

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – March 31, 2016**  
**UNC Health Care, Chapel Hill, Orange County**

**2015 Hospital Survey Information**

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2015:	41,335
Patient Days in 2015:	278,529
Total Number of Beds:	896
Number of ICU Beds:	183
FTE* Infection Preventionists:	4.50
Number of FTEs* per 100 beds:	0.50

\*FTE = Full-time equivalent



**Commentary From Facility:**

UNC Health Care is pleased that 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).

**Catheter-Associated Urinary Tract Infections (CAUTI)**

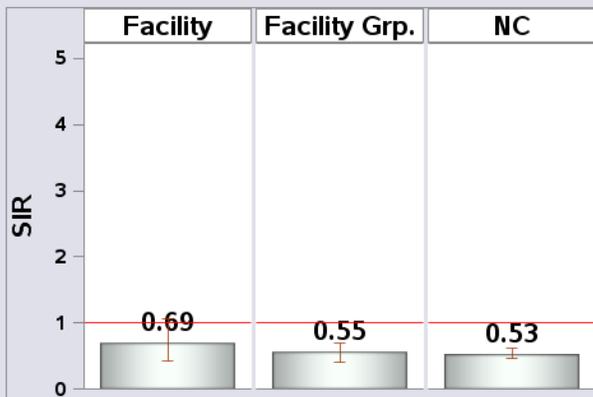


Figure 1: SIRs and 95% confidence intervals, Jan-Mar 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	19	28	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-Mar 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	7	5.6	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

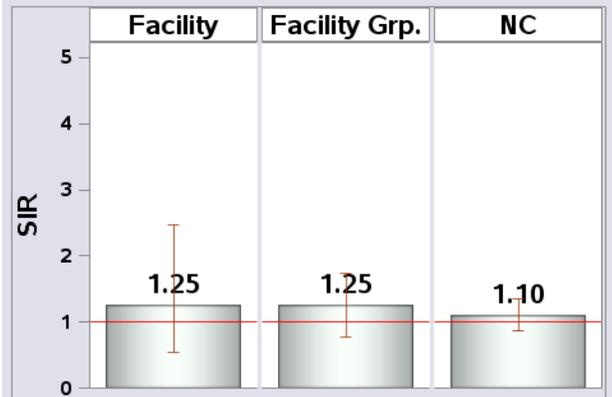


Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2016.

**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.

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

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	61	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

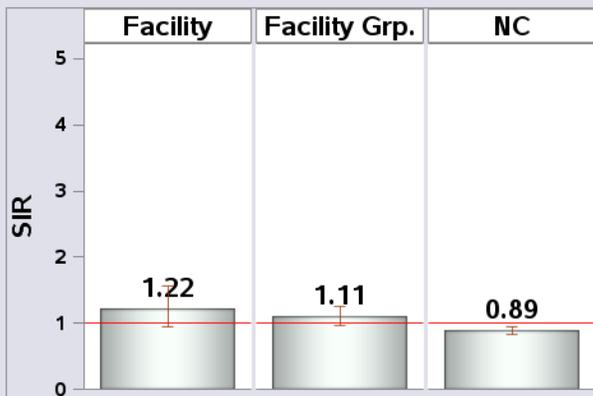


Figure 3: SIRs and 95% Confidence Intervals, Jan-Mar 2016.

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**Central Line-Associated Bloodstream Infections (CLABSI)**

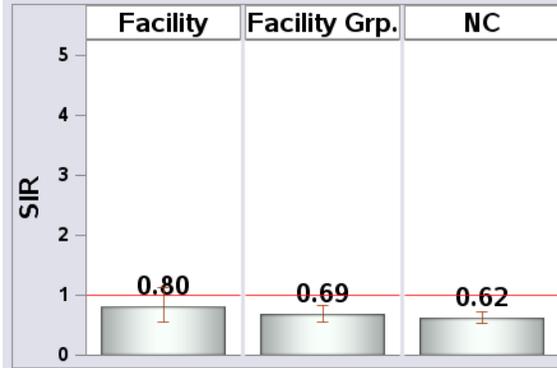


Figure 4: SIRs and 95% confidence intervals, Jan-Mar 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	28	35	Same
Neonatal Units	3	3.2	Same
<b>All reporting units</b>	<b>31</b>	<b>39</b>	<b>Same</b>

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?**

= Same: About the same number of infections as 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-Mar 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

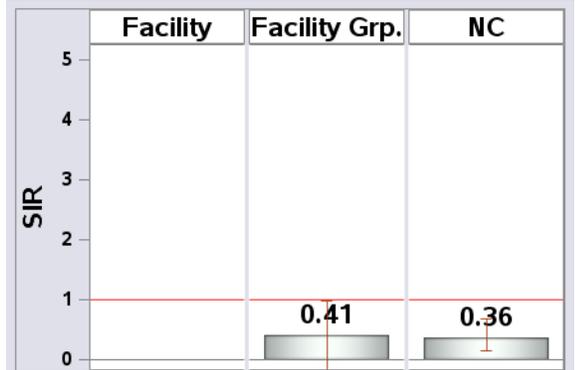


Figure 5: SIRs and 95% Confidence Intervals, Jan-Mar 2016.

**Surgical Site Infections (SSI) after Colon Surgeries**

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	5.4	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

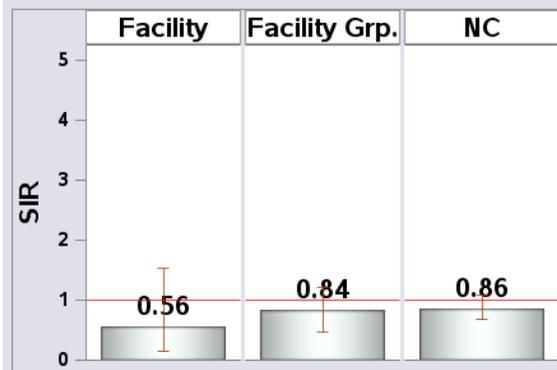


Figure 6: SIRs and 95% Confidence Intervals, Jan-Mar 2016.

**Ventilator-Associated Events (VAE)**

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