

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

2015 Hospital Survey Information

Hospital Type:	Acute Care Hospital - Women's
Medical Affiliation:	No
Admissions in 2015:	5,556
Patient Days in 2015:	11,883
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



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)

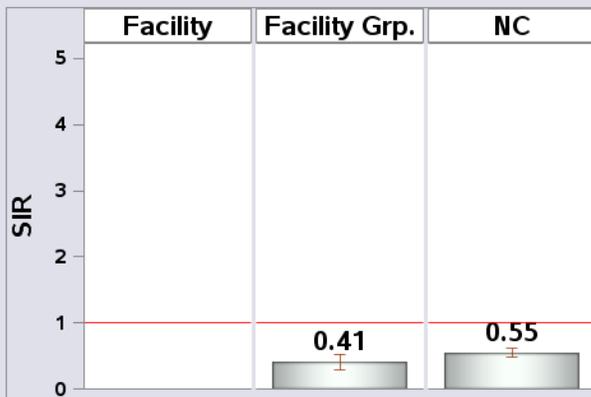


Figure 1: SIRs and 95% confidence intervals, Jan-Jun 2016.

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	0	Less than 1.0	No Conclusion

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?

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

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	0	Less than 1.0	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

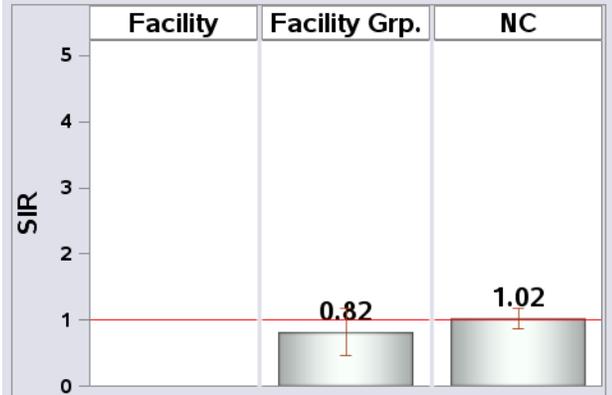


Figure 2: SIRs and 95% Confidence Intervals, Jan-Jun 2016.

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.

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	0	9.5	Better

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?

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

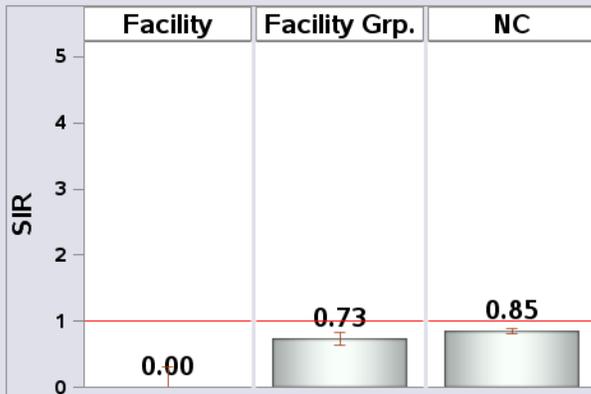


Figure 3: SIRs and 95% Confidence Intervals, Jan-Jun 2016.

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Central Line-Associated Bloodstream Infections (CLABSI)

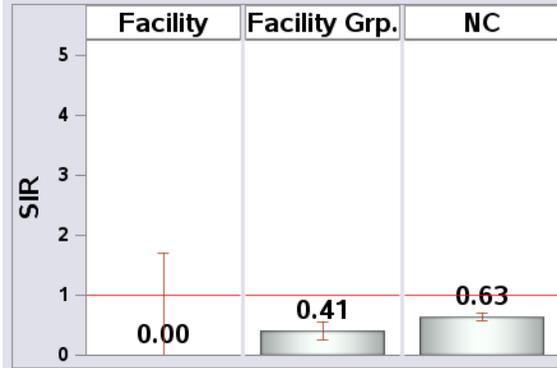


Figure 4: SIRs and 95% confidence intervals, Jan-Jun 2016.

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	0	Less than 1.0	No Conclusion
Neonatal Units	0	1.8	Same
All reporting units	0	1.8	Same

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-Jun 2016.

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

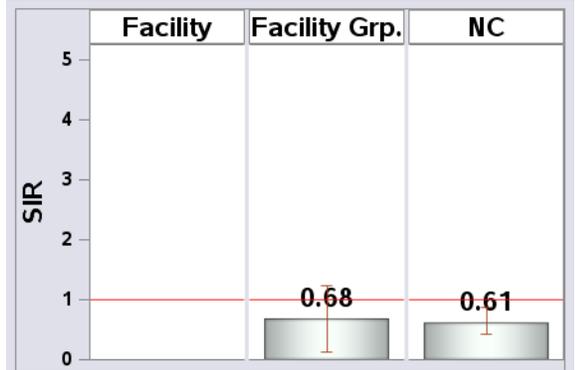


Figure 5: SIRs and 95% Confidence Intervals, Jan-Jun 2016.

Surgical Site Infections (SSI) after Colon Surgeries

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	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

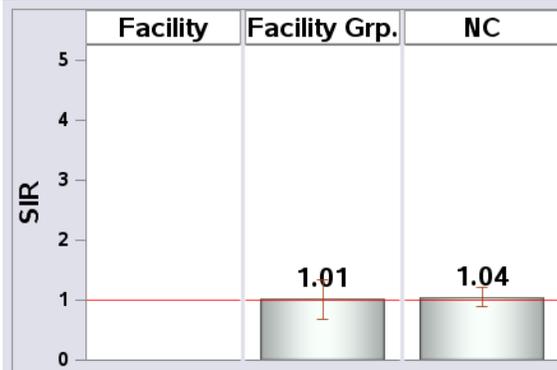


Figure 6: SIRs and 95% Confidence Intervals, Jan-Jun 2016.

Ventilator-Associated Events (VAE)

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