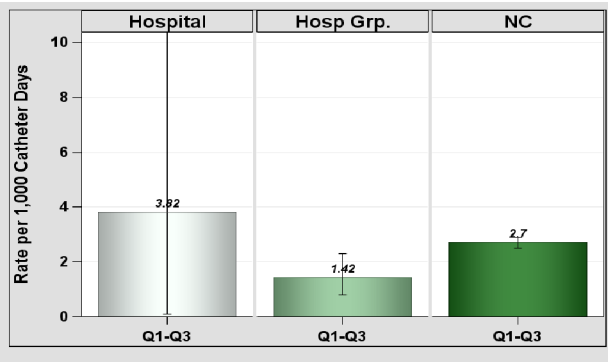


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	1	262	3.82

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	15	.

Infections from deep incisional and/or organ space.

Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
 A comparison to NC hospitals overall was not conducted.

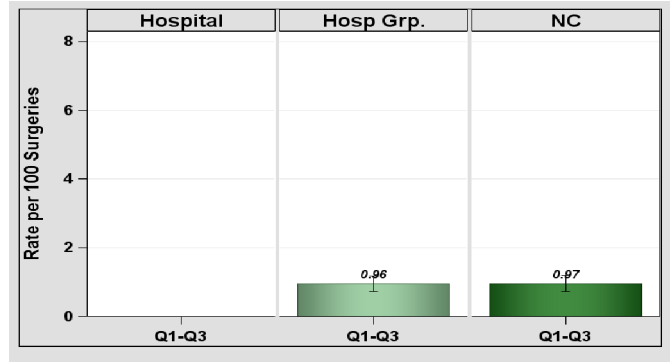


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

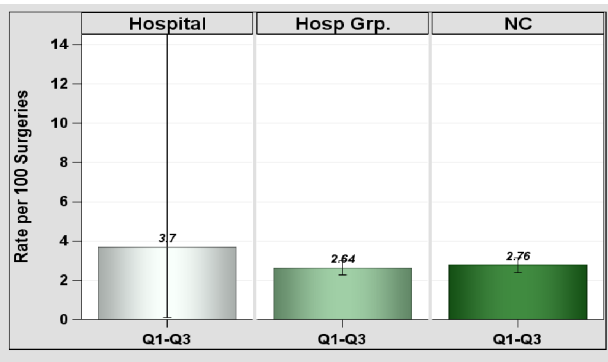


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	1	27	3.7

Infections from deep incisional and/or organ space.

Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

Commentary from Hospitals:

No comments provided.

North Carolina Healthcare-Associated Infections Report

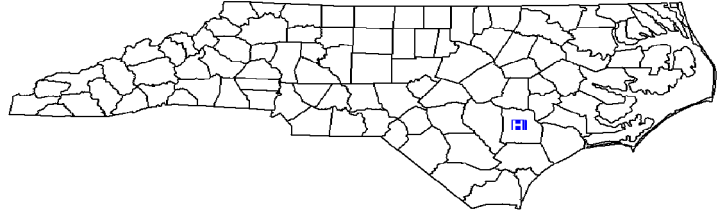
Data from January 1 – September 30, 2014

Vidant Duplin Hospital, Kenansville, Duplin County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: No
 Profit Status: Not for Profit
 Admissions in 2013: 2,975
 Patient Days in 2013: 15,950
 Total Number of Beds: 79
 Number of ICU Beds: 9
 FTE* Infection Preventionists: 1.00
 Number of FTEs* per 100 beds: 1.27

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

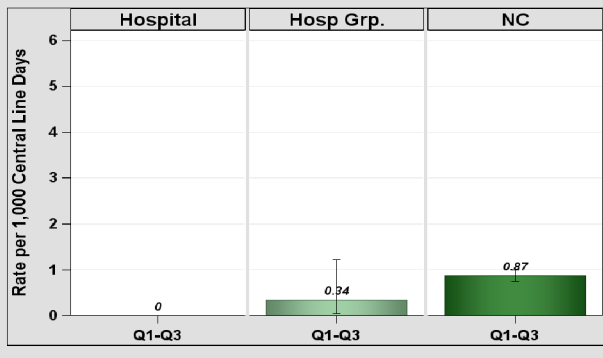


Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	209	0

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
 A comparison to NC hospitals overall was not conducted.

Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	14,013	0

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
 A comparison to NC hospitals overall was not conducted.

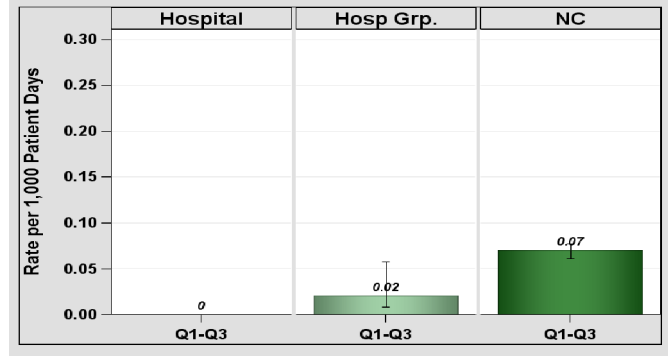


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

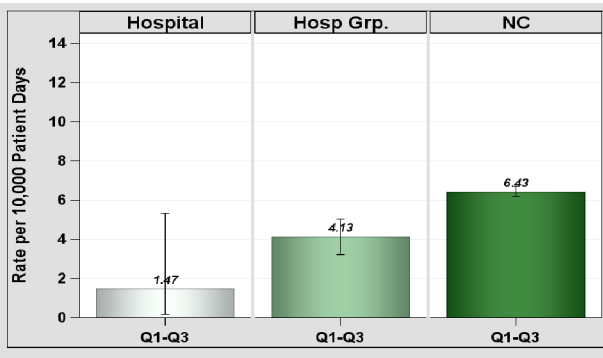


Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	2	13,582	1.47

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is lower than NC hospitals overall.

Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of January 5, 2015.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
Vidant Duplin Hospital, Kenansville, Duplin County

Catheter-Associated Urinary Tract Infections (CAUTI)

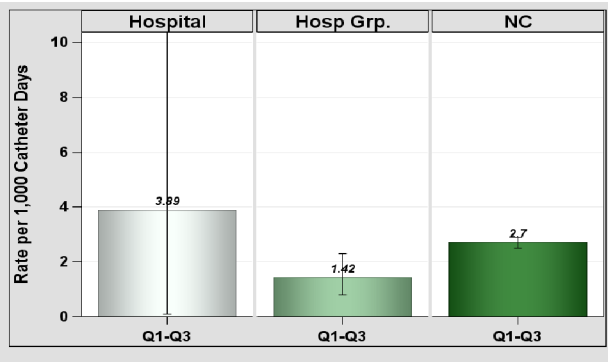


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	1	257	3.89

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	10	.

Infections from deep incisional and/or organ space.

Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
 A comparison to NC hospitals overall was not conducted.

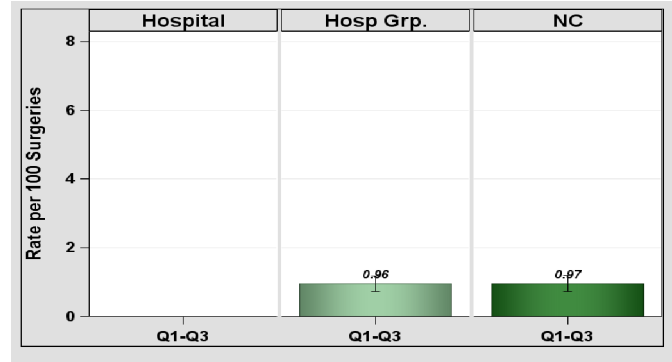


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

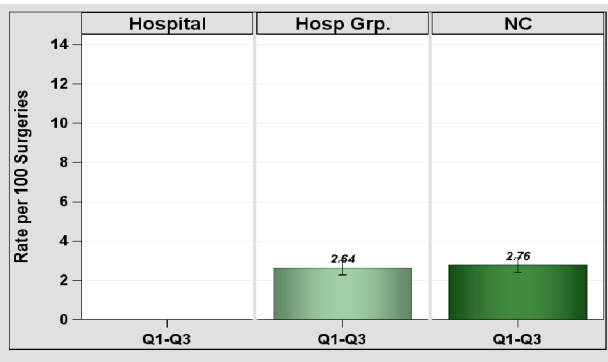


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	0	2	.

Infections from deep incisional and/or organ space.

Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
 A comparison to NC hospitals overall was not conducted.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

Commentary from Hospitals:

No comments provided.

North Carolina Healthcare-Associated Infections Report

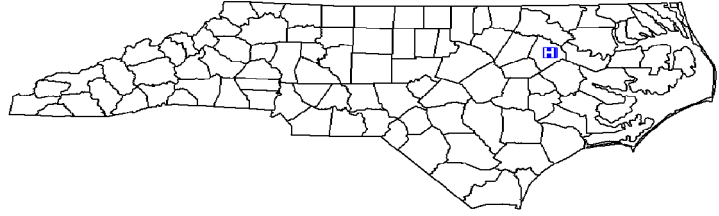
Data from January 1 – September 30, 2014

Vidant Edgecombe Hospital, Tarboro, Edgecombe County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: Major
 Profit Status: Not for Profit
 Admissions in 2013: 4,240
 Patient Days in 2013: 17,071
 Total Number of Beds: 117
 Number of ICU Beds: 8
 FTE* Infection Preventionists: 1.00
 Number of FTEs* per 100 beds: 0.85

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

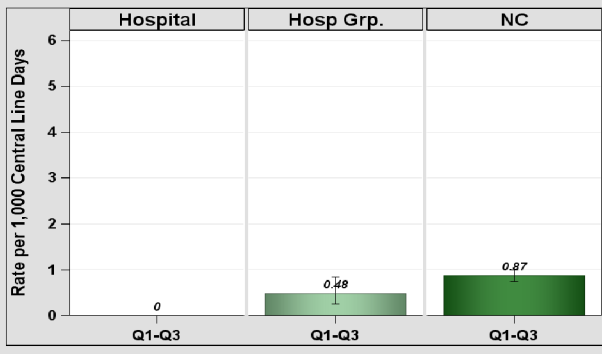


Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	961	0

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
 A comparison to NC hospitals overall was not conducted.

Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	1	12,349	0.08

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

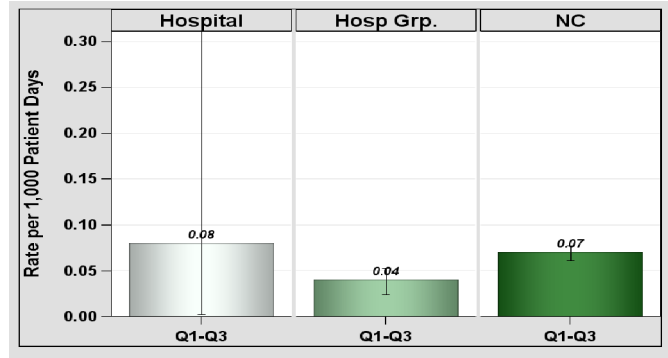


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

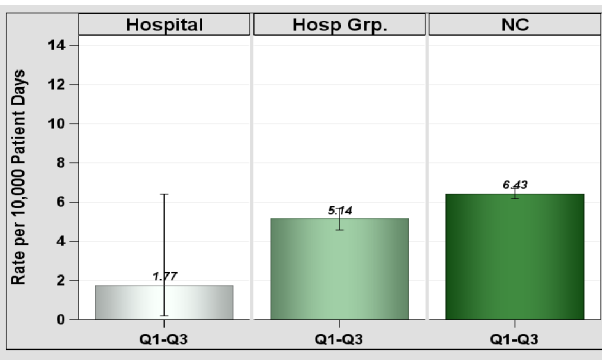


Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	2	11,273	1.77

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of January 5, 2015.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
 Vidant Edgecombe Hospital, Tarboro, Edgecombe County

Catheter-Associated Urinary Tract Infections (CAUTI)

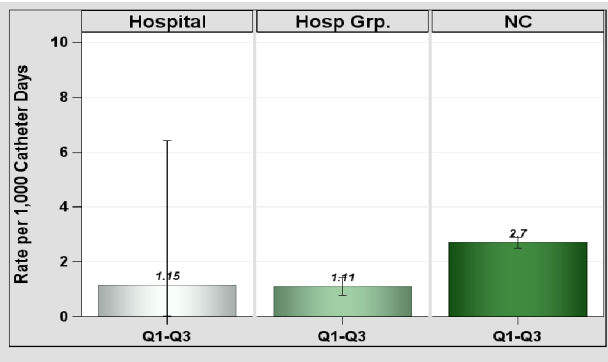


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	1	869	1.15

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	19	.

Infections from deep incisional and/or organ space.

Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
 A comparison to NC hospitals overall was not conducted.

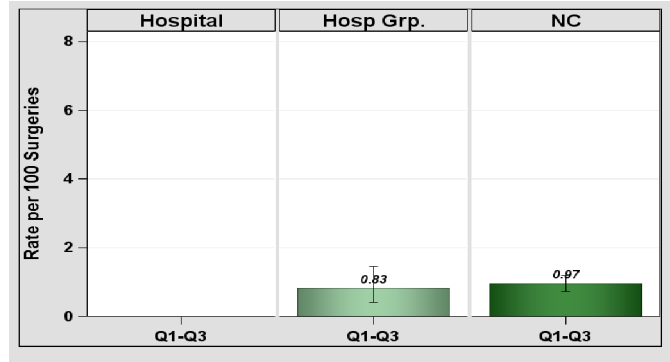


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

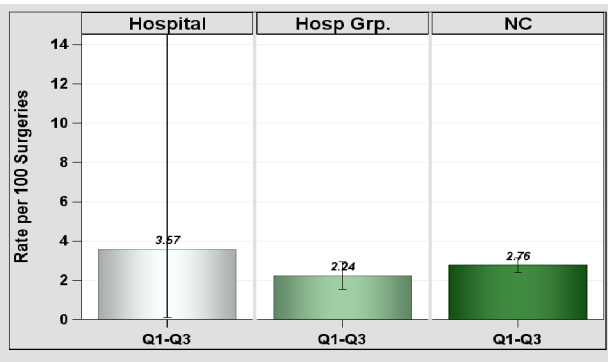


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	1	28	3.57

Infections from deep incisional and/or organ space.

Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

Commentary from Hospitals:

No comments provided.

North Carolina Healthcare-Associated Infections Report

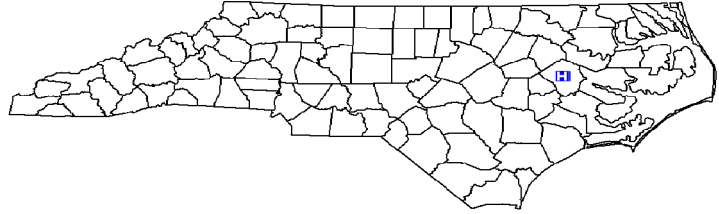
Data from January 1 – September 30, 2014

Vidant Medical Center, Greenville, Pitt County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Profit Status:	Not for Profit
Admissions in 2013:	46,203
Patient Days in 2013:	266,285
Total Number of Beds:	909
Number of ICU Beds:	164
FTE* Infection Preventionists:	8.00
Number of FTEs* per 100 beds:	0.88

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

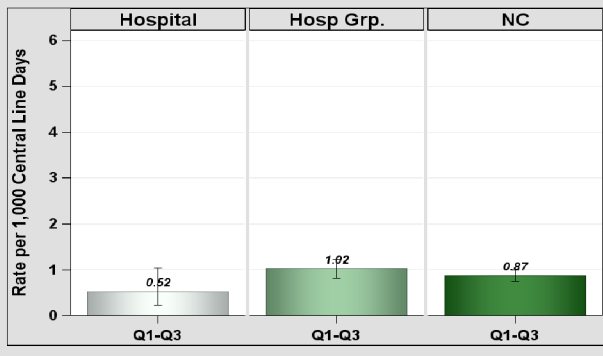


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	8	15,248	0.52

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	14	194,996	0.07

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

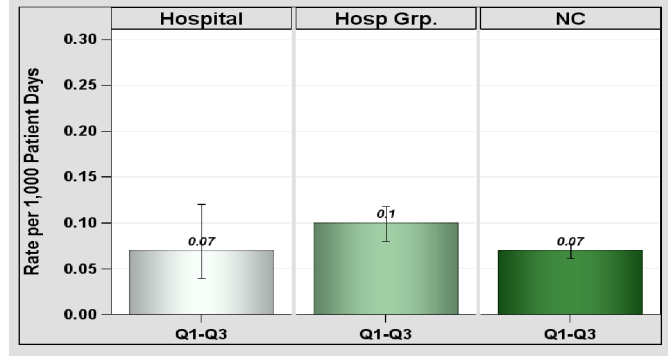


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

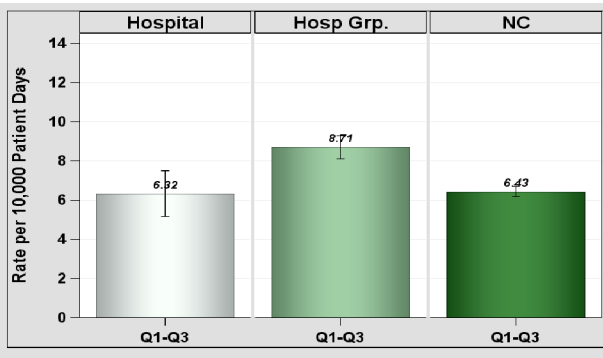


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	112	177,179	6.32

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

Hospital rate is lower than similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
Vidant Medical Center, Greenville, Pitt County

Catheter-Associated Urinary Tract Infections (CAUTI)

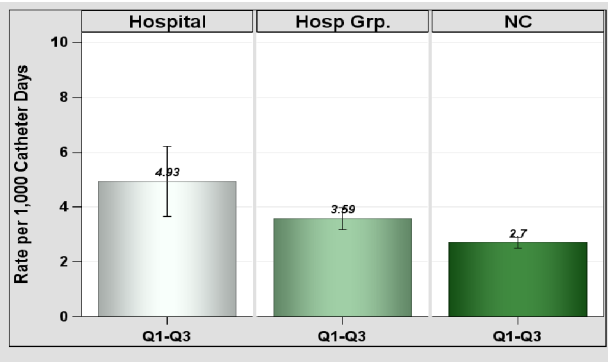


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	57	11,555	4.93

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is higher than NC hospitals overall.

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	3	231	1.3

Infections from deep incisional and/or organ space.

Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

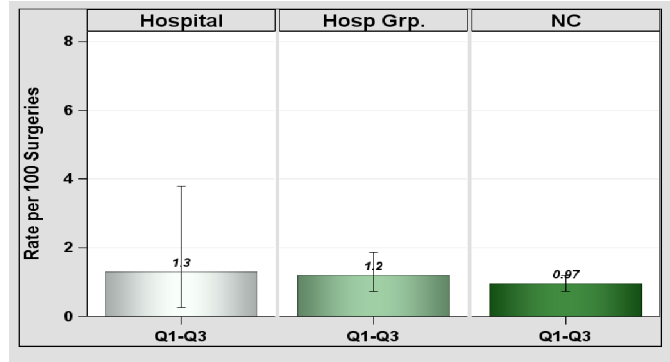


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

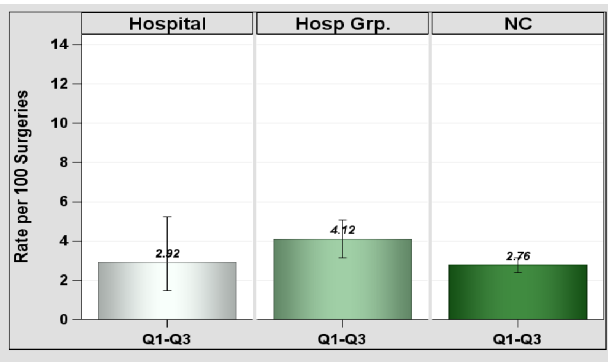


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	11	377	2.92

Infections from deep incisional and/or organ space.

Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

Commentary from Hospitals:

The infection rates above reflect our initiatives to make patient care at Vidant Medical Center safe for all of our patients, and those efforts are ongoing.

North Carolina Healthcare-Associated Infections Report

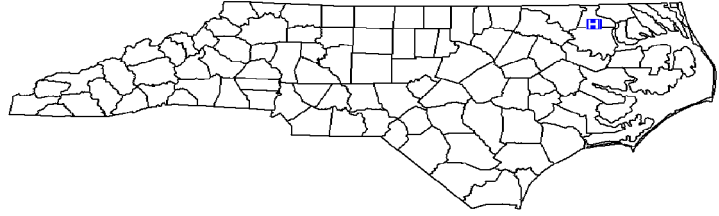
Data from January 1 – September 30, 2014

Vidant Roanoke Chowan Hospital, Ahoskie, Hertford County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: No
 Profit Status: Not for Profit
 Admissions in 2013: 4,595
 Patient Days in 2013: 20,596
 Total Number of Beds: 144
 Number of ICU Beds: 10
 FTE* Infection Preventionists: 0.75
 Number of FTEs* per 100 beds: 0.52

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

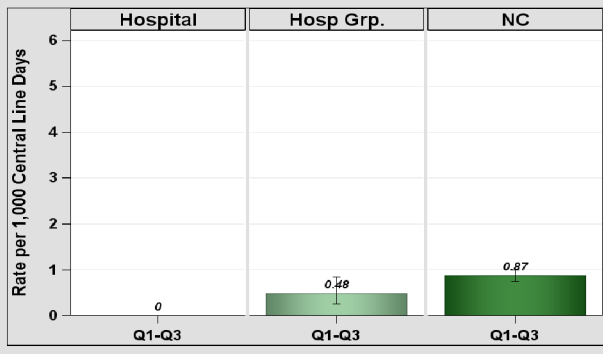


Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	406	0

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
 A comparison to NC hospitals overall was not conducted.

Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	14,822	0

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
 A comparison to NC hospitals overall was not conducted.

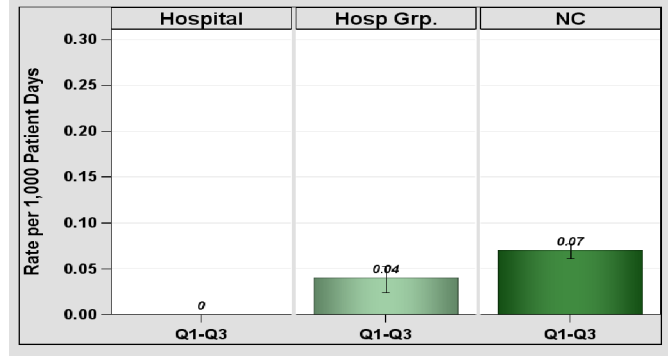


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

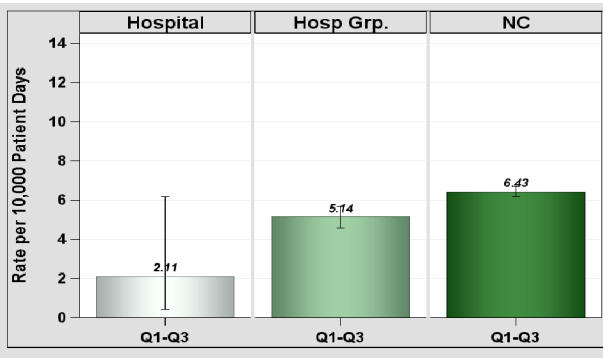


Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	3	14,235	2.11

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is lower than NC hospitals overall.

Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of January 5, 2015.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
Viridant Roanoke Chowan Hospital, Ahoskie, Hertford County

Catheter-Associated Urinary Tract Infections (CAUTI)

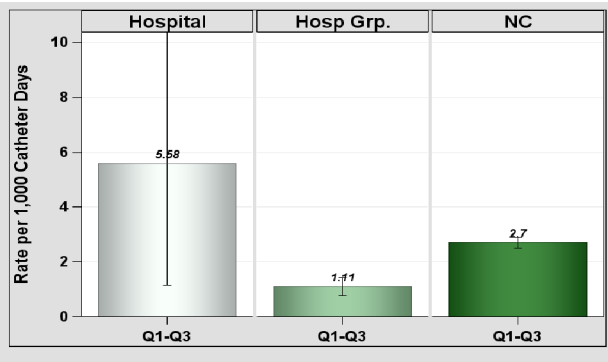


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	3	538	5.58

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	19	.

Infections from deep incisional and/or organ space.

Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
 A comparison to NC hospitals overall was not conducted.

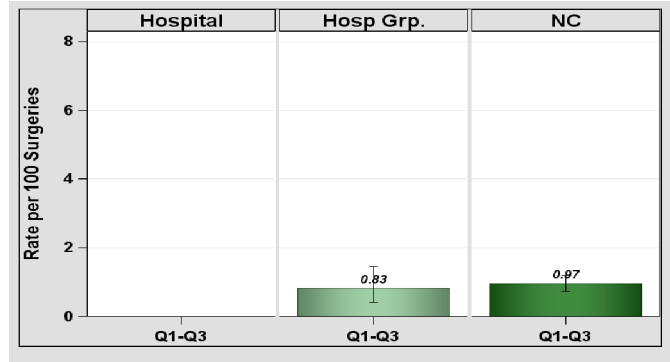


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

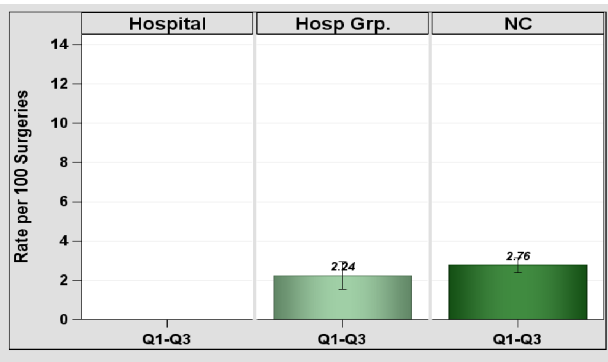


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	1	17	.

Infections from deep incisional and/or organ space.

Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
 A comparison to NC hospitals overall was not conducted.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

Commentary from Hospitals:

No comments provided.

North Carolina Healthcare-Associated Infections Report

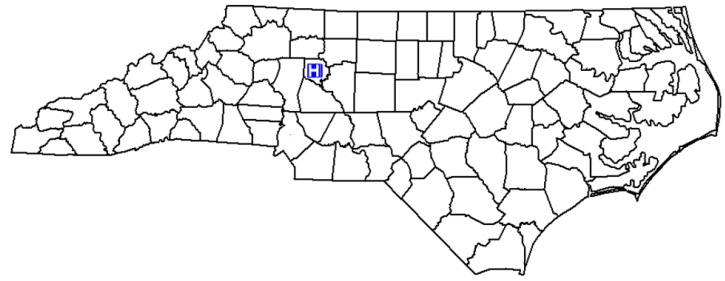
Data from January 1 – September 30, 2014

Wake Forest Baptist Health-Davie Medical Center, Mocksville, Davie County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: No
 Profit Status: Not for Profit
 Admissions in 2013: 152
 Patient Days in 2013: 2,999
 Total Number of Beds: 16
 Number of ICU Beds: 0
 FTE* Infection Preventionists: 0.20
 Number of FTEs* per 100 beds: 1.25

*FTE = Full-time equivalent



Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

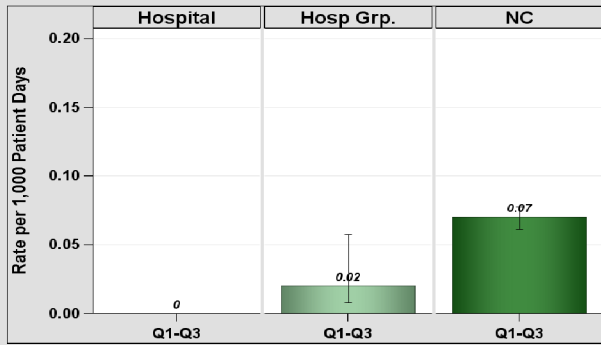


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Table 1. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	1,059	0

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
 A comparison to NC hospitals overall was not conducted.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	1,059	0

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
 A comparison to NC hospitals overall was not conducted.

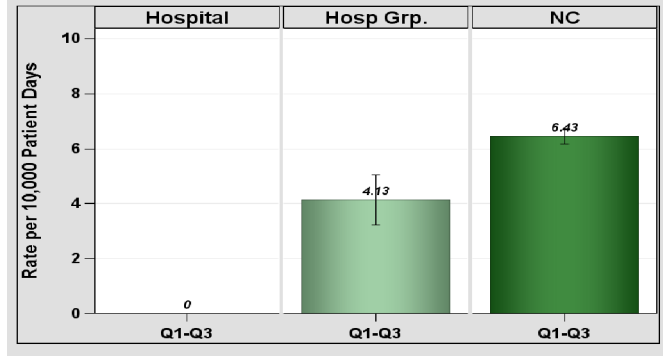


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Other Healthcare-Associated Infections (HAIs)

Davie Medical Center does not report CLABSI, CAUTI, or SSI to the N.C. Division of Public Health.

Commentary from Hospitals:
 No comments provided.

North Carolina Healthcare-Associated Infections Report

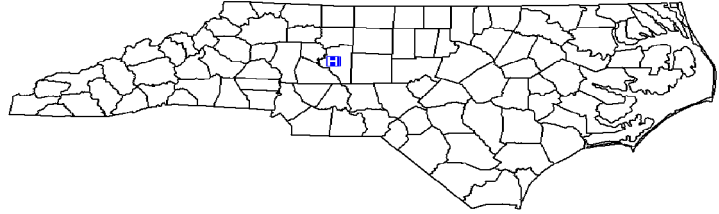
Data from January 1 – September 30, 2014

Wake Forest Baptist Health-Lexington Medical Center, Lexington, Davidson County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: No
 Profit Status: Not for Profit
 Admissions in 2013: 3,820
 Patient Days in 2013: 10,692
 Total Number of Beds: 85
 Number of ICU Beds: 21
 FTE* Infection Preventionists: 1.00
 Number of FTEs* per 100 beds: 1.18

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

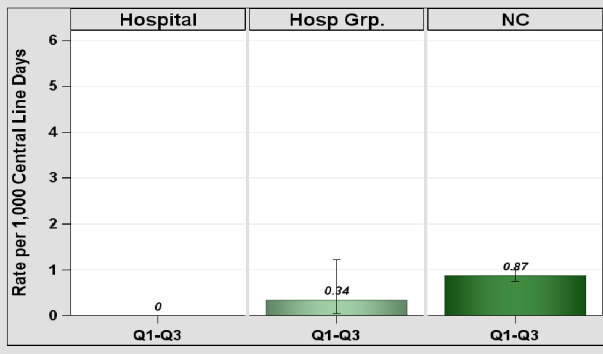


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	286	0

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
 A comparison to NC hospitals overall was not conducted.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	1	7,803	0.13

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

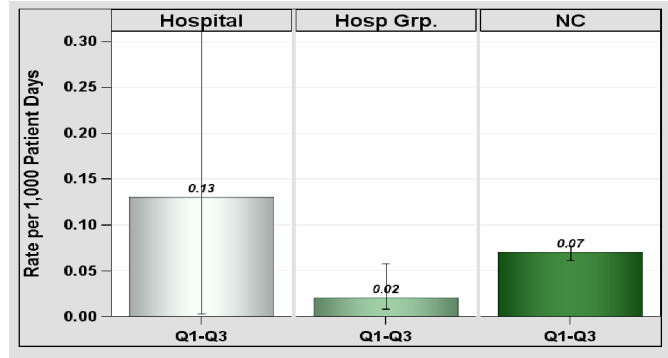


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

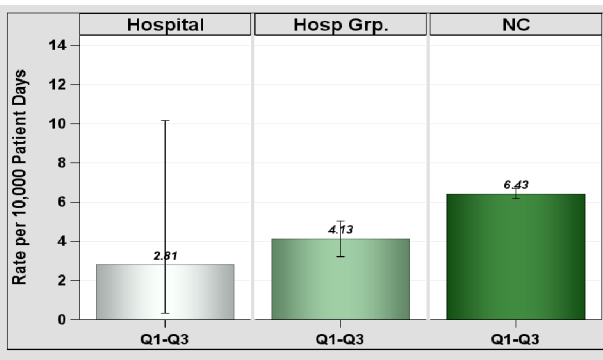


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	2	7,106	2.81

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
 Wake Forest Baptist Health-Lexington Medical Center, Lexington, Davidson County

Catheter-Associated Urinary Tract Infections (CAUTI)

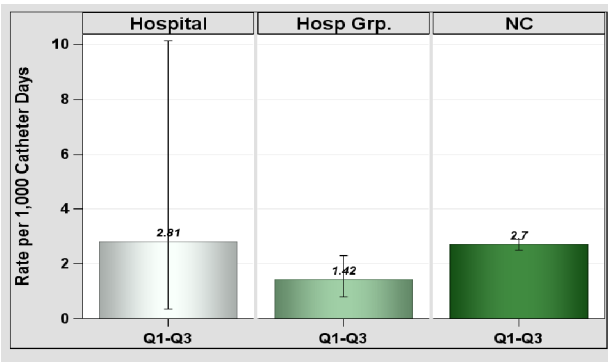


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	2	713	2.81

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	18	.

Infections from deep incisional and/or organ space.

Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
 A comparison to NC hospitals overall was not conducted.

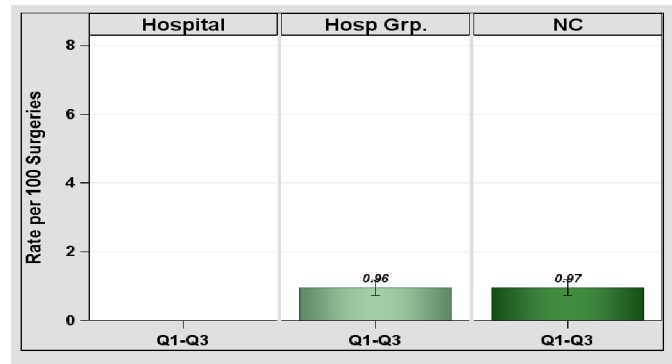


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

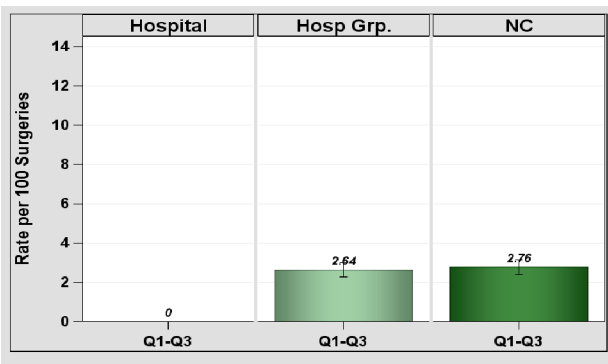


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	0	27	0

Infections from deep incisional and/or organ space.

Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
 A comparison to NC hospitals overall was not conducted.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

Commentary from Hospitals:

No comments provided.

North Carolina Healthcare-Associated Infections Report

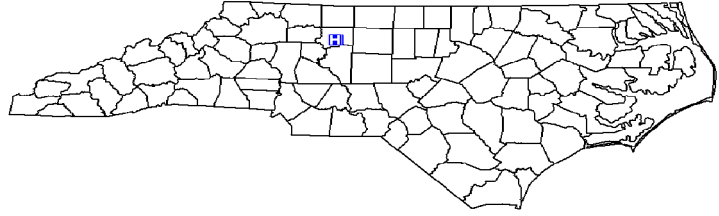
Data from January 1 – September 30, 2014

Wake Forest University Baptist Medical Center, Winston-Salem, Forsyth County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: Major
 Profit Status: Not for Profit
 Admissions in 2013: 37,505
 Patient Days in 2013: 230,320
 Total Number of Beds: 885
 Number of ICU Beds: 176
 FTE* Infection Preventionists: 6.00
 Number of FTEs* per 100 beds: 0.68

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

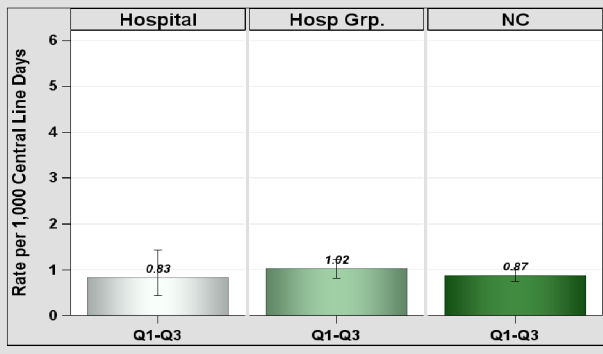


Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	13	15,624	0.83

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	19	171,695	0.11

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

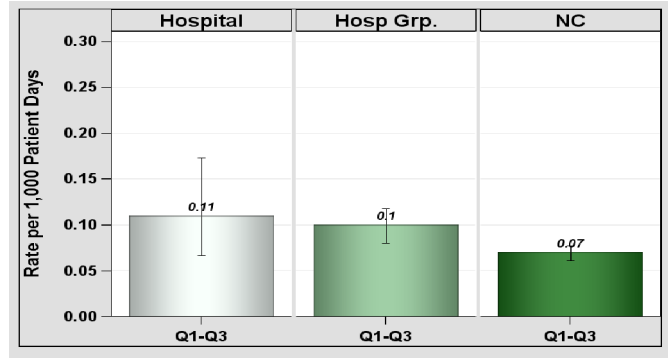


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

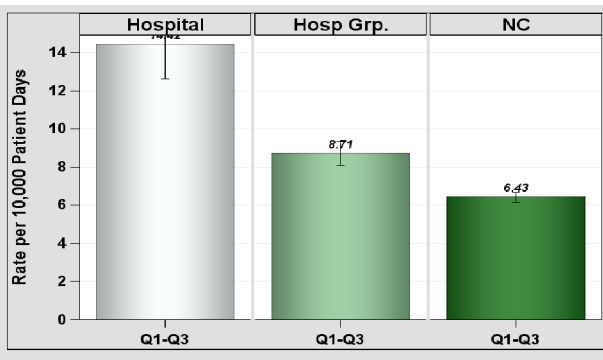


Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	238	165,061	14.4

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

Hospital rate is higher than similarly-sized hospitals.
 Hospital rate is higher than NC hospitals overall.

Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of January 5, 2015.

North Carolina Healthcare-Associated Infections Report

Data from January 1 – September 30, 2014

Wake Forest University Baptist Medical Center, Winston-Salem, Forsyth County

Catheter-Associated Urinary Tract Infections (CAUTI)

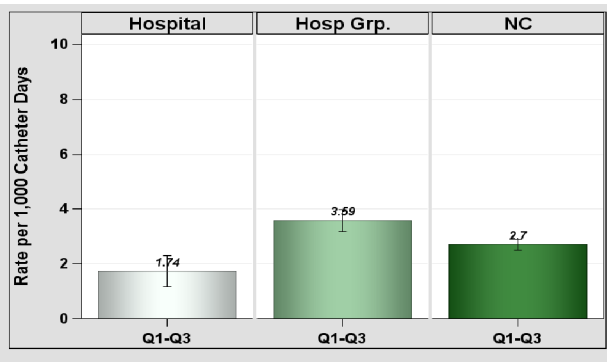


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	36	20,715	1.74

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:

Hospital rate is lower than similarly-sized hospitals.
Hospital rate is lower than NC hospitals overall.

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	2	150	1.33

Infections from deep incisional and/or organ space.

Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

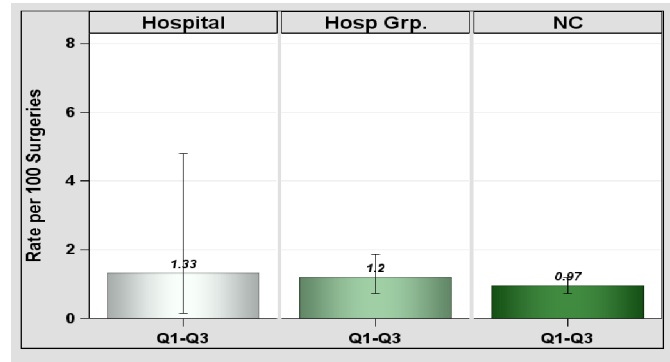


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

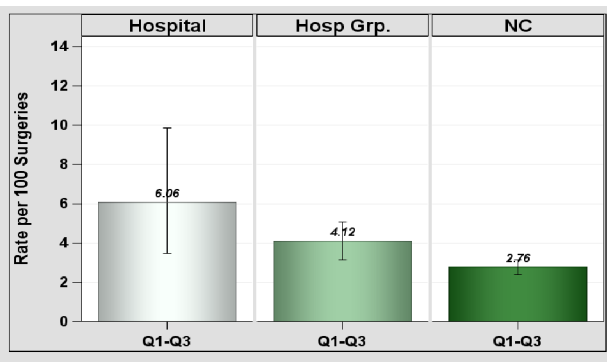


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	16	264	6.06

Infections from deep incisional and/or organ space.

Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
Hospital rate is higher than NC hospitals overall.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

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 (e.g., proper hand hygiene, environmental cleaning, and appropriate isolation of patients), and has launched several comprehensive pilot programs in high risk patients (e.g. medical ICU) to address this issue.

North Carolina Healthcare-Associated Infections Report

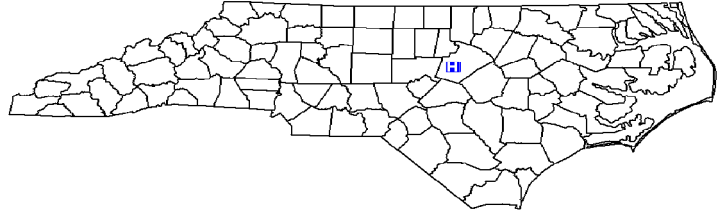
Data from January 1 – September 30, 2014

WakeMed Cary Hospital, Cary, Wake County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: No
 Profit Status: Not for Profit
 Admissions in 2013: 17,522
 Patient Days in 2013: 53,188
 Total Number of Beds: 182
 Number of ICU Beds: 12
 FTE* Infection Preventionists: 1.00
 Number of FTEs* per 100 beds: 0.55

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

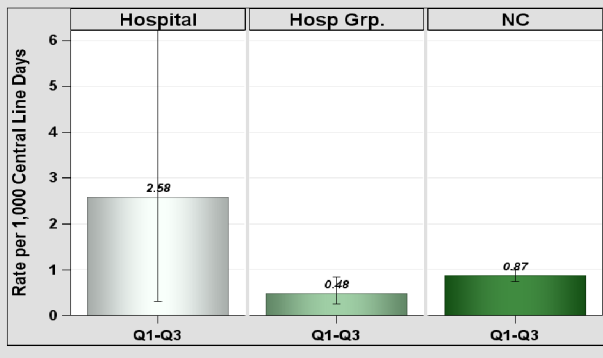


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	2	775	2.58

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	1	33,643	0.03

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

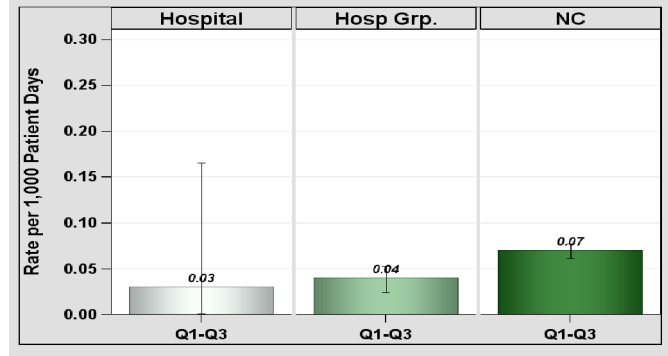


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

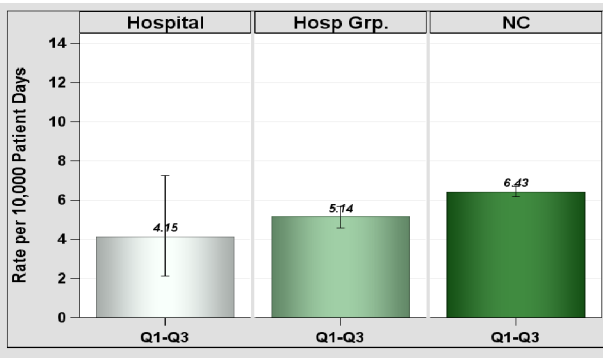


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	12	28,928	4.15

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
 WakeMed Cary Hospital, Cary, Wake County

Catheter-Associated Urinary Tract Infections (CAUTI)

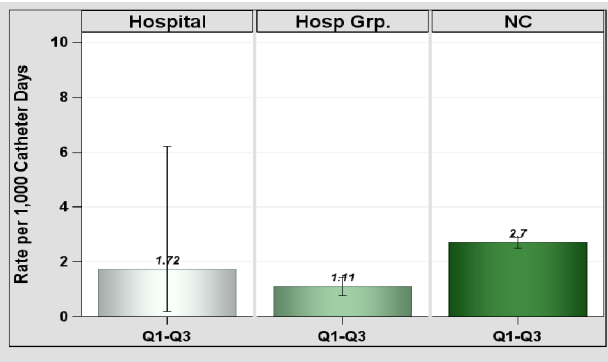


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	2	1,161	1.72

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	86	0

Infections from deep incisional and/or organ space.

Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
 A comparison to NC hospitals overall was not conducted.

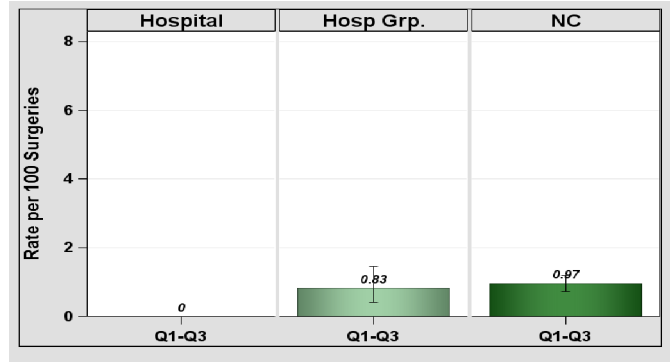


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

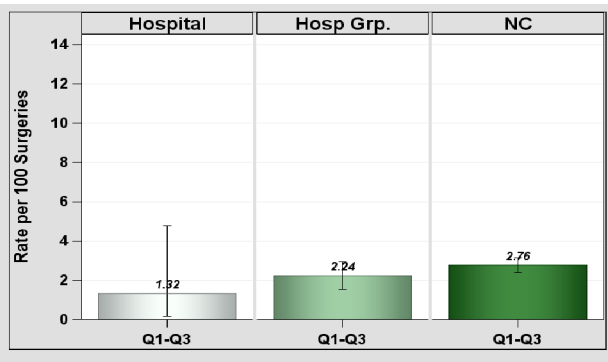


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	2	151	1.32

Infections from deep incisional and/or organ space.

Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

Commentary from Hospitals:

No comments provided.

North Carolina Healthcare-Associated Infections Report

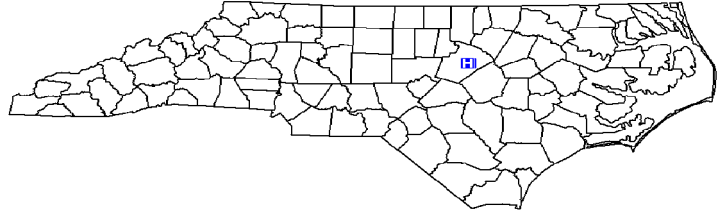
Data from January 1 – September 30, 2014

WakeMed, Raleigh, Wake County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: Major
 Profit Status: Not for Profit
 Admissions in 2013: 58,791
 Patient Days in 2013: 210,639
 Total Number of Beds: 614
 Number of ICU Beds: 122
 FTE* Infection Preventionists: 7.50
 Number of FTEs* per 100 beds: 1.22

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

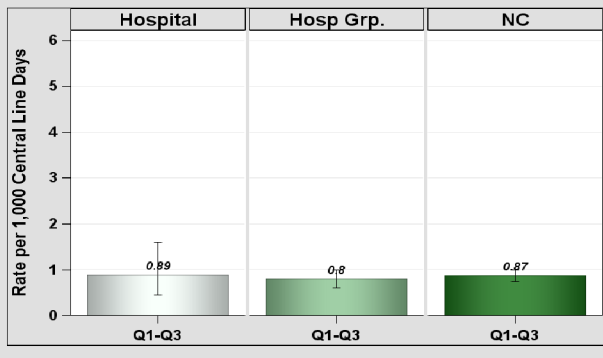


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	11	12,325	0.89

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	11	125,652	0.09

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

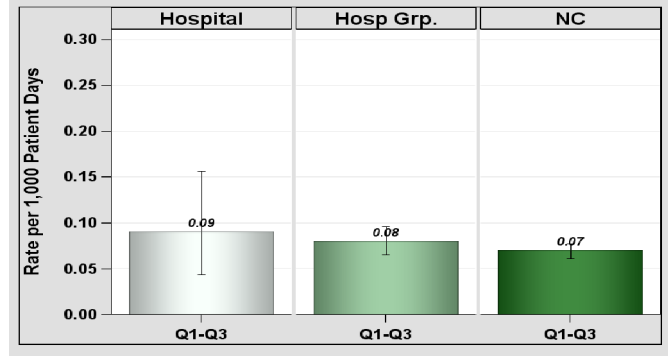


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

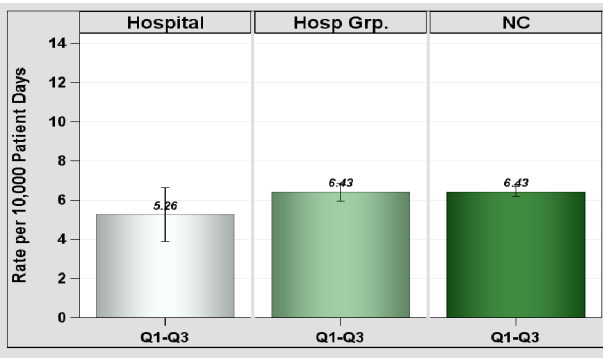


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	57	108,325	5.26

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

North Carolina Healthcare-Associated Infections Report

Data from January 1 – September 30, 2014

WakeMed, Raleigh, Wake County

Catheter-Associated Urinary Tract Infections (CAUTI)

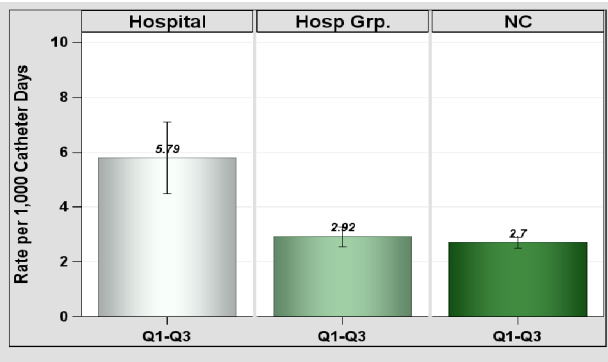


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	76	13,136	5.79

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:

Hospital rate is higher than similarly-sized hospitals.
Hospital rate is higher than NC hospitals overall.

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	2	216	0.93

Infections from deep incisional and/or organ space.

Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

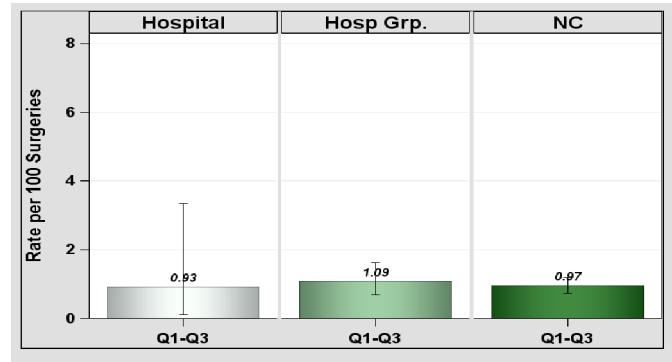


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

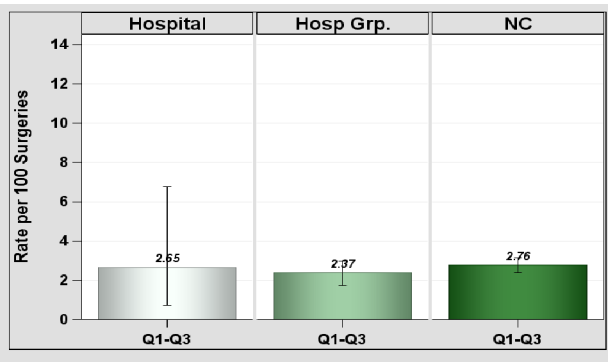


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	4	151	2.65

Infections from deep incisional and/or organ space.

Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

Commentary from Hospitals:

No comments provided.

North Carolina Healthcare-Associated Infections Report

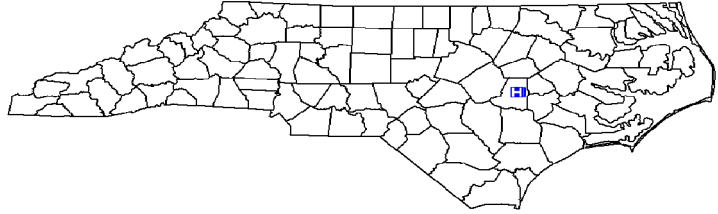
Data from January 1 – September 30, 2014

Wayne Memorial Hospital, Goldsboro, Wayne County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: No
 Profit Status: Not for Profit
 Admissions in 2013: 12,083
 Patient Days in 2013: 53,049
 Total Number of Beds: 284
 Number of ICU Beds: 16
 FTE* Infection Preventionists: 2.13
 Number of FTEs* per 100 beds: 0.75

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

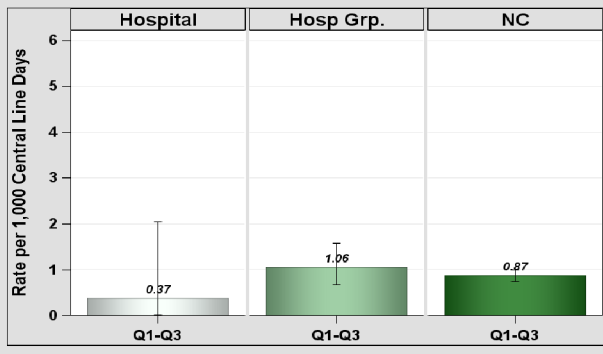


Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	1	2,721	0.37

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	4	39,755	0.1

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

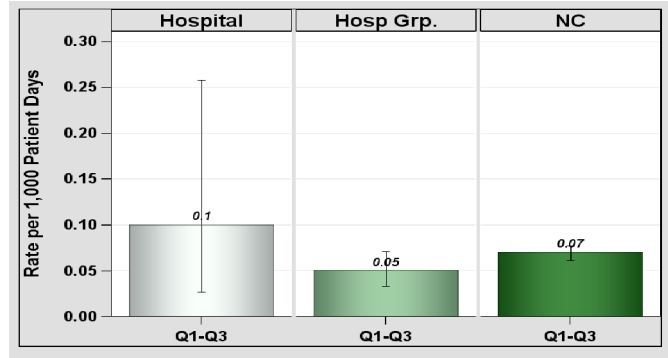


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

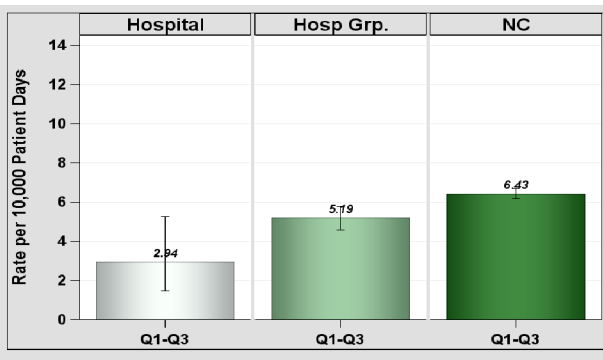


Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	11	37,371	2.94

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is lower than NC hospitals overall.

Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of January 5, 2015.

N.C. Division of Public Health, HAI Prevention Program

N.C. HAI Quarterly Report (Consumer Version) - January 2015

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
 Wayne Memorial Hospital, Goldsboro, Wayne County

Catheter-Associated Urinary Tract Infections (CAUTI)

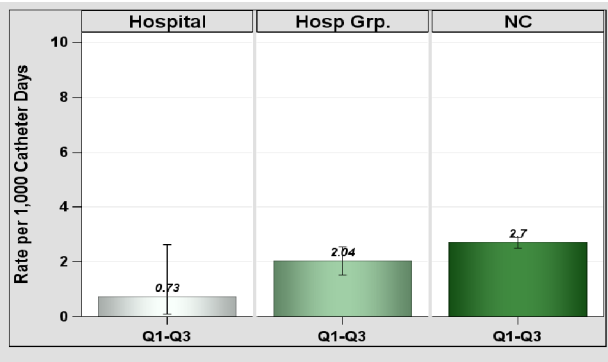


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	2	2,752	0.73

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	124	0

Infections from deep incisional and/or organ space.

Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
 A comparison to NC hospitals overall was not conducted.

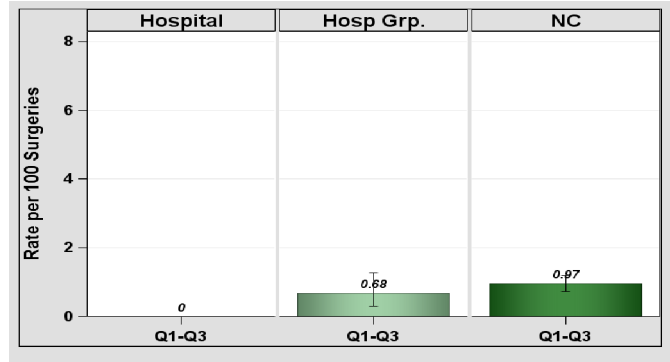


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

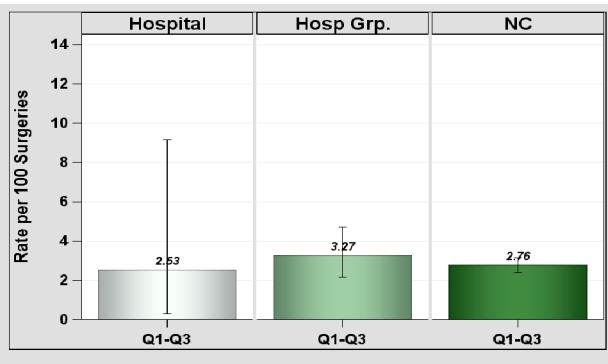


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	2	79	2.53

Infections from deep incisional and/or organ space.

Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

Commentary from Hospitals:

No comments provided.

North Carolina Healthcare-Associated Infections Report

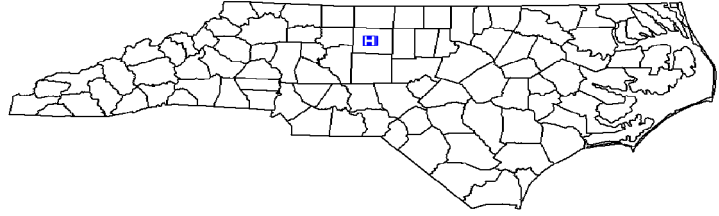
Data from January 1 – September 30, 2014

Wesley Long Hospital, Greensboro, Guilford County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: No
 Profit Status: Not for Profit
 Admissions in 2013: 10,319
 Patient Days in 2013: 45,242
 Total Number of Beds: 175
 Number of ICU Beds: 20
 FTE* Infection Preventionists: 1.00
 Number of FTEs* per 100 beds: 0.57

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

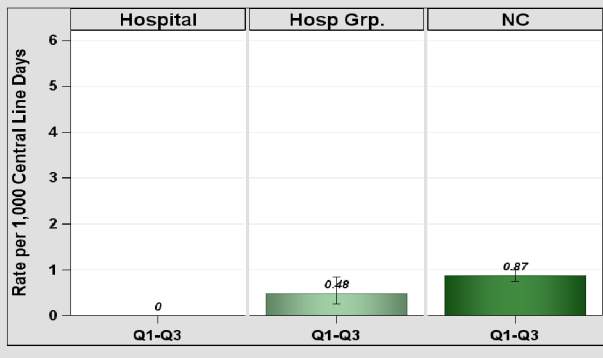


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	1,322	0

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
 A comparison to NC hospitals overall was not conducted.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	1	30,578	0.03

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

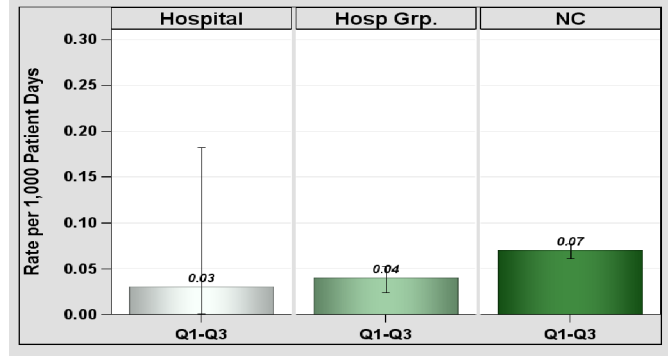


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

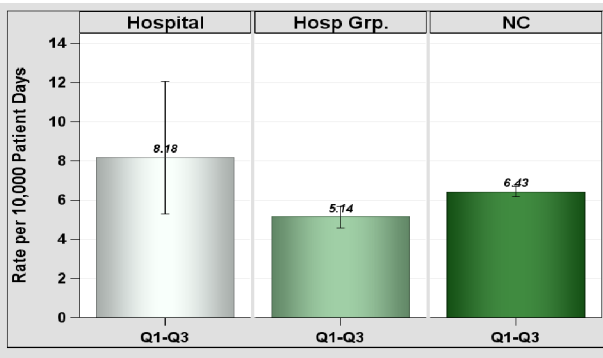


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	25	30,578	8.18

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
Wesley Long Hospital, Greensboro, Guilford County

Catheter-Associated Urinary Tract Infections (CAUTI)

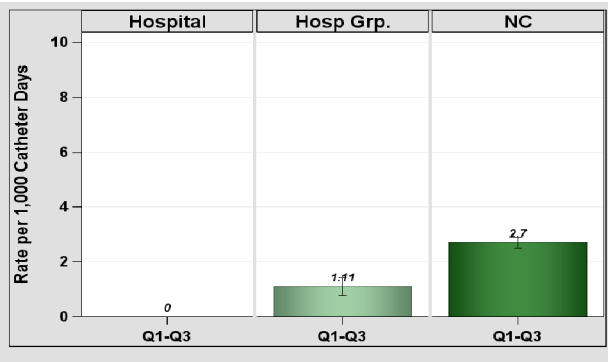


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	1,799	0

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.

A comparison to NC hospitals overall was not conducted.

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	1	41	2.44

Infections from deep incisional and/or organ space.

Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.

Hospital rate is not different from NC hospitals overall.

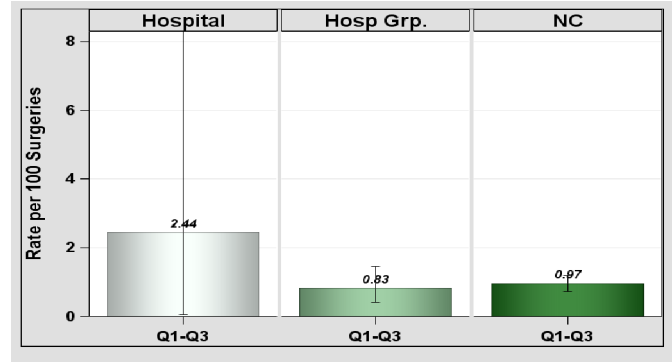


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

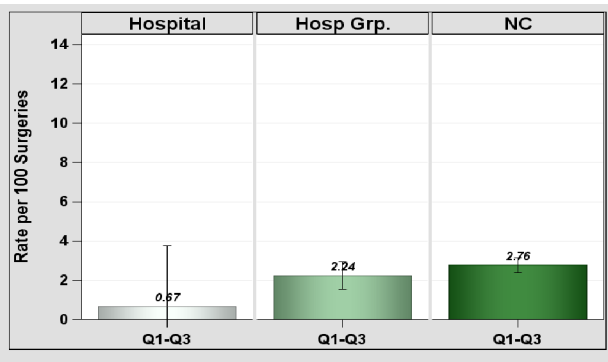


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	1	149	0.67

Infections from deep incisional and/or organ space.

Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.

Hospital rate is not different from NC hospitals overall.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

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

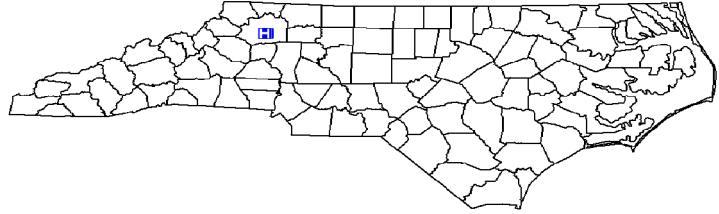
Data from January 1 – September 30, 2014

Wilkes Regional Medical Center, North Wilkesboro, Wilkes County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: No
 Profit Status: Not for Profit
 Admissions in 2013: 4,744
 Patient Days in 2013: 20,845
 Total Number of Beds: 130
 Number of ICU Beds: 8
 FTE* Infection Preventionists: 0.38
 Number of FTEs* per 100 beds: 0.29

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

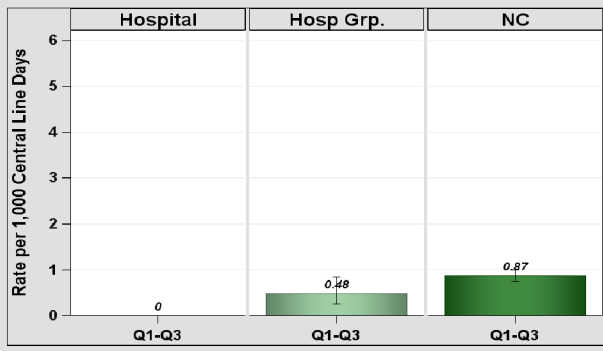


Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	276	0

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
 A comparison to NC hospitals overall was not conducted.

Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	1	15,268	0.07

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

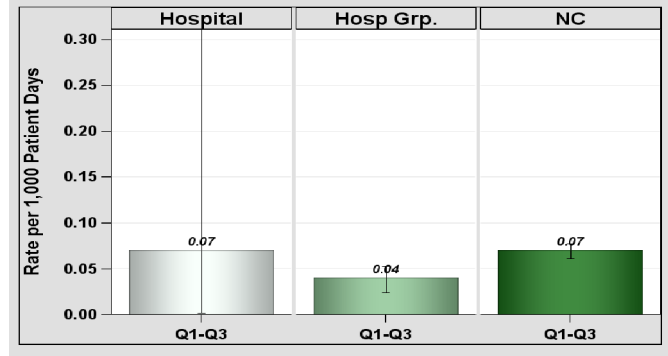


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

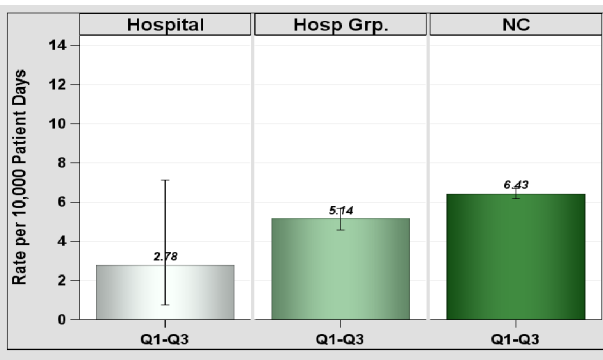


Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	4	14,380	2.78

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of January 5, 2015.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
 Wilkes Regional Medical Center, North Wilkesboro, Wilkes County

Catheter-Associated Urinary Tract Infections (CAUTI)

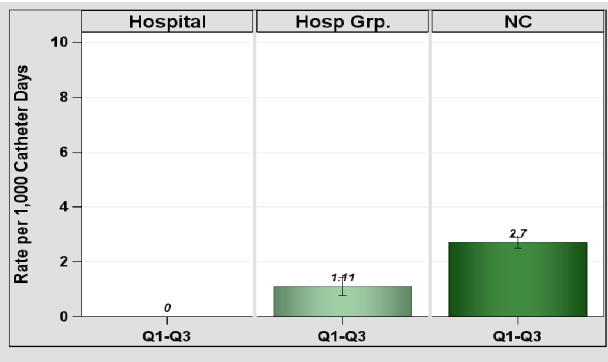


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	791	0

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
 A comparison to NC hospitals overall was not conducted.

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	0	0	.

Infections from deep incisional and/or organ space.

Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
 A comparison to NC hospitals overall was not conducted.

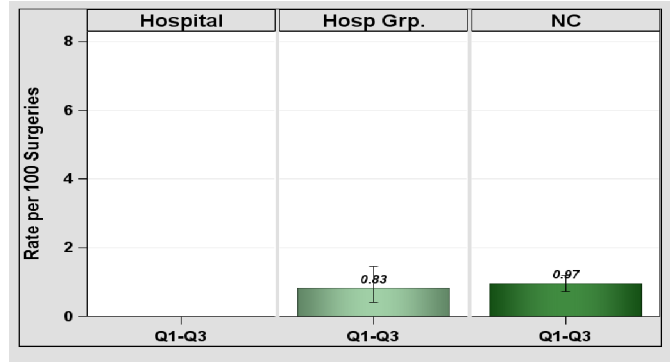


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

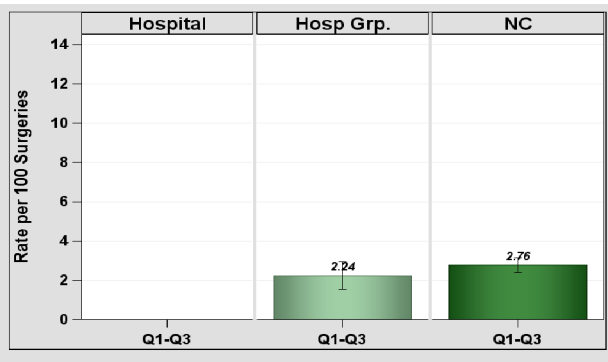


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	0	12	.

Infections from deep incisional and/or organ space.

Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
 A comparison to NC hospitals overall was not conducted.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

Commentary from Hospitals:

The prevention and reduction of healthcare associated infections is a top priority at Wilkes Regional Medical Center. To accomplish this, infection prevention strategies are continually assessed and measures implemented to decrease the risk for infection. These measures are based on evidence based practices and clinical guidelines. A comprehensive program is provided that encompasses patient care and patient safety.

North Carolina Healthcare-Associated Infections Report

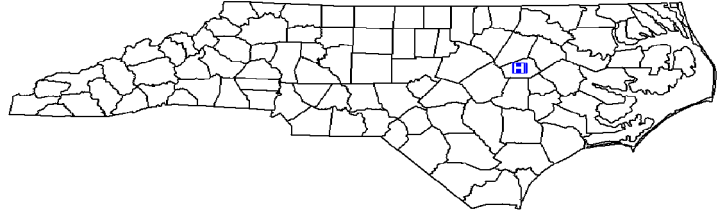
Data from January 1 – September 30, 2014

Wilson Medical Center, Wilson, Wilson County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: No
 Profit Status: Not for Profit
 Admissions in 2013: 7,755
 Patient Days in 2013: 33,194
 Total Number of Beds: 193
 Number of ICU Beds: 14
 FTE* Infection Preventionists: 1.50
 Number of FTEs* per 100 beds: 0.78

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

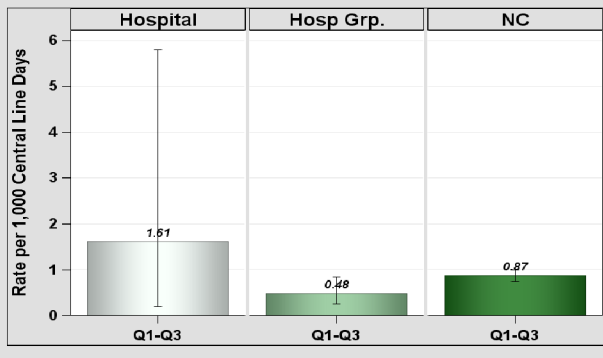


Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	2	1,244	1.61

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	1	25,154	0.04

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
 Hospital rate is not different from NC hospitals overall.

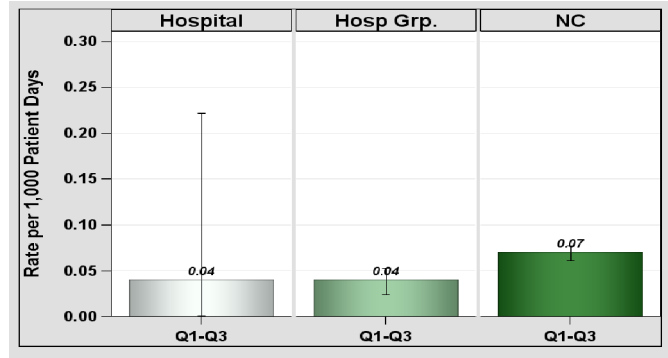


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

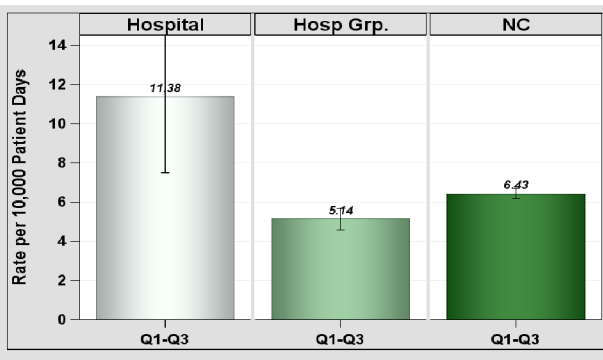


Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	27	23,717	11.4

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

Hospital rate is higher than similarly-sized hospitals.
 Hospital rate is higher than NC hospitals overall.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – September 30, 2014
Wilson Medical Center, Wilson, Wilson County

Catheter-Associated Urinary Tract Infections (CAUTI)

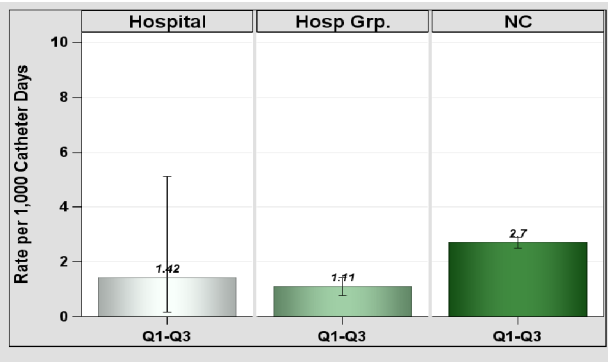


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	2	1,411	1.42

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	1	83	1.2

Infections from deep incisional and/or organ space.

Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

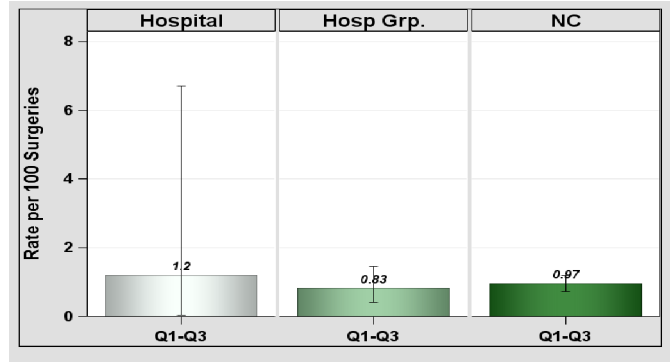


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

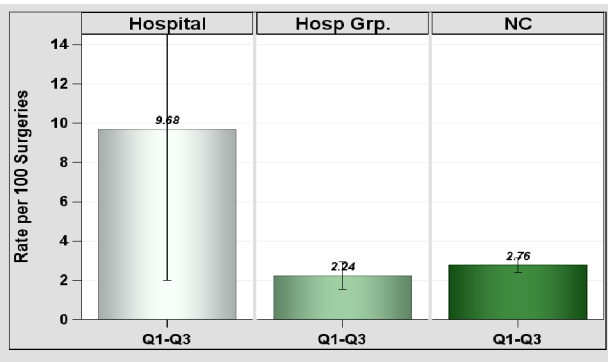


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	3	31	9.68

Infections from deep incisional and/or organ space.

Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.
Hospital rate is not different from NC hospitals overall.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

Commentary from Hospitals:

In 2013, Wilson Medical Center changed the laboratory method for testing *C. difficile* to a more sensitive molecular test. As expected, the increase in sensitivity of this test resulted in more positive *C. difficile* reported in 2013. Not all hospitals have converted to this advanced testing method.

North Carolina Healthcare-Associated Infections Report

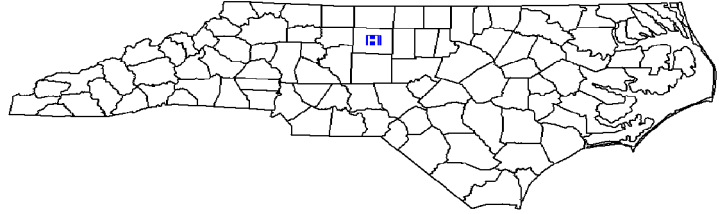
Data from January 1 – September 30, 2014

Women's Hospital, Greensboro, Guilford County

2013 Hospital Survey Information

Hospital Type: Acute Care Hospital - Women's
 Medical Affiliation: No
 Profit Status: Not for Profit
 Admissions in 2013: 7,818
 Patient Days in 2013: 42,248
 Total Number of Beds: 134
 Number of ICU Beds: 40
 FTE* Infection Preventionists: 0.50
 Number of FTEs* per 100 beds: 0.37

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

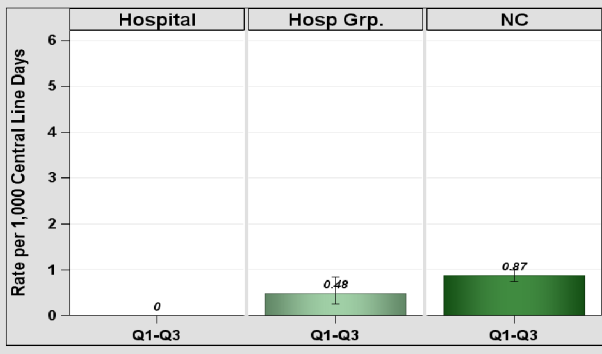


Table 1. Number of Infections and Rate of CLABSI, Jan-Sep 2014.

Type of ICU	Infections	Line Days	Rate
Total for Reporting ICUs	0	1,333	0

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
 A comparison to NC hospitals overall was not conducted.

Figure 1. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Number of Infections and Rate of MRSA LabID Bacteremia, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	32,778	0

Note: Rate per 1,000 patient days.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
 A comparison to NC hospitals overall was not conducted.

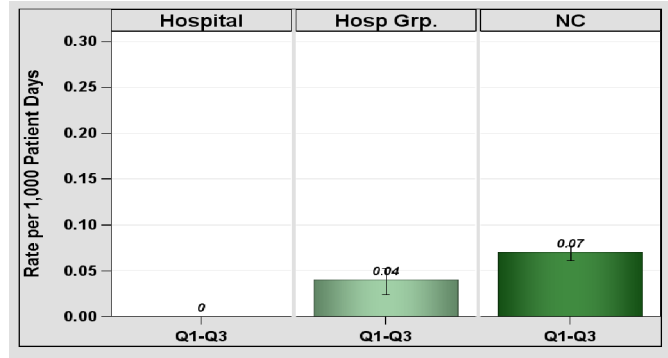


Figure 2. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

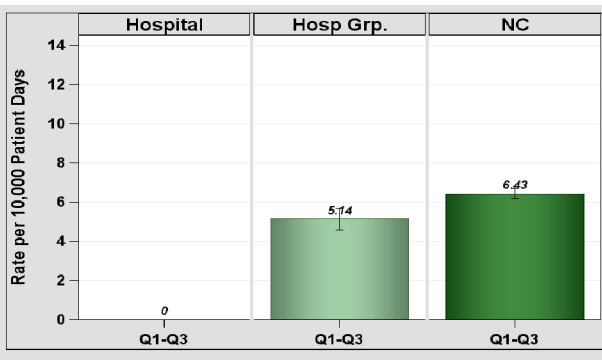


Table 3. Number of Infections and Rate of CDI LabID, Jan-Sep 2014.

Location	Infections	Patient Days	Rate
Facility-wide inpatient	0	15,952	0

Note: Rate per 10,000 patient days.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.
 A comparison to NC hospitals overall was not conducted.

Figure 3. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
 Data as of January 5, 2015.

North Carolina Healthcare-Associated Infections Report

Data from January 1 – September 30, 2014

Women's Hospital, Greensboro, Guilford County

Catheter-Associated Urinary Tract Infections (CAUTI)

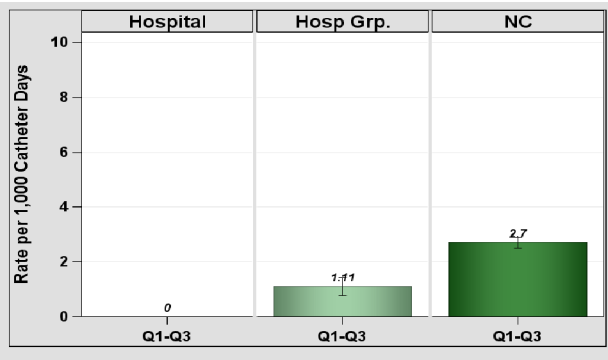


Table 4. Number of Infections and Rate of CAUTIs, Jan-Sep 2014.

Type of ICU	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	147	0

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.

A comparison to NC hospitals overall was not conducted.

Figure 4. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Abdominal hysterectomy	1	110	0.91

Infections from deep incisional and/or organ space.

Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.

Hospital rate is not different from NC hospitals overall.

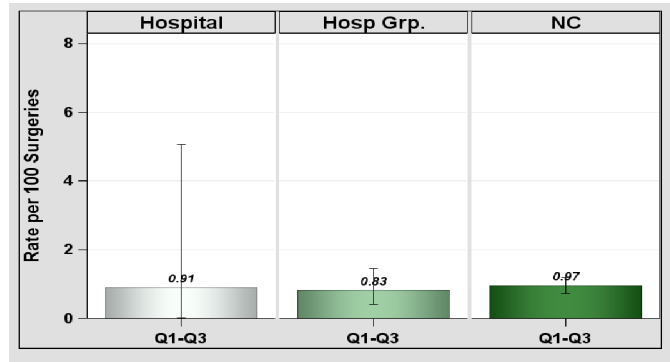


Figure 5. Rates and 95% Confidence Intervals, Jan-Sep 2014.

Surgical Site Infections (SSI) after Colon Surgeries

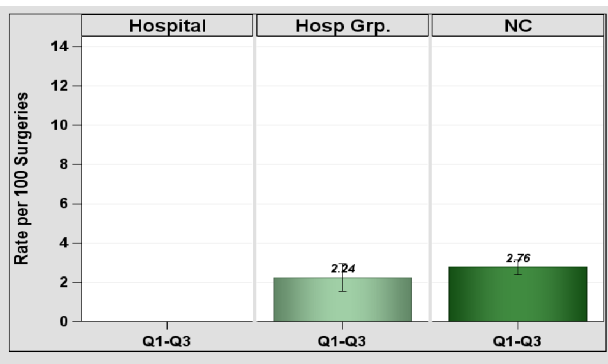


Table 6. Number of Infections and Rate of SSIs, Jan-Sep 2014.

Procedure Type	Infections	Procedures	Rate
Colon surgery	0	1	.

Infections from deep incisional and/or organ space.

Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries.

Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.

A comparison to NC hospitals overall was not conducted.

Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Sep 2014.

Commentary from Hospitals:

Cone Health is committed to preventing Healthcare Associated Infections. We have dedicated teams of experts focused on process improvements to improve our patient outcomes. Please contact Cone Health Infection Prevention if you would like further information.

APPENDICES

APPENDIX A. Definitions

<u>Term</u>	<u>Definition</u>
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 (<i>e.g.</i> , 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. <i>Routine hand washing</i> is the use of clean water and non-antimicrobial soap to remove germs, soil and other debris from the hands. <i>Antiseptic hand washing</i> is the use of water and antimicrobial soap to remove or kill germs on the hands.
Hand hygiene (cont)	<i>Antiseptic hand rub</i> is the use of alcohol-based hand rubs to remove or destroy susceptible

<u>Term</u>	<u>Definition</u>
	germs from the hands. Antiseptic hand rubs are less effective when hands are visibly dirty and against some viruses.
	<i>Surgical hand antisepsis</i> 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 <i>Clostridium difficile</i>	A positive laboratory test result for <i>Clostridium difficile</i> .
Laboratory-identified Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) bacteremia	<i>Staphylococcus aureus</i> cultured from blood specimens that is oxacillin-resistant, ceftazidime-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: <i>Major</i> - Facility has a program for medical students and post-graduate medical training. <i>Graduate</i> - Facility has a program for post-graduate medical training (i.e., residency and/or fellowships). <i>Undergraduate</i> - Facility has a program for medical students only. <i>No</i> - Hospital not affiliated with a medical school.
Patient days	A daily count of the number of patients in the patient care location during a specified time period.
Rate	Describes the speed with which disease or events occur. The number of diseases or events per unit of time.
Standardized infection ratio	A ratio of observed to expected (or predicted) numbers of events that is adjusted for selected risk factors.
Surgical site infection	Infection that occurs after surgery, in the part of the body where the surgery took place.
Umbilical catheter	Long, thin plastic tubes that travel from the stump of a newborn baby's umbilical cord into the large vessels near the heart.
Urinary catheter	A drainage tube that is inserted into the urinary bladder through the urethra, is left in place, and is connected to a closed collection system.
Validity (data)	The extent to which reported cases of a disease or event correspond accurately to cases of a disease 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, <i>C. diff</i>	<i>Clostridium difficile</i>
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 <i>Staphylococcus aureus</i>
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 <i>Enterococcus</i>

APPENDIX C. Healthcare-Associated Infections Prevention Tips

Appendix C1. Catheter (Central Line)-Associated Bloodstream Infections

Appendix C2. Catheter-Associated Urinary Tract Infections

Appendix C3. Surgical Site Infections

Appendix C4. Methicillin Resistant *Staphylococcus aureus*

Appendix C5. *Clostridium difficile*

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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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.

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:
 - o Whenever possible, patients with MRSA will have a single room or will share a room only with someone else who also has MRSA.
 - o Healthcare providers will put on gloves and wear a gown over their clothing while taking care of patients with MRSA.

- o Visitors may also be asked to wear a gown and gloves.
- o When leaving the room, hospital providers and visitors remove their gown and gloves and clean their hands.
- o Patients on Contact Precautions are asked to stay in their hospital rooms as much as possible. They should not go to common areas, such as the gift shop or cafeteria. They may go to other areas of the hospital for treatments and tests.

- **May test** some patients to see if they have MRSA on their skin. This test involves rubbing a cotton-tipped swab in the patient's nostrils or on the skin.

What can I do to help prevent MRSA infections?

In the hospital

- Make sure that all doctors, nurses, and other healthcare providers clean their hands with soap and water or an alcohol-based hand rub before and after caring for you.

If you do not see your providers clean their hands, please ask them to do so.

When you go home

- If you have wounds or an intravascular device (such as a catheter or dialysis port) make sure that you know how to take care of them.

Can my friends and family get MRSA when they visit me?

The chance of getting MRSA while visiting a person who has MRSA is very low. To decrease the chance of getting MRSA your family and friends should:

- Clean their hands before they enter your room and when they leave.
- Ask a healthcare provider if they need to wear protective gowns and gloves when they visit you.

What do I need to do when I go home from the hospital?

To prevent another MRSA infection and to prevent spreading MRSA to others:

- Keep taking any antibiotics prescribed by your doctor. Don't take half-doses or stop before you complete your prescribed course.
- Clean your hands often, especially before and after changing your wound dressing or bandage.
- People who live with you should clean their hands often as well.
- Keep any wounds clean and change bandages as instructed until healed.
- Avoid sharing personal items such as towels or razors.
- Wash and dry your clothes and bed linens in the warmest temperatures recommended on the labels.
- Tell your healthcare providers that you have MRSA. This includes home health nurses and aides, therapists, and personnel in doctors' offices.
- Your doctor may have more instructions for you.

If you have questions, please ask your doctor or nurse.

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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:
 - o Whenever possible, patients with *C. diff* will have a single room or share a room only with someone else who also has *C. diff*.
 - o Healthcare providers will put on gloves and wear a gown over their clothing while taking care of patients with *C. diff*.
 - o Visitors may also be asked to wear a gown and gloves.
 - o When leaving the room, hospital providers and visitors remove their gown and gloves and clean their hands.

- o Patients on Contact Precautions are asked to stay in their hospital rooms as much as possible. They should not go to common areas, such as the gift shop or cafeteria. They can go to other areas of the hospital for treatments and tests.
- Only give patients antibiotics when it is necessary.

What can I do to help prevent C. diff infections?

- Make sure that all doctors, nurses, and other healthcare providers clean their hands with soap and water or an alcohol-based hand rub before and after caring for you.

If you do not see your providers clean their hands, please ask them to do so.

- Only take antibiotics as prescribed by your doctor.
- Be sure to clean your own hands often, especially after using the bathroom and before eating.

Can my friends and family get C. diff when they visit me?

C. diff infection usually does not occur in persons who are not taking antibiotics. Visitors are not likely to get *C. diff*. Still, to make it safer for visitors, they should:

- Clean their hands before they enter your room and as they leave your room
- Ask the nurse if they need to wear protective gowns and gloves when they visit you.

What do I need to do when I go home from the hospital?

Once you are back at home, you can return to your normal routine. Often, the diarrhea will be better or completely gone before you go home. This makes giving *C. diff* to other people much less likely. There are a few things you should do, however, to lower the chances of developing *C. diff* infection again or of spreading it to others.

- If you are given a prescription to treat *C. diff*, take the medicine exactly as prescribed by your doctor and pharmacist. Do not take half-doses or stop before you run out.
- Wash your hands often, especially after going to the bathroom and before preparing food.
- People who live with you should wash their hands often as well.
- If you develop more diarrhea after you get home, tell your doctor immediately.
- Your doctor may give you additional instructions.

If you have questions, please ask your doctor or nurse.

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APPENDIX D. Healthcare-Associated Infections (HAI) Advisory Group, January 2015

Deverick Anderson, MD, MPH

Duke Infection Control Outreach Network
Duke University Medical Center

Margaret A. Comin, RN, BSN, MPA

Division of Medical Assistance

Evelyn Cook, RN, CIC

APIC – N.C.
Duke Infection Control Outreach Network

Megan Davies, MD (Chair)

N.C. Division of Public Health

Chris DeRienzo, MD, MPP

Duke University Medical Center
Durham-Orange County Medical Society

Heather Dubendris

N.C. Division of Public Health

Evelyn Foust, MPH, CPM

N.C. Division of Public Health

Robert M. Gabel, MD, MSc, FACOEM

Womack Army Medical Center

Teresa M. Gilbert, MT (AMT), CIC

Womack Army Medical Center

Dorothea Handron, APRN, EdD

Consumer/patient advocate

Millie R. Harding, CPA

North Carolina Hospital Association

Debbie S. Holloman, CSSBB

Consumer/patient advocate

G. Mark Holmes, PhD

UNC Gillings School of Global Public Health

Kirk Huslage, RN, BSN, MSPH, CIC

N.C. Statewide Program for Infection Control and
Epidemiology

Representative Verla Insko (Orange County)

N.C. House of Representatives

Carol Koeble, MD, MS, CPE

N.C. Center for Hospital Quality and Patient Safety

James Lederer, MD

Novant Health Systems

Jennifer MacFarquhar, RN, MPH, CIC

N.C. Division of Public Health

Jean-Marie Maillard, MD, MSc

N.C. Division of Public Health

MJ McCaffrey, MD, CAPT USN (Ret)

Perinatal Quality Collaborative of North Carolina
UNC School of Medicine

Tresor Medju

N.C. Division of Public Health

Catherine Moore, RN, MSN

North Carolina Nurses Association

Zack Moore, MD, MPH

N.C. Division of Public Health

Tammra Morrison, RN BSN

N.C. Division of Public Health

John Morrow, MD

N.C. Association of Local Health Directors
Pitt County Health Department

Vivek Nanda

Blue Cross and Blue Shield of North Carolina

Katie Passaretti, MD

Carolinas Metro Facilities

Sylvia I. Pegg, RN, BSN, CIC

Wake Forest Baptist Health

Charles Riddick, CEO

The Carolinas Center for Medical Excellence

William A. Rutala, PhD, MPH

N.C. Statewide Program in Infection Control and Epidemiology
UNC Health Care System

Megan Sanza, MPH

N.C. Division of Public Health

Robert L. Sautter, PhD, HCLD (ABB)

N.C. Laboratory Response Forum
Carolinas Pathology Group

Daniel J. Sexton, MD

Duke Infection Control Outreach Network
Duke University Health System

Michael E. Toedt, MD, FAAFP

Cherokee Indian Hospital

Christopher W. Woods, MD, MPH

Duke University Health System
Durham VAMC

APPENDIX E. Healthcare Facility Groupings, 2013 National Healthcare Safety Network Annual Hospital Survey

Appendix E1. Healthcare Facility Group: Short-term Acute Care Hospitals

Hospital Groups	Hospital Name	Number of Beds	
1-99 beds	Anson Community Hospital	30	
	Blue Ridge Regional Hospital	46	
	Brunswick Novant Medical Center	74	
	Caldwell Memorial Hospital	82	
	Carolinas Medical Center-University	94	
	Columbus Regional Healthcare System	86	
	Franklin Regional Medical Center	70	
	Granville Medical Center	62	
	Hugh Chatham Memorial Hospital	81	
	Kings Mountain Hospital	59	
	Martin General Hospital	45	
	Mcdowell Hospital	49	
	Medical Park Hospital	22	
	Murphy Medical Center	43	
	North Carolina Specialty Hospital	18	
	Novant Health Charlotte Orthopedic Hospital	80	
	Novant Health Huntersville Medical Center	75	
	Person Memorial Hospital	38	
	Sandhills Regional Medical Center	66	
	Vidant Beaufort Hospital	83	
	Vidant Duplin Hospital	79	
	Wake Forest Baptist Health-Davie Medical Center	16	
	Wake Forest Baptist Health-Lexington Medical Center	85	
	Westcare - Harris Regional Hospital	86	
	100-199 beds	ARHS-Watauga Medical Center	110
		Annie Penn Hospital	110
Betsy Johnson Regional		135	
Blue Ridge Healthcare Hospitals-Morganton		184	
Blue Ridge Healthcare Hospitals-Valdese		131	
Carolinas Medical Center-Lincoln		101	
Carolinas Medical Center-Mercy		162	
Carolinas Medical Center-Union		157	
Carteret General Hospital		135	
Catawba Valley Medical Center		190	
Central Carolina Hospital		116	
Davis Regional Medical Center		131	
Duke Raleigh Hospital		148	
Halifax Regional Medical Center		114	
Haywood Regional Medical Center		100	
Iredell Memorial Hospital		199	
Johnston Health		199	
Lake Norman Regional Medical Center		123	
Maria Parham Medical Center		102	
Morehead Memorial Hospital		108	
Northern Hospital Of Surry County		100	

APPENDIX E. Healthcare Facility Groupings, 2013 National Healthcare Safety Network Annual Hospital Survey

Appendix E1. Healthcare Facility Group: Short-term Acute Care Hospitals

Hospital Groups	Hospital Name	Number of Beds
	Novant Health Matthews Medical Center	137
	Onslow Memorial Hospital	162
	Pardee Hospital	138
	Park Ridge Health	103
	Randolph Hospital	102
	Rutherford Regional Medical Center	120
	Sampson Regional Medical Center	116
	Scotland Memorial Hospital	104
	Sentara Albemarle Medical Center	135
	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	238
	Broughton Hospital	278
	CarolinaEast Medical Center	350
	Carolinas Medical Center-Pineville	206
	Cherry Hospital	241
	Cleveland Regional Medical Center	241
	Duke Regional Hospital	204
	Frye Regional Medical Center	355
	High Point Regional Health System	355
	Lenoir Memorial Hospital	235
	Nash Health Care Systems	237
	Rowan Regional Medical Center	268
	Southeastern Regional Medical Center	319
	Wayne Memorial Hospital	284
400+ beds	Cape Fear Valley Health System	602
	Carolinas Medical Center- Northeast	457
	Central Regional Hospital	405
	FirstHealth Moore Regional Hospital	470
	Forsyth Medical Center	913
	Gaston Memorial Hospital	402
	Mission Hospital	739
	Moses Cone Hospital	536
	New Hanover Regional Medical Center	579
	Novant Health Presbyterian Medical Center	609
	Rex Healthcare	479
	WakeMed	614
Primary Medical School Affiliation	Carolinas Medical Center	880
	Duke University Hospital	915

APPENDIX E. Healthcare Facility Groupings, 2013 National Healthcare Safety Network Annual Hospital Survey

Appendix E1. Healthcare Facility Group: Short-term Acute Care Hospitals

<u>Hospital Groups</u>	<u>Hospital Name</u>	<u>Number of Beds</u>
	UNC Health Care	848
	Vidant Medical Center	909
	Wake Forest University Baptist Medical Center	885

APPENDIX E. Healthcare Facility Groupings, 2013 National Healthcare Safety Network Annual Hospital Survey

Appendix E2. Healthcare Facility Group: Long-term Acute Care Hospitals

<u>Hospital Name</u>
Asheville Specialty Hospital
Carolinas Specialty Hospital
Crawley Memorial Hospital
Highsmith Rainey Specialty Hospital
Kindred Hospital-Greensboro
Lifecare Hospitals Of North Carolina
Select Specialty Hospital-Durham
Select Specialty Hospital-Greensboro
Select Specialty Hospital-Winston Salem

APPENDIX E. Healthcare Facility Groupings, 2013 National Healthcare Safety Network Annual Hospital Survey**Appendix E3. Healthcare Facility Group: Inpatient Rehabilitation Facilities & Wards**

<u>Hospital Name</u>	<u>Rehabilitation Facility or Ward</u>
Cape Fear Valley Health System	Adult rehabilitation ward
CarePartners Health Services	Inpatient Rehabilitation Facility
CarolinaEast Medical Center	Adult rehabilitation ward
Carolinas Medical Center	Pediatric rehabilitation ward
Carolinas Medical Center-Pineville	Adult rehabilitation ward
Carolinas Rehabilitation	Inpatient Rehabilitation Facility
Catawba Valley Medical Center	Adult rehabilitation ward
Duke Regional Hospital	Adult rehabilitation ward
FirstHealth Moore Regional Hospital	Adult rehabilitation ward
Forsyth Medical Center	Adult rehabilitation ward Pediatric rehabilitation ward
Frye Regional Medical Center	Adult rehabilitation ward
High Point Regional Health System	Adult rehabilitation ward
Lenoir Memorial Hospital	Adult rehabilitation ward
Maria Parham Medical Center	Adult rehabilitation ward
Moses Cone Hospital	Adult rehabilitation ward
Nash Health Care Systems	Adult rehabilitation ward
New Hanover Regional Medical Center	Adult rehabilitation ward
Rowan Regional Medical Center	Adult rehabilitation ward
Scotland Memorial Hospital	Adult rehabilitation ward
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