North Carolina Healthcare-Associated Infections Report
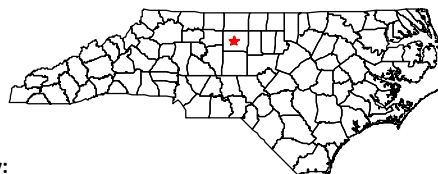## Data from January 1 – June 30 2016
Moses Cone Hospital, Greensboro, Guilford County

2015 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	26,437
Patient Days in 2015:	114,589
Total Number of Beds:	443
Number of ICU Beds:	66
FTE* Infection Preventionists:	2.50
Number of FTEs* per 100 beds:	0.56

[*FTE = Full-time equivalent]

Commentary From Facility:
Cone Health is committed to preventing harm from Healthcare Associated Infections across our community. We have dedicated multi-disciplinary teams focused on process improvements to ensure improved outcomes for our patients. If you would like further information, please contact Cone Health Infection Prevention Department. Thank you.

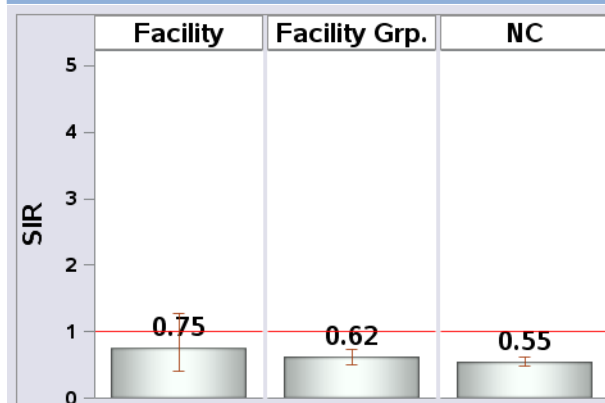## Catheter-Associated Urinary Tract Infections (CAUTI)

Figure 1: SIRs and 95% confidence intervals, Jan-Jun 2016.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Jun 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	12	16	Same

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.

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-Jun 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	3.2	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?

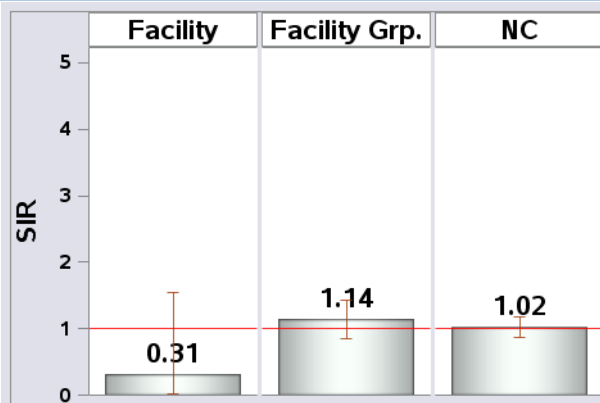= Same: About the same number of infections as predicted by the national baseline experience

Figure 2: SIRs and 95% Confidence Intervals, Jan-Jun 2016.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on 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: SIRs and 95% Confidence Intervals, Jan-Jun 2016.

Table 3. Number of Observed and Predicted CDIs, Jan-Jun 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	56	50	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
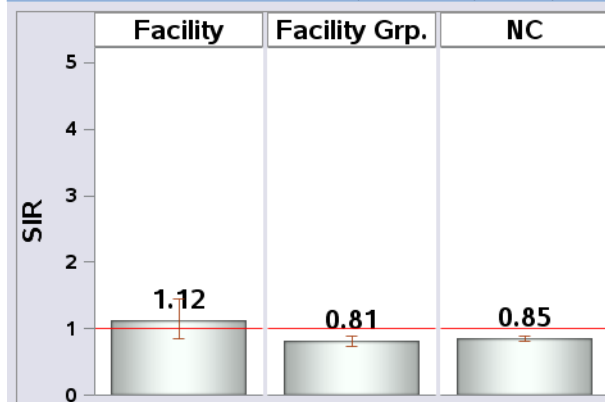
Refer to HAI in N.C. Reference Report for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_may2016_reference.pdf).

Data as of September 06, 2016.

N.C. Division of Public Health, SHARPPS Program

Generated: September 21, 2016

N.C. HAI 2016 Q2 Report

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30 2016
Moses Cone Hospital, Greensboro, Guilford County

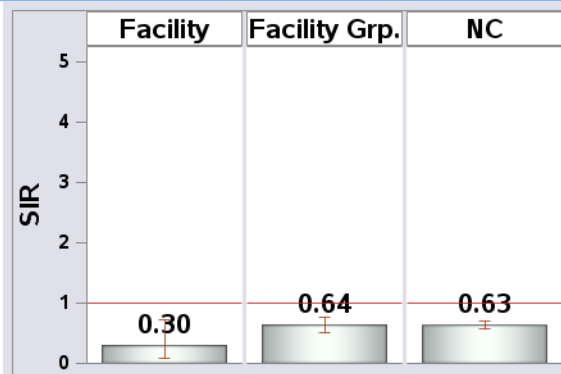## Central Line-Associated Bloodstream Infections (CLABSI)

Figure 4: SIRs and 95% confidence intervals, Jan-Jun 2016.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Jun 2016

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	4	13	Better
All reporting units	4	13	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.

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-Jun 2016.

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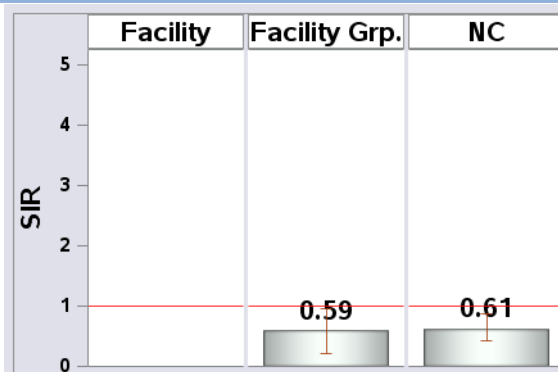No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Figure 5: SIRs and 95% Confidence Intervals, Jan-Jun 2016.

Surgical Site Infections (SSI) after Colon Surgeries

Figure 6: SIRs and 95% Confidence Intervals, Jan-Jun 2016.

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Jun 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	7	2.5	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?
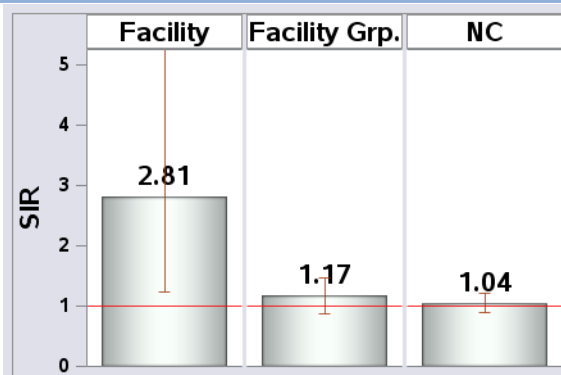✕ Worse: More infections than predicted by the national baseline experience

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAE are not reportable at this facility type

Refer to HAI in N.C. Reference Report for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_may2016_reference.pdf).
Data as of September 06, 2016.   Generated: September 21, 2016
N.C. Division of Public Health, SHARPPS Program   N.C. HAI 2016 Q2 Report