Issued April 2017

2016

Healthcare-Associated Infections in North Carolina

Reporting Period: January 1 – December 31, 2016

Product of:
N.C. Surveillance for Healthcare-Associated and Resistant Pathogens Patient Safety (SHARPPS) Program
N.C. Communicable Disease Branch

N.C. SHARPPS Program

Introduction

The prevention of healthcare-associated infections is a public health priority in North Carolina and is a collaborative effort among the healthcare and public health communities. This Healthcare-Associated Infections report is an important product of this collaboration. Included in this report is information about infections occurring in North Carolina short-term acute care hospitals, long-term acute care hospitals, and inpatient rehabilitation facilities from January 1 through December 31, 2016. Data included in this report are preliminary and therefore subject to change.

This report focuses on six important types of healthcare-associated infections that may occur while patients are hospitalized: central line-associated bloodstream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI), specifically those following abdominal hysterectomies or colon surgeries, MRSA laboratory-identified infections (MRSA LabID), *Clostridium difficile* laboratory-identified infections (*C. difficile* or CDI LabID) and Ventilator Associated Events (VAE). These infections account for a large proportion of infections and deaths attributed to healthcare, but they do not represent the full spectrum of healthcare-associated infections.

This report was prepared by the North Carolina Surveillance for Healthcare-Associated and Resistant Pathogens Patient Safety (SHARPPS) Program located in the Communicable Disease Branch of the Epidemiology Section of the North Carolina Division of Public Health. The NC SHARPPS Program works to eliminate preventable infections in health care settings by:

1. Conducting statewide surveillance for selected healthcare-associated infections;
2. Providing useful, unbiased information to health care providers and consumers;
3. Promoting and coordinating prevention efforts; and
4. Responding to outbreaks in health care settings.

We hope that the information in this report will be useful to healthcare consumers. Data are intended to provide an understanding of the burden of healthcare-associated infections in North Carolina and an opportunity to evaluate infection rates across the state. Prevention tips are also provided so readers can take steps to minimize their risk of acquiring a healthcare-associated infection (Appendix C). We welcome your feedback to improve the usefulness of future reports (nchai@dhhs.nc.gov).

For more information on Healthcare-Associated Infections and the NC SHARPPS Program, please visit http://epi.publichealth.nc.gov/cd/diseases/hai.html.

Acknowledgements

The North Carolina SHARPPS Program would like to acknowledge and thank hospital infection preventionists across the state, who work tirelessly to protect patients from infection. These preventionists provided the data used to create this report and worked with their hospital colleagues to identify and reconcile any potential problems with the data. This acknowledgement and gratitude extends to the hospital. While reporting of healthcare-associated infections is required, their support for healthcare-associated infections reporting and efforts to assure accurate reporting of infections is appreciated. The recent successes in fighting healthcare-associated infections would not have been possible without the continuing efforts, dedication and collaboration of hospitals and hospital infection preventionists.

The SHARPPS Program would also like to recognize the contributions of the Healthcare-Associated Infections Advisory Group members listed in Appendix D. In particular, the program is grateful to the Subgroup on Reporting and Surveillance for their thoughtful feedback on the presentation and content of these quarterly reports.

Finally, the program would like to acknowledge our partners, who have been important leaders and strong supporters of surveillance and prevention programs for healthcare-associated infections in North Carolina. These include the North Carolina Hospital Association, the North Carolina Statewide Program for Infection Control and Epidemiology, the North Carolina Chapter of the Association for Professionals in Infection Control and Epidemiology, Alliant Quality, and the Adult Care Licensure and Nursing Home Licensure and Certification sections of the North Carolina Division of Health Service Regulation.

Table of Contents

I. Surveillance for Healthcare-Associated Infections in North Carolina

Healthcare-associated infections (HAIs) are infections caused by a variety of organisms – including bacteria, viruses and fungi – while receiving medical care. As part of the effort to reduce such types of infections, hospitals report specific types of HAIs to the NC Division of Public Health (DPH) as required by law (General Statute 130A-150). Since 2012, they have been reporting central line-associated bloodstream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) occurring after inpatient abdominal hysterectomies or colon surgeries. Beginning in January 2013, short-term acute care hospitals began reporting of laboratory-confirmed (LabID) bloodstream infections caused by methicillin-resistant *Staphylococcus aureus* (MRSA) and infections caused by *Clostridium difficile (C. diff)*. In January 2016, Ventilator Associated Events (VAE) became reportable in Long-term Acute Care Hospitals.

By North Carolina law, hospital reporting requirements are based on the reporting requirements established by the Centers for Medicare and Medicaid Services (CMS). HAI information is entered into the CDC web-based surveillance system called the National Healthcare Safety Network (NSHN). N.C. SHARPPS works with hospitals on a monthly basis to ensure their data are accurate and timely. All data in NHSN are entered and modified by hospitals; N.C. SHARPPS cannot enter or change data in NHSN.

To learn more about CLABSIs, CAUTIs, SSIs, MRSA, *Clostridium difficile* and other HAIs, please visit the N.C. SHARPPS website at http://epi.publichealth.nc.gov/cd/diseases/hai.html. In addition to information about specific infections, there is a link to the "Facts and Figures" webpage (http://epi.publichealth.nc.gov/cd/hai/figures.html), which includes current and previous reports. The Healthcare-Associated Infection in North Carolina - Reference Report issued in October 2012 and revised in July 2016, contains background information on HAIs, HAI surveillance in North Carolina, and detailed information on statistics commonly used to describe and summarize HAIs. Subsequent reports, published quarterly, cover timely state-level and facility-specific data on the incidence of healthcare associated infections in hospitals across the state, as well as information on the creation and progress of various initiatives to reduce HAIs.

According to NC Administrative Code rules (10A North Carolina Administrative Code 41A .0106), North Carolina hospitals are required to report the healthcare-associated infections listed in the CMS-IPPS Rule.[1] A list of these conditions and the starting dates for reporting are included in Table 1.

Table 1: Reporting of Healthcare-Associated Infections from Healthcare Facilities[1]

HAI	Facility Type & Location	Reporting Start Date
CLABSI	**Short-term acute care hospitals**	
	Adult, pediatric, & neo-natal ICUs	January 2012
	Adult & pediatric medical, surgical and medical surgical wards	January 2015
	Long-term acute care hospitals	October 2012
	Adult, pediatric ICUs & wards	
CAUTI	**Short-term acute care hospitals**	
	Adult, pediatric ICUs	January 2012
	Adult, pediatric Medical, surgical and medical surgical wards	January 2015
	Inpatient rehabilitation facilities	
	Adult & Pediatric IRF Wards	October 2012
	Long-term acute care hospitals	
	Adult, pediatric ICUs & wards	October 2012
MRSA bacteremia	**Short-term acute care hospitals** including specialty hospitals	January 2013
	Inpatient rehabilitation facilities	January 2015
	Long-term acute care hospitals	January 2015
C. difficile	**Short-term acute care hospitals** including specialty hospitals	January 2013
	Inpatient rehabilitation facilities	January 2015
	Long-term acute care hospitals	January 2015
SSI	**Short-term acute care hospitals:**	January 2012
	Inpatient colon surgeries and abdominal hysterectomy procedures	
VAE	**Long-term acute care hospitals**	January 2016
	Adult LTAC ICUs & wards	

*includes SSIs following abdominal hysterectomies and colon surgeries

II. Hospital-Specific Summary Reports

A. Explanation of the Hospital-Specific Summary Reports

Each hospital-specific summary report contains up to eight sections: 1) general hospital information, 2) central line-associated bloodstream infections (CLABSI), 3) catheter associated urinary tract infections (CAUTI), 4) surgical site infections (SSI) after abdominal hysterectomies and colon surgeries, 5) MRSA laboratory-identified events (MRSA LabID), 6) *C. difficile* laboratory-identified events (CDI LabID) 7) Ventilator Associated Events (VAE) and 8) commentary from the hospital. These sections are described below.

These reports cover the first nine months of 2016 and data were downloaded from NHSN on March 24, 2017; any changes made to the data after this date are not reflected in this report.

Before reviewing this report, a few clarifications about the data need to be made:

I. **The data within this report are preliminary.** Although efforts were made by hospitals and N.C. SHARPPS to ensure that the data were accurate and complete, the data are self-reported and have not been formally "double checked", or validated. Until data validation is completed, numbers should be interpreted with caution.

II. **There may be differences in reporting practices among hospitals.** Hospitals with more infection control personnel and resources may be able to identify and report more infections compared to a hospital with fewer infection control resources.

III. **There may be differences between results published by N.C. SHARPPS and results published elsewhere** (i.e., CMS, Centers for Medicare and Medicaid Services). Results may differ due to using data from different time periods, different facility types, different patient populations, and/or different methods of analysis.

IV. **N.C. SHARPPS chose not to present some data** for individual hospital units, procedures or hospitals that did not meet a threshold (minimum value) for the reporting period. The minimum threshold numbers are based on CDC recommendations for reporting healthcare-associated infection data:
- Central line-associated bloodstream infections: 50 central line days;
- Catheter-associated urinary tract infections: 50 catheter days; and
- Surgical site infections: 20 surgeries.

V. **The North Carolina SHARPPS Program does not calculate an SIR when the number of predicted infections is less than 1**. In these situations, the "How Does this Facility Compare to the National Experience" text says "No conclusion." This does not mean that hospitals failed to report data, or that hospitals did not report all necessary data; it only means that the number of patients, devices (central lines or urinary catheters), and/or procedures that were seen during this time period did not meet the established threshold (minimum value) for calculating an SIR. This minimum threshold is based on CDC recommendations. In other words, there is not enough information to make a reliable conclusion about the hospital's or the state's performance on this measure.

VI. **Laboratory-Identified Events (LabID):** Methicillin-resistant *Staphylococcus aureus* (MRSA) bacteremia (blood infection) and *Clostridium difficile* infections (CDI) LabID events rely on laboratory data. Patients did not have to be ill to have a positive result, and a positive result can be determined without requiring clinical information about the patient. This allows for a much less labor-intensive means to track CDI and MRSA infections. Only those LabID events that are acquired in the hospital are displayed in this report. The sensitivity of various testing types may vary, particularly for CDI, so hospitals that use more sensitive tests might report more LabID events than hospitals that use less sensitive tests. NHSN makes risk adjustments to account for these differences when calculating SIRs for LabID CDI events.

VII. **Changes in surveillance definitions impact the number of observed and predicted events**: In 2015, there were a number of notable changes to surveillance definitions and reporting requirements that should be considered when looking at this report. First, in acute care hospitals, CLABSI and CAUTI reporting was expanded to include the reporting of observed CLABSI and CAUTI infections in adult and pediatric medical, surgical, and medical/surgical wards locations in addition to ongoing ICU reporting. Secondly, the CAUTI surveillance definition was restricted to include only urine cultures with a colony count of at least 100,000 colony forming units per milliliter (CFU/ml) for at least one bacteria and to exclude pathogen results with only yeast, mold, dimorphic fungi or parasites.

General Hospital Information
This section contains general information about the hospital and includes a map of where the hospital (red star icon) is located in North Carolina. Data in this section are from the NSHN 2015 Annual Hospital Survey. If a 2015 survey had not been completed by the date of report, data from the NHSN 2014 Annual Hospital Survey were used.

1. HAI Information
A list of reporting hospitals by facility category can be found in Appendix E.

a) Below is a list of all variables shown in the data tables and figures:

- **Title**: The title of the table gives you information about the infection type, time period, facility unit(s)/group(s) included in the table.
- **Procedure Type:** This is the specific type of surgery for which the surgical site infection (SSI) data are presented (e.g., abdominal hysterectomy, colon surgery).
- **Unit/Unit Type:** This is the specific unit/type of unit in the hospital from which the data was collected. There may be more than one reporting unit for a given facility HAI (specifically for CLABSI and CAUTI), such as multiple intensive care units. The hospital-specific report tables will summarize the year-to-date total across all reporting units in the hospital.
- **Observed Infections (or Observed Events):** This is the number of infections (or events, for LabID measures) that was reported by the facility.
- **Predicted Infections (or Predicted Events):** This is a calculated value that reflects the number of infections (or events, for LabID measures) that we have "predicted" to occur in this facility, based on the national experience.
- **"How Does the Facility Compare to the National Experience?"** Colors and symbols are used to help you quickly understand and interpret the hospital's data. This is the "take-home message" about healthcare-associated infections in this facility.

  ★ Indicates that North Carolina had fewer infections than were predicted (better than the national experience)
  = Indicates that North Carolina had about the same number of infections as were predicted (same as the national experience)
  ✖ Indicates that North Carolina had more infections than were predicted (worse than the national experience)
  No Conclusion: Indicates that North Carolina reported data, but there was not enough information to make a reliable comparison to the national experience (# of predicted infections was less than 1).
- **Facility Group-** Hospitals are grouped with similarly-sized facilities and inpatient rehabilitation facilities and long term acute care hospitals are grouped together. This allows readers to compare a facility's SIR to the SIR of similarly-sized facilities within North Carolina.
- **Note-** Footnotes are included in the report in order to bring important data caveats to the readers attention.

Table 2a. – Example of Hospital-Specific Report Table

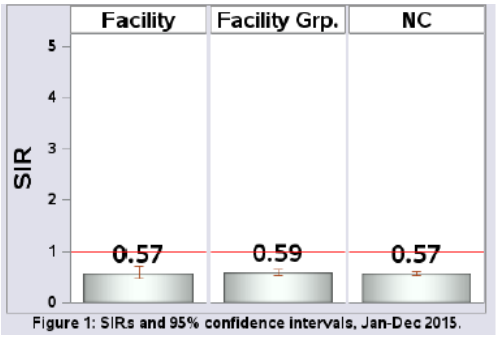


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2015.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	73	124	Better
Neonatal Units	7	16	Better
All reporting units	80	140	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

b) SIR - Represented in the bars in each graph.

- SIR = number of *observed* infections / number of *predicted* infections based on the national baseline experience
- SIR is calculated for each HAI at each facility
- The SIR is considered a "best guess" or estimate of observed infections compared to those predicted during January 1, 2016 – December 31, 2016

c) 95% confidence intervals for the SIR – Represented by the skinny red lines in each figure.

These lines represent a lower and a higher limit around the SIR; together these limits create an interval. It means we are 95% confident the SIR estimate falls within this interval. Wider bars indicate less confidence in the SIR estimate.

How to understand the 95% confidence intervals:

- If the value of 1.0 is included between the lower and upper limit, there is NO significant difference between the number of observed and predicted infections.
- If the value of 1.0 is NOT included between the lower and upper limit, there IS a significant difference between the number of observed and predicted infections.

d) NHSN Baseline (i.e., national experience) – Represented by the solid red line in each figure.

- The NHSN baseline is the number of predicted infections based on the national experience
- The NHSN baseline year may be different for each HAI:
  - The CLABSI and SSI baselines use data from 2006-2008
  - The CAUTI baselines use data from 2009
  - The MRSA and CDI LabID baselines use data from 2010-2011

2. Commentary from Hospital

This section includes hospital comments on their HAI data and current infection control activities. Hospitals can provide a link to their hospital website to provide lengthier comments.

Statistics

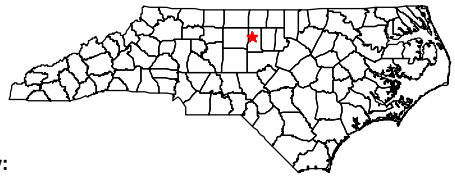
For a detailed explanation of statistics included in the HAI reports, see the NC DHHS HAI in NC report which was revised June 2016 (http://epi.publichealth.nc.gov/cd/hai/figures.html). Explanations on concepts such as statistical significance and computation of measures including rates and standardized infection ratios (SIRs) are provided.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Alamance Regional Medical Center, Burlington, Alamance County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	10,844
Patient Days in 2015:	48,481
Total Number of Beds:	238
Number of ICU Beds:	32
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.42

[*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)

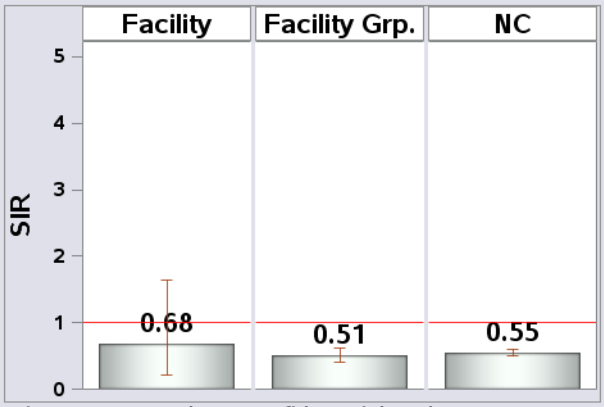


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	4	5.9	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-Dec 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.5	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

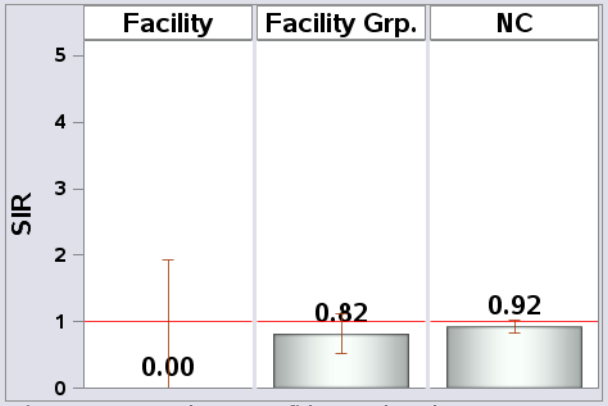


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

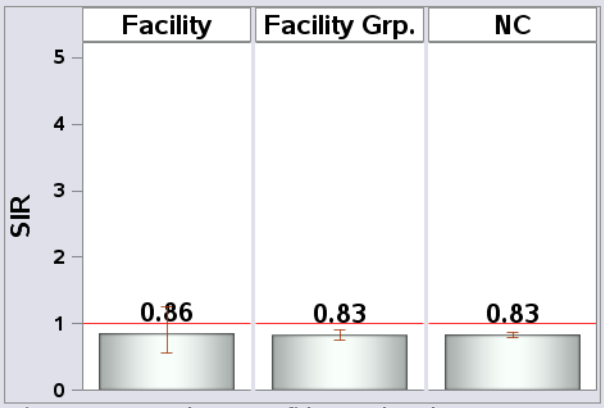


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	23	27	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Alamance Regional Medical Center, Burlington, Alamance County

Central Line-Associated Bloodstream Infections (CLABSI)

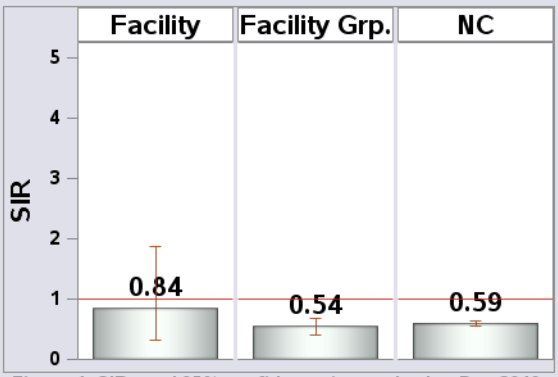


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	5	5.9	Same
Neonatal Units	0	Less than 1.0	No Conclusion
All reporting units	**5**	**5.9**	**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?
No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Surgical Site Infections (SSI) after Abdominal Hysterectomies

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

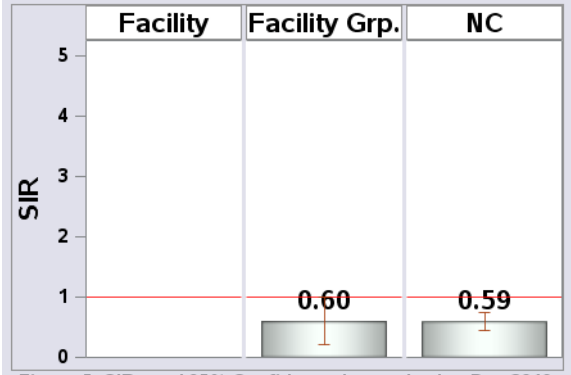


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

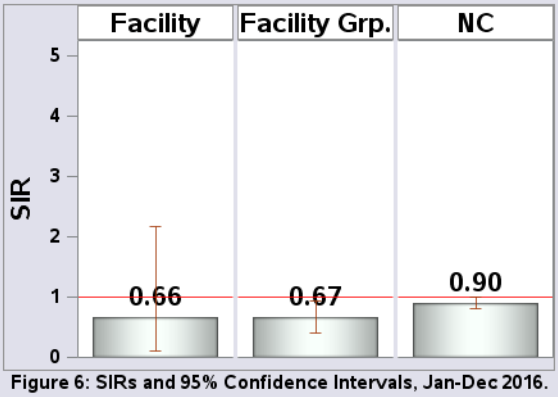


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	3.0	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

Ventilator-Associated Events (VAE)

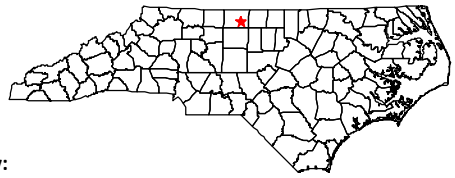
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Annie Penn Hospital, Reidsville, Rockingham County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	3,416
Patient Days in 2015:	13,544
Total Number of Beds:	53
Number of ICU Beds:	8
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	1.89

[*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)

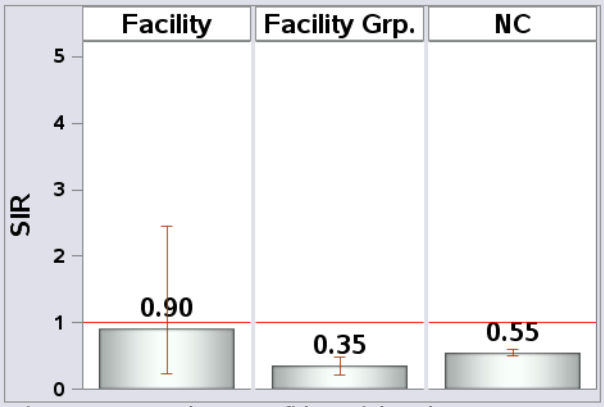


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	3	3.3	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-Dec 2016

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

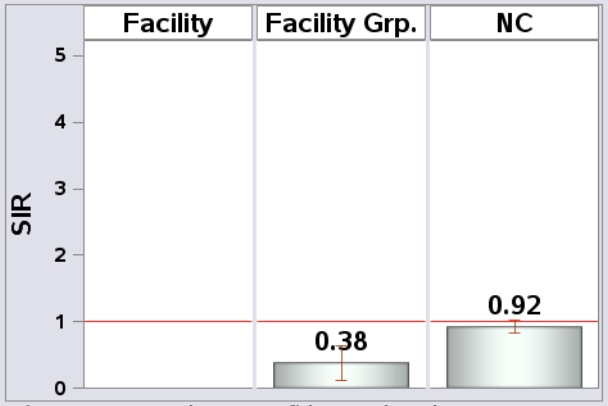


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

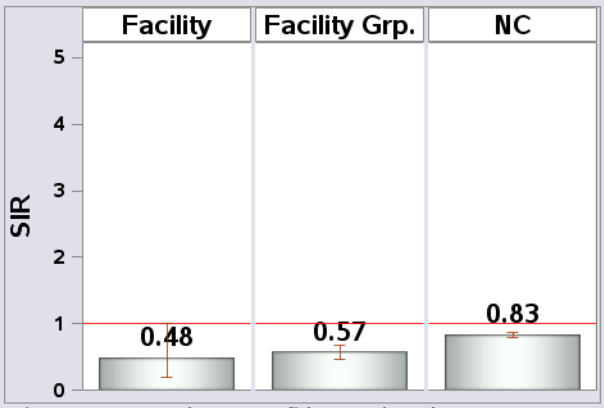


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	6	12	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Annie Penn Hospital, Reidsville, Rockingham County

Central Line-Associated Bloodstream Infections (CLABSI)

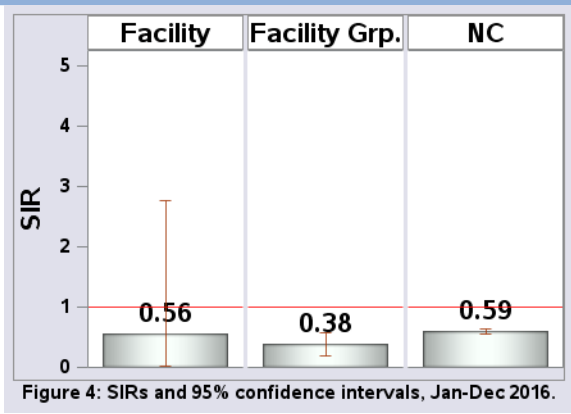


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	1	1.8	Same
All reporting units	**1**	**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-Dec 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

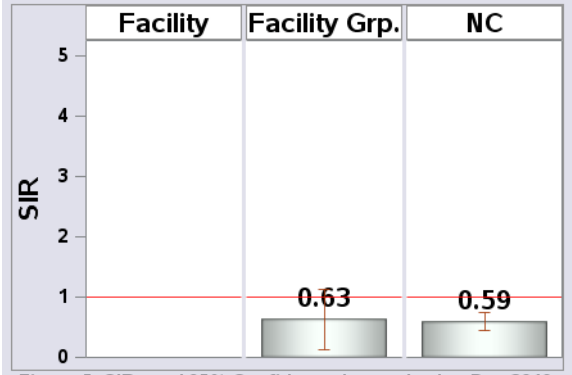


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

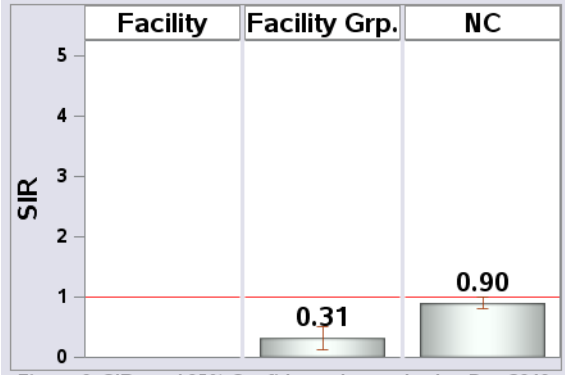


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Ventilator-Associated Events (VAE)

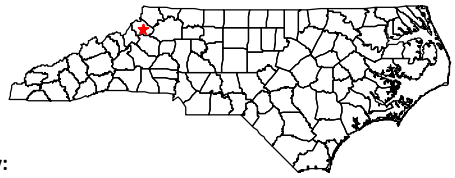
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
ARHS-Watauga Medical Center, Boone, Watauga County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	1,195
Patient Days in 2015:	15,791
Total Number of Beds:	117
Number of ICU Beds:	10
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.85

[*FTE = Full-time equivalent]



Commentary From Facility:
This is current up to date data through Q3 2016. Data was verified through the analysis summary as of November 2016

Catheter-Associated Urinary Tract Infections (CAUTI)

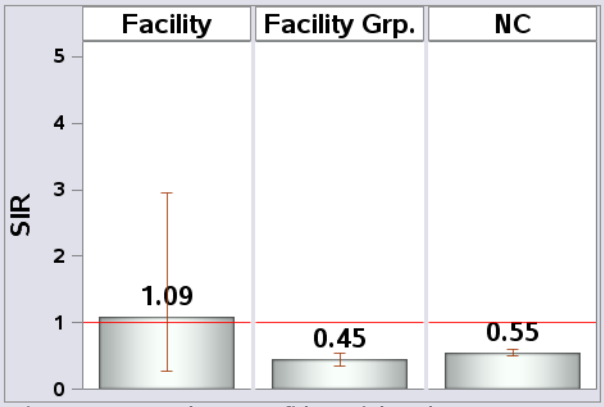


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	3	2.8	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-Dec 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

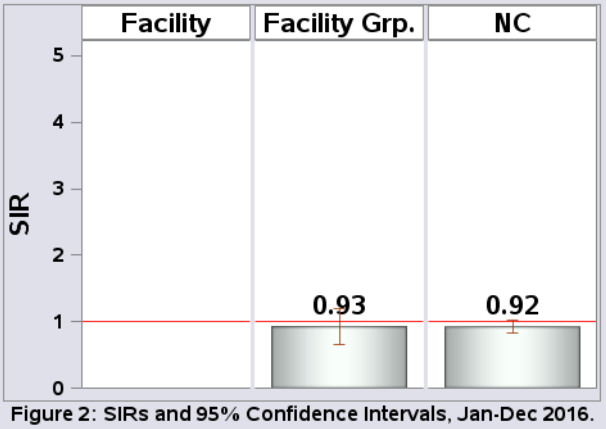


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

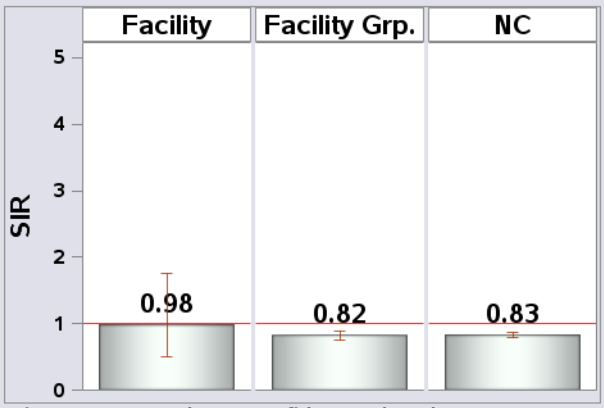


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	10	10	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
ARHS-Watauga Medical Center, Boone, Watauga County

Central Line-Associated Bloodstream Infections (CLABSI)

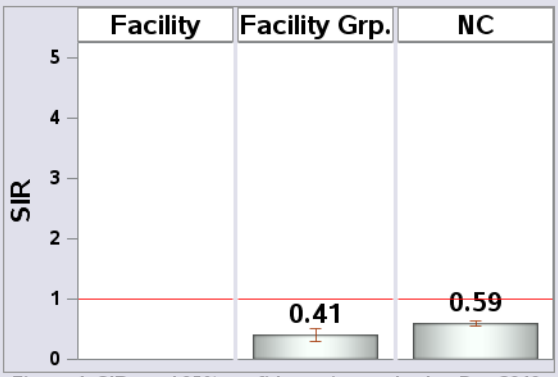


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 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
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 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?
No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Surgical Site Infections (SSI) after Abdominal Hysterectomies

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

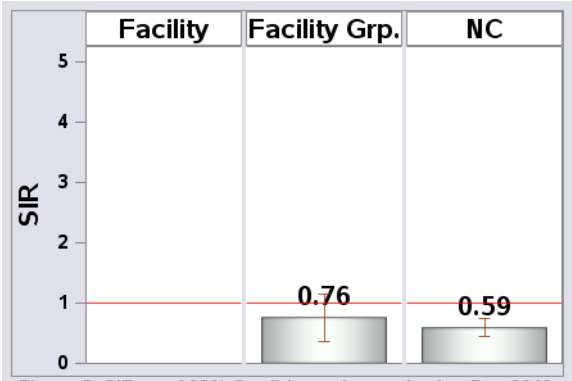


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

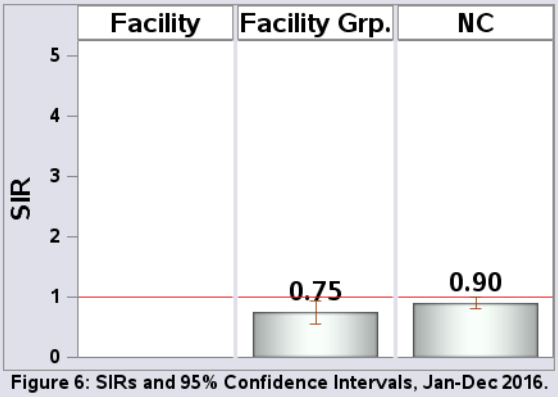


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

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

Ventilator-Associated Events (VAE)

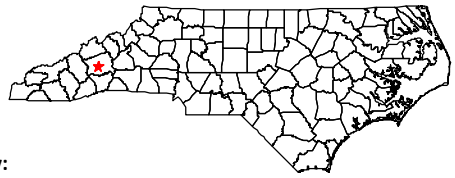
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Asheville Specialty Hospital, Asheville, Buncombe County

2016 Hospital Survey Information

Hospital Type:	Long-term Acute Care Hospital
Admissions in 2015:	336
Patient Days in 2015:	8,187
Total Number of Beds:	34
FTE* Infection Preventionists:	0.50
Number of FTEs* per 100 beds:	1.47

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

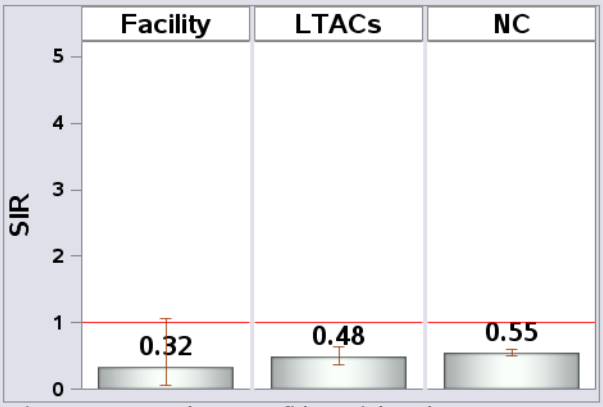


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	2	6.2	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.

Long-term Acute Care Facilities began reporting Laboratory identified MRSA in January 2015.
The data collected do not meet the minimum threshold to calculate an SIR at this time.
Laboratory identified MRSA data from this facility type will be included in future reports.

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.

Long-term Acute Care Facilities began reporting Laboratory identified CDI in January 2015.
The data collected do not meet the minimum threshold to calculate an SIR at this time.
Laboratory identified CDI data from this facility type will be included in future reports.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Asheville Specialty Hospital, Asheville, Buncombe County

Central Line-Associated Bloodstream Infections (CLABSI)

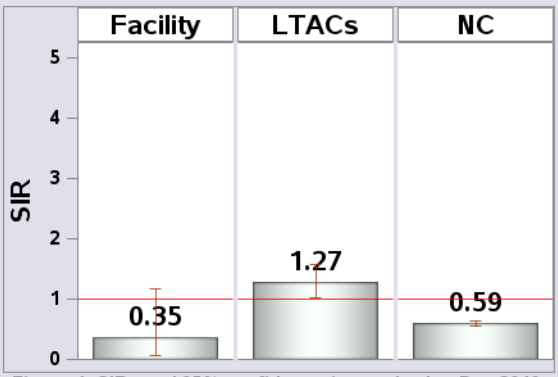


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	2	5.6	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

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

Ventilator-Associated Events (VAE)

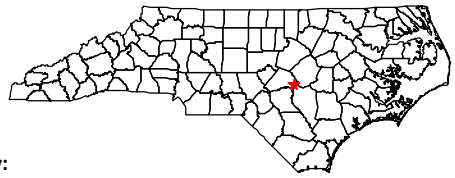
Long Term Acute Care Hospitals began reporting VAE in January 2016.
The data collected do not meet the minimum threshold to calculate an SIR at this time.
VAE data from these facility types will be included in future reports.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Betsy Johnson Regional, Dunn, Harnett County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2015:	6,857
Patient Days in 2015:	30,407
Total Number of Beds:	50
Number of ICU Beds:	8
FTE* Infection Preventionists:	0.50
Number of FTEs* per 100 beds:	1.00

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

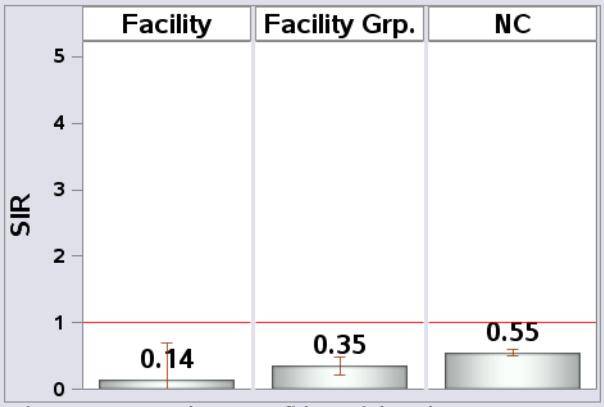


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	1	7.1	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.

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 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	1.4	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

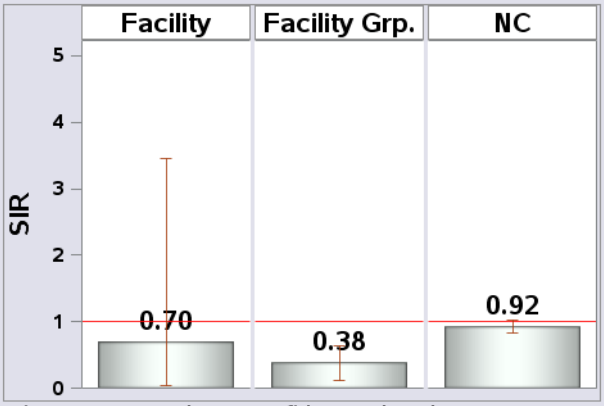


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

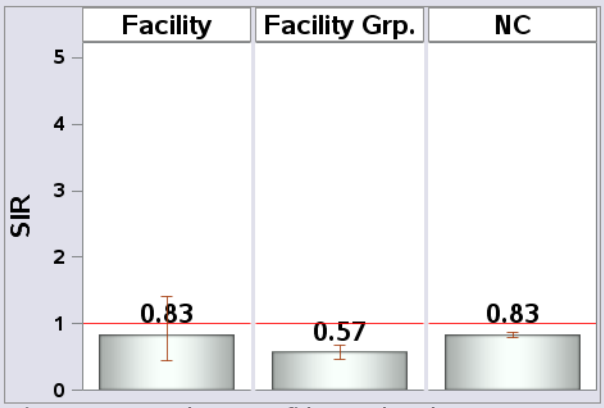


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	12	14	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Betsy Johnson Regional, Dunn, Harnett County

Central Line-Associated Bloodstream Infections (CLABSI)

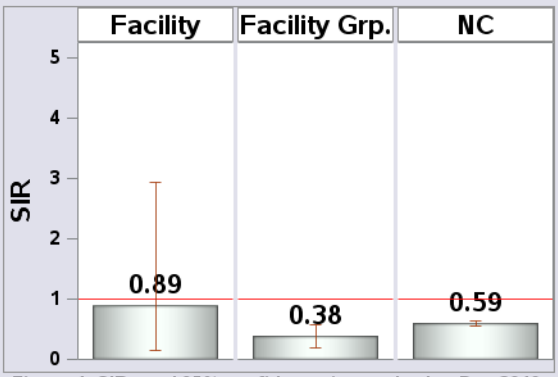


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	2	2.3	Same
All reporting units	**2**	**2.3**	**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-Dec 2016.

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

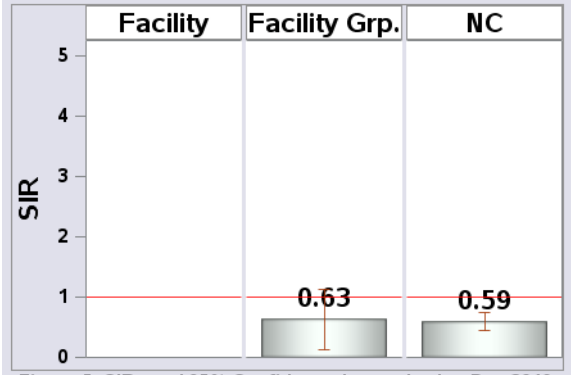


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

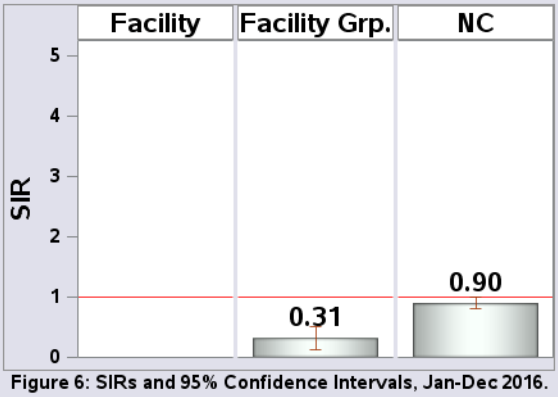


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Ventilator-Associated Events (VAE)

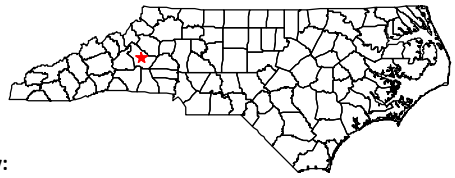
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Broughton Hospital, Morganton, Burke County

2016 Hospital Survey Information

Hospital Type:	Specialty Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	409
Patient Days in 2015:	98,861
Total Number of Beds:	297
Number of ICU Beds:	0
FTE* Infection Preventionists:	2.00
Number of FTEs* per 100 beds:	0.67

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

Note from N.C. Division of Public Health: This facility did not have locations required to report CAUTI during this time period

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 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	3.5	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

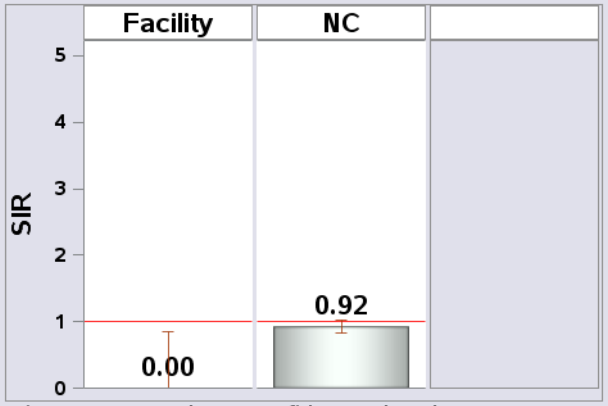


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

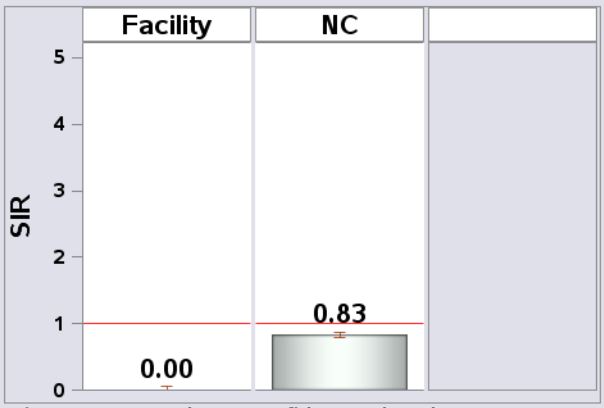


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	61	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

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 March 24, 2017.
Generated: April 13, 2017
N.C. Division of Public Health, SHARPPS Program
N.C. HAI 2016 Q4 Report

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Broughton Hospital, Morganton, Burke County

Central Line-Associated Bloodstream Infections (CLABSI)

Note from N.C. Division of Public Health: This facility did not have locations required to report CLABSI during this time period

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: This facility did not have locations required to report SSI during this time period

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: This facility did not have locations required to report SSI during this time period

Ventilator-Associated Events (VAE)

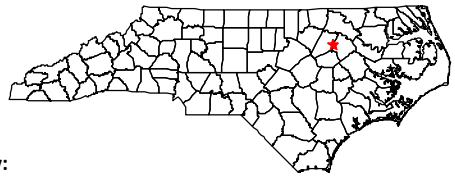
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Bryant T. Aldridge Rehabilitation Center, Rocky Mount, Nash County

2016 Hospital Survey Information

Hospital Type:	Inpatient Rehabilitation Facility
Admissions in 2015:	536
Patient Days in 2015:	6,881
Total Number of Beds:	23
FTE* Infection Preventionists:	0.20
Number of FTEs* per 100 beds:	0.87

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

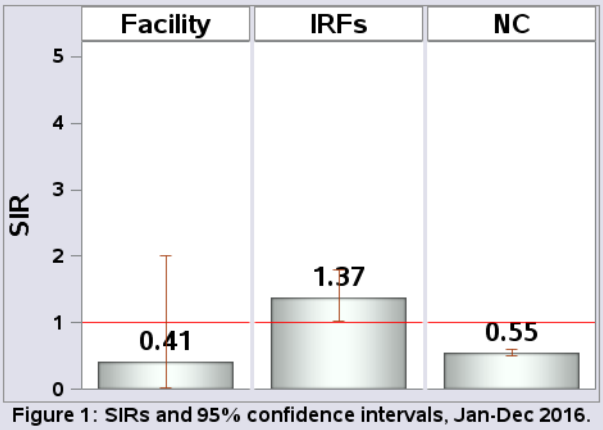


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	1	2.4	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.

Inpatient Rehabilitation Facilities began reporting Laboratory identified MRSA in January 2015.
The data collected do not meet the minimum threshold to calculate an SIR at this time.
Laboratory identified MRSA data from this facility type will be included in future reports.

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.

Inpatient Rehabilitation Facilities began reporting Laboratory identified CDI in January 2015.
The data collected do not meet the minimum threshold to calculate an SIR at this time.
Laboratory identified CDI data from this facility type will be included in future reports.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Bryant T. Aldridge Rehabilitation Center, Rocky Mount, Nash County

Central Line-Associated Bloodstream Infections (CLABSI)

Note from N.C. Division of Public Health: CLABSIs and SSIs are not currently reportable at this facility type

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: CLABSIs, or SSIs are not reportable at this facility type

Ventilator-Associated Events (VAE)

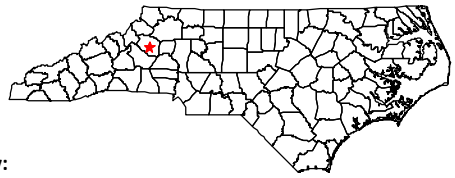
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Caldwell Memorial Hospital, Lenoir, Caldwell County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	5,281
Patient Days in 2015:	21,253
Total Number of Beds:	72
Number of ICU Beds:	12
FTE* Infection Preventionists:	1.13
Number of FTEs* per 100 beds:	1.56

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

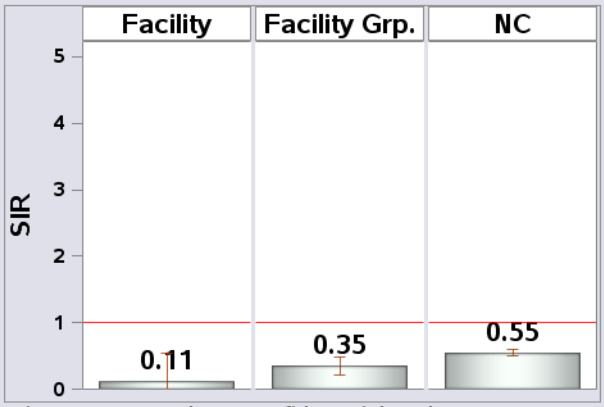


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	1	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.

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 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.4	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

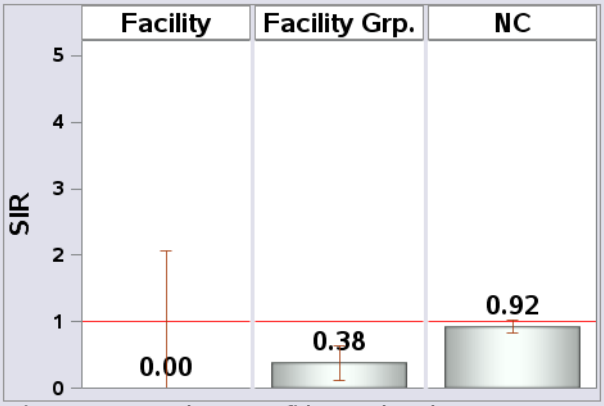


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

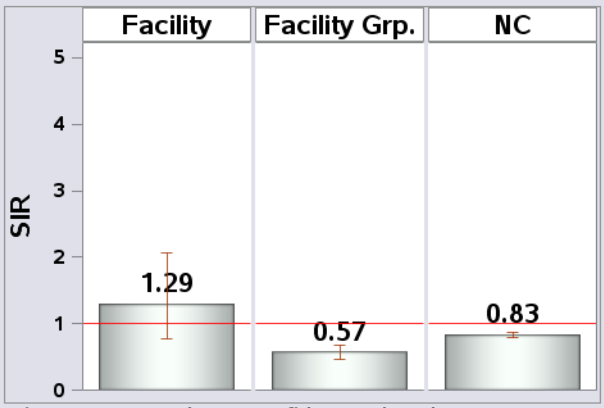


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	16	12	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Caldwell Memorial Hospital, Lenoir, Caldwell County

Central Line-Associated Bloodstream Infections (CLABSI)

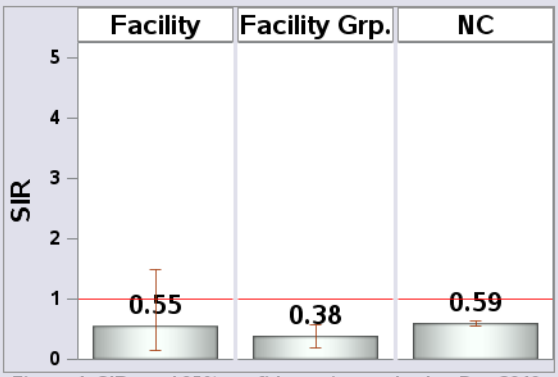


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	3	5.5	Same
All reporting units	**3**	**5.5**	**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-Dec 2016.

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

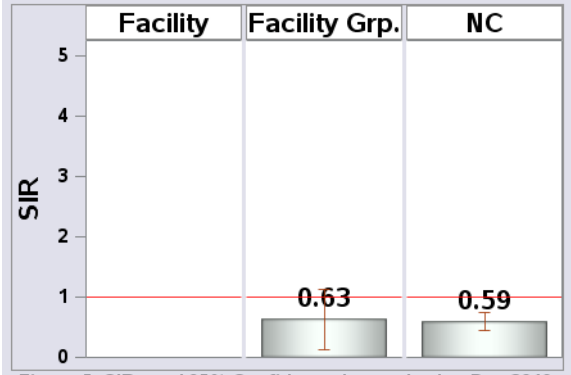


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

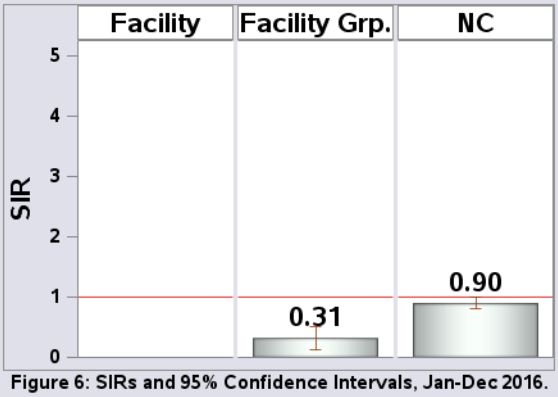


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Ventilator-Associated Events (VAE)

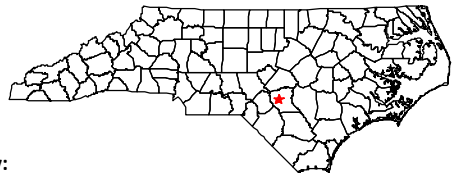
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Cape Fear Valley Health System, Fayetteville, Cumberland County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	32,615
Patient Days in 2015:	166,712
Total Number of Beds:	603
Number of ICU Beds:	69
FTE* Infection Preventionists:	3.00
Number of FTEs* per 100 beds:	0.50

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

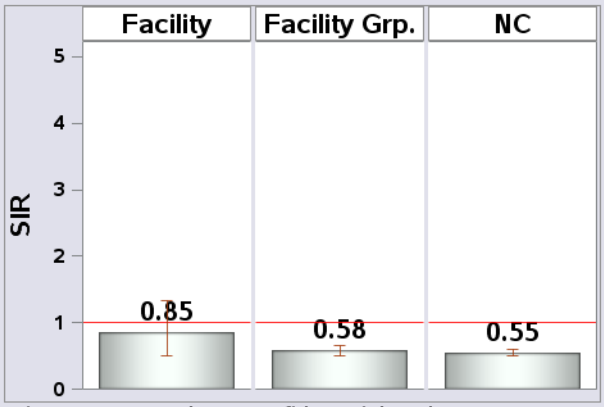


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	17	20	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-Dec 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	11	9.8	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

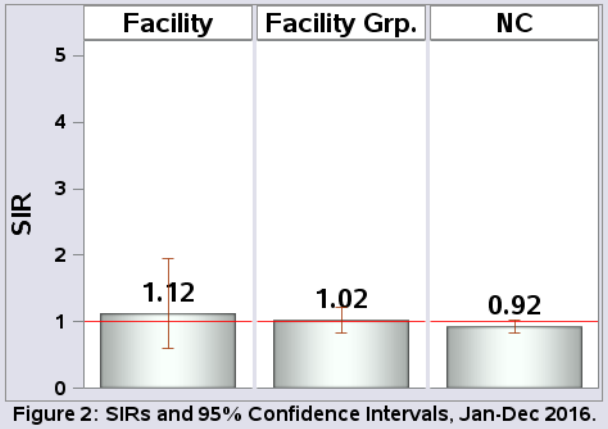


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

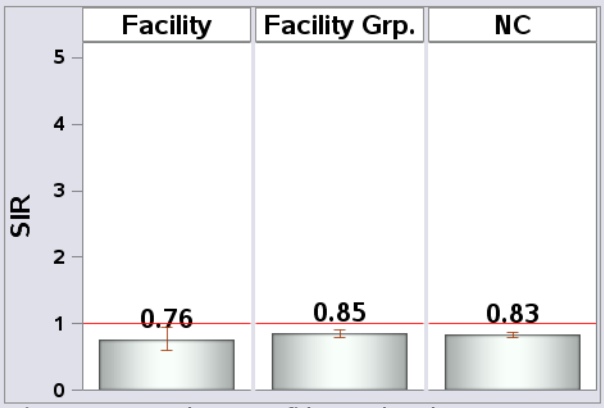


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	75	99	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Cape Fear Valley Health System, Fayetteville, Cumberland County

Central Line-Associated Bloodstream Infections (CLABSI)

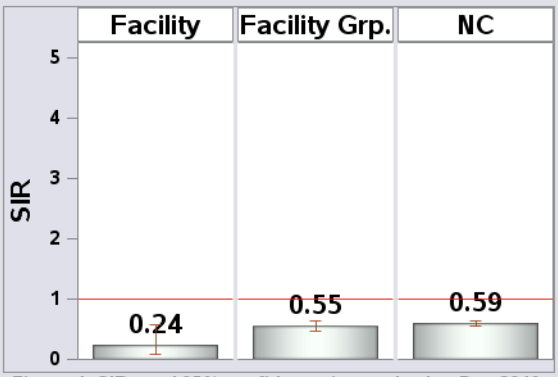


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	3	16	Better
Neonatal Units	1	1.2	Same
All reporting units	**4**	**17**	**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?
= 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-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	**2**	**2.8**	**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

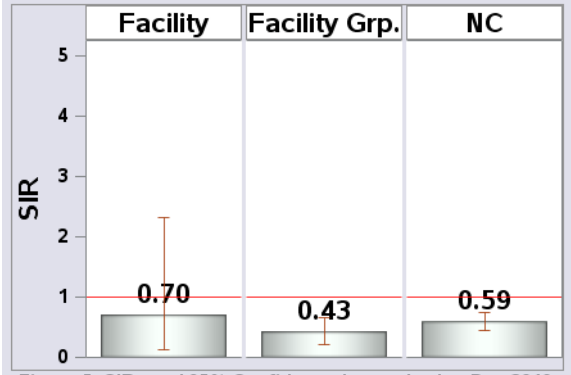


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

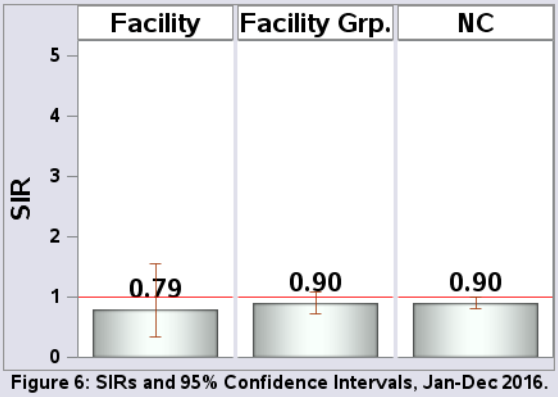


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	**7**	**8.9**	**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

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Cape Fear Valley Hoke Hospital, Raeford, Hoke County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	1,200
Patient Days in 2015:	3,832
Total Number of Beds:	29
Number of ICU Beds:	0
FTE* Infection Preventionists:	0.50
Number of FTEs* per 100 beds:	1.72

[*FTE = Full-time equivalent]

Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

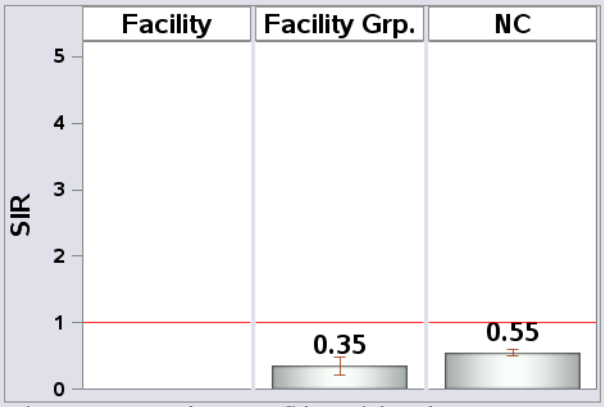


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

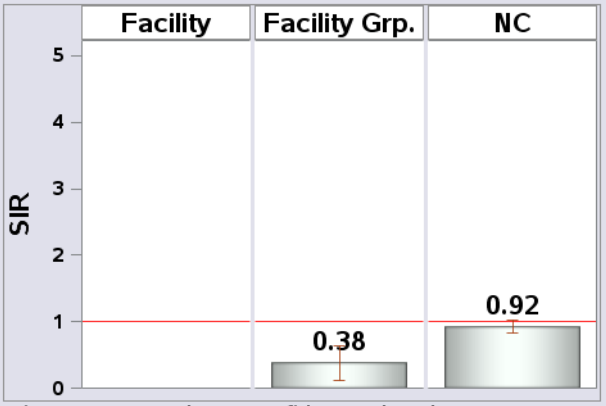


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

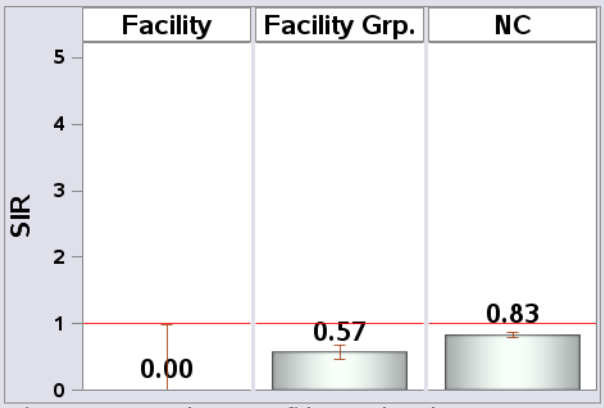


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	3.0	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

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 March 24, 2017.
Generated: April 13, 2017
N.C. Division of Public Health, SHARPPS Program
N.C. HAI 2016 Q4 Report

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Cape Fear Valley Hoke Hospital, Raeford, Hoke County

Central Line-Associated Bloodstream Infections (CLABSI)

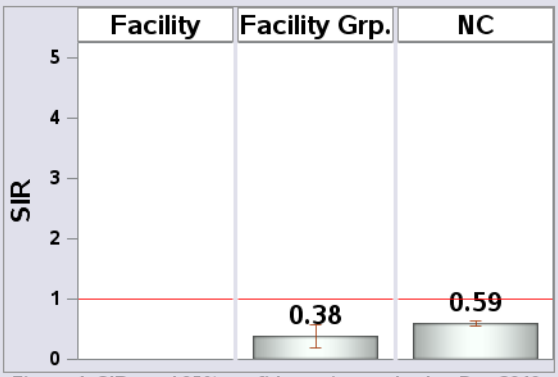


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 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
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 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?
No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Surgical Site Infections (SSI) after Abdominal Hysterectomies

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

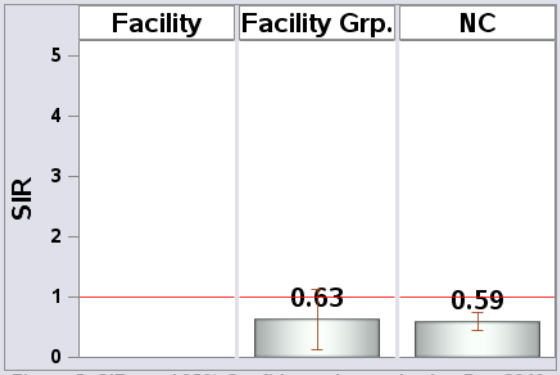


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

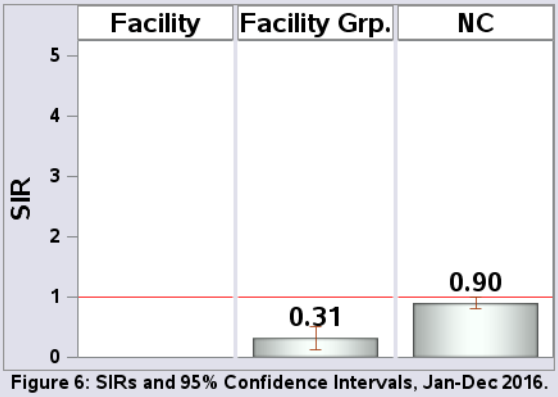


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Ventilator-Associated Events (VAE)

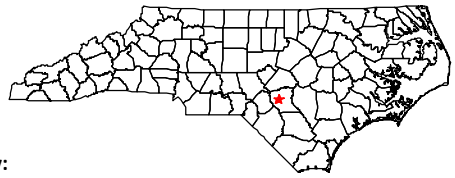
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Cape Fear Valley Rehabilitation Center, Fayetteville, Cumberland County

2016 Hospital Survey Information

Hospital Type:	Inpatient Rehabilitation Facility
Admissions in 2015:	1,221
Patient Days in 2015:	18,994
Total Number of Beds:	78
FTE* Infection Preventionists:	0.25
Number of FTEs* per 100 beds:	0.32

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

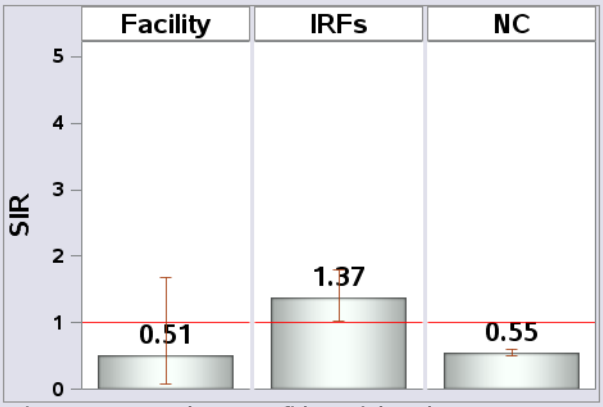


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	2	3.9	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.

Inpatient Rehabilitation Facilities began reporting Laboratory identified MRSA in January 2015.
The data collected do not meet the minimum threshold to calculate an SIR at this time.
Laboratory identified MRSA data from this facility type will be included in future reports.

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.

Inpatient Rehabilitation Facilities began reporting Laboratory identified CDI in January 2015.
The data collected do not meet the minimum threshold to calculate an SIR at this time.
Laboratory identified CDI data from this facility type will be included in future reports.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Cape Fear Valley Rehabilitation Center, Fayetteville, Cumberland County

Central Line-Associated Bloodstream Infections (CLABSI)

Note from N.C. Division of Public Health: CLABSIs and SSIs are not currently reportable at this facility type

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: CLABSIs, or SSIs are not reportable at this facility type

Ventilator-Associated Events (VAE)

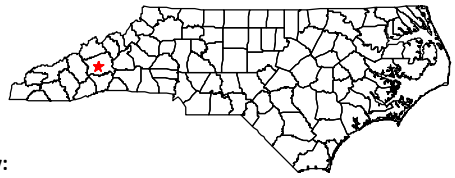
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
CarePartners Health Services, Asheville, Buncombe County

2016 Hospital Survey Information

Hospital Type:	Inpatient Rehabilitation Facility
Admissions in 2015:	1,301
Patient Days in 2015:	17,955
Total Number of Beds:	80
FTE* Infection Preventionists:	0.73
Number of FTEs* per 100 beds:	0.91

[*FTE = Full-time equivalent]



Commentary From Facility:
Mission Health strives to improve the quality and safety of the care we give our patients each and every day. The prevention of infections is one of our highest priorities. By continuously and thoughtfully reviewing processes, procedures and events, we identify opportunities for improvement and address them immediately and appropriately, and share that knowledge internally to avert further issues.

Catheter-Associated Urinary Tract Infections (CAUTI)

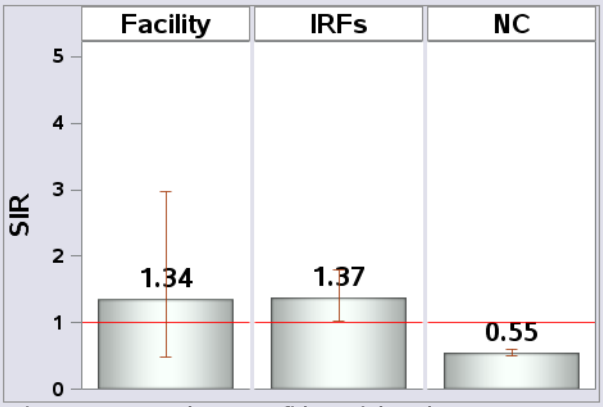


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	5	3.7	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.

Inpatient Rehabilitation Facilities began reporting Laboratory identified MRSA in January 2015.
The data collected do not meet the minimum threshold to calculate an SIR at this time.
Laboratory identified MRSA data from this facility type will be included in future reports.

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.

Inpatient Rehabilitation Facilities began reporting Laboratory identified CDI in January 2015.
The data collected do not meet the minimum threshold to calculate an SIR at this time.
Laboratory identified CDI data from this facility type will be included in future reports.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
CarePartners Health Services, Asheville, Buncombe County

Central Line-Associated Bloodstream Infections (CLABSI)

Note from N.C. Division of Public Health: CLABSIs and SSIs are not currently reportable at this facility type

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: CLABSIs, or SSIs are not reportable at this facility type

Ventilator-Associated Events (VAE)

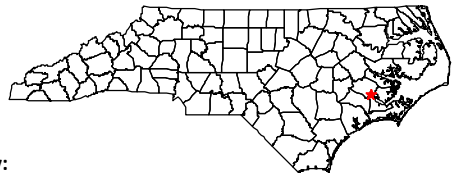
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
CarolinaEast Medical Center, New Bern, Craven County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	13,851
Patient Days in 2015:	66,480
Total Number of Beds:	350
Number of ICU Beds:	33
FTE* Infection Preventionists:	3.00
Number of FTEs* per 100 beds:	0.86

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

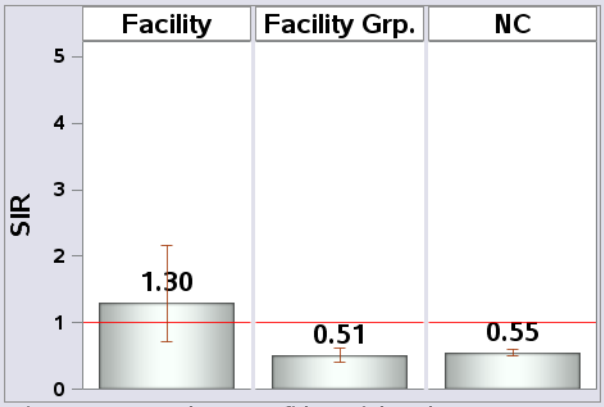


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	13	10	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-Dec 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	2.4	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

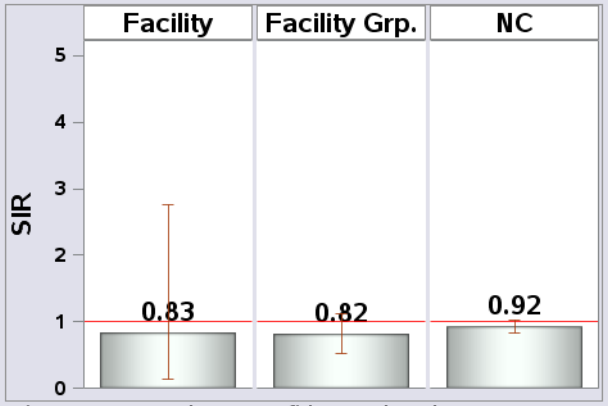


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

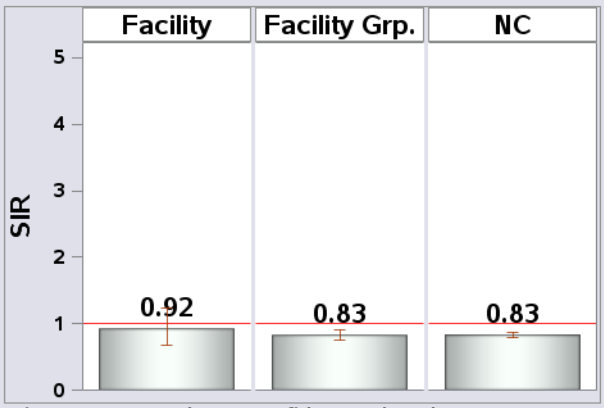


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	42	46	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
CarolinaEast Medical Center, New Bern, Craven County

Central Line-Associated Bloodstream Infections (CLABSI)

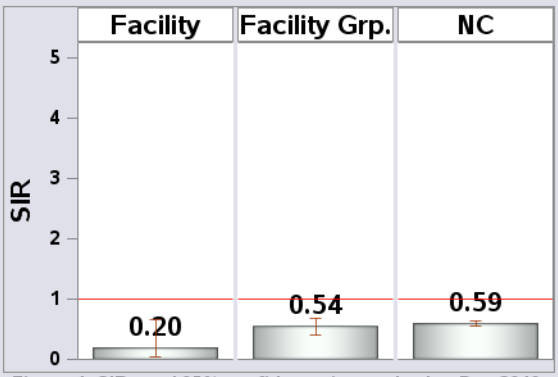


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	2	9.9	Better
All reporting units	**2**	**9.9**	**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-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	**1**	**2.1**	**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

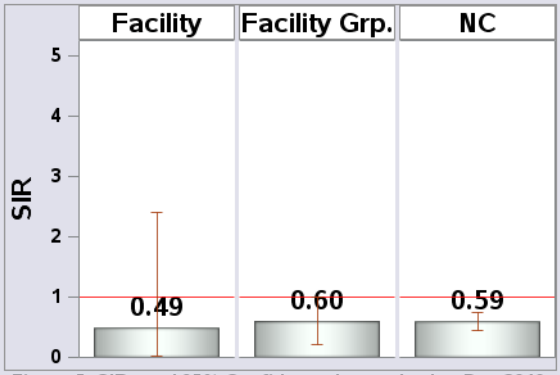


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

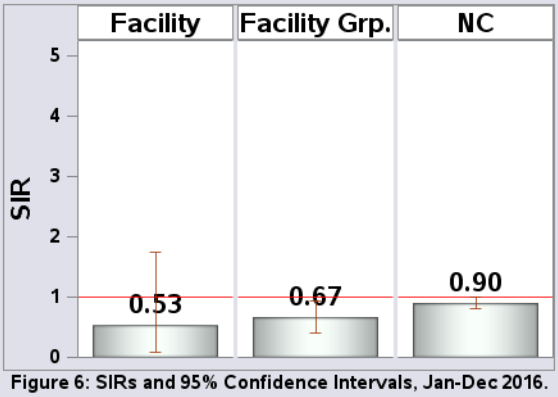


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	**2**	**3.8**	**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

Ventilator-Associated Events (VAE)

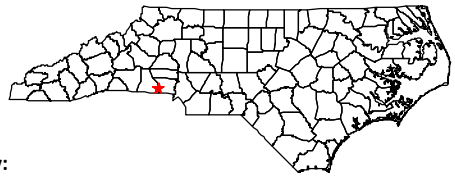
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Carolinas ContinueCare Hospital At Kings Mountain, Kings Mountain, Cleveland County

2016 Hospital Survey Information

Hospital Type:	Long-term Acute Care Hospital
Admissions in 2015:	221
Patient Days in 2015:	5,560
Total Number of Beds:	28
FTE* Infection Preventionists:	0.38
Number of FTEs* per 100 beds:	1.34

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

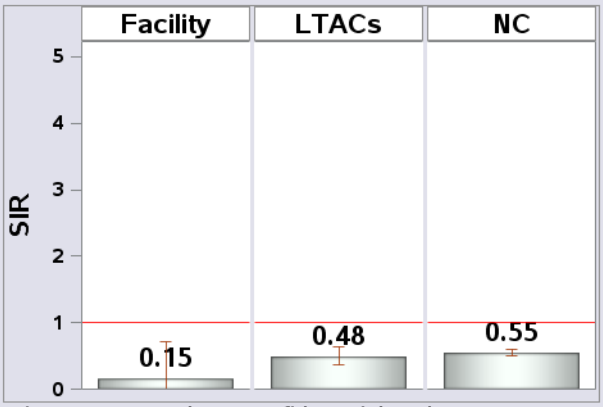


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	1	6.9	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.

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.

Long-term Acute Care Facilities began reporting Laboratory identified MRSA in January 2015.
The data collected do not meet the minimum threshold to calculate an SIR at this time.
Laboratory identified MRSA data from this facility type will be included in future reports.

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.

Long-term Acute Care Facilities began reporting Laboratory identified CDI in January 2015.
The data collected do not meet the minimum threshold to calculate an SIR at this time.
Laboratory identified CDI data from this facility type will be included in future reports.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Carolinas ContinueCare Hospital At Kings Mountain, Kings Mountain, Cleveland County

Central Line-Associated Bloodstream Infections (CLABSI)

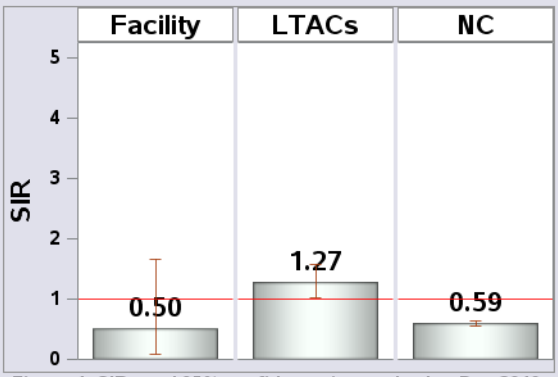


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	2	4.0	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

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

Ventilator-Associated Events (VAE)

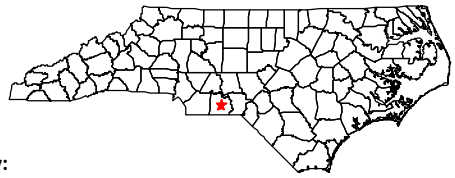
Long Term Acute Care Hospitals began reporting VAE in January 2016.
The data collected do not meet the minimum threshold to calculate an SIR at this time.
VAE data from these facility types will be included in future reports.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Carolinas Healthcare System Anson, Wadesboro, Anson County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	144
Patient Days in 2015:	312
Total Number of Beds:	15
Number of ICU Beds:	0
FTE* Infection Preventionists:	0.20
Number of FTEs* per 100 beds:	1.33

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

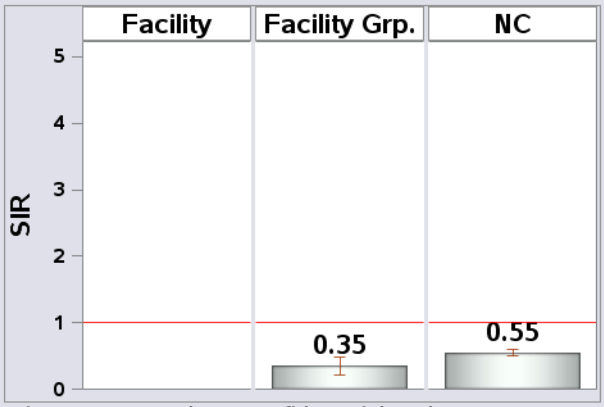


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

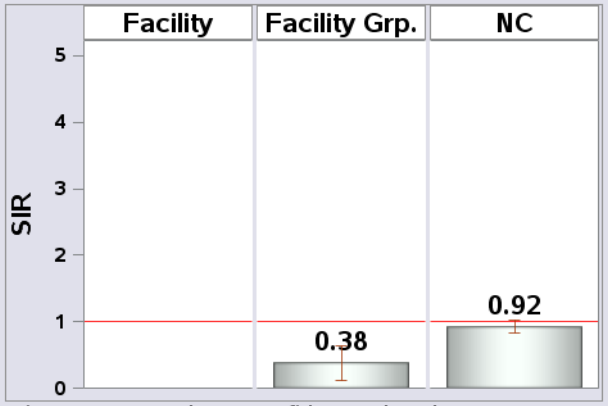


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

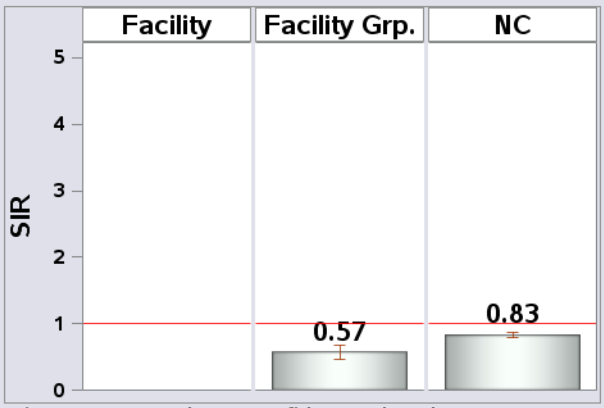


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Carolinas Healthcare System Anson, Wadesboro, Anson County

Central Line-Associated Bloodstream Infections (CLABSI)

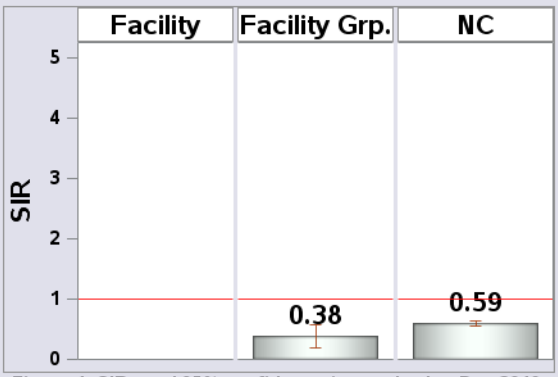


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 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
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 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?
No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Surgical Site Infections (SSI) after Abdominal Hysterectomies

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

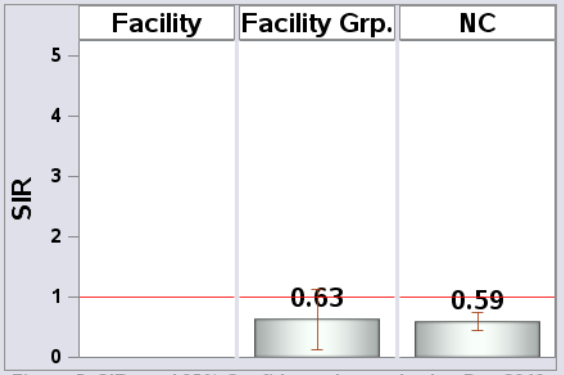


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

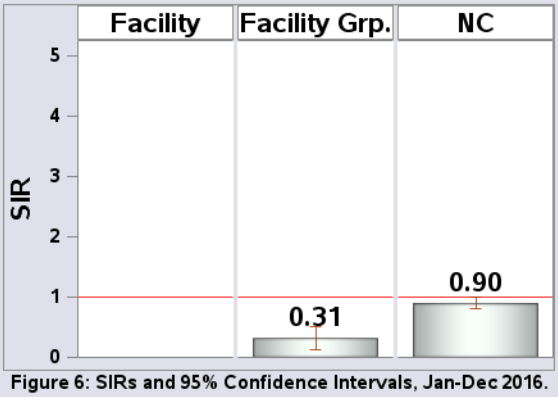


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Ventilator-Associated Events (VAE)

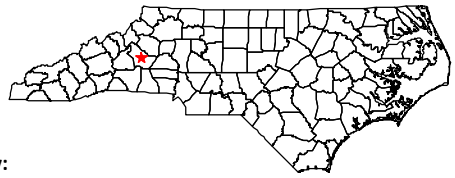
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Carolinas Healthcare System Blue Ridge, Morganton, Burke County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Admissions in 2015:	7,789
Patient Days in 2015:	34,146
Total Number of Beds:	139
Number of ICU Beds:	16
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.72

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

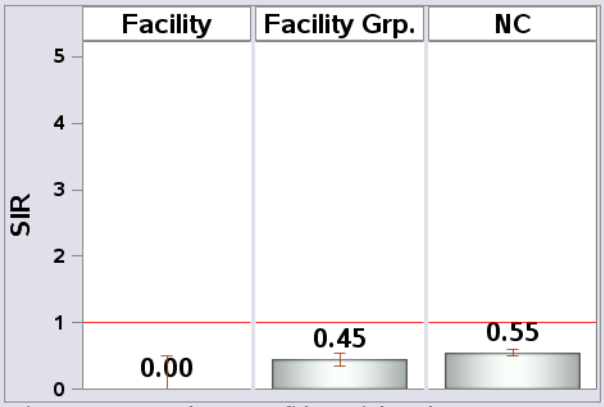


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	0	6.0	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.

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 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.6	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

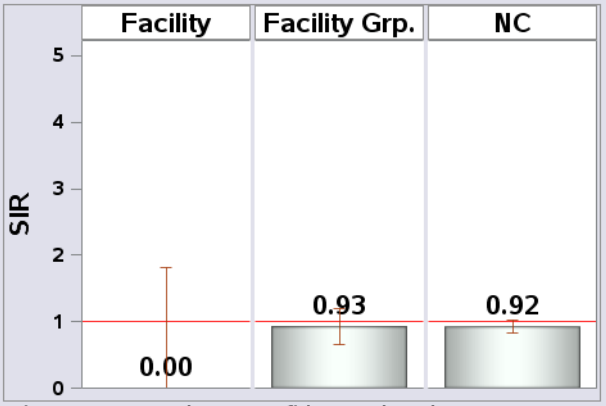


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

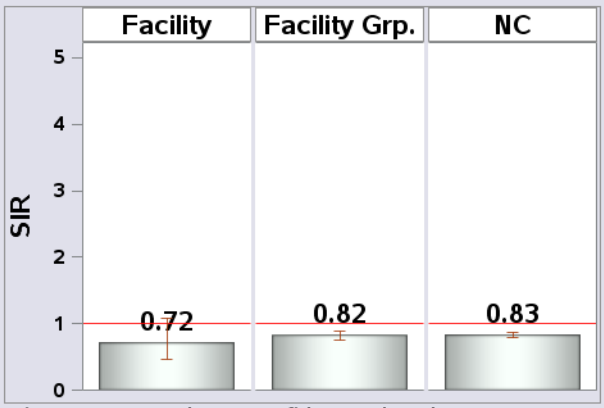


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	21	29	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Carolinas Healthcare System Blue Ridge, Morganton, Burke County

Central Line-Associated Bloodstream Infections (CLABSI)

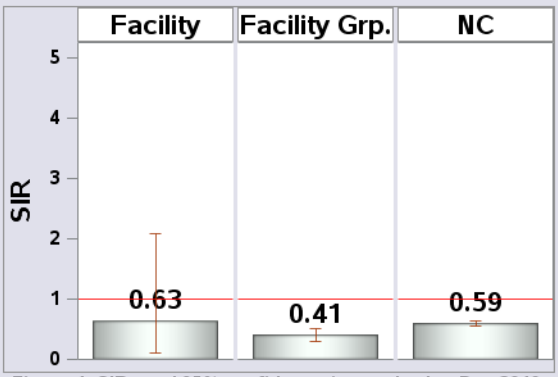


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	2	3.2	Same
All reporting units	**2**	**3.2**	**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-Dec 2016.

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

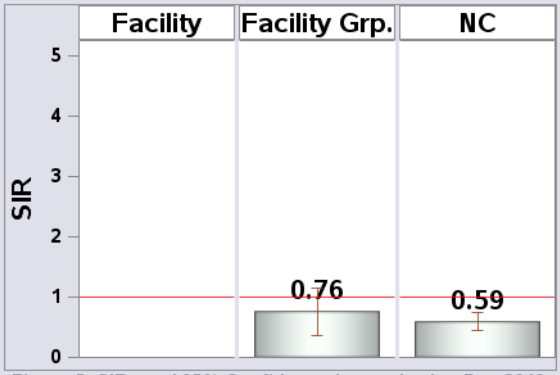


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

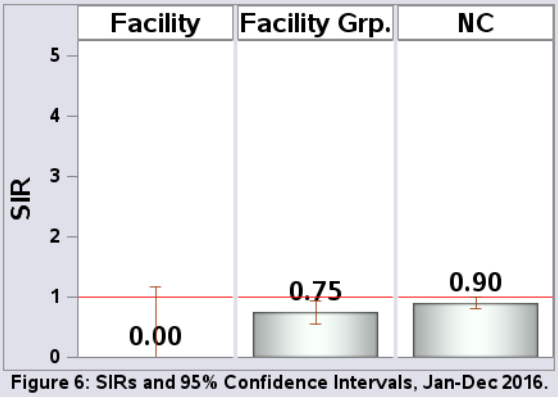


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	2.5	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

Ventilator-Associated Events (VAE)

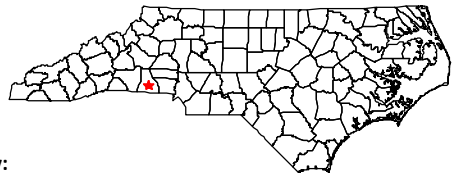
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Carolinas Healthcare System Cleveland, Shelby, Cleveland County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	5,678
Patient Days in 2015:	37,011
Total Number of Beds:	241
Number of ICU Beds:	18
FTE* Infection Preventionists:	1.50
Number of FTEs* per 100 beds:	0.62

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

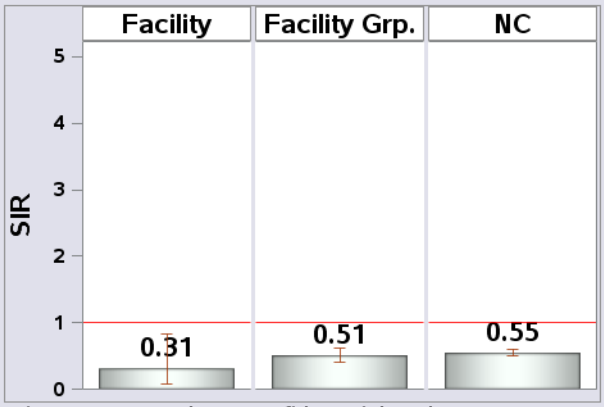


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	3	9.8	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.

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 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	1.6	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

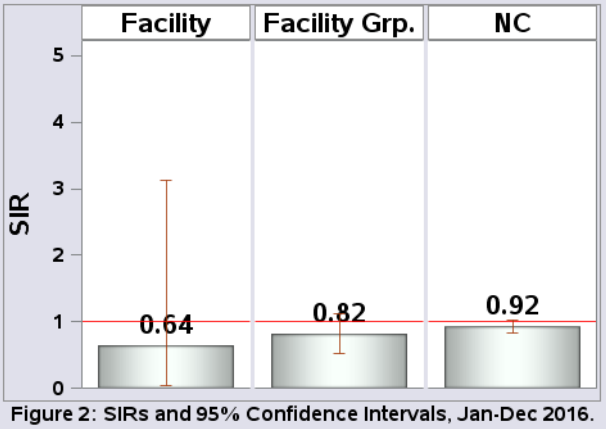


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

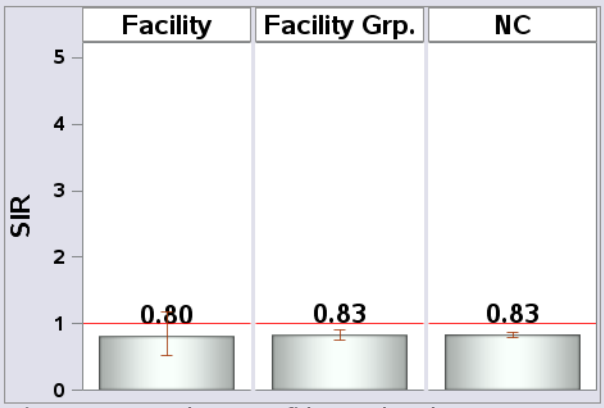


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	23	29	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Carolinas Healthcare System Cleveland, Shelby, Cleveland County

Central Line-Associated Bloodstream Infections (CLABSI)

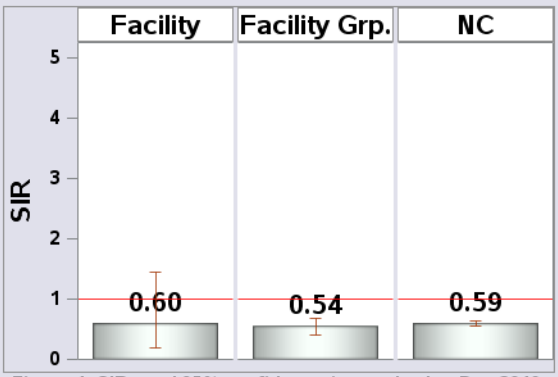


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	4	6.7	Same
All reporting units	**4**	**6.7**	**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-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	**0**	**1.6**	**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

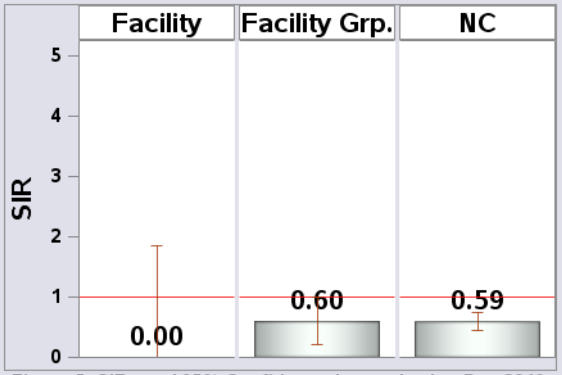


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

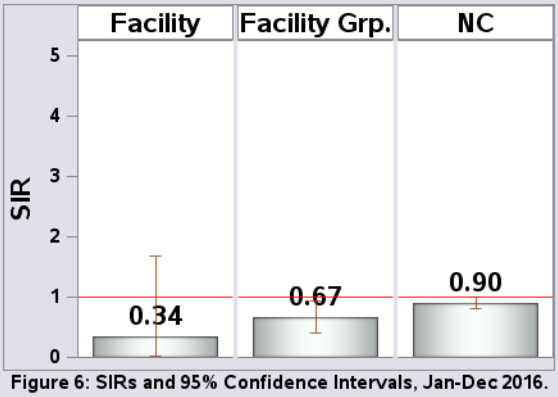


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

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

Ventilator-Associated Events (VAE)

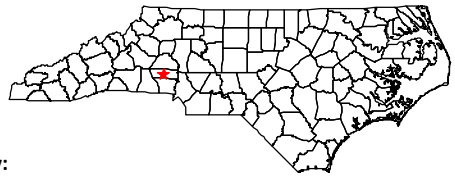
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Carolinas Healthcare System Lincoln, Lincolnton, Lincoln County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	2,373
Patient Days in 2015:	17,993
Total Number of Beds:	101
Number of ICU Beds:	10
FTE* Infection Preventionists:	0.75
Number of FTEs* per 100 beds:	0.74

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

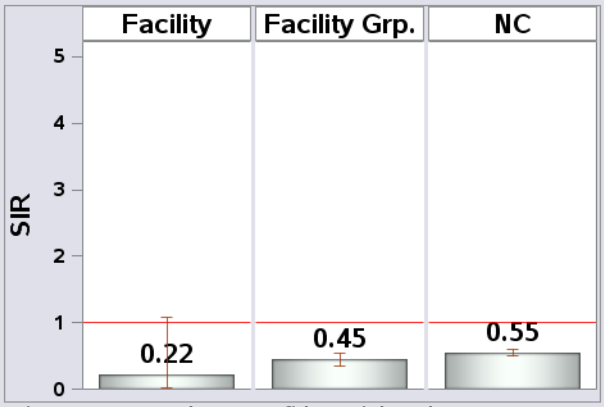


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	1	4.6	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-Dec 2016

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

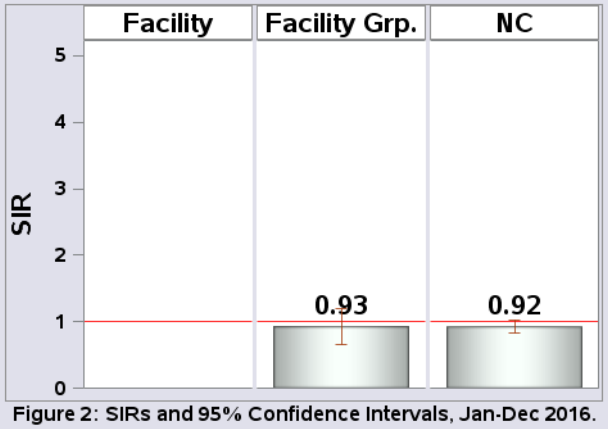


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

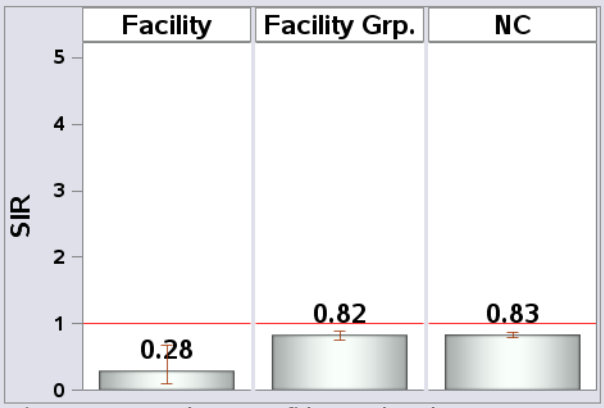


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	14	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Carolinas Healthcare System Lincoln, Lincolnton, Lincoln County

Central Line-Associated Bloodstream Infections (CLABSI)

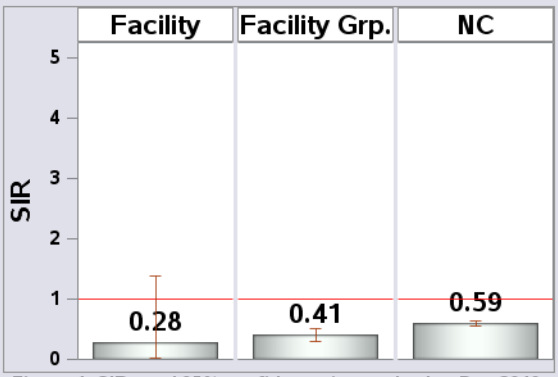


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	1	3.5	Same
All reporting units	**1**	**3.5**	**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-Dec 2016.

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

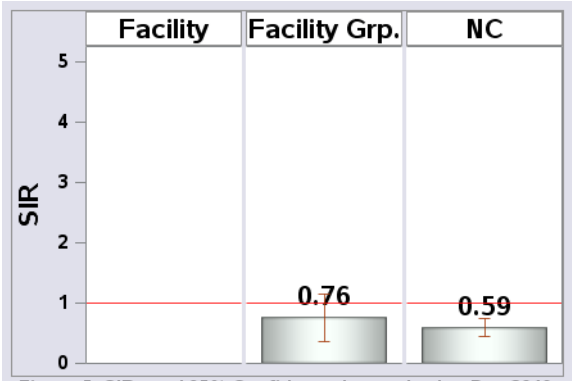


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

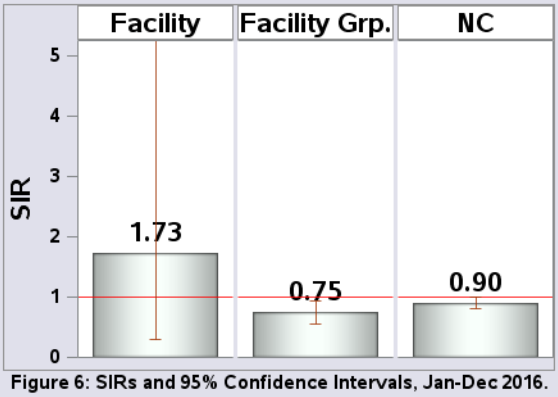


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	1.2	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

Ventilator-Associated Events (VAE)

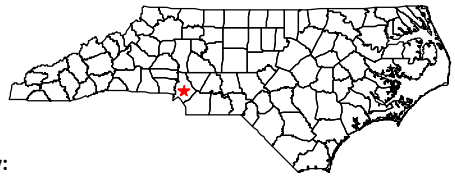
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Carolinas Medical Center, Charlotte, Mecklenburg County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2015:	51,918
Patient Days in 2015:	283,372
Total Number of Beds:	880
Number of ICU Beds:	219
FTE* Infection Preventionists:	8.00
Number of FTEs* per 100 beds:	0.91

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

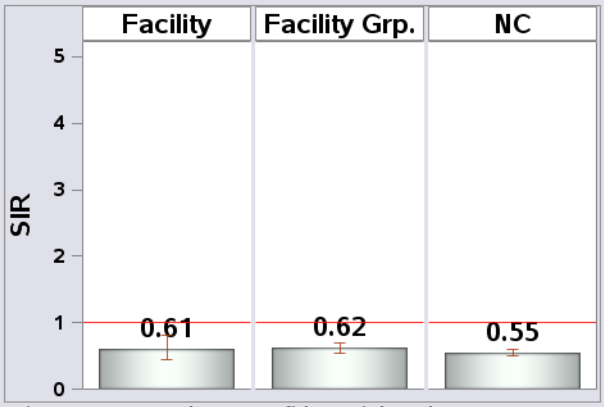


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	44	72	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.

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 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	16	25	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

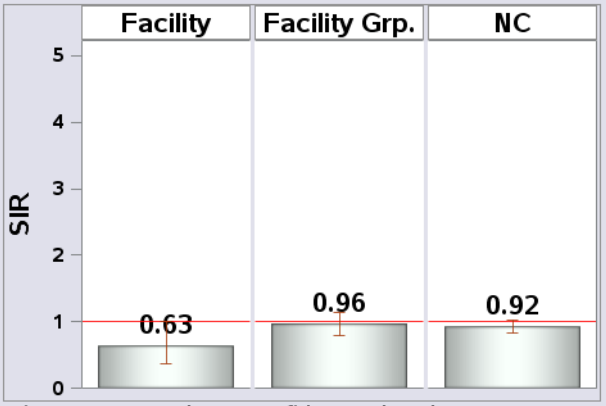


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

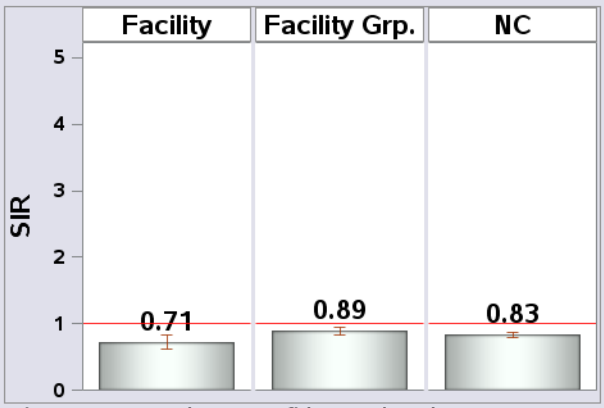


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	161	226	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Carolinas Medical Center, Charlotte, Mecklenburg County

Central Line-Associated Bloodstream Infections (CLABSI)

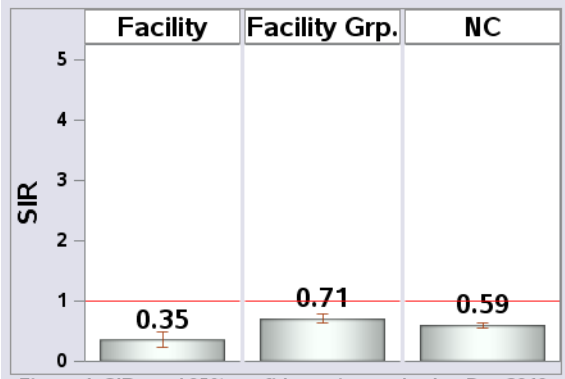


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	26	72	Better
Neonatal Units	5	16	Better
All reporting units	**31**	**88**	**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-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	**1**	**5.1**	**Better**

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

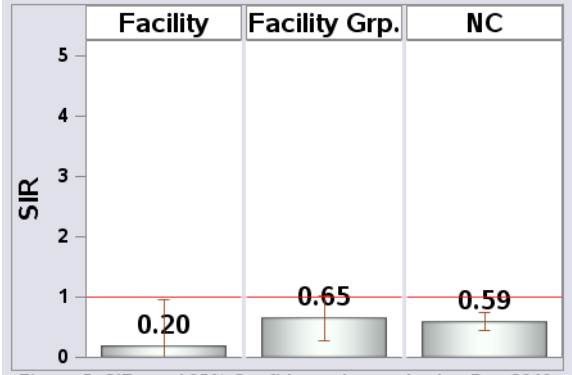


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

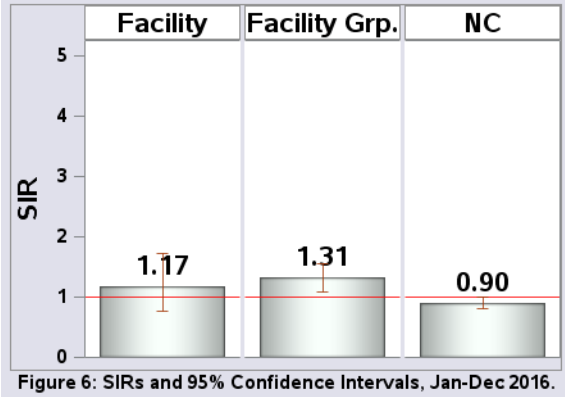


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	**23**	**20**	**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

Ventilator-Associated Events (VAE)

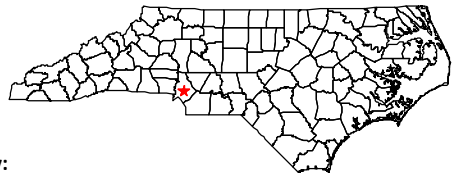
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Carolinas Medical Center-Mercy, Charlotte, Mecklenburg County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Admissions in 2015:	10,867
Patient Days in 2015:	41,904
Total Number of Beds:	160
Number of ICU Beds:	20
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.63

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

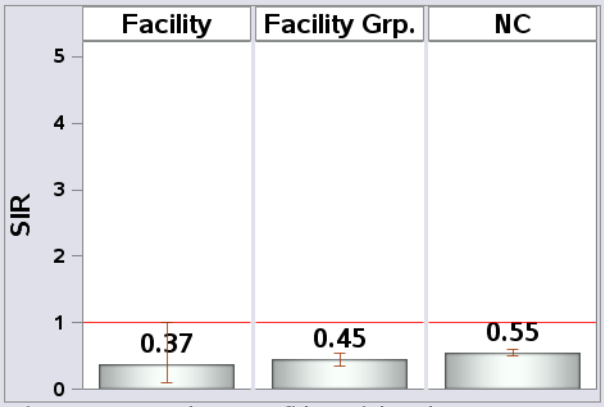


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	3	8.1	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-Dec 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	2.0	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

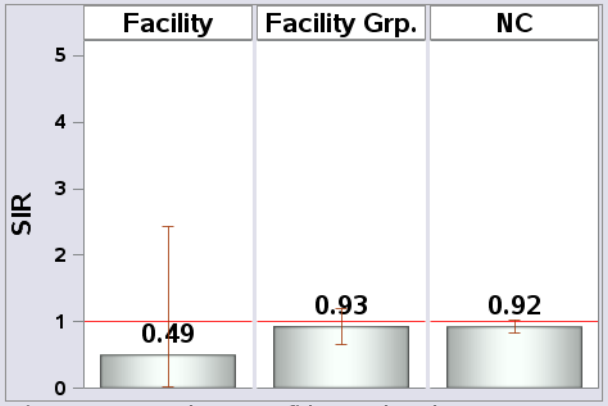


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

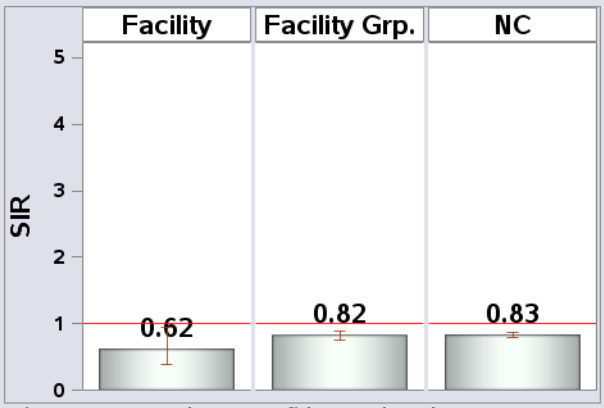


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	19	31	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Carolinas Medical Center-Mercy, Charlotte, Mecklenburg County

Central Line-Associated Bloodstream Infections (CLABSI)

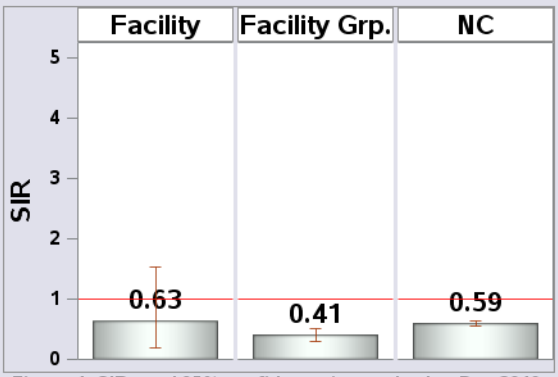


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	4	6.3	Same
All reporting units	**4**	**6.3**	**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-Dec 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

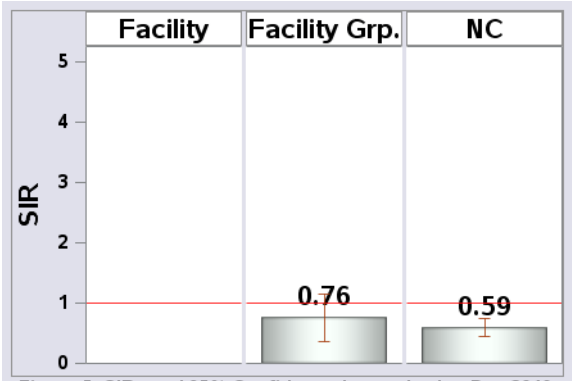


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

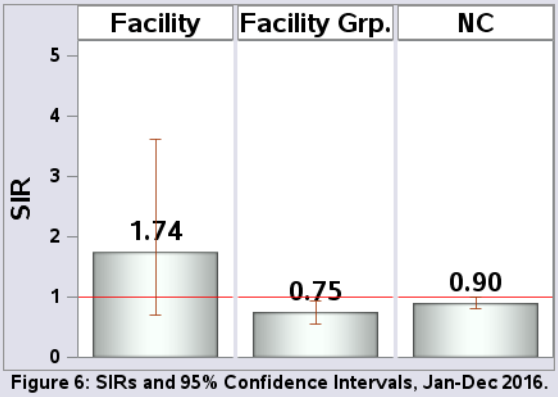


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	**6**	**3.5**	**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

Ventilator-Associated Events (VAE)

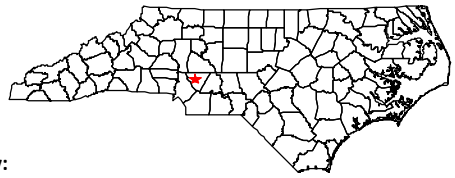
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Carolinas Medical Center-Northeast, Concord, Cabarrus County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	32,282
Patient Days in 2015:	106,816
Total Number of Beds:	457
Number of ICU Beds:	72
FTE* Infection Preventionists:	3.00
Number of FTEs* per 100 beds:	0.66

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

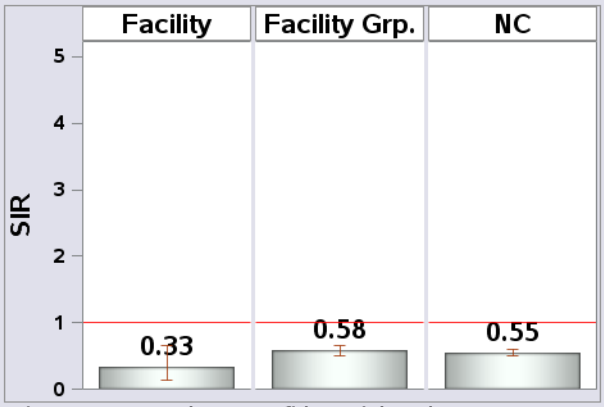


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	7	21	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.

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 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	6.1	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

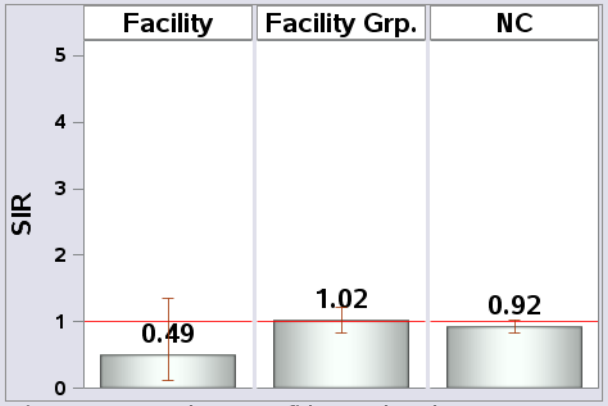


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

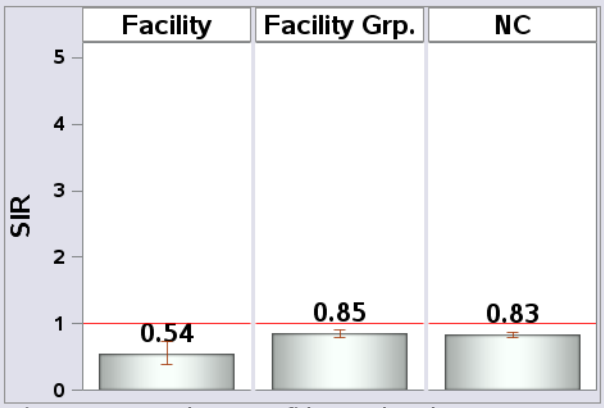


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	38	70	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Carolinas Medical Center-Northeast, Concord, Cabarrus County

Central Line-Associated Bloodstream Infections (CLABSI)

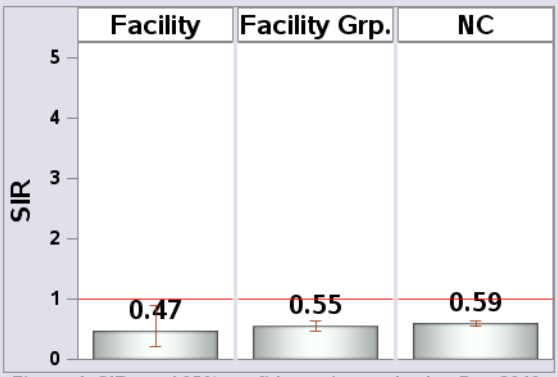


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	6	16	Better
Neonatal Units	2	Less than 1.0	No Conclusion
All reporting units	**8**	**17**	**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?
No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	**2**	**3.1**	**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

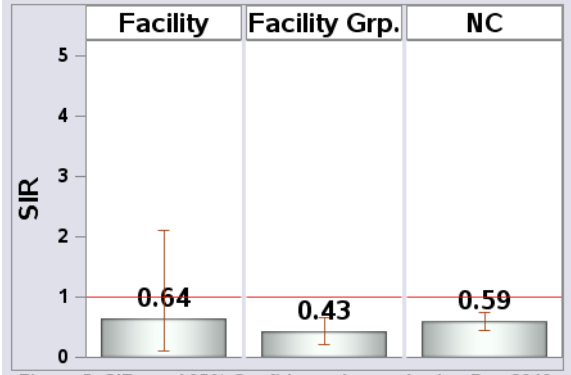


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

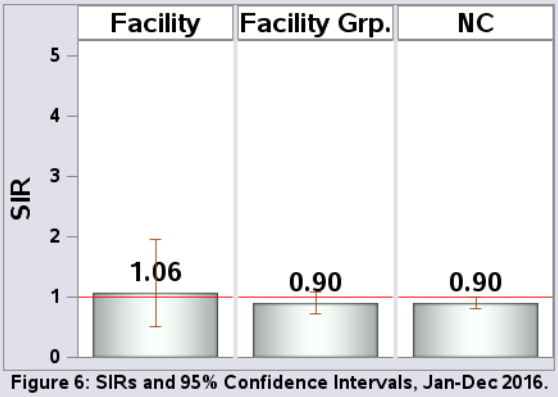


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	**9**	**8.5**	**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

Ventilator-Associated Events (VAE)

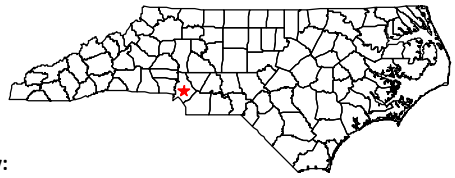
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Carolinas Medical Center-Pineville, Charlotte, Mecklenburg County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	17,937
Patient Days in 2015:	61,129
Total Number of Beds:	206
Number of ICU Beds:	40
FTE* Infection Preventionists:	1.75
Number of FTEs* per 100 beds:	0.85

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

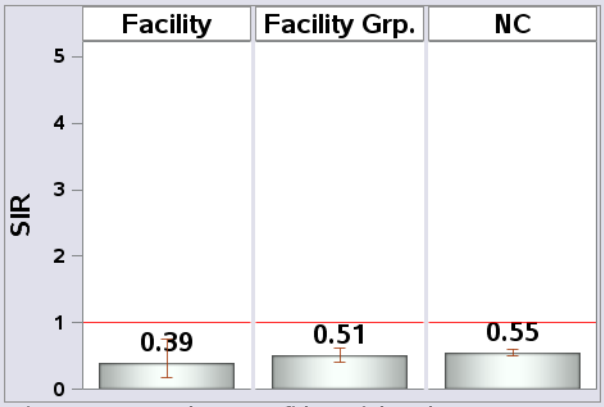


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	8	20	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.

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 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	2.5	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

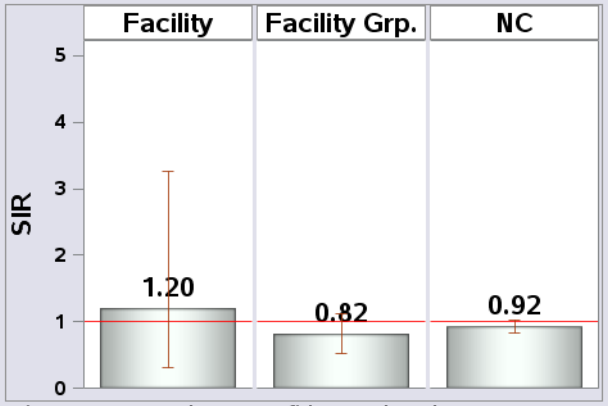


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

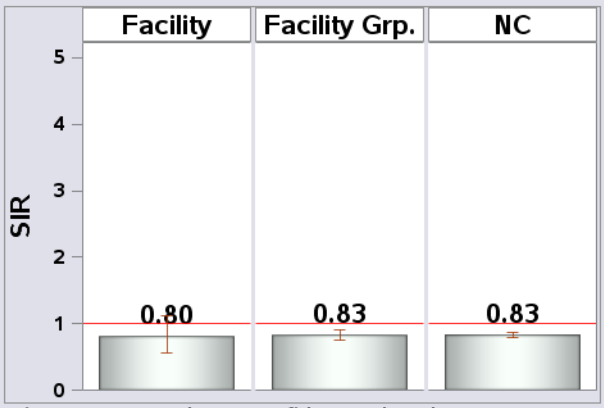


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	31	39	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

North Carolina Healthcare-Associated Infections Report
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Carolinas Medical Center-Pineville, Charlotte, Mecklenburg County

Central Line-Associated Bloodstream Infections (CLABSI)

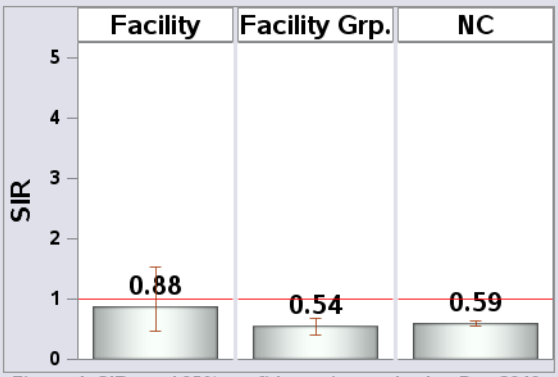


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	11	12	Same
Neonatal Units	0	Less than 1.0	No Conclusion
All reporting units	**11**	**13**	**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?
No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	**1**	**2.0**	**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

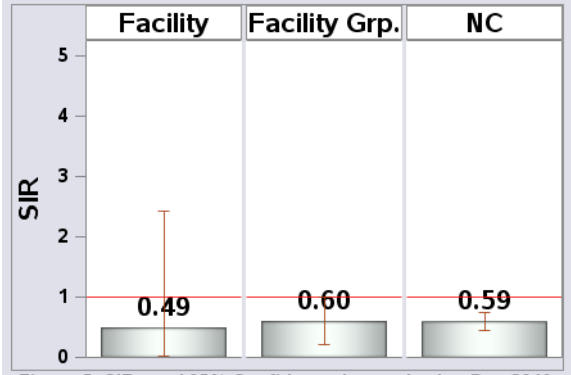


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

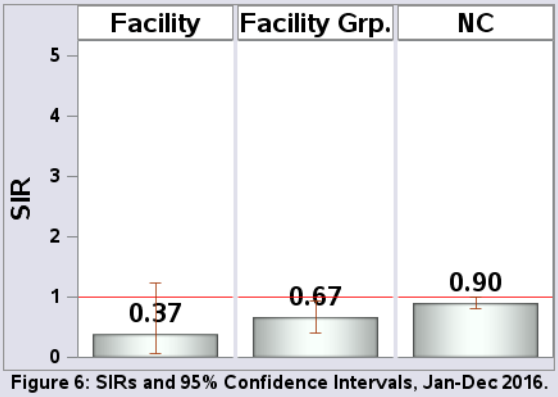


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	**2**	**5.3**	**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

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Carolinas Medical Center-Union, Monroe, Union County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	12,468
Patient Days in 2015:	35,051
Total Number of Beds:	182
Number of ICU Beds:	14
FTE* Infection Preventionists:	1.80
Number of FTEs* per 100 beds:	0.99

[*FTE = Full-time equivalent]

Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

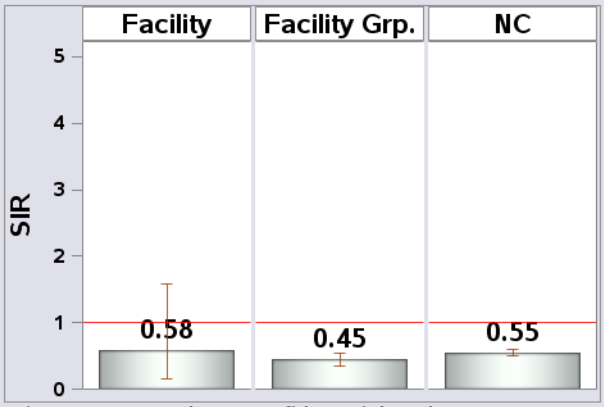


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	3	5.2	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-Dec 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	1.3	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

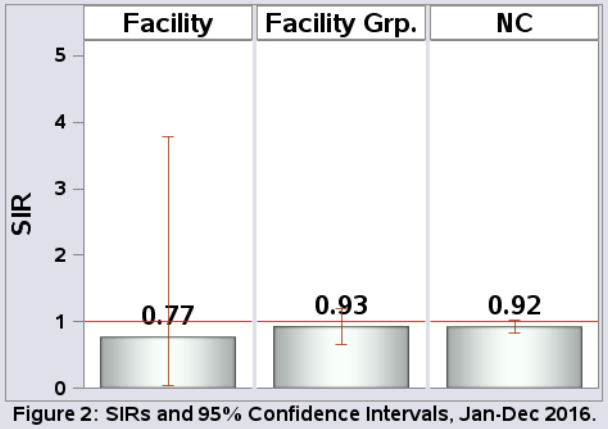


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

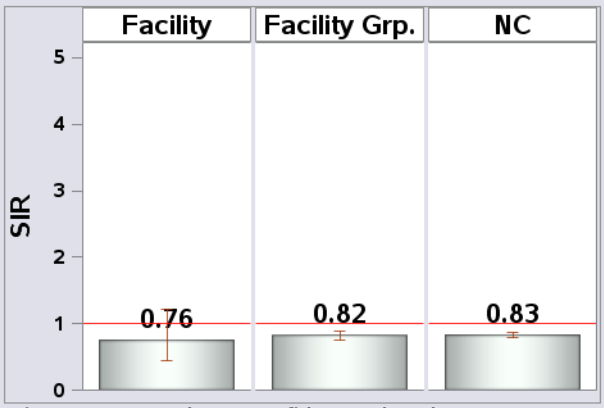


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	15	20	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Carolinas Medical Center-Union, Monroe, Union County

Central Line-Associated Bloodstream Infections (CLABSI)

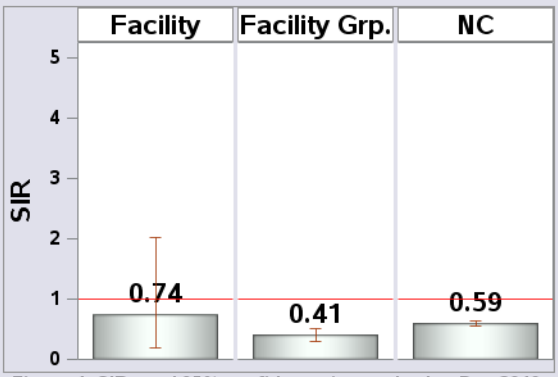


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	3	4.0	Same
All reporting units	**3**	**4.0**	**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-Dec 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

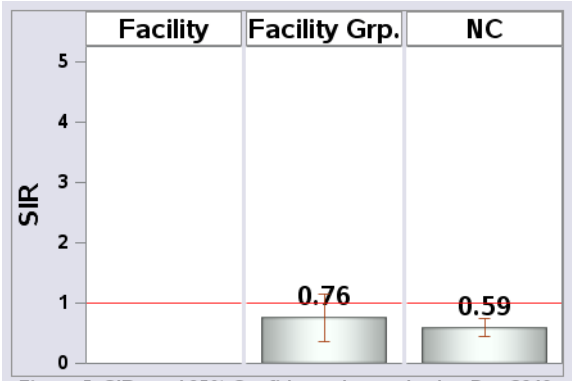


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

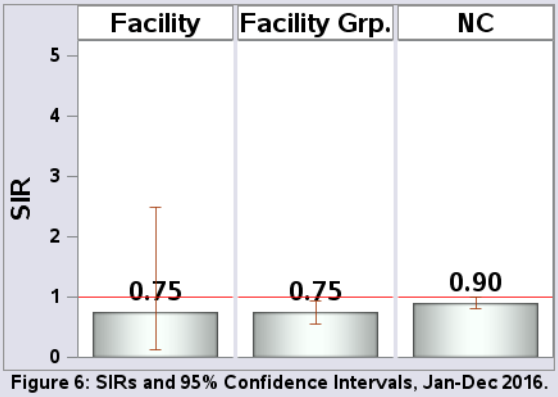


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	**2**	**2.7**	**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

Ventilator-Associated Events (VAE)

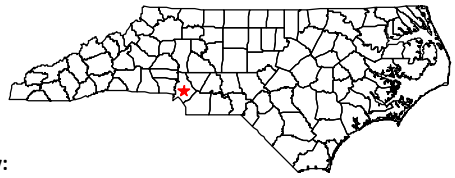
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Carolinas Medical Center-University, Charlotte, Mecklenburg County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	11,078
Patient Days in 2015:	25,504
Total Number of Beds:	100
Number of ICU Beds:	15
FTE* Infection Preventionists:	0.75
Number of FTEs* per 100 beds:	0.75

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

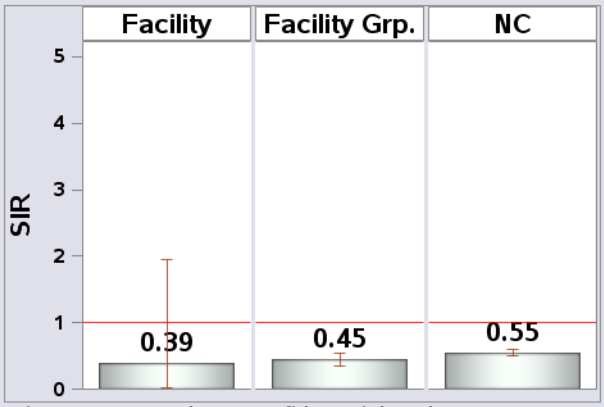


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	1	2.5	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-Dec 2016

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

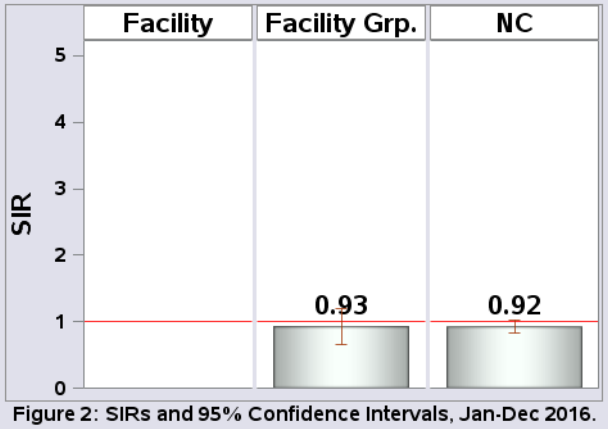


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

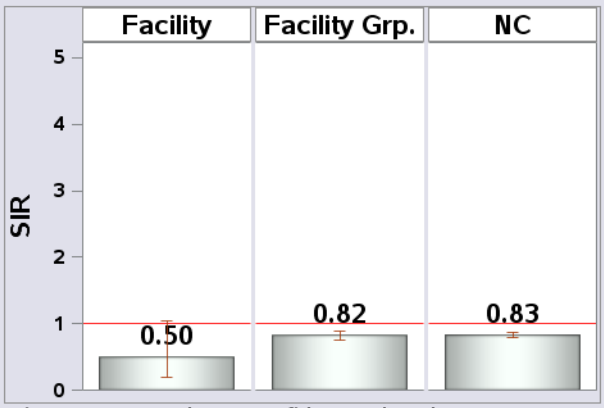


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	6	12	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Carolinas Medical Center-University, Charlotte, Mecklenburg County

Central Line-Associated Bloodstream Infections (CLABSI)

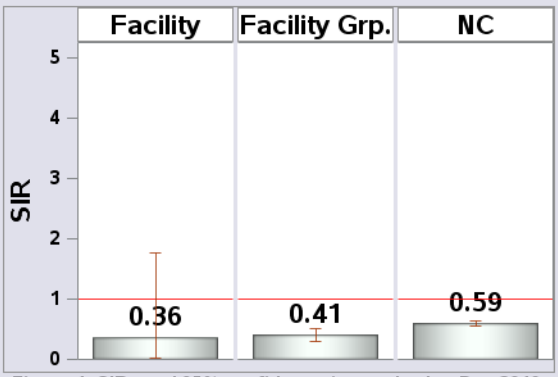


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	1	2.6	Same
Neonatal Units	0	Less than 1.0	No Conclusion
All reporting units	**1**	**2.8**	**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?
No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	**0**	**1.5**	**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

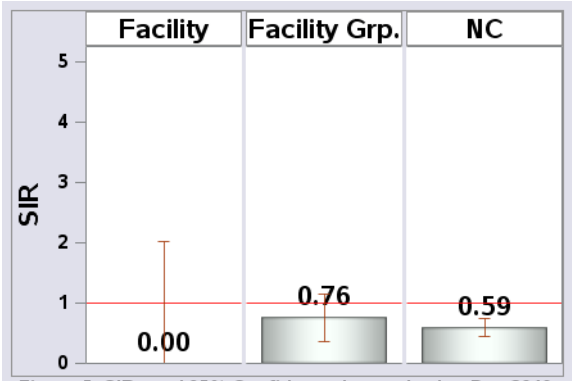


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

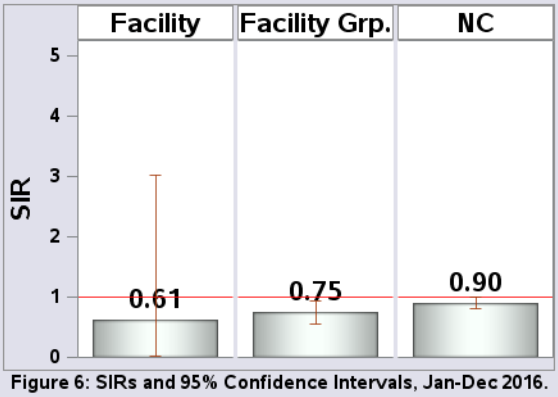


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	**1**	**1.6**	**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

Ventilator-Associated Events (VAE)

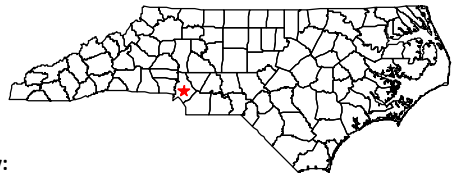
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Carolinas Rehabilitation, Charlotte, Mecklenburg County

2016 Hospital Survey Information

Hospital Type:	Inpatient Rehabilitation Facility
Admissions in 2015:	1,155
Patient Days in 2015:	20,511
Total Number of Beds:	70
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	1.43

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

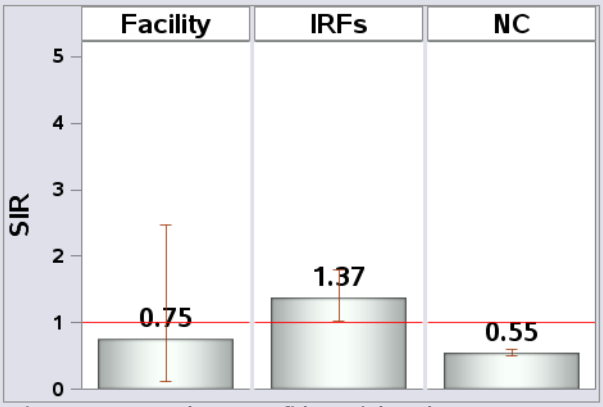


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	2	2.7	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.

Inpatient Rehabilitation Facilities began reporting Laboratory identified MRSA in January 2015.
The data collected do not meet the minimum threshold to calculate an SIR at this time.
Laboratory identified MRSA data from this facility type will be included in future reports.

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.

Inpatient Rehabilitation Facilities began reporting Laboratory identified CDI in January 2015.
The data collected do not meet the minimum threshold to calculate an SIR at this time.
Laboratory identified CDI data from this facility type will be included in future reports.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Carolinas Rehabilitation, Charlotte, Mecklenburg County

Central Line-Associated Bloodstream Infections (CLABSI)

Note from N.C. Division of Public Health: CLABSIs and SSIs are not currently reportable at this facility type

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: CLABSIs, or SSIs are not reportable at this facility type

Ventilator-Associated Events (VAE)

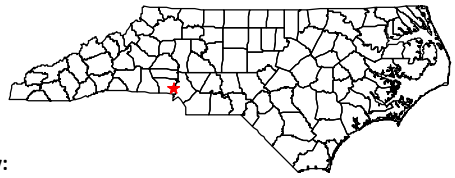
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Carolinas Rehabilitation Mount Holly, Belmont, Gaston County

2016 Hospital Survey Information

Hospital Type:	Inpatient Rehabilitation Facility
Admissions in 2015:	787
Patient Days in 2015:	11,405
Total Number of Beds:	40
FTE* Infection Preventionists:	0.20
Number of FTEs* per 100 beds:	0.50

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

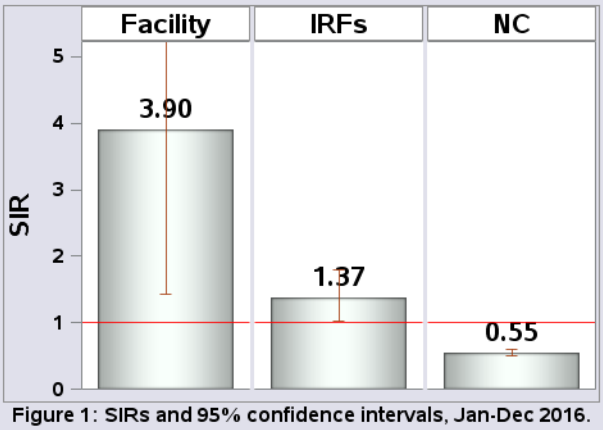


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	5	1.3	Worse

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?
× Worse: More 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.

Inpatient Rehabilitation Facilities began reporting Laboratory identified MRSA in January 2015.
The data collected do not meet the minimum threshold to calculate an SIR at this time.
Laboratory identified MRSA data from this facility type will be included in future reports.

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.

Inpatient Rehabilitation Facilities began reporting Laboratory identified CDI in January 2015.
The data collected do not meet the minimum threshold to calculate an SIR at this time.
Laboratory identified CDI data from this facility type will be included in future reports.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Carolinas Rehabilitation Mount Holly, Belmont, Gaston County

Central Line-Associated Bloodstream Infections (CLABSI)

Note from N.C. Division of Public Health: CLABSIs and SSIs are not currently reportable at this facility type

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: CLABSIs, or SSIs are not reportable at this facility type

Ventilator-Associated Events (VAE)

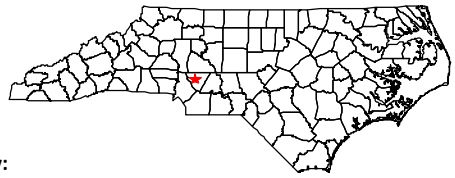
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Carolinas Rehabilitation North East, Concord, Cabarrus County

2016 Hospital Survey Information

Hospital Type:	Inpatient Rehabilitation Facility
Admissions in 2015:	729
Patient Days in 2015:	10,754
Total Number of Beds:	40
FTE* Infection Preventionists:	0.20
Number of FTEs* per 100 beds:	0.50

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

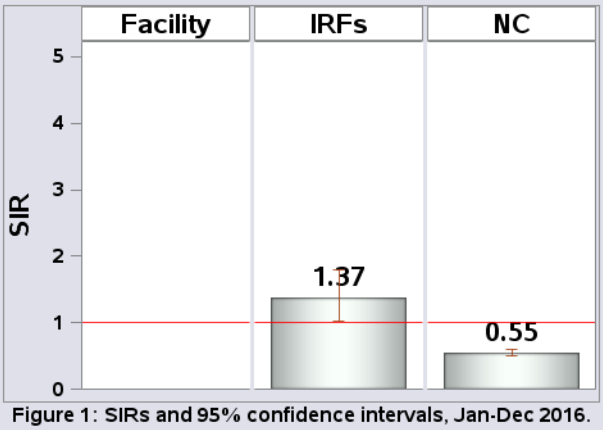


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

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

Inpatient Rehabilitation Facilities began reporting Laboratory identified MRSA in January 2015.
The data collected do not meet the minimum threshold to calculate an SIR at this time.
Laboratory identified MRSA data from this facility type will be included in future reports.

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.

Inpatient Rehabilitation Facilities began reporting Laboratory identified CDI in January 2015.
The data collected do not meet the minimum threshold to calculate an SIR at this time.
Laboratory identified CDI data from this facility type will be included in future reports.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Carolinas Rehabilitation North East, Concord, Cabarrus County

Central Line-Associated Bloodstream Infections (CLABSI)

Note from N.C. Division of Public Health: CLABSIs and SSIs are not currently reportable at this facility type

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: CLABSIs, or SSIs are not reportable at this facility type

Ventilator-Associated Events (VAE)

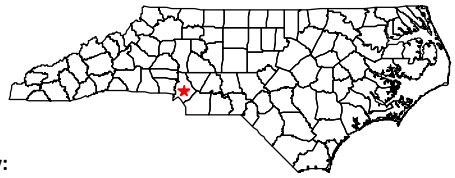
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Carolinas Specialty Hospital, Charlotte, Mecklenburg County

2016 Hospital Survey Information

Hospital Type:	Long-term Acute Care Hospital
Admissions in 2015:	416
Patient Days in 2015:	11,343
Total Number of Beds:	40
FTE* Infection Preventionists:	0.90
Number of FTEs* per 100 beds:	2.25

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

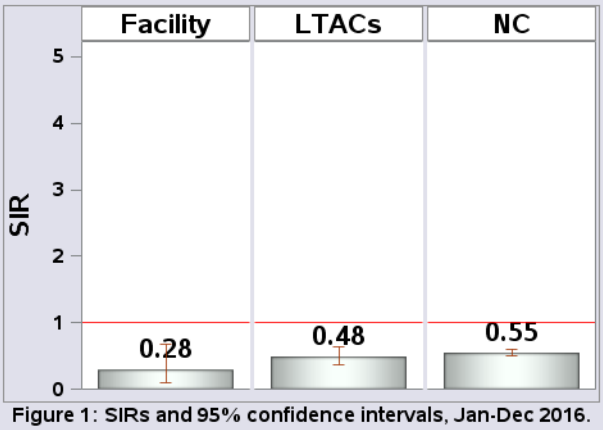


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	4	14	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.

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.

Long-term Acute Care Facilities began reporting Laboratory identified MRSA in January 2015.
The data collected do not meet the minimum threshold to calculate an SIR at this time.
Laboratory identified MRSA data from this facility type will be included in future reports.

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.

Long-term Acute Care Facilities began reporting Laboratory identified CDI in January 2015.
The data collected do not meet the minimum threshold to calculate an SIR at this time.
Laboratory identified CDI data from this facility type will be included in future reports.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Carolinas Specialty Hospital, Charlotte, Mecklenburg County

Central Line-Associated Bloodstream Infections (CLABSI)

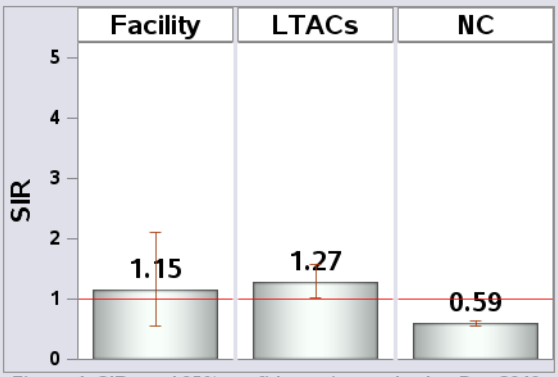


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	9	7.8	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

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

Ventilator-Associated Events (VAE)

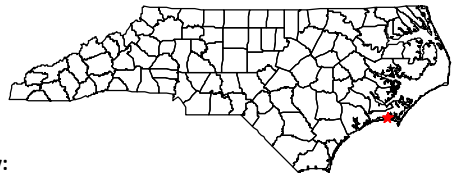
Long Term Acute Care Hospitals began reporting VAE in January 2016.
The data collected do not meet the minimum threshold to calculate an SIR at this time.
VAE data from these facility types will be included in future reports.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Carteret General Hospital, Morehead City, Carteret County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	6,242
Patient Days in 2015:	25,311
Total Number of Beds:	135
Number of ICU Beds:	10
FTE* Infection Preventionists:	1.50
Number of FTEs* per 100 beds:	1.11

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

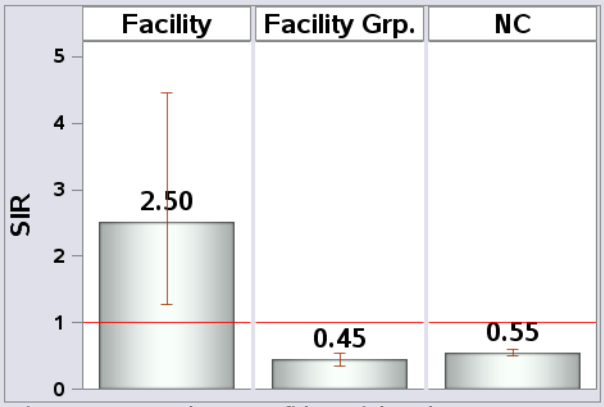


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	10	4.0	Worse

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?
× Worse: More 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 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.2	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

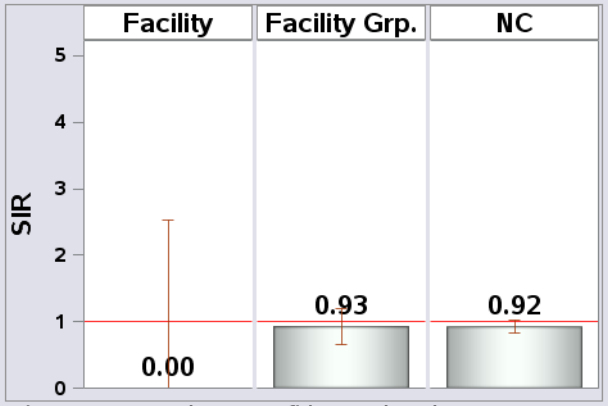


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

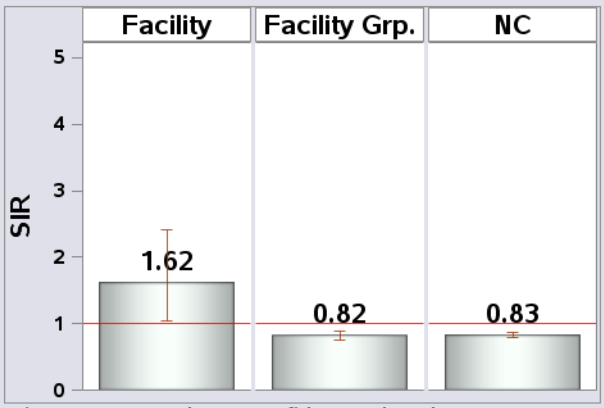


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	22	14	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Carteret General Hospital, Morehead City, Carteret County

Central Line-Associated Bloodstream Infections (CLABSI)

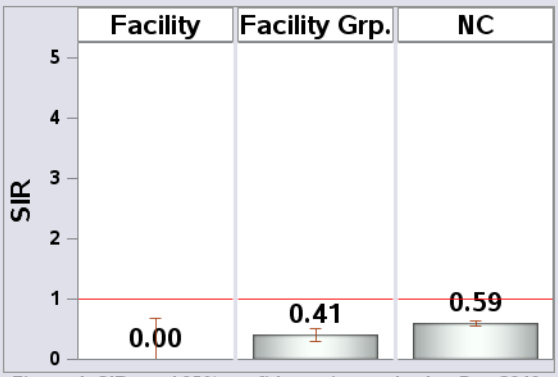


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	0	4.4	Better
All reporting units	**0**	**4.4**	**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.

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 2016.

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

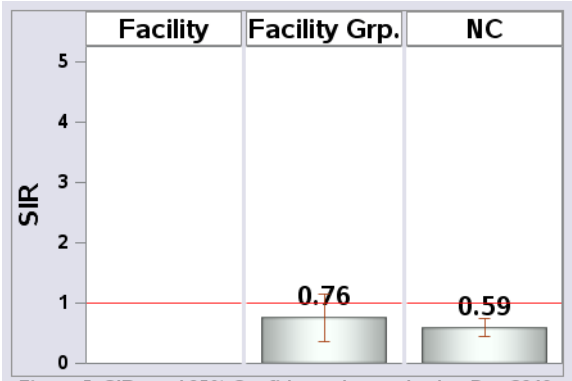


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

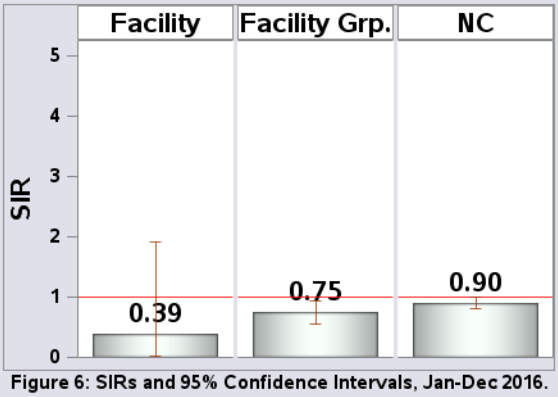


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	2.6	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

Ventilator-Associated Events (VAE)

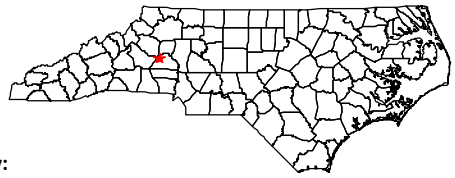
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Catawba Valley Medical Center, Hickory, Catawba County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	12,893
Patient Days in 2015:	54,616
Total Number of Beds:	190
Number of ICU Beds:	36
FTE* Infection Preventionists:	2.00
Number of FTEs* per 100 beds:	1.05

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

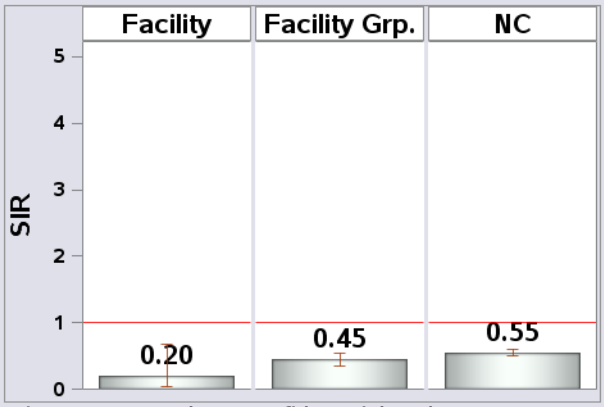


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	2	9.9	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.

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 2016

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

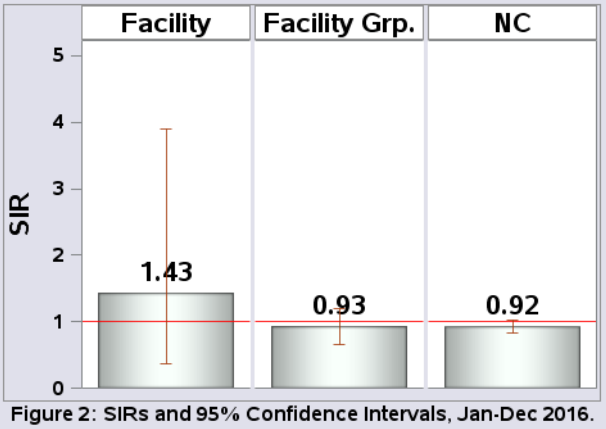


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

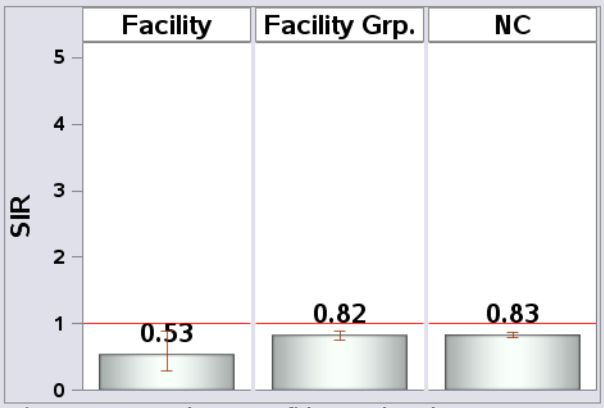


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	13	24	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Catawba Valley Medical Center, Hickory, Catawba County

Central Line-Associated Bloodstream Infections (CLABSI)

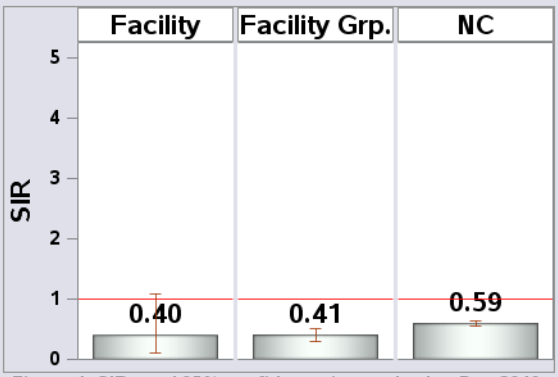


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	1	6.4	Better
Neonatal Units	2	1.1	Same
All reporting units	**3**	**7.5**	**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-Dec 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

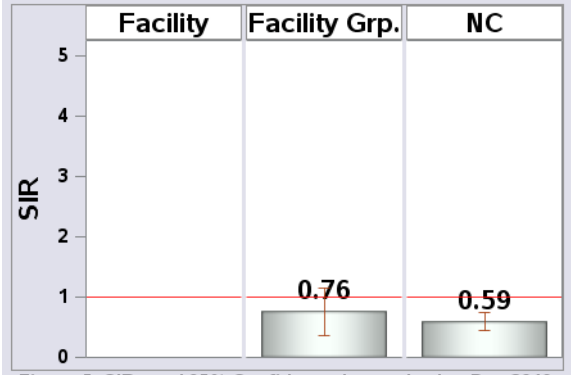


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

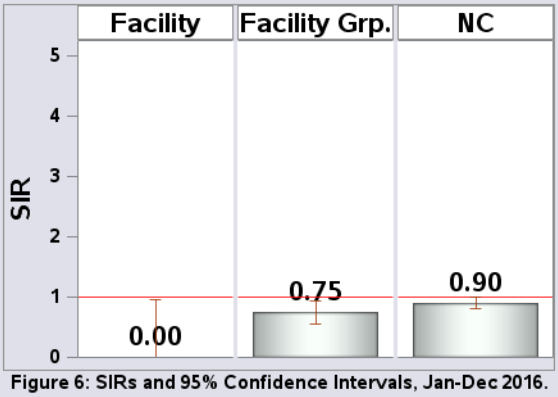


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	3.2	Better

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

Ventilator-Associated Events (VAE)

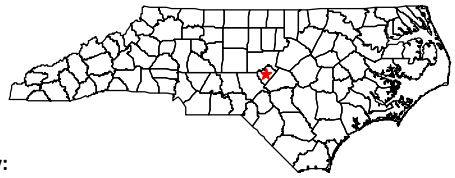
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Central Carolina Hospital, Sanford, Lee County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	4,780
Patient Days in 2015:	17,192
Total Number of Beds:	116
Number of ICU Beds:	8
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.86

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

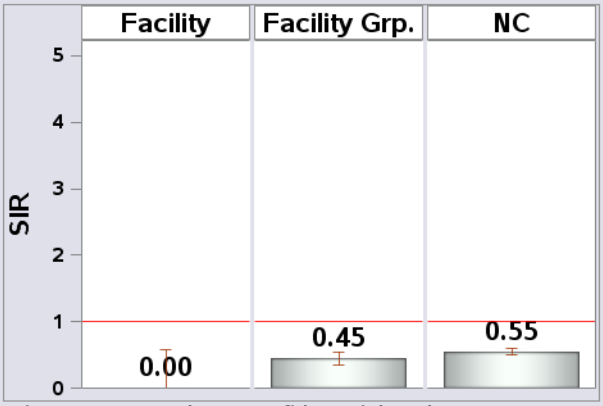


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	0	5.2	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.

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 2016

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

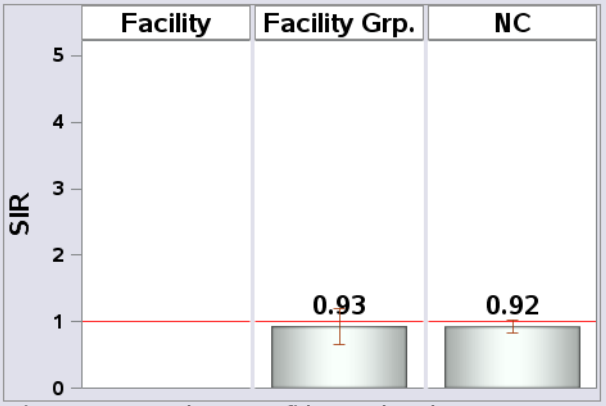


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

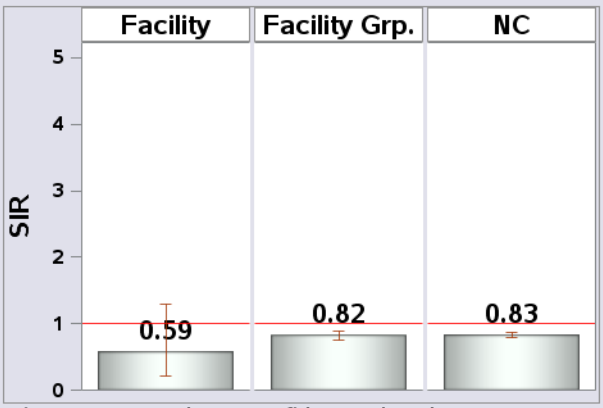


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	5	8.5	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Central Carolina Hospital, Sanford, Lee County

Central Line-Associated Bloodstream Infections (CLABSI)

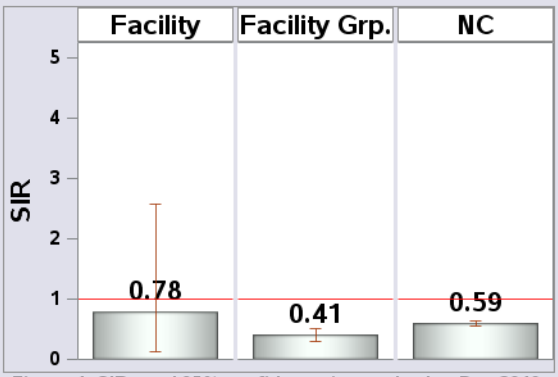


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	2	2.6	Same
All reporting units	**2**	**2.6**	**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-Dec 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

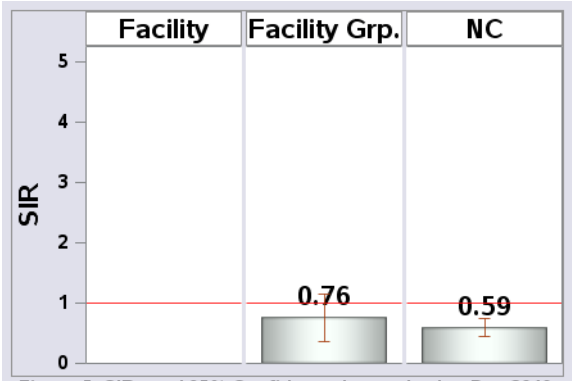


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

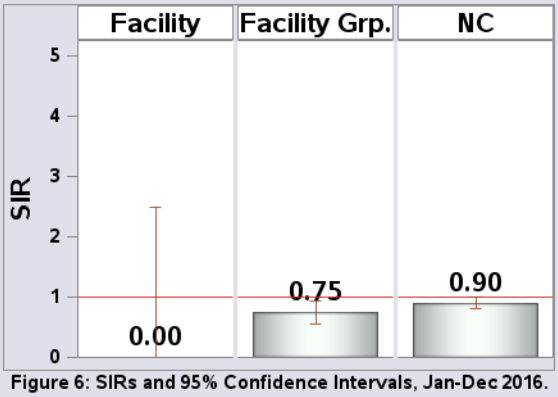


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.2	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

Ventilator-Associated Events (VAE)

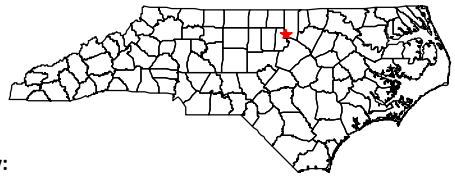
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Central Regional Hospital, Butner, Granville County

2016 Hospital Survey Information

Hospital Type:	Specialty Acute Care Hospital
Medical Affiliation:	Graduate
Admissions in 2015:	565
Patient Days in 2015:	65,847
Total Number of Beds:	0
Number of ICU Beds:	0
FTE* Infection Preventionists:	2.00
Number of FTEs* per 100 beds:	.

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

Note from N.C. Division of Public Health: This facility did not have locations required to report CAUTI during this time period

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 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	2.4	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

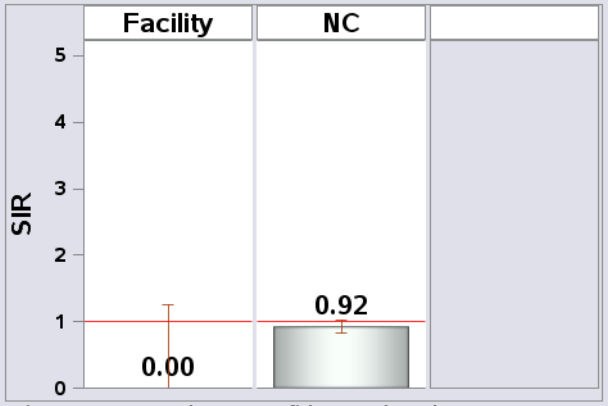


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

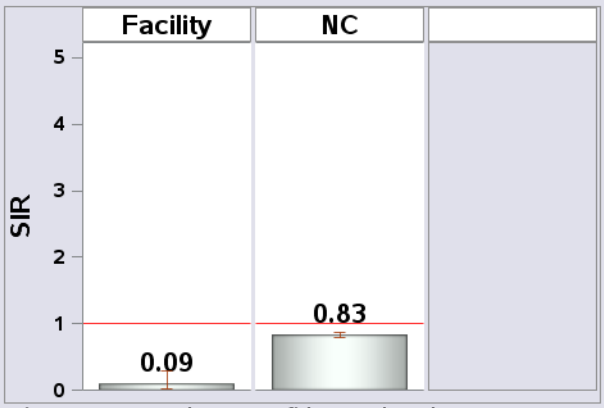


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	23	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

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 March 24, 2017.
Generated: April 13, 2017
N.C. Division of Public Health, SHARPPS Program
N.C. HAI 2016 Q4 Report

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Central Regional Hospital, Butner, Granville County

Central Line-Associated Bloodstream Infections (CLABSI)

Note from N.C. Division of Public Health: This facility did not have locations required to report CLABSI during this time period

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: This facility did not have locations required to report SSI during this time period

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: This facility did not have locations required to report SSI during this time period

Ventilator-Associated Events (VAE)

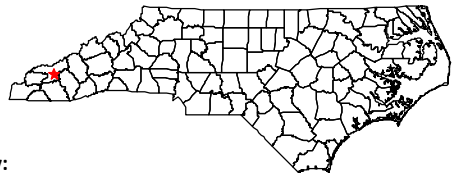
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Cherokee Indian Hospital, Cherokee, Swain County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	629
Patient Days in 2015:	3,416
Total Number of Beds:	18
Number of ICU Beds:	0
FTE* Infection Preventionists:	1.50
Number of FTEs* per 100 beds:	8.33

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

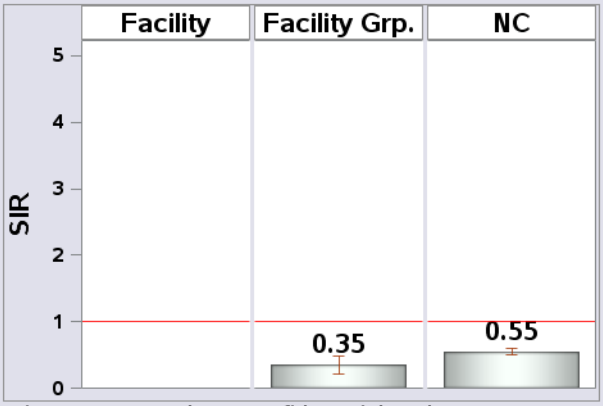


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

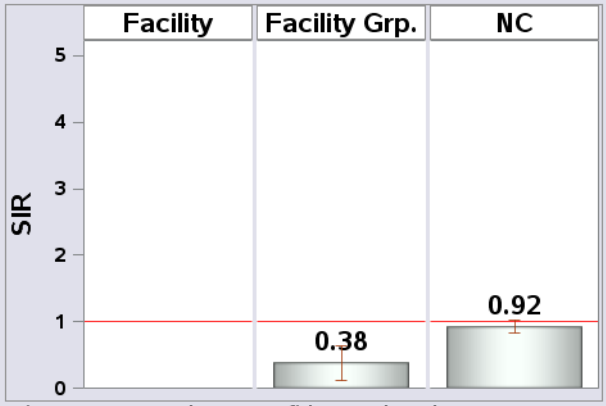


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

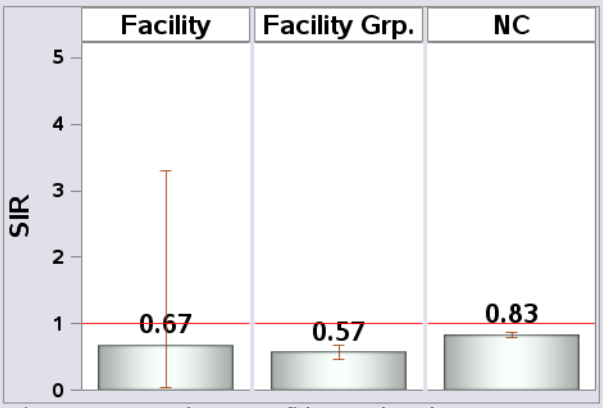


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	1.5	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Cherokee Indian Hospital, Cherokee, Swain County

Central Line-Associated Bloodstream Infections (CLABSI)

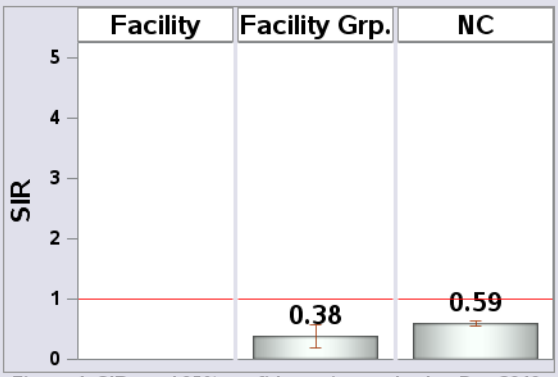


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 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
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 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?
No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Surgical Site Infections (SSI) after Abdominal Hysterectomies

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

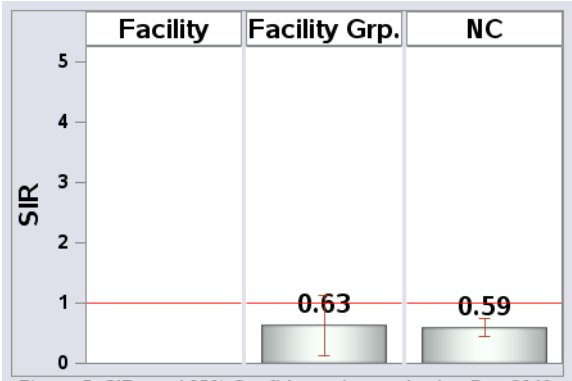


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

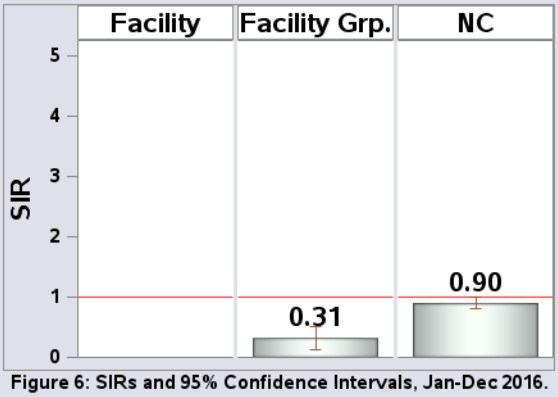


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Ventilator-Associated Events (VAE)

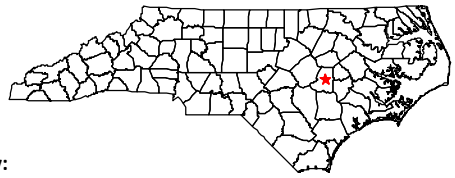
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Cherry Hospital, Goldsboro, Wayne County

2016 Hospital Survey Information

Hospital Type:	Specialty Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	660
Patient Days in 2015:	61,503
Total Number of Beds:	208
Number of ICU Beds:	0
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.48

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

Note from N.C. Division of Public Health: This facility did not have locations required to report CAUTI during this time period

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 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	2.2	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

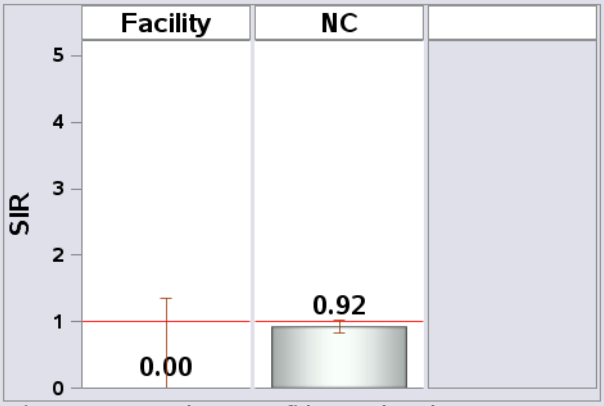


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

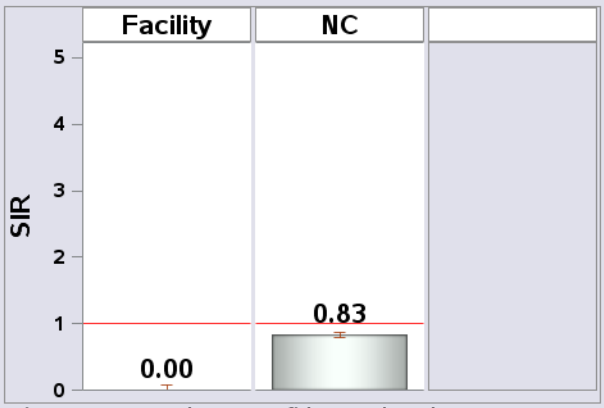


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	37	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

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 March 24, 2017.
Generated: April 13, 2017
N.C. Division of Public Health, SHARPPS Program
N.C. HAI 2016 Q4 Report

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Cherry Hospital, Goldsboro, Wayne County

Central Line-Associated Bloodstream Infections (CLABSI)

Note from N.C. Division of Public Health: This facility did not have locations required to report CLABSI during this time period

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: This facility did not have locations required to report SSI during this time period

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: This facility did not have locations required to report SSI during this time period

Ventilator-Associated Events (VAE)

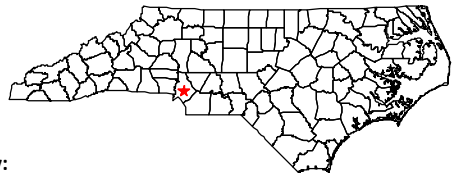
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Chs Pineville Rehabilitation, Charlotte, Mecklenburg County

2016 Hospital Survey Information

Hospital Type:	Inpatient Rehabilitation Facility
Admissions in 2015:	643
Patient Days in 2015:	856
Total Number of Beds:	40
FTE* Infection Preventionists:	0.20
Number of FTEs* per 100 beds:	0.50

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

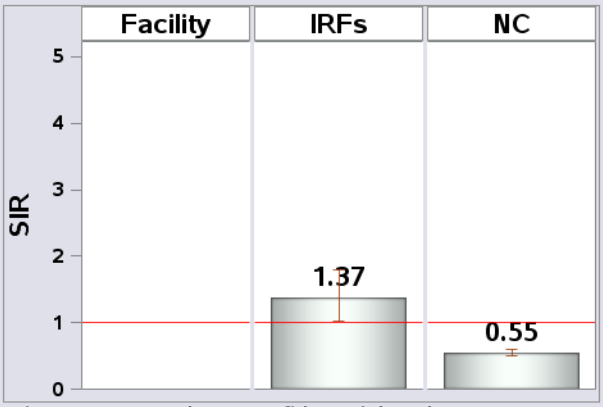


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	1	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.

Inpatient Rehabilitation Facilities began reporting Laboratory identified MRSA in January 2015.
The data collected do not meet the minimum threshold to calculate an SIR at this time.
Laboratory identified MRSA data from this facility type will be included in future reports.

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.

Inpatient Rehabilitation Facilities began reporting Laboratory identified CDI in January 2015.
The data collected do not meet the minimum threshold to calculate an SIR at this time.
Laboratory identified CDI data from this facility type will be included in future reports.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Chs Pineville Rehabilitation, Charlotte, Mecklenburg County

Central Line-Associated Bloodstream Infections (CLABSI)

Note from N.C. Division of Public Health: CLABSIs and SSIs are not currently reportable at this facility type

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: CLABSIs, or SSIs are not reportable at this facility type

Ventilator-Associated Events (VAE)

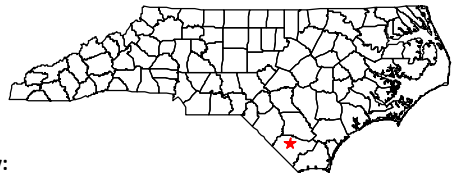
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Columbus Regional Healthcare System, Whiteville, Columbus County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	4,235
Patient Days in 2015:	17,890
Total Number of Beds:	70
Number of ICU Beds:	9
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	1.43

[*FTE = Full-time equivalent]



Commentary From Facility:
The prevention and reduction of healthcare associated infections is a top priority at Columbus Regional Healthcare System. To accomplish this, infection prevention strategies are continually assessed and measures implemented to decrease the risk for infection. These measures are based on evidence based practices and clinical guidelines. A comprehensive program is provided that encompasses patient care and patient safety.

Catheter-Associated Urinary Tract Infections (CAUTI)

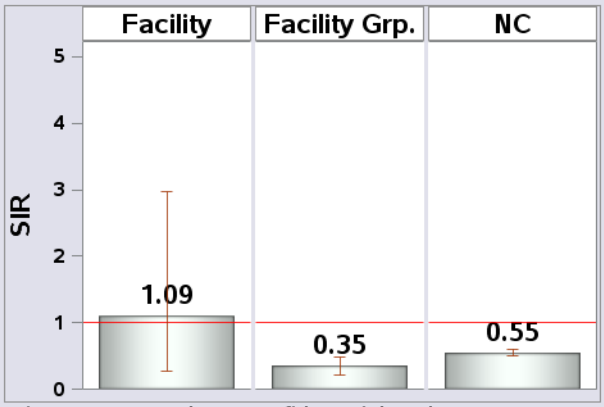


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	3	2.7	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-Dec 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	2.6	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

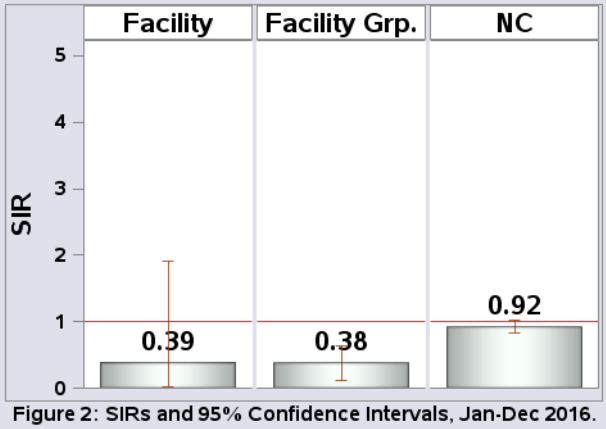


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

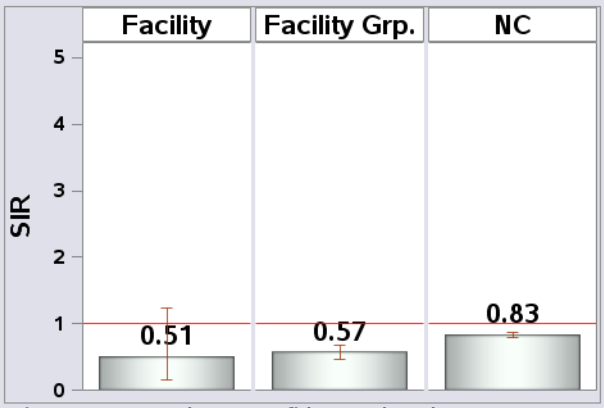


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	7.9	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Columbus Regional Healthcare System, Whiteville, Columbus County

Central Line-Associated Bloodstream Infections (CLABSI)

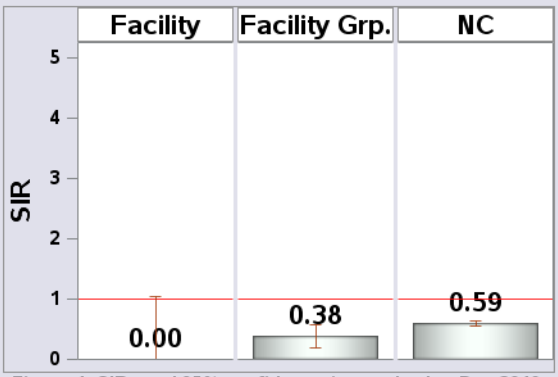


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	0	2.8	Same
All reporting units	**0**	**2.8**	**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-Dec 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

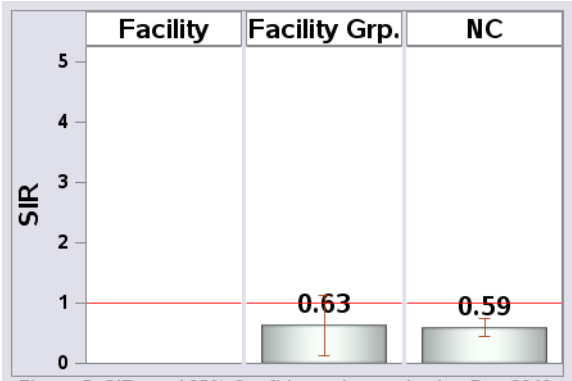


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

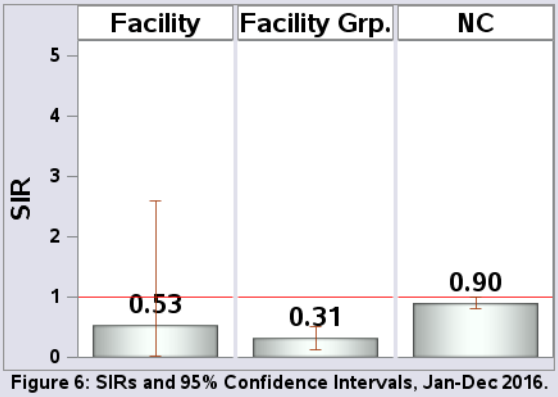


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	1.9	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

Ventilator-Associated Events (VAE)

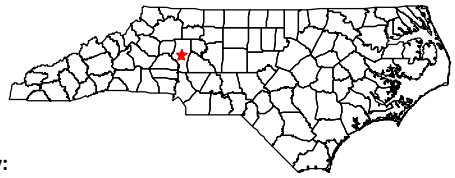
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Davis Regional Medical Center, Statesville, Iredell County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	3,575
Patient Days in 2015:	17,429
Total Number of Beds:	130
Number of ICU Beds:	8
FTE* Infection Preventionists:	0.50
Number of FTEs* per 100 beds:	0.38

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

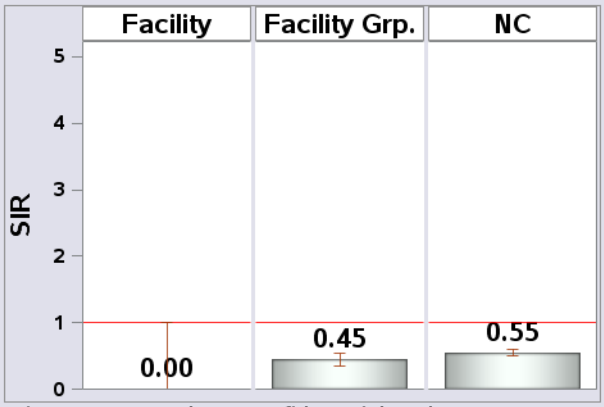


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	0	3.0	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.

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 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.3	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

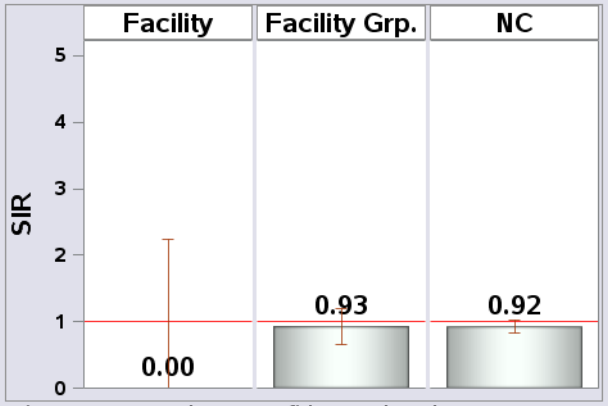


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

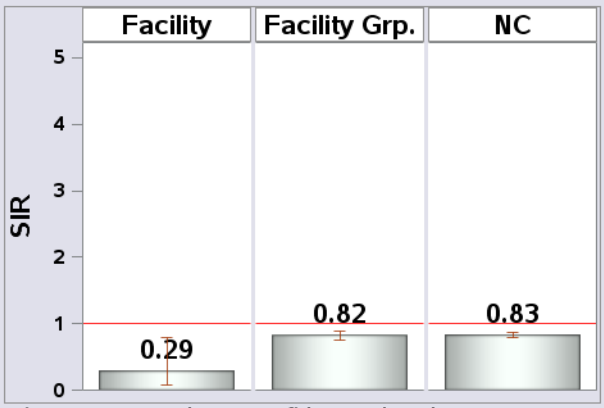


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	10	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Davis Regional Medical Center, Statesville, Iredell County

Central Line-Associated Bloodstream Infections (CLABSI)

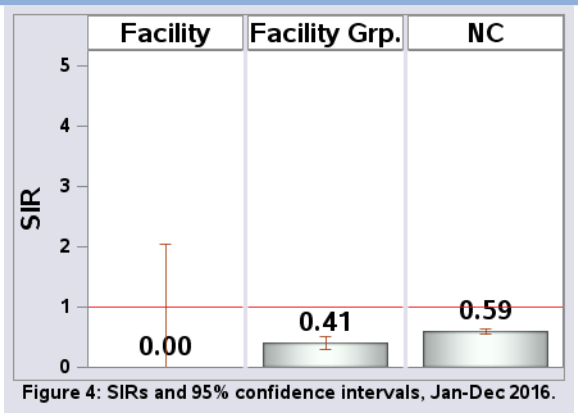


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	0	1.5	Same
All reporting units	**0**	**1.5**	**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-Dec 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

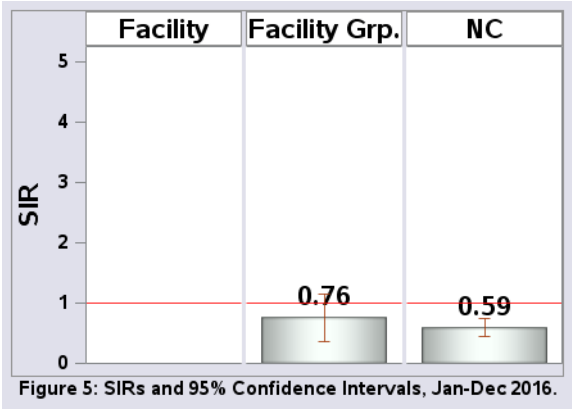


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

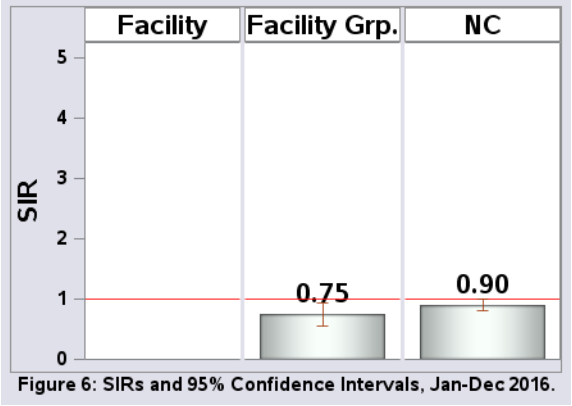


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Ventilator-Associated Events (VAE)

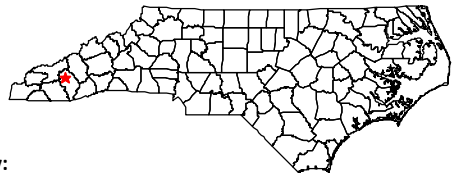
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Dlp - Harris Regional Hospital, Sylva, Jackson County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	3,078
Patient Days in 2015:	12,176
Total Number of Beds:	86
Number of ICU Beds:	9
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	1.16

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

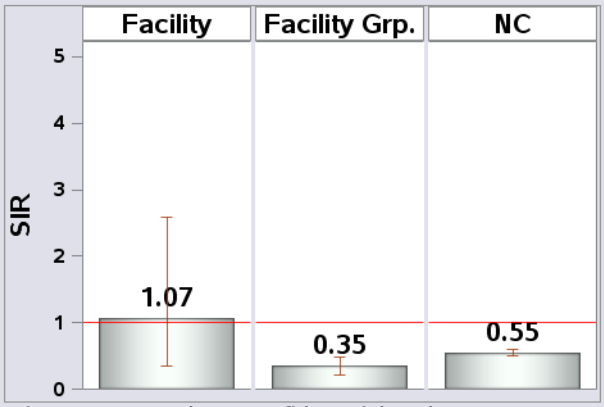


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	4	3.7	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-Dec 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.2	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

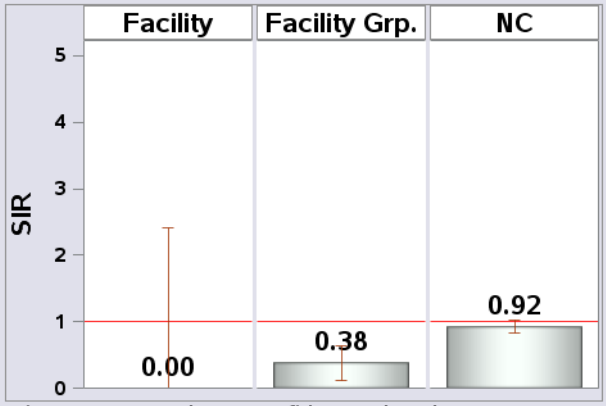


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

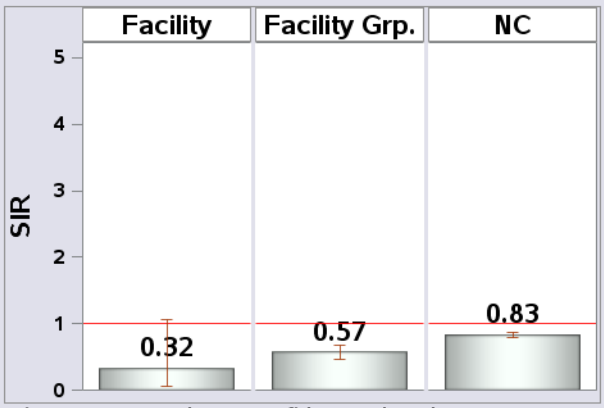


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	6.2	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Dlp - Harris Regional Hospital, Sylva, Jackson County

Central Line-Associated Bloodstream Infections (CLABSI)

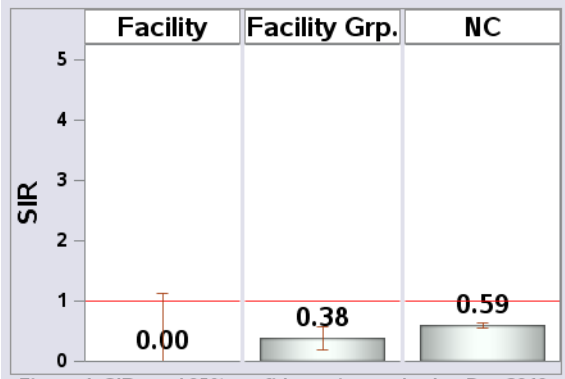


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	0	2.6	Same
All reporting units	**0**	**2.6**	**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-Dec 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

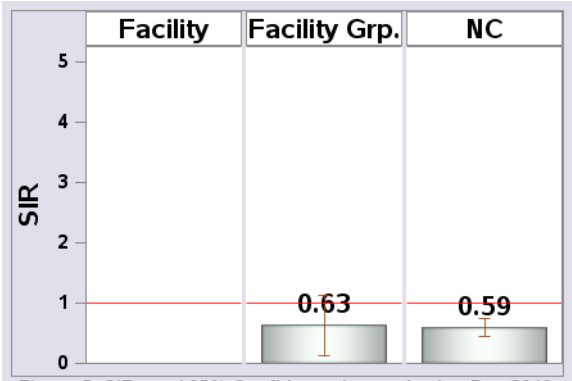


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

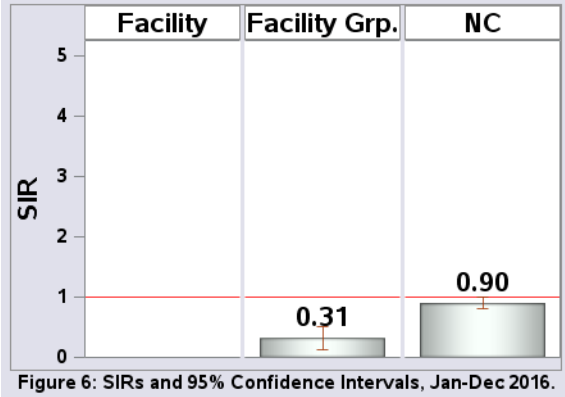


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Ventilator-Associated Events (VAE)

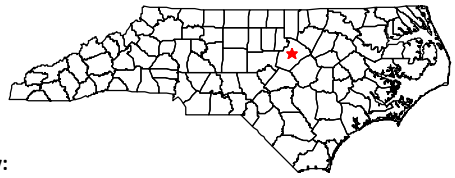
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Duke Raleigh Hospital, Raleigh, Wake County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	9,328
Patient Days in 2015:	48,883
Total Number of Beds:	170
Number of ICU Beds:	15
FTE* Infection Preventionists:	2.00
Number of FTEs* per 100 beds:	1.18

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

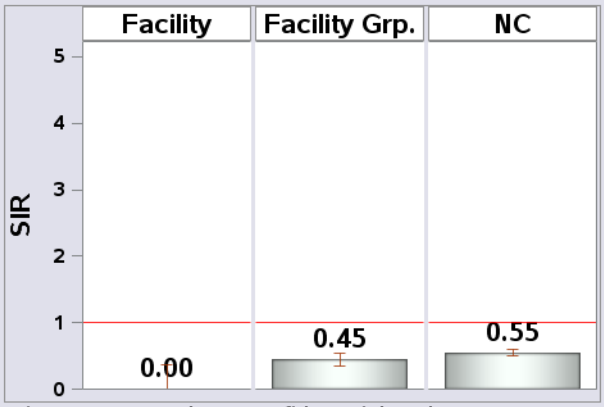


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	0	8.3	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.

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 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	2.5	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

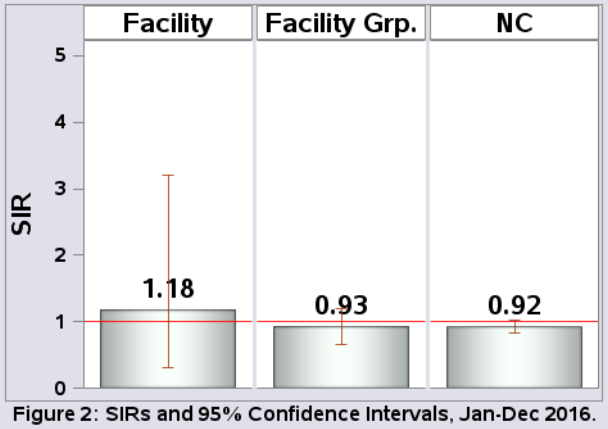


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

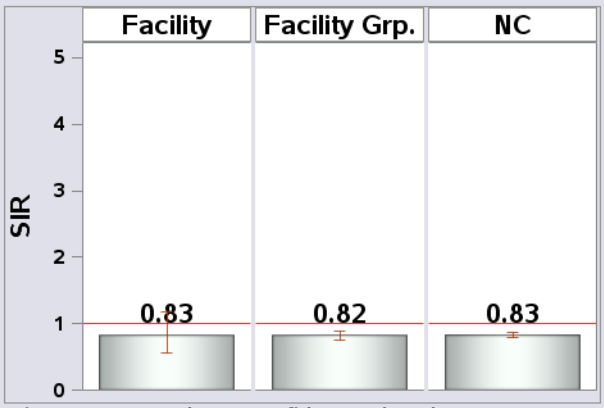


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	29	35	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Duke Raleigh Hospital, Raleigh, Wake County

Central Line-Associated Bloodstream Infections (CLABSI)

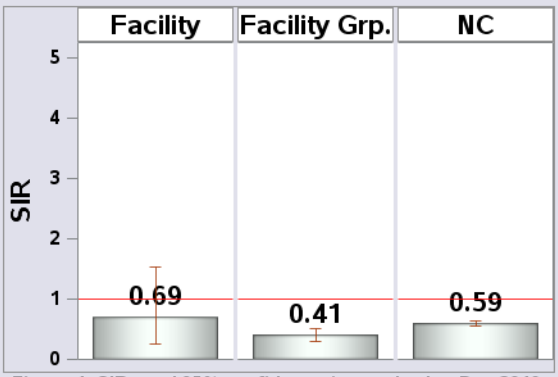


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	5	7.2	Same
All reporting units	**5**	**7.2**	**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-Dec 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

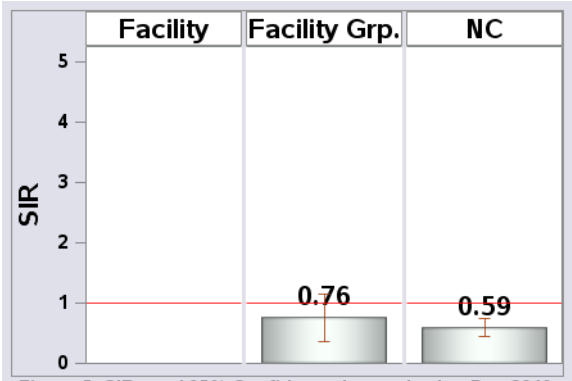


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

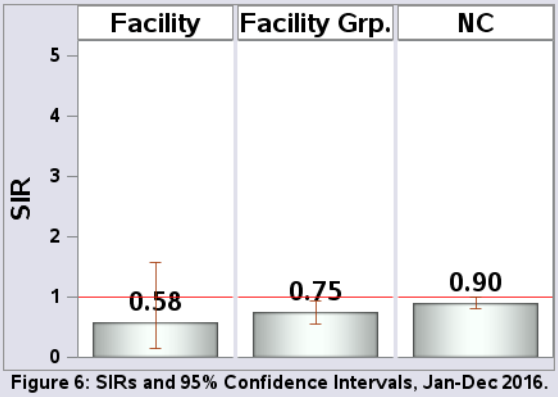


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	5.2	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

Ventilator-Associated Events (VAE)

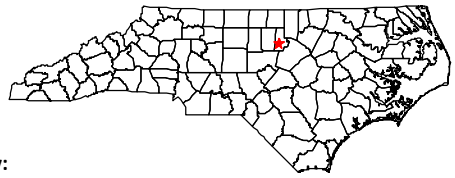
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Duke Regional Hospital, Durham, Durham County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2015:	18,084
Patient Days in 2015:	75,317
Total Number of Beds:	223
Number of ICU Beds:	26
FTE* Infection Preventionists:	2.25
Number of FTEs* per 100 beds:	1.01

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

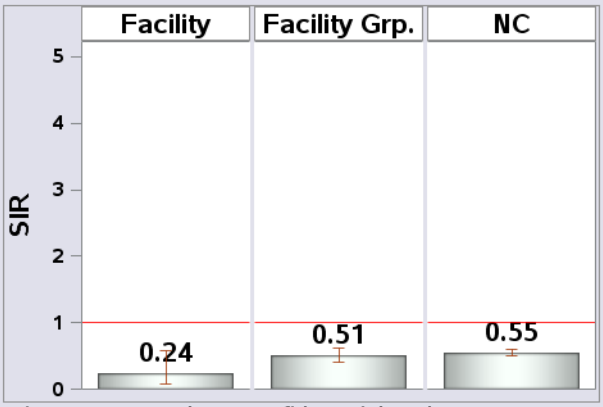


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	4	17	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.

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 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	3.6	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

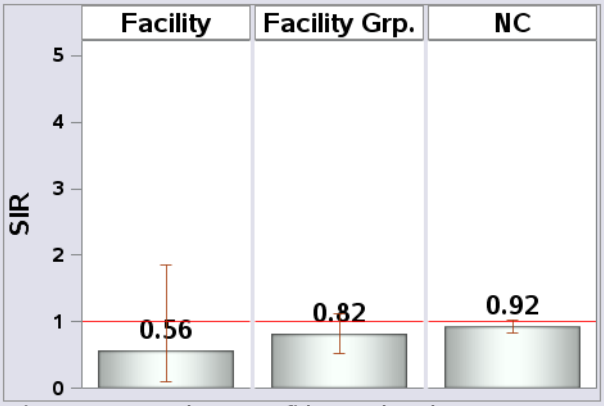


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

Note from N.C. Division of Public Health: Data are unavailable for this time period.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Duke Regional Hospital, Durham, Durham County

Central Line-Associated Bloodstream Infections (CLABSI)

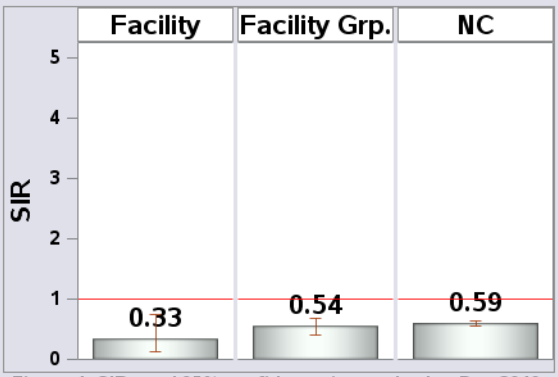


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	5	15	Better
All reporting units	**5**	**15**	**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-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	2.3	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

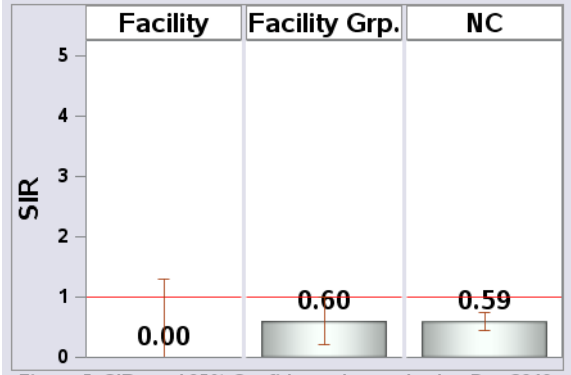


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

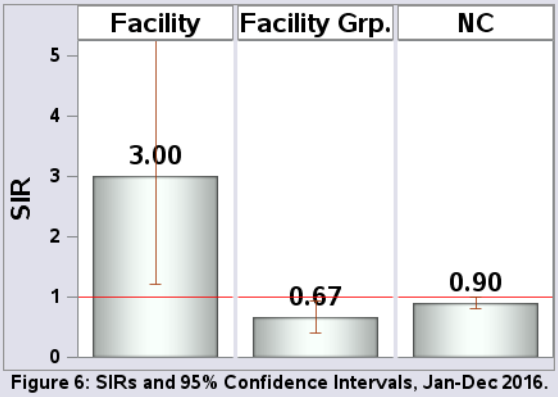


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	6	2.0	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)

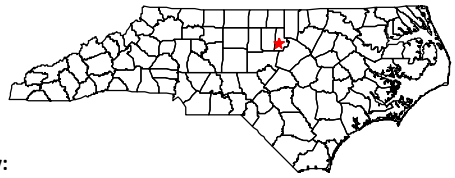
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Duke University Hospital, Durham, Durham County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2015:	43,739
Patient Days in 2015:	331,317
Total Number of Beds:	952
Number of ICU Beds:	252
FTE* Infection Preventionists:	6.50
Number of FTEs* per 100 beds:	0.68

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

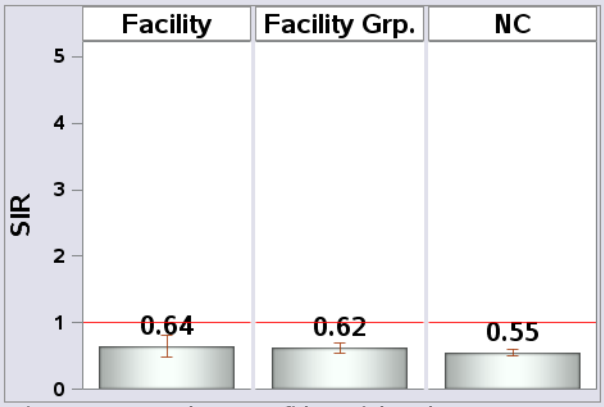


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	58	91	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.

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 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	21	30	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

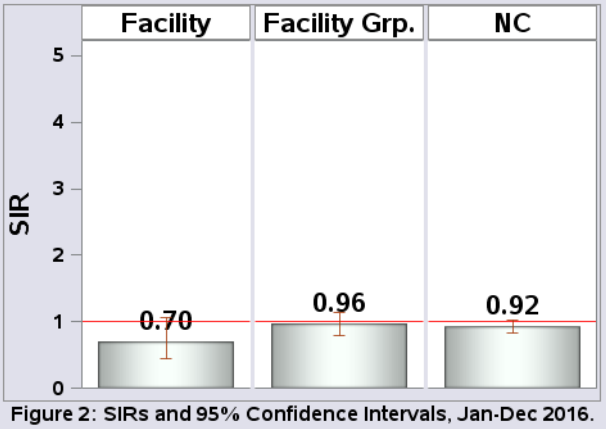


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

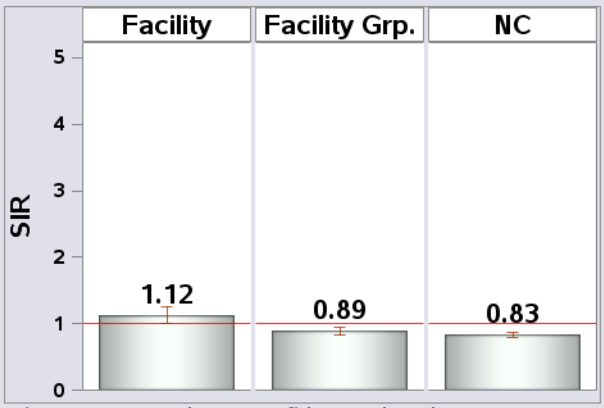


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	301	269	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Duke University Hospital, Durham, Durham County

Central Line-Associated Bloodstream Infections (CLABSI)

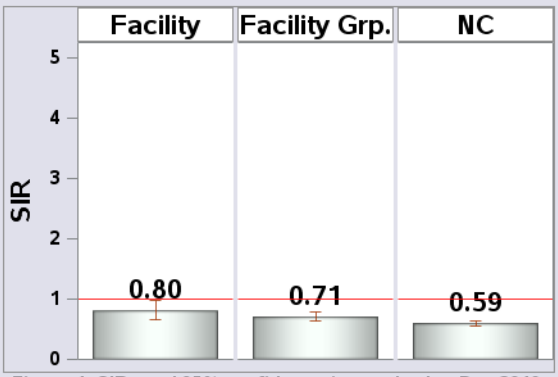


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	88	104	Same
Neonatal Units	7	15	Better
All reporting units	**95**	**119**	**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-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	**1**	**1.9**	**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

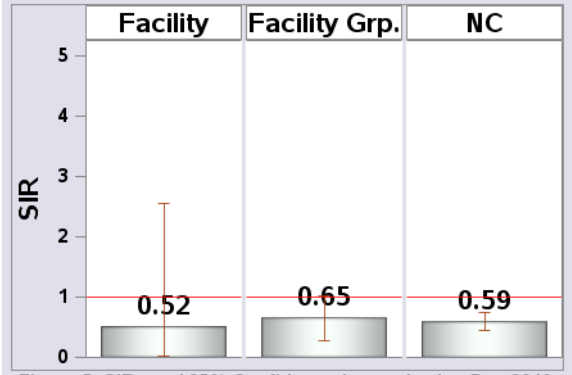


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

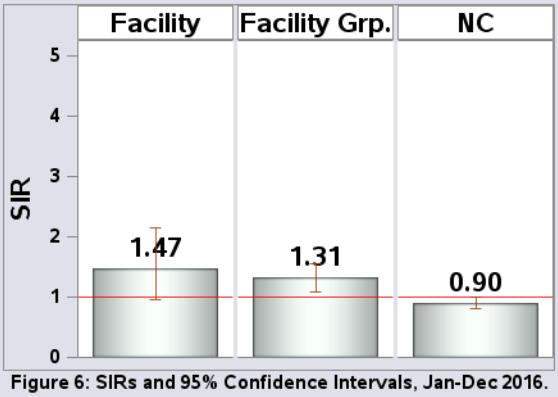


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	**24**	**16**	**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

Ventilator-Associated Events (VAE)

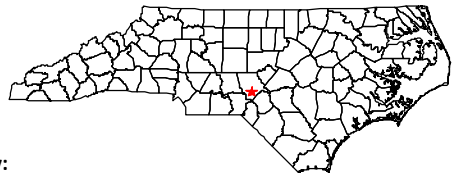
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
FirstHealth Moore Regional Hospital, Pinehurst, Moore County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	24,684
Patient Days in 2015:	105,716
Total Number of Beds:	376
Number of ICU Beds:	63
FTE* Infection Preventionists:	2.50
Number of FTEs* per 100 beds:	0.66

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

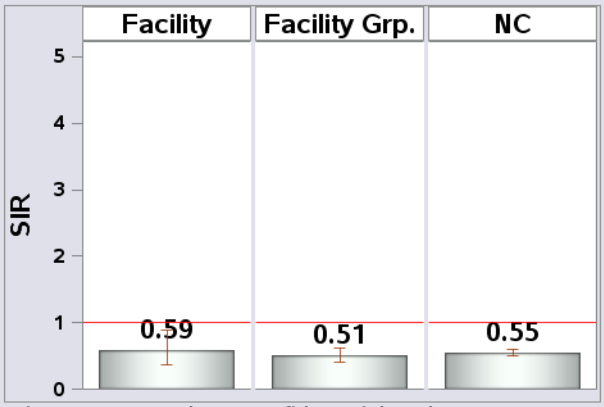


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	19	32	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.

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 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	5	3.8	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

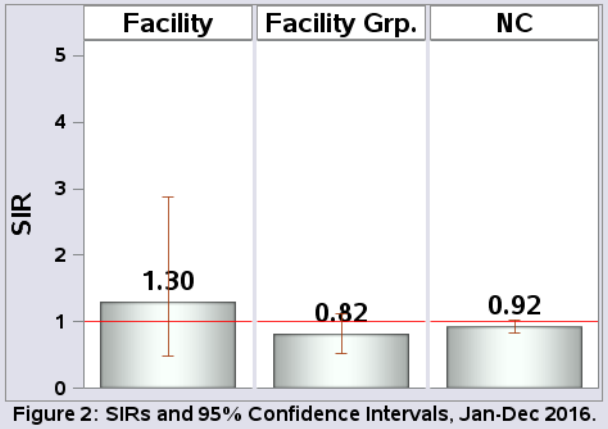


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

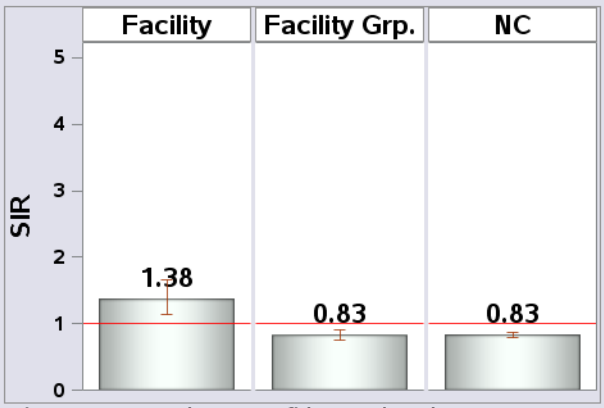


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	105	76	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

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 March 24, 2017.
Generated: April 13, 2017
N.C. Division of Public Health, SHARPPS Program
N.C. HAI 2016 Q4 Report

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
FirstHealth Moore Regional Hospital, Pinehurst, Moore County

Central Line-Associated Bloodstream Infections (CLABSI)

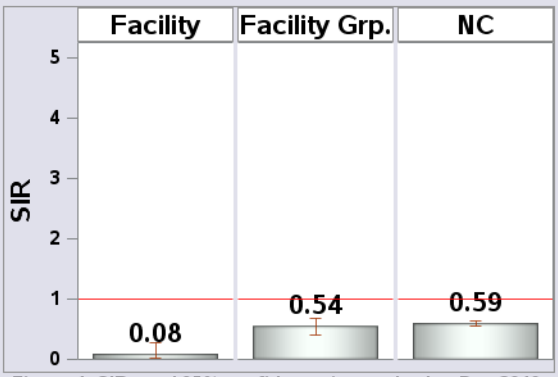


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	2	23	Better
Neonatal Units	0	Less than 1.0	No Conclusion
All reporting units	**2**	**24**	**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?
No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Surgical Site Infections (SSI) after Abdominal Hysterectomies

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

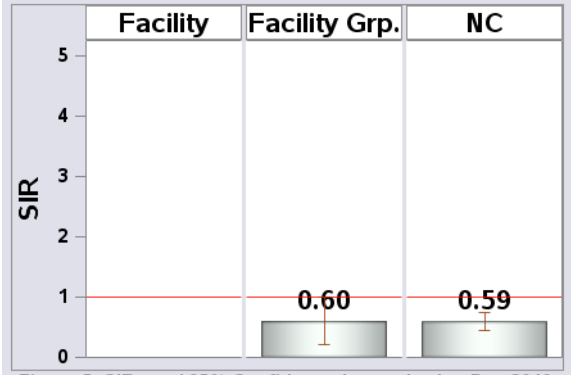


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

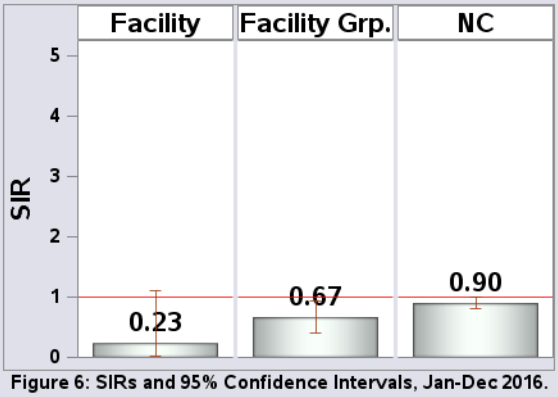


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	4.4	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

Ventilator-Associated Events (VAE)

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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Firsthealth Moore Regional Hospital - Hoke Campus, Raeford, Hoke County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	585
Patient Days in 2015:	1,411
Total Number of Beds:	8
Number of ICU Beds:	0
FTE* Infection Preventionists:	0.10
Number of FTEs* per 100 beds:	1.25

[*FTE = Full-time equivalent]

Data prior to April 2015 are included within FirstHealth Moore Regional Hospital's report.

Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

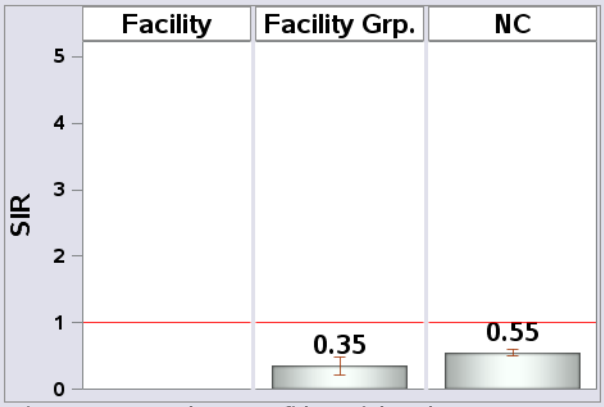


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

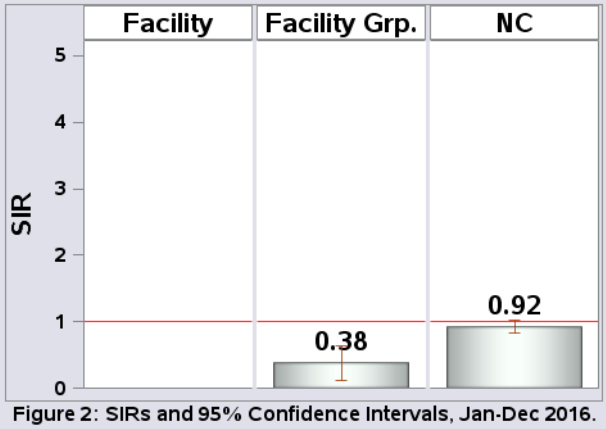


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

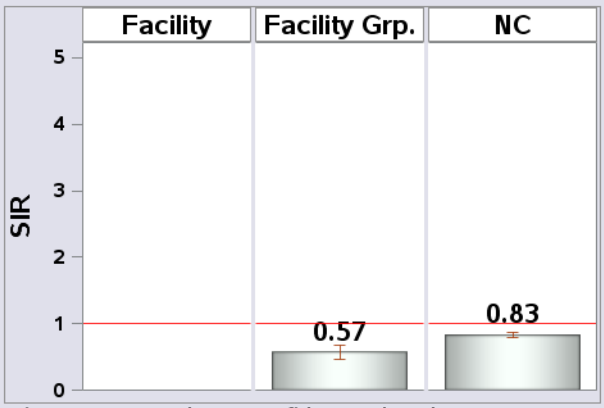


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

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 March 24, 2017.
Generated: April 13, 2017
N.C. Division of Public Health, SHARPPS Program
N.C. HAI 2016 Q4 Report

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Firsthealth Moore Regional Hospital - Hoke Campus, Raeford, Hoke County

Central Line-Associated Bloodstream Infections (CLABSI)

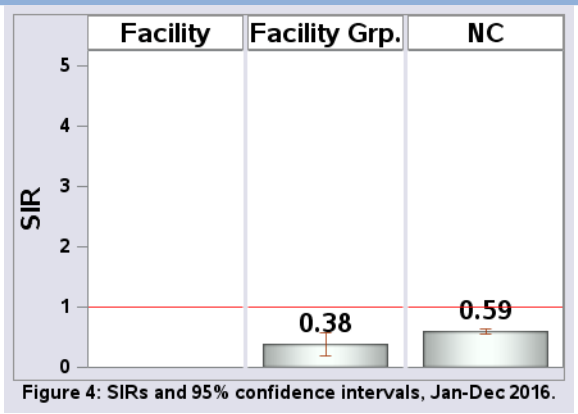


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 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
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 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?
No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Ventilator-Associated Events (VAE)

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

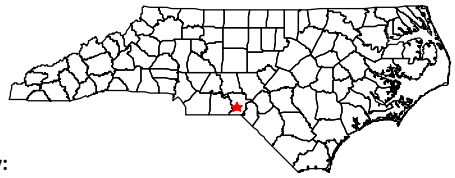
North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Firsthealth Moore Regional Hospital - Richmond Campus, Rockingham, Richmond County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	2,697
Patient Days in 2015:	8,782
Total Number of Beds:	79
Number of ICU Beds:	12
FTE* Infection Preventionists:	0.50
Number of FTEs* per 100 beds:	0.63

[*FTE = Full-time equivalent]

Data prior to April 2015 are included within FirstHealth Moore Regional Hospital's report.



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

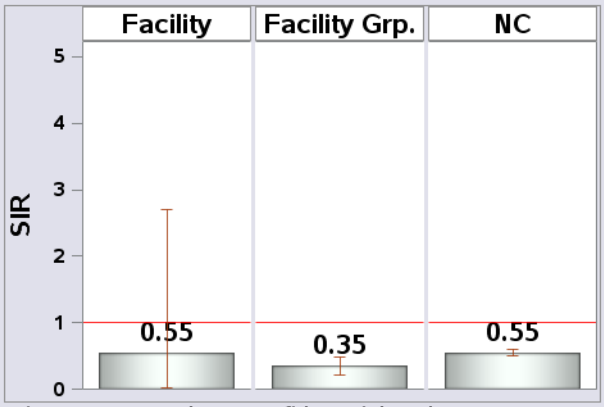


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	1	1.8	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-Dec 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

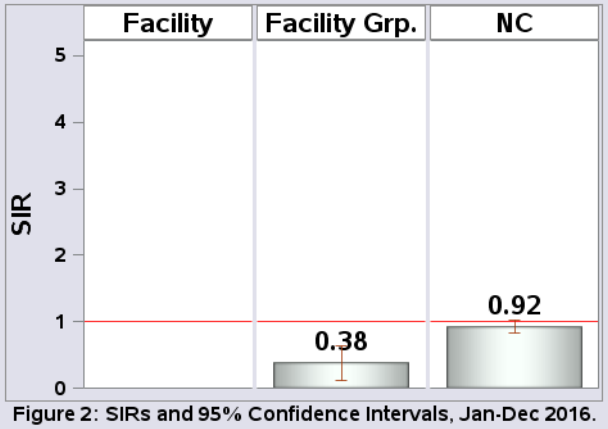


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

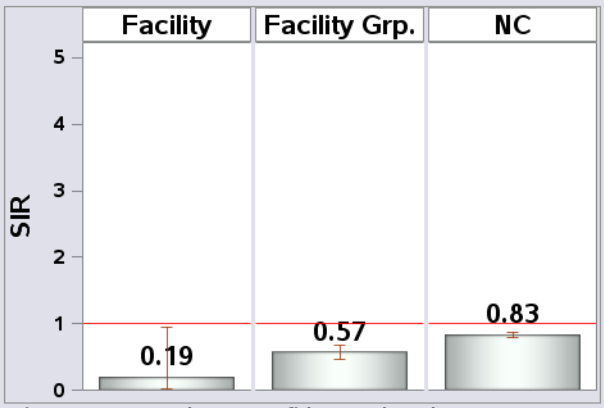


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	5.2	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

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 March 24, 2017.
Generated: April 13, 2017
N.C. Division of Public Health, SHARPPS Program
N.C. HAI 2016 Q4 Report

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Firsthealth Moore Regional Hospital - Richmond Campus, Rockingham, Richmond County

Central Line-Associated Bloodstream Infections (CLABSI)

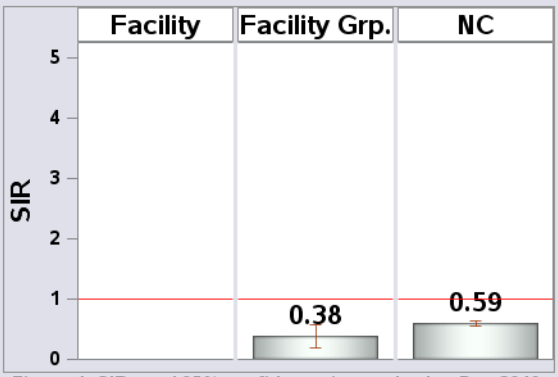


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 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
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 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?
No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Surgical Site Infections (SSI) after Abdominal Hysterectomies

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

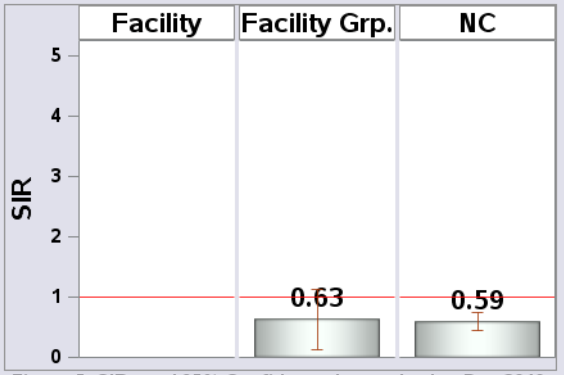


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

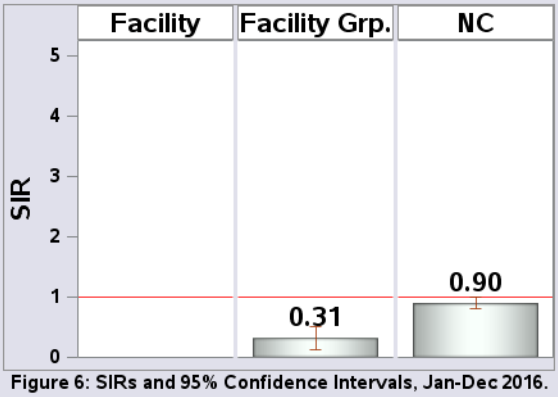


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Ventilator-Associated Events (VAE)

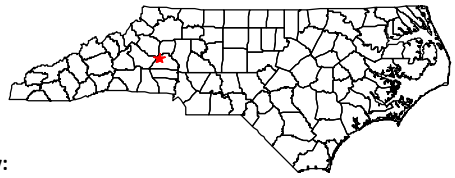
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Frye Regional Medical Center, Hickory, Catawba County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	8,266
Patient Days in 2015:	36,598
Total Number of Beds:	159
Number of ICU Beds:	32
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.63

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

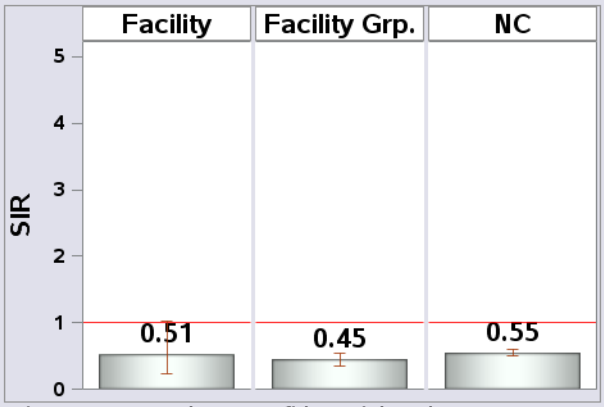


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	7	14	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-Dec 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	2.5	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

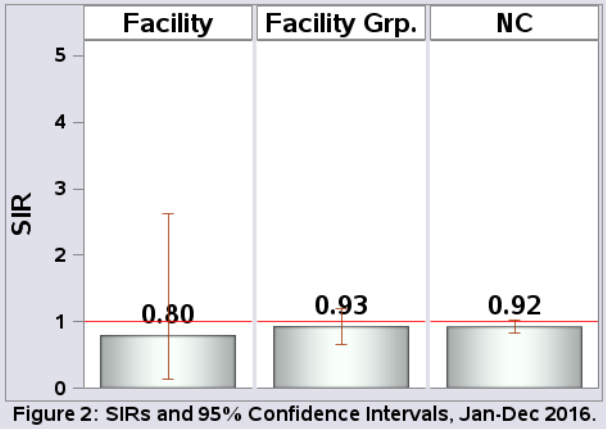


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

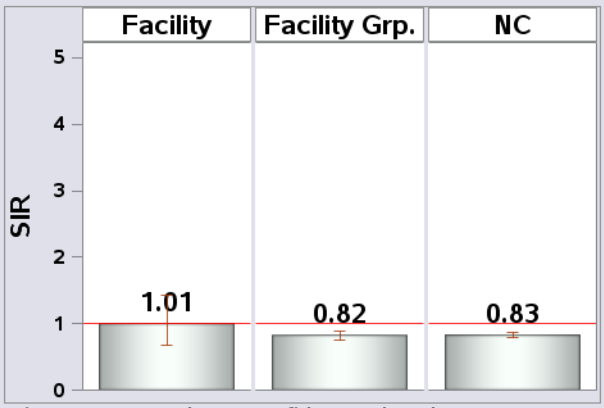


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	28	28	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Frye Regional Medical Center, Hickory, Catawba County

Central Line-Associated Bloodstream Infections (CLABSI)

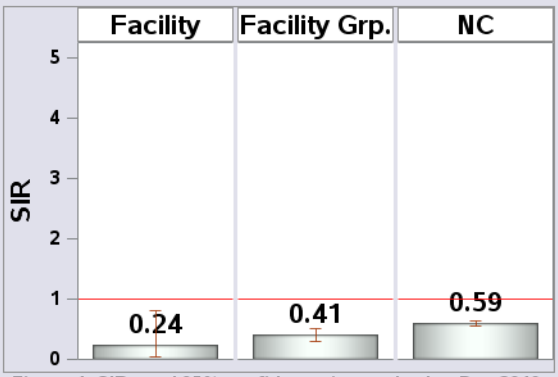


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	2	8.3	Better
All reporting units	**2**	**8.3**	**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-Dec 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

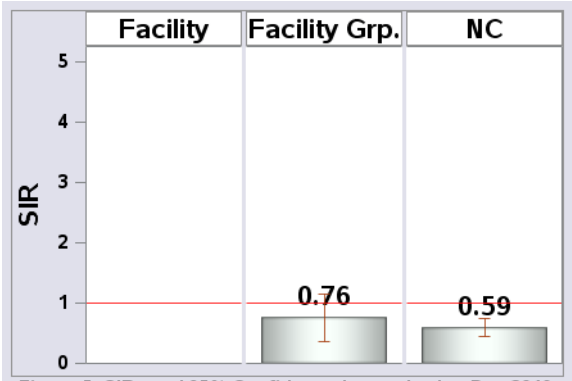


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

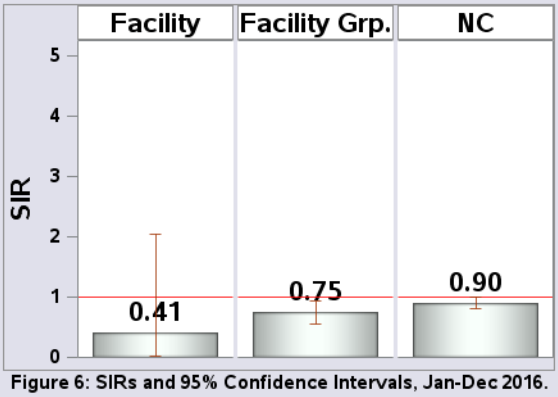


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	2.4	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

Ventilator-Associated Events (VAE)

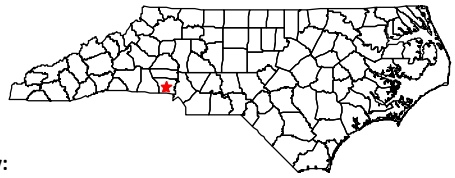
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Gaston Memorial Hospital, Gastonia, Gaston County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2015:	21,158
Patient Days in 2015:	97,831
Total Number of Beds:	435
Number of ICU Beds:	43
FTE* Infection Preventionists:	4.00
Number of FTEs* per 100 beds:	0.92

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

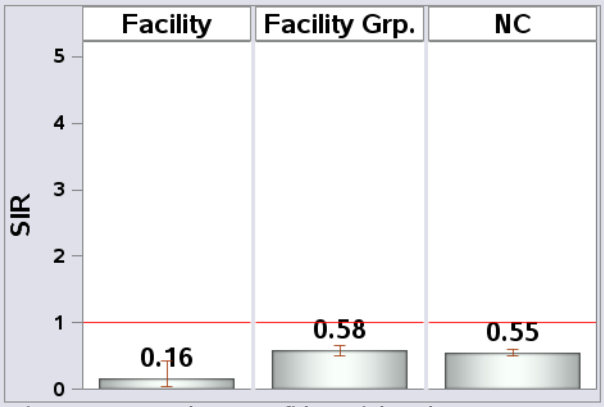


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	3	19	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.

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 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	6.3	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

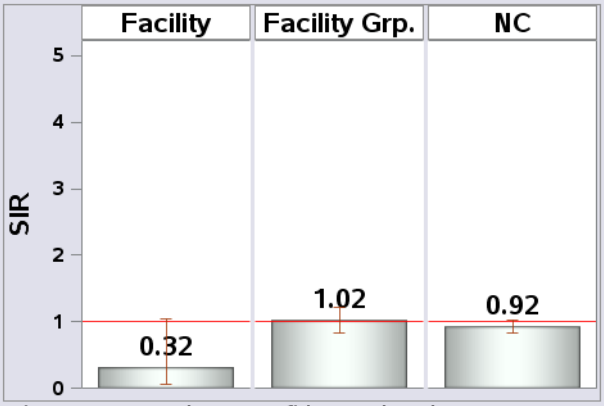


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

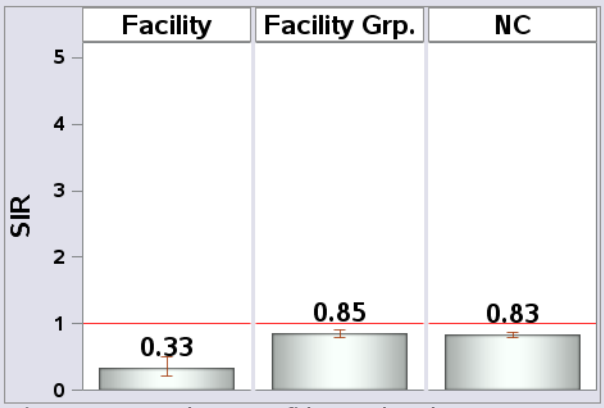


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	19	58	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Gaston Memorial Hospital, Gastonia, Gaston County

Central Line-Associated Bloodstream Infections (CLABSI)

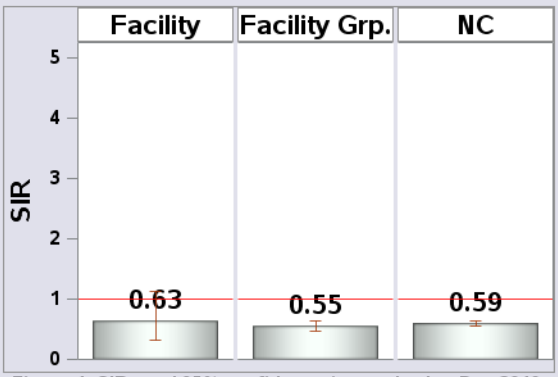


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	9	15	Same
Neonatal Units	1	Less than 1.0	No Conclusion
All reporting units	**10**	**16**	**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?
No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	**0**	**1.3**	**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

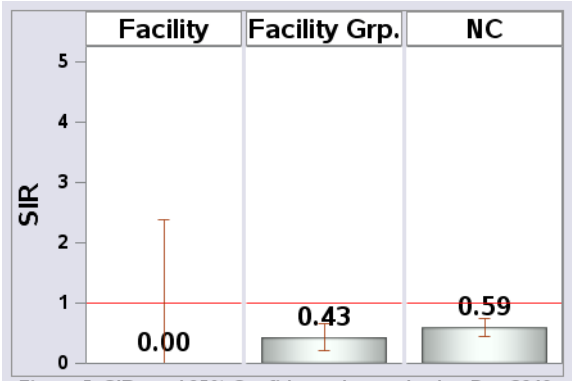


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

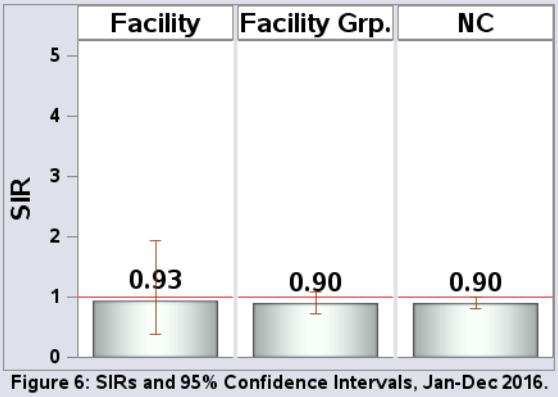


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	**6**	**6.5**	**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

Ventilator-Associated Events (VAE)

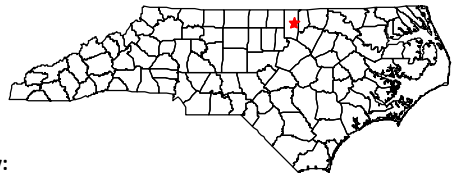
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Granville Medical Center, Oxford, Granville County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	2,365
Patient Days in 2015:	9,492
Total Number of Beds:	62
Number of ICU Beds:	6
FTE* Infection Preventionists:	0.75
Number of FTEs* per 100 beds:	1.21

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

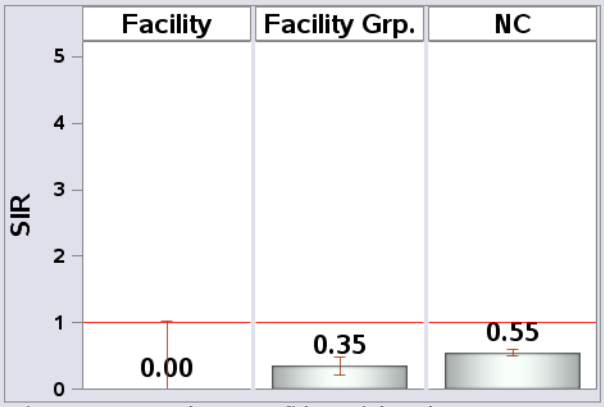


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	0	3.0	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-Dec 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

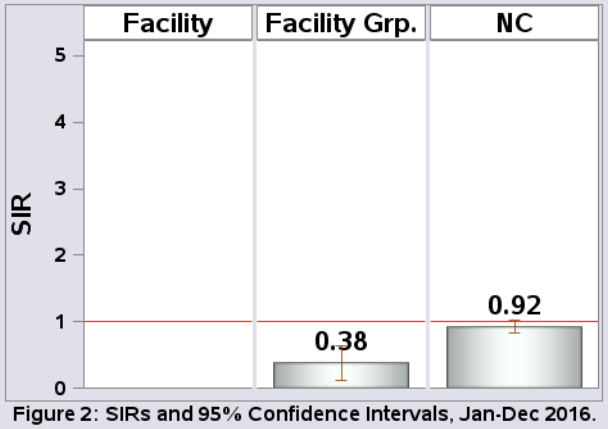


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

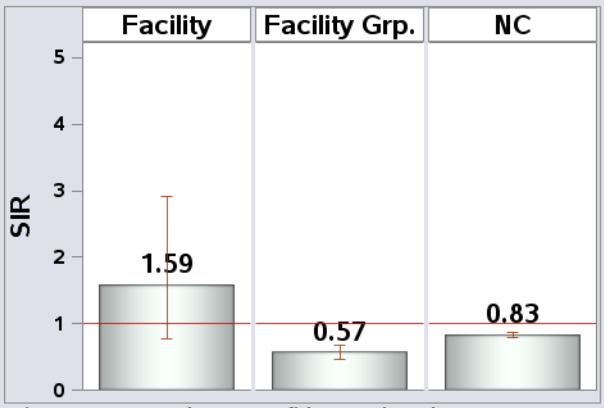


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	9	5.7	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 March 24, 2017.
Generated: April 13, 2017
N.C. Division of Public Health, SHARPPS Program
N.C. HAI 2016 Q4 Report

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Granville Medical Center, Oxford, Granville County

Central Line-Associated Bloodstream Infections (CLABSI)

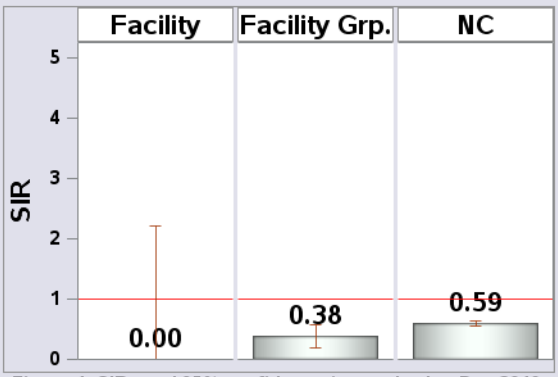


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	0	1.4	Same
All reporting units	**0**	**1.4**	**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-Dec 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

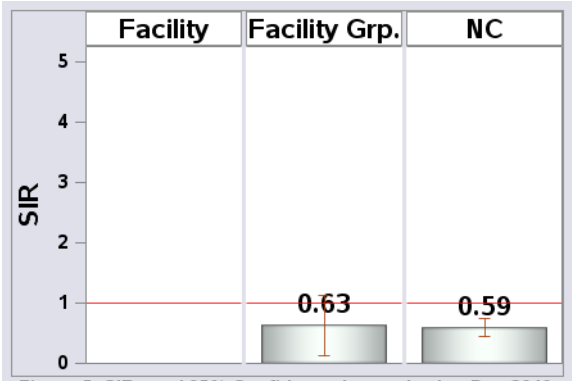


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

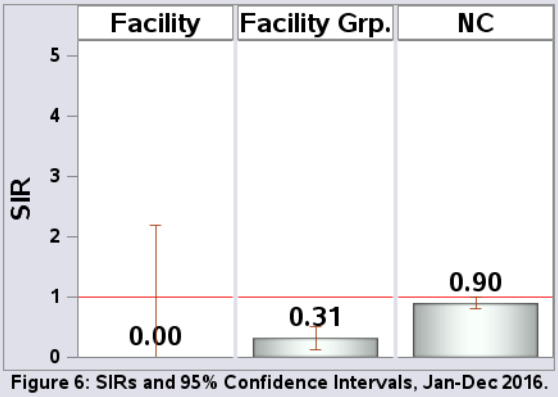


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.4	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

Ventilator-Associated Events (VAE)

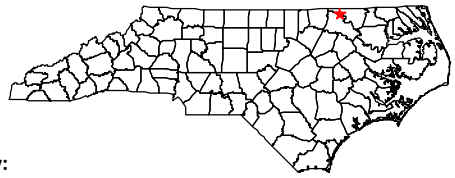
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Halifax Regional Medical Center, Roanoke Rapids, Halifax County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	6,355
Patient Days in 2015:	26,698
Total Number of Beds:	96
Number of ICU Beds:	8
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	1.04

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

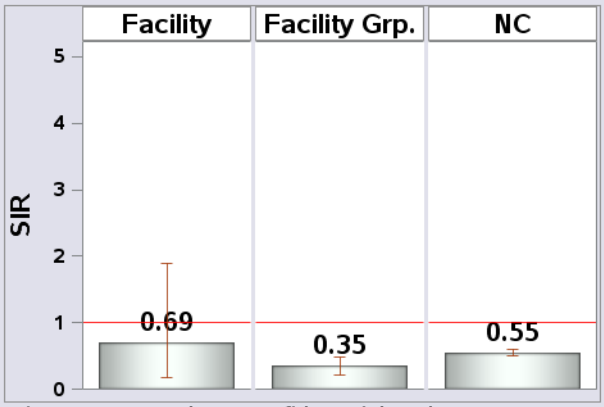


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	3	4.3	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-Dec 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.2	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

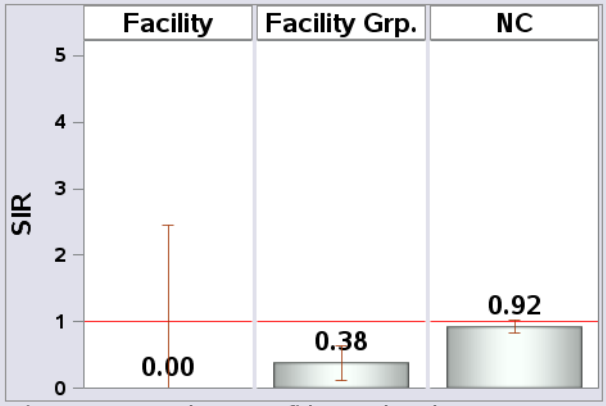


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

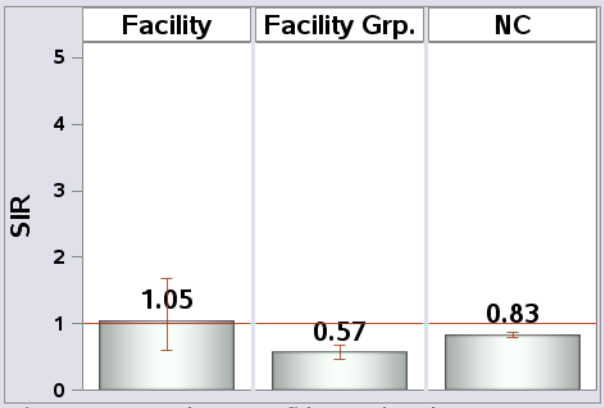


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	15	14	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Halifax Regional Medical Center, Roanoke Rapids, Halifax County

Central Line-Associated Bloodstream Infections (CLABSI)

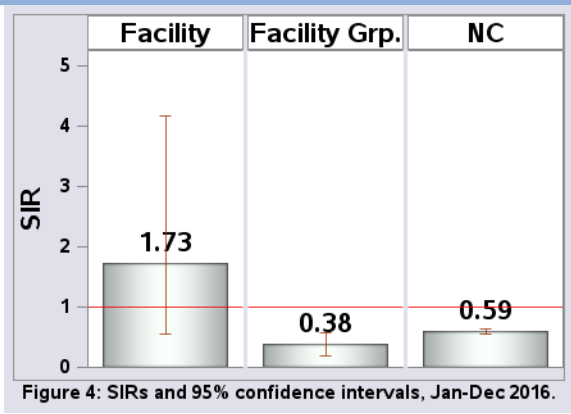


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	4	2.3	Same
All reporting units	**4**	**2.3**	**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-Dec 2016.

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

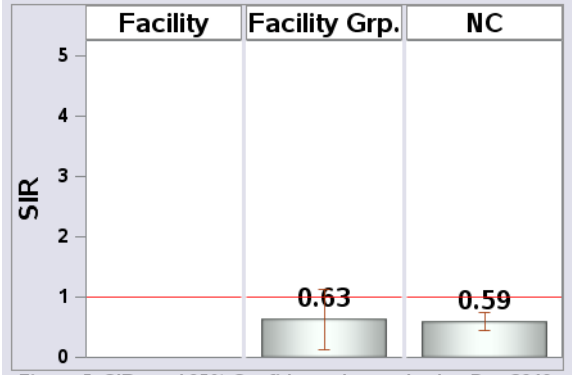


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

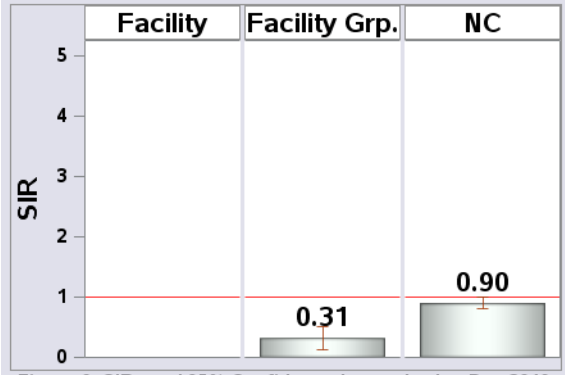


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Ventilator-Associated Events (VAE)

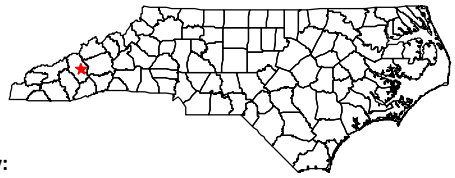
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Haywood Regional Medical Center, Clyde, Haywood County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	6,113
Patient Days in 2015:	24,056
Total Number of Beds:	100
Number of ICU Beds:	12
FTE* Infection Preventionists:	0.50
Number of FTEs* per 100 beds:	0.50

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

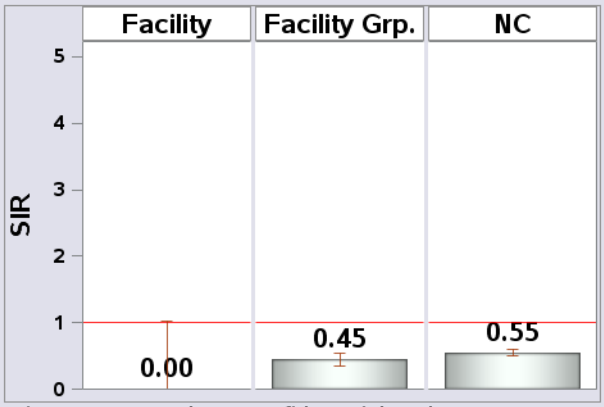


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	0	2.9	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-Dec 2016

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

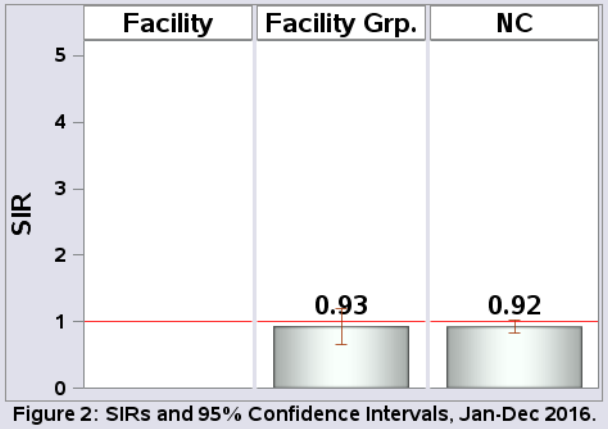


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

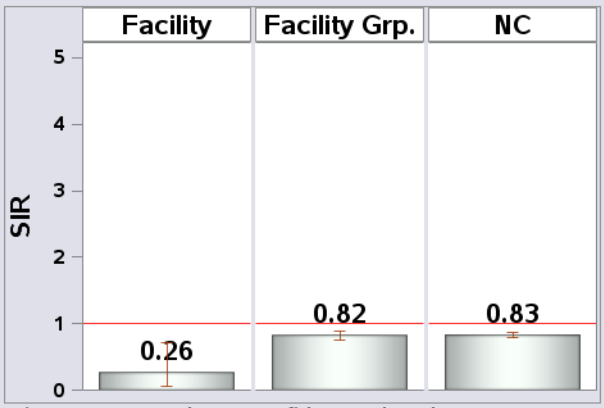


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	11	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Haywood Regional Medical Center, Clyde, Haywood County

Central Line-Associated Bloodstream Infections (CLABSI)

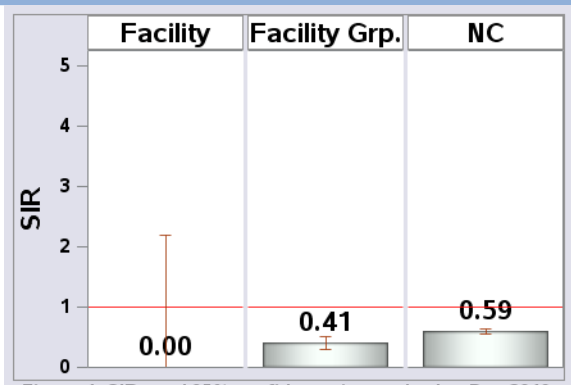


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	0	1.4	Same
All reporting units	**0**	**1.4**	**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-Dec 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

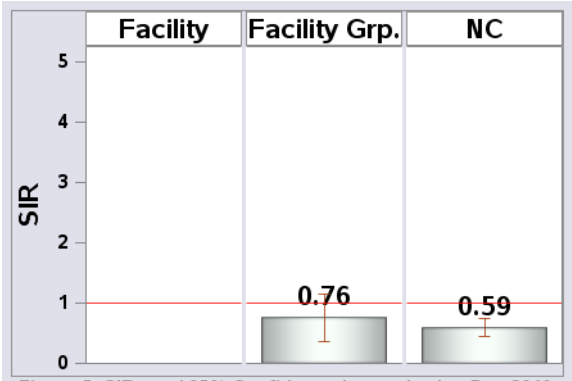


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

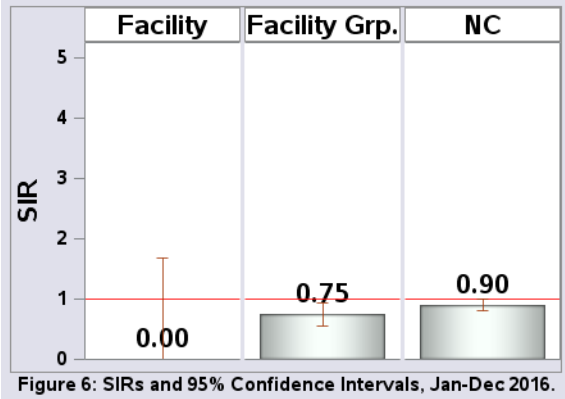


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.8	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

Ventilator-Associated Events (VAE)

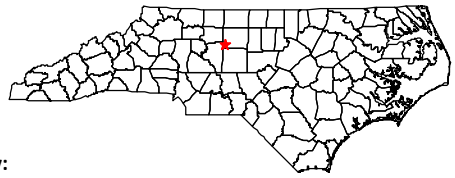
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
High Point Regional Health System, High Point, Guilford County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	18,134
Patient Days in 2015:	80,508
Total Number of Beds:	300
Number of ICU Beds:	20
FTE* Infection Preventionists:	2.00
Number of FTEs* per 100 beds:	0.67

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

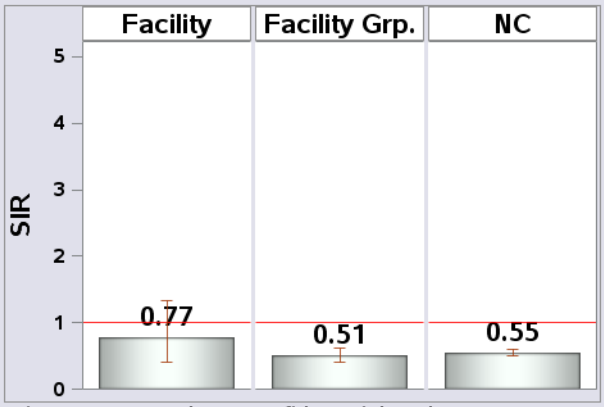


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	11	14	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-Dec 2016

Unit Type	Observed Events	Predicted Events	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: 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

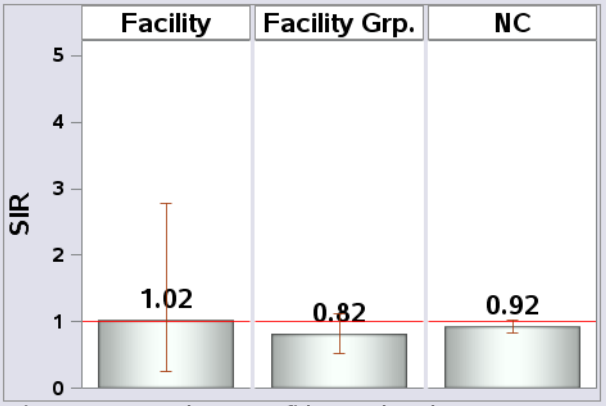


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

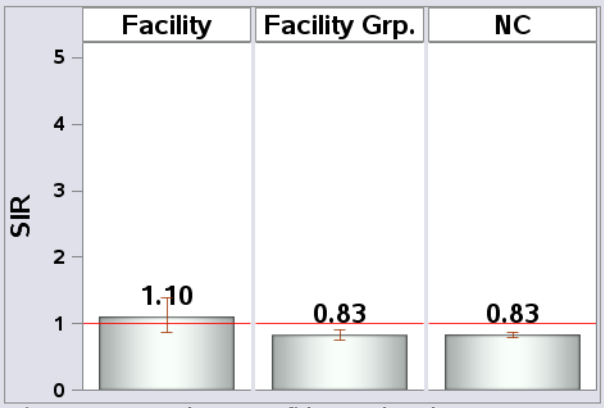


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	69	62	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
High Point Regional Health System, High Point, Guilford County

Central Line-Associated Bloodstream Infections (CLABSI)

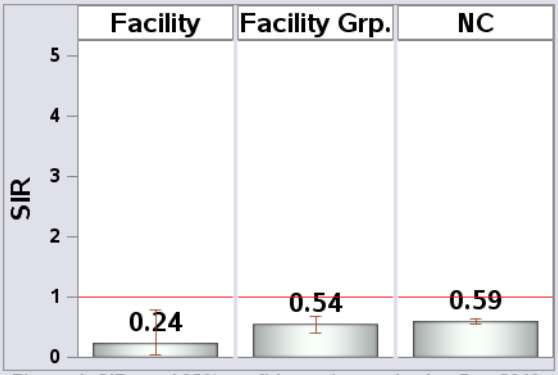


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	2	8.3	Better
All reporting units	**2**	**8.3**	**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-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	**1**	**2.0**	**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

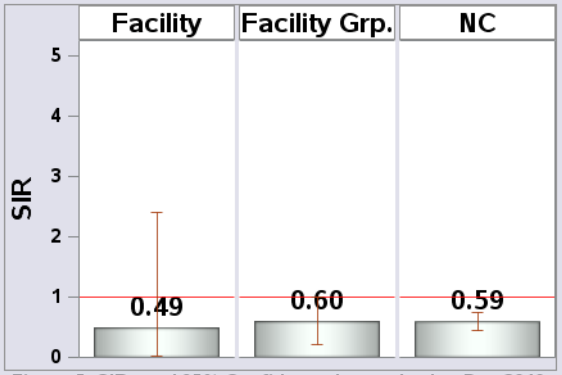


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

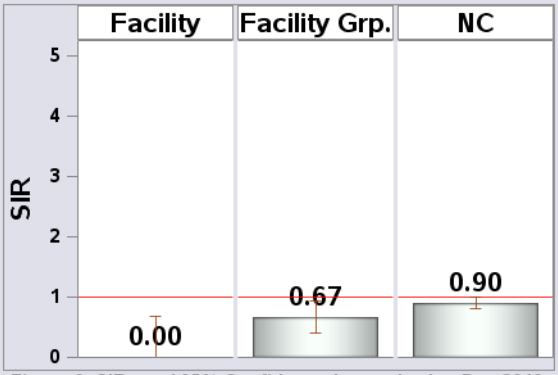


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	**0**	**4.4**	**Better**

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

Ventilator-Associated Events (VAE)

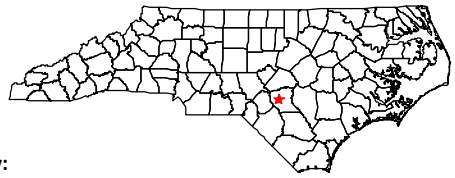
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Highsmith Rainey Specialty Hospital, Fayetteville, Cumberland County

2016 Hospital Survey Information

Hospital Type:	Long-term Acute Care Hospital
Admissions in 2015:	310
Patient Days in 2015:	18,329
Total Number of Beds:	66
FTE* Infection Preventionists:	0.50
Number of FTEs* per 100 beds:	0.76

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

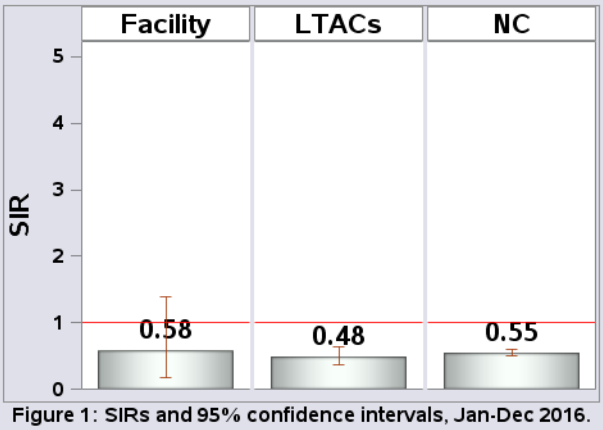


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	4	6.9	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.

Long-term Acute Care Facilities began reporting Laboratory identified MRSA in January 2015.
The data collected do not meet the minimum threshold to calculate an SIR at this time.
Laboratory identified MRSA data from this facility type will be included in future reports.

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.

Long-term Acute Care Facilities began reporting Laboratory identified CDI in January 2015.
The data collected do not meet the minimum threshold to calculate an SIR at this time.
Laboratory identified CDI data from this facility type will be included in future reports.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Highsmith Rainey Specialty Hospital, Fayetteville, Cumberland County

Central Line-Associated Bloodstream Infections (CLABSI)

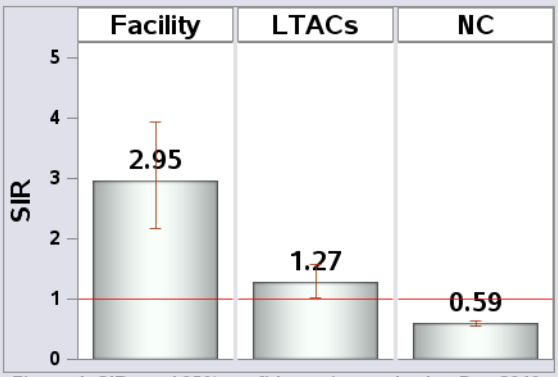


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	44	15	Worse

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

Surgical Site Infections (SSI) after Abdominal Hysterectomies

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

Ventilator-Associated Events (VAE)

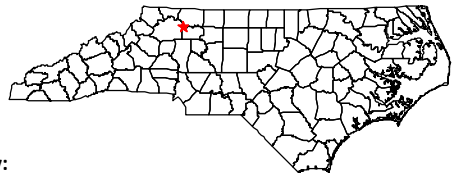
Long Term Acute Care Hospitals began reporting VAE in January 2016.
The data collected do not meet the minimum threshold to calculate an SIR at this time.
VAE data from these facility types will be included in future reports.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Hugh Chatham Memorial Hospital, Elkin, Surry County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	4,471
Patient Days in 2015:	15,303
Total Number of Beds:	81
Number of ICU Beds:	8
FTE* Infection Preventionists:	0.50
Number of FTEs* per 100 beds:	0.62

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

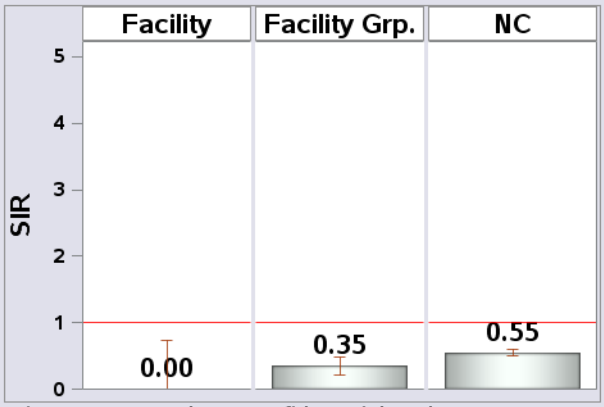


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	0	4.0	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.

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 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

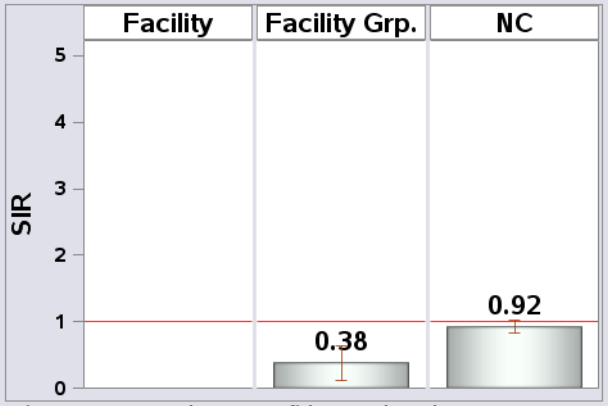


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

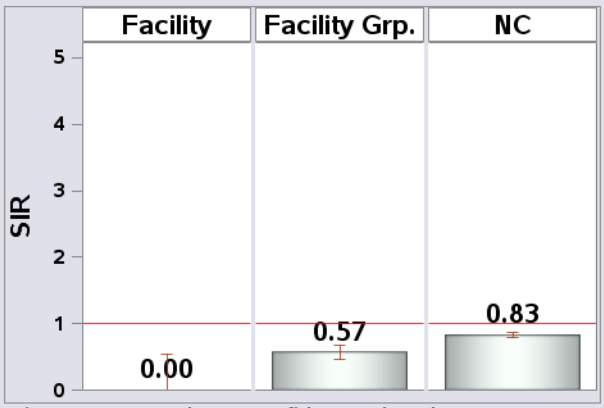


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	5.5	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

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 March 24, 2017.
Generated: April 13, 2017
N.C. Division of Public Health, SHARPPS Program
N.C. HAI 2016 Q4 Report

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Hugh Chatham Memorial Hospital, Elkin, Surry County

Central Line-Associated Bloodstream Infections (CLABSI)

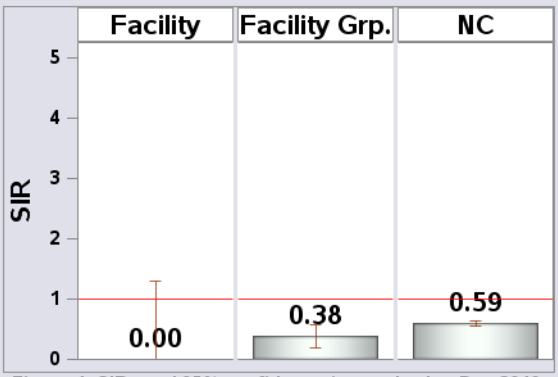


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	0	2.3	Same
All reporting units	**0**	**2.3**	**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-Dec 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

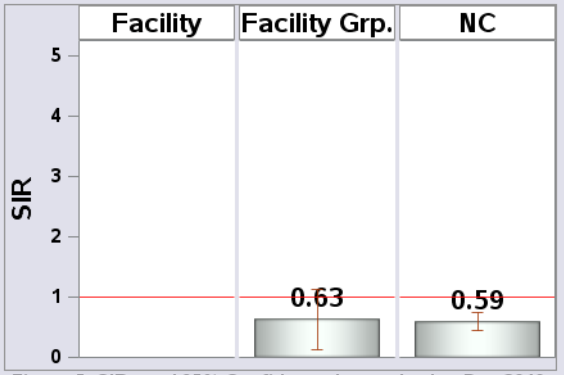


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

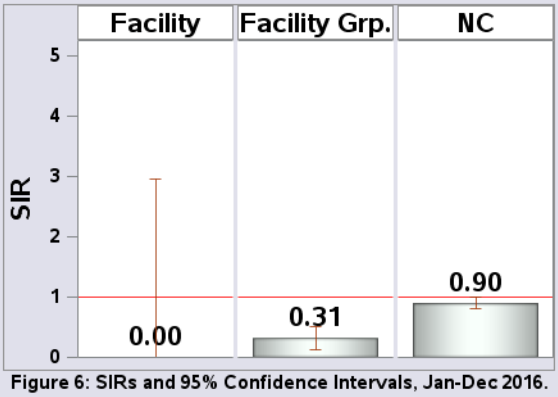


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.0	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

Ventilator-Associated Events (VAE)

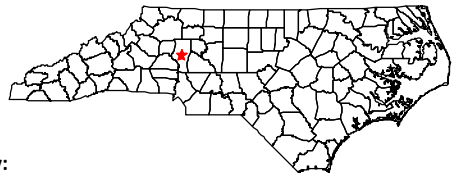
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Iredell Memorial Hospital, Statesville, Iredell County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	11,148
Patient Days in 2015:	38,910
Total Number of Beds:	199
Number of ICU Beds:	16
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.50

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

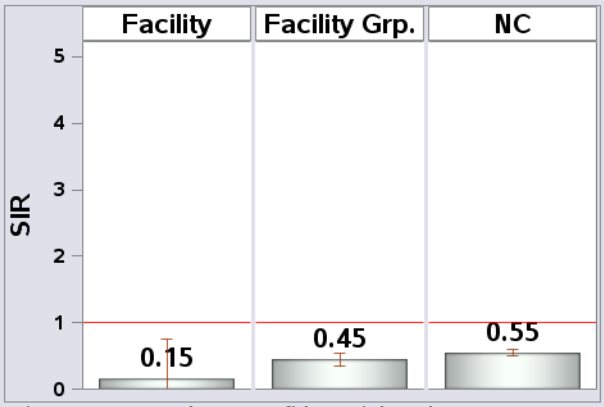


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	1	6.6	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.

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 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.7	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

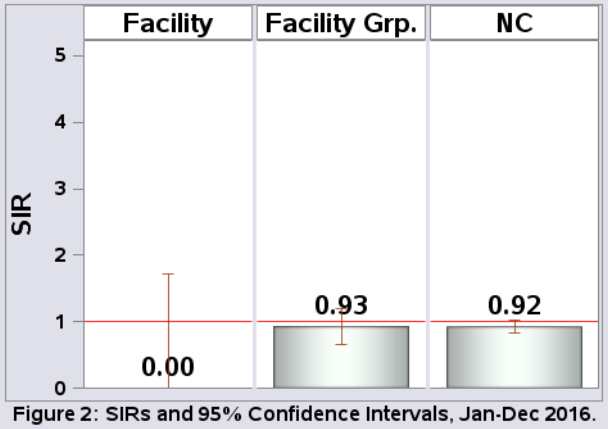


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

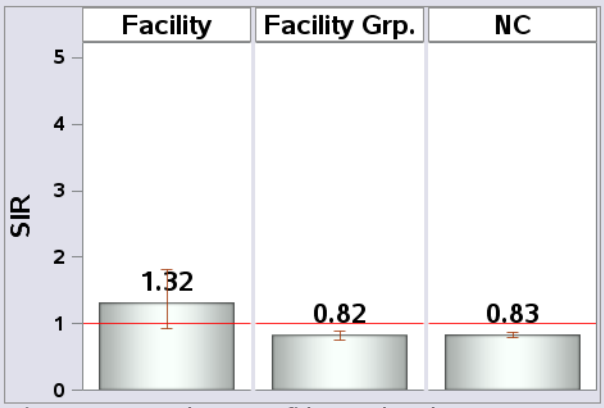


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	35	27	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Iredell Memorial Hospital, Statesville, Iredell County

Central Line-Associated Bloodstream Infections (CLABSI)

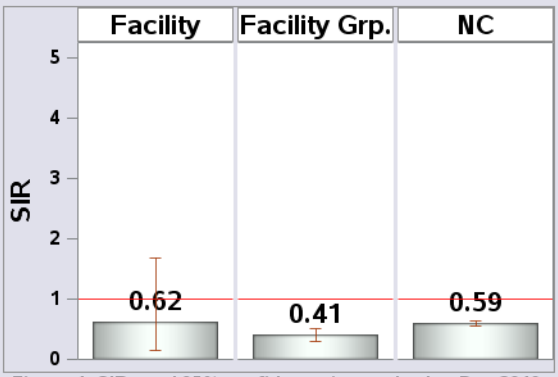


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	3	4.8	Same
All reporting units	**3**	**4.8**	**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-Dec 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

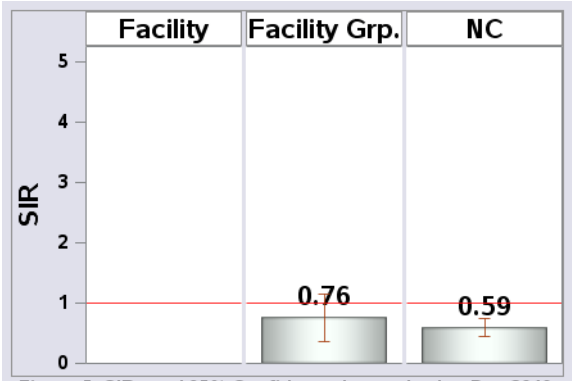


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

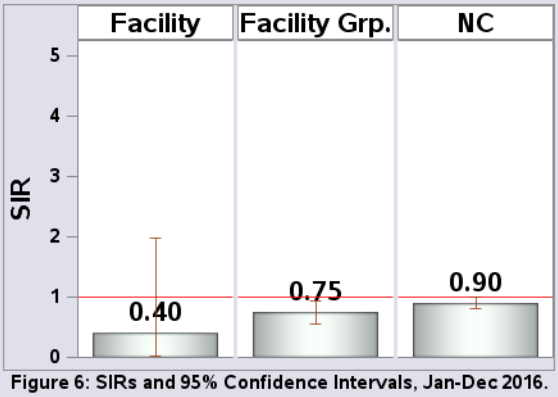


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	2.5	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

Ventilator-Associated Events (VAE)

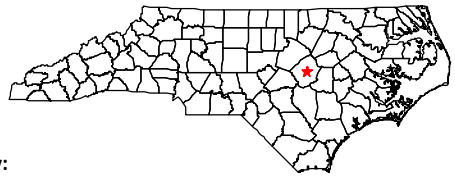
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Johnston Health, Smithfield, Johnston County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	6,997
Patient Days in 2015:	31,813
Total Number of Beds:	172
Number of ICU Beds:	16
FTE* Infection Preventionists:	1.50
Number of FTEs* per 100 beds:	0.87

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

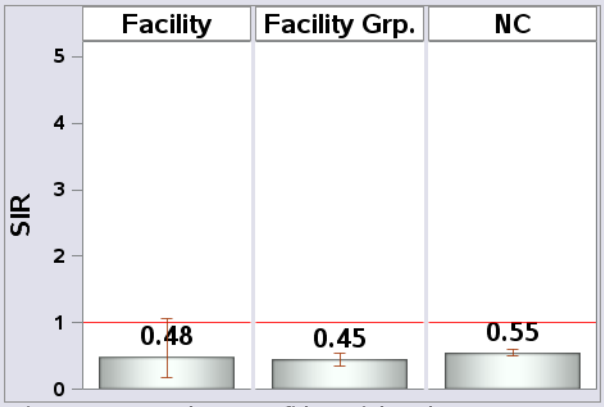


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	5	10	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-Dec 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	1.3	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

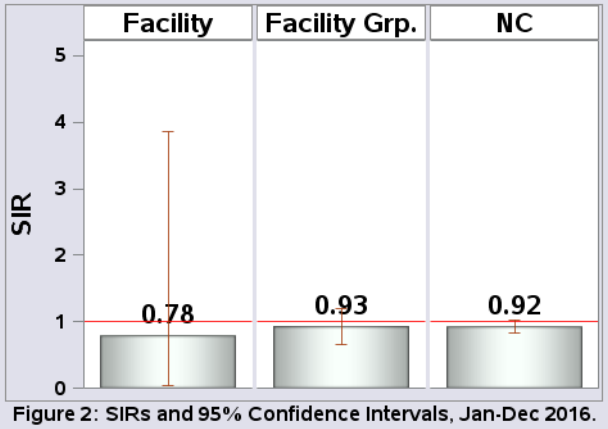


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

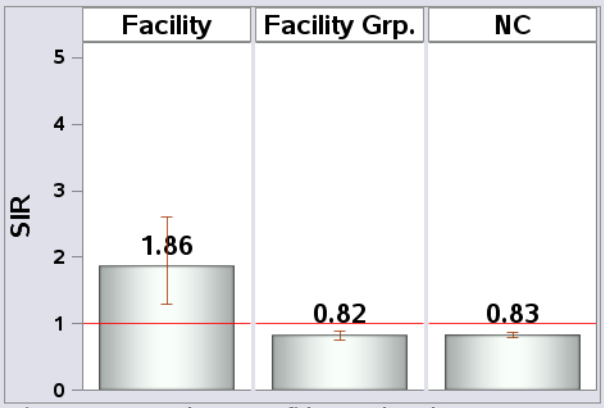


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	32	17	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

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 March 24, 2017.
Generated: April 13, 2017
N.C. Division of Public Health, SHARPPS Program
N.C. HAI 2016 Q4 Report

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Johnston Health, Smithfield, Johnston County

Central Line-Associated Bloodstream Infections (CLABSI)

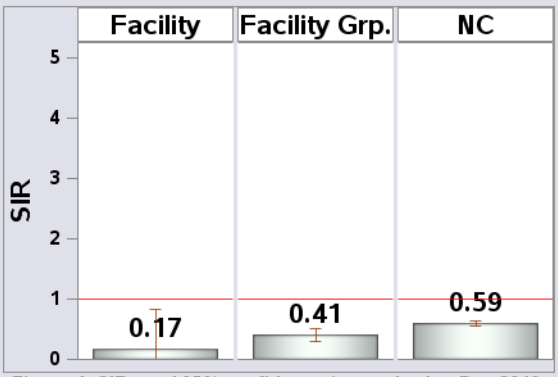


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	1	6.0	Better
All reporting units	**1**	**6.0**	**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-Dec 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

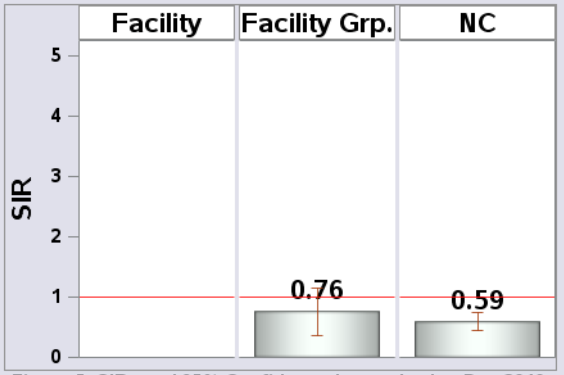


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

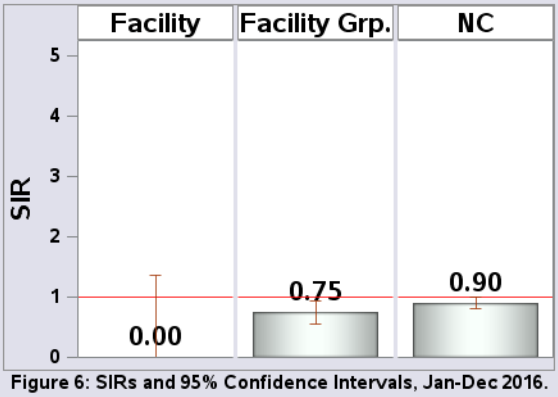


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	2.2	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

Ventilator-Associated Events (VAE)

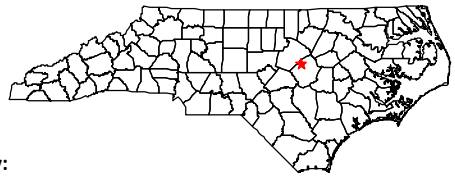
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Johnston Health Clayton, Clayton, Johnston County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	2,453
Patient Days in 2015:	7,794
Total Number of Beds:	50
Number of ICU Beds:	0
FTE* Infection Preventionists:	0.50
Number of FTEs* per 100 beds:	1.00

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

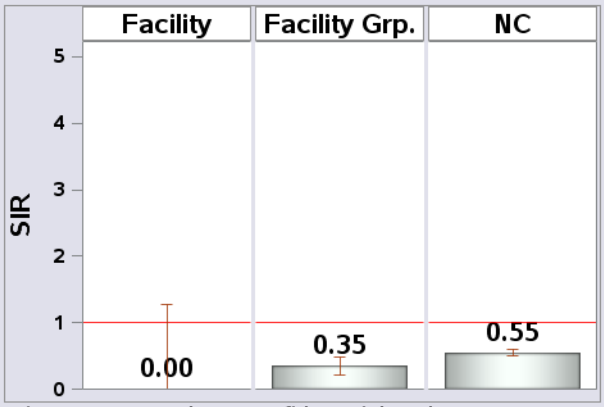


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	0	2.4	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-Dec 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

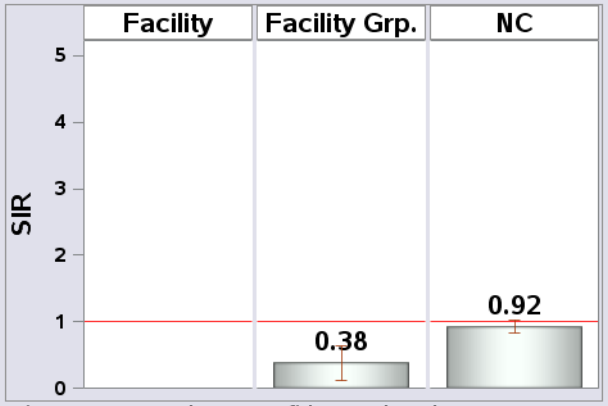


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

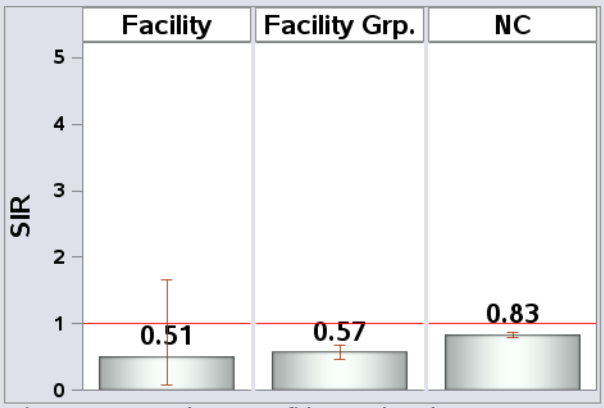


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	4.0	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 March 24, 2017.
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N.C. Division of Public Health, SHARPPS Program
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North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Johnston Health Clayton, Clayton, Johnston County

Central Line-Associated Bloodstream Infections (CLABSI)

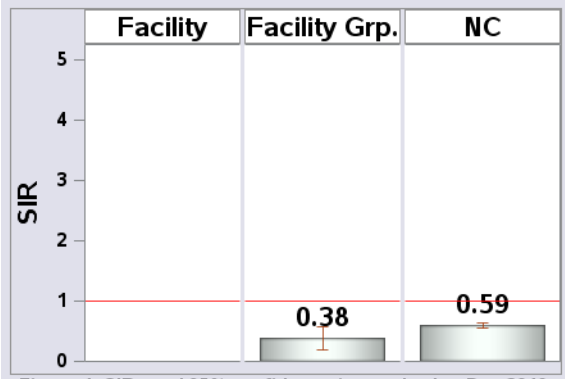


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 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
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 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?
No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Surgical Site Infections (SSI) after Abdominal Hysterectomies

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

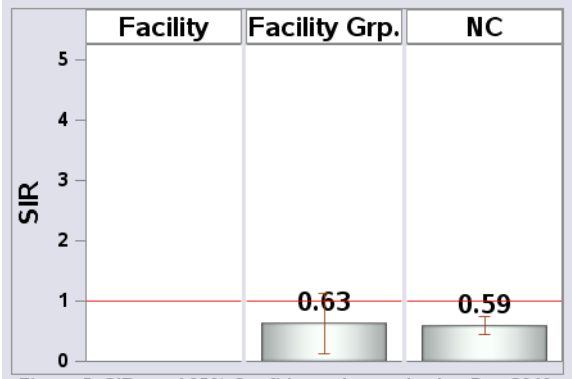


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

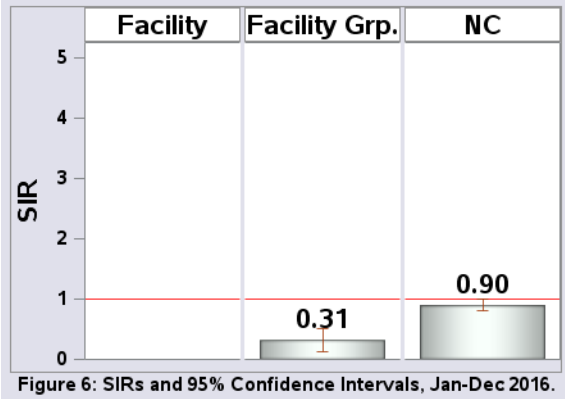


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Ventilator-Associated Events (VAE)

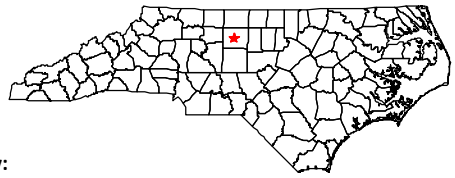
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Kindred Hospital-Greensboro, Greensboro, Guilford County

2016 Hospital Survey Information

Hospital Type:	Long-term Acute Care Hospital
Admissions in 2015:	584
Patient Days in 2015:	20,640
Total Number of Beds:	101
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.99

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

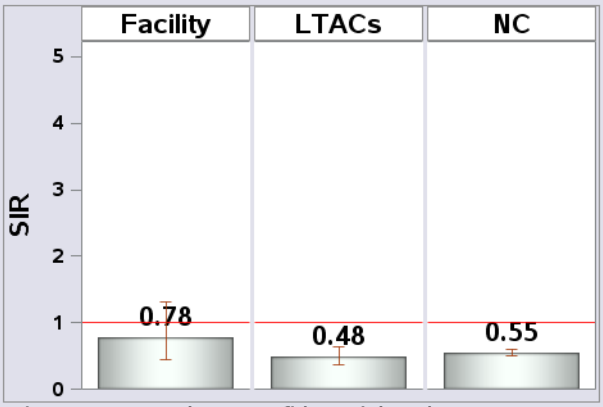


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	13	17	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.

Long-term Acute Care Facilities began reporting Laboratory identified MRSA in January 2015.
The data collected do not meet the minimum threshold to calculate an SIR at this time.
Laboratory identified MRSA data from this facility type will be included in future reports.

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.

Long-term Acute Care Facilities began reporting Laboratory identified CDI in January 2015.
The data collected do not meet the minimum threshold to calculate an SIR at this time.
Laboratory identified CDI data from this facility type will be included in future reports.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Kindred Hospital-Greensboro, Greensboro, Guilford County

Central Line-Associated Bloodstream Infections (CLABSI)

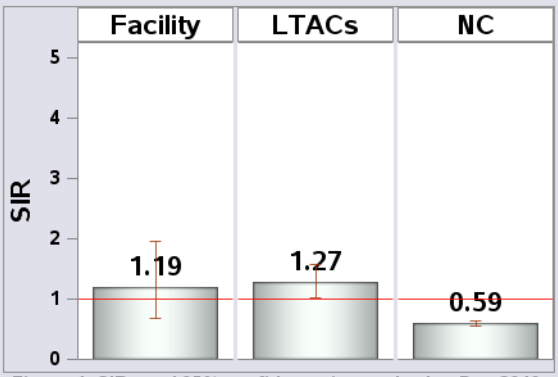


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	14	12	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

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

Ventilator-Associated Events (VAE)

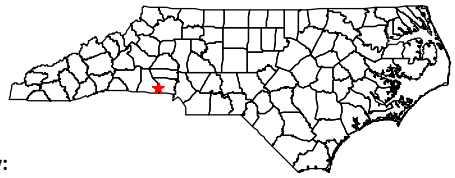
Long Term Acute Care Hospitals began reporting VAE in January 2016.
The data collected do not meet the minimum threshold to calculate an SIR at this time.
VAE data from these facility types will be included in future reports.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Kings Mountain Hospital, Kings Mountain, Cleveland County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	3,271
Patient Days in 2015:	14,041
Total Number of Beds:	65
Number of ICU Beds:	6
FTE* Infection Preventionists:	0.20
Number of FTEs* per 100 beds:	0.31

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

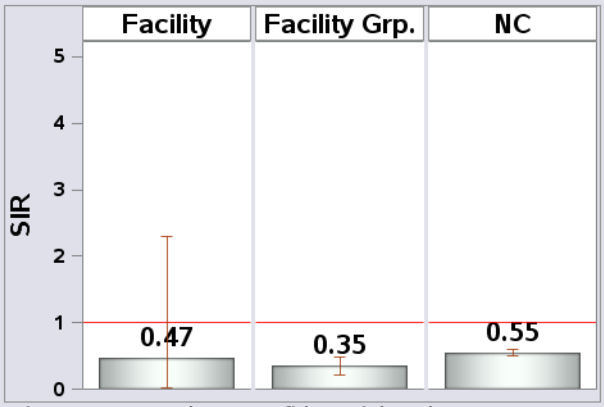


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	1	2.1	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-Dec 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

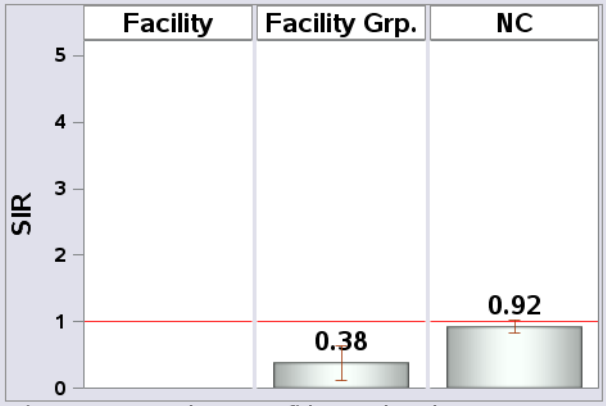


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

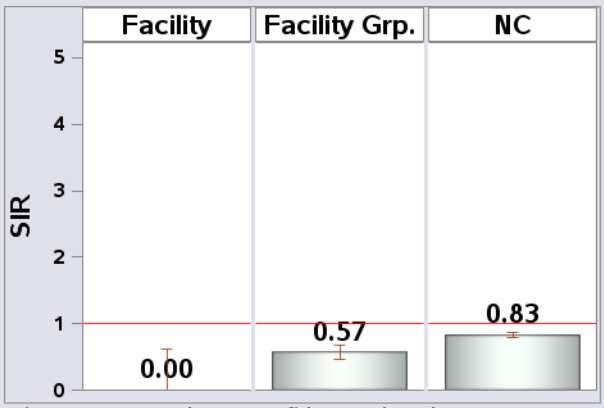


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	4.9	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

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 March 24, 2017.
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North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Kings Mountain Hospital, Kings Mountain, Cleveland County

Central Line-Associated Bloodstream Infections (CLABSI)

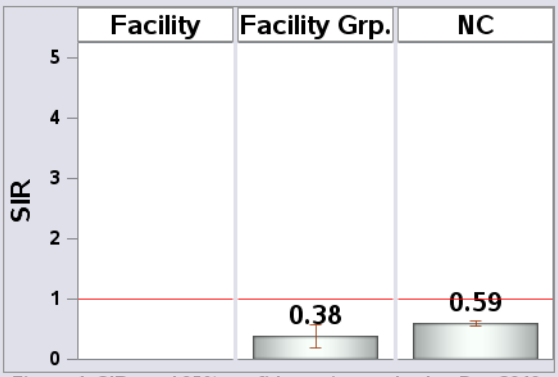


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 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
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 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?
No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Surgical Site Infections (SSI) after Abdominal Hysterectomies

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

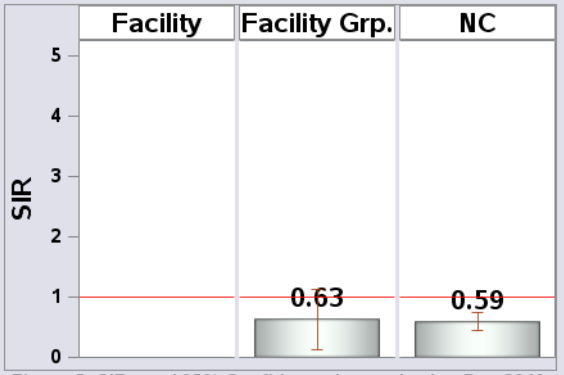


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

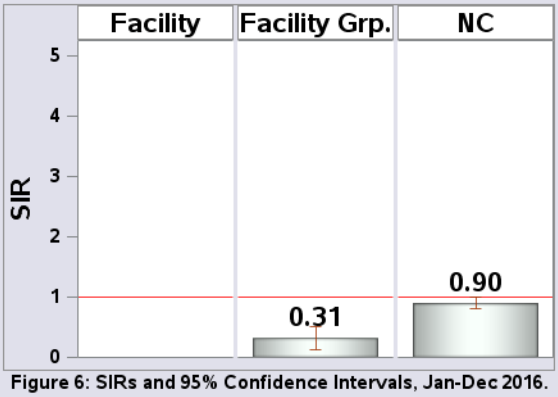


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Ventilator-Associated Events (VAE)

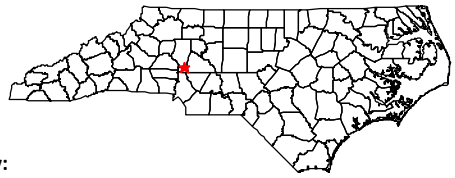
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Lake Norman Regional Medical Center, Mooresville, Iredell County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	4,823
Patient Days in 2015:	14,673
Total Number of Beds:	123
Number of ICU Beds:	12
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.81

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

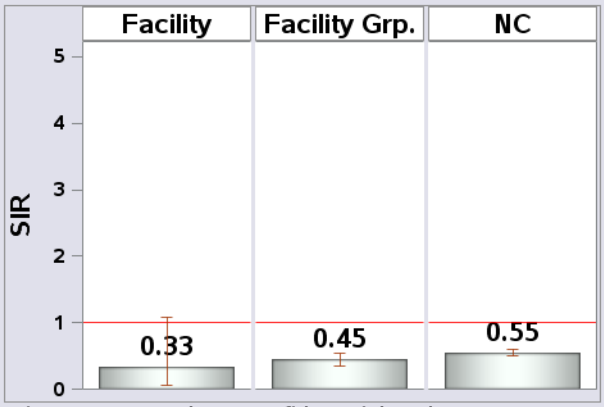


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	2	6.1	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-Dec 2016

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

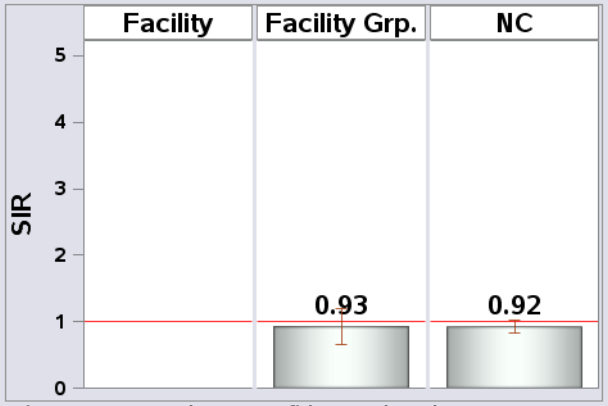


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

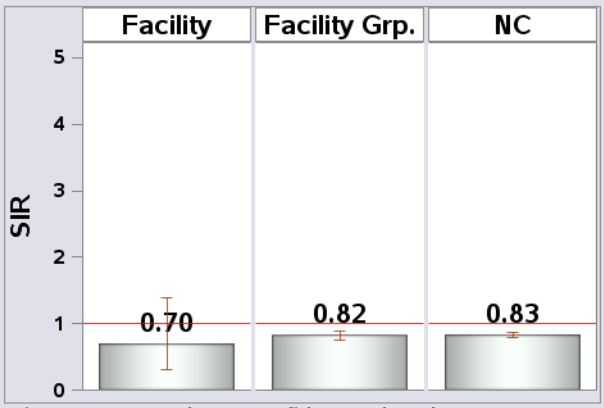


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	7	10	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Lake Norman Regional Medical Center, Mooresville, Iredell County

Central Line-Associated Bloodstream Infections (CLABSI)

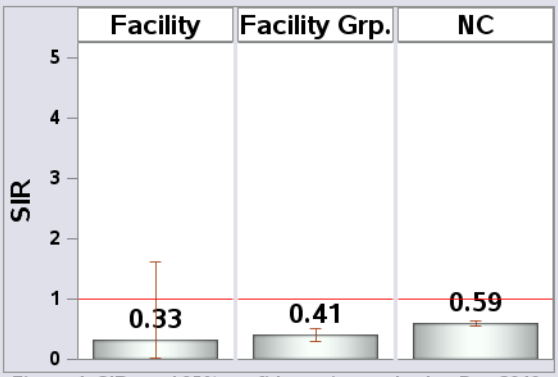


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	1	3.1	Same
Neonatal Units	0	Less than 1.0	No Conclusion
All reporting units	**1**	**3.1**	**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?
No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Surgical Site Infections (SSI) after Abdominal Hysterectomies

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

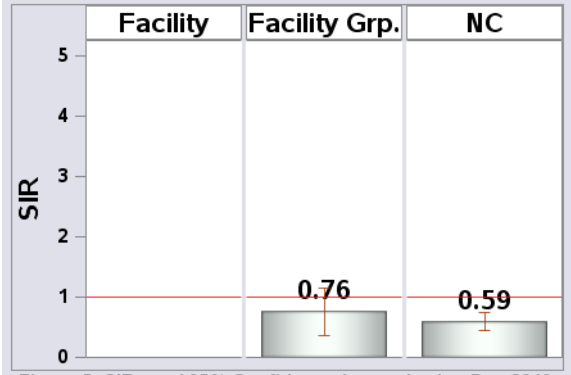


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

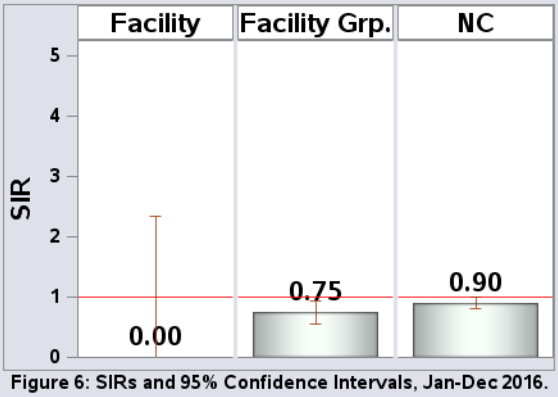


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.3	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

Ventilator-Associated Events (VAE)

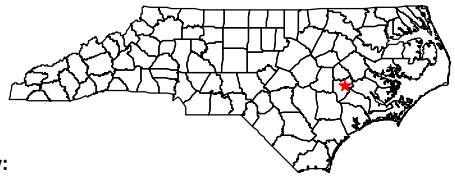
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Lenoir Memorial Hospital, Kinston, Lenoir County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	5,719
Patient Days in 2015:	25,863
Total Number of Beds:	138
Number of ICU Beds:	14
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.72

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

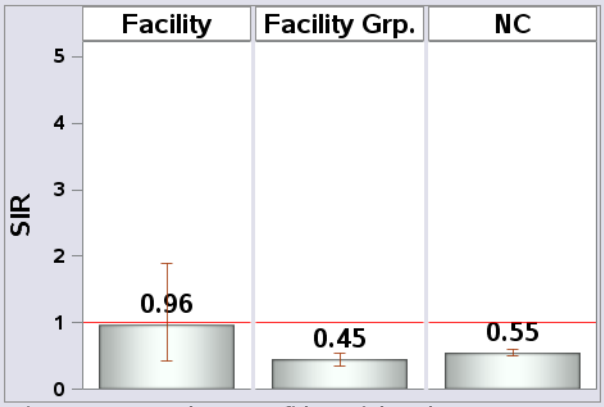


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	7	7.3	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-Dec 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	6	1.4	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

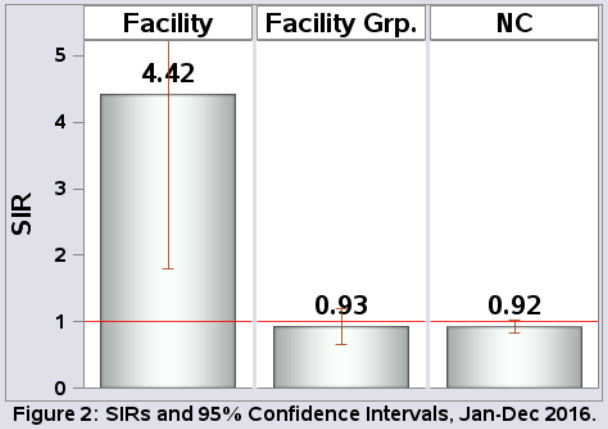


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

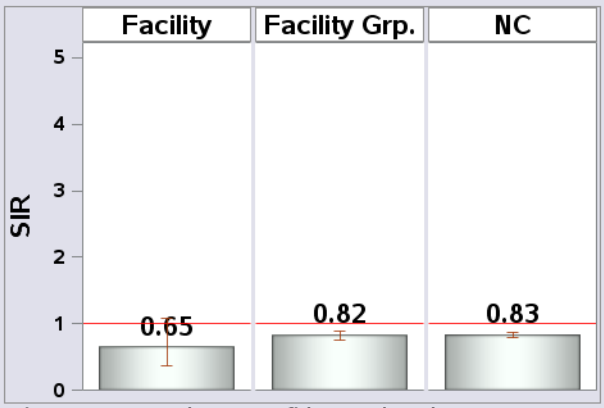


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	13	20	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Lenoir Memorial Hospital, Kinston, Lenoir County

Central Line-Associated Bloodstream Infections (CLABSI)

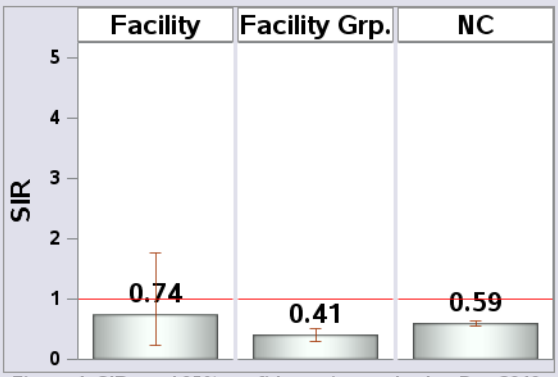


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	4	5.4	Same
All reporting units	**4**	**5.4**	**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-Dec 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

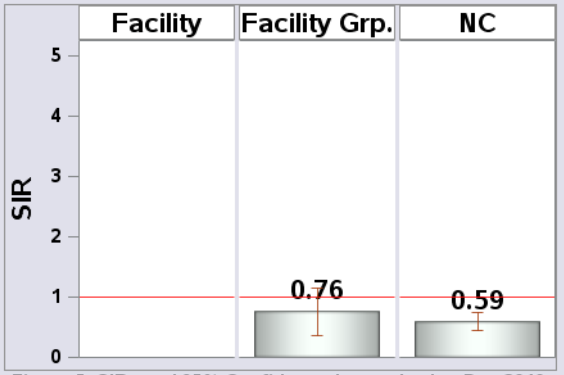


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

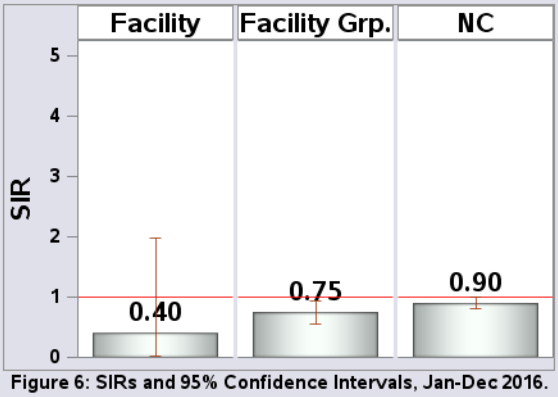


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	2.5	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

Ventilator-Associated Events (VAE)

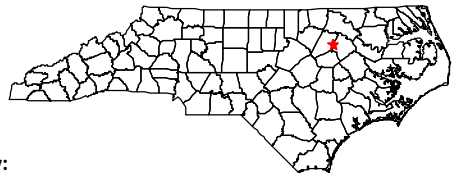
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Lifecare Hospitals Of North Carolina, Rocky Mount, Nash County

2016 Hospital Survey Information

Hospital Type:	Long-term Acute Care Hospital
Admissions in 2015:	528
Patient Days in 2015:	15,701
Total Number of Beds:	50
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	2.00

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

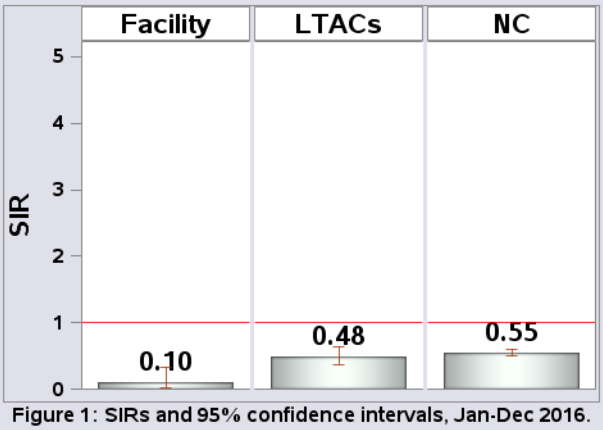


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	2	20	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.

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.

Long-term Acute Care Facilities began reporting Laboratory identified MRSA in January 2015.
The data collected do not meet the minimum threshold to calculate an SIR at this time.
Laboratory identified MRSA data from this facility type will be included in future reports.

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.

Long-term Acute Care Facilities began reporting Laboratory identified CDI in January 2015.
The data collected do not meet the minimum threshold to calculate an SIR at this time.
Laboratory identified CDI data from this facility type will be included in future reports.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Lifecare Hospitals Of North Carolina, Rocky Mount, Nash County

Central Line-Associated Bloodstream Infections (CLABSI)

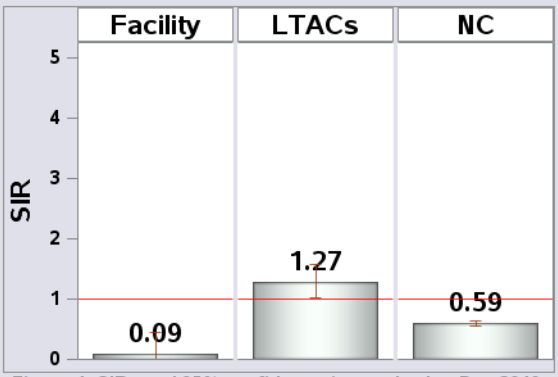


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	1	11	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

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

Ventilator-Associated Events (VAE)

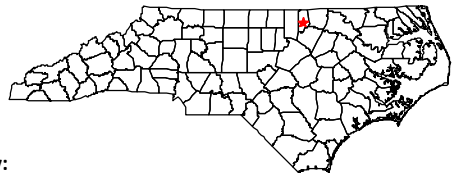
Long Term Acute Care Hospitals began reporting VAE in January 2016.
The data collected do not meet the minimum threshold to calculate an SIR at this time.
VAE data from these facility types will be included in future reports.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Maria Parham Medical Center, Henderson, Vance County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	5,773
Patient Days in 2015:	23,545
Total Number of Beds:	101
Number of ICU Beds:	8
FTE* Infection Preventionists:	0.75
Number of FTEs* per 100 beds:	0.74

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

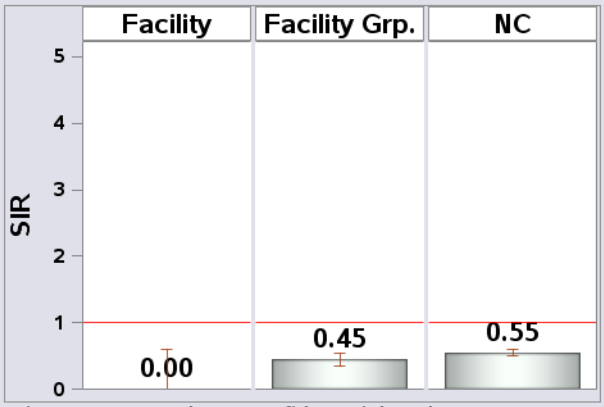


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	0	5.1	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.

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 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.1	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

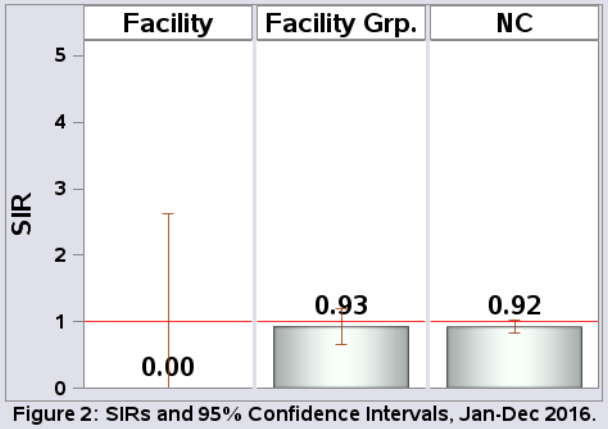


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

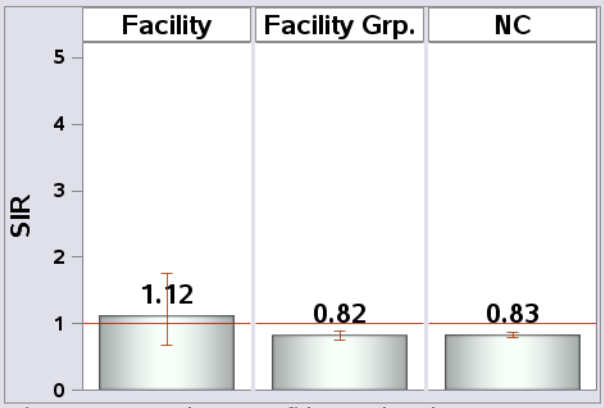


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	17	15	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Maria Parham Medical Center, Henderson, Vance County

Central Line-Associated Bloodstream Infections (CLABSI)

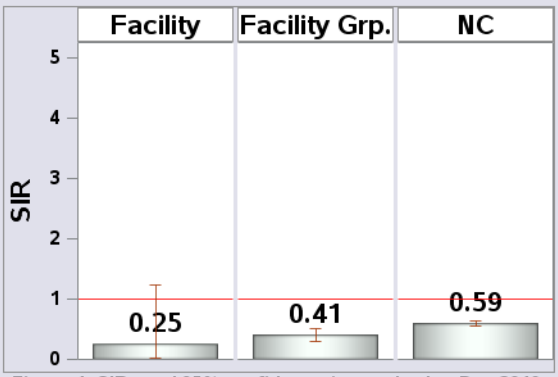


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	1	4.0	Same
All reporting units	**1**	**4.0**	**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-Dec 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

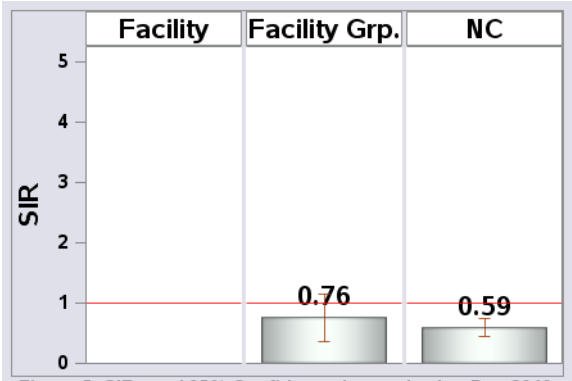


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

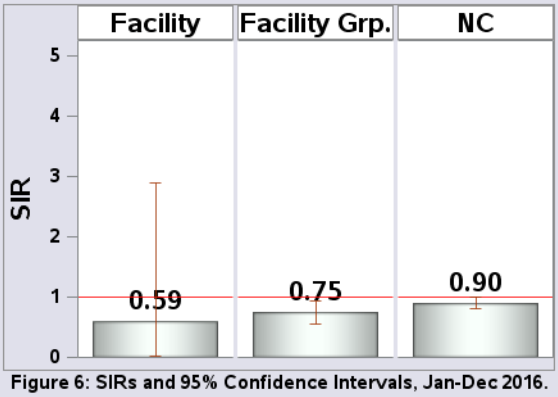


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	1.7	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

Ventilator-Associated Events (VAE)

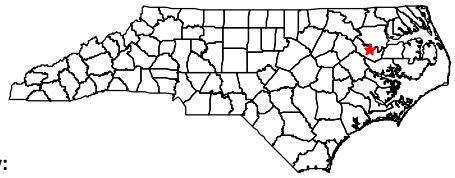
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Martin General Hospital, Williamston, Martin County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	114
Patient Days in 2015:	357
Total Number of Beds:	49
Number of ICU Beds:	6
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	2.04

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

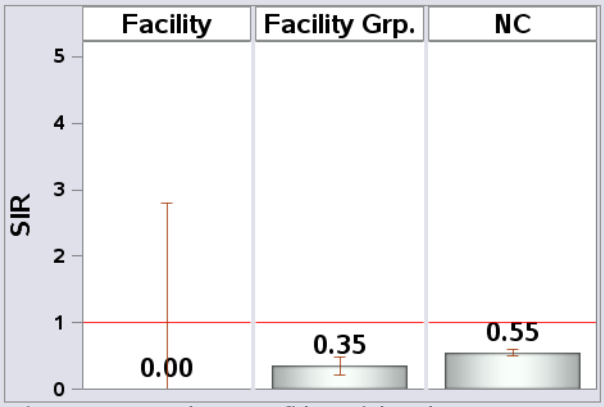


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	0	1.1	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-Dec 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

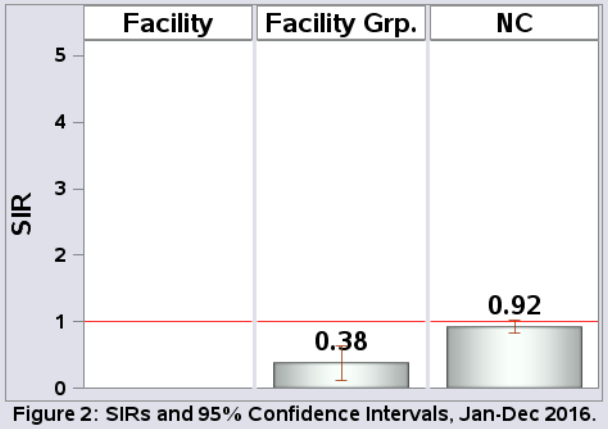


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

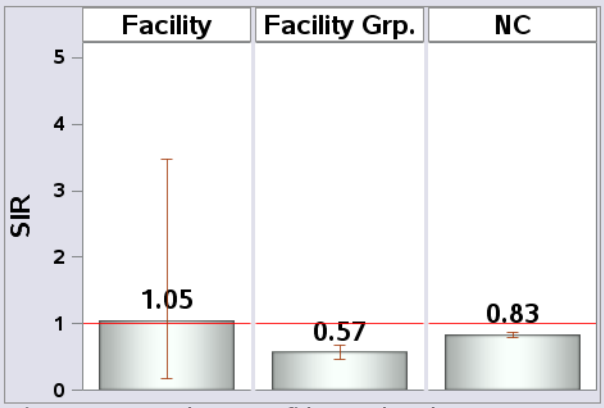


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	1.9	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Martin General Hospital, Williamston, Martin County

Central Line-Associated Bloodstream Infections (CLABSI)

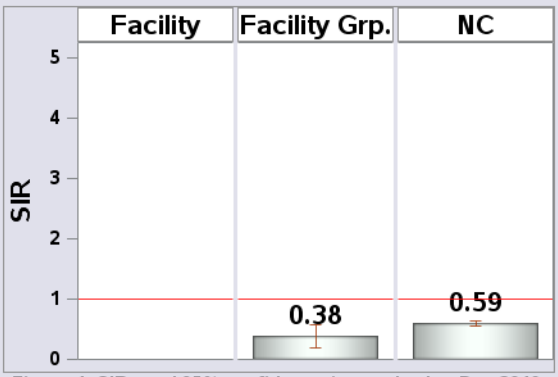


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 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
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 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?
No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Surgical Site Infections (SSI) after Abdominal Hysterectomies

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

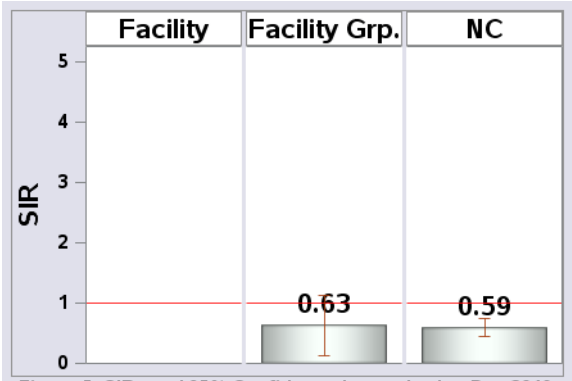


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

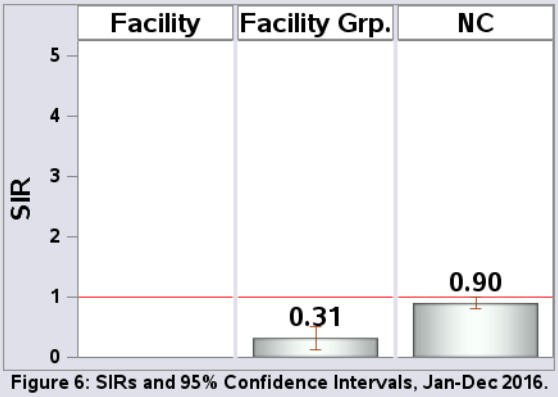


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Ventilator-Associated Events (VAE)

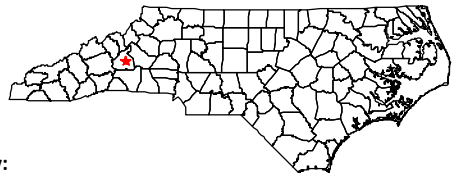
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
McDowell Hospital, Marion, McDowell County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	3,014
Patient Days in 2015:	8,404
Total Number of Beds:	38
Number of ICU Beds:	5
FTE* Infection Preventionists:	0.50
Number of FTEs* per 100 beds:	1.32

[*FTE = Full-time equivalent]



Commentary From Facility:
Mission Health strives to improve the quality and safety of the care we give our patients each and every day. The prevention of infections is one of our highest priorities. By continuously and thoughtfully reviewing processes, procedures and events, we identify opportunities for improvement and address them immediately and appropriately, and share that knowledge internally to avert further issues.

Catheter-Associated Urinary Tract Infections (CAUTI)

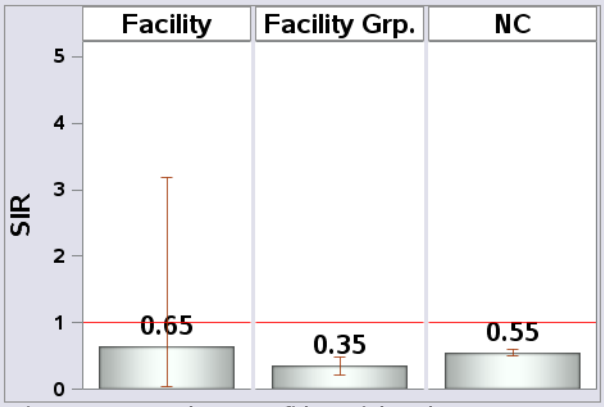


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	1	1.5	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-Dec 2016

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

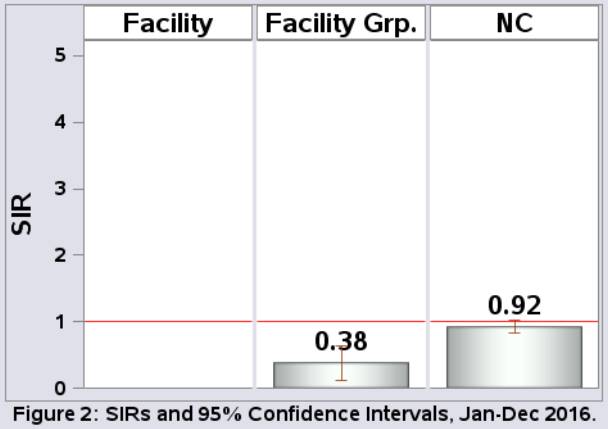


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

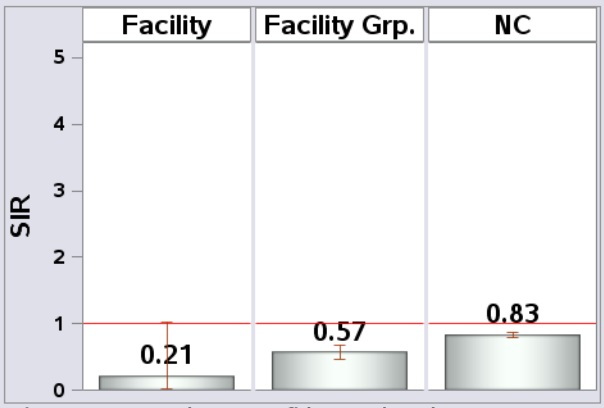


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	4.8	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
McDowell Hospital, Marion, McDowell County

Central Line-Associated Bloodstream Infections (CLABSI)

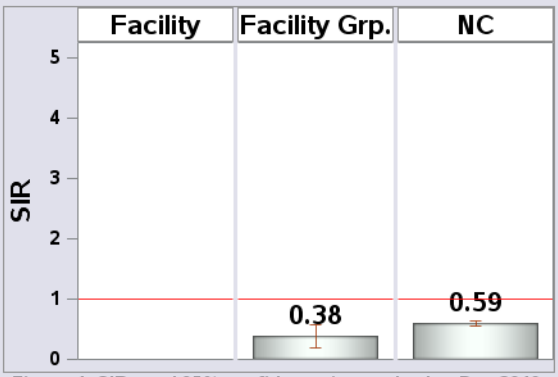


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 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
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 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?
No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Surgical Site Infections (SSI) after Abdominal Hysterectomies

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

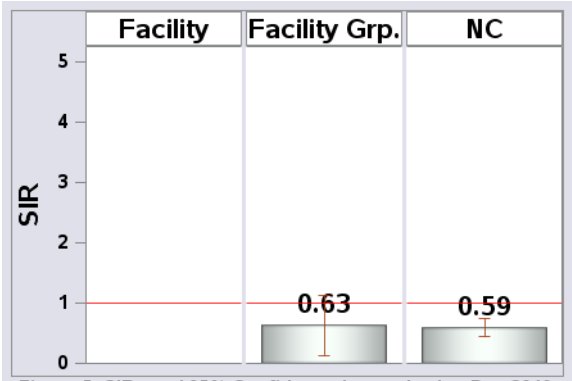


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

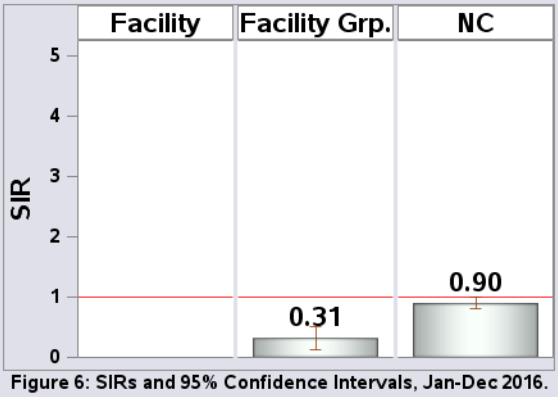


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

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

Ventilator-Associated Events (VAE)

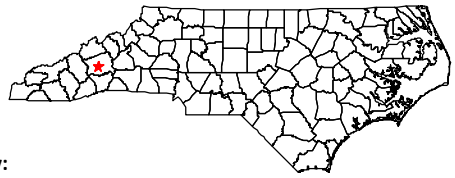
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Mission Hospital, Asheville, Buncombe County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2015:	52,750
Patient Days in 2015:	228,181
Total Number of Beds:	736
Number of ICU Beds:	131
FTE* Infection Preventionists:	8.00
Number of FTEs* per 100 beds:	1.09

[*FTE = Full-time equivalent]



Commentary From Facility:
Mission Health strives to improve the quality and safety of the care we give our patients each and every day. The prevention of infections is one of our highest priorities. By continuously and thoughtfully reviewing processes, procedures and events, we identify opportunities for improvement and address them immediately and appropriately, and share that knowledge internally to avert further issues.

Catheter-Associated Urinary Tract Infections (CAUTI)

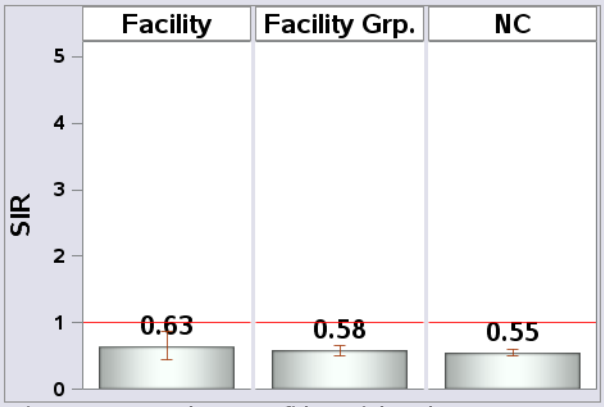


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	36	57	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.

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 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	14	19	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

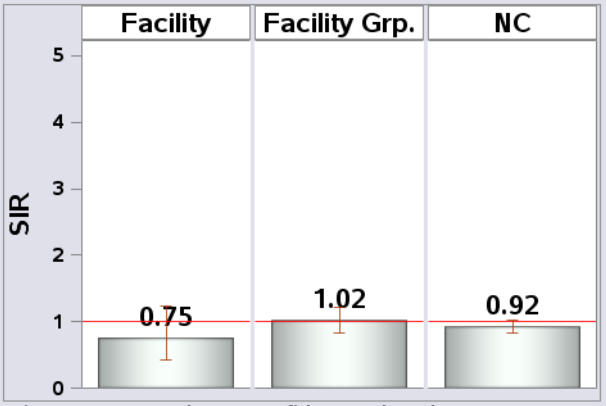


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

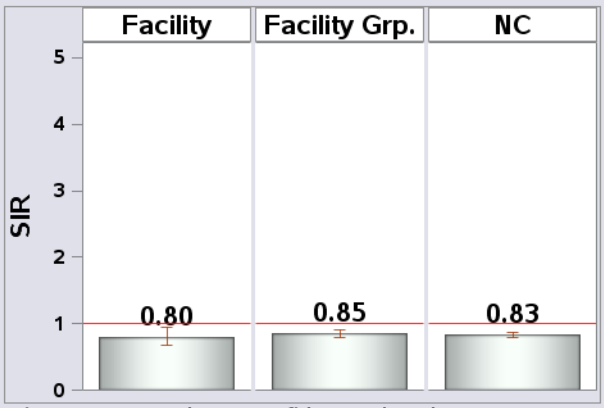


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	138	173	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

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 March 24, 2017.
Generated: April 13, 2017
N.C. Division of Public Health, SHARPPS Program
N.C. HAI 2016 Q4 Report

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Mission Hospital, Asheville, Buncombe County

Central Line-Associated Bloodstream Infections (CLABSI)

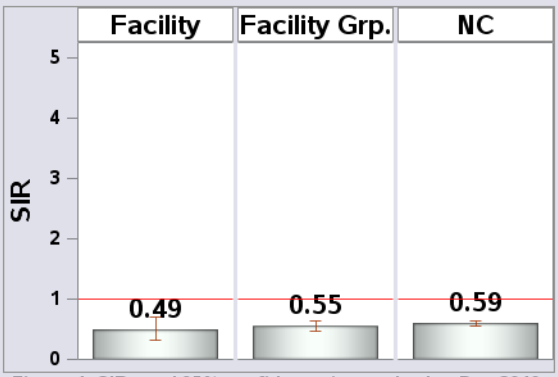


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	24	45	Better
Neonatal Units	1	6.0	Better
All reporting units	**25**	**51**	**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-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	**6**	**4.6**	**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

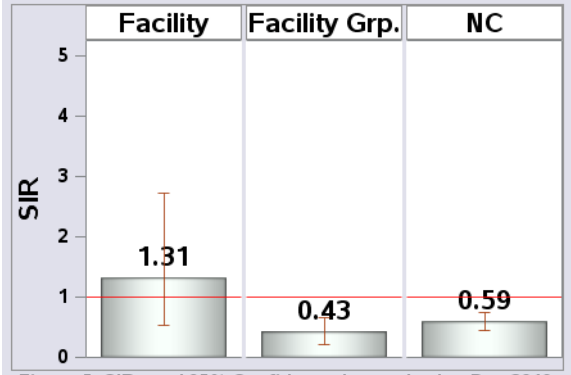


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

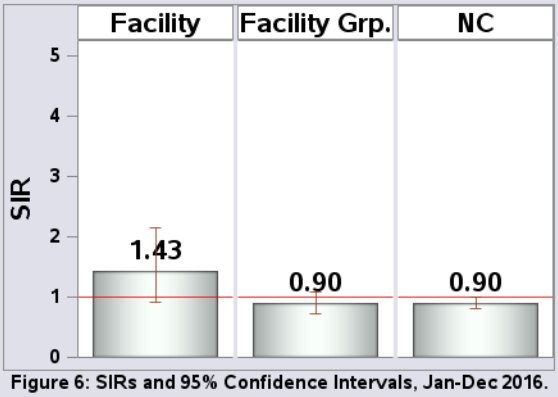


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	**21**	**15**	**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

Ventilator-Associated Events (VAE)

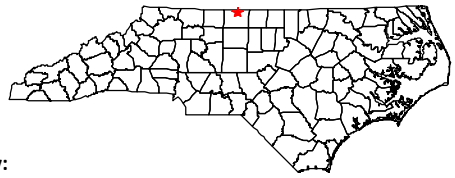
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Morehead Memorial Hospital, Eden, Rockingham County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	7,483
Patient Days in 2015:	15,578
Total Number of Beds:	108
Number of ICU Beds:	8
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.93

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

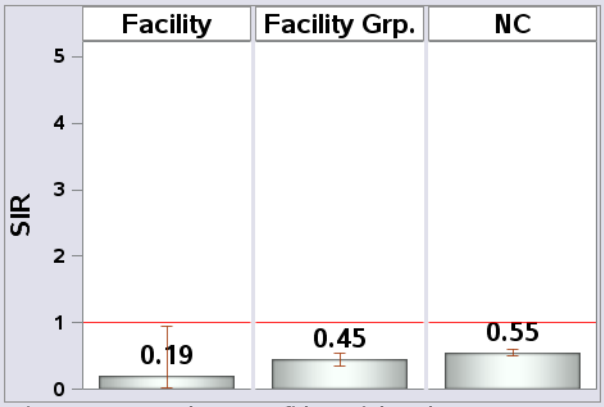


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	1	5.2	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.

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 2016

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

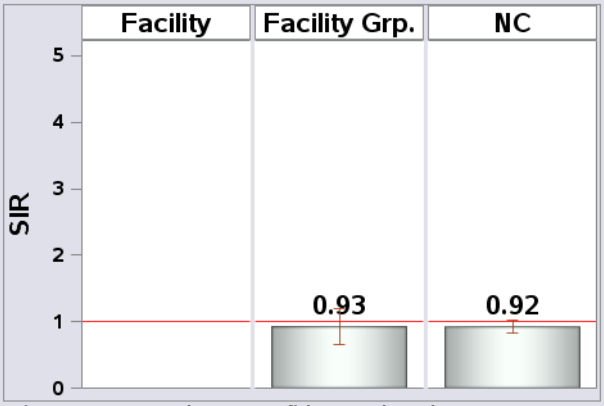


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

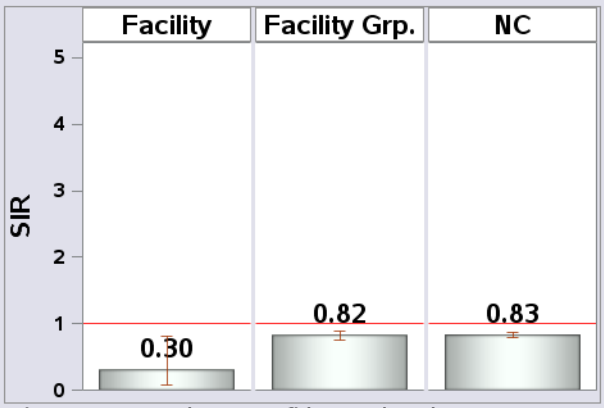


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	10	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Morehead Memorial Hospital, Eden, Rockingham County

Central Line-Associated Bloodstream Infections (CLABSI)

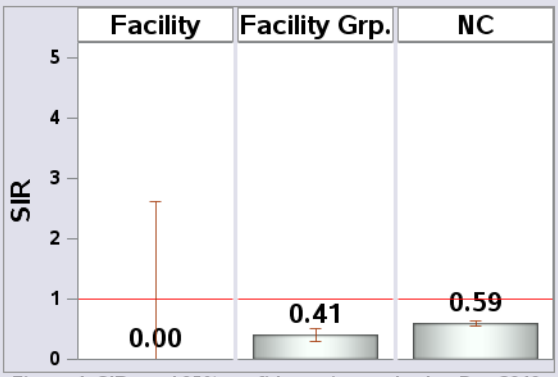


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	0	1.1	Same
All reporting units	**0**	**1.1**	**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-Dec 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

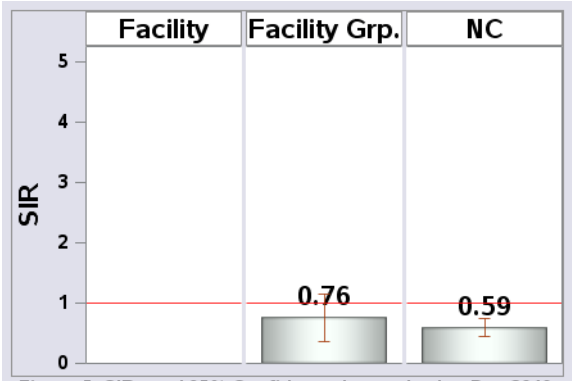


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

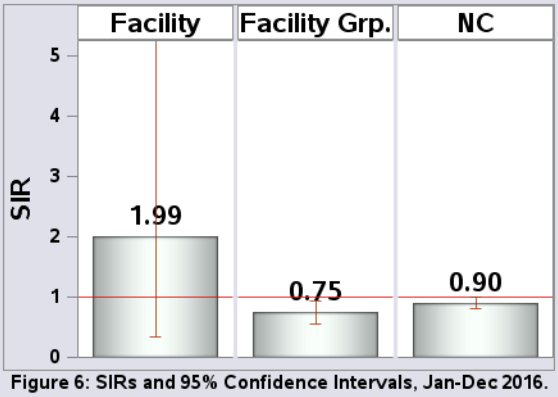


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	1.0	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

Ventilator-Associated Events (VAE)

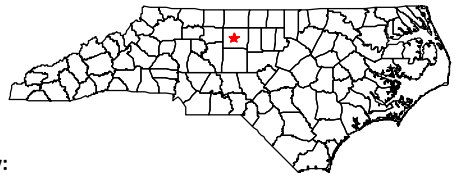
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Moses Cone Hospital, Greensboro, Guilford County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	26,550
Patient Days in 2015:	125,364
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)

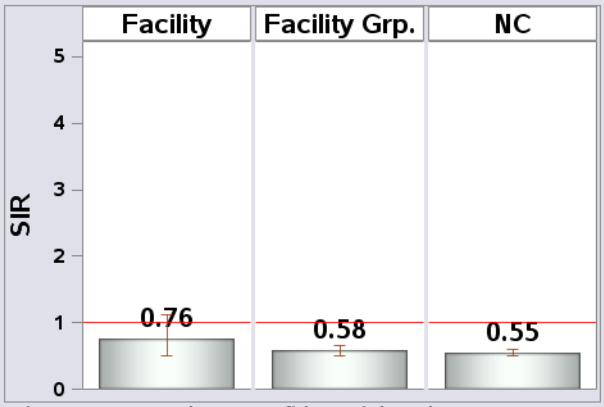


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	24	32	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-Dec 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	6	6.4	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

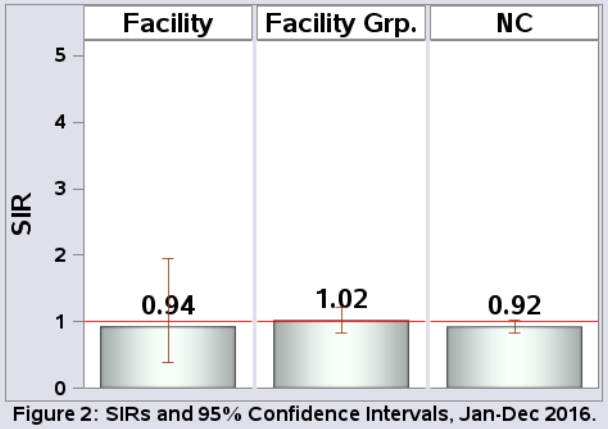


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

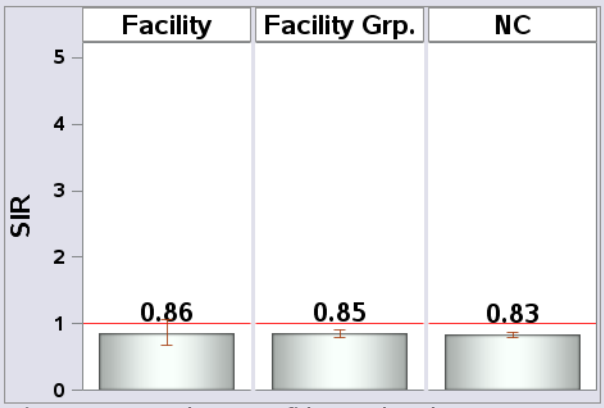


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	79	92	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Moses Cone Hospital, Greensboro, Guilford County

Central Line-Associated Bloodstream Infections (CLABSI)

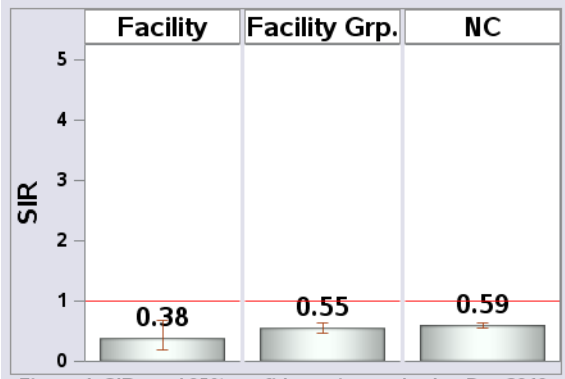


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	10	26	Better
All reporting units	**10**	**26**	**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-Dec 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

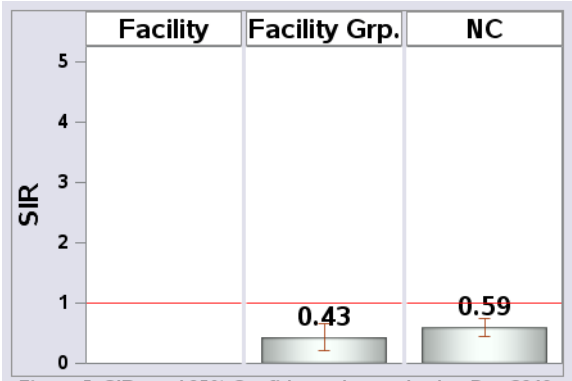


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

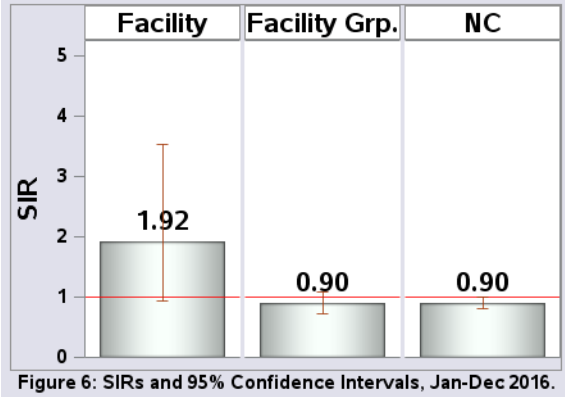


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	9	4.7	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

Ventilator-Associated Events (VAE)

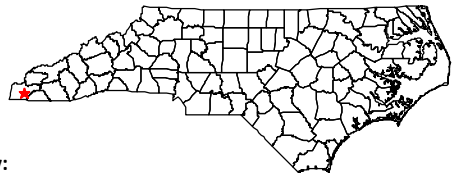
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Murphy Medical Center, Murphy, Cherokee County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	1,947
Patient Days in 2015:	6,456
Total Number of Beds:	31
Number of ICU Beds:	6
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	3.23

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

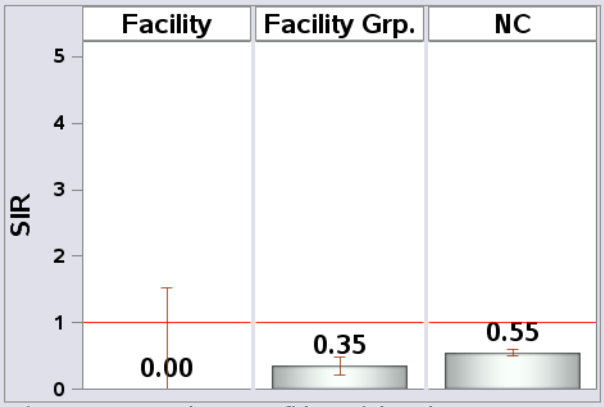


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	0	2.0	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-Dec 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

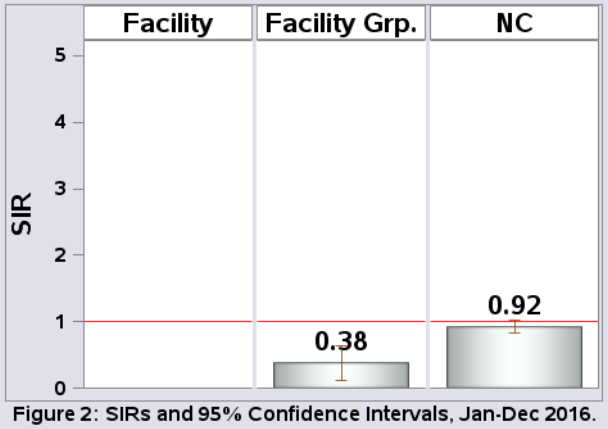


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

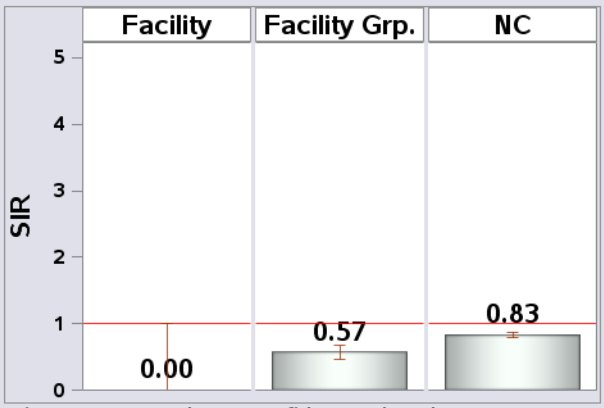


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	3.0	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Murphy Medical Center, Murphy, Cherokee County

Central Line-Associated Bloodstream Infections (CLABSI)

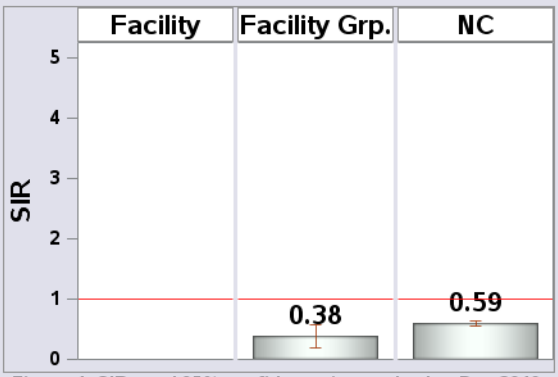


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 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
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 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?
No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Surgical Site Infections (SSI) after Abdominal Hysterectomies

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

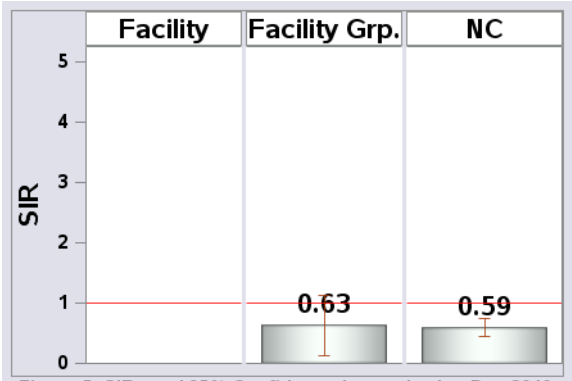


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

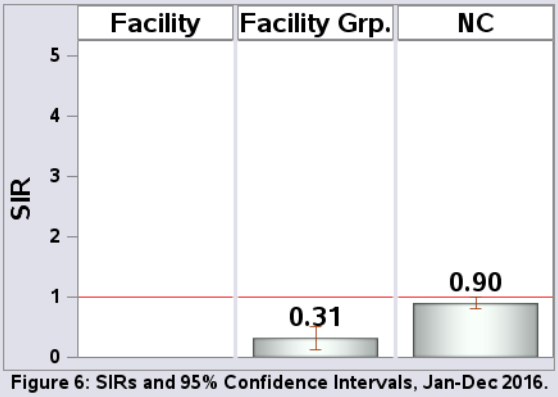


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Ventilator-Associated Events (VAE)

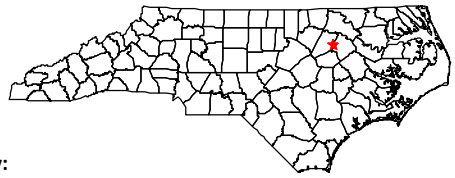
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Nash Health Care Systems, Rocky Mount, Nash County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	11,540
Patient Days in 2015:	46,488
Total Number of Beds:	212
Number of ICU Beds:	25
FTE* Infection Preventionists:	2.00
Number of FTEs* per 100 beds:	0.94

[*FTE = Full-time equivalent]



Commentary From Facility:
NHCS is actively implementing plans to review and improve processes in the prevention of MRSA bacteremia. NHCS has a Lean project and action plan to further develop on-going strategies to reduce the risks of C. diff transmission

Catheter-Associated Urinary Tract Infections (CAUTI)

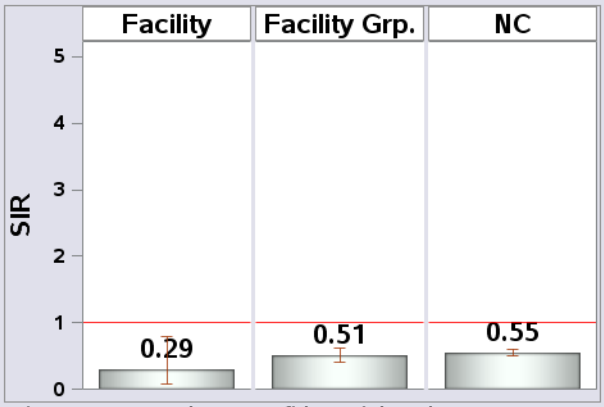


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	3	10	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.

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 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	2.3	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

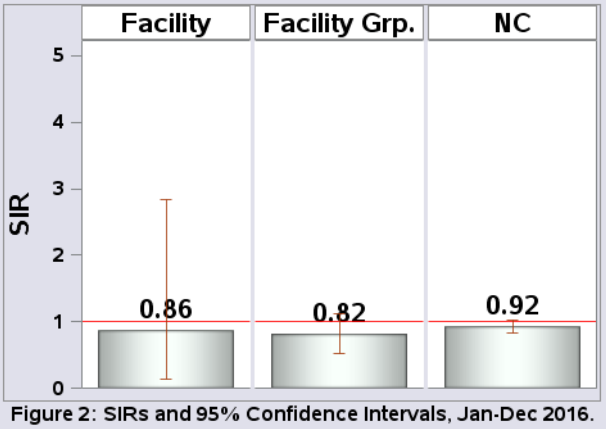


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

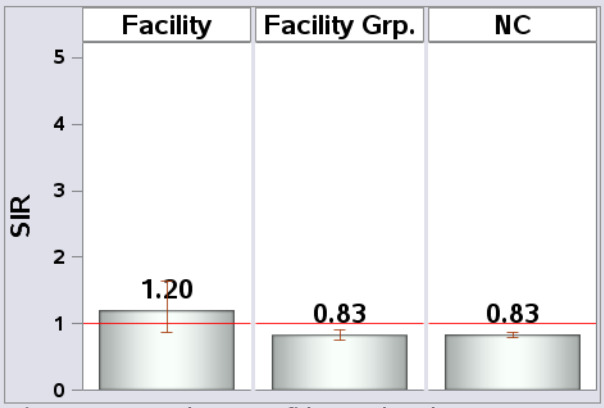


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	38	32	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Nash Health Care Systems, Rocky Mount, Nash County

Central Line-Associated Bloodstream Infections (CLABSI)

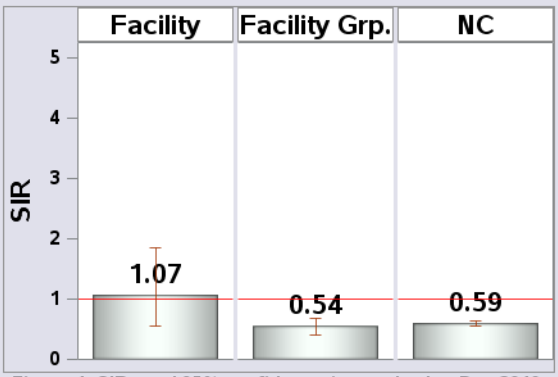


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	11	10	Same
Neonatal Units	0	Less than 1.0	No Conclusion
All reporting units	**11**	**10**	**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?
No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Surgical Site Infections (SSI) after Abdominal Hysterectomies

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

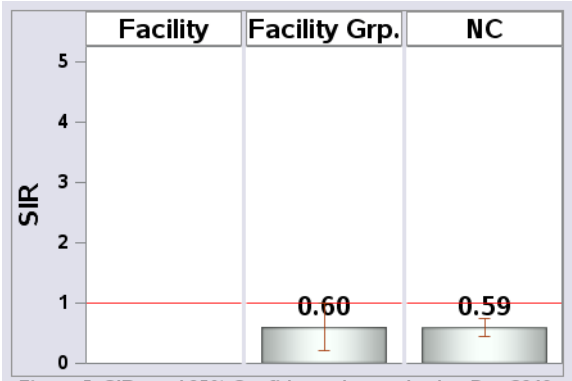


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

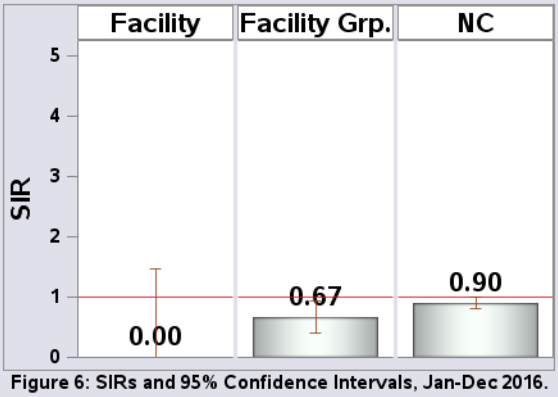


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	**0**	**2.0**	**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

Ventilator-Associated Events (VAE)

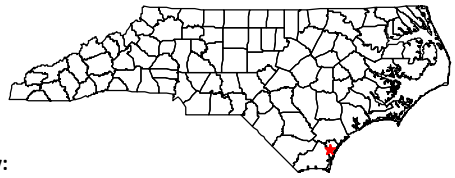
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
New Hanover Regional Medical Center, Wilmington, New Hanover County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2015:	39,890
Patient Days in 2015:	198,798
Total Number of Beds:	682
Number of ICU Beds:	105
FTE* Infection Preventionists:	4.00
Number of FTEs* per 100 beds:	0.59

[*FTE = Full-time equivalent]



Commentary From Facility:
At New Hanover Regional Medical Center we take patient safety and quality care extremely seriously. We implement the latest science-based protocols to prevent hospital-acquired infection. We study and adopt best practices, evidence-based medicine and recommendations from national agencies to deliver the best possible outcomes for our patients. We encourage patients and their families to take an active role in helping prevent infections. Our team of infection preventionists works with all staff to ensure they are focused on delivering the highest quality of care possible. We are proud of our success and our ongoing quest to keep preventable infections to an absolute minimum.

Catheter-Associated Urinary Tract Infections (CAUTI)

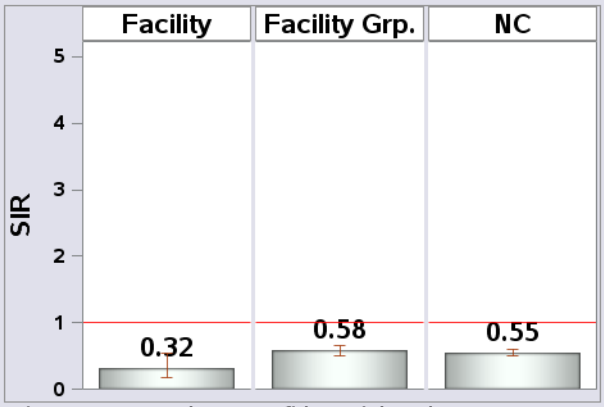


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	12	38	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.

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 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	14	15	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

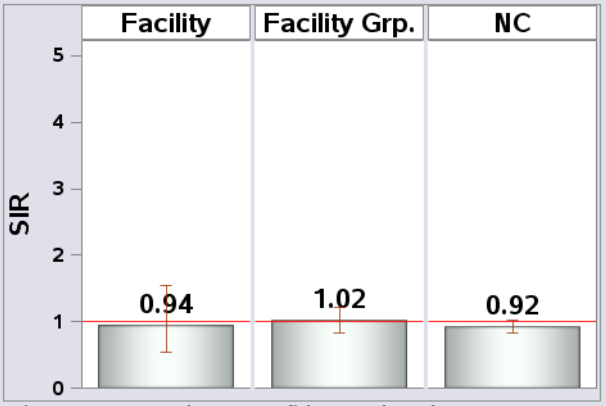


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

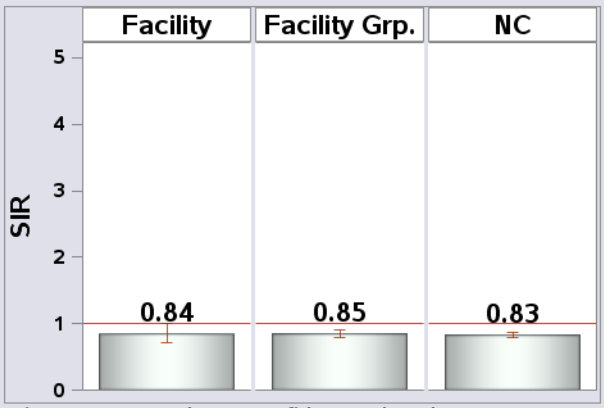


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	129	153	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
New Hanover Regional Medical Center, Wilmington, New Hanover County

Central Line-Associated Bloodstream Infections (CLABSI)

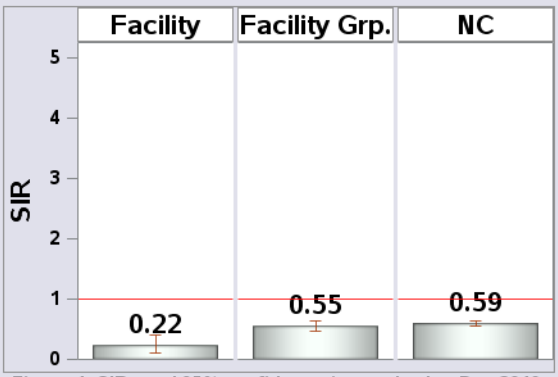


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	9	33	Better
Neonatal Units	0	7.2	Better
All reporting units	**9**	**40**	**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-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	**0**	**6.6**	**Better**

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

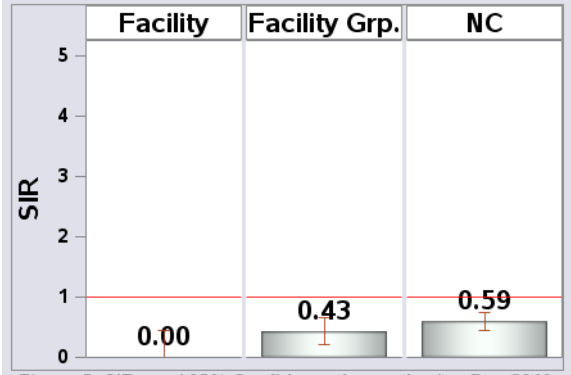


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

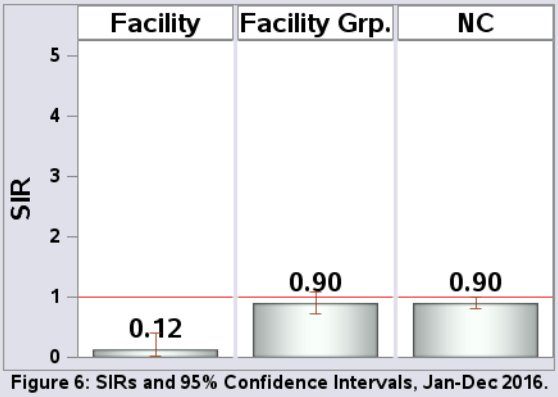


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	**2**	**16**	**Better**

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

Ventilator-Associated Events (VAE)

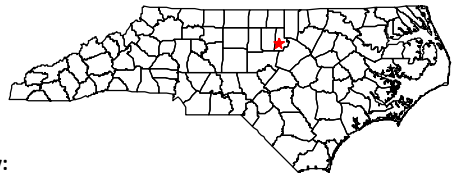
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
North Carolina Specialty Hospital, Durham, Durham County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	2,336
Patient Days in 2015:	4,442
Total Number of Beds:	18
Number of ICU Beds:	0
FTE* Infection Preventionists:	0.70
Number of FTEs* per 100 beds:	3.89

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

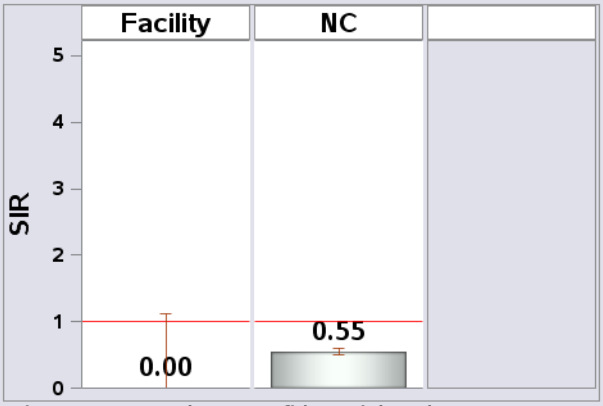


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	0	2.7	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-Dec 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

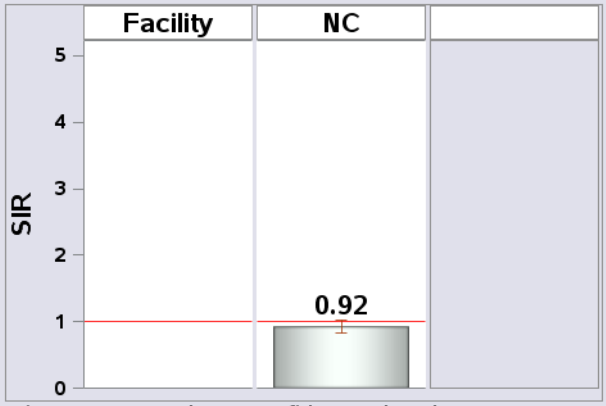


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

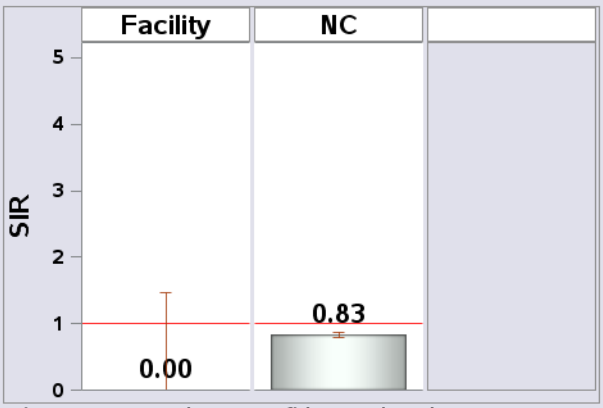


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
North Carolina Specialty Hospital, Durham, Durham County

Central Line-Associated Bloodstream Infections (CLABSI)

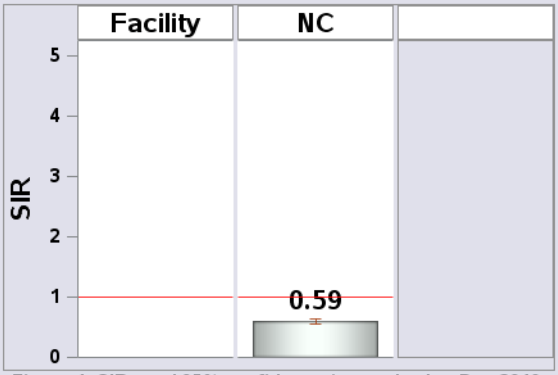


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 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
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 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?
No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Surgical Site Infections (SSI) after Abdominal Hysterectomies

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

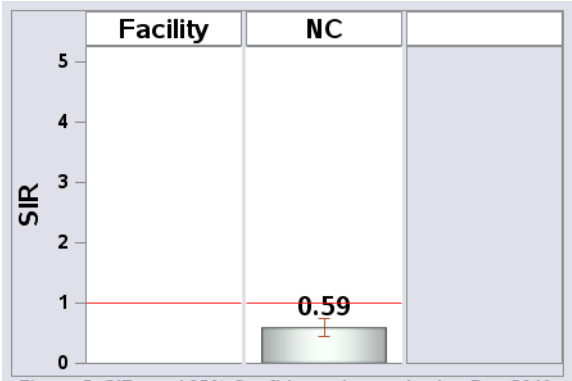


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

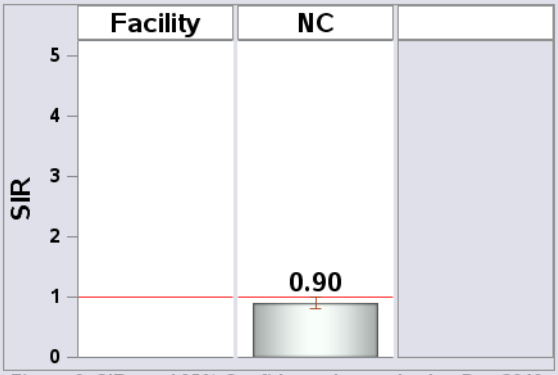


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Ventilator-Associated Events (VAE)

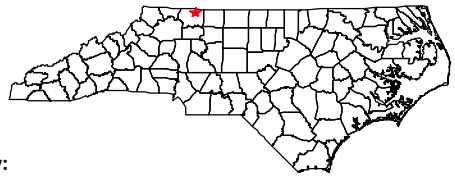
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Northern Hospital Of Surry County, Mount Airy, Surry County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	4,245
Patient Days in 2015:	13,228
Total Number of Beds:	100
Number of ICU Beds:	10
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	1.00

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

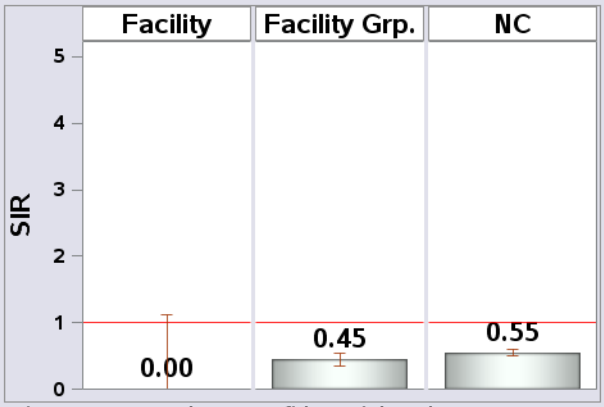


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	0	2.7	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-Dec 2016

Unit Type	Observed Events	Predicted Events	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: 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

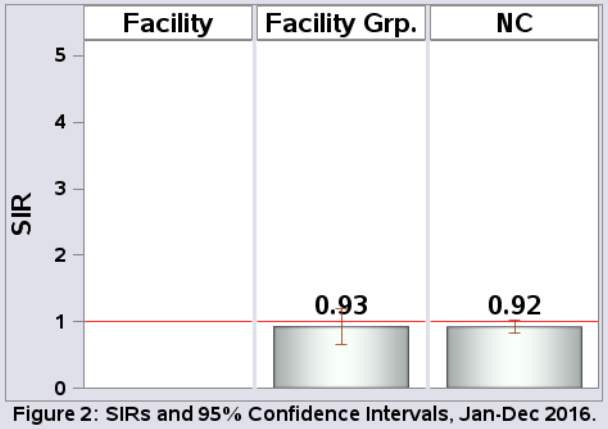


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

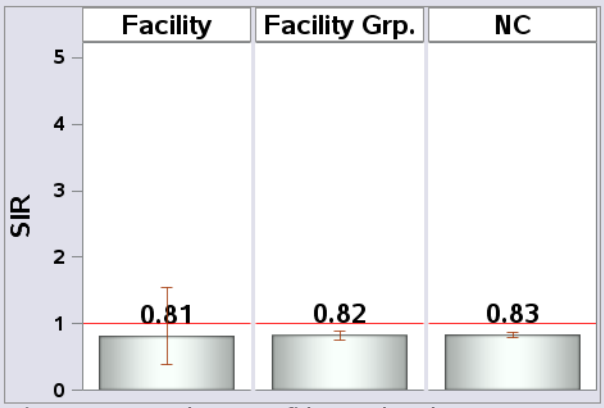


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	8	9.8	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 March 24, 2017.
Generated: April 13, 2017
N.C. Division of Public Health, SHARPPS Program
N.C. HAI 2016 Q4 Report

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Northern Hospital Of Surry County, Mount Airy, Surry County

Central Line-Associated Bloodstream Infections (CLABSI)

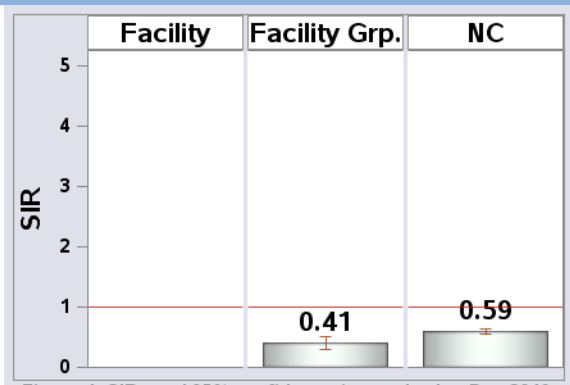


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 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
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 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?
No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Surgical Site Infections (SSI) after Abdominal Hysterectomies

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

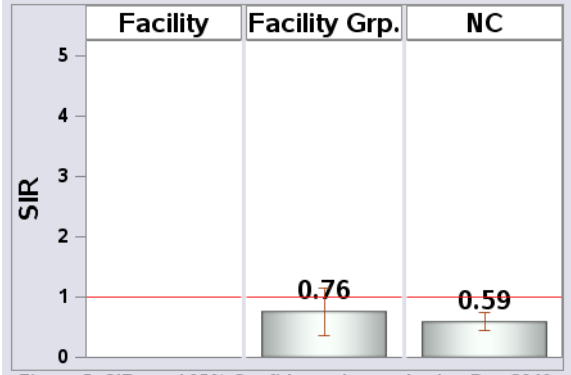


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

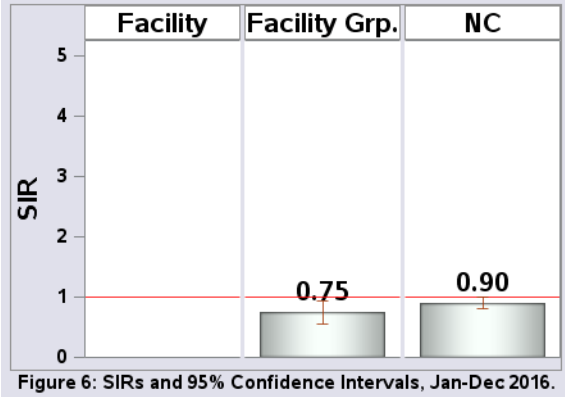


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Ventilator-Associated Events (VAE)

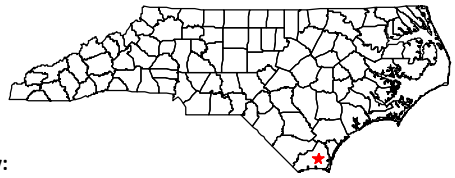
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Novant Health Brunswick Medical Center, Bolivia, Brunswick County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	7,566
Patient Days in 2015:	20,271
Total Number of Beds:	74
Number of ICU Beds:	5
FTE* Infection Preventionists:	0.80
Number of FTEs* per 100 beds:	1.08

[*FTE = Full-time equivalent]



Commentary From Facility:
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Catheter-Associated Urinary Tract Infections (CAUTI)

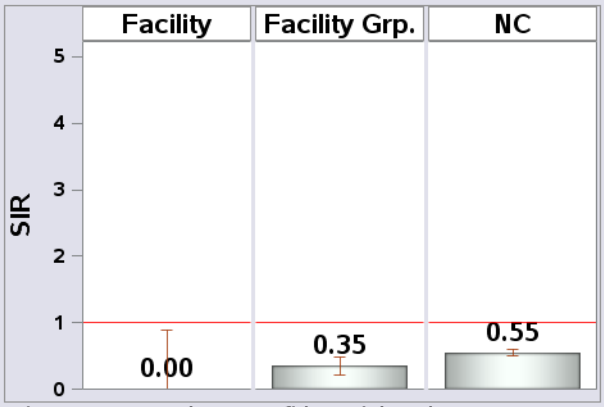


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	0	3.4	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.

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 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

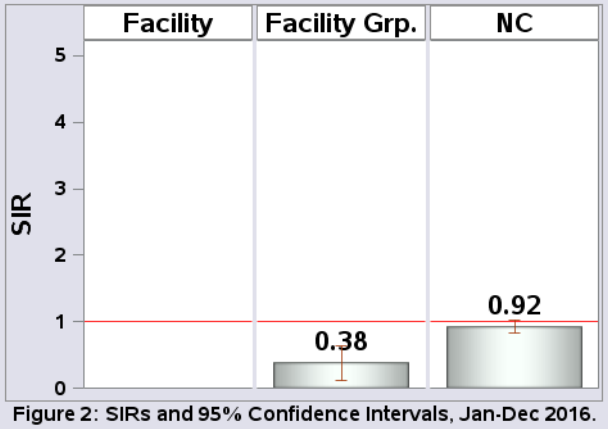


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

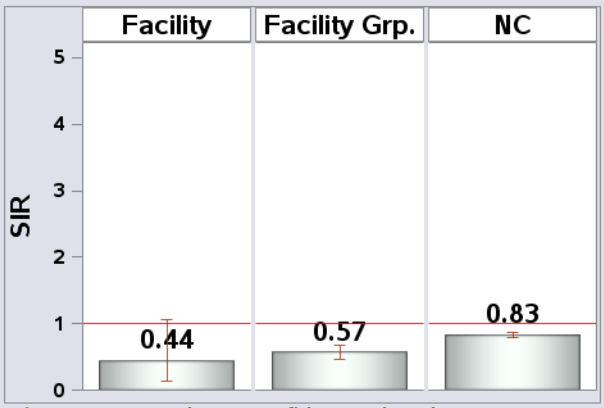


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	9.0	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 March 24, 2017.
Generated: April 13, 2017
N.C. Division of Public Health, SHARPPS Program
N.C. HAI 2016 Q4 Report

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Novant Health Brunswick Medical Center, Bolivia, Brunswick County

Central Line-Associated Bloodstream Infections (CLABSI)

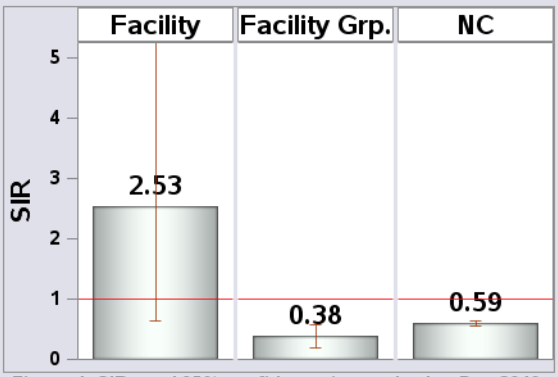


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	3	1.2	Same
All reporting units	**3**	**1.2**	**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-Dec 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

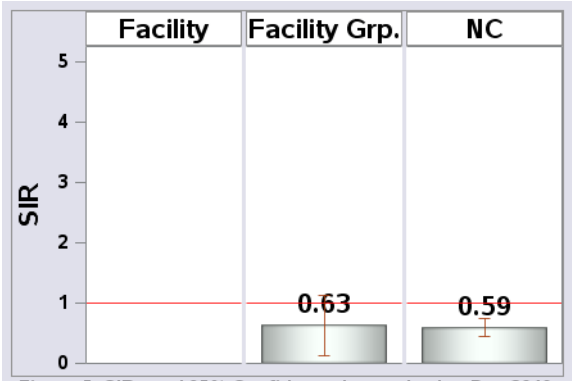


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

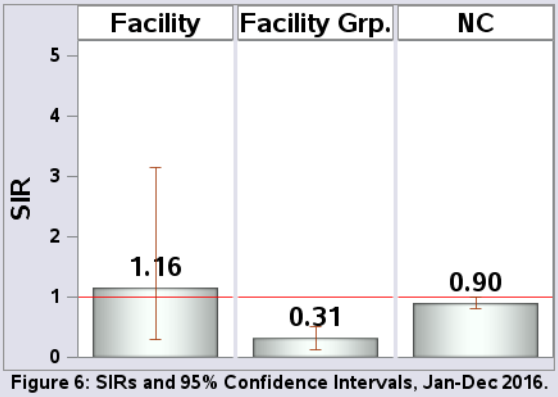


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	2.6	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

Ventilator-Associated Events (VAE)

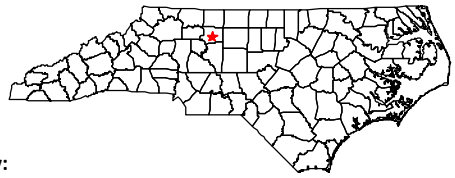
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Novant Health Forsyth Medical Center, Winston Salem, Forsyth County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	50,691
Patient Days in 2015:	246,466
Total Number of Beds:	921
Number of ICU Beds:	170
FTE* Infection Preventionists:	6.25
Number of FTEs* per 100 beds:	0.68

[*FTE = Full-time equivalent]



Commentary From Facility:
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Catheter-Associated Urinary Tract Infections (CAUTI)

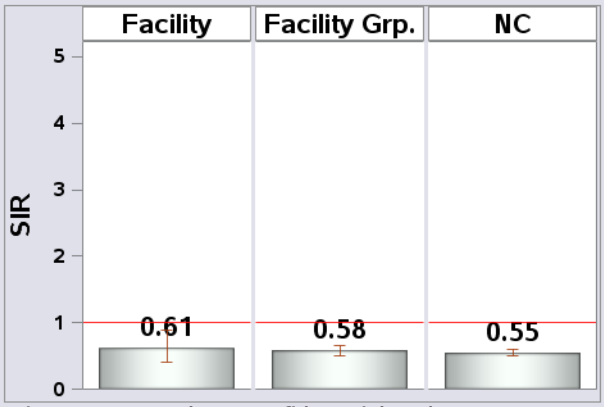

Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	25	41	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.

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 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	27	15	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

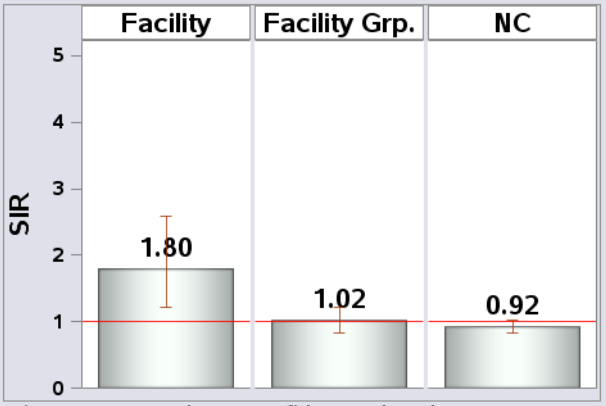

Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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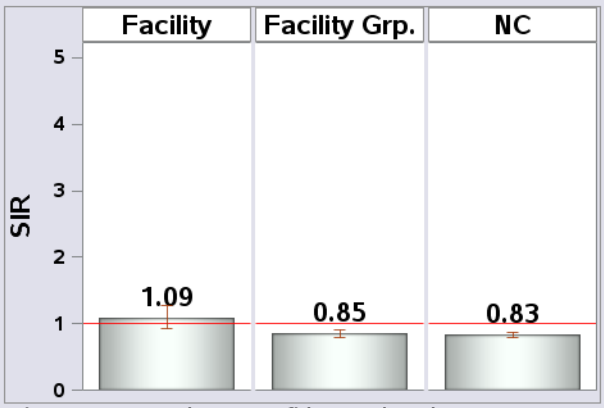


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	161	148	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Novant Health Forsyth Medical Center, Winston Salem, Forsyth County

Central Line-Associated Bloodstream Infections (CLABSI)

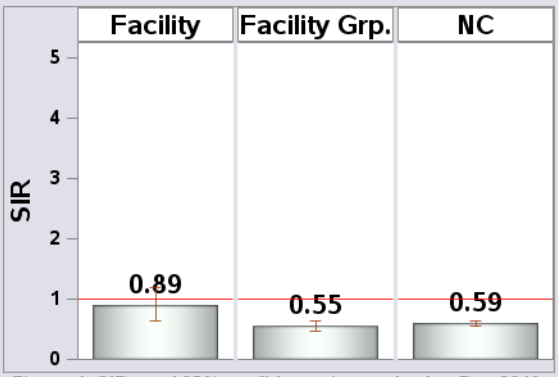


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	35	39	Same
Neonatal Units	5	6.4	Same
All reporting units	**40**	**45**	**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-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	**0**	**3.7**	**Better**

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

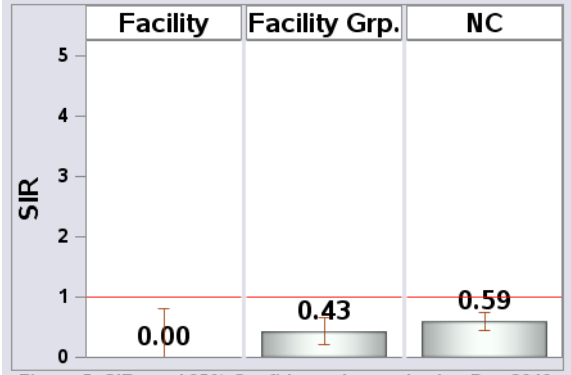


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

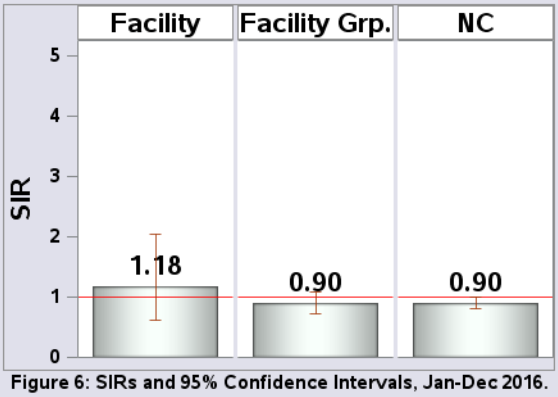


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	**11**	**9.4**	**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

Ventilator-Associated Events (VAE)

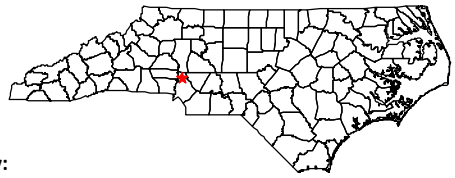
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Novant Health Huntersville Medical Center, Huntersville, Mecklenburg County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	11,742
Patient Days in 2015:	28,069
Total Number of Beds:	91
Number of ICU Beds:	8
FTE* Infection Preventionists:	0.80
Number of FTEs* per 100 beds:	0.88

[*FTE = Full-time equivalent]



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Catheter-Associated Urinary Tract Infections (CAUTI)

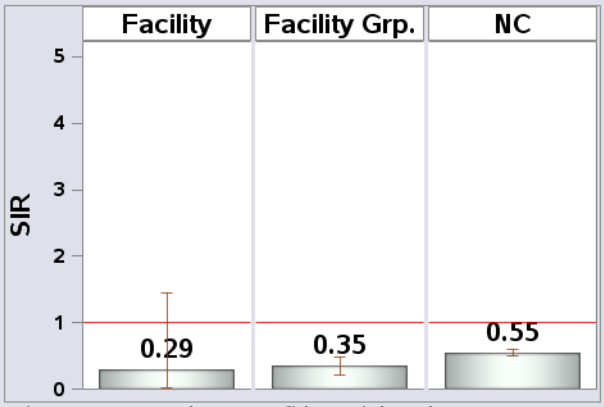

Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	1	3.4	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-Dec 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	1.1	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

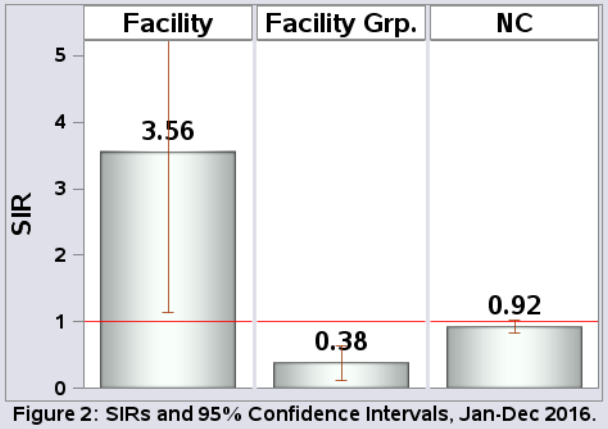

Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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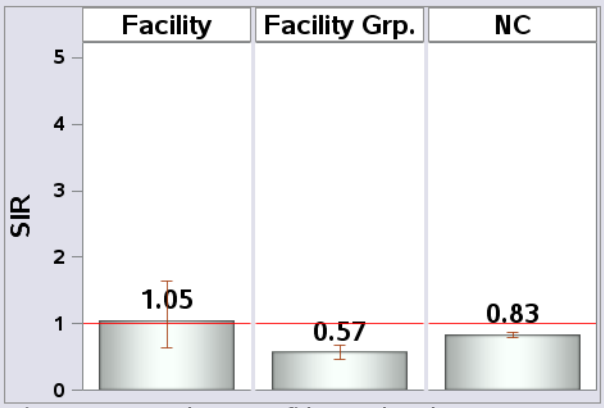


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	17	16	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Novant Health Huntersville Medical Center, Huntersville, Mecklenburg County

Central Line-Associated Bloodstream Infections (CLABSI)

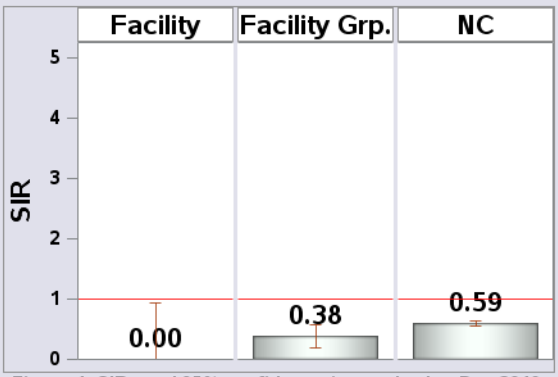


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	0	3.2	Better
Neonatal Units	0	Less than 1.0	No Conclusion
All reporting units	**0**	**3.2**	**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?
No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

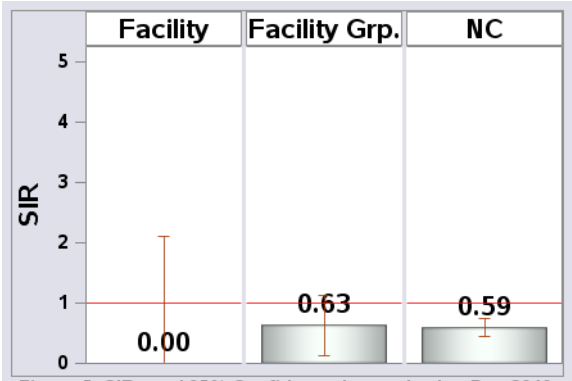
Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	**0**	**1.4**	**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



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Surgical Site Infections (SSI) after Colon Surgeries

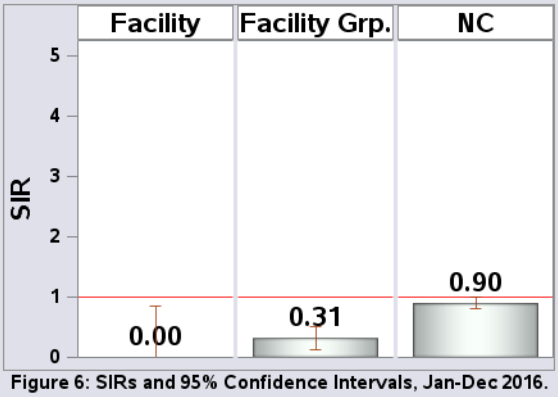


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	**0**	**3.5**	**Better**

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

Ventilator-Associated Events (VAE)

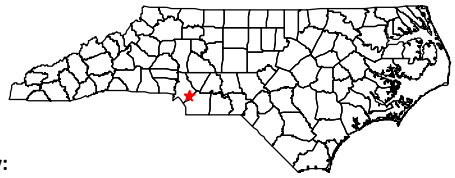
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Novant Health Matthews Medical Center, Matthews, Mecklenburg County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	15,111
Patient Days in 2015:	46,300
Total Number of Beds:	146
Number of ICU Beds:	18
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.68

[*FTE = Full-time equivalent]



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Catheter-Associated Urinary Tract Infections (CAUTI)

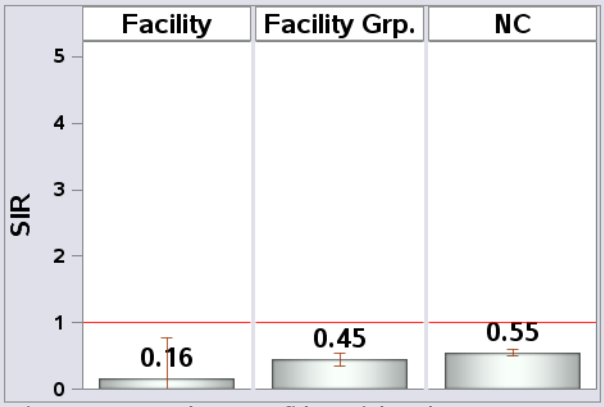


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	1	6.4	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.

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 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	1.8	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

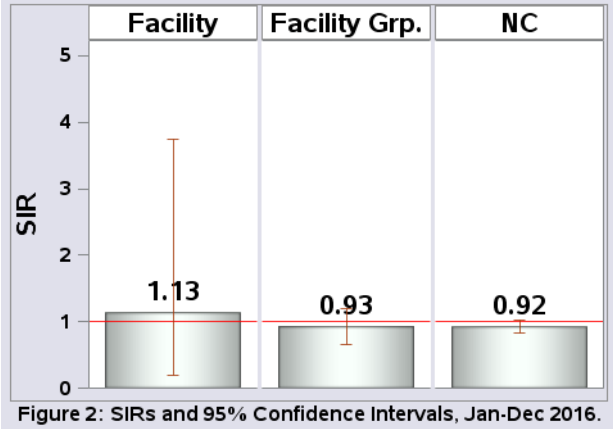


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

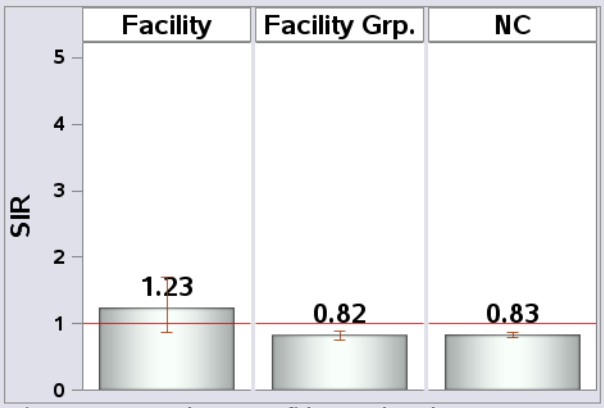


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	35	28	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Novant Health Matthews Medical Center, Matthews, Mecklenburg County

Central Line-Associated Bloodstream Infections (CLABSI)

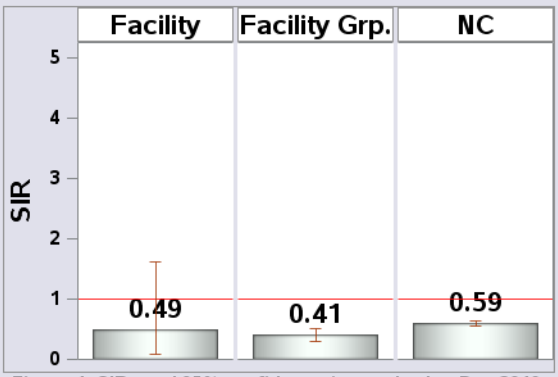


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	2	4.0	Same
Neonatal Units	0	Less than 1.0	No Conclusion
All reporting units	**2**	**4.1**	**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?
No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	**1**	**1.5**	**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

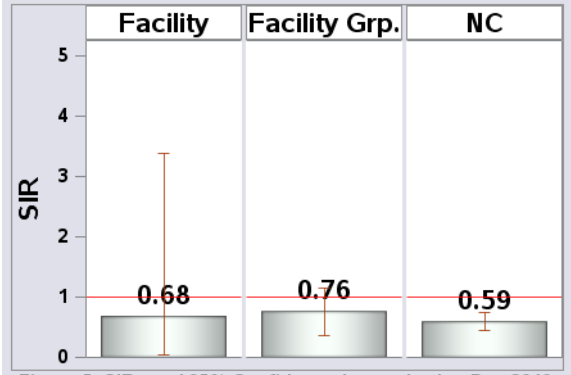


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

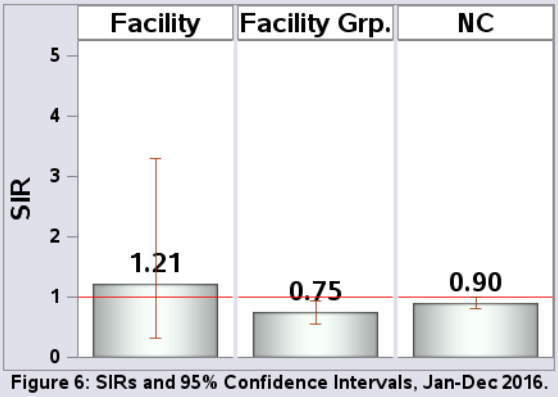


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	**3**	**2.5**	**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

Ventilator-Associated Events (VAE)

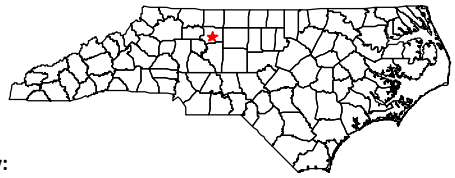
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Novant Health Medical Park Hospital, Winston Salem, Forsyth County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	2,878
Patient Days in 2015:	5,557
Total Number of Beds:	22
Number of ICU Beds:	0
FTE* Infection Preventionists:	0.50
Number of FTEs* per 100 beds:	2.27

[*FTE = Full-time equivalent]



Commentary From Facility:
At Novant Health, the safety of our patients comes first. Our goal is to have zero healthcare associated infections and we continually monitor our infection prevention processes for improvement opportunities. We support transparency in reporting infection rates and make common infection data available on our website. More information can be found under "Quality & safety" on NovantHealth.org.

Catheter-Associated Urinary Tract Infections (CAUTI)

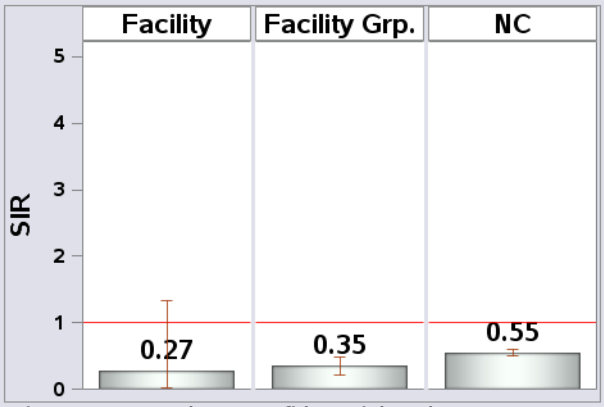


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	1	3.7	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-Dec 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

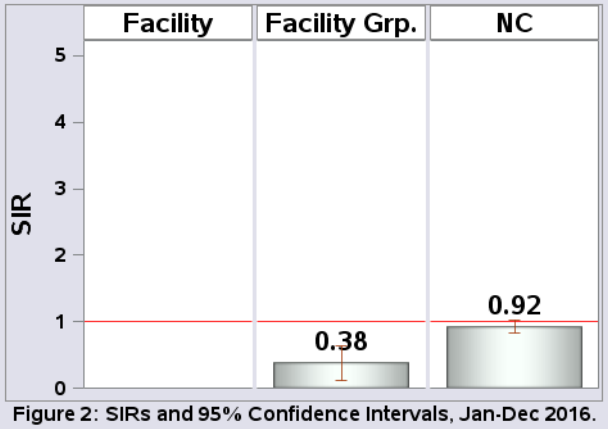


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

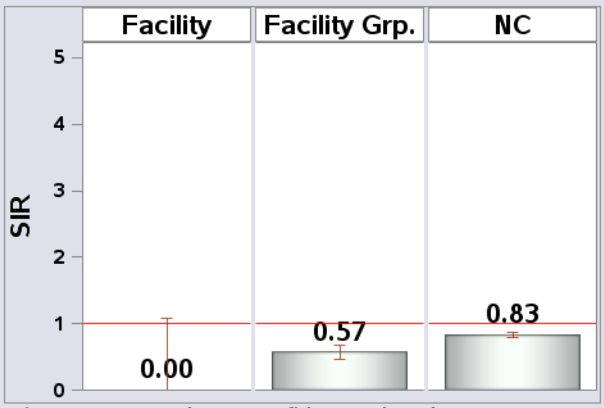


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	2.8	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Novant Health Medical Park Hospital, Winston Salem, Forsyth County

Central Line-Associated Bloodstream Infections (CLABSI)

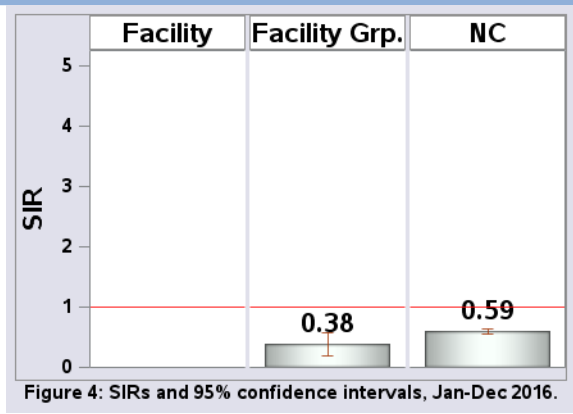


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	1	Less than 1.0	No Conclusion
All reporting units	**1**	**Less than 1.0**	**No Conclusion**

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

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	**0**	**1.6**	**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

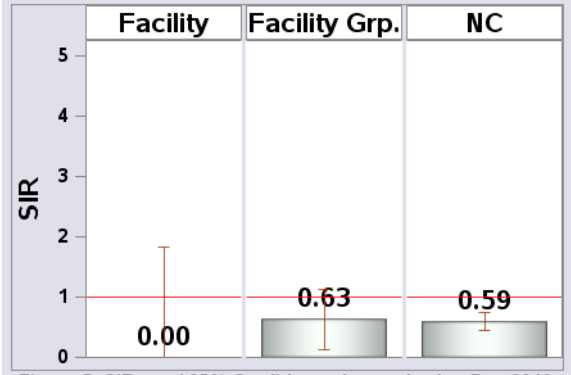


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

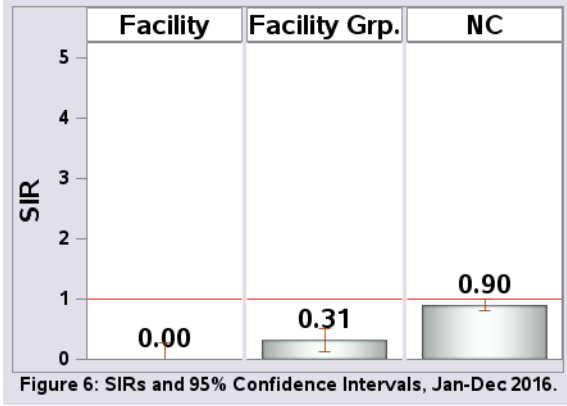


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	**0**	**11**	**Better**

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

Ventilator-Associated Events (VAE)

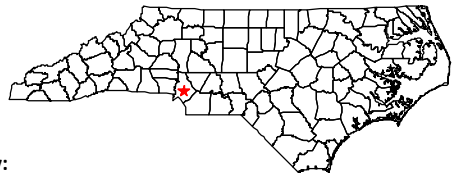
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Novant Health Presbyterian Medical Center, Charlotte, Mecklenburg County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	24,536
Patient Days in 2015:	164,232
Total Number of Beds:	617
Number of ICU Beds:	86
FTE* Infection Preventionists:	4.00
Number of FTEs* per 100 beds:	0.65

[*FTE = Full-time equivalent]



Commentary From Facility:
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Catheter-Associated Urinary Tract Infections (CAUTI)

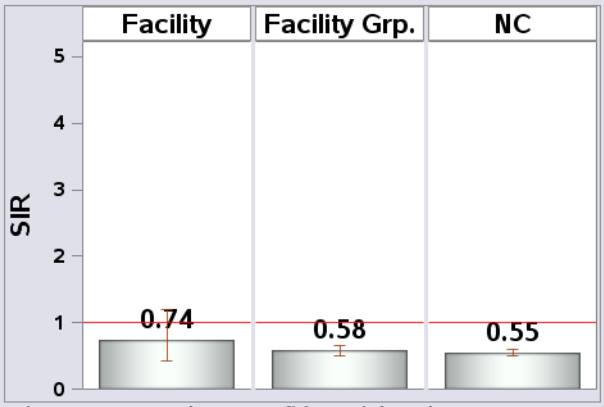


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	15	20	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-Dec 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	17	9.1	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

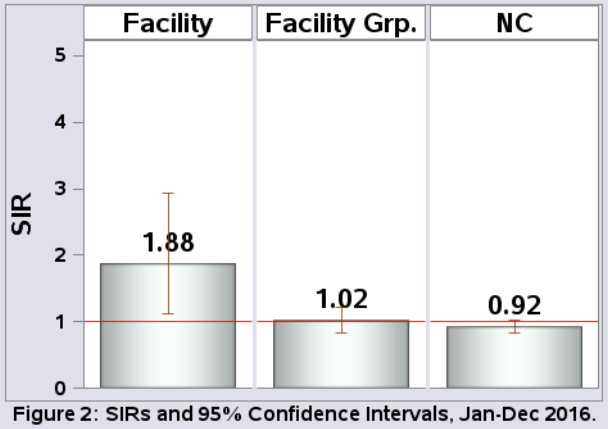


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

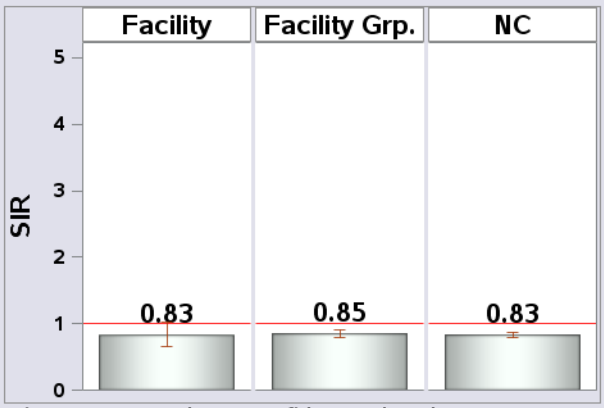


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	83	100	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Novant Health Presbyterian Medical Center, Charlotte, Mecklenburg County

Central Line-Associated Bloodstream Infections (CLABSI)

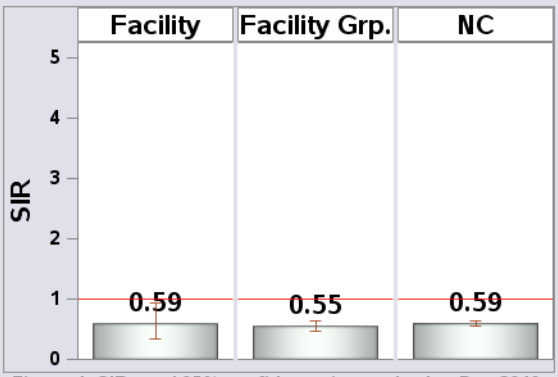


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	12	18	Same
Neonatal Units	3	7.5	Same
All reporting units	**15**	**26**	**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?
= 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-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	**4**	**5.9**	**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

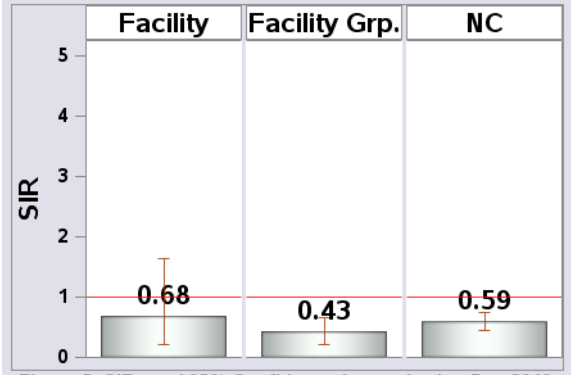


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

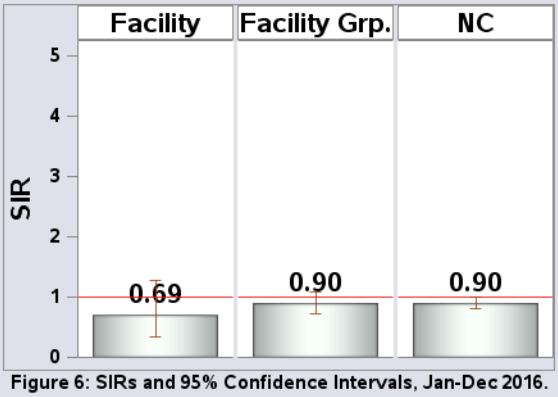


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	**9**	**13**	**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

Ventilator-Associated Events (VAE)

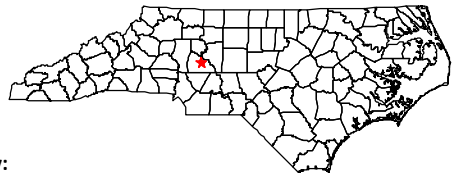
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Novant Health Rowan Medical Center, Salisbury, Rowan County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	13,743
Patient Days in 2015:	52,140
Total Number of Beds:	268
Number of ICU Beds:	20
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.37

[*FTE = Full-time equivalent]



Commentary From Facility:
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Catheter-Associated Urinary Tract Infections (CAUTI)

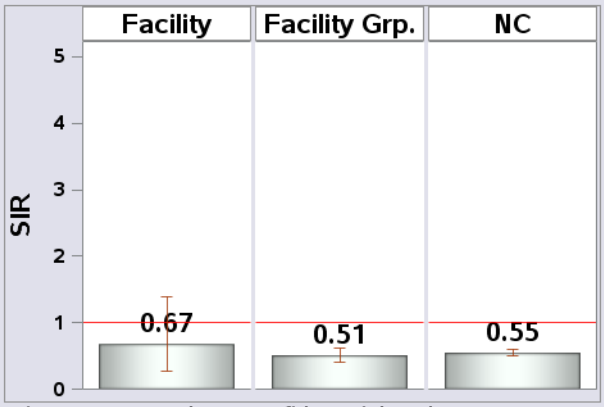

Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	6	9.0	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-Dec 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	1.8	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

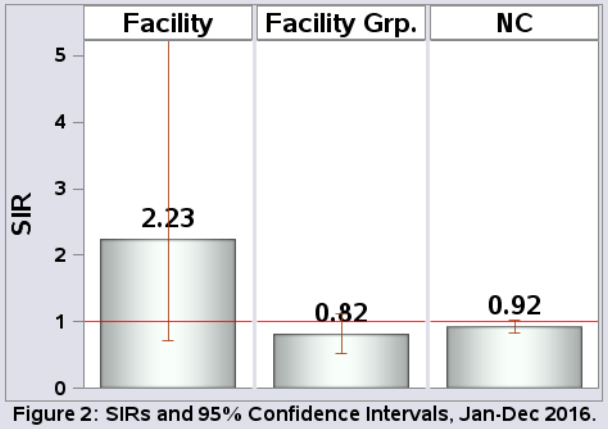

Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

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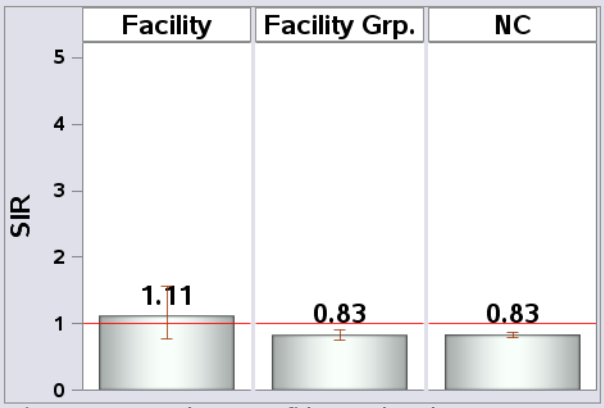


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	30	27	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Novant Health Rowan Medical Center, Salisbury, Rowan County

Central Line-Associated Bloodstream Infections (CLABSI)

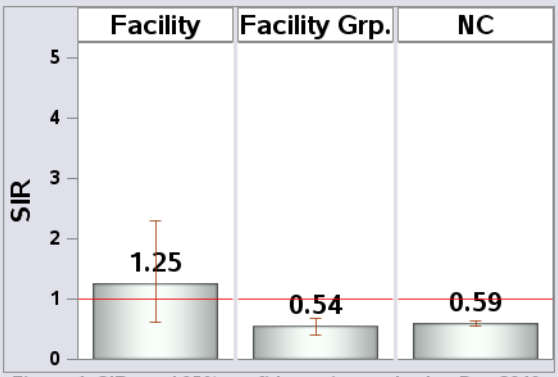


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	9	7.2	Same
All reporting units	**9**	**7.2**	**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-Dec 2016.

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

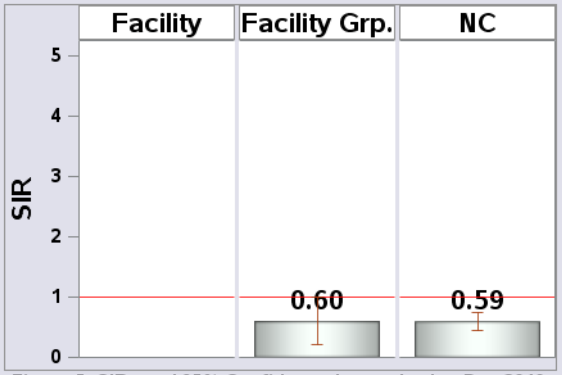


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

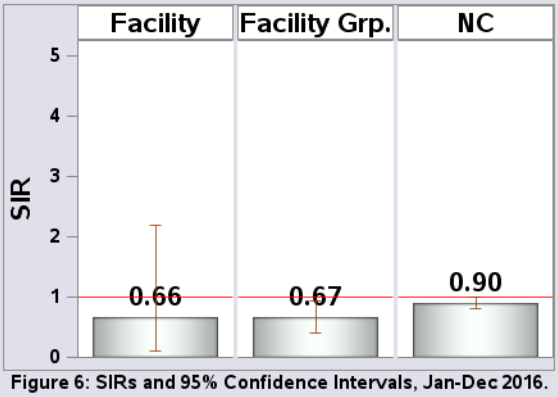


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	3.0	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

Ventilator-Associated Events (VAE)

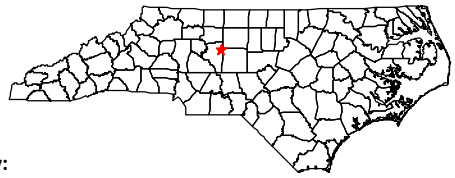
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Novant Health Thomasville Medical Center, Thomasville, Davidson County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	4,189
Patient Days in 2015:	27,042
Total Number of Beds:	149
Number of ICU Beds:	11
FTE* Infection Preventionists:	0.50
Number of FTEs* per 100 beds:	0.34

[*FTE = Full-time equivalent]



Commentary From Facility:
At Novant Health, the safety of our patients comes first. Our goal is to have zero healthcare associated infections and we continually monitor our infection prevention processes for improvement opportunities. We support transparency in reporting infection rates and make common infection data available on our website. More information can be found under "Quality & safety" on NovantHealth.org.

Catheter-Associated Urinary Tract Infections (CAUTI)

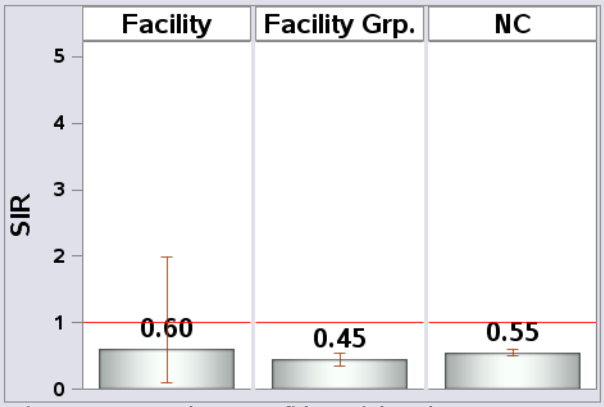


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	2	3.3	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-Dec 2016

Unit Type	Observed Events	Predicted Events	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: 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

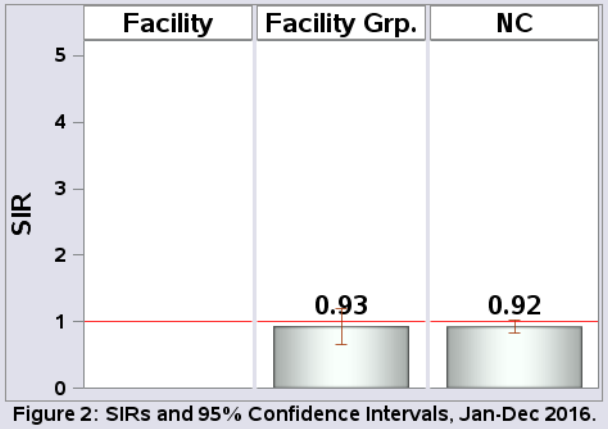


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

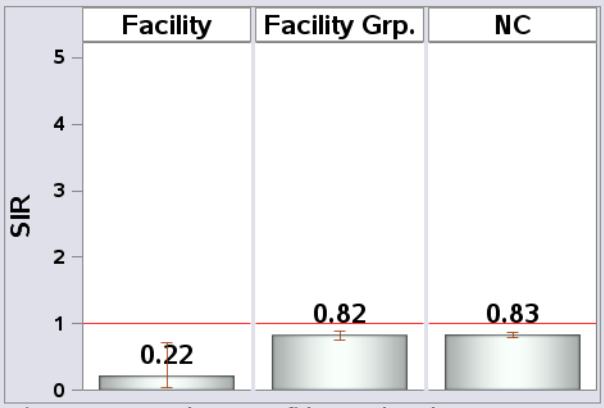


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	9.3	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Novant Health Thomasville Medical Center, Thomasville, Davidson County

Central Line-Associated Bloodstream Infections (CLABSI)

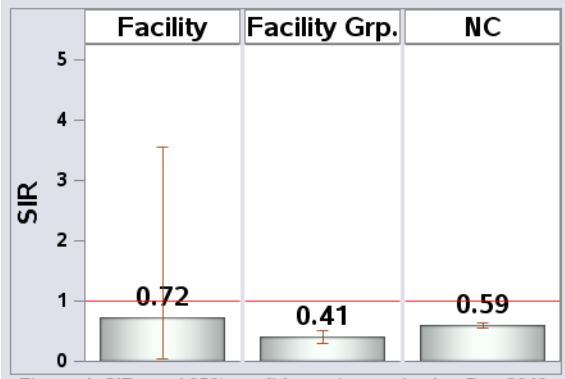


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	1	1.4	Same
All reporting units	**1**	**1.4**	**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-Dec 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

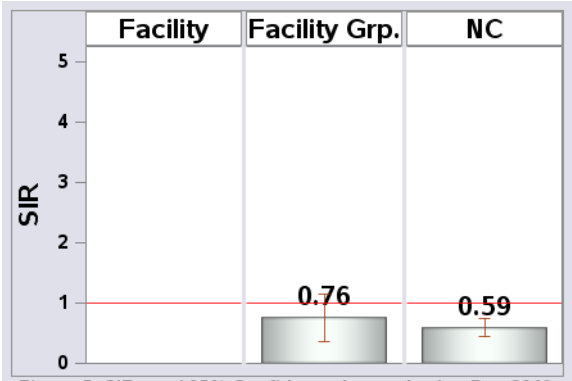


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

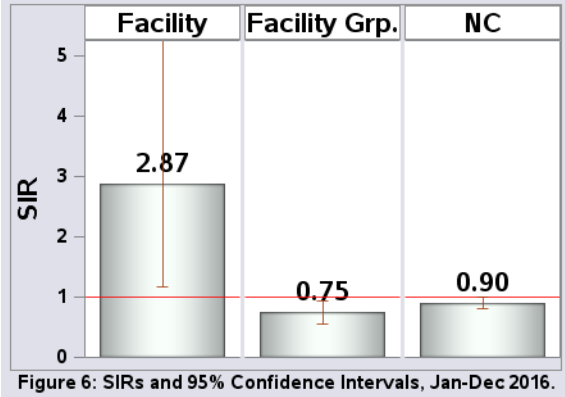


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	6	2.1	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)

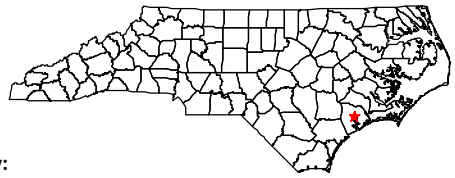
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Onslow Memorial Hospital, Jacksonville, Onslow County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	8,287
Patient Days in 2015:	32,485
Total Number of Beds:	162
Number of ICU Beds:	30
FTE* Infection Preventionists:	1.50
Number of FTEs* per 100 beds:	0.93

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

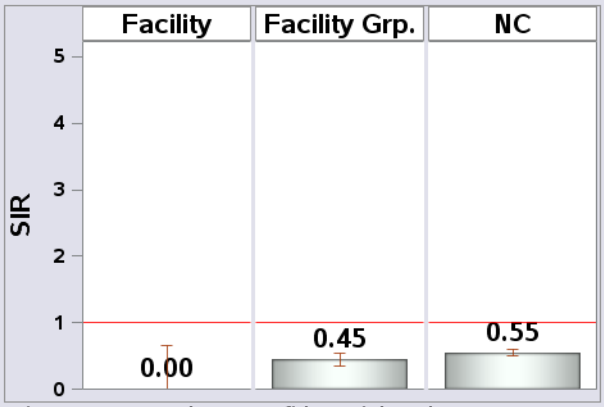


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	0	4.5	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.

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 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	1.2	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

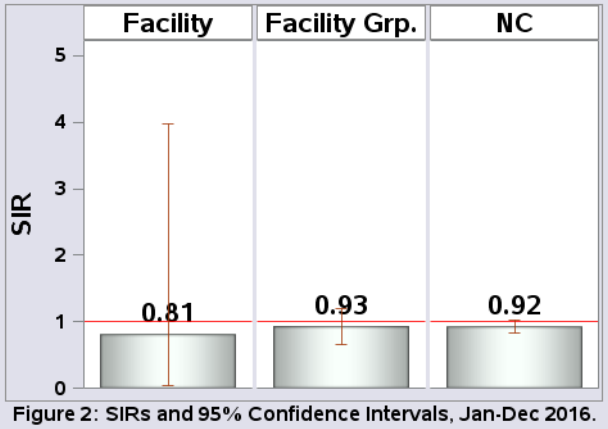


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

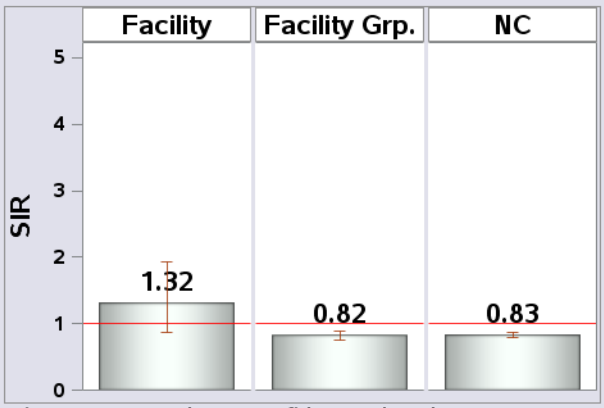


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	25	19	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Onslow Memorial Hospital, Jacksonville, Onslow County

Central Line-Associated Bloodstream Infections (CLABSI)

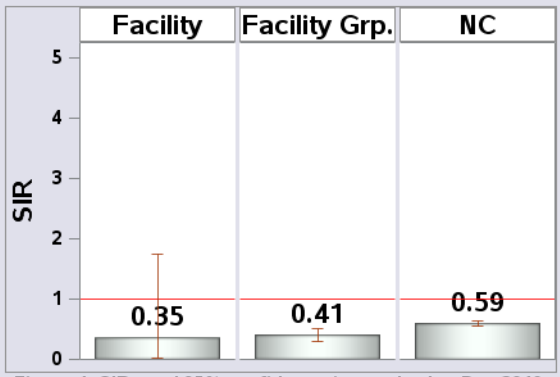


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	1	2.8	Same
Neonatal Units	0	Less than 1.0	No Conclusion
All reporting units	**1**	**2.8**	**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?
No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Surgical Site Infections (SSI) after Abdominal Hysterectomies

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

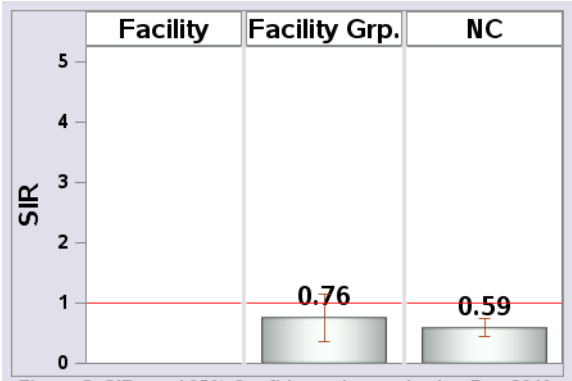


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

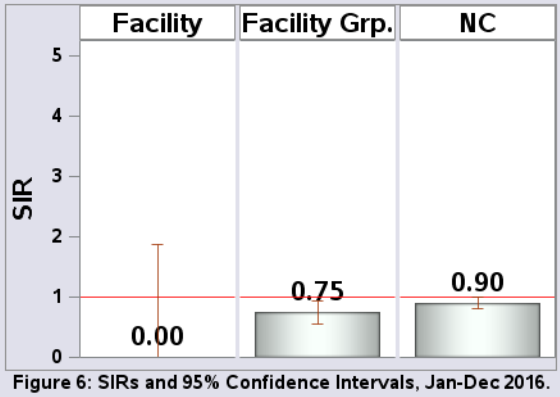


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.6	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

Ventilator-Associated Events (VAE)

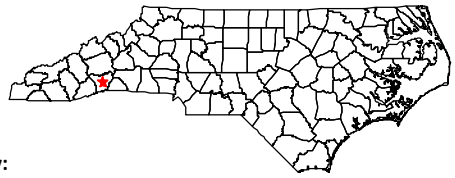
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Pardee Hospital, Hendersonville, Henderson County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Admissions in 2015:	8,103
Patient Days in 2015:	29,551
Total Number of Beds:	138
Number of ICU Beds:	8
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.72

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

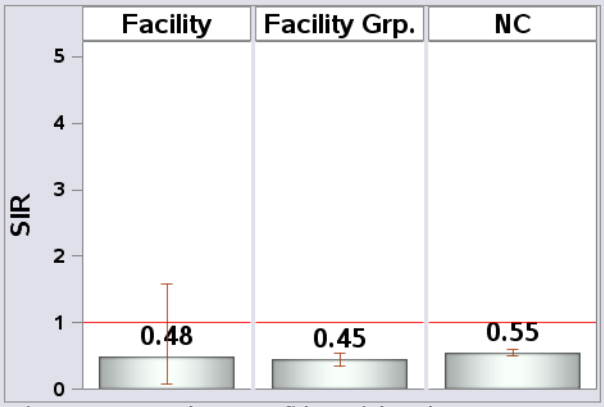


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

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

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	2	4.2	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-Dec 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	1.5	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

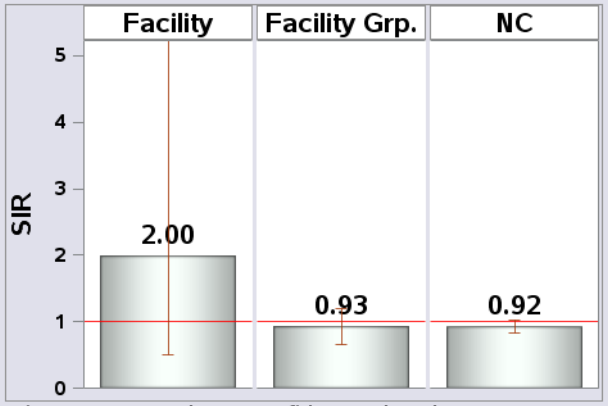


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

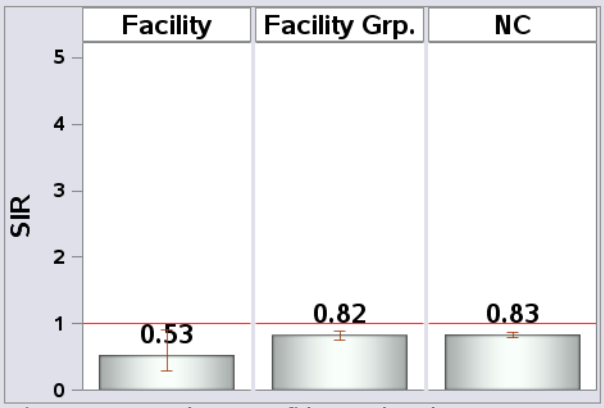


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	12	23	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Pardee Hospital, Hendersonville, Henderson County

Central Line-Associated Bloodstream Infections (CLABSI)

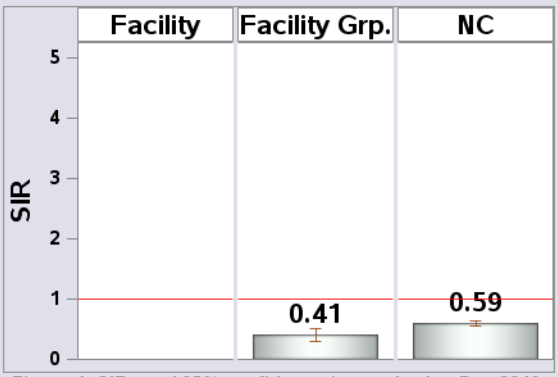


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2016

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	2	Less than 1.0	No Conclusion
All reporting units	**2**	**Less than 1.0**	**No Conclusion**

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?
No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 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

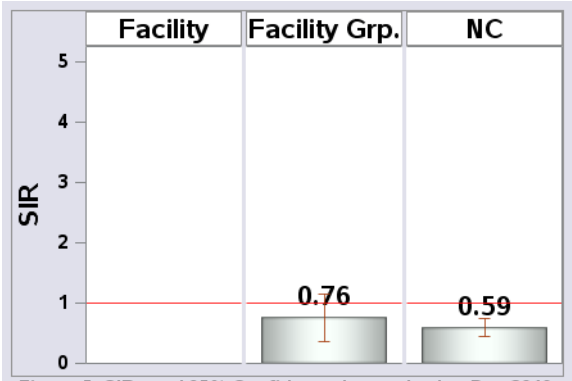


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

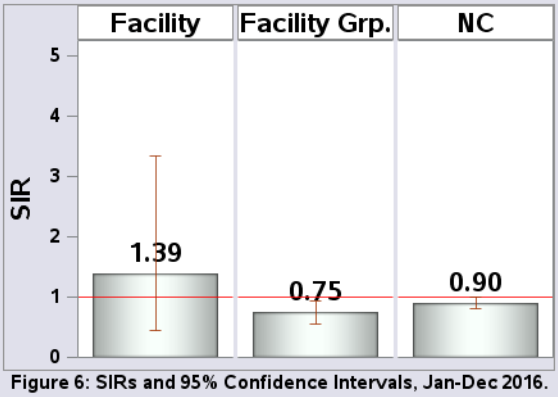


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	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

Ventilator-Associated Events (VAE)

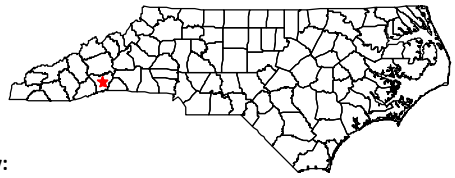
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Park Ridge Health, Hendersonville, Henderson County

2015 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	8,058
Patient Days in 2015:	21,520
Total Number of Beds:	103
Number of ICU Beds:	6
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.97

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

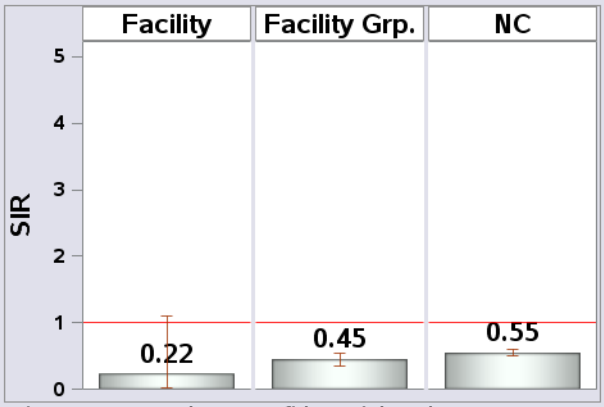


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	1	4.5	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-Dec 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

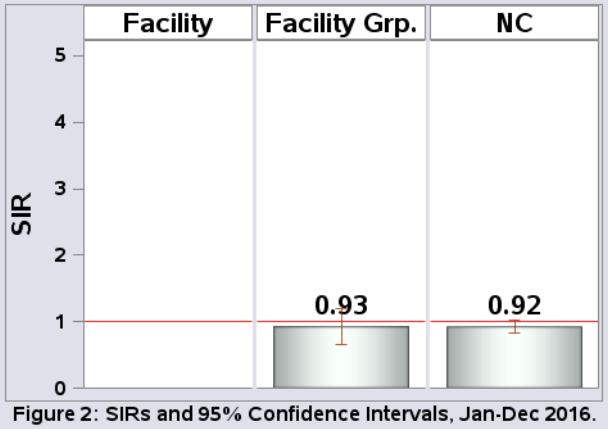


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

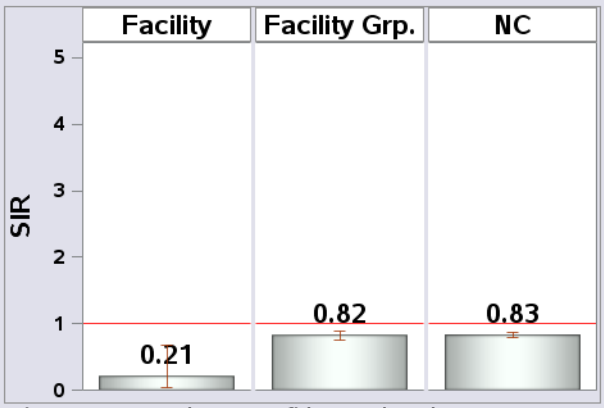


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	9.7	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Park Ridge Health, Hendersonville, Henderson County

Central Line-Associated Bloodstream Infections (CLABSI)

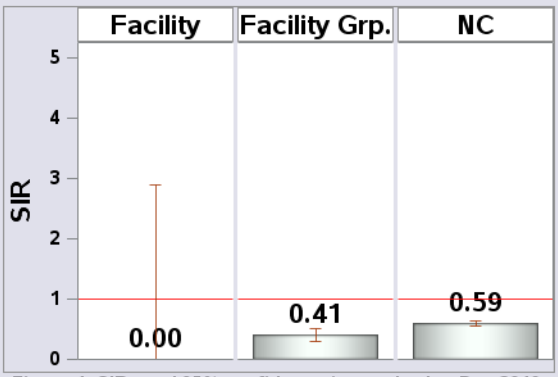


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2016

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	0	1.0	Same
All reporting units	**0**	**1.0**	**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-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	**1**	**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

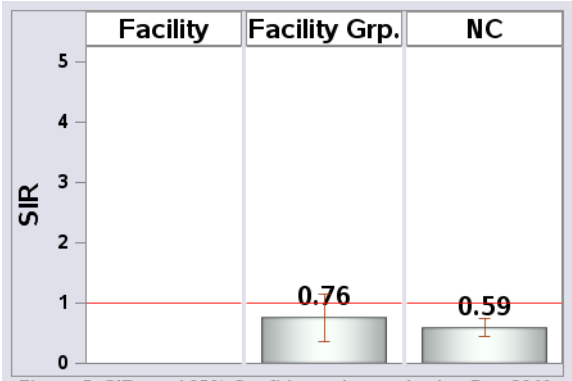


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

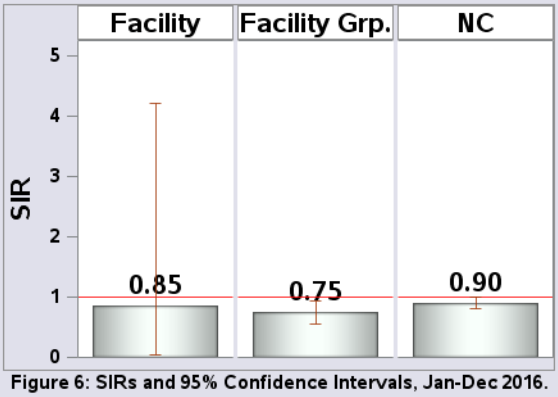


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	**1**	**1.2**	**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

Ventilator-Associated Events (VAE)

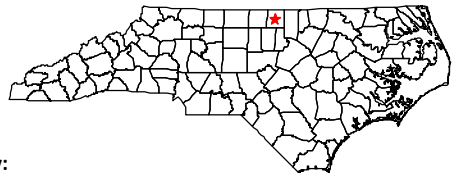
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Person Memorial Hospital, Roxboro, Person County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	1,167
Patient Days in 2015:	3,391
Total Number of Beds:	38
Number of ICU Beds:	6
FTE* Infection Preventionists:	0.38
Number of FTEs* per 100 beds:	0.99

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

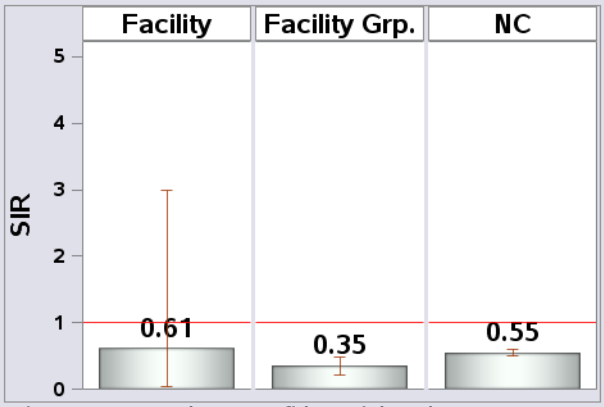


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	1	1.6	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-Dec 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

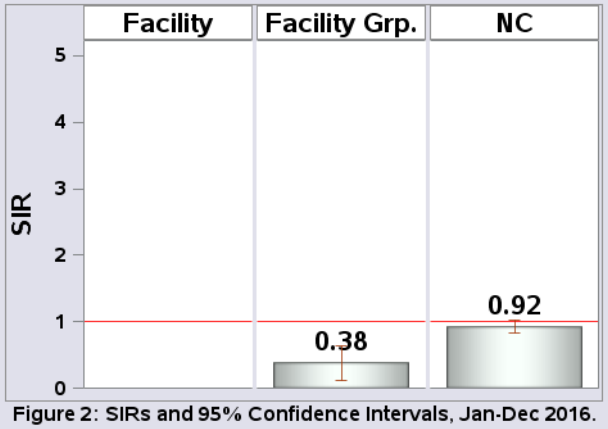


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

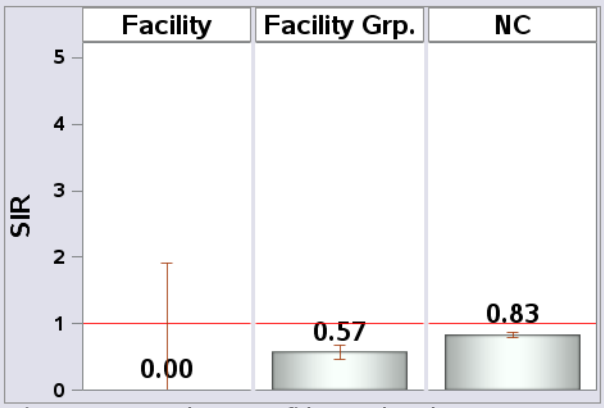


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.6	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Person Memorial Hospital, Roxboro, Person County

Central Line-Associated Bloodstream Infections (CLABSI)

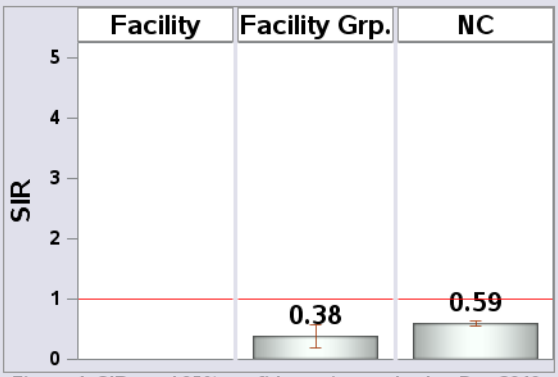


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2016

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	1	Less than 1.0	No Conclusion
All reporting units	**1**	**Less than 1.0**	**No Conclusion**

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?
No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 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

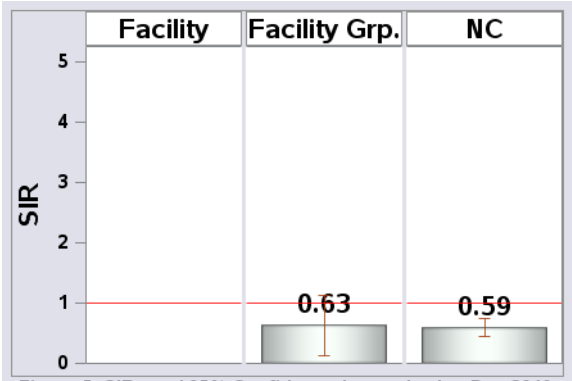


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

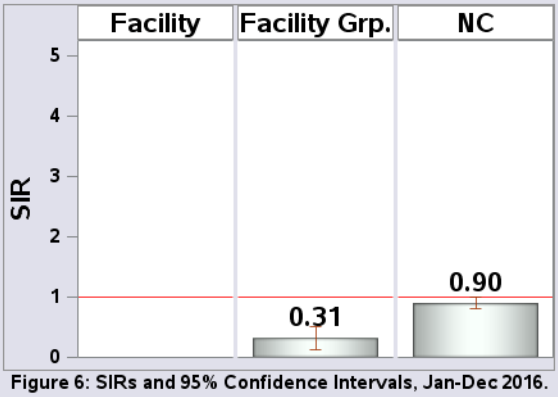


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	**1**	**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

Ventilator-Associated Events (VAE)

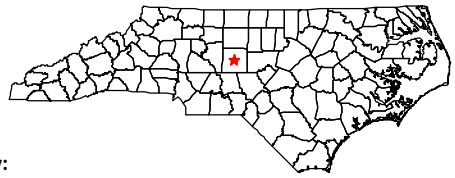
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Randolph Hospital, Asheboro, Randolph County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	5,113
Patient Days in 2015:	17,885
Total Number of Beds:	85
Number of ICU Beds:	10
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	1.18

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

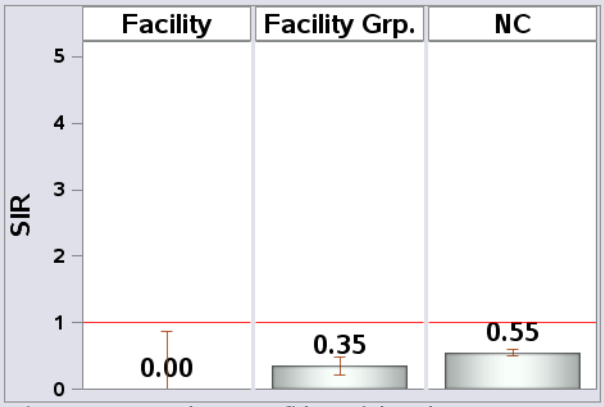


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	0	3.5	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.

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 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.2	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

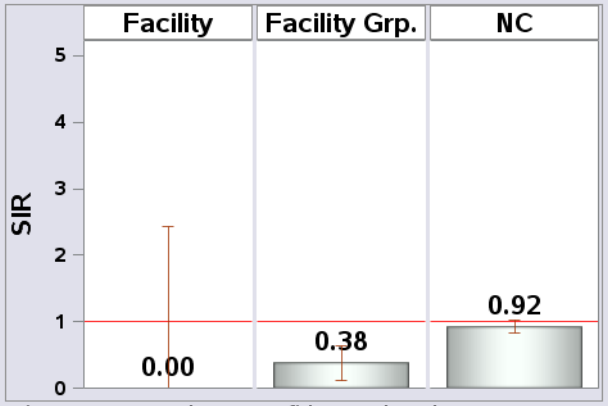


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

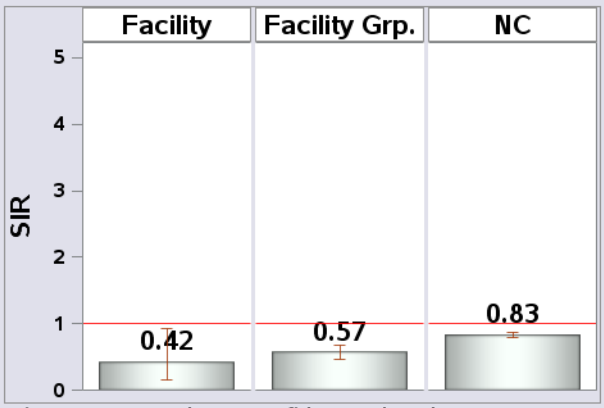


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	5	12	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Randolph Hospital, Asheboro, Randolph County

Central Line-Associated Bloodstream Infections (CLABSI)

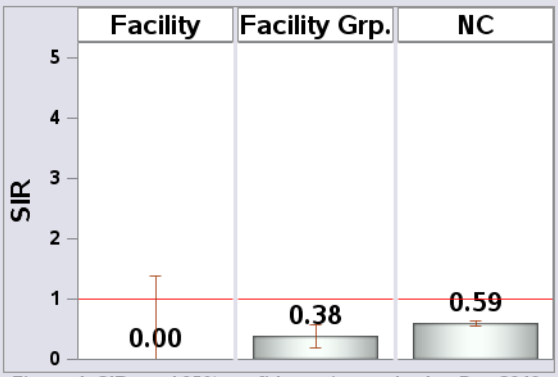


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2016

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	0	2.2	Same
All reporting units	**0**	**2.2**	**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-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	**1**	**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

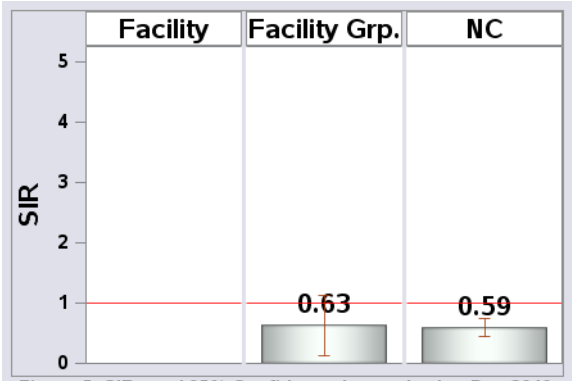


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

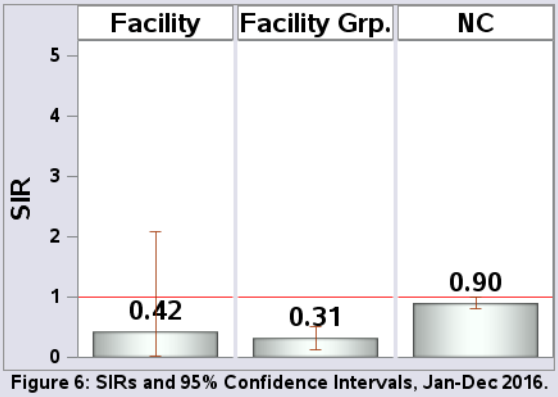


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	**1**	**2.4**	**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

Ventilator-Associated Events (VAE)

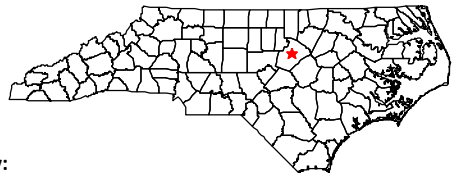
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Rex Healthcare, Raleigh, Wake County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2015:	25,102
Patient Days in 2015:	125,537
Total Number of Beds:	665
Number of ICU Beds:	54
FTE* Infection Preventionists:	4.00
Number of FTEs* per 100 beds:	0.60

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

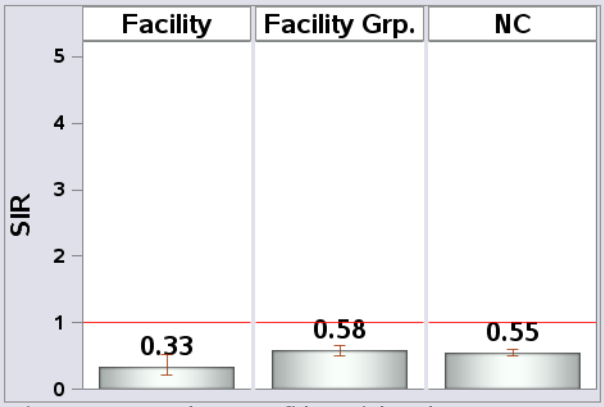


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	18	54	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.

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 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	7	13	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

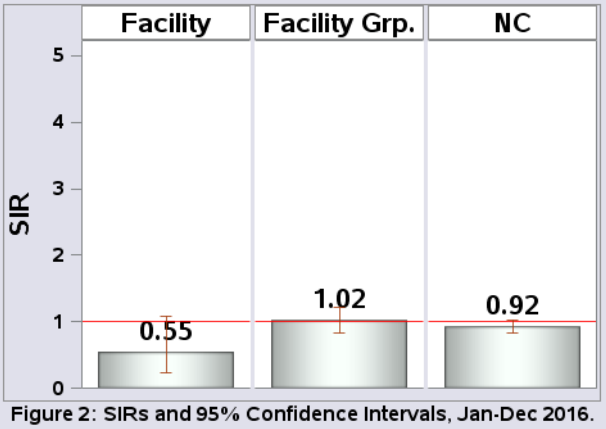


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

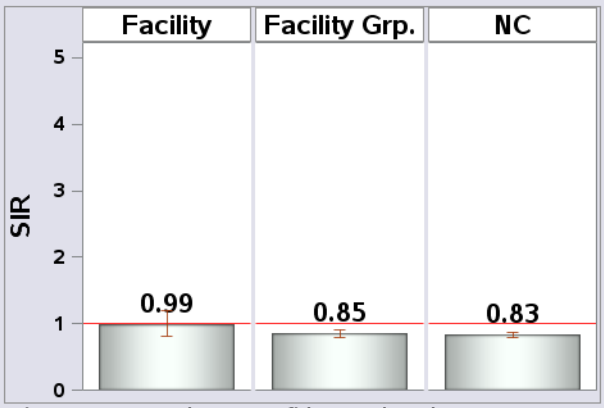


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	109	110	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Rex Healthcare, Raleigh, Wake County

Central Line-Associated Bloodstream Infections (CLABSI)

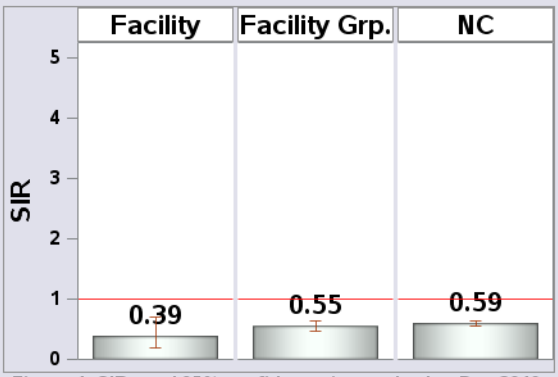


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2016

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	10	25	Better
Neonatal Units	0	Less than 1.0	No Conclusion
All reporting units	**10**	**26**	**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?
No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	**0**	**3.7**	**Better**

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?
★ Better: Fewer infections than predicted by the national baseline experience

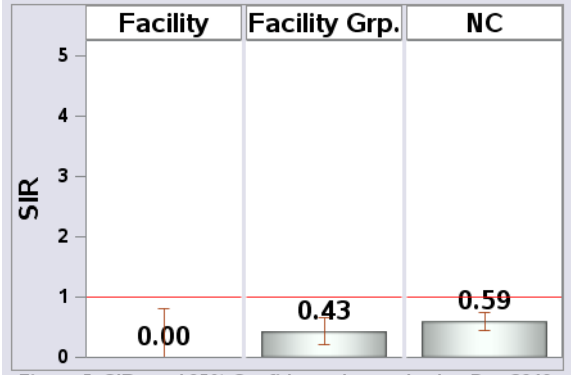


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

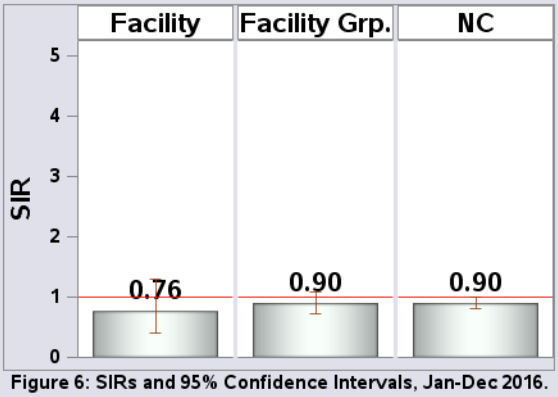


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	**12**	**16**	**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

Ventilator-Associated Events (VAE)

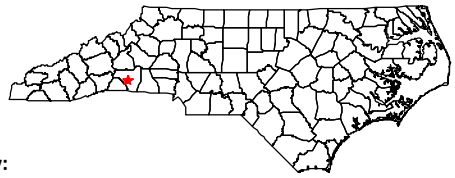
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Rutherford Regional Medical Center, Rutherfordton, Rutherford County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	3,575
Patient Days in 2015:	15,526
Total Number of Beds:	125
Number of ICU Beds:	10
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.80

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

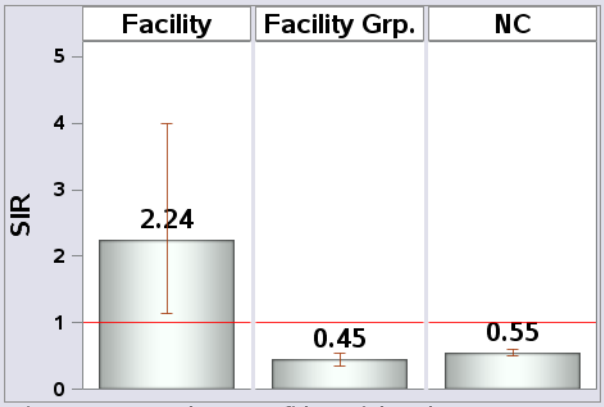


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	10	4.5	Worse

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?
× Worse: More 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 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	1.9	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

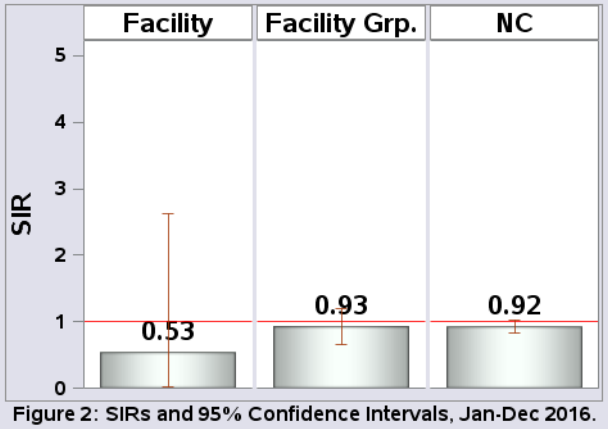


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

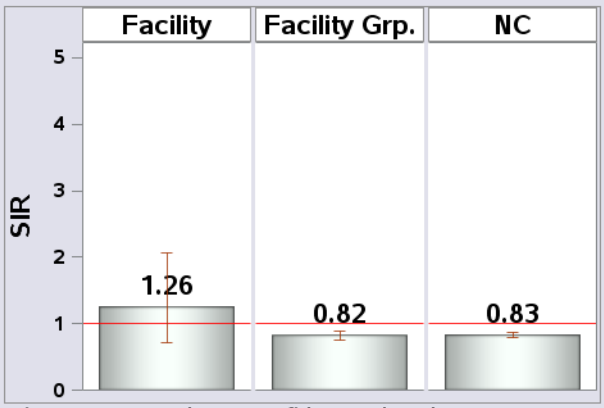


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	14	11	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Rutherford Regional Medical Center, Rutherfordton, Rutherford County

Central Line-Associated Bloodstream Infections (CLABSI)

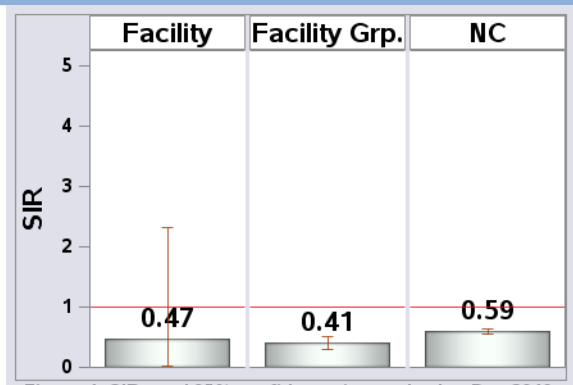


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2016

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	1	2.1	Same
All reporting units	**1**	**2.1**	**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-Dec 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

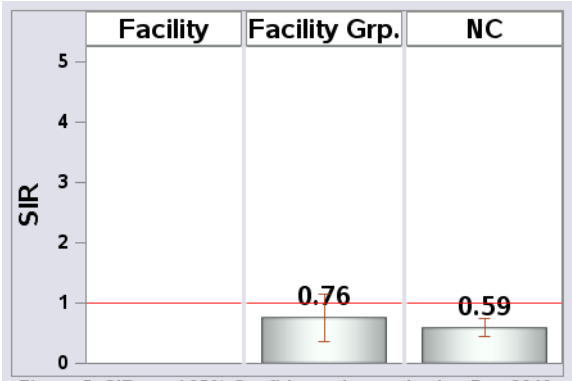


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

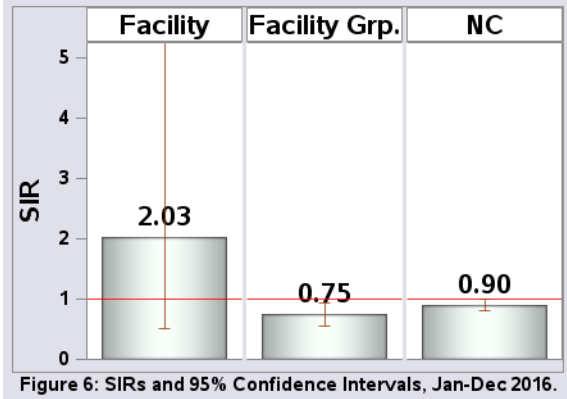


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	1.5	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

Ventilator-Associated Events (VAE)

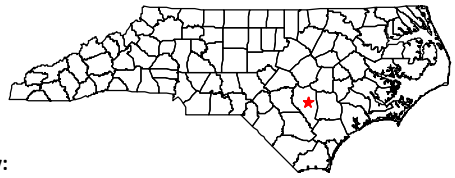
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Sampson Regional Medical Center, Clinton, Sampson County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Admissions in 2015:	4,162
Patient Days in 2015:	15,318
Total Number of Beds:	116
Number of ICU Beds:	8
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.86

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

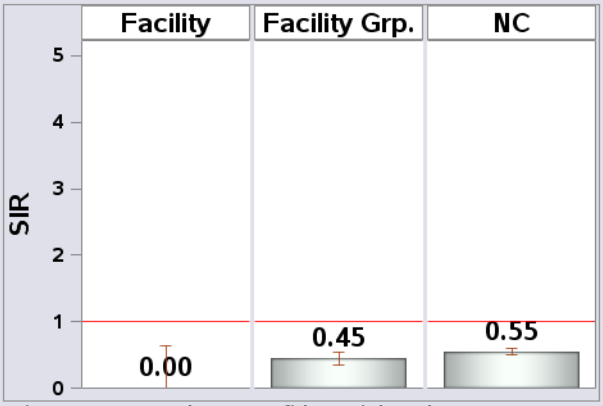


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	0	4.7	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.

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 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

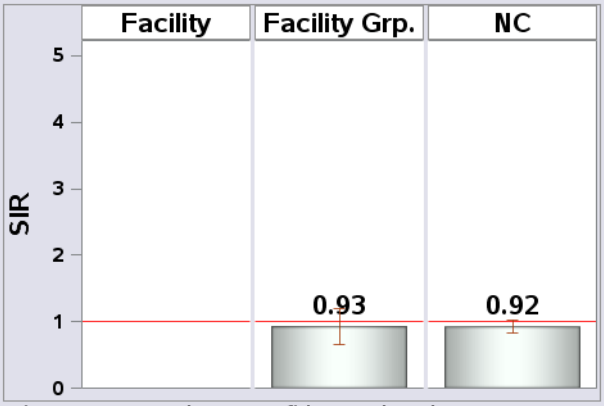


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

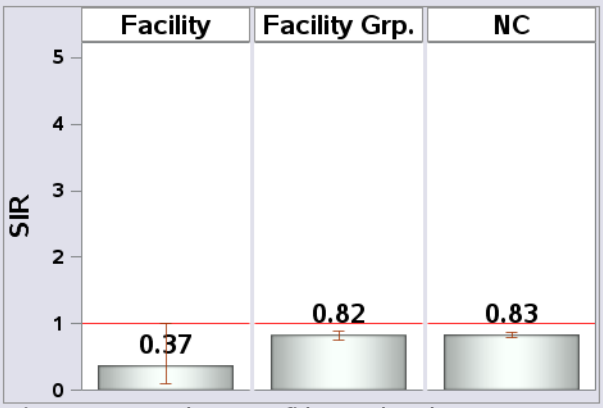


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	8.1	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Sampson Regional Medical Center, Clinton, Sampson County

Central Line-Associated Bloodstream Infections (CLABSI)

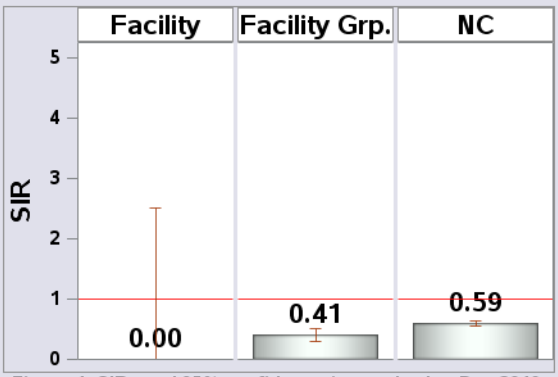


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2016

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	0	1.2	Same
All reporting units	**0**	**1.2**	**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-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	**1**	**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

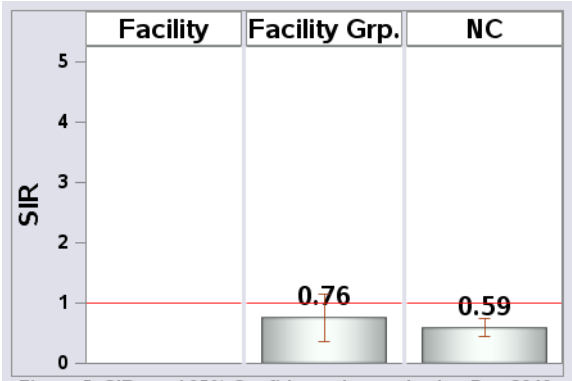


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

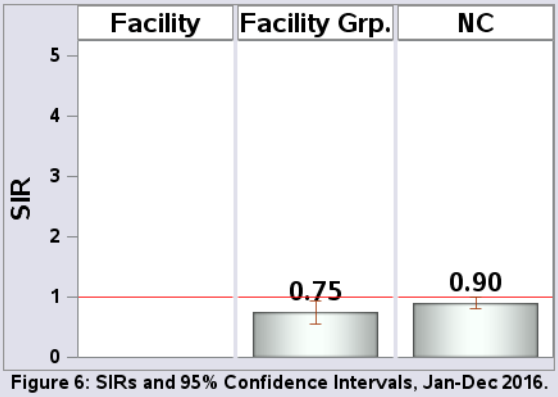


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 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

Ventilator-Associated Events (VAE)

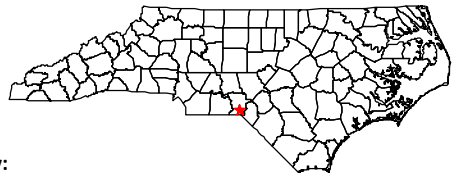
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Sandhills Regional Medical Center, Hamlet, Richmond County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	1,559
Patient Days in 2015:	6,678
Total Number of Beds:	64
Number of ICU Beds:	6
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	1.56

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

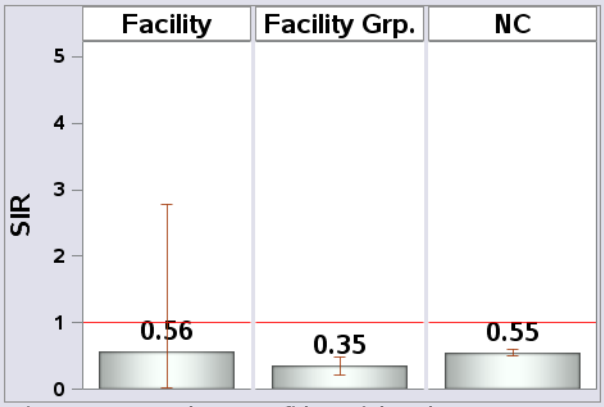


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	1	1.8	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-Dec 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

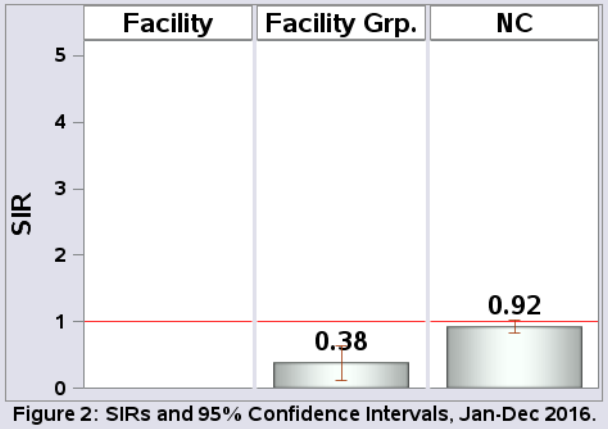


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

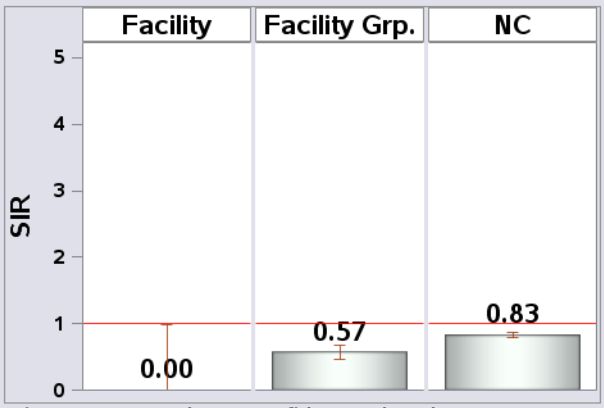


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	3.0	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Sandhills Regional Medical Center, Hamlet, Richmond County

Central Line-Associated Bloodstream Infections (CLABSI)

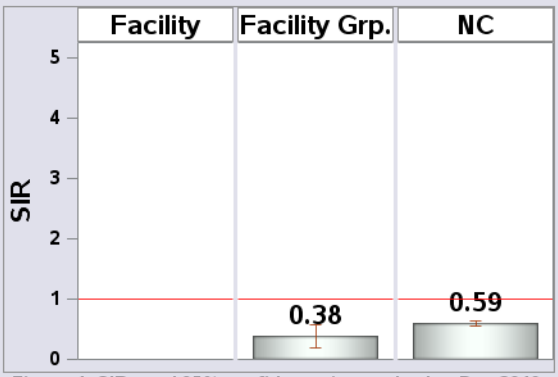


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 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
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 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?
No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 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

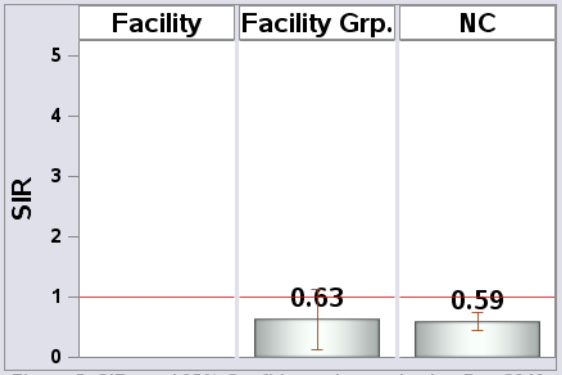


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

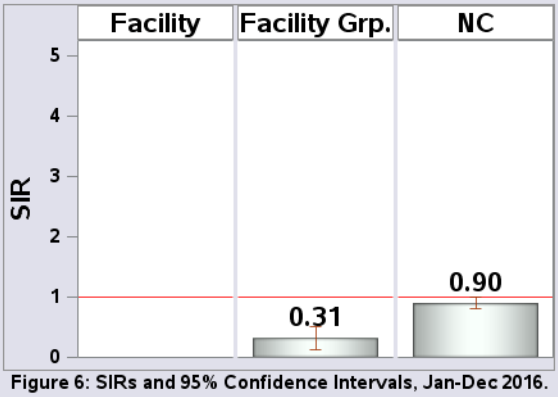


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 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

Ventilator-Associated Events (VAE)

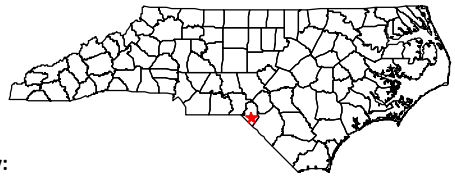
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Scotland Memorial Hospital, Laurinburg, Scotland County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	6,006
Patient Days in 2015:	22,992
Total Number of Beds:	104
Number of ICU Beds:	0
FTE* Infection Preventionists:	0.90
Number of FTEs* per 100 beds:	0.87

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

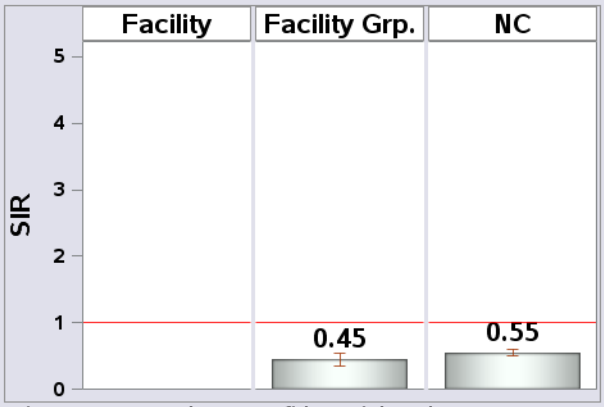


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	3	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-Dec 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	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

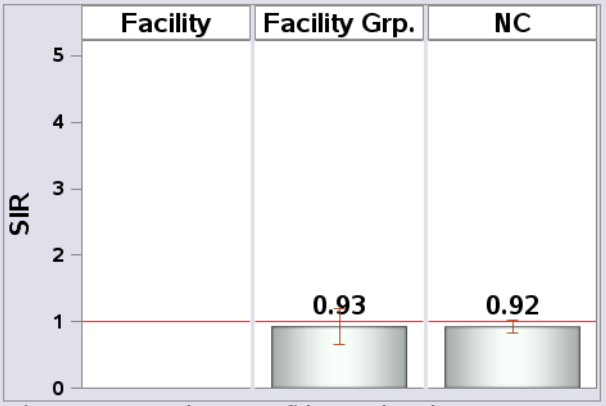


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

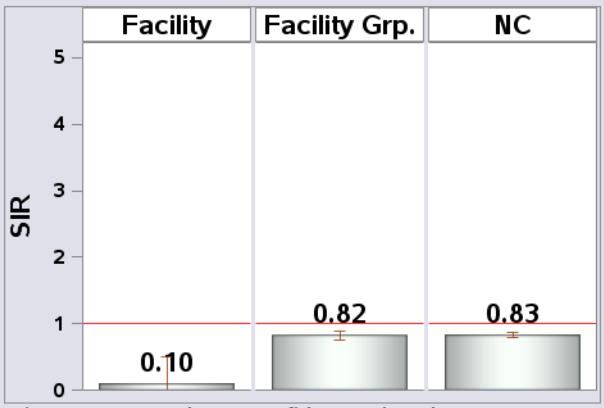


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	10	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Scotland Memorial Hospital, Laurinburg, Scotland County

Central Line-Associated Bloodstream Infections (CLABSI)

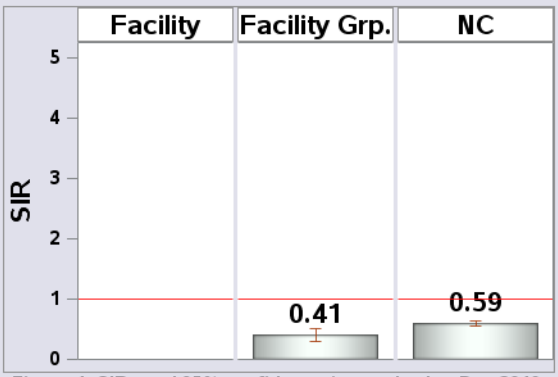


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 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
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 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?
No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 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

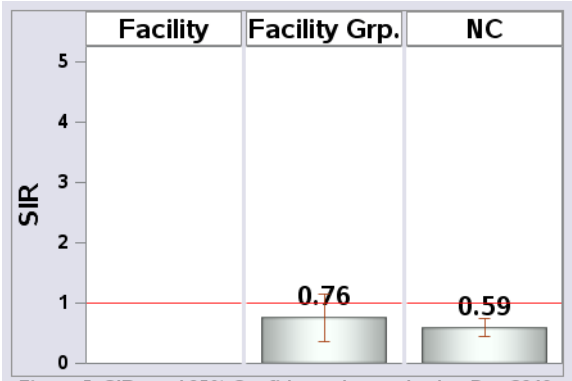


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

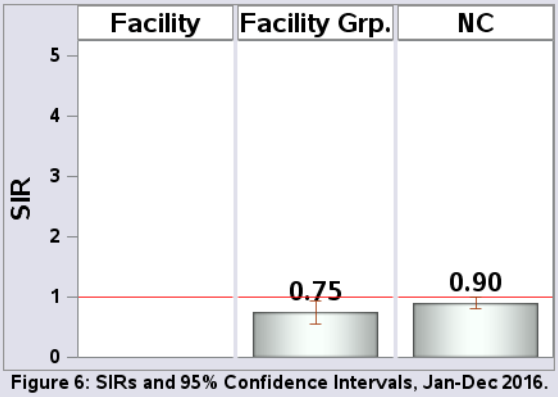


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 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

Ventilator-Associated Events (VAE)

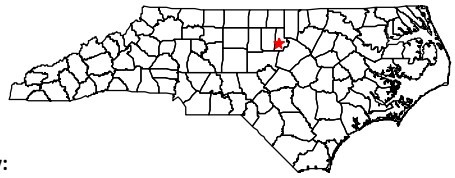
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Select Specialty Hospital-Durham, Durham, Durham County

2016 Hospital Survey Information

Hospital Type:	Long-term Acute Care Hospital
Admissions in 2015:	264
Patient Days in 2015:	9,660
Total Number of Beds:	30
FTE* Infection Preventionists:	0.40
Number of FTEs* per 100 beds:	1.33

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

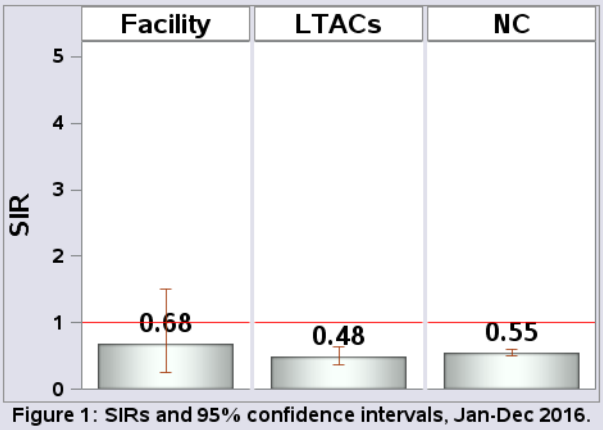


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	5	7.4	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.

Long-term Acute Care Facilities began reporting Laboratory identified MRSA in January 2015.
The data collected do not meet the minimum threshold to calculate an SIR at this time.
Laboratory identified MRSA data from this facility type will be included in future reports.

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.

Long-term Acute Care Facilities began reporting Laboratory identified CDI in January 2015.
The data collected do not meet the minimum threshold to calculate an SIR at this time.
Laboratory identified CDI data from this facility type will be included in future reports.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Select Specialty Hospital-Durham, Durham, Durham County

Central Line-Associated Bloodstream Infections (CLABSI)

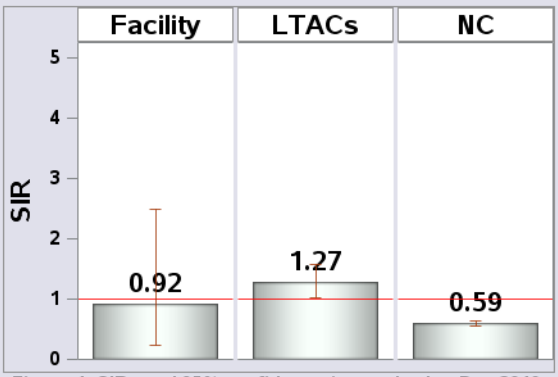


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2016

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	3	3.3	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

Note from N.C. Division of Public Health: SSIs are not reportable at this facility type

Ventilator-Associated Events (VAE)

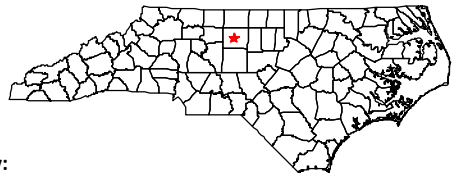
Long Term Acute Care Hospitals began reporting VAE in January 2016.
The data collected do not meet the minimum threshold to calculate an SIR at this time.
VAE data from these facility types will be included in future reports.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Select Specialty Hospital-Greensboro, Greensboro, Guilford County

2016 Hospital Survey Information

Hospital Type:	Long-term Acute Care Hospital
Admissions in 2015:	252
Patient Days in 2015:	7,853
Total Number of Beds:	30
FTE* Infection Preventionists:	0.45
Number of FTEs* per 100 beds:	1.50

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

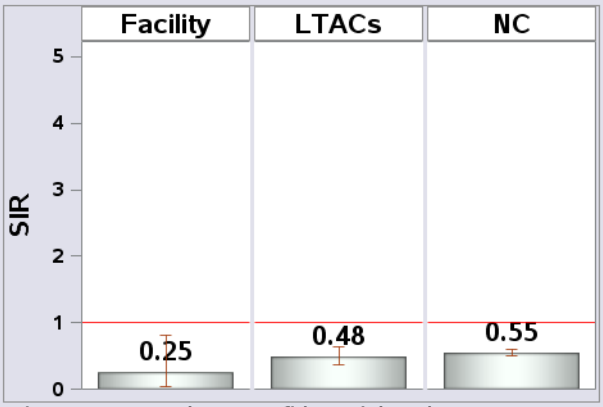


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	2	8.1	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.

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.

Long-term Acute Care Facilities began reporting Laboratory identified MRSA in January 2015.
The data collected do not meet the minimum threshold to calculate an SIR at this time.
Laboratory identified MRSA data from this facility type will be included in future reports.

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.

Long-term Acute Care Facilities began reporting Laboratory identified CDI in January 2015.
The data collected do not meet the minimum threshold to calculate an SIR at this time.
Laboratory identified CDI data from this facility type will be included in future reports.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Select Specialty Hospital-Greensboro, Greensboro, Guilford County

Central Line-Associated Bloodstream Infections (CLABSI)

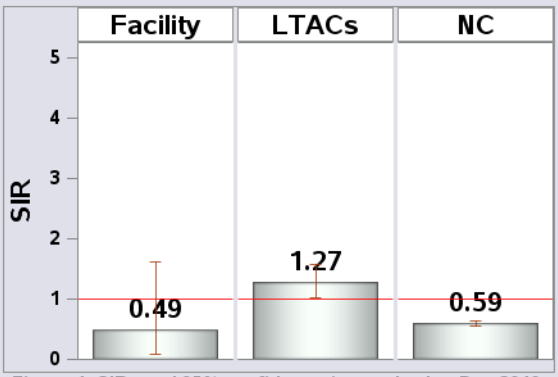


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2016

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	2	4.1	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

Note from N.C. Division of Public Health: SSIs are not reportable at this facility type

Ventilator-Associated Events (VAE)

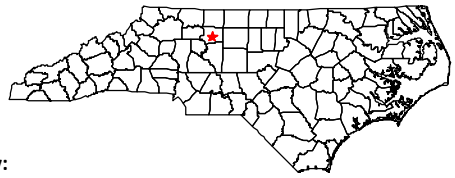
Long Term Acute Care Hospitals began reporting VAE in January 2016.
The data collected do not meet the minimum threshold to calculate an SIR at this time.
VAE data from these facility types will be included in future reports.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Select Specialty Hospital-Winston Salem, Winston Salem, Forsyth County

2016 Hospital Survey Information

Hospital Type:	Long-term Acute Care Hospital
Admissions in 2015:	348
Patient Days in 2015:	10,148
Total Number of Beds:	42
FTE* Infection Preventionists:	0.38
Number of FTEs* per 100 beds:	0.89

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

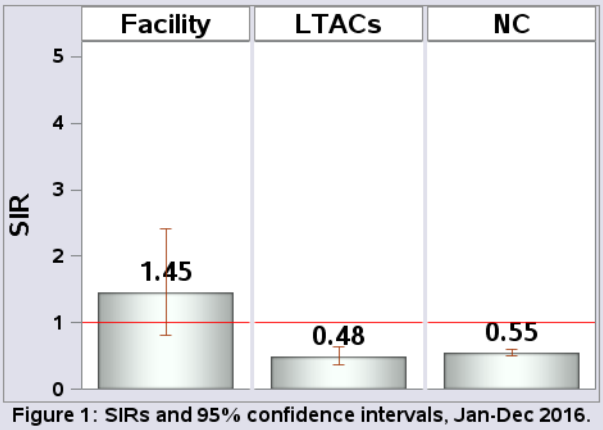


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	13	9.0	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.

Long-term Acute Care Facilities began reporting Laboratory identified MRSA in January 2015.
The data collected do not meet the minimum threshold to calculate an SIR at this time.
Laboratory identified MRSA data from this facility type will be included in future reports.

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.

Long-term Acute Care Facilities began reporting Laboratory identified CDI in January 2015.
The data collected do not meet the minimum threshold to calculate an SIR at this time.
Laboratory identified CDI data from this facility type will be included in future reports.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Select Specialty Hospital-Winston Salem, Winston Salem, Forsyth County

Central Line-Associated Bloodstream Infections (CLABSI)

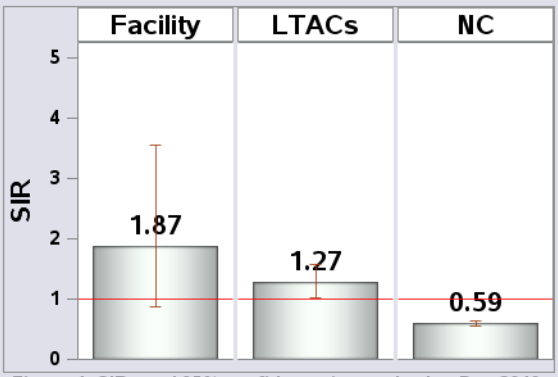


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2016

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	8	4.3	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

Note from N.C. Division of Public Health: SSIs are not reportable at this facility type

Ventilator-Associated Events (VAE)

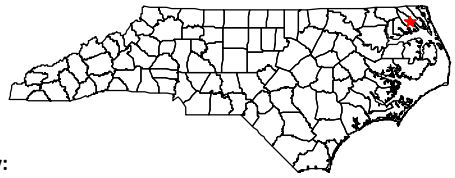
Long Term Acute Care Hospitals began reporting VAE in January 2016.
The data collected do not meet the minimum threshold to calculate an SIR at this time.
VAE data from these facility types will be included in future reports.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Sentara Albemarle Medical Center, Elizabeth City, Pasquotank County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	5,865
Patient Days in 2015:	21,371
Total Number of Beds:	97
Number of ICU Beds:	10
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	1.03

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

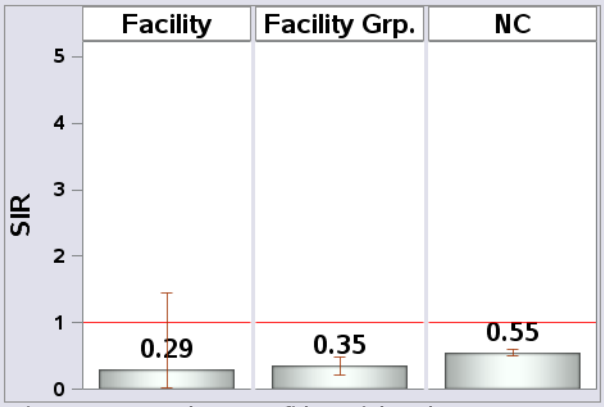


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	1	3.4	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-Dec 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.1	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

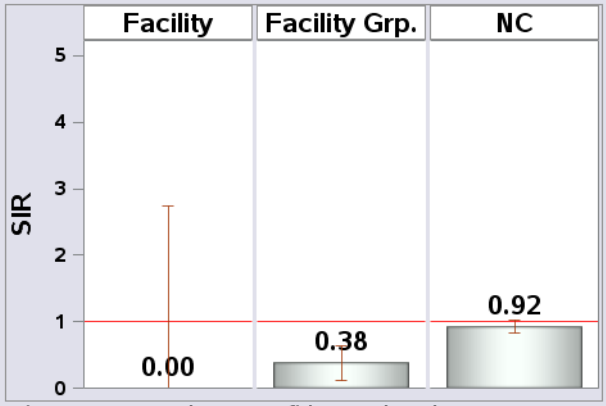


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

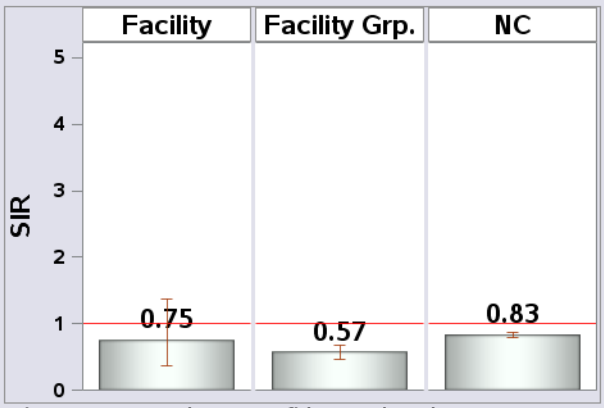


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	9	12	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Sentara Albemarle Medical Center, Elizabeth City, Pasquotank County

Central Line-Associated Bloodstream Infections (CLABSI)

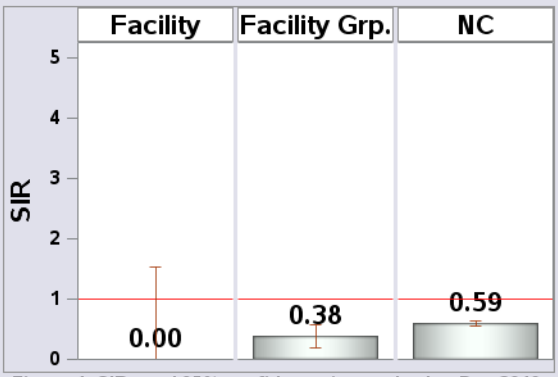


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2016

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	0	2.0	Same
All reporting units	**0**	**2.0**	**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-Dec 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

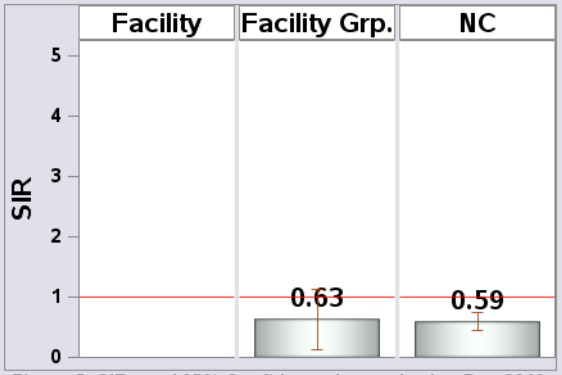


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

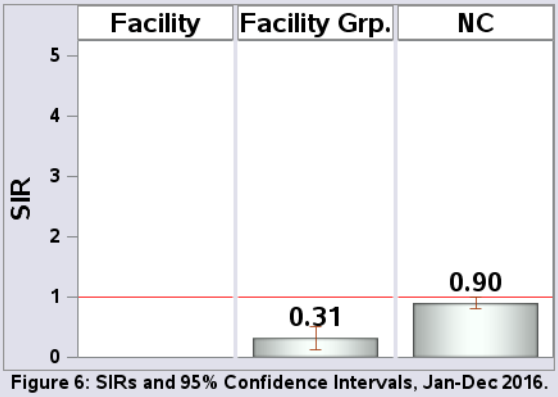


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 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

Ventilator-Associated Events (VAE)

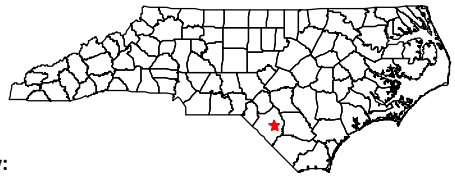
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Southeastern Regional Medical Center, Lumberton, Robeson County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Admissions in 2015:	14,730
Patient Days in 2015:	69,468
Total Number of Beds:	246
Number of ICU Beds:	32
FTE* Infection Preventionists:	2.00
Number of FTEs* per 100 beds:	0.81

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

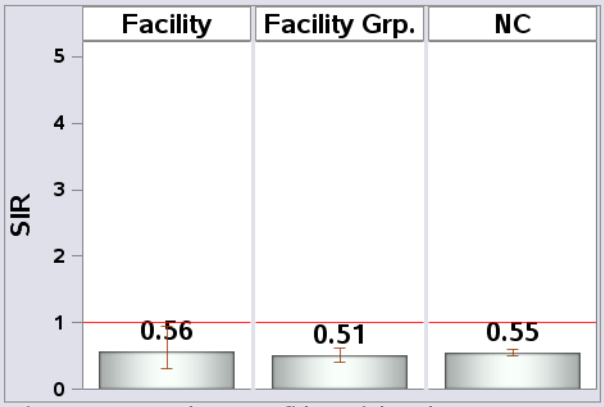


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	13	23	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.

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 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	2.6	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

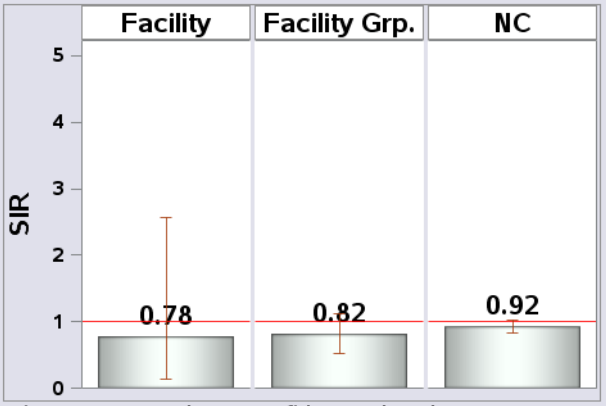


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

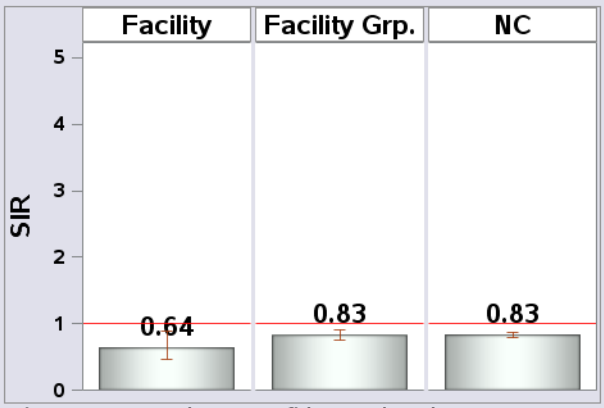


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	35	55	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Southeastern Regional Medical Center, Lumberton, Robeson County

Central Line-Associated Bloodstream Infections (CLABSI)

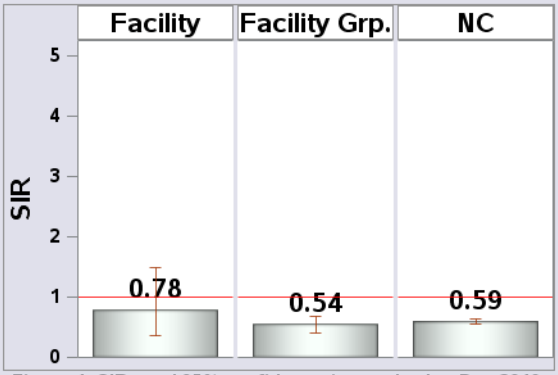


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2016

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	8	10	Same
All reporting units	**8**	**10**	**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-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	**0**	**1.1**	**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

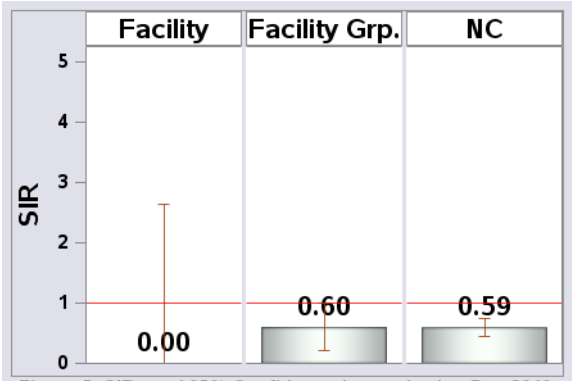


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

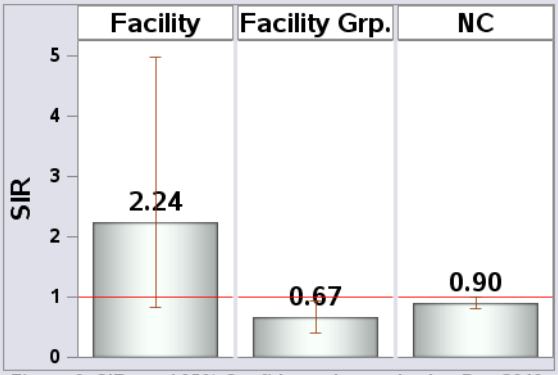


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	**5**	**2.2**	**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

Ventilator-Associated Events (VAE)

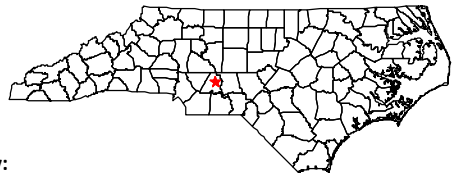
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Stanly Regional Medical Center, Albemarle, Stanly County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	2,155
Patient Days in 2015:	12,055
Total Number of Beds:	109
Number of ICU Beds:	10
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.92

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

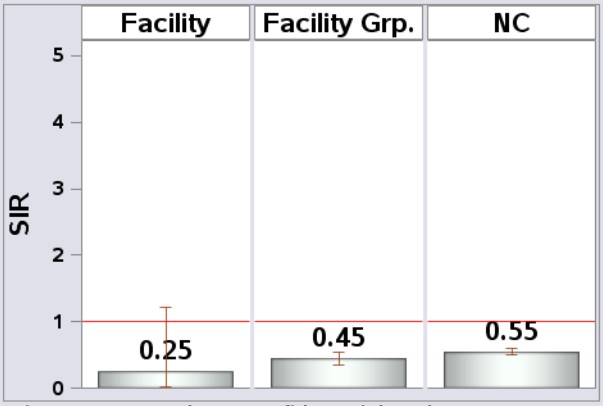


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	1	4.1	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-Dec 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	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

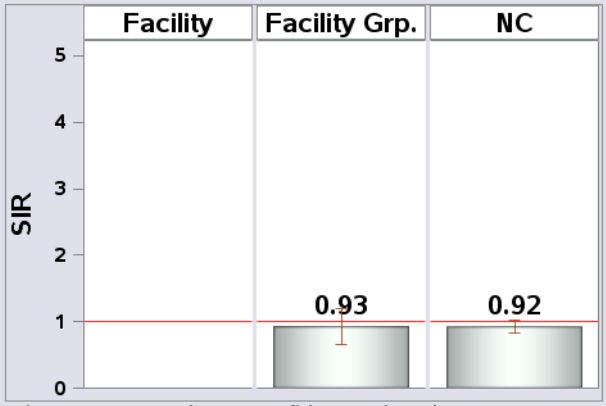


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

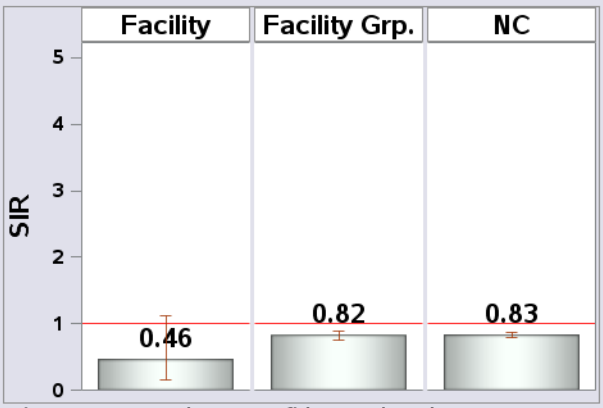


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	8.6	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

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 March 24, 2017.
Generated: April 13, 2017
N.C. Division of Public Health, SHARPPS Program
N.C. HAI 2016 Q4 Report

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Stanly Regional Medical Center, Albemarle, Stanly County

Central Line-Associated Bloodstream Infections (CLABSI)

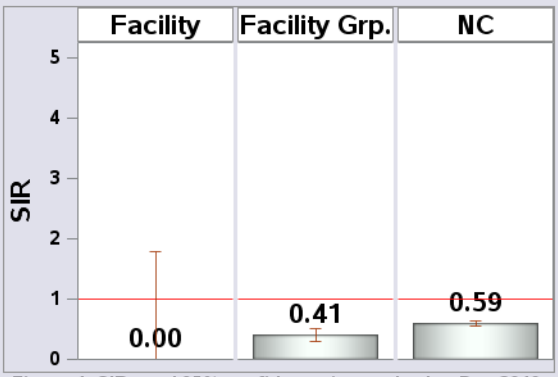


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2016

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	0	1.7	Same
All reporting units	**0**	**1.7**	**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-Dec 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

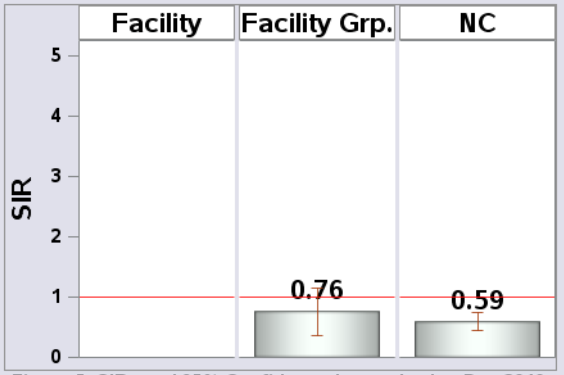


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

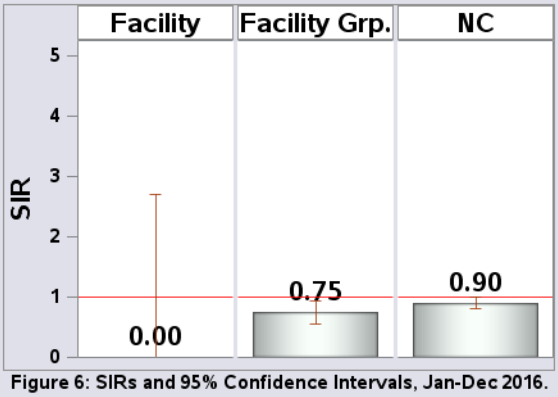


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.1	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

Ventilator-Associated Events (VAE)

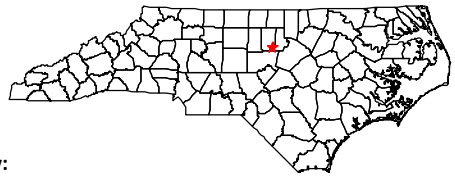
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
UNC Health Care, Chapel Hill, Orange County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2015:	43,125
Patient Days in 2015:	290,623
Total Number of Beds:	914
Number of ICU Beds:	201
FTE* Infection Preventionists:	5.50
Number of FTEs* per 100 beds:	0.60

[*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)

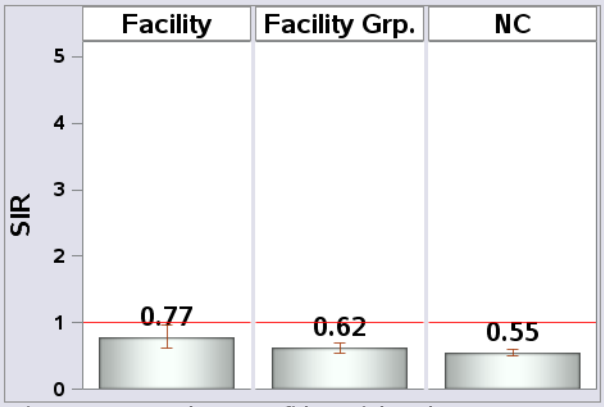


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	76	99	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.

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 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	27	21	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

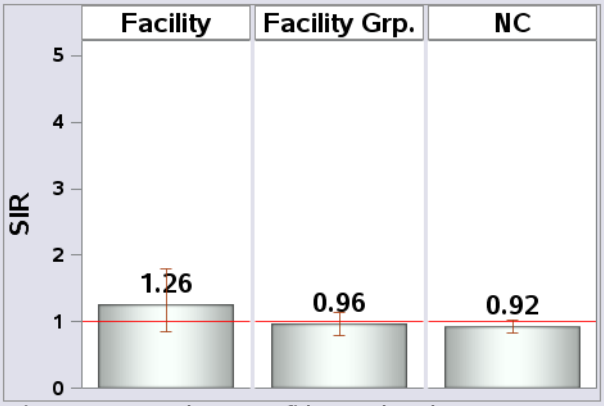


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

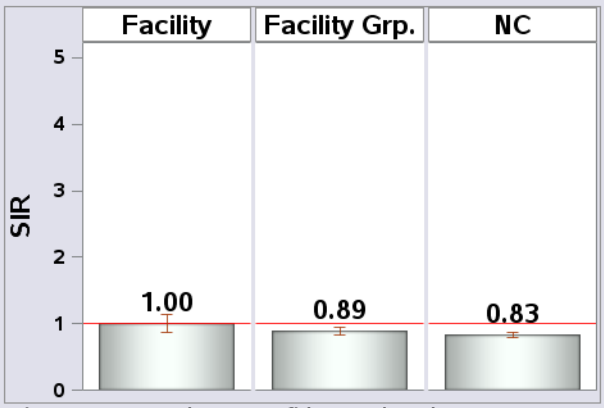


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	198	199	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
UNC Health Care, Chapel Hill, Orange County

Central Line-Associated Bloodstream Infections (CLABSI)

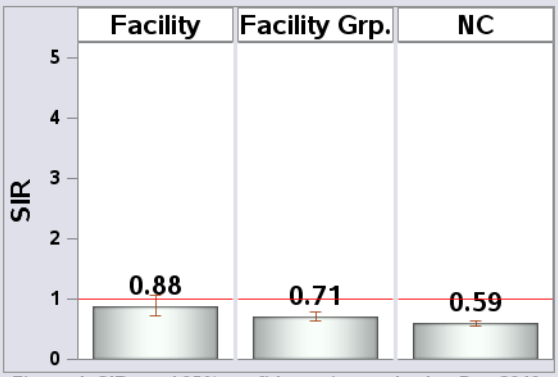


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2016

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	100	113	Same
Neonatal Units	10	12	Same
All reporting units	**110**	**125**	**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-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	**7**	**6.0**	**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

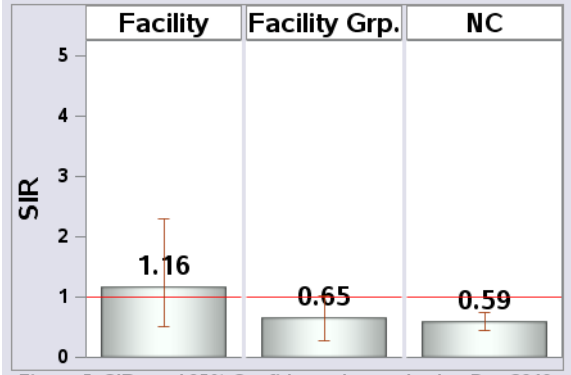


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

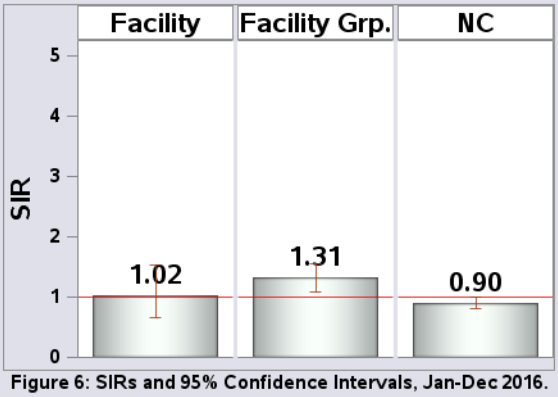


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	**22**	**22**	**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

Ventilator-Associated Events (VAE)

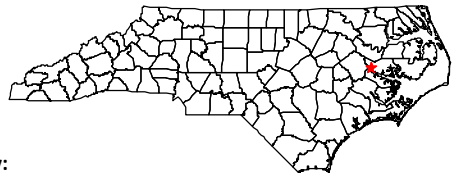
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Vidant Beaufort Hospital, Washington, Beaufort County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Admissions in 2015:	3,315
Patient Days in 2015:	16,664
Total Number of Beds:	84
Number of ICU Beds:	8
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	1.19

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

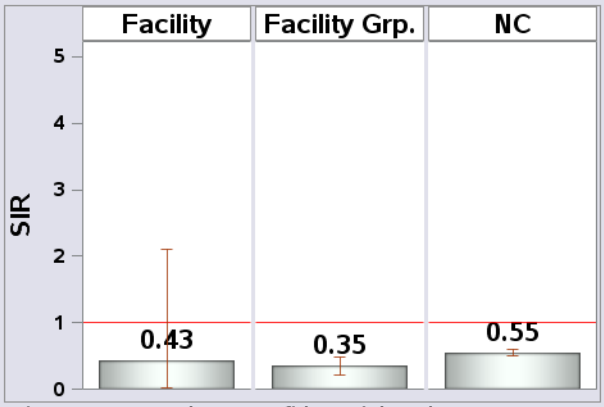


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	1	2.4	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-Dec 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

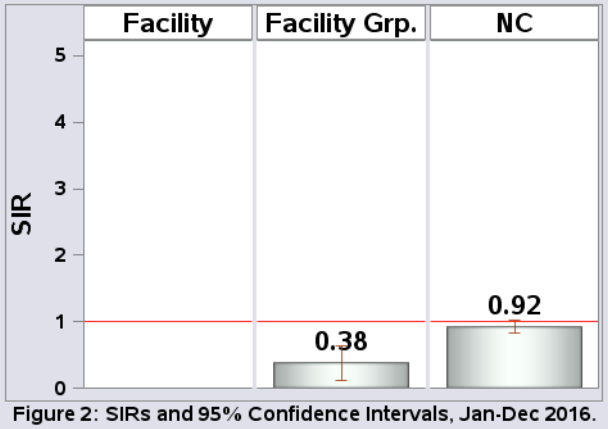


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

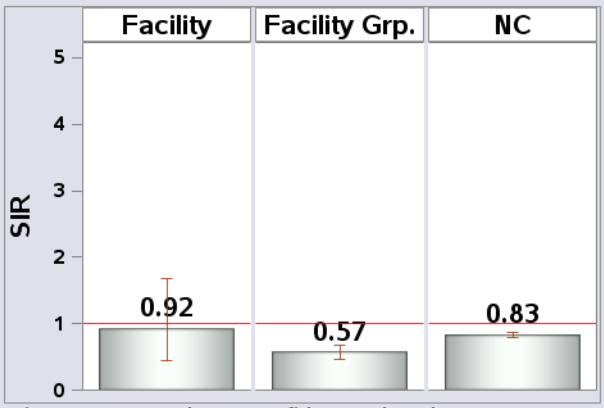


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	9	9.8	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 March 24, 2017.
Generated: April 13, 2017
N.C. Division of Public Health, SHARPPS Program
N.C. HAI 2016 Q4 Report

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Vidant Beaufort Hospital, Washington, Beaufort County

Central Line-Associated Bloodstream Infections (CLABSI)

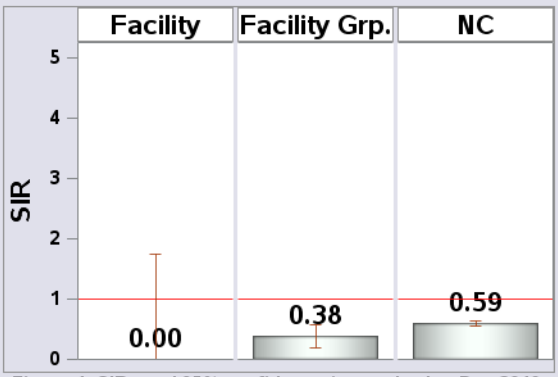


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2016

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	0	1.7	Same
All reporting units	**0**	**1.7**	**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-Dec 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

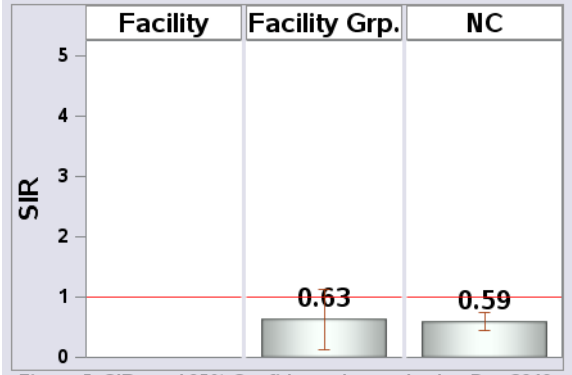


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

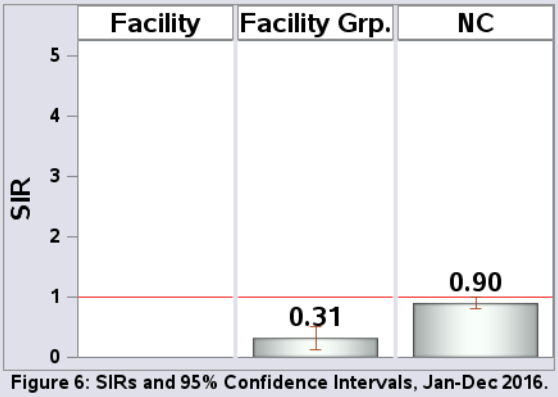


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 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

Ventilator-Associated Events (VAE)

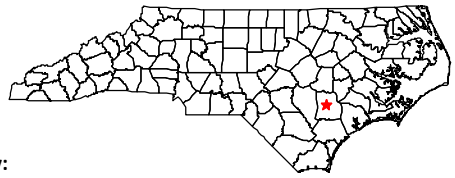
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Vidant Duplin Hospital, Kenansville, Duplin County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	3,636
Patient Days in 2015:	18,219
Total Number of Beds:	80
Number of ICU Beds:	9
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	1.25

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

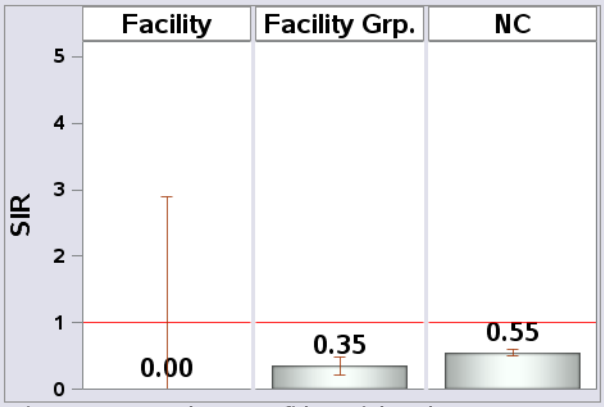


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	0	1.0	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-Dec 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

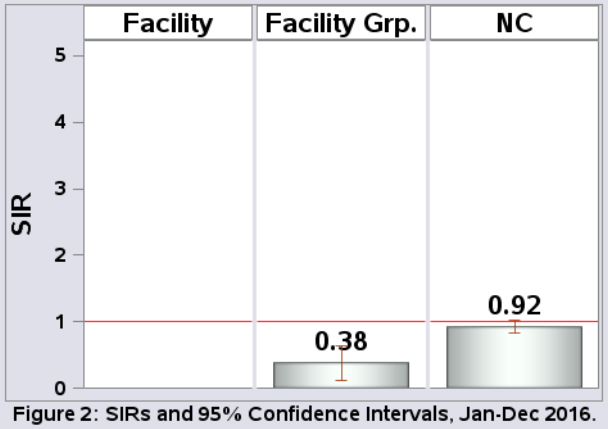


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

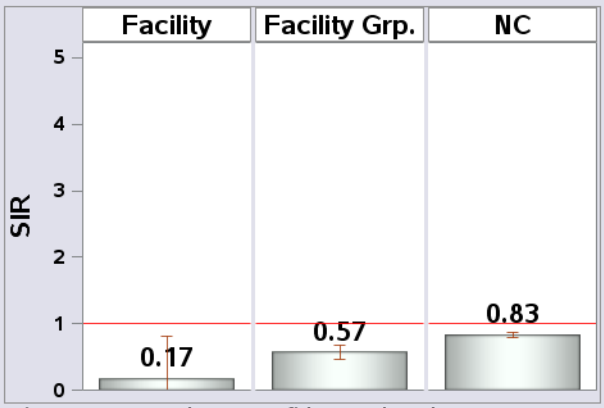


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	6.0	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Vidant Duplin Hospital, Kenansville, Duplin County

Central Line-Associated Bloodstream Infections (CLABSI)

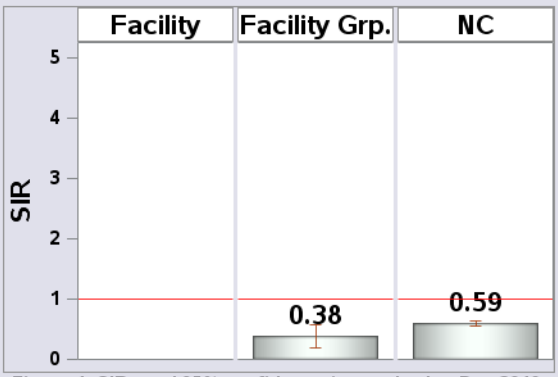


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 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
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 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?
No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 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

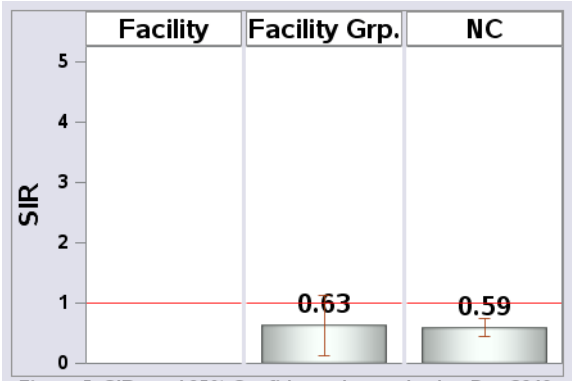


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

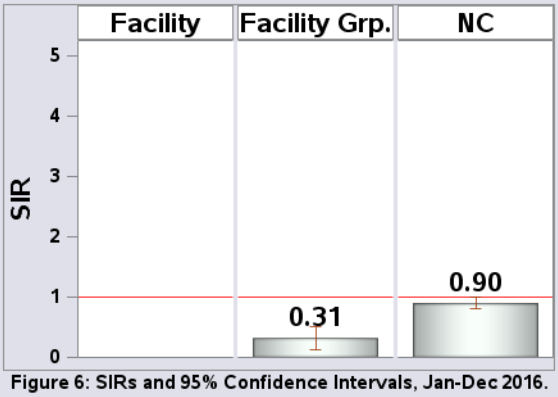


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 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

Ventilator-Associated Events (VAE)

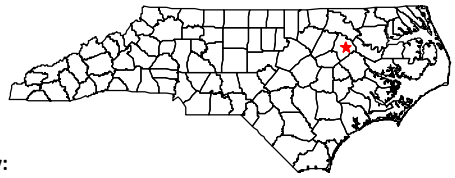
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Vidant Edgecombe Hospital, Tarboro, Edgecombe County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2015:	3,925
Patient Days in 2015:	16,208
Total Number of Beds:	117
Number of ICU Beds:	8
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.85

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

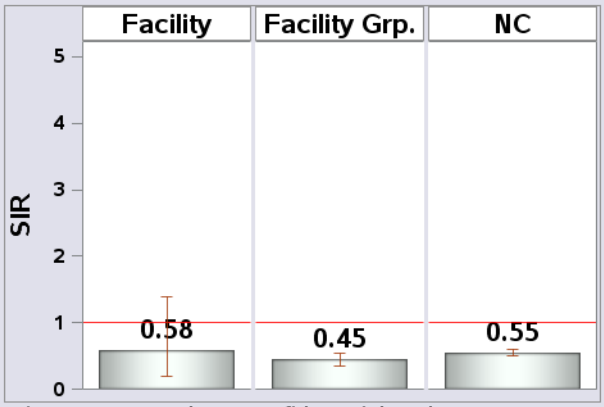


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	4	6.9	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-Dec 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.1	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

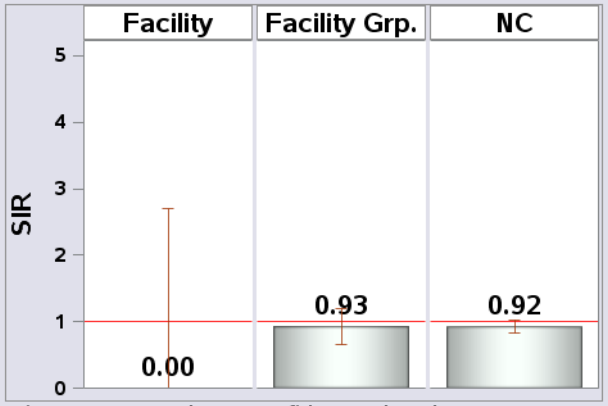


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

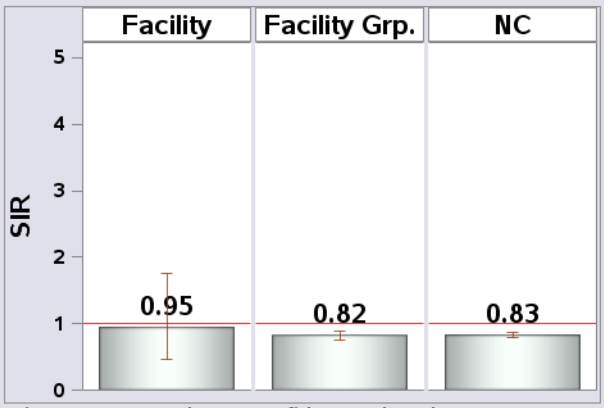


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	9	9.4	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Vidant Edgecombe Hospital, Tarboro, Edgecombe County

Central Line-Associated Bloodstream Infections (CLABSI)

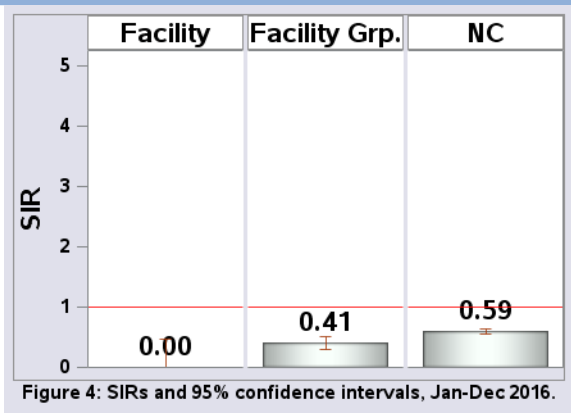


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2016

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	0	6.5	Better
All reporting units	**0**	**6.5**	**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-Dec 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

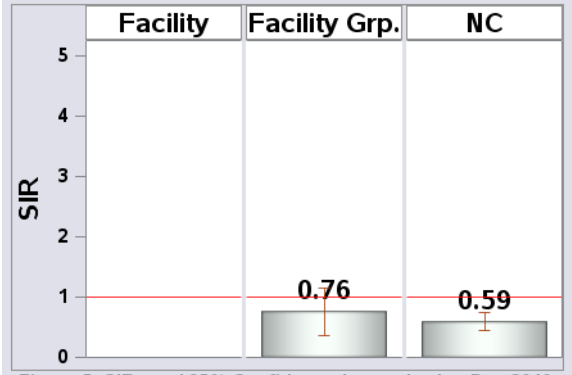


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

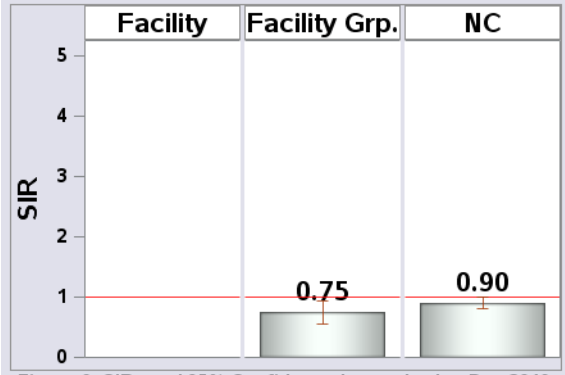


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	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

Ventilator-Associated Events (VAE)

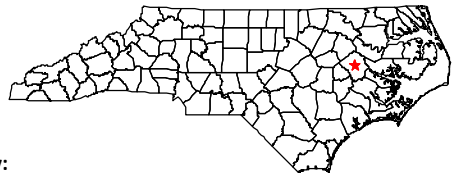
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Vidant Medical Center, Greenville, Pitt County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2015:	55,515
Patient Days in 2015:	241,873
Total Number of Beds:	909
Number of ICU Beds:	164
FTE* Infection Preventionists:	8.00
Number of FTEs* per 100 beds:	0.88

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

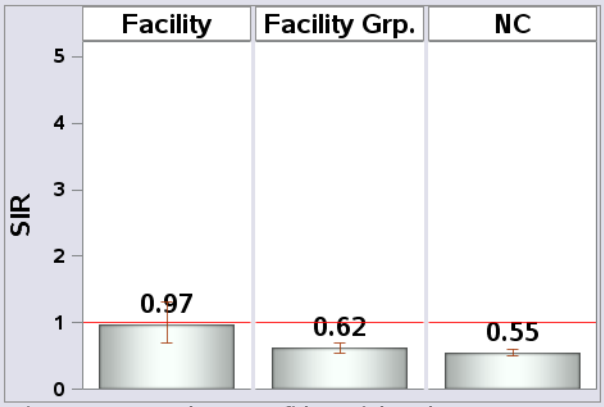


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	40	41	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-Dec 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	7	19	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

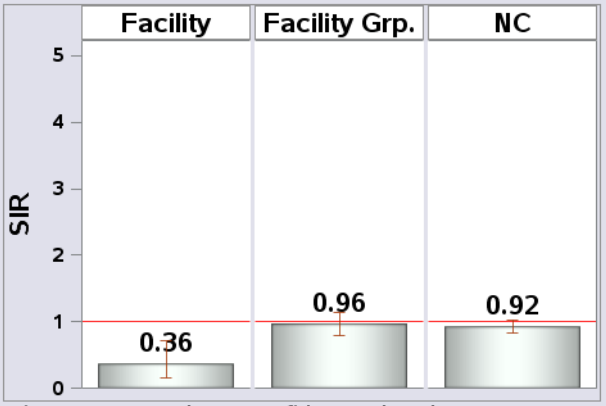


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

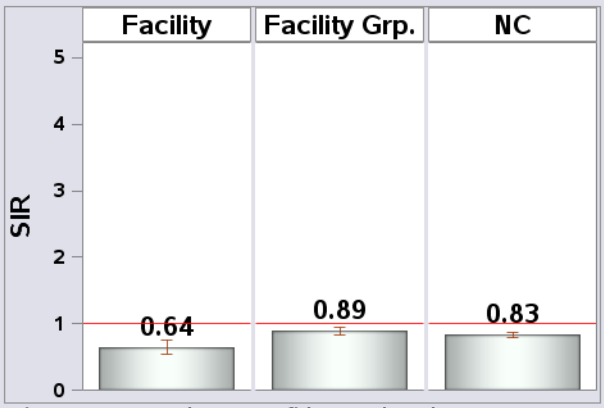


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	127	198	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Vidant Medical Center, Greenville, Pitt County

Central Line-Associated Bloodstream Infections (CLABSI)

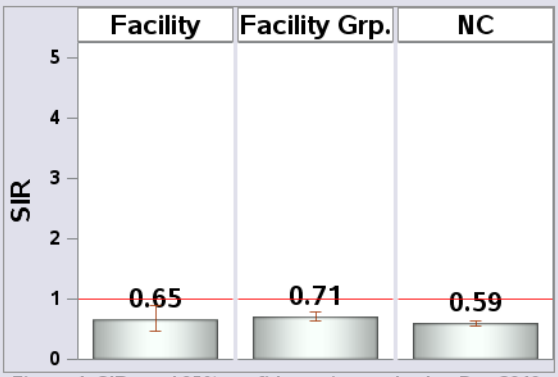


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2016

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	31	51	Better
Neonatal Units	7	7.0	Same
All reporting units	**38**	**58**	**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?
= 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-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	**2**	**2.6**	**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

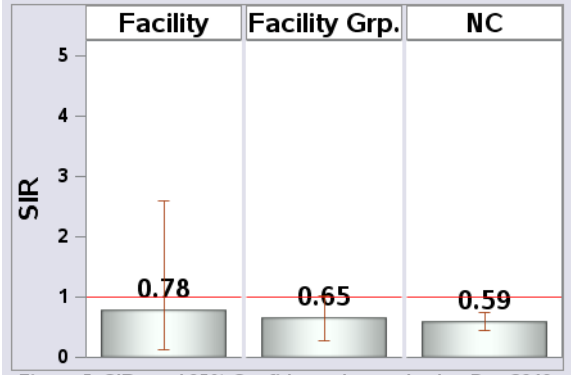


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

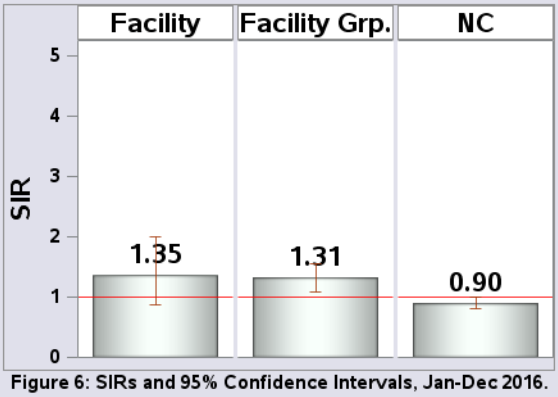


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	**23**	**17**	**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

Ventilator-Associated Events (VAE)

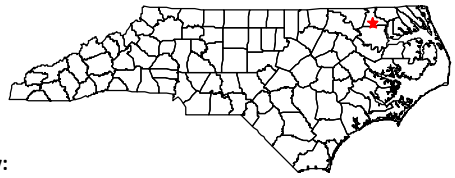
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Vidant Roanoke Chowan Hospital, Ahoskie, Hertford County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Admissions in 2015:	4,449
Patient Days in 2015:	21,782
Total Number of Beds:	114
Number of ICU Beds:	10
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.88

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

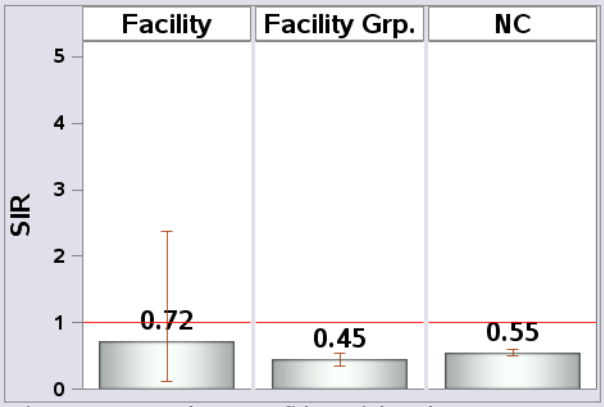


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	2	2.8	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-Dec 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	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

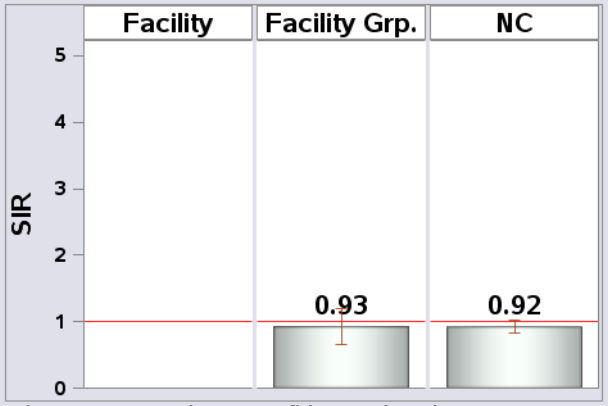


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

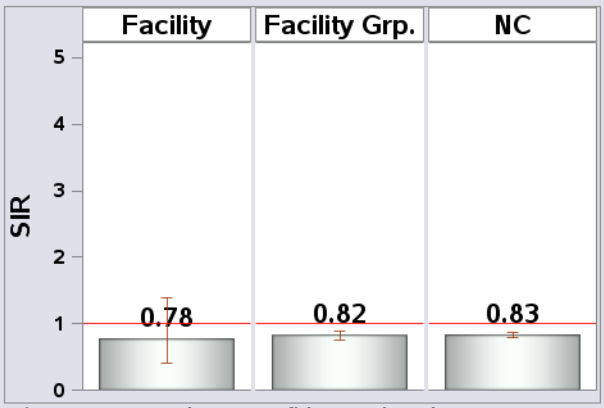


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	10	13	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 March 24, 2017.
Generated: April 13, 2017
N.C. Division of Public Health, SHARPPS Program
N.C. HAI 2016 Q4 Report

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Vidant Roanoke Chowan Hospital, Ahoskie, Hertford County

Central Line-Associated Bloodstream Infections (CLABSI)

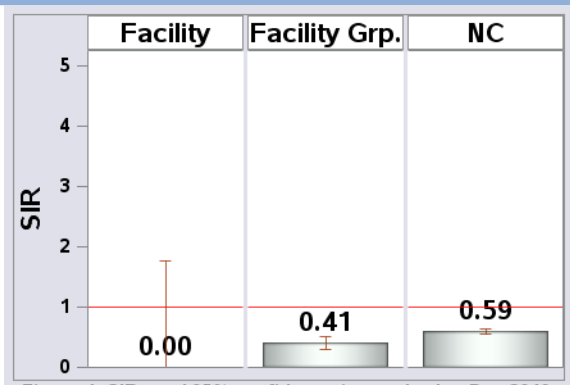


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2016

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	0	1.7	Same
All reporting units	**0**	**1.7**	**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-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	**1**	**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

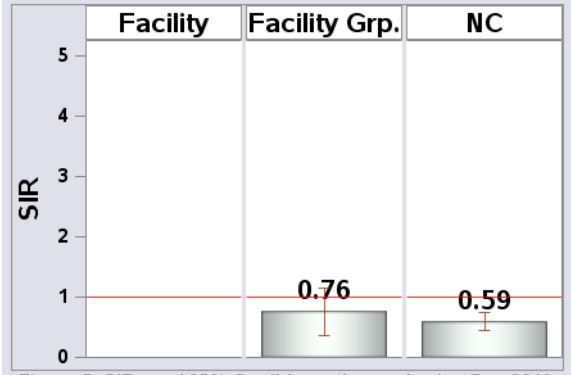


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

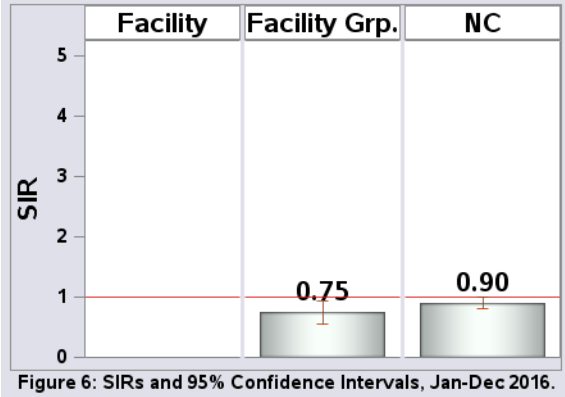


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 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

Ventilator-Associated Events (VAE)

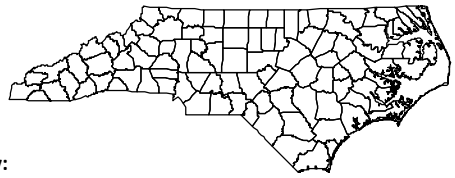
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Wake Forest Baptist Health-Davie Medical Center, Advance, Davie County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2015:	116
Patient Days in 2015:	3,603
Total Number of Beds:	0
Number of ICU Beds:	0
FTE* Infection Preventionists:	0.30
Number of FTEs* per 100 beds:	.

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

Note from N.C. Division of Public Health: Data are unavailable for this time period.

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 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

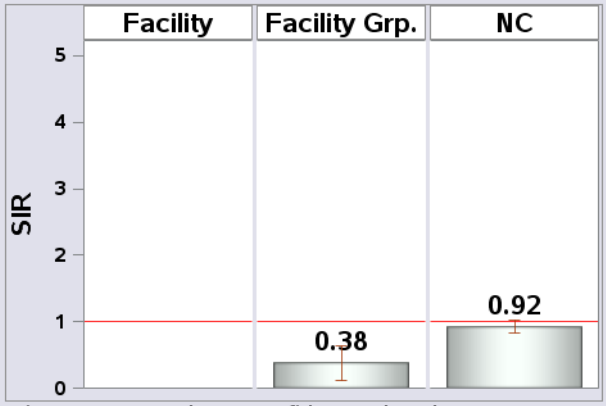


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

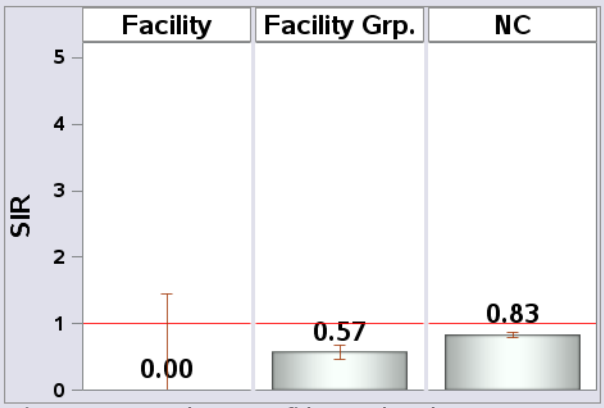


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Wake Forest Baptist Health-Davie Medical Center, Advance, Davie County

Central Line-Associated Bloodstream Infections (CLABSI)

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Surgical Site Infections (SSI) after Colon Surgeries

Note from N.C. Division of Public Health: Data are unavailable for this time period.

Ventilator-Associated Events (VAE)

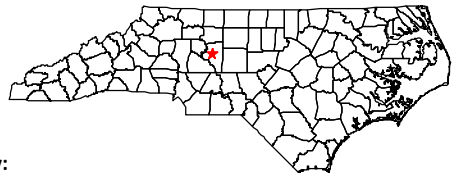
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Wake Forest Baptist Health-Lexington Medical Center, Lexington, Davidson County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	3,763
Patient Days in 2015:	9,641
Total Number of Beds:	85
Number of ICU Beds:	21
FTE* Infection Preventionists:	0.70
Number of FTEs* per 100 beds:	0.82

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

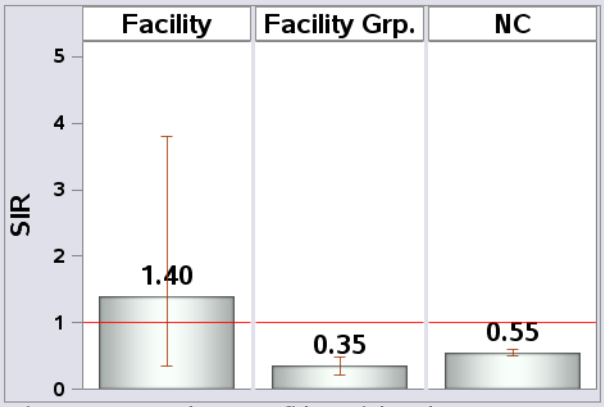


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	3	2.1	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-Dec 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

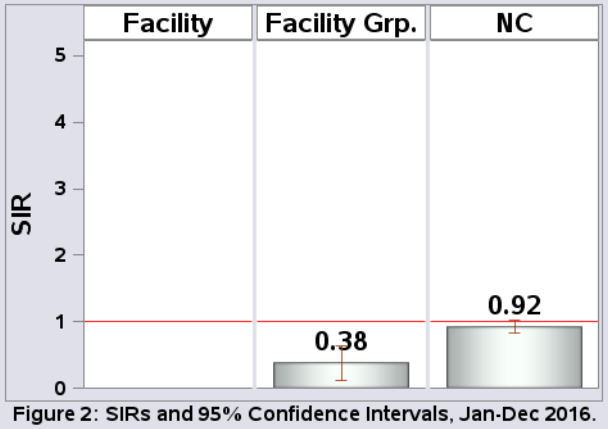


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

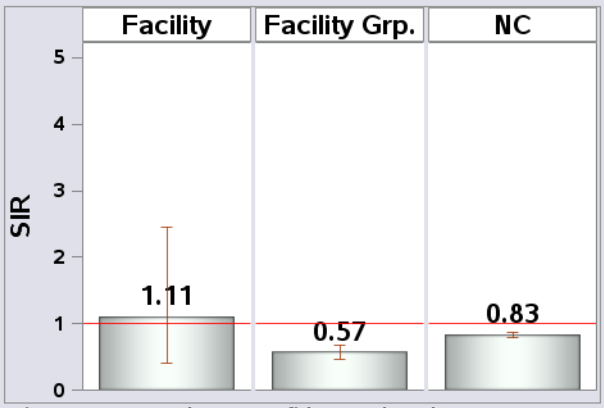


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	5	4.5	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Wake Forest Baptist Health-Lexington Medical Center, Lexington, Davidson County

Central Line-Associated Bloodstream Infections (CLABSI)

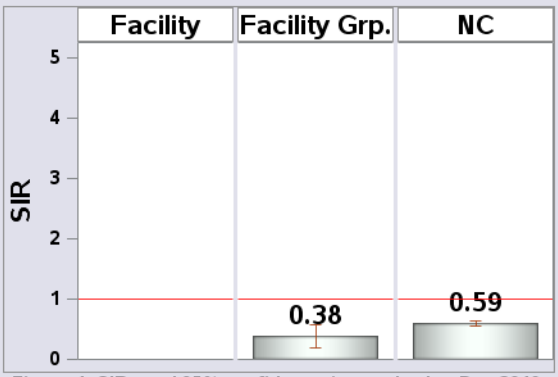


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 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
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 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?
No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 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

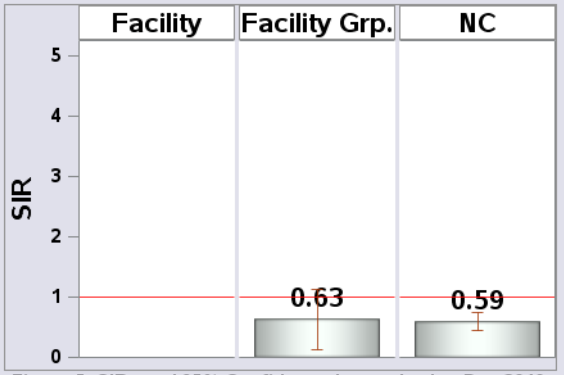


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

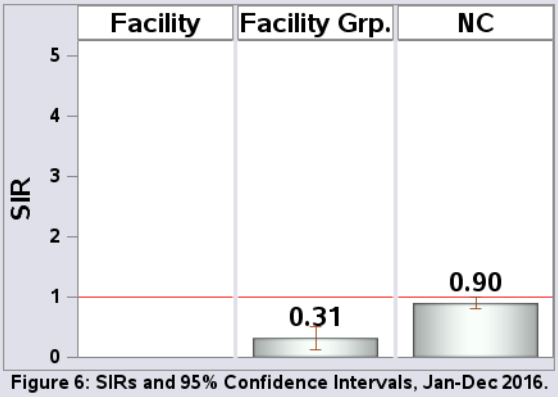


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	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

Ventilator-Associated Events (VAE)

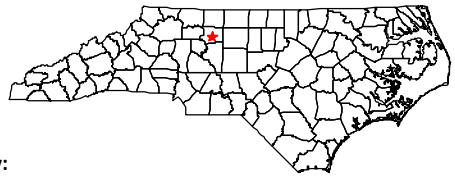
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Wake Forest University Baptist Medical Center, Winston-Salem, Forsyth County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Admissions in 2015:	40,519
Patient Days in 2015:	248,386
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]



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.

Catheter-Associated Urinary Tract Infections (CAUTI)

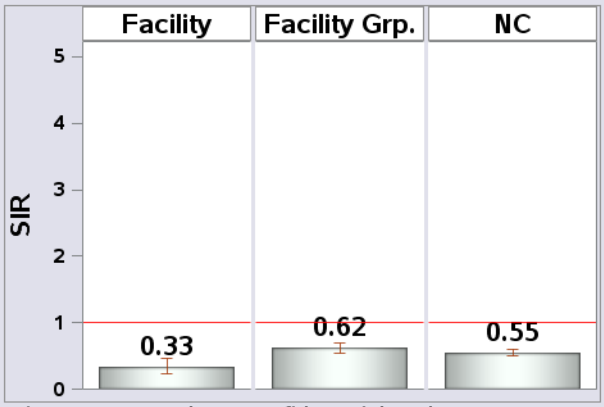


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	34	102	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.

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 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	44	23	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

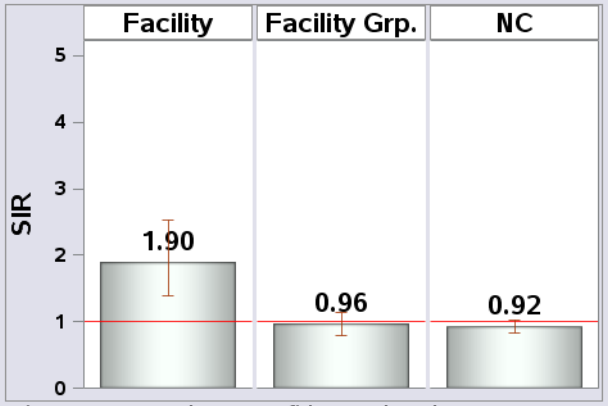


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

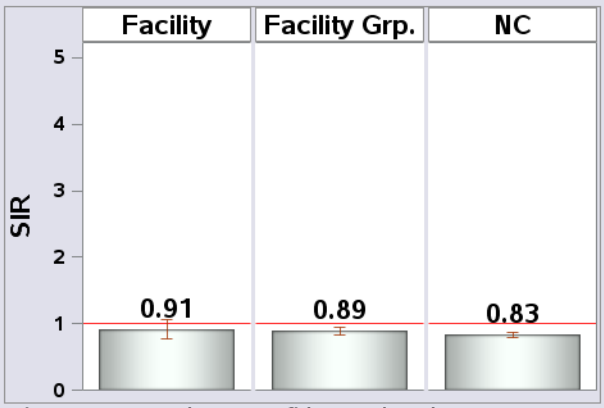


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	150	165	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Wake Forest University Baptist Medical Center, Winston-Salem, Forsyth County

Central Line-Associated Bloodstream Infections (CLABSI)

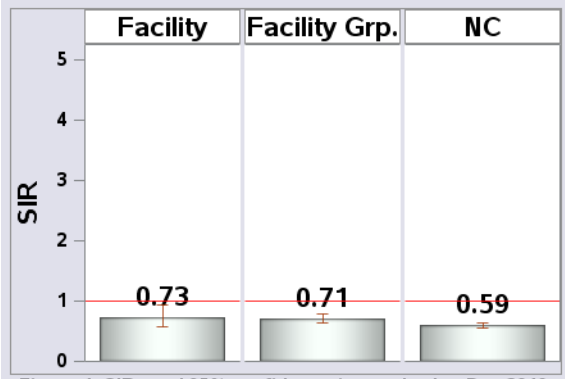


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2016

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	59	70	Same
Neonatal Units	3	15	Better
All reporting units	**62**	**85**	**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-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	**1**	**2.8**	**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

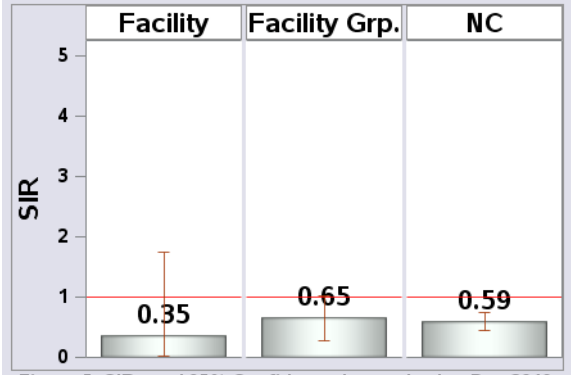


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

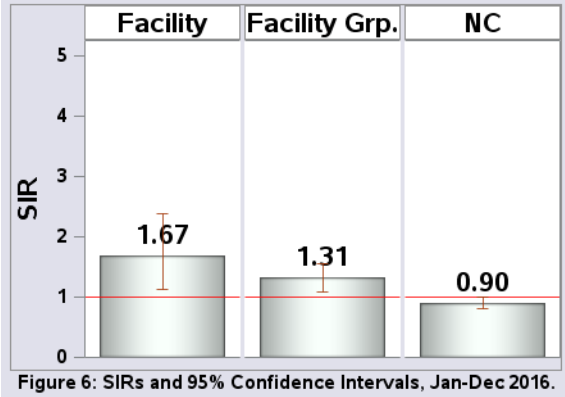


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	**28**	**17**	**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)

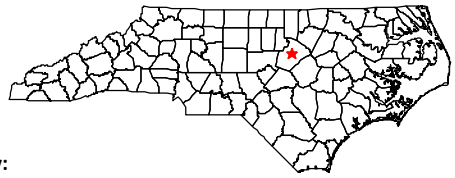
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
WakeMed, Raleigh, Wake County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Admissions in 2015:	33,801
Patient Days in 2015:	162,799
Total Number of Beds:	618
Number of ICU Beds:	134
FTE* Infection Preventionists:	8.00
Number of FTEs* per 100 beds:	1.29

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

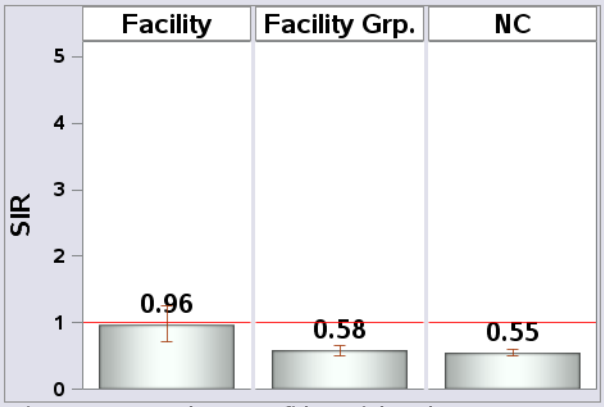


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	48	50	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-Dec 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	9	9.2	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

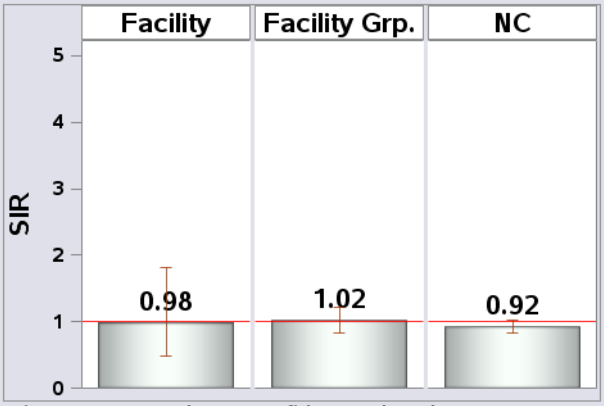


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

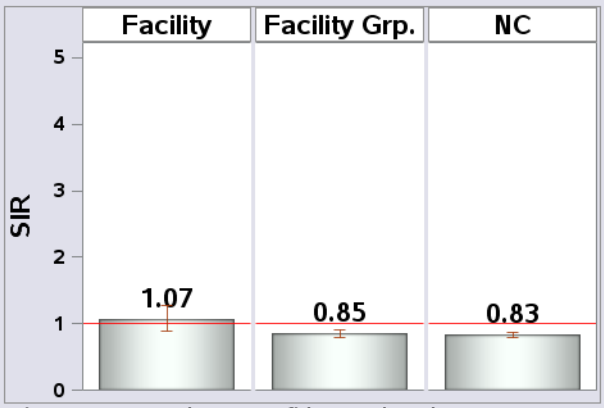


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	121	113	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
WakeMed, Raleigh, Wake County

Central Line-Associated Bloodstream Infections (CLABSI)

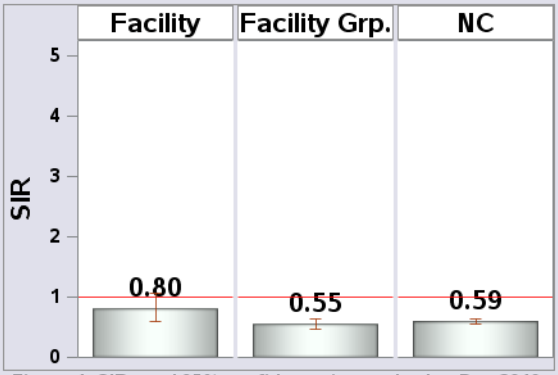


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2016

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	39	48	Same
Neonatal Units	6	8.0	Same
All reporting units	**45**	**56**	**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-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	**1**	**3.0**	**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

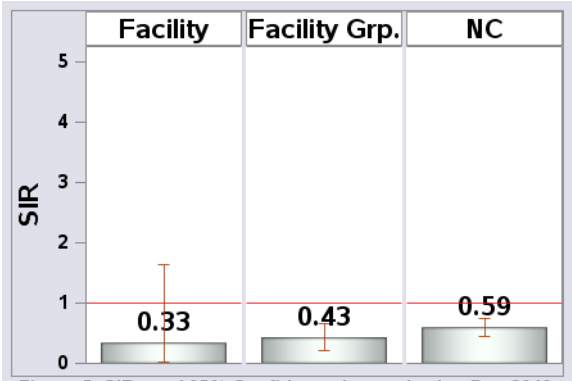


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

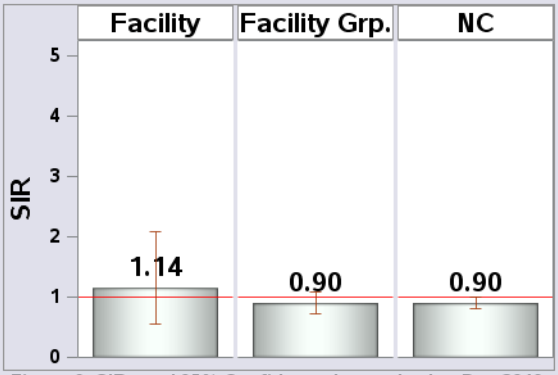


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	**9**	**7.9**	**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

Ventilator-Associated Events (VAE)

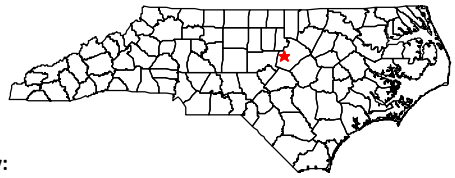
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
WakeMed Cary Hospital, Cary, Wake County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	13,085
Patient Days in 2015:	46,306
Total Number of Beds:	156
Number of ICU Beds:	12
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.64

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

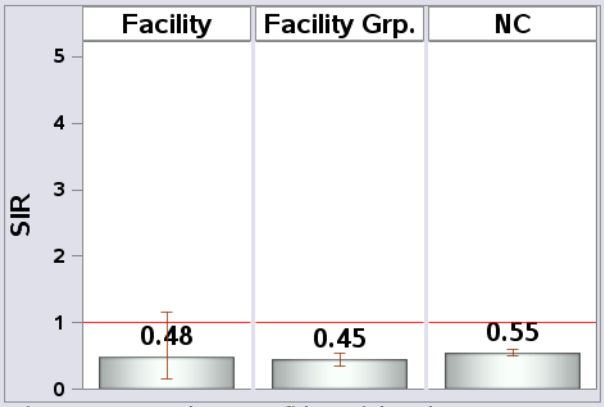


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	4	8.4	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-Dec 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	1.6	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

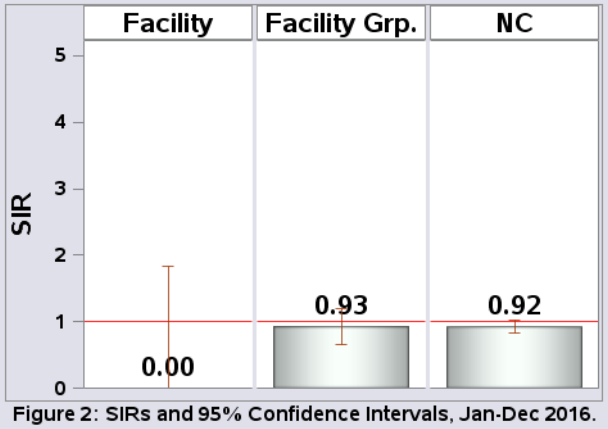


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

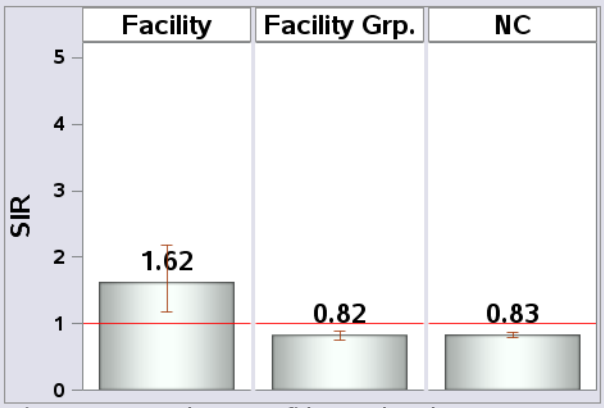


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	40	25	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

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 March 24, 2017.
Generated: April 13, 2017
N.C. Division of Public Health, SHARPPS Program
N.C. HAI 2016 Q4 Report

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
WakeMed Cary Hospital, Cary, Wake County

Central Line-Associated Bloodstream Infections (CLABSI)

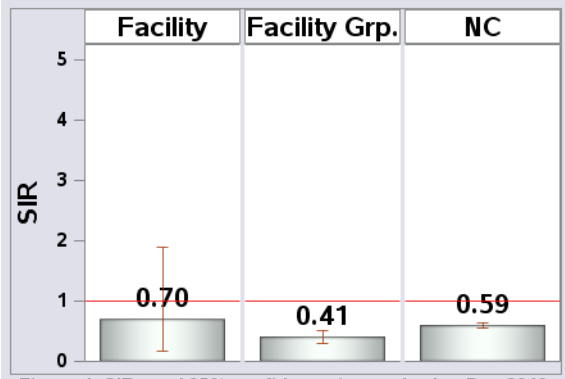


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2016

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	3	4.3	Same
All reporting units	**3**	**4.3**	**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-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	**0**	**1.3**	**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

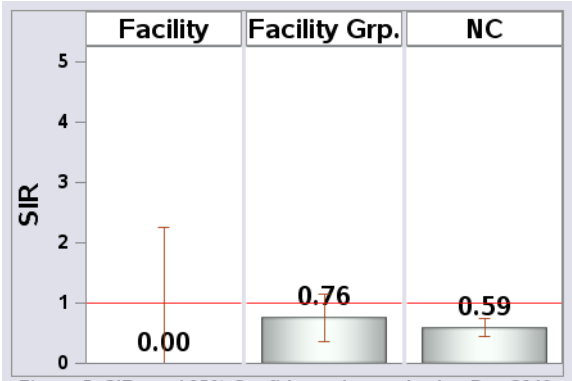


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

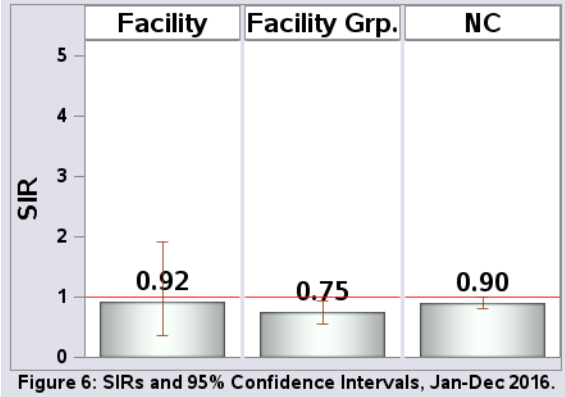


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	**6**	**6.6**	**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

Ventilator-Associated Events (VAE)

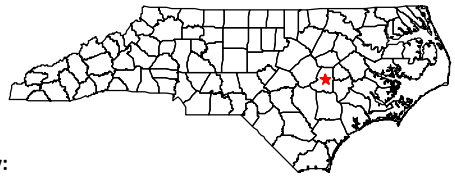
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Wayne Memorial Hospital, Goldsboro, Wayne County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Admissions in 2015:	11,620
Patient Days in 2015:	52,165
Total Number of Beds:	242
Number of ICU Beds:	16
FTE* Infection Preventionists:	2.13
Number of FTEs* per 100 beds:	0.88

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

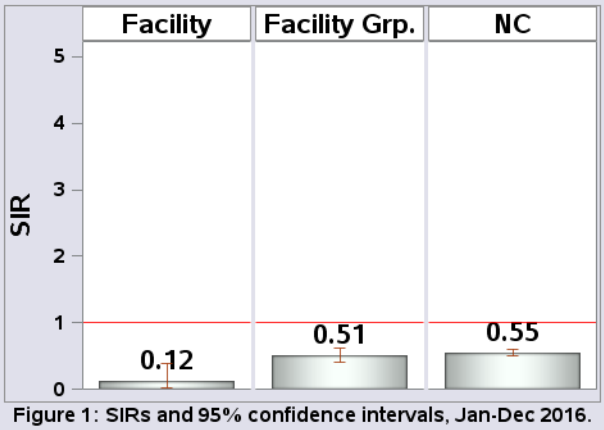


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	2	17	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.

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 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	4	3.4	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

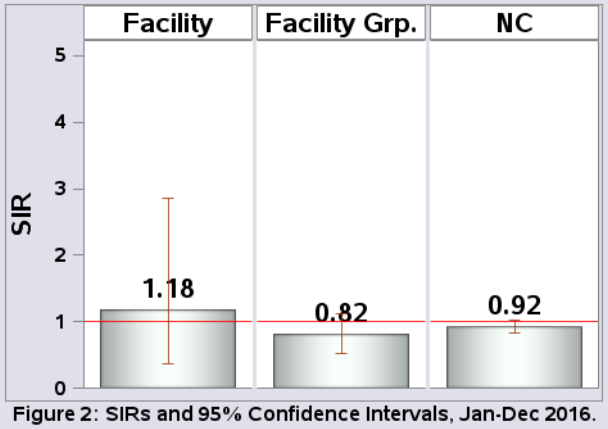


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

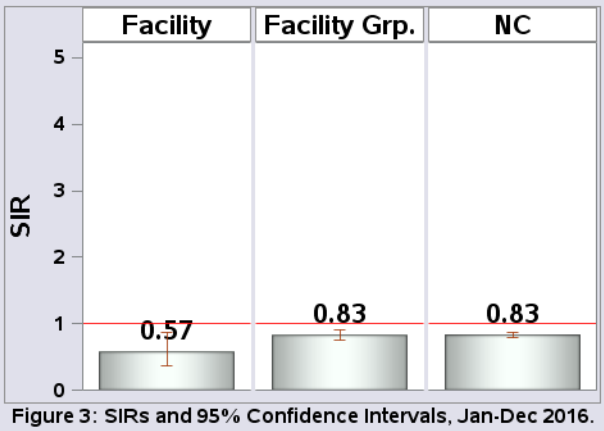


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	21	37	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Wayne Memorial Hospital, Goldsboro, Wayne County

Central Line-Associated Bloodstream Infections (CLABSI)

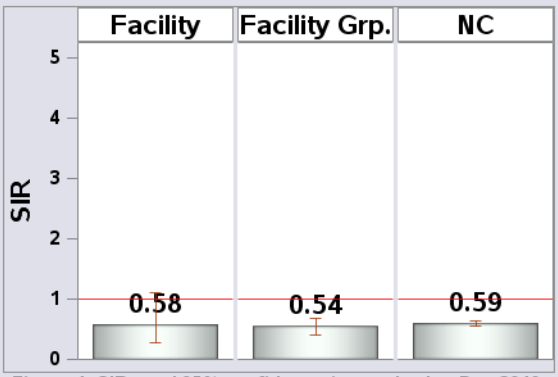


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2016

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	8	14	Same
All reporting units	**8**	**14**	**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-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	**1**	**1.5**	**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

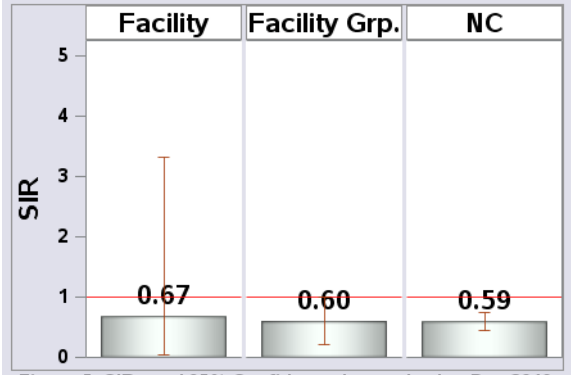


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

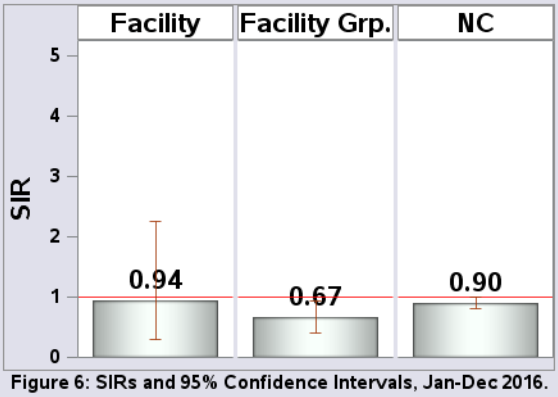


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	**4**	**4.3**	**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

Ventilator-Associated Events (VAE)

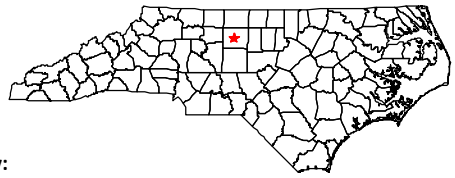
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Wesley Long Hospital, Greensboro, Guilford County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	9,945
Patient Days in 2015:	41,544
Total Number of Beds:	150
Number of ICU Beds:	20
FTE* Infection Preventionists:	0.50
Number of FTEs* per 100 beds:	0.33

[*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)

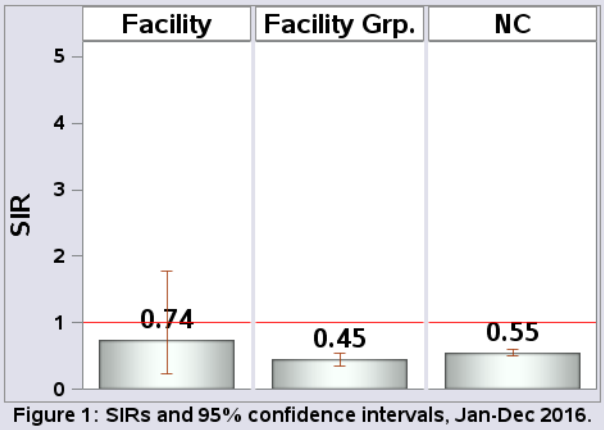


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	4	5.4	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-Dec 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	1.6	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

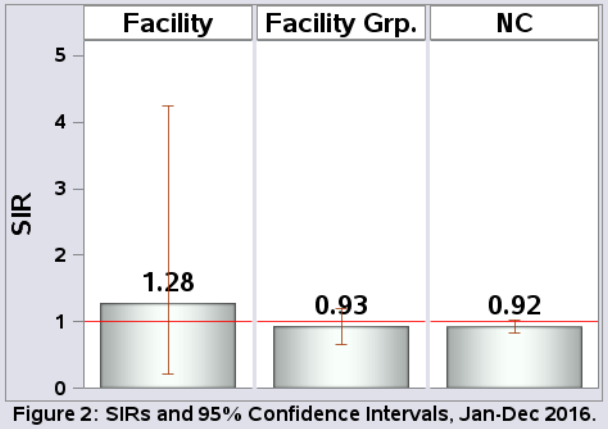


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

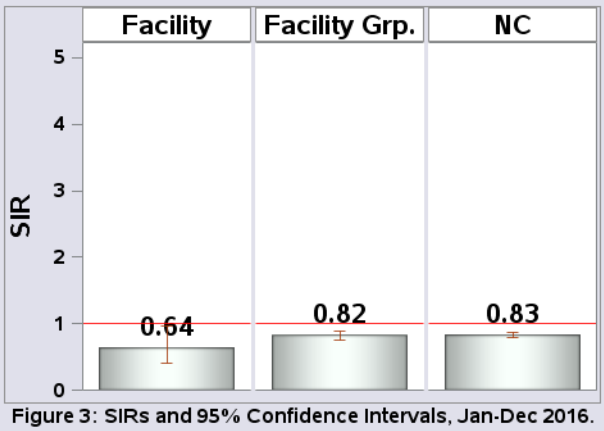


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	21	33	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Wesley Long Hospital, Greensboro, Guilford County

Central Line-Associated Bloodstream Infections (CLABSI)

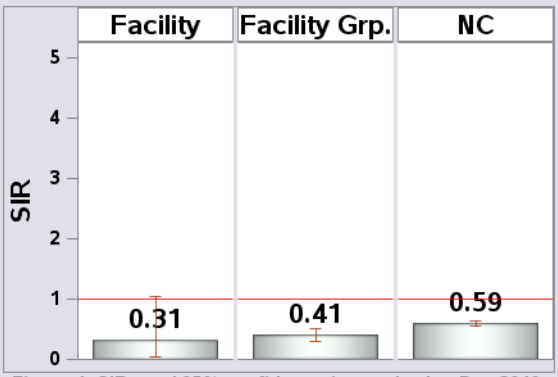


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2016

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	2	6.4	Same
All reporting units	**2**	**6.4**	**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-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	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

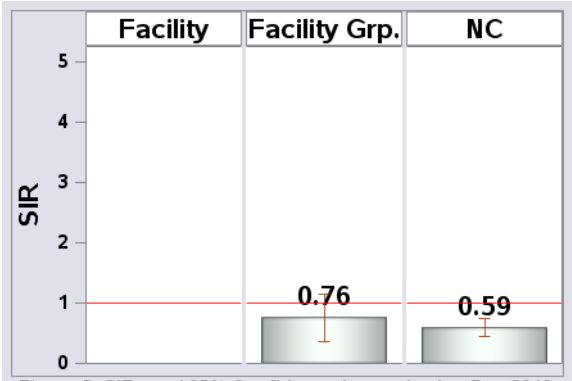


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

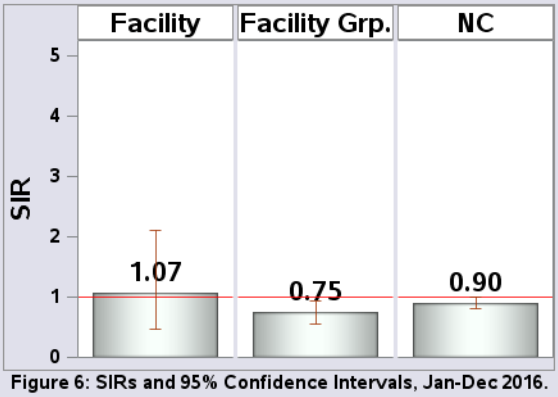


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	7	6.6	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

Ventilator-Associated Events (VAE)

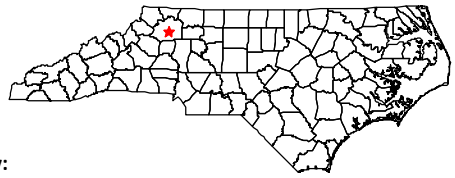
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Wilkes Regional Medical Center, North Wilkesboro, Wilkes County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	4,496
Patient Days in 2015:	20,553
Total Number of Beds:	130
Number of ICU Beds:	8
FTE* Infection Preventionists:	0.38
Number of FTEs* per 100 beds:	0.29

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

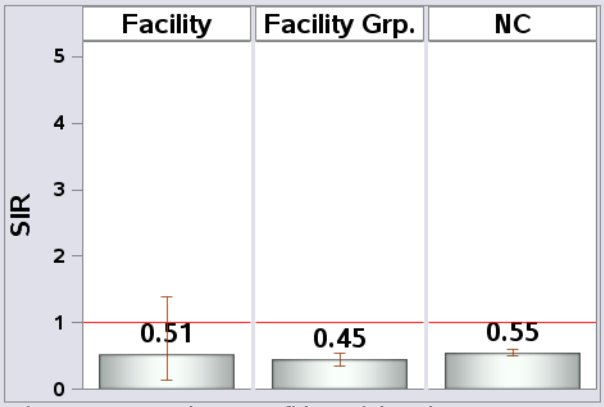


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	3	5.9	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-Dec 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

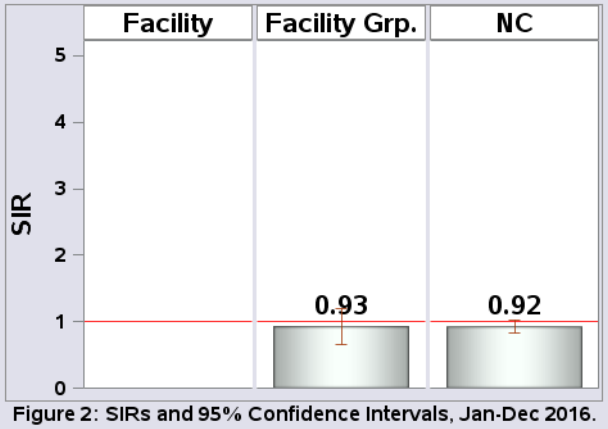


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

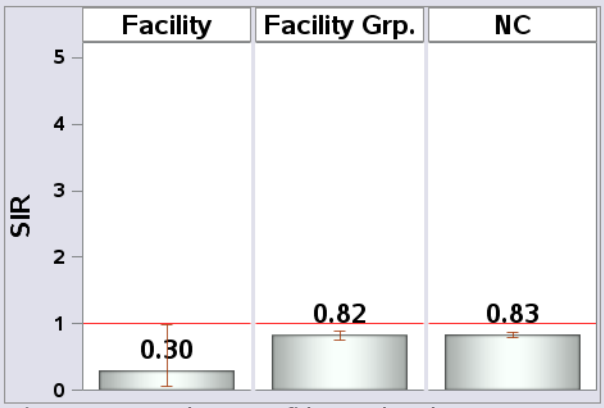


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	6.7	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Wilkes Regional Medical Center, North Wilkesboro, Wilkes County

Central Line-Associated Bloodstream Infections (CLABSI)

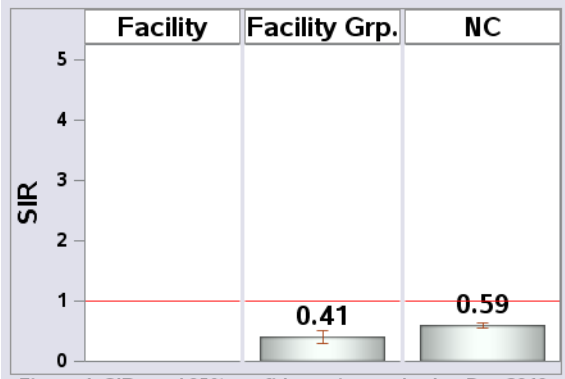


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 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
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 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?
No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Number of Observed and Predicted SSI Infections (abdominal hysterectomies), Jan-Dec 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

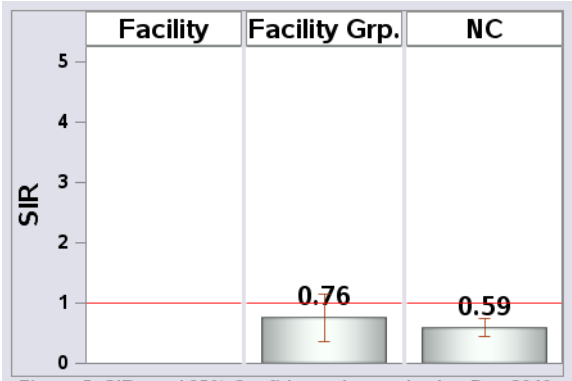


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

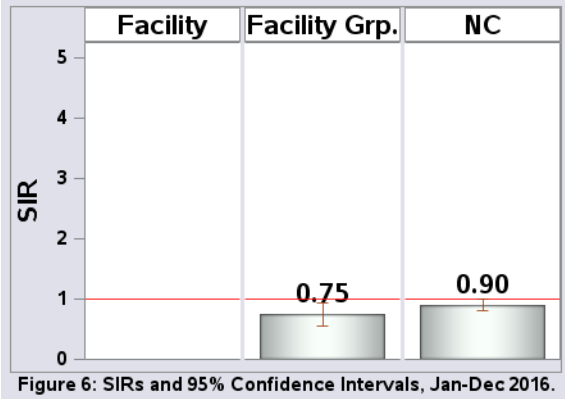


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 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

Ventilator-Associated Events (VAE)

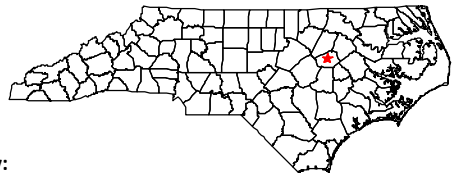
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Wilson Medical Center, Wilson, Wilson County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Admissions in 2015:	8,043
Patient Days in 2015:	29,415
Total Number of Beds:	138
Number of ICU Beds:	14
FTE* Infection Preventionists:	1.50
Number of FTEs* per 100 beds:	1.09

[*FTE = Full-time equivalent]



Commentary From Facility:
No comments provided.

Catheter-Associated Urinary Tract Infections (CAUTI)

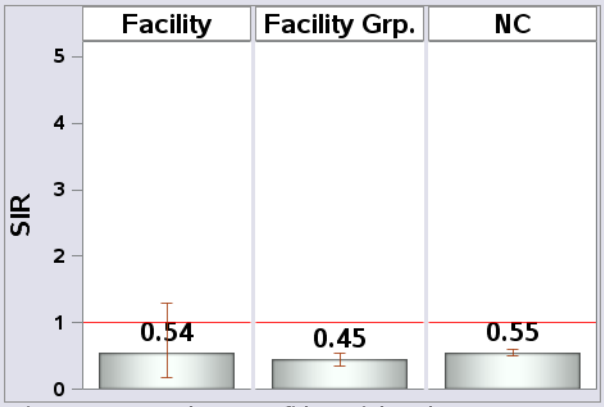


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	4	7.4	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-Dec 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	2	2.5	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

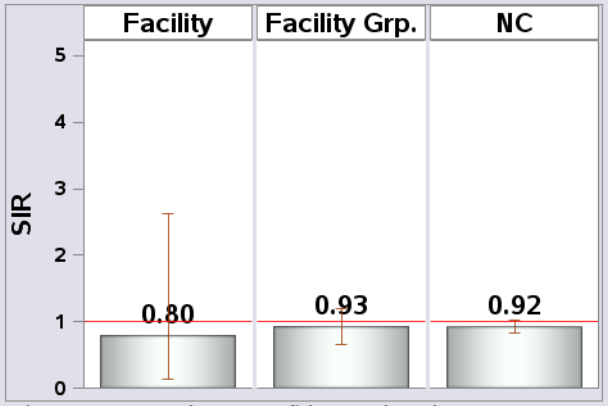


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

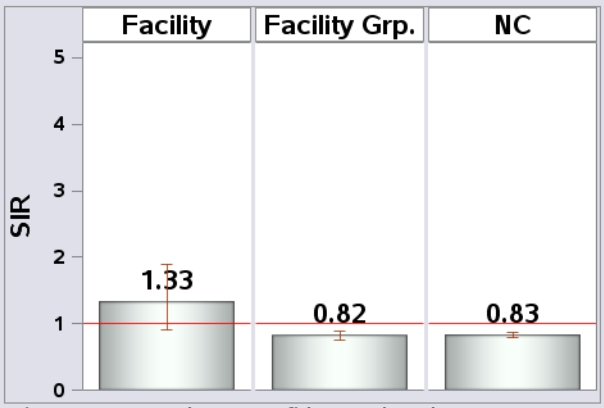


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	29	22	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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Wilson Medical Center, Wilson, Wilson County

Central Line-Associated Bloodstream Infections (CLABSI)

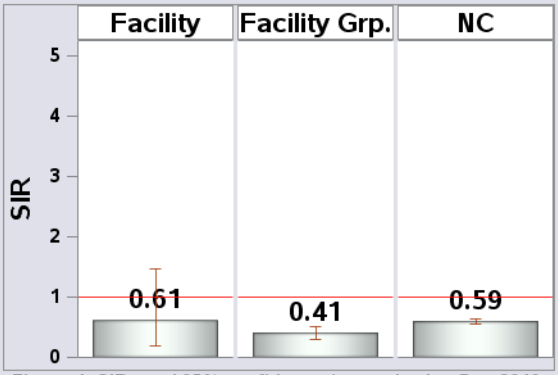


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 2016

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Adult/Ped Units	4	6.5	Same
All reporting units	**4**	**6.5**	**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-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	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

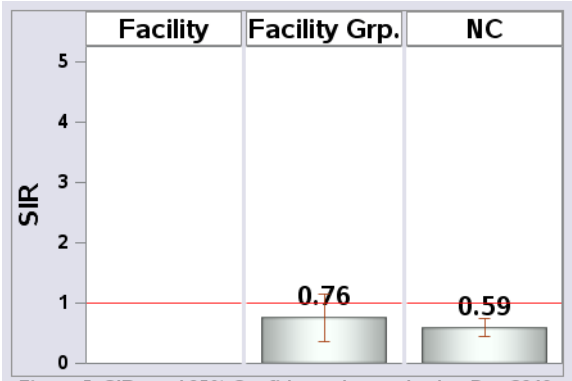


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

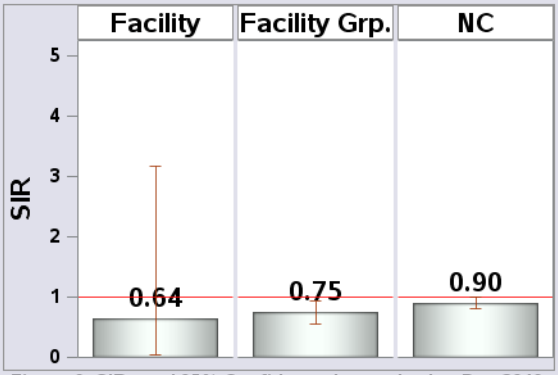


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	1	1.6	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

Ventilator-Associated Events (VAE)

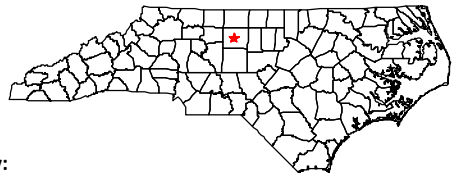
Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Women's Hospital, Greensboro, Guilford County

2016 Hospital Survey Information

Hospital Type:	Acute Care Hospital - Women's
Medical Affiliation:	No
Admissions in 2015:	13,456
Patient Days in 2015:	54,285
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)

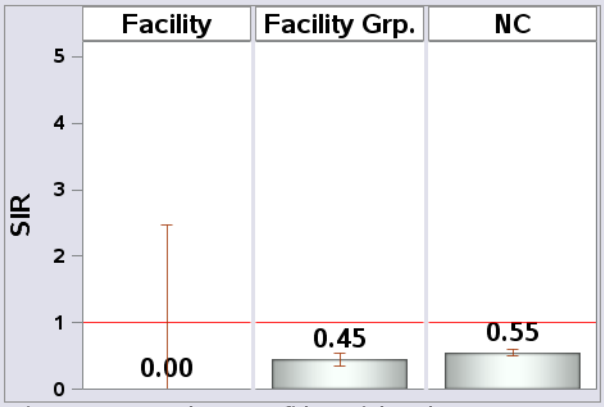


Figure 1: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 1. Number of Observed and Predicted Infections by ICU and Ward Type, Jan-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
All reporting units	0	1.2	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-Dec 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	2.0	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

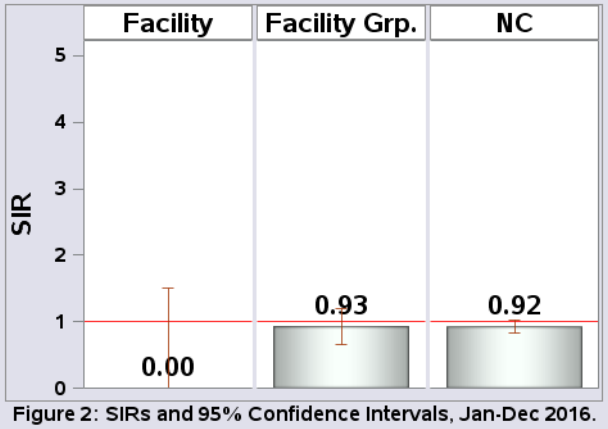


Figure 2: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

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.

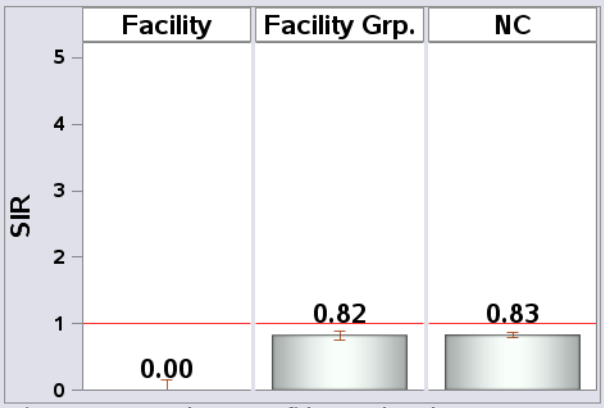


Figure 3: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Table 3. Number of Observed and Predicted CDIs, Jan-Dec 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	19	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

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 March 24, 2017.
Generated: April 13, 2017
N.C. Division of Public Health, SHARPPS Program
N.C. HAI 2016 Q4 Report

North Carolina Healthcare-Associated Infections Report
Data from January 1 – December 31, 2016
Women's Hospital, Greensboro, Guilford County

Central Line-Associated Bloodstream Infections (CLABSI)

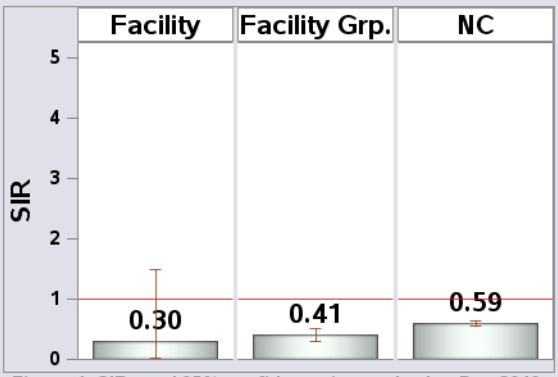


Figure 4: SIRs and 95% confidence intervals, Jan-Dec 2016.

Table 4. Number of Observed and Predicted CLABSI Infections by ICU and Ward Type, Jan-Dec 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	1	3.3	Same
All reporting units	**1**	**3.3**	**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-Dec 2016.

Unit Type	Observed Infections	Predicted Infections	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	**3**	**2.1**	**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

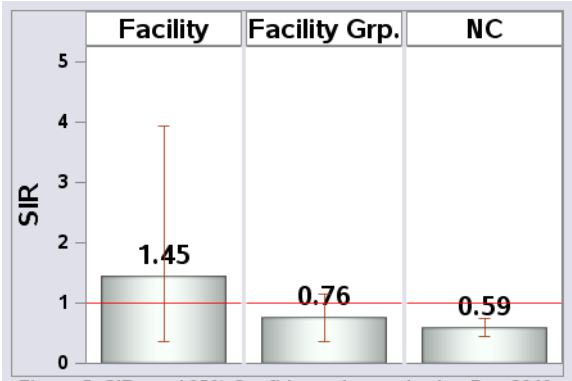


Figure 5: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Surgical Site Infections (SSI) after Colon Surgeries

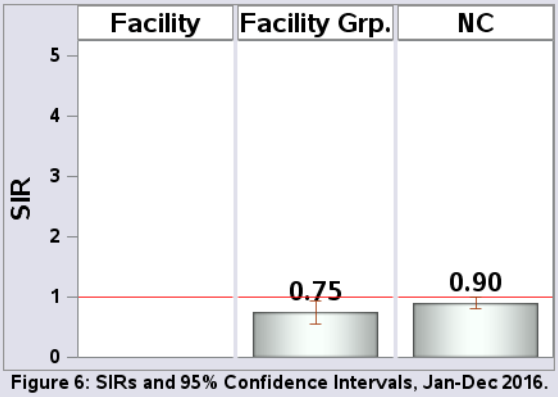


Figure 6: SIRs and 95% Confidence Intervals, Jan-Dec 2016.

Table 6. Number of Observed and Predicted SSI Infections (colon surgeries), Jan-Dec 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

Ventilator-Associated Events (VAE)

Note from N.C. Division of Public Health: VAE are not currently reportable at this facility type

APPENDICES

APPENDIX A. Definitions

Term	Definition
Aggregate data	Sum or total data. For example, aggregate N.C. HAI data refers to the sum, or total, of HAI data for all hospitals in N.C.
ASA Class	Anesthesiologist's pre-operative assessment of the patient's physical condition, using the American Society of Anesthesiologists' (ASA) Classification of Physical Status. 1. Normally healthy patient 2. Patient with mild systemic disease 3. Patient with severe systemic disease that is not incapacitating 4. Patient with an incapacitating systemic disease, constant threat to life 5. Patient not expected to survive for 24 hours with or without the operation
Beds	The number of staffed beds in a facility or patient care location. This may be different from the number of licensed beds.
Catheter days	A daily count of the number of patients with an indwelling urinary catheter. For example, one patient with an indwelling catheter in place for two days or two patients with indwelling catheters in place for one day each would both result in two catheter days. This number is used when presenting rates of catheter-associated urinary tract infections.
Catheter-associated urinary tract infection	Urinary tract infection (UTI) that occurs in a patient who had an indwelling urinary catheter in place within the 48-hour period before the onset of the UTI.
Central line	A catheter (tube) that doctors place in a large vein in the neck, chest, or groin ending in a large vein near the heart. It is used to give medication or fluids or to collect blood for medical tests. Also known as a central venous catheter.
Central line-associated bloodstream infection	A bloodstream infection (BSI) that occurs in a patient who had a central line within the 48-hour period before the onset of the BSI and is not related to an infection at another site.
Central line days	A daily count of the number of patients with a central line. For example, one patient with a central line in place for two days or two patients with central lines in place for one day each would both result in two central line days. This number is used when presenting rates of central line-associated bloodstream infections.
Device days	A daily count of the number of patients with a specific device (e.g., central line, umbilical catheter, or urinary catheter) in the patient care location. For example, one patient with a device in place for two days or two patients with devices in place for one day each would both result in two device days. This number is used when presenting rates of infections associated with the use of devices.
Full-time equivalent	The equivalent of one person working full time for one year: 8 hour per day at 5 days per week for 52 weeks per year = 2080 hours per year
Hand hygiene	A general term that applies to routine hand washing, antiseptic hand wash, antiseptic hand rub, or surgical hand antisepsis. *Routine hand washing* is the use of clean water and non-antimicrobial soap to remove germs, soil and other debris from the hands. *Antiseptic hand washing* is the use of water and antimicrobial soap to remove or kill germs on the hands. *Antiseptic hand rub* is the use of alcohol-based hand rubs to remove or destroy germs from the hands. Antiseptic hand rubs are less effective when hands are visibly dirty. *Surgical hand antisepsis* is the use of water and antimicrobial soap to remove or kill germs and takes

Term	Definition
	2-6 minutes to complete as both hands and forearms are cleaned. Water and non-antimicrobial soap can also be used but must be followed with an alcohol-based surgical hand scrub.
Healthcare-associated infections	Healthcare-associated infections (HAI) are infections caused by a wide variety of common and unusual bacteria, fungi, and viruses during the course of receiving medical care.
Intensive care unit	A nursing care area that provides intensive observation, diagnosis, and therapeutic procedures for adults and/or children who are critically ill. Also referred to as critical care unit.
Medical affiliation	Affiliation with a medical school. There are four categories*:* *Major teaching* – Hospital is an important part of the teaching program of a medical school and the majority of medical students rotate through multiple clinical services. *Graduat*e – Hospital used by the medical school for graduate training programs only (i.e., residency and/or fellowships). *Limited* – Hospital used in the medical school's teaching program to a limited extent. *No* – Hospital not affiliated with a medical school.
Patient days	A daily count of the number of patients in the patient care location during a specified time period.
Rate	Describes the speed with which disease or events occur. The number of diseases or events per unit of time.
Standardized infection ratio	A ratio of observed to expected (or predicted) numbers of events that is adjusted for selected risk factors.
Surgical site infection	Infection that occurs after surgery, in the part of the body where the surgery took place.
Umbilical catheter	Long, thin plastic tubes that travel from the stump of a newborn baby's umbilical cord into the large vessels near the heart
Urinary catheter	A drainage tube that is inserted into the urinary bladder through the urethra, is left in place, and is connected to a closed collection system.
Validity (data)	The extent to which reported cases of a disease or event correspond accurately to cases of a disease event that actually occurred.

APPENDIX B. Acronyms

ACL	Adult Care Licensure
APIC-NC	Association for Professionals in Infection Control and Epidemiology, N.C. Chapter
ASA	American Society of Anesthesiologists
BSI	Bloodstream infection
CAUTI	Catheter-associated urinary tract infection
CCME	Carolinas Center for Medical Excellence
CCU	Critical care unit
CDB	Communicable Disease Branch
CDC	Centers for Disease Control and Prevention
C. diff	*Clostridium difficile*
CDI	*Clostridium difficile* infection
CI	Confidence interval
CMS	Centers for Medicare and Medicaid Services
CLABSI	Central line-associated bloodstream infections
CRE	Carbapenem-resistant Enterobacteriaceae
DHHS	Department of Health and Human Services
DHSR	Division of Health Services Regulation
DPH	Division of Public Health
ED	Emergency department
HAI	Healthcare-associated Infections
ICU	Intensive care unit
IPs	Infection preventionists
MRSA	Methicillin resistant *Staphylococcus aureus*
NCHA	North Carolina Hospital Association
N.C. SPICE	North Carolina Statewide Program for Infection Control and Epidemiology
NCQC	North Carolina Quality Center
NHLC	Nursing Home Licensure and Certification
NHSN	National Healthcare Safety Network
NICU	Neonatal intensive (critical) care unit
QIO	Quality improvement organization
SIR	Standardized infection ratio
SSI	Surgical site infection
VAE	Ventilator Associated Event
VRE	Vancomycin-resistant *Enterococcus*

APPENDIX C. Healthcare-Associated Infections Prevention Tips

Appendix C1. Catheter (Central Line)-Associated Bloodstream Infections

FAQs
(frequently asked questions)

about
"Catheter-Associated Bloodstream Infections"
(also known as "Central Line-Associated Bloodstream Infections")

What is a catheter-associated bloodstream infection?

A "central line" or "central catheter" is a tube that is placed into a patient's large vein, usually in the neck, chest, arm, or groin. The catheter is often used to draw blood, or give fluids or medications. It may be left in place for several weeks. A bloodstream infection can occur when bacteria or other germs travel down a "central line" and enter the blood. If you develop a catheter-associated bloodstream infection you may become ill with fevers and chills or the skin around the catheter may become sore and red.

Can a catheter-related bloodstream infection be treated?

A catheter-associated bloodstream infection is serious, but often can be successfully treated with antibiotics. The catheter might need to be removed if you develop an infection.

What are some of the things that hospitals are doing to prevent catheter-associated bloodstream infections?

To prevent catheter-associated bloodstream infections doctors and nurses will:

- Choose a vein where the catheter can be safely inserted and where the risk for infection is small.
- Clean their hands with soap and water or an alcohol-based hand rub before putting in the catheter.
- Wear a mask, cap, sterile gown, and sterile gloves when putting in the catheter to keep it sterile. The patient will be covered with a sterile sheet.
- Clean the patient's skin with an antiseptic cleanser before putting in the catheter.
- Clean their hands, wear gloves, and clean the catheter opening with an antiseptic solution before using the catheter to draw blood or give medications. Healthcare providers also clean their hands and wear gloves when changing the bandage that covers the area where the catheter enters the skin.
- Decide every day if the patient still needs to have the catheter. The catheter will be removed as soon as it is no longer needed.
- Carefully handle medications and fluids that are given through the catheter.

What can I do to help prevent a catheter-associated bloodstream infection?

- Ask your doctors and nurses to explain why you need the catheter and how long you will have it.
- Ask your doctors and nurses if they will be using all of the prevention methods discussed above.
- Make sure that all doctors and nurses caring for you clean their hands with soap and water or an alcohol-based hand rub before and after caring for you.

If you do not see your providers clean their hands, please ask them to do so.

- If the bandage comes off or becomes wet or dirty, tell your nurse or doctor immediately.
- Inform your nurse or doctor if the area around your catheter is sore or red.
- Do not let family and friends who visit touch the catheter or the tubing.
- Make sure family and friends clean their hands with soap and water or an alcohol-based hand rub before and after visiting you.

What do I need to do when I go home from the hospital?

Some patients are sent home from the hospital with a catheter in order to continue their treatment. If you go home with a catheter, your doctors and nurses will explain everything you need to know about taking care of your catheter.

- Make sure you understand how to care for the catheter before leaving the hospital. For example, ask for instructions on showering or bathing with the catheter and how to change the catheter dressing.
- Make sure you know who to contact if you have questions or problems after you get home.
- Make sure you wash your hands with soap and water or an alcohol-based hand rub before handling your catheter.
- Watch for the signs and symptoms of catheter-associated bloodstream infection, such as soreness or redness at the catheter site or fever, and call your healthcare provider immediately if any occur.

If you have additional questions, please ask your doctor or nurse.

Co-sponsored by:

SHEA The Society for Healthcare Epidemiology of America · IDSA · American Hospital Association · APIC Spreading knowledge. Preventing infection. · CDC Centers for Disease Control and Prevention · The Joint Commission

Appendix C2. Catheter-Associated Urinary Tract Infections

FAQs
(frequently asked questions)

about
"Catheter-Associated Urinary Tract Infection"

What is "catheter-associated urinary tract infection"?

A urinary tract infection (also called "UTI") is an infection in the urinary system, which includes the bladder (which stores the urine) and the kidneys (which filter the blood to make urine). Germs (for example, bacteria or yeasts) do not normally live in these areas; but if germs are introduced, an infection can occur.

If you have a urinary catheter, germs can travel along the catheter and cause an infection in your bladder or your kidney; in that case it is called a catheter-associated urinary tract infection (or "CA-UTI").

What is a urinary catheter?

A urinary catheter is a thin tube placed in the bladder to drain urine. Urine drains through the tube into a bag that collects the urine. A urinary catheter may be used:

- If you are not able to urinate on your own
- To measure the amount of urine that you make, for example, during intensive care
- During and after some types of surgery
- During some tests of the kidneys and bladder

People with urinary catheters have a much higher chance of getting a urinary tract infection than people who don't have a catheter.

How do I get a catheter-associated urinary tract infection (CA-UTI)?

If germs enter the urinary tract, they may cause an infection. Many of the germs that cause a catheter-associated urinary tract infection are common germs found in your intestines that do not usually cause an infection there. Germs can enter the urinary tract when the catheter is being put in or while the catheter remains in the bladder.

What are the symptoms of a urinary tract infection?

Some of the common symptoms of a urinary tract infection are:

- Burning or pain in the lower abdomen (that is, below the stomach)
- Fever
- Bloody urine may be a sign of infection, but is also caused by other problems
- Burning during urination or an increase in the frequency of urination after the catheter is removed.

Sometimes people with catheter-associated urinary tract infections do not have these symptoms of infection.

Can catheter-associated urinary tract infections be treated?

Yes, most catheter-associated urinary tract infections can be treated with antibiotics and removal or change of the catheter. Your doctor will determine which antibiotic is best for you.

What are some of the things that hospitals are doing to prevent catheter-associated urinary tract infections?

To prevent urinary tract infections, doctors and nurses take the following actions.

Catheter insertion

- o Catheters are put in only when necessary and they are removed as soon as possible.
- o Only properly trained persons insert catheters using sterile ("clean") technique.
- o The skin in the area where the catheter will be inserted is cleaned before inserting the catheter.
- o Other methods to drain the urine are sometimes used, such as

- External catheters in men (these look like condoms and are placed over the penis rather than into the penis)
- Putting a temporary catheter in to drain the urine and removing it right away. This is called intermittent urethral catheterization.

Catheter care

- o Healthcare providers clean their hands by washing them with soap and water or using an alcohol-based hand rub before and after touching your catheter.

  If you do not see your providers clean their hands, please ask them to do so.
- o Avoid disconnecting the catheter and drain tube. This helps to prevent germs from getting into the catheter tube.
- o The catheter is secured to the leg to prevent pulling on the catheter.
- o Avoid twisting or kinking the catheter.
- o Keep the bag lower than the bladder to prevent urine from backflowing to the bladder.
- o Empty the bag regularly. The drainage spout should not touch anything while emptying the bag.

What can I do to help prevent catheter-associated urinary tract infections if I have a catheter?

- Always clean your hands before and after doing catheter care.
- Always keep your urine bag below the level of your bladder.
- Do not tug or pull on the tubing.
- Do not twist or kink the catheter tubing.
- Ask your healthcare provider each day if you still need the catheter.

What do I need to do when I go home from the hospital?

- If you will be going home with a catheter, your doctor or nurse should explain everything you need to know about taking care of the catheter. Make sure you understand how to care for it before you leave the hospital.
- If you develop any of the symptoms of a urinary tract infection, such as burning or pain in the lower abdomen, fever, or an increase in the frequency of urination, contact your doctor or nurse immediately.
- Before you go home, make sure you know who to contact if you have questions or problems after you get home.

If you have questions, please ask your doctor or nurse.

Co-sponsored by: SHEA, IDSA, American Hospital Association, APIC, CDC, The Joint Commission

Appendix C3. Surgical Site Infections

FAQs
(frequently asked questions)

about
"Surgical Site Infections"

What is a Surgical Site Infection (SSI)?

A surgical site infection is an infection that occurs after surgery in the part of the body where the surgery took place. Most patients who have surgery do not develop an infection. However, infections develop in about 1 to 3 out of every 100 patients who have surgery.

Some of the common symptoms of a surgical site infection are:

- Redness and pain around the area where you had surgery
- Drainage of cloudy fluid from your surgical wound
- Fever

Can SSIs be treated?

Yes. Most surgical site infections can be treated with antibiotics. The antibiotic given to you depends on the bacteria (germs) causing the infection. Sometimes patients with SSIs also need another surgery to treat the infection.

What are some of the things that hospitals are doing to prevent SSIs?

To prevent SSIs, doctors, nurses, and other healthcare providers:

- Clean their hands and arms up to their elbows with an antiseptic agent just before the surgery.
- Clean their hands with soap and water or an alcohol-based hand rub before and after caring for each patient.
- May remove some of your hair immediately before your surgery using electric clippers if the hair is in the same area where the procedure will occur. They should not shave you with a razor.
- Wear special hair covers, masks, gowns, and gloves during surgery to keep the surgery area clean.
- Give you antibiotics before your surgery starts. In most cases, you should get antibiotics within 60 minutes before the surgery starts and the antibiotics should be stopped within 24 hours after surgery.
- Clean the skin at the site of your surgery with a special soap that kills germs.

What can I do to help prevent SSIs?

Before your surgery:

- Tell your doctor about other medical problems you may have. Health problems such as allergies, diabetes, and obesity could affect your surgery and your treatment.
- Quit smoking. Patients who smoke get more infections. Talk to your doctor about how you can quit before your surgery.
- Do not shave near where you will have surgery. Shaving with a razor can irritate your skin and make it easier to develop an infection.

At the time of your surgery:

- Speak up if someone tries to shave you with a razor before surgery. Ask why you need to be shaved and talk with your surgeon if you have any concerns.
- Ask if you will get antibiotics before surgery.

After your surgery:

- Make sure that your healthcare providers clean their hands before examining you, either with soap and water or an alcohol-based hand rub.

  If you do not see your providers clean their hands, please ask them to do so.

- Family and friends who visit you should not touch the surgical wound or dressings.
- Family and friends should clean their hands with soap and water or an alcohol-based hand rub before and after visiting you. If you do not see them clean their hands, ask them to clean their hands.

What do I need to do when I go home from the hospital?

- Before you go home, your doctor or nurse should explain everything you need to know about taking care of your wound. Make sure you understand how to care for your wound before you leave the hospital.
- Always clean your hands before and after caring for your wound.
- Before you go home, make sure you know who to contact if you have questions or problems after you get home.
- If you have any symptoms of an infection, such as redness and pain at the surgery site, drainage, or fever, call your doctor immediately.

If you have additional questions, please ask your doctor or nurse.

Co-sponsored by:

SHEA · IDSA · American Hospital Association · APIC · CDC · The Joint Commission

Appendix C4. Methicillin-Resistant *Staphylococcus aureus* LabID Events

FAQs
(frequently asked questions)

about

"MRSA"
(Methicillin-Resistant *Staphylococcus aureus*)

What is MRSA?

Staphylococcus aureus (pronounced staff-ill-oh-KOK-us AW-ree-us), or *"Staph"* is a very common germ that about 1 out of every 3 people have on their skin or in their nose. This germ does not cause any problems for most people who have it on their skin. But sometimes it can cause serious infections such as skin or wound infections, pneumonia, or infections of the blood.

Antibiotics are given to kill Staph germs when they cause infections. Some *Staph* are resistant, meaning they cannot be killed by some antibiotics. *"Methicillin-resistant Staphylococcus aureus"* or "MRSA" is a type of *Staph* that is resistant to some of the antibiotics that are often used to treat *Staph* infections.

Who is most likely to get an MRSA infection?

In the hospital, people who are more likely to get an MRSA infection are people who:

- have other health conditions making them sick
- have been in the hospital or a nursing home
- have been treated with antibiotics.

People who are healthy and who have not been in the hospital or a nursing home can also get MRSA infections. These infections usually involve the skin. More information about this type of MRSA infection, known as "community-associated MRSA" infection, is available from the Centers for Disease Control and Prevention (CDC). http://www.cdc.gov/mrsa

How do I get an MRSA infection?

People who have MRSA germs on their skin or who are infected with MRSA may be able to spread the germ to other people. MRSA can be passed on to bed linens, bed rails, bathroom fixtures, and medical equipment. It can spread to other people on contaminated equipment and on the hands of doctors, nurses, other healthcare providers and visitors.

Can MRSA infections be treated?

Yes, there are antibiotics that can kill MRSA germs. Some patients with MRSA abscesses may need surgery to drain the infection. Your healthcare provider will determine which treatments are best for you.

What are some of the things that hospitals are doing to prevent MRSA infections?

To prevent MRSA infections, doctors, nurses, and other healthcare providers:

- **Clean their hands** with soap and water or an alcohol-based hand rub before and after caring for every patient.
- Carefully **clean hospital rooms and medical equipment.**
- Use **Contact Precautions** when caring for patients with MRSA. Contact Precautions mean:
  - Whenever possible, patients with MRSA will have a single room or will share a room only with someone else who also has MRSA.
  - Healthcare providers will put on gloves and wear a gown over their clothing while taking care of patients with MRSA.
  - Visitors may also be asked to wear a gown and gloves.
  - When leaving the room, hospital providers and visitors remove their gown and gloves and clean their hands.
  - Patients on Contact Precautions are asked to stay in their hospital rooms as much as possible. They should not go to common areas, such as the gift shop or cafeteria. They may go to other areas of the hospital for treatments and tests.
- **May test** some patients to see if they have MRSA on their skin. This test involves rubbing a cotton-tipped swab in the patient's nostrils or on the skin.

What can I do to help prevent MRSA infections?

In the hospital

- Make sure that all doctors, nurses, and other healthcare providers clean their hands with soap and water or an alcohol-based hand rub before and after caring for you.

  If you do not see your providers clean their hands, please ask them to do so.

When you go home

- If you have wounds or an intravascular device (such as a catheter or dialysis port) make sure that you know how to take care of them.

Can my friends and family get MRSA when they visit me?

The chance of getting MRSA while visiting a person who has MRSA is very low. To decrease the chance of getting MRSA your family and friends should:

- Clean their hands before they enter your room and when they leave.
- Ask a healthcare provider if they need to wear protective gowns and gloves when they visit you.

What do I need to do when I go home from the hospital?

To prevent another MRSA infection and to prevent spreading MRSA to others:

- Keep taking any antibiotics prescribed by your doctor. Don't take half-doses or stop before you complete your prescribed course.
- Clean your hands often, especially before and after changing your wound dressing or bandage.
- People who live with you should clean their hands often as well.
- Keep any wounds clean and change bandages as instructed until healed.
- Avoid sharing personal items such as towels or razors.
- Wash and dry your clothes and bed linens in the warmest temperatures recommended on the labels.
- Tell your healthcare providers that you have MRSA. This includes home health nurses and aides, therapists, and personnel in doctors' offices.
- Your doctor may have more instructions for you.

If you have questions, please ask your doctor or nurse.

Co-sponsored by: SHEA, IDSA, American Hospital Association, APIC, CDC, The Joint Commission

Appendix C5. *Clostridium difficile* LabID Events

FAQs
(frequently asked questions)

about
"Clostridium Difficile"

What is Clostridium difficile infection?

Clostridium difficile [pronounced Klo-STRID-ee-um dif-uh-SEEL], also known as "*C. diff*" [See-dif], is a germ that can cause diarrhea. Most cases of *C. diff* infection occur in patients taking antibiotics. The most common symptoms of a *C. diff* infection include:

- Watery diarrhea
- Fever
- Loss of appetite
- Nausea
- Belly pain and tenderness

Who is most likely to get C. diff infection?

The elderly and people with certain medical problems have the greatest chance of getting *C. diff*. *C. diff* spores can live outside the human body for a very long time and may be found on things in the environment such as bed linens, bed rails, bathroom fixtures, and medical equipment. *C. diff* infection can spread from person-to-person on contaminated equipment and on the hands of doctors, nurses, other healthcare providers and visitors.

Can C. diff infection be treated?

Yes, there are antibiotics that can be used to treat *C. diff*. In some severe cases, a person might have to have surgery to remove the infected part of the intestines. This surgery is needed in only 1 or 2 out of every 100 persons with *C. diff*.

What are some of the things that hospitals are doing to prevent C. diff infections?

To prevent *C. diff*. infections, doctors, nurses, and other healthcare providers:

- Clean their hands with soap and water or an alcohol-based hand rub before and after caring for every patient. This can prevent *C. diff* and other germs from being passed from one patient to another on their hands.
- Carefully clean hospital rooms and medical equipment that have been used for patients with *C. diff*.
- Use Contact Precautions to prevent *C. diff* from spreading to other patients. Contact Precautions mean:
  - Whenever possible, patients with *C. diff* will have a single room or share a room only with someone else who also has *C. diff*.
  - Healthcare providers will put on gloves and wear a gown over their clothing while taking care of patients with *C. diff*.
  - Visitors may also be asked to wear a gown and gloves.
  - When leaving the room, hospital providers and visitors remove their gown and gloves and clean their hands.
  - Patients on Contact Precautions are asked to stay in their hospital rooms as much as possible. They should not go to common areas, such as the gift shop or cafeteria. They can go to other areas of the hospital for treatments and tests.
- Only give patients antibiotics when it is necessary.

What can I do to help prevent C. diff infections?

- Make sure that all doctors, nurses, and other healthcare providers clean their hands with soap and water or an alcohol-based hand rub before and after caring for you.

If you do not see your providers clean their hands, please ask them to do so.

- Only take antibiotics as prescribed by your doctor.
- Be sure to clean your own hands often, especially after using the bathroom and before eating.

Can my friends and family get C. diff when they visit me?

C. diff infection usually does not occur in persons who are not taking antibiotics. Visitors are not likely to get *C. diff*. Still, to make it safer for visitors, they should:

- Clean their hands before they enter your room and as they leave your room
- Ask the nurse if they need to wear protective gowns and gloves when they visit you.

What do I need to do when I go home from the hospital?

Once you are back at home, you can return to your normal routine. Often, the diarrhea will be better or completely gone before you go home. This makes giving *C. diff* to other people much less likely. There are a few things you should do, however, to lower the chances of developing *C. diff* infection again or of spreading it to others.

- If you are given a prescription to treat *C. diff*, take the medicine exactly as prescribed by your doctor and pharmacist. Do not take half-doses or stop before you run out.
- Wash your hands often, especially after going to the bathroom and before preparing food.
- People who live with you should wash their hands often as well.
- If you develop more diarrhea after you get home, tell your doctor immediately.
- Your doctor may give you additional instructions.

If you have questions, please ask your doctor or nurse.

Co-sponsored by:

SHEA The Society for Healthcare Epidemiology of America · IDSA · American Hospital Association · APIC Spreading knowledge. Preventing infection. · CDC Centers for Disease Control and Prevention · The Joint Commission

Appendix D. Healthcare-Associated Infections (HAI) Advisory Group

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Appendix E. Healthcare Facility Groupings, 2015 National Healthcare Safety Network Annual Hospital Survey

Appendix E1 Healthcare Facility Group: Short-term Acute Care Hospitals

Hospital Group	Hospital Name	Number of Beds
1-99 beds	Firsthealth Moore Regional Hospital - Hoke Campus	8
	Cherokee Indian Hospital	18
	North Carolina Specialty Hospital	18
	Wake Forest Baptist Health-Davie Medical Center	20
	Novant Health Medical Park Hospital	22
	Carolinas Healthcare System Anson	30
	Murphy Medical Center	31
	Person Memorial Hospital	44
	McDowell Hospital	45
	Martin General Hospital	49
	Johnston Health Clayton	50
	Annie Penn Hospital	53
	Kings Mountain Hospital	59
	Granville Medical Center	62
	Sandhills Regional Medical Center	64
	Vidant Duplin Hospital	72
	Caldwell Memorial Hospital	72
	Novant Health Brunswick Medical Center	74
	Firsthealth Moore Regional Hospital - Richmond Campus	79
	Novant Health Charlotte Orthopedic Hospital	80
	Vidant Beaufort Hospital	81
	Hugh Chatham Memorial Hospital	81

Hospital Group	Hospital Name	Number of Beds
	Columbus Regional Healthcare System	81
	Randolph Hospital	85
	Wake Forest Baptist Health-Lexington Medical Center	85
	Dlp - Harris Regional Hospital	86
	Vidant Roanoke Chowan Hospital	90
	Novant Health Huntersville Medical Center	91
	Sentara Albemarle Medical Center	95
100-199 beds	Carolinas Medical Center-University	100
	Haywood Regional Medical Center	100
	Northern Hospital Of Surry County	100
	Carolinas Medical Center-Lincoln	101
	Morehead Memorial Hospital	101
	Halifax Regional Medical Center	101
	Maria Parham Medical Center	102
	Park Ridge Health	103
	Scotland Memorial Hospital	106
	Stanly Regional Medical Center	109
	Sampson Regional Medical Center	116
	Central Carolina Hospital	116
	ARHS-Watauga Medical Center	117
	Vidant Edgecombe Hospital	117

Hospital Group	Hospital Name	Number of Beds
	Lake Norman Regional Medical Center	123
	Rutherford Regional Medical Center	125
	Davis Regional Medical Center	130
	Wilkes Regional Medical Center	130
	Women's Hospital	134
	Carteret General Hospital	135
	Betsy Johnson Regional	135
	Pardee Hospital	138
	Lenoir Memorial Hospital	138
	Wilson Medical Center	145
	Novant Health Matthews Medical Center	146
	Duke Raleigh Hospital	148
	Novant Health Thomasville Medical Center	149
	Johnston Health	149
	Wesley Long Hospital	150
	Carolinas Medical Center-Mercy	160
	Onslow Memorial Hospital	162
	Carolinas Healthcare System Blue Ridge	162
	Frye Regional Medical Center	170
	WakeMed Cary Hospital	176
	Carolinas Medical Center-Union	182
	Catawba Valley Medical Center	190
	Cherry Hospital	197
	Iredell Memorial Hospital	199
200-399 beds	Carolinas Medical Center-Pineville	206
	Nash Health Care Systems	212
	Duke Regional Hospital	223

Hospital Group	Hospital Name	Number of Beds
	Alamance Regional Medical Center	238
	Carolinas Healthcare System Cleveland	241
	Wayne Memorial Hospital	242
	Novant Health Rowan Medical Center	268
	Broughton Hospital	297
	High Point Regional Health System	348
	CarolinaEast Medical Center	350
	Southeastern Regional Medical Center	351
	FirstHealth Moore Regional Hospital	374
400+ beds	Gaston Memorial Hospital	402
	Central Regional Hospital	405
	Moses Cone Hospital	443
	Carolinas Medical Center-Northeast	457
	Cape Fear Valley Health System	602
	WakeMed	626
	Rex Healthcare	660
	New Hanover Regional Medical Center	673
	Novant Health Presbyterian Medical Center	677
	Mission Hospital	763
	Novant Health Forsyth Medical Center	972
Primary Medical School Affiliation	Carolinas Medical Center	880
	Wake Forest University Baptist Medical Center	885
	UNC Health Care	896
	Vidant Medical Center	909
	Duke University Hospital	1037

Appendix E. Healthcare Facility Groupings, 2015 National Healthcare Safety Network Annual Hospital Survey

Appendix E2 Healthcare Facility Group: Long-term Acute Care Hospitals

Hospital Name
Carolinas Continuecare Hospital At Kings Mountain
Select Specialty Hospital-Greensboro
Select Specialty Hospital-Durham
Asheville Specialty Hospital
Carolinas Specialty Hospital
Select Specialty Hospital-Winston Salem
Lifecare Hospitals Of North Carolina
Highsmith Rainey Specialty Hospital
Kindred Hospital-Greensboro

Appendix E3 Healthcare Facility Group: Inpatient Rehabilitation Facilities

Hospital Name
Carolinas Rehabilitation Mount Holly
Carolinas Rehabilitation North East
CHS Pineville Rehabilitation
Carolinas Rehabilitation
CarePartners Health Services