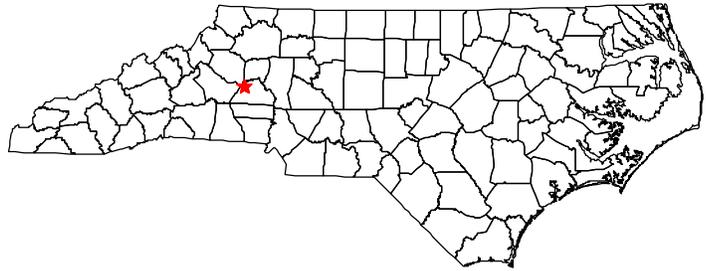


North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2015
Catawba Valley Medical Center, Hickory, Catawba County

2015 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: No
 Admissions in 2015: 12,275
 Patient Days in 2015: 52,402
 Total Number of Beds: 190
 Number of ICU Beds: 32
 FTE* Infection Preventionists: 1.75
 Number of FTEs* per 100 beds: 0.92

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

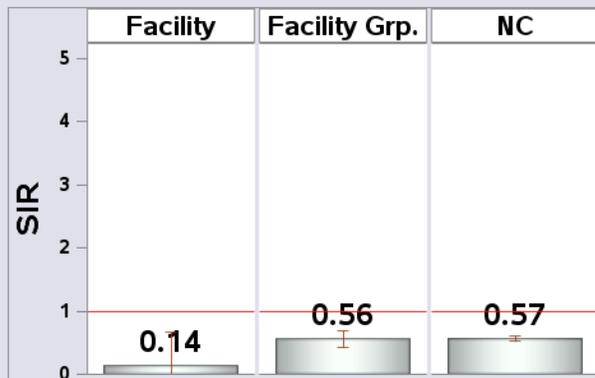


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2015.

Table 1. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2015

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	0	5.8	Better
Neonatal Units	1	1.6	Same
All reporting units	1	7.4	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 central line days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2006-2008.

Note: In 2015, surveillance was expanded to include the reporting of observed infections in adult and pediatric medical, surgical, and medical/surgical wards locations in addition to ongoing ICU reporting

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

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

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

Table 2. Number of Observed and Predicted MRSA Events, Jan-Dec 2015

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	2.1	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2010-2011.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

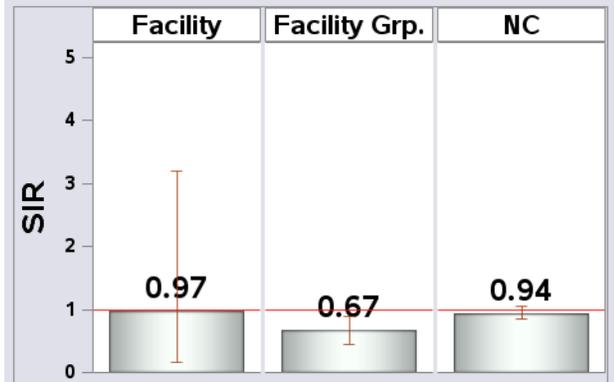


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2015.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive 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 Observed and Predicted CDIs, Jan-Dec 2015

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	16	25	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2010-2011.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

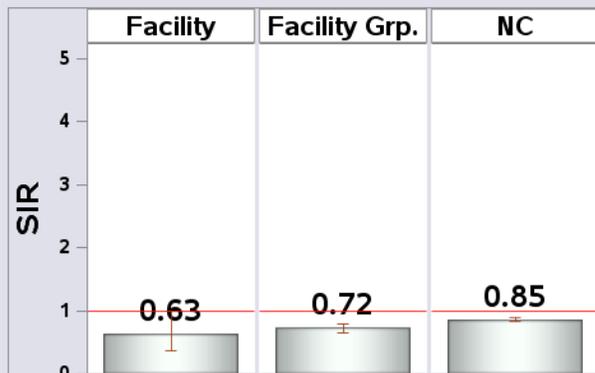


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2015.

North Carolina Healthcare-Associated Infections Report
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Catawba Valley Medical Center, Hickory, Catawba County

Catheter-Associated Urinary Tract Infections (CAUTI)

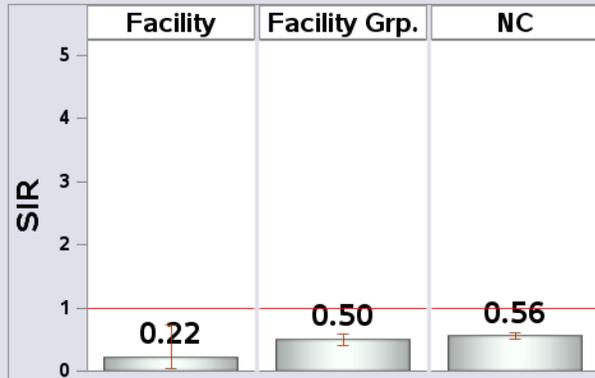


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2015.

Table 4. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2015.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	2	9.1	Better

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: SIR not calculated if <50 catheter days or <1 predicted infection.

Note: Red line represents the NHSN baseline experience, 2009.

Note: In 2015, surveillance was expanded to include the reporting of observed infections in adult and pediatric medical, surgical, and medical/surgical wards locations in addition to ongoing ICU reporting

Note: In 2015, CAUTI surveillance was restricted to include only urine cultures with a colony count \geq 100000 CFU/ML for at least one bacteria and to exclude pathogen results with only yeast, mold, dimorphic fungi or parasites

How Does This Facility Compare to the National Experience?

★ Better: Fewer infections than predicted by the national baseline experience

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2015.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2006-2008.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

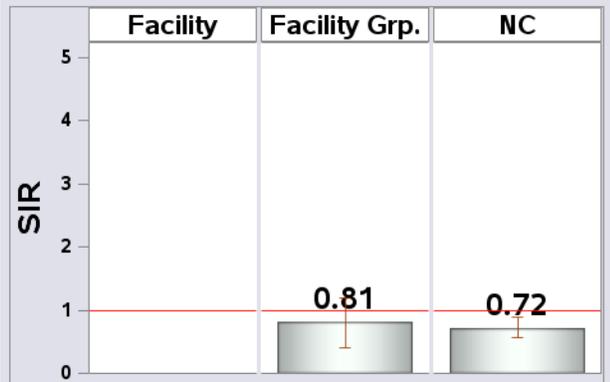


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2015.

Surgical Site Infections (SSI) after Colon Surgeries

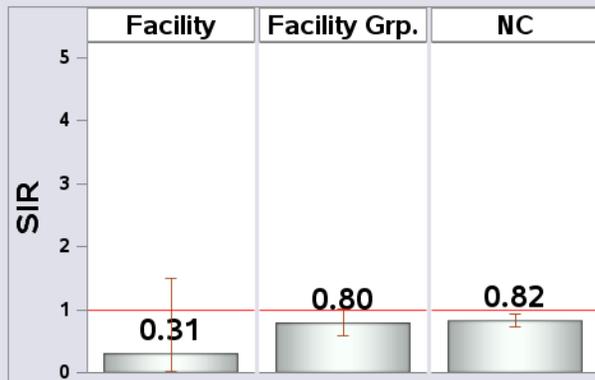


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2015.

Table 6. Number of Observed and Predicted SSI infections (colon surgeries), Jan-Dec 2015.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	3.3	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Infections from deep incisional and/or organ space.

Note: Red line represents the NHSN baseline experience, 2006-2008.

How Does This Facility Compare to the National Experience?

= Same: About the same number of infections as predicted by the national baseline experience

Commentary From Facility:

No comments provided.