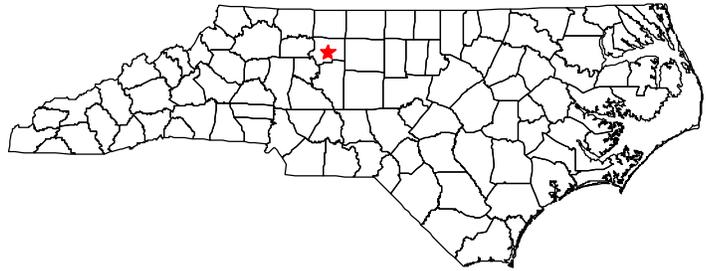


North Carolina Healthcare-Associated Infections Report
Data from January 1 - December 31, 2015
Wake Forest University Baptist Medical Center, Winston-Salem, Forsyth County

2015 Hospital Survey Information

Hospital Type: Acute Care Hospital
 Medical Affiliation: Major
 Admissions in 2015: 40,455
 Patient Days in 2015: 242,641
 Total Number of Beds: 885
 Number of ICU Beds: 176
 FTE* Infection Preventionists: 6.00
 Number of FTEs* per 100 beds: 0.68



*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

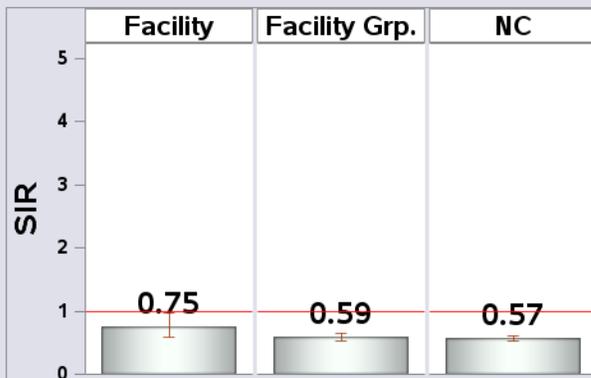


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2015.

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	52	65	Same
Neonatal Units	5	11	Same
All reporting units	57	76	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?

= Same: About the same number of infections as 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	44	24	Worse

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?

× **Worse:** More infections than predicted by the national baseline experience

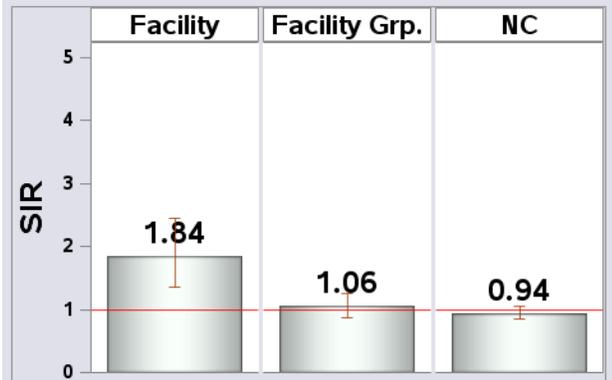


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2015.

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	271	214	Worse

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?

× **Worse:** More infections than predicted by the national baseline experience

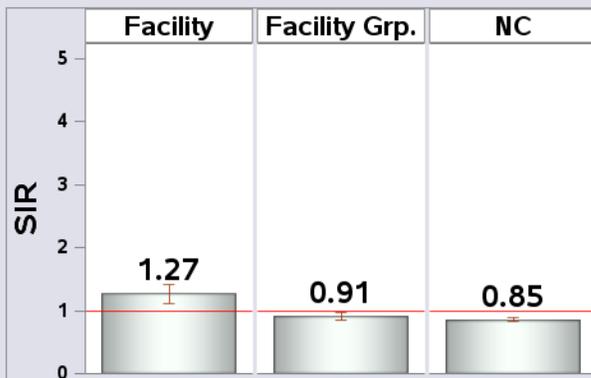


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2015.

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Catheter-Associated Urinary Tract Infections (CAUTI)

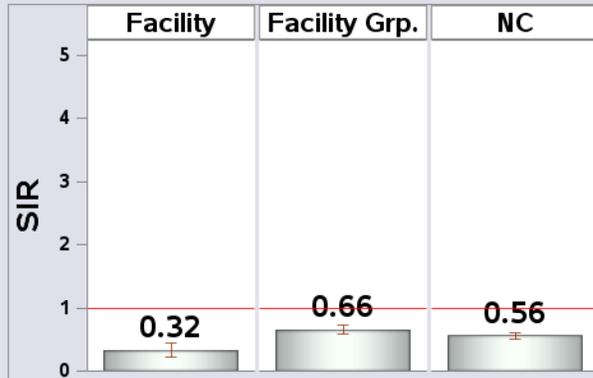


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2015.

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	31	95	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	3	2.9	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

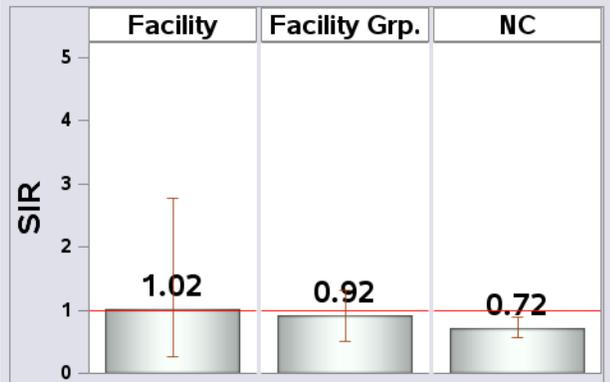


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2015.

Surgical Site Infections (SSI) after Colon Surgeries

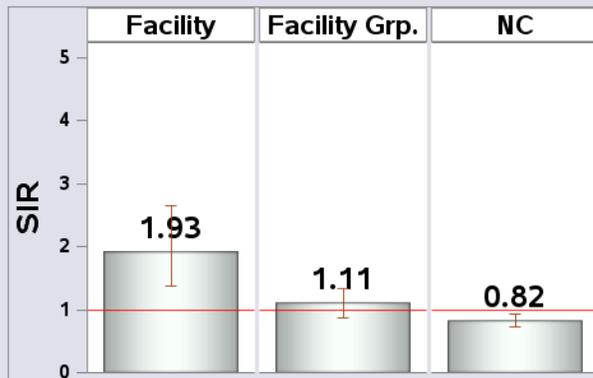


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2015.

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	35	18	Worse

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?

× **Worse:** More infections than predicted by the national baseline experience

Commentary From Facility:

Wake Forest Baptist Health continually strives to provide a safe environment for patients, their families and our community. In response to the CDI LabID and MRSA LabID, Wake Forest Baptist Health is reinforcing appropriate infection prevention (e.g., proper hand hygiene, environmental cleaning) and identification methods, and has launched pilot programs in high risk patients (e.g. medical ICU) and identification methods to address these items. In response to the surgical site infections (SSI) after colon surgeries, a colon surgery bundle was expanded and is currently in place to ensure infection prevention best practices are being performed during all procedure steps.