

Quarterly Report April 2013

2013

# Healthcare-Associated Infections in North Carolina

2012 Annual Report  
Healthcare Consumer Version

N.C. Department of Health and Human Services

N.C. Healthcare-Associated Infections Prevention Program  
N.C. Communicable Disease Branch



## Introduction

The U.S. Centers for Disease Control and Prevention estimates that 5 percent of all hospital admissions result in a healthcare-associated infection, culminating in approximately 1.7 million infections and 99,000 deaths each year<sup>1</sup> as well as \$28–\$33 billion in excess costs.<sup>2</sup> In North Carolina, a minimum of 100 individuals per acute care hospital contract healthcare-associated infections each year, resulting in approximate direct costs to facilities ranging from \$124 million to \$348 million.<sup>3</sup> These numbers likely underestimate the true burden of healthcare-associated infections because they do not include all acute care hospitals and all healthcare-associated infections.

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 April 2013 Healthcare-Associated Infections Quarterly 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 during January 1 – December 31, 2012. Data included in this report are preliminary and subject to change.

This report focuses on three important types of healthcare-associated infections that may occur while patients are hospitalized: central line-associated bloodstream infections, catheter-associated urinary tract infections, and surgical site infections (specifically those following abdominal hysterectomies or colon surgeries). These three types of infections account for a large proportion of illnesses and deaths attributed to healthcare, but they do not represent the full spectrum of healthcare-associated infections. Information about other types of healthcare-associated infections – including those caused by methicillin-resistant *Staphylococcus aureus* and by *Clostridium difficile* – will be included in future reports.

This report was prepared by the North Carolina Healthcare-Associated Infections Prevention Program, which is located in the Communicable Disease Branch of the Epidemiology Section of the North Carolina Division of Public Health. The N.C. Healthcare-Associated Infections Prevention 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). A separate healthcare provider version is also available at <http://epi.publichealth.nc.gov/cd/diseases/hai>. We welcome your feedback to improve the usefulness of future reports ([nchai@dhhs.nc.gov](mailto:nchai@dhhs.nc.gov)).

For more information on Healthcare-Associated Infections and the N.C. Healthcare-Associated Infections Prevention Program, please visit <http://epi.publichealth.nc.gov/cd/diseases/hai>.

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<sup>1</sup> Klevens RM, Edwards JR, Richards CL, Jr., et al. Estimating health care-associated infections and deaths in U.S. hospitals, 2002. *Public Health Rep.* Mar-Apr 2007;122(2):160-166. Available at <http://www.cdc.gov/hai/burden.html>.

<sup>2</sup> Scott R. *The Direct Medical Costs of Healthcare-Associated Infections in U.S. Hospitals and the Benefits of Prevention. Internal Report.* Division of Healthcare Quality Promotion, National Center for Preparedness, Detection, and Control of Infectious Diseases, Coordinating Center for Infectious Diseases, Centers for Disease Control and Prevention; February 2009. Available at <http://www.cdc.gov/hai/burden.html>.

<sup>3</sup> Anderson DJ, Pyatt DG, Weber DJ, Rutala WA; North Carolina Department of Public Health HAI Advisory Group. Statewide costs of health care-associated infections: Estimates for acute care hospitals in North Carolina. *Am J Infect Control.* 2013 Feb 27. pii: S0196-6553(13)00063-1. doi: 10.1016/j.ajic.2012.11.022. [Epub ahead of print]

## Acknowledgements

The North Carolina Healthcare-Associated Infections Prevention Program would like to acknowledge and thank hospital infection preventionists across the state who work tirelessly to protect patients from infection. They provided the data used to create this report and worked with their hospital colleagues to identify and reconcile any potential problems with the data. The recent successes in fighting healthcare-associated infections would not have been possible without their continuing efforts, dedication and collaboration.

The Healthcare-Associated Infections Prevention 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 the 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, the Carolinas Center for Medical Excellence, and the Adult Care Licensure and Nursing Home Licensure and Certification sections of the North Carolina Division of Health Service Regulation.

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# I. Highlights of Healthcare-Associated Infections Activities in 2012

## A. Healthcare-Associated Infections Reporting

### **N.C. Healthcare-Associated Infections Prevention Program Highlights**

Key accomplishments and activities of the North Carolina Healthcare-Associated Infections Prevention Program (N.C. HAI Program) in 2012 include the following:

1. Transitioned from a voluntary to a mandatory surveillance program for healthcare-associated infections (HAI) effective January 1, 2012.
  - The permanent version of the North Carolina Administrative Code rule specifying requirements for reporting of healthcare-associated infections from North Carolina hospitals was adopted by the Commission for Public Health on September 20, 2012 and became effective October 1, 2012.
2. Became the third state partner in the One & Only Campaign, a public health campaign led by the Centers for Disease Control and Prevention (CDC) and the Safe Injection Practices Coalition that aims to eradicate outbreaks resulting from unsafe injection practices by raising awareness among patients and healthcare providers about safe injection practices.
3. Released first public report on healthcare-associated infections on October 1, 2012, as required by the N.C. Administrative Code.
4. Participated or consulted in responses to more than 75 outbreaks in healthcare settings.

### **N.C. Healthcare-Associated Infections 2012 Annual Summary**

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

##### Adult and Pediatric Intensive Care Units (ICUs)

The overall North Carolina rate for CLABSIs in adult and pediatric ICUs from short-term acute care hospitals was 1.06 per 1,000 central line days.

- When compared to the national 2006-2008 baseline data, the number of reported CLABSIs was statistically significantly lower than predicted by the baseline data.
- The most commonly identified organisms from adult and pediatric CLABSI patients were *Candida* and other yeasts/fungi and *Enterococcus*.

##### Neonatal Intensive Care Units (NICUs)

The statewide CLABSI rate for NICUs in short-term acute care hospitals was 0.84 per 1,000 central line days.

- The number of reported CLABSI infections was statistically significantly lower than predicted by the national 2006-2008 baseline data.
- *Staphylococcus* species (*Staphylococcus aureus* and *Staphylococcus coagulase negative*) were the most commonly identified organisms from neonatal CLABSI patients.

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

In North Carolina, the rate of CAUTI in adult and pediatric ICUs in short-term acute care hospitals was 2.31 per 1,000 catheter days.

- When compared to the national 2009 baseline data, the number of reported CAUTI infections was statistically significantly higher than predicted.
- The most commonly identified organisms were *Candida* and other yeasts and *Escherichia coli* (*E. coli*).

#### **Surgical Site Infections (SSI)**

##### Post Abdominal Hysterectomy

Among inpatient abdominal hysterectomies performed on females  $\geq 18$  years in North Carolina short-term acute care hospitals, the SSI rate was 0.67 per 100 inpatient abdominal hysterectomies.

- Based on the 2006-2008 national baseline data, the number of reported SSIs was statistically significantly lower than predicted.
- A variety of organisms were identified from SSIs.

### Post Colon Surgery

For inpatient colon surgeries performed on adults ( $\geq 18$  years) in North Carolina short-term acute care hospitals, the SSI rate was 2.41 per 100 inpatient colon surgeries.

- The reported number of SSIs was statistically significantly lower than predicted based on the 2006-2008 national baseline data.
- *E. coli* and *Enterococcus* species were the most commonly identified organisms.

### North Carolina 2012 HAI Rates and National 2011 HAI Rates

The results in this report are not directly comparable to those of the most recent 2011 national numbers published by the CDC's National Healthcare Safety Network on CLABSI and CAUTI (<http://www.cdc.gov/nhsn/PDFs/dataStat/2011-NHSN-DataSummary.pdf>) or SSIs ([http://www.cdc.gov/hai/pdfs/SIR/SIR-Report\\_02\\_07\\_2013.pdf](http://www.cdc.gov/hai/pdfs/SIR/SIR-Report_02_07_2013.pdf)). Data collection methods and protocols differed which may have led to important differences between the two populations. However, data in these reports provided a general context in which the N.C. 2012 rates could be viewed.

The tables below summarize the N.C. 2012 rates and the national 2011 HAI rates. For most HAIs, the rates were generally similar to one another in their direction (both rates above or below 1.0) and magnitude (both rates close to 1.0 or far from 1.0).

CLABSI			
	Adult/Pediatric ICUs	NICUs Level III	NICUs Level II/III
<b>2012 North Carolina</b>	1.06 per 1,000 central line days	0.94 per 1,000 central line days	0.70 per 1,000 central line days
<b>2011 United States</b>	1.09 per 1,000 central line days	1.55 per 1,000 central line days	1.41 per 1,000 central line days

CAUTI	
	Adult/Pediatric ICUs
<b>2012 North Carolina</b>	2.31 per 1,000 catheter days
<b>2011 United States</b>	1.94 per 1,000 catheter days

SSIs		
	Abdominal hysterectomies	Colon surgery
<b>2012 North Carolina</b>	0.67 per 100 inpatient surgeries	2.41 per 100 inpatient surgeries
<b>2011 United States</b>	0.64 per 100 inpatient surgeries	2.40 per 100 inpatient surgeries

## **B. Statewide Efforts in Preventing and Reducing Healthcare-Associated Infections in North Carolina**

### **Healthcare-Associated Infections Partner Updates**

#### **North Carolina Statewide Program for Infection Control and Epidemiology (N.C. SPICE)**

The North Carolina Statewide Program for Infection Control and Epidemiology (N.C. SPICE) promotes prevention and control of healthcare-associated infections in North Carolina and beyond by providing evidence-based education and consultation across the healthcare spectrum. In 2012, N.C. SPICE trained 274 healthcare professionals through infection control courses for long term care and acute care settings and an additional estimated 1,000 healthcare professionals obtained N.C. SPICE infection control training through the N.C. SPICE .0206 infection control curriculum. In addition, N.C. SPICE provided consultation to more than 550 inquiries. Also in 2012, N.C. SPICE was awarded funding through a partnership between The Centers for Medicaid and Medicare Services and the N.C. Division of Health Services Regulation for enhanced education of infection prevention in nursing homes. N.C. SPICE will develop a series of four modules that can be accessed via a new website: SPICEducation.unc.edu, or on DVD. The module topics are: antibiotic resistant bacteria, isolation precautions, injection safety and glucometer care, and environmental disinfection. Looking forward, N.C. SPICE will develop additional e-learning opportunities through SPICEducation.unc.edu, and the N.C. SPICE quarterly e-newsletter, Infection Control Report.

### **North Carolina Chapter of the Association for Professionals in Infection Control (APIC-NC)**

The North Carolina Chapter of the Association for Professionals in Infection Control and Epidemiology (APIC-NC) is the leading professional association for infection preventionists (IP). Its mission is to create a safer world through the prevention of infections.

APIC-NC boasts more than 200 members consisting of nurses, physicians, public health professionals, epidemiologists, microbiologists or medical technologists. Many infection preventionists are employed within healthcare institutions and also serve as educators, researchers, consultants and clinical scientists.

APIC-NC serves two primary roles in regard to its membership. First, educational programs support the infection prevention activities of the many patient safety stakeholders. Second, APIC-NC collaborates with other professional associations, consumer groups, thought leaders, and regulatory and accrediting agencies to maximize the synergy of shared interests and resources with the goal of improving patient outcomes.

In 2012, APIC-NC offered two educational sessions that consisted of the latest infection prevention information. The first session focused on the use of the NHSN for CAUTI and SSI surveillance. The second session provided strategies to assist IPs to achieve and maintain success in today's changing healthcare environment and incorporated the following relevant topics:

- HAIs;
- current guidelines governing sterilization and disinfection;
- vaccine preventable diseases;
- epidemiologically important microorganisms; and
- regulatory requirements impacting healthcare organizations.

### **North Carolina Division of Health Service Regulation (DHSR)**

#### **Adult Care Licensure Section (ACL)**

Healthcare-associated infections can occur in any healthcare setting, including adult care homes such as assisted living facilities. The North Carolina Division of Health Service Regulation's (DHSR) Adult Care Licensure (ACL) Section is an important partner in ensuring infection prevention strategies are implemented in these types of healthcare settings.

General statute §131D-4.4 and 4.5 specifies provisions specific for adult care homes including written infection prevention guidelines in facility policies and procedures, infection prevention training requirements for adult care home staff, and the establishment of guidelines for reporting communicable disease outbreaks to the North Carolina Division of Public Health (DPH). As a result of this statute, ACL developed a state infection prevention course for adult care homes and in April 2012, provided a state-wide training for care providers and county and state staff with regulatory responsibilities for adult care homes.

Collaboration among ACL, DPH and the local health departments has grown during 2012. During inspections of licensed adult care homes, the facility's compliance with infection prevention policies and procedures is reviewed. Noncompliance or breaches in infection prevention practices by facility staff when monitoring resident blood glucose levels are reported to the N.C. HAI Program, which shares information with the local health department. Guidelines for reporting and enhanced communication between DHSR and DPH have led to increased education of adult care providers, safe infection prevention practices, and appropriate testing of residents when potential exposures occur.

#### **Nursing Home Licensure and Certification Section (NHLC)**

The Nursing Home Licensure and Certification Section (NHLC) regulates more than 430 nursing homes. In 2012, training and education of NHLC staff was a priority to provide basic knowledge in infection prevention practices and appropriate corrective action if infection prevention practices were inadequately implemented. The following infection prevention educational sessions were provided:

1. Annual training to all nursing home and acute care surveyors;
2. Dissemination of N.C. SPICE newsletter and routine updates to surveyors and nursing home administrators;
3. Centers for Medicaid and Medicare Services webinar was made available to all surveyors;
4. N.C. HAI Program summary updates;
5. CDC updates and other alerts from NHLC Regional Office disseminated to surveyors and nursing home administrators.
6. All staff from the Branch Managers Quality Evaluative Systems attended the N.C. SPICE Infection Control in Nursing Homes;

7. Engaged in a partnership with the Centers for Medicaid and Medicare Services and N.C. SPICE to create a DVD series on infection prevention. The first DVD on hand washing is available and will be offered at no cost to all N.C. nursing homes.

### **The Carolinas Center for Medical Excellence (CCME)**

#### **North Carolina Quality Improvement Organization (QIO)**

Through the Improving Individual Patient Care aim, the Carolinas Center for Medical Excellence (CCME) is working with the Centers for Medicare & Medicaid Services to improve individual patient care. Specifically, CCME and Quality Improvement Organizations (QIOs) across the country are assisting hospitals with reducing the following HAIs:

- CLABSI – The goal is to meet one of the following:
  1. CLABSI rate  $\leq 1$  per 1,000 patient days
  2. Relative Improvement Rate = 50%
  3. Standardized Infection Ratio (SIR)  $\leq 1$
- CAUTI – The objective is a SIR  $\leq 1$ .
- *Clostridium difficile* infections (CDI) – The goal is that all facilities will have an Antimicrobial Stewardship Program in place by August 31, 2013.
- SSI – The objective is for all facilities to receive SSI prevention tools and report on current or intended SSI prevention projects.

CCME assist hospitals in implementing best practices to reduce HAIs through ongoing support and education. To date, CCME have recruited 14 hospitals across the state, targeted because of their need for improvement. CCME work with five units within four hospitals for CLABSI, seven hospitals for CAUTI, and four hospitals for CDI.

Aggregate data demonstrates the current progress towards meeting collaborative goals:

- CLABSI rate has improved from 2.62 to 1.37 per 1,000 patient days (48% relative improvement) and SIR of 1.21 is moving towards the program goal of  $\leq 1$ .
- CAUTI SIR of 1.41 is moving towards the program goal of  $\leq 1$ .

Quarterly educational webinars and one in-person learning session were provided to participating hospitals. These educational sessions included topics such as “Comprehensive Unit-based Safety Program (CUSP)”, “The Science of Safety, Engaging Senior Leaders in the Frontline of Care”, “Defect Analysis”, “Interventions to Prevent CAUTI – Focus on Avoiding Unnecessary Catheter Placement”, and CDC guidelines for preventing HAIs. Needs assessments for each hospital were performed through monthly coaching calls and quarterly site visits. Team discussions included data, defect analysis and/or plan, do, study, act (PDSA) cycles, tools and resources, and shared successes, barriers, and challenges. CCME partnered with the NC Quality Center and facilitated an advisory board to provide education and network opportunities to participating hospitals.

### **North Carolina Hospital Association (NCHA)**

#### **N.C. Center for Hospital Quality and Patient Safety**

The North Carolina Quality Center (NCQC) is committed to partnering with healthcare providers and communities to provide safe, quality healthcare and to prevent HAIs. Towards this mission, the NCQC has recently engaged in the following HAI prevention projects:

#### **North Carolina-Virginia Hospital Engagement Network Healthcare-associated Infections Learning Network**

This learning network will extend into 2013 and addresses prevention strategies for CAUTI, CLABSI, ventilator-associated events, and two types of SSIs: colon surgery and abdominal hysterectomy. There are 49 North Carolina and 20 Virginia hospitals participating in this learning network. The following partners are engaged to deliver this learning network: Virginia Hospital and Healthcare Association, Virginia Department of Public Health, North Carolina Division of Public Health, the Carolinas Center for Medical Excellence, Virginia Health Quality Center, APIC-NC and APIC-VA.

#### **North Carolina-Virginia Hospital Engagement Network Safe Surgery Collaborative**

Beginning in early 2012, the focus of this collaborative was on prevention of perioperative complications, including prevention of surgical site infections. Partners in this collaborative include the Harvard School of Public Health and the Virginia Hospital and Healthcare Association. This collaborative has been endorsed by the NC Association of periOperative Registered Nurses (AORN), the NC Chapter of the American College of Surgeons, the NC Orthopedic Association, and the NC Society of Anesthesiologists.



## N.C. Prevent CLABSI Collaborative

### *Targeting Zero*

With the goal of reducing CLABSI rates, 10 N.C. hospitals (14 nursing units) participated in this collaborative from August 2011 through December 2012. Units housing patients at high risk for acquiring infections such as oncology and trauma participated. At the end of 2012, these 14 units saw a 28 percent decrease in CLABSIs; many had a zero CLABSI rate during the last six months of the collaborative. Ongoing monitoring for sustainability and progress will occur. Partners in this collaborative were the Carolinas Center for Medical Excellence, North Carolina Division of Public Health, APIC-NC, and the Southern Atlantic Healthcare Alliance.

## **Stories of Success in Eliminating and/or Reducing Healthcare-Associated Infections in North Carolina**

### **One Hospital's Road to Zero CLABSIs**

Working with the N.C. Prevent CLABSI Collaborative, the Vascular Access Safety Team at CaroMont Health in Gastonia reduced CLABSI rates to zero across all of their ICUs for the last six months of the collaborative with the following strategies:

- Implemented the Institute for Healthcare Improvement Central Line Insertion Bundle. (A bundle is a group of best practices for healthcare providers and evidence-based interventions for patients that, when implemented together, result in better outcomes than when implemented individually.)
- Initiated house-wide, staff education and incorporated annual competencies for central lines into applicable staff positions.
- Implemented a maintenance bundle in 2011 when it was recognized that CLABSIs were occurring, on average, ten days after line insertion, indicating the infection was most likely happening after line insertion. The bundle included: strict hand hygiene when the central line was entered or manipulated; scrubbing hubs/ports with a sterile 70 percent isopropyl alcohol wipe for at least 15 seconds prior to entering or accessing; and ensuring all ports were capped at all times. Cap styles were changed and standardized throughout the hospital to promote better disinfection.
- Ensured line dressing changes were performed according to current evidence-based policy.
- Instituted daily patient rounds to assess necessity of medical devices such as central lines.
- Ensured blood specimens were consistently drawn per current scientific evidence-based recommendations.

As a result of a cluster of CLABSIs in 2012 and the N.C. Prevent CLABSI conference in May 2012, an interventional patient hygiene strategy of bathing with the antimicrobial solution chlorhexidine gluconate was implemented. A cost analysis showed the cost-per-bath would increase by \$4.68 for the chlorhexidine gluconate bathing but this would be offset by an estimated cost savings of \$114,695 if CLABSI rates decreased to zero. The Vascular Access Safety Team implemented a three-month pilot in their surgical ICU during which no CLABSIs were identified. Chlorhexidine gluconate bathing protocols were implemented house-wide. CLABSI rates fell to zero from July through December 2012 in all four of CaroMont Health's ICUs. The team credited strong support from the organization and the Chief Medical Officer.

Contact David Avalos, BSN, RN, OCN, CaroMont Infection Preventionist: [AvalosD@CaroMontHealth.org](mailto:AvalosD@CaroMontHealth.org).

- Excerpted from *N.C. Quality Highlights, Feb. 2013. N.C. Center for Hospital Quality and Patient Safety*

### **How One Emergency Department Made a Huge Difference in Urinary Catheter Utilization**

Many facilities have been working to engage their Emergency Departments in the efforts to prevent CAUTIs. However, few have achieved the level of success in avoiding catheter use as the emergency department team at Carteret General Hospital in Morehead City.

In 2010, Carteret General data showed that most urinary catheters were inserted in the emergency department. Work was already being done in the hospital's inpatient wards to eliminate CAUTIs, primarily by ensuring catheters were placed only when clinically indicated.

In October 2010, emergency department staff began analyzing how they could make sure each catheter was needed. Over the next several months, significant changes were made related to catheter insertions in the emergency department. The same clinical criteria developed by the inpatient departments were implemented in the emergency department. By May 2011, emergency department catheter insertions had decreased by 76 percent.

Commitment and collaboration by all emergency department nurses and physicians, emergency department director, hospital quality specialist and other administrators, was essential. Barriers were encountered, yet were overcome through collaboration. One such example was limited bathrooms in the emergency department and "old" habits of placing a catheter to obtain urine specimens. Patient-centered solutions included providing urine specimen cups to patients in triage so that a urine specimen could be obtained while waiting; purchasing additional bedside commodes; and developing a protocol for obtaining urine specimens calling for an in-and-out catheter to obtain the specimen versus insertion of a longer-term catheter.

Building trust with administrators and co-workers was critical to this effort. Their tips included:

- Provide accurate, actionable data in a timely manner.
- Do your homework. All recommendations must be based on sound science and common sense.
- Be consistent over time.
- Learn to listen.
- Collaborate for a solution, keeping it practical.
- Do not hesitate to tap into others' expertise and to lend yours when appropriate.
- Keep the welfare of the patient central to all discussions and decisions.

For more information, contact Kathy Salter, RN, Infection Preventionist, Carteret General Hospital, [kfsalter@CCGH.org](mailto:kfsalter@CCGH.org).  
- Excerpted from *N.C. Quality Highlights, Oct. 2011. N.C. Center for Hospital Quality and Patient Safety*

## II. Surveillance for Healthcare-Associated Infections in North Carolina

Healthcare-associated infections (HAIs) are infections caused by a variety of organisms, including bacteria and fungi, while receiving medical care. Hospitals report specific types of HAIs to the N.C. DPH, including 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. Currently, these infections are currently reported only for patients in the hospital and not for patients in outpatient settings such as clinics, outpatient surgery centers or dialysis facilities.

By North Carolina law, hospital reporting requirements are based on the reporting requirements established by the Centers for Medicare and Medicaid Services. The first HAI reporting requirement went into effect on January 1, 2012, when short-term acute care hospitals began reporting CLABSIs, CAUTIs and SSIs.

In October 2012, long-term acute care hospitals began reporting CLABSIs and CAUTIs and inpatient rehabilitation facilities began reporting CAUTIs. In January 2013, short-term acute care hospitals, state psychiatric hospitals and specialty hospitals began reporting laboratory confirmed bloodstream infections caused by MRSA and infections caused by *Clostridium difficile*. This 2013 information will be included in future quarterly reports.

HAI information is entered into the CDC web-based surveillance system called the National Healthcare Safety Network (NHSN). These data are shared with the N.C. HAI Program within N.C. DPH through an agreement with hospitals that satisfies the reporting requirements of the Centers for Medicare and Medicaid Services and the North Carolina law. Infections should be reported within 30 days following the end of the month in which they are identified, along with data such as the number of days patients have a central line or catheter (central line days, catheter days) and the number of abdominal hysterectomies and colon surgeries performed. The N.C. HAI Program works with hospitals on a monthly basis to ensure their data are accurate and timely. At the beginning of each month, the N.C. HAI Program generates hospital-specific data reports from the NHSN database to share with each hospital. Hospitals are given 30 days from receiving the report to review and update any errors in NHSN. All data in NHSN are entered and modified by hospitals; the N.C. HAI Program cannot change data in NHSN.

To learn more about CLABSIs, CAUTIs, SSIs and other HAIs please visit the N.C. Healthcare-Associated Infections website at <http://epi.publichealth.nc.gov/cd/diseases/hai.html>. In addition to information about specific infections, there is a link to "Facts and Figures" which includes previous Quarterly Reports. The October 2012 Quarterly Report ([http://epi.publichealth.nc.gov/cd/hai/figures/hai\\_oct2012.pdf](http://epi.publichealth.nc.gov/cd/hai/figures/hai_oct2012.pdf)) contains background information on HAI surveillance in North Carolina and detailed information on statistics commonly used to describe and summarize HAIs.

### III. Healthcare-Associated Infections Data, 2012

A total of 99 North Carolina hospitals reported HAIs in 2012, including 88 short-term acute-care hospitals, nine long-term acute-care hospitals and two inpatient rehabilitation facilities.

Data included in this report were from January 1 to December 31, 2012. Data were downloaded from NHSN on March 12, 2013; any changes made to the 2012 data after this date are not reflected in this report. Before reviewing this report, a few clarifications about the data need to be made:

1. The data are preliminary. Although efforts were made by hospitals and the N.C. HAI Program to ensure that the data were accurate and complete, a formal validation of the data has not yet been performed. Data validation is a process by which data from hospitals are carefully reviewed to ensure that they meet established criteria and standards for reporting. If these criteria and standards are not met, over-reporting or under-reporting can occur, giving a distorted presentation of what is occurring in the hospital. Until data validation is completed, data are preliminary and should be interpreted with caution.
2. The data were self-reported. Although efforts were made through education and training to improve understanding of NHSN surveillance guidelines, definitions, and criteria, there can be variability in interpretation and application, leading to differences in reporting practices among hospitals. This issue will be addressed by data validation.
3. The rates of infections were not included for HAIs in a few facilities. Approximately 25 percent of reporting hospitals in North Carolina were small hospitals with less than 100 beds. These hospitals were likely to have low numbers, such as central line days, catheter days and surgeries. Calculating rates with small numbers in the denominator will lead to an unstable estimate. The difference in rates with the addition of one or two HAI events can be quite pronounced when denominators are small; however, little or no difference when the denominator is large. Therefore the N.C. HAI Program chose to present only the actual number of infections, not rates, for the smaller units and wards, hospitals, and/or surgeries that did not meet a minimum threshold value for the reporting period. The minimum threshold numbers to ensure reliable rates over the reporting period 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.

## IV. Overview of Statewide Aggregate Healthcare-Associated Infections Data

The April quarterly report serves as the 2012 HAI annual report and therefore data from all hospitals have been combined (aggregate) to present statewide data. Data for CLABSIs and CAUTIs were restricted to ICUs in short-term acute-care hospitals; information from rehabilitation wards in short-term acute care hospitals, long-term acute-care hospitals and inpatient rehabilitation facilities were excluded from this section of the report (Sections IV-V) but were included in the hospital-specific summary reports (Sections VI-VII).

The following section describes information presented in Section V.

### CLABSIs in Neonatal Intensive Care Units

CLABSIs were reported from adult and pediatric ICUs as well as neonatal ICUs (NICUs). In Section V, CLABSIs in adult and pediatric ICUs were summarized separately from NICUs. Both umbilical catheters and non-umbilical central lines were included in the count of central lines. Infection information for NICUs were reported separately as neonates, particularly those with low birthweights (<2500 grams) represent the most vulnerable patient population in healthcare settings. Neonates hospitalized for extended periods of time and who undergo numerous invasive procedures are most susceptible to HAIs.

### Organisms and Antibiotic Susceptibility Testing

In NHSN, hospitals may report up to three organisms identified from a HAI. These organisms were categorized into one of ten groups: *Candida* & other yeasts/fungi, *Enterobacter*, *Enterococcus*, *Escherichia coli* (*E. coli*), *Klebsiella*, *Pseudomonas*, *Staphylococcus aureus*, and *Staphylococcus* coagulase negative as well as two “other” categories – Other Gram Positive Bacteria and Other Gram Negative Bacteria. The first eight categories or organisms listed represent the leading causes of HAIs.<sup>4</sup> Many of these organisms are normally found in or on the human body, such as on the skin or in the gastrointestinal and/or urinary tract. Introduction of these organisms into other areas of the body can lead to infection.

Antibiotic-resistant organisms are organisms which have become resistant to certain antibiotics, making them harder to cure. These include methicillin-resistant *Staphylococcus aureus* (MRSA), vancomycin-resistant *Enterococcus* (VRE), and carbapenem-resistant Enterobacteriaceae (CRE) In general, these antibiotic-resistant organisms are most often detected in specialized healthcare settings such as ICUs, where patients are hospitalized for extended periods of time, treated with multiple antibiotics, and have weakened immune systems that make them more vulnerable to infections.

Facilities entered limited antibiotic susceptibility information into NHSN. Susceptibility testing results were entered as susceptible (S), intermediate (I), resistant (R), or not tested. Antibiotic-resistant organisms were classified according to NHSN guidance as follows:

1. CRE: any Enterobacteriaceae that was intermediate (I) or resistant (R) to imipenem, meropenem or doripenem;
2. MRSA: *Staphylococcus aureus* resistant (R) to oxacillin, ceftioxin, or methicillin;
3. VRE: any *Enterococcus* species resistant (R) to vancomycin.

Currently, several laboratory methods exist for antibiotic susceptibility testing, including available tests and sensitivity breakpoints. Hospitals have varied laboratory capability and testing methods, and testing for antibiotic susceptibility may be routine at some hospitals while rarely performed at others. There is currently no standardized approach to antibiotic susceptibility testing across clinical laboratories, therefore data on antibiotic resistance organisms in this report should be interpreted with caution.

### Bar Charts

Bar charts were used to present the rates of HAIs by unit type (CLABSI and CAUTI only) and hospital groups (all HAIs). For CLABSIs and CAUTIs, the rate by unit type and hospital groups was calculated by adding the number of HAIs in each category and dividing by the total number of device days (central line or catheter days) within the category. This was then multiplied by 1,000 to get “per 1,000 device days.” If the minimum threshold number of 50 device days was not met, a rate was not calculated. Likewise for SSIs, the rate by hospital groups was calculated as the total number of SSIs in each category divided by the total number of procedures within the category and then multiplied by 100 to get “per 100 procedures”. If fewer than 20 procedures were performed, a rate was not calculated.

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<sup>4</sup> Sievert DM, Ricks P, Edwards JR, Schneider A, Patel J, Srinivasan A, Kallen A, Limbago B, Fridkin S; National Healthcare Safety Network (NHSN) Team and Participating NHSN Facilities. *Infect Control Hosp Epidemiol.* 2013 Jan;34(1):1-14.

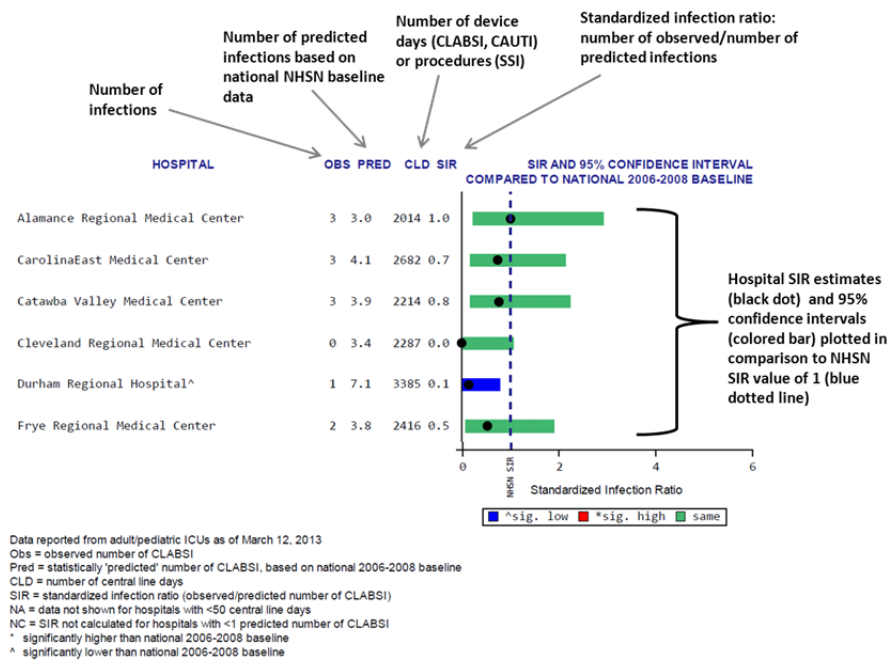
In addition to the rates, the lower limit and upper limit of the 95% confidence intervals were presented in the bar charts. The 95% confidence interval is a useful measure to describe the precision of the estimate (the narrower the confidence interval, the more precise the estimate). The 95% confidence interval can also be used to test the hypothesis that there are no differences between two HAI rates. If the 95% confidence intervals of two HAI rates overlap, the difference in the rates is not considered statistically significantly different. However, if the 95% confidence intervals of two HAI rates do not overlap, the rates were considered to be statistically significantly different. If the rate is 0, the corresponding 95% confidence interval is not presented.

The hospital groups were categorized by total hospital bed counts: less than 100 beds, 100-199 beds, 200-399 beds, and 400+ beds. Hospitals that served as the primary location for medical schools were included in a separate category (primary medical school affiliation). A list of the hospitals in each category can be found in Appendix E.

### Standardized Infection Ratio (SIR) Plots

Standardized infection ratio (SIR) plots have been included for each HAI. This plot (Figure 1) summarizes information about HAIs for each hospital from January 1 to December 31, 2012, by hospital group. Each plot includes the names of hospitals, the number of reported infections, the number of predicted infections based on NHSN baseline data, the number of device days or procedures, SIRs, and the corresponding 95% CIs and interpretations. These plots also provide a convenient way to compare hospitals in the same size range to one another.

**Figure 1. Example of a Standardized Infection Ratio (SIR) Plot**



The predicted number of infections was calculated using rates from a standard population during a baseline time period. For CLABSI and SSI, the predicted number of infections was based on 2006-2008 NSHN national data. For CAUTI, the predicted number of infections was based on the 2009 NHSN national data.

The standardized infection ratio (SIR) was calculated by dividing the observed number of infections by the predicted number of infections. An SIR of 1.0 indicated that the number of observed and predicted infections was the same. If the SIR was greater than 1.0, the number of observed infections was greater than the number of predicted infections. If the SIR was less than 1.0, the number of observed infections was less than the predicted number of infections. If the number of predicted infections was less than 1, the SIR was not calculated because the number of device days or procedures was too low to calculate a precise SIR.

The 95% confidence interval (CI) corresponds to the SIR presented in the table. When the number of infections was 0, the lower bound of the 95% CI was not calculated. The 95% CI is a useful measure for precision – the wider the interval, the less precise the estimate. The 95% CI can also be used for hypothesis testing - that there were no differences in the numbers of observed and predicted infections. If the 95% CI included the value of 1, then there was no statistically significant difference between the numbers of observed and predicted infections. The green colored bars indicate those SIRs that are considered the

“same,” or not statistically different from 1. However, if the 95% CI did not include the NHSN SIR value of 1.0, then there was a statistically significant difference in the number of observed and predicted infections. This may have been a significantly lower (blue bars) number of infections or a significantly higher (red bars) number of infections.

Detailed information on all of the measures included in the SIR plot can be found in the October 2012 Quarterly Report at [http://epi.publichealth.nc.gov/cd/hai/figures/hai\\_oct2012.pdf](http://epi.publichealth.nc.gov/cd/hai/figures/hai_oct2012.pdf).

## V. Statewide Aggregate Healthcare-Associated Infections

### A. Central Line-Associated Bloodstream Infections (CLABSI)

#### 1. Adult and Pediatric Intensive Care Units

##### North Carolina 2012 CLABSI Highlights

###### Infections:

- 270 CLABSI infections in adult and pediatric ICUs were reported:
  - 254,968 central line days;
  - Rate of 1.06 CLABSIs per 1,000 central line days.
- The reported number of CLABSIs was significantly lower than the 520 infections that were predicted based on 2006-2008 national baseline data.

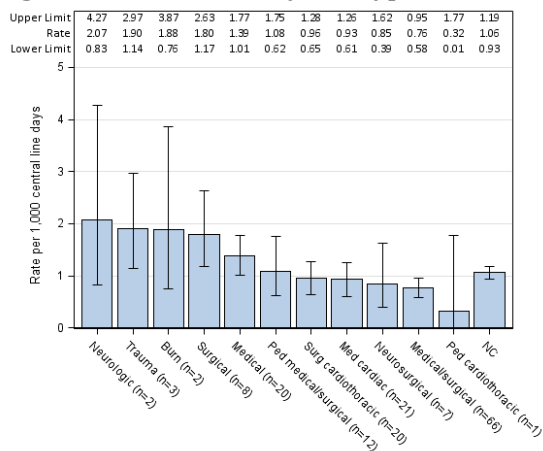
###### Facilities:

- 13 (15%) of 88 hospitals reported significantly lower numbers of CLABSI infections than predicted.
  - Eleven of these were larger hospitals including those affiliated with primary medical schools.

###### Organisms:

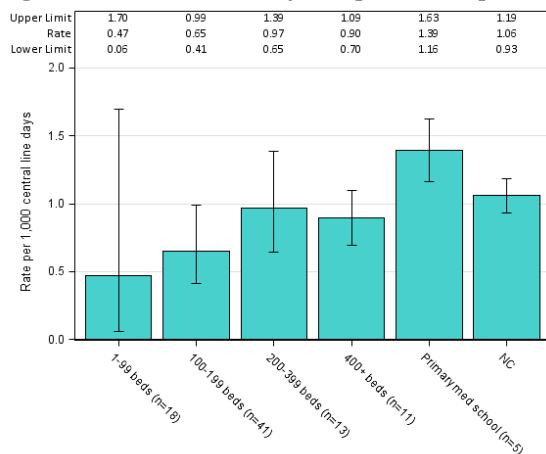
- The most commonly identified organisms from CLABSI infections were *Candida* and other yeasts/fungi (22%) and *Enterococcus* (21%).

**Figure 2. CLABSI rates by ICU Type**



- Although the rates of CLABSIs in adult and pediatric ICUs in N.C. ranged from 0.32 to 2.07 per 1,000 central line days (Figure 2), these rates were not significantly different from statewide rates.
- The three highest observed rates of CLABSIs were in the specialized neurological, trauma and burn units. This observation was similar to the most recent published national 2011 data where burn and trauma units reported higher rates of CLABSIs than other units. Patients in these specialized units are at increased risk of acquiring infections due to severity of illness, major surgeries, and/or compromised immune systems.
- The lowest rate of CLABSIs was in the pediatric cardiothoracic unit. The observed rate in the national 2011 data was 1.6 CLABSIs per 1,000 central line days.

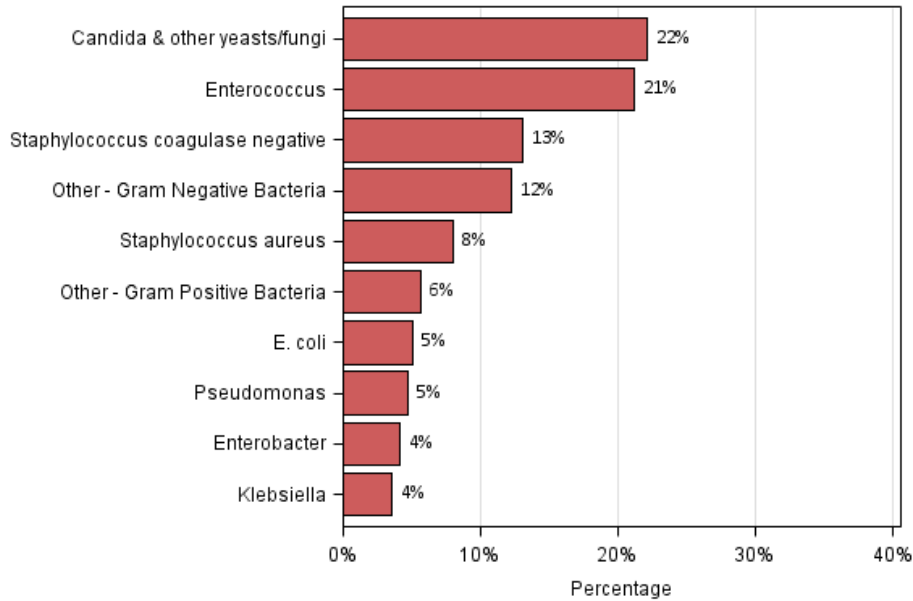
**Figure 3. CLABSI rates by Hospital Groups**



- The rate of CLABSIs in adult and pediatric ICUs tended to increase with hospital group size (Figure 3), ranging from 0.49 to 1.39 CLABSIs per 1,000 central line days. The highest rate was among hospitals with primary medical school affiliations. These hospitals typically have the highest observed rates of CLABSI, because their patients are at higher risk of acquiring HAIs due to severity of illness, underlying health problems, major trauma or major surgical procedures.
- Despite the observed trend, CLABSI rates of the hospital groups were not significantly different from the overall state CLABSI rate.



**Figure 4. Organisms identified from CLABSIs in adult and pediatric patients in ICUs (n=335)**



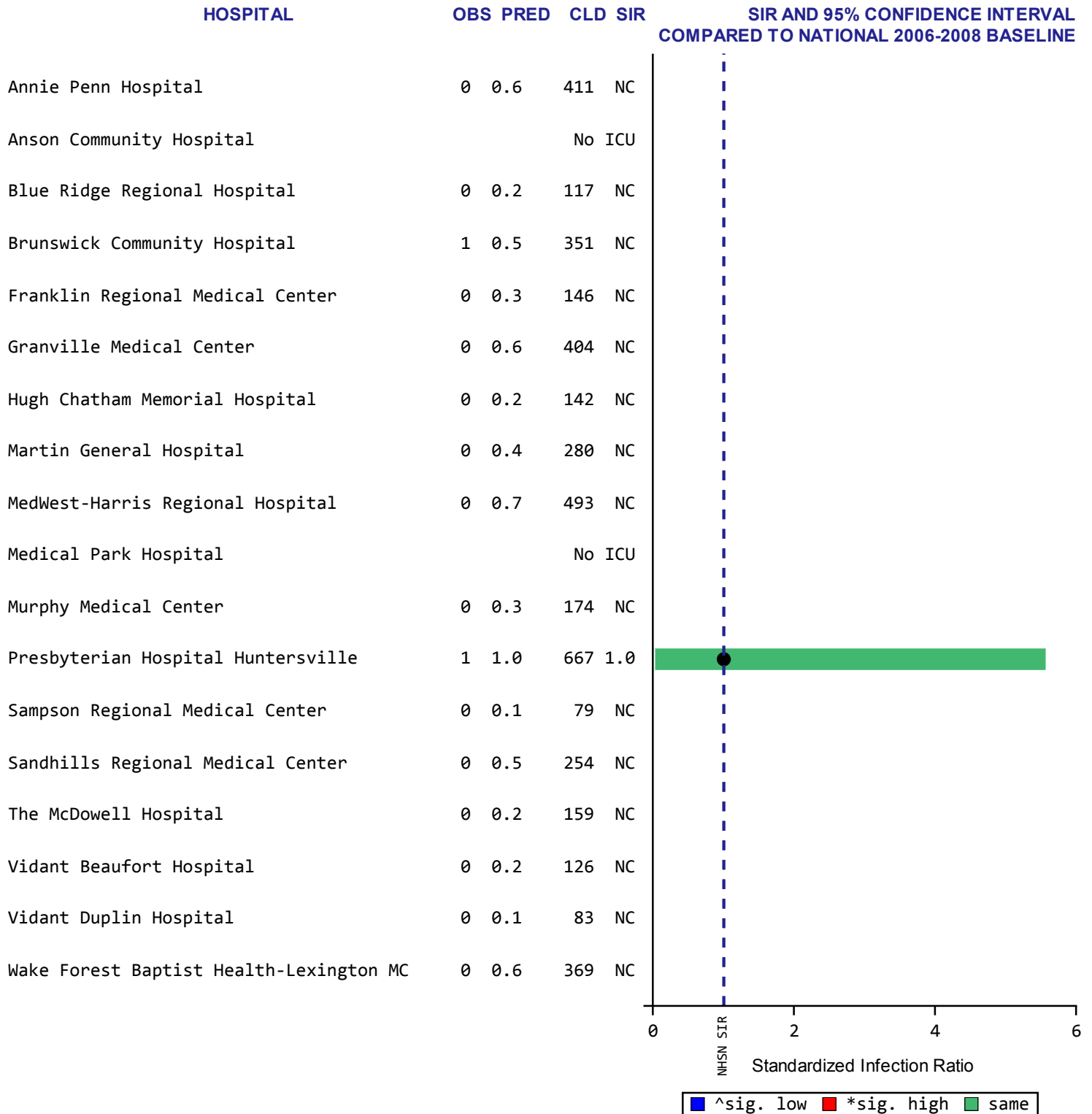
- A total of 335 organisms were identified from 270 CLABSIs (Figure 4). More than one organism may have been identified from some CLABSIs.
- The most commonly identified organisms were *Candida* and other yeasts/fungi (22%) and *Enterococcus* (21%).
- *Serratia marcescens* (20%) and *Burkholderia cepacia*. (17%) were the top two organisms among the 41 “Other – Gram Negative Bacteria”.
- *Streptococcus* species (42%) were the most commonly reported organisms among the 19 “Other – Gram Positive Bacteria”.
- All three antibiotic resistant organisms – CRE, VRE, and MRSA – were identified from CLABSI infections (Table 1) and represented 13 percent of the 335 identified organisms. Antibiotic-resistant organisms are an increasing source of infection among ICU patients. Patients with CLABSIs caused by antibiotic-resistant organisms are more likely to have longer hospital stays, and may be more likely to die as a result of the infection.

**Table 1. Antibiotic resistant organisms identified from CLABSIs in adult and pediatric patients in ICUs**

Organism	Count (Percent)
Enterobacteriaceae	63 (100)
Carbapenem-resistant Enterobacteriaceae (CRE)	3 (5)
<i>Enterococcus</i>	71 (100)
Vancomycin-resistant <i>Enterococcus</i> (VRE)	30 (42)
<i>Staphylococcus aureus</i>	27 (100)
Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)	12 (44)

The following SIR plots summarize CLABSI information for adult and pediatric ICUs in North Carolina hospitals by hospital groups (Appendix E).

**Central Line-Associated Bloodstream Infections, Standardized Infection Ratios**  
 Adult/Pediatric ICUs, January 1 - December 31, 2012  
 Hospital Group: Hospitals with Less than 100 Beds



Data reported from adult/pediatric ICUs as of August 16, 2013

Obs = observed number of CLABSI

Pred = statistically 'predicted' number of CLABSI, based on national 2006-2008 baseline

CLD = number of central line days

SIR = standardized infection ratio (observed/predicted number of CLABSI)

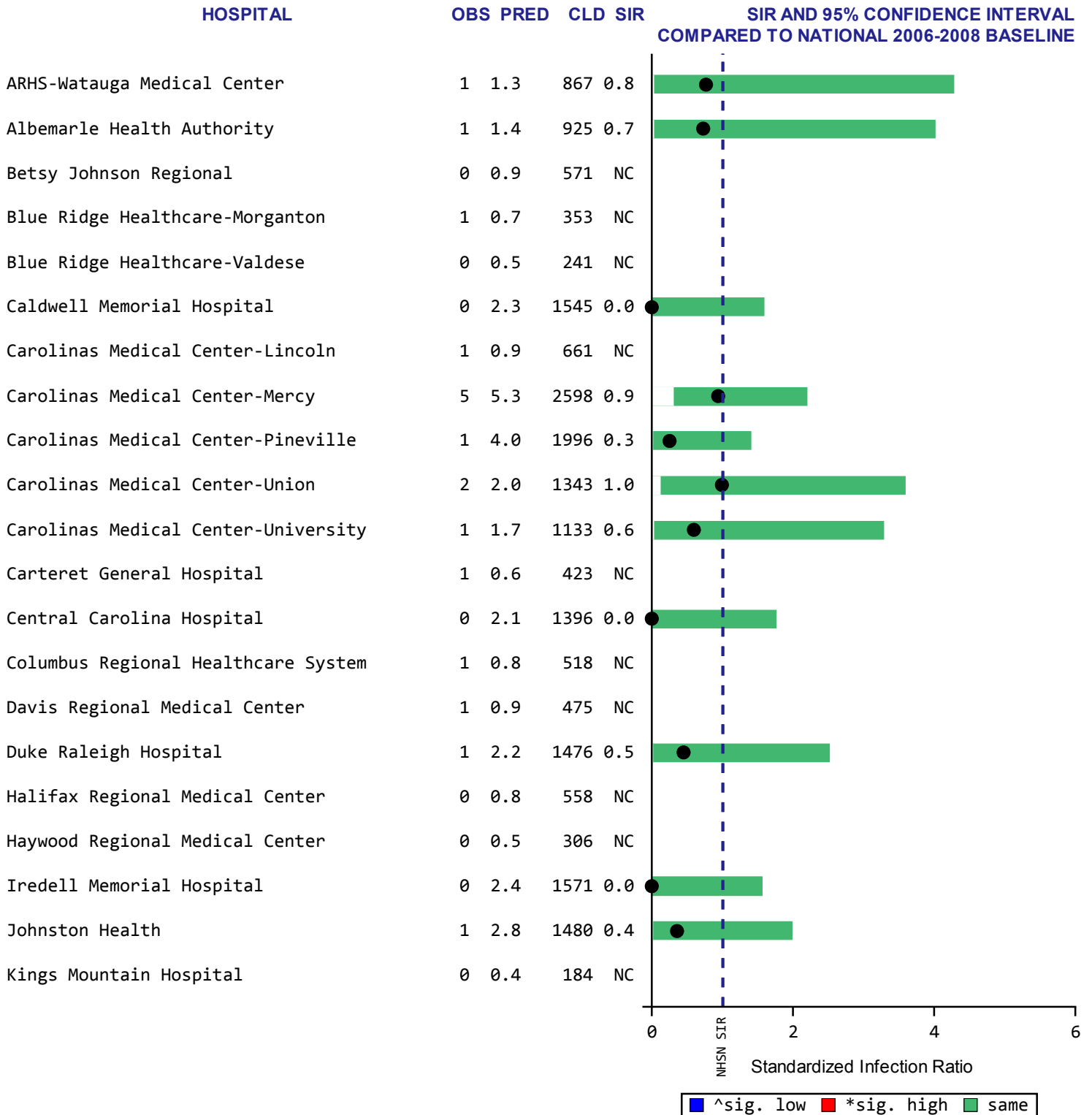
NA = data not shown for hospitals with <50 central line days

NC = SIR not calculated for hospitals with <1 predicted number of CLABSI

\* significantly higher than national 2006-2008 baseline

^ significantly lower than national 2006-2008 baseline

**Central Line-Associated Bloodstream Infections, Standardized Infection Ratios**  
 Adult/Pediatric ICUs, January 1 - December 31, 2012  
 Hospital Group: Hospitals with 100-199 Beds



Data reported from adult/pediatric ICUs as of August 16, 2013

Obs = observed number of CLABSI

Pred = statistically 'predicted' number of CLABSI, based on national 2006-2008 baseline

CLD = number of central line days

SIR = standardized infection ratio (observed/predicted number of CLABSI)

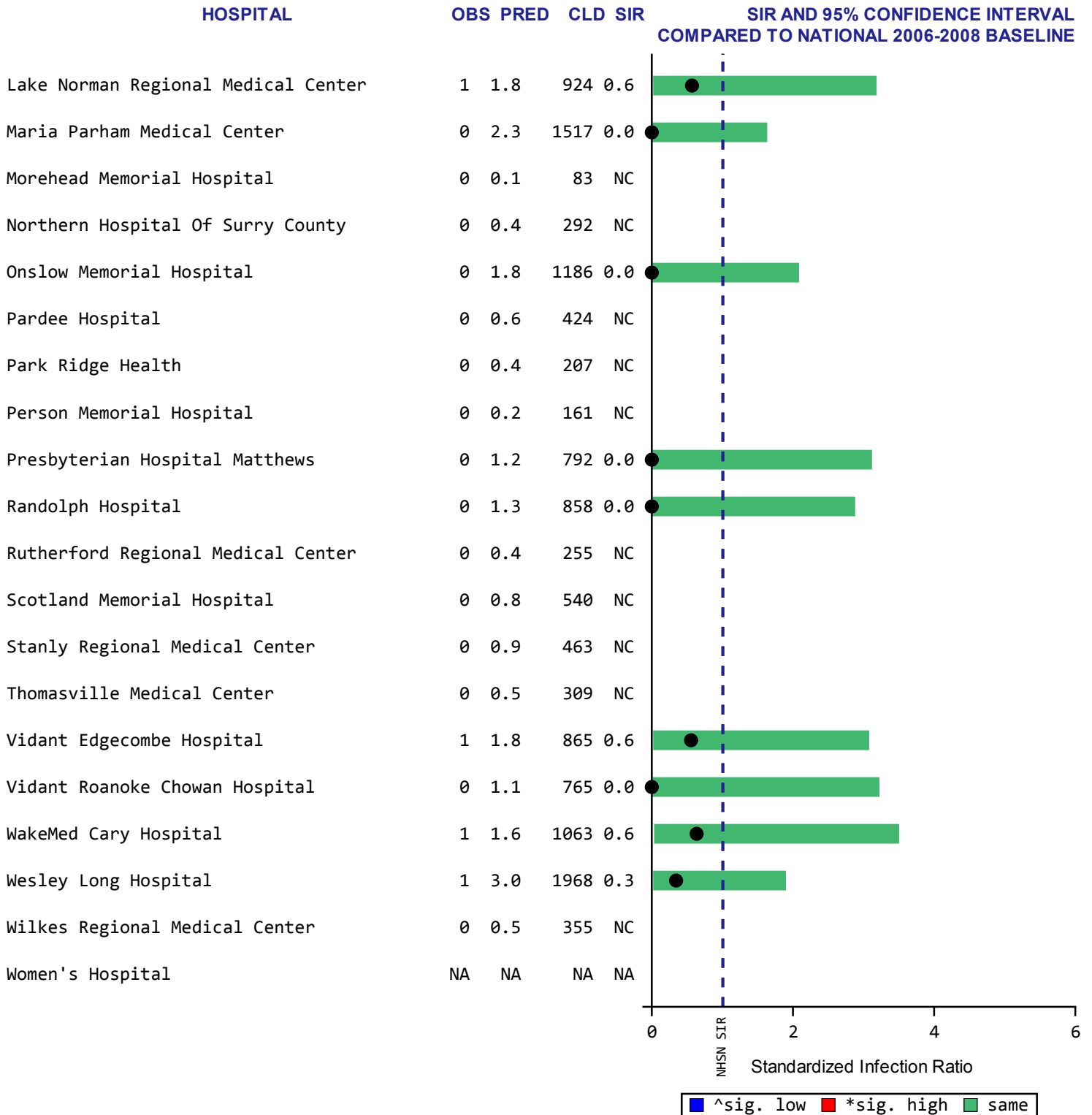
NA = data not shown for hospitals with <50 central line days

NC = SIR not calculated for hospitals with <1 predicted number of CLABSI

\* significantly higher than national 2006-2008 baseline

^ significantly lower than national 2006-2008 baseline

**Central Line-Associated Bloodstream Infections, Standardized Infection Ratios**  
 Adult/Pediatric ICUs, January 1 - December 31, 2012  
 Hospital Group: Hospitals with 100-199 Beds



Data reported from adult/pediatric ICUs as of August 16, 2013

Obs = observed number of CLABSI

Pred = statistically 'predicted' number of CLABSI, based on national 2006-2008 baseline

CLD = number of central line days

SIR = standardized infection ratio (observed/predicted number of CLABSI)

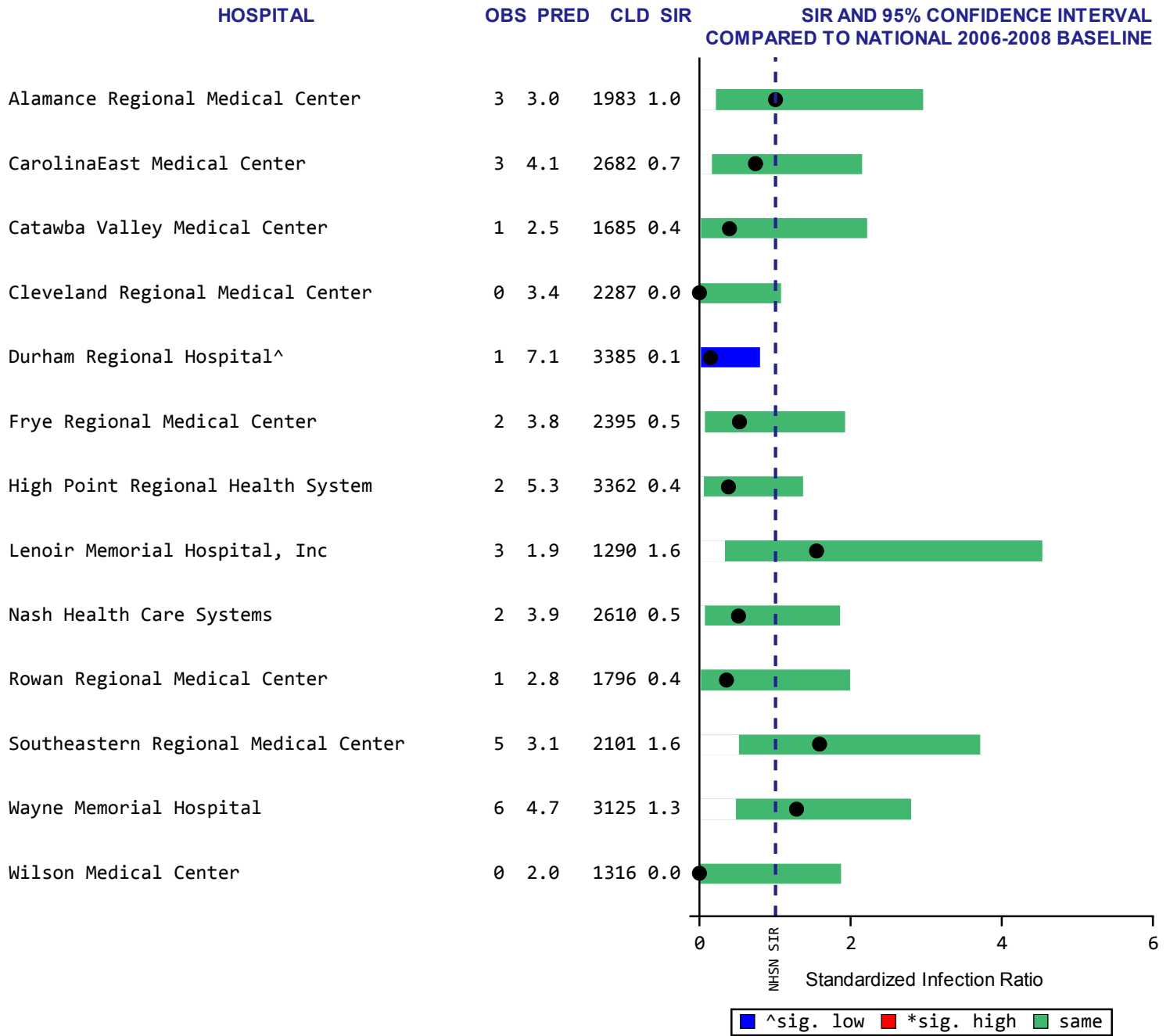
NA = data not shown for hospitals with <50 central line days

NC = SIR not calculated for hospitals with <1 predicted number of CLABSI

\* significantly higher than national 2006-2008 baseline

^ significantly lower than national 2006-2008 baseline

**Central Line-Associated Bloodstream Infections, Standardized Infection Ratios**  
 Adult/Pediatric ICUs, January 1 - December 31, 2012  
 Hospital Group: Hospitals with 200-399 Beds



Data reported from adult/pediatric ICUs as of August 16, 2013

Obs = observed number of CLABSI

Pred = statistically 'predicted' number of CLABSI, based on national 2006-2008 baseline

CLD = number of central line days

SIR = standardized infection ratio (observed/predicted number of CLABSI)

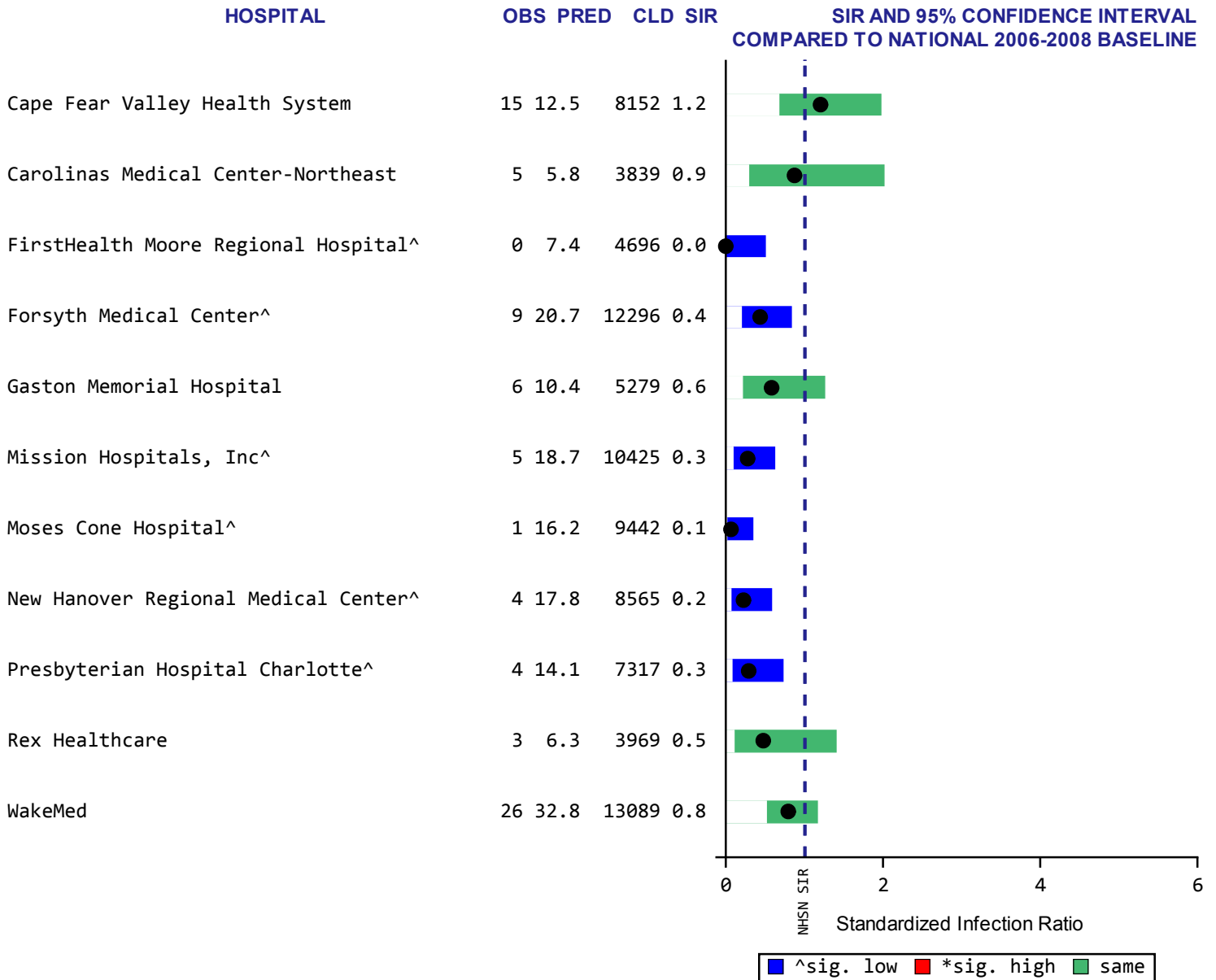
NA = data not shown for hospitals with <50 central line days

NC = SIR not calculated for hospitals with <1 predicted number of CLABSI

\* significantly higher than national 2006-2008 baseline

^ significantly lower than national 2006-2008 baseline

**Central Line-Associated Bloodstream Infections, Standardized Infection Ratios**  
 Adult/Pediatric ICUs, January 1 - December 31, 2012  
 Hospital Group: Hospitals with 400 or More Beds



Data reported from adult/pediatric ICUs as of August 16, 2013

Obs = observed number of CLABSI

Pred = statistically 'predicted' number of CLABSI, based on national 2006-2008 baseline

CLD = number of central line days

SIR = standardized infection ratio (observed/predicted number of CLABSI)

NA = data not shown for hospitals with <50 central line days

NC = SIR not calculated for hospitals with <1 predicted number of CLABSI

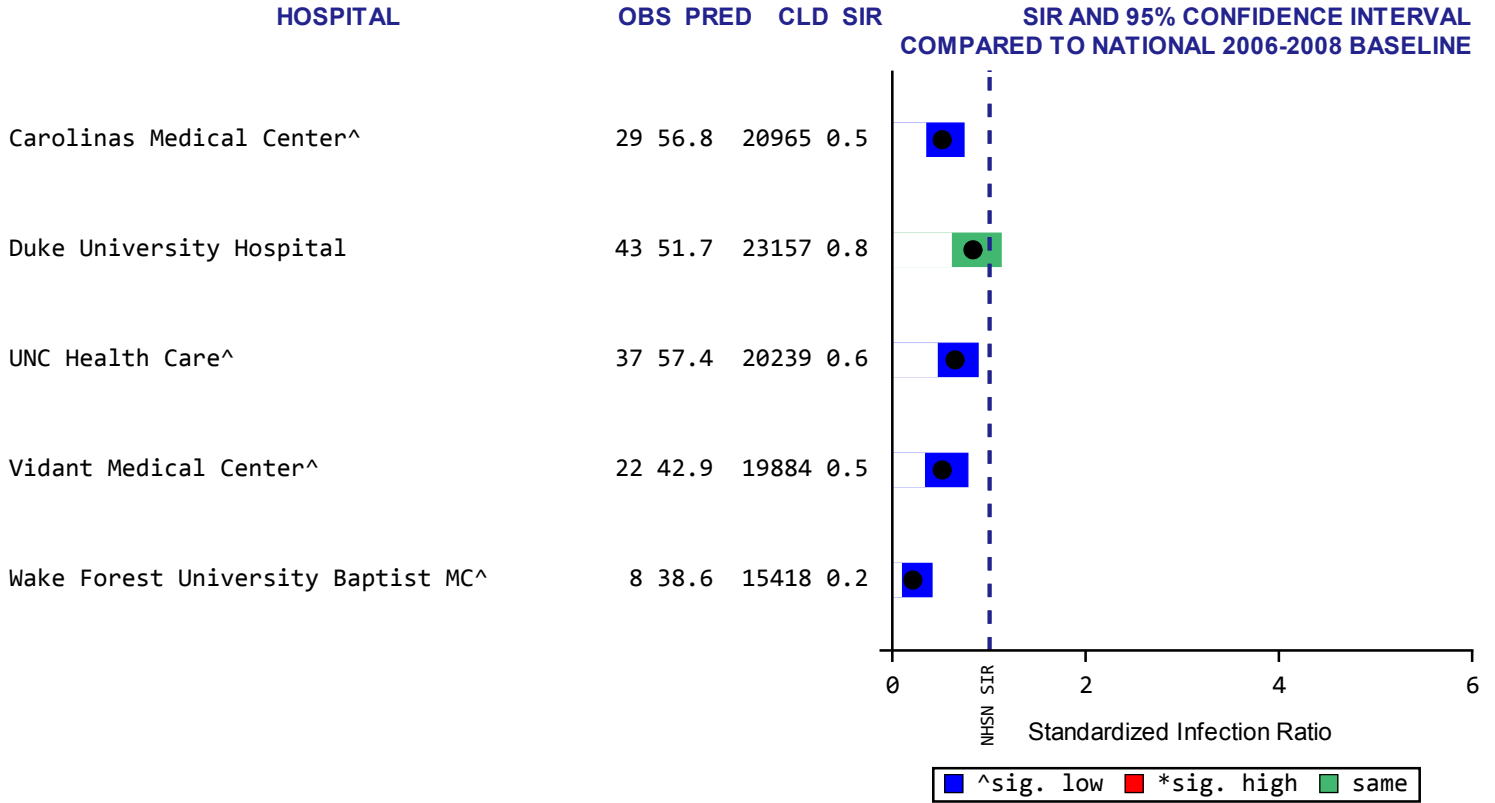
\* significantly higher than national 2006-2008 baseline

^ significantly lower than national 2006-2008 baseline

# Central Line-Associated Bloodstream Infections, Standardized Infection Ratios

Adult/Pediatric ICUs, January 1 - December 31, 2012

Hospital Group: Hospitals with Primary Medical School Affiliation



Data reported from adult/pediatric ICUs as of August 16, 2013

Obs = observed number of CLABSI

Pred = statistically 'predicted' number of CLABSI, based on national 2006-2008 baseline

CLD = number of central line days

SIR = standardized infection ratio (observed/predicted number of CLABSI)

NA = data not shown for hospitals with <50 central line days

NC = SIR not calculated for hospitals with <1 predicted number of CLABSI

\* significantly higher than national 2006-2008 baseline

^ significantly lower than national 2006-2008 baseline

## 2. Neonatal Intensive Care Units

### North Carolina 2012 CLABSI Highlights

#### Infections:

- 39 CLABSIs were reported from NICUs:
  - 46,615 central line days;
  - Rate of 0.84 CLABSIs per 1,000 central line days.
- The number of observed CLABSIs in NICUs was significantly lower than the 117 infections that were predicted based on 2006-2008 national baseline data.

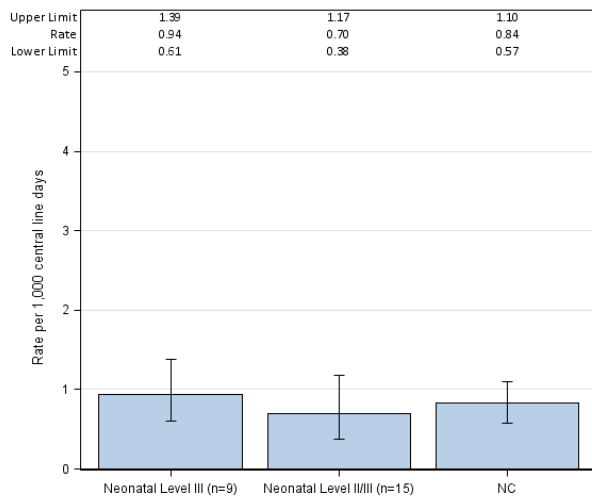
#### Facilities:

- Of the 24 hospitals with NICUs, six (25%) hospitals reported significantly lower numbers of CLABSI than predicted by 2006-2008 national baseline data.
- None of the hospitals reported significantly higher numbers.

#### Organisms:

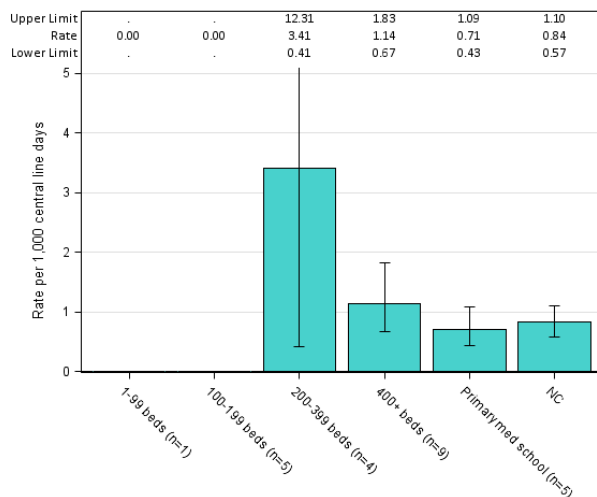
- The most common organisms identified were *Staphylococcus aureus* and *Staphylococcus coagulase negative*.

**Figure 5. CLABSI rates by ICU Type**



- CLABSI rates in the two types of NICUs, Level II/III and Level III, were not significantly different from the state CLABSI rate for all NICUs (Figure 5).

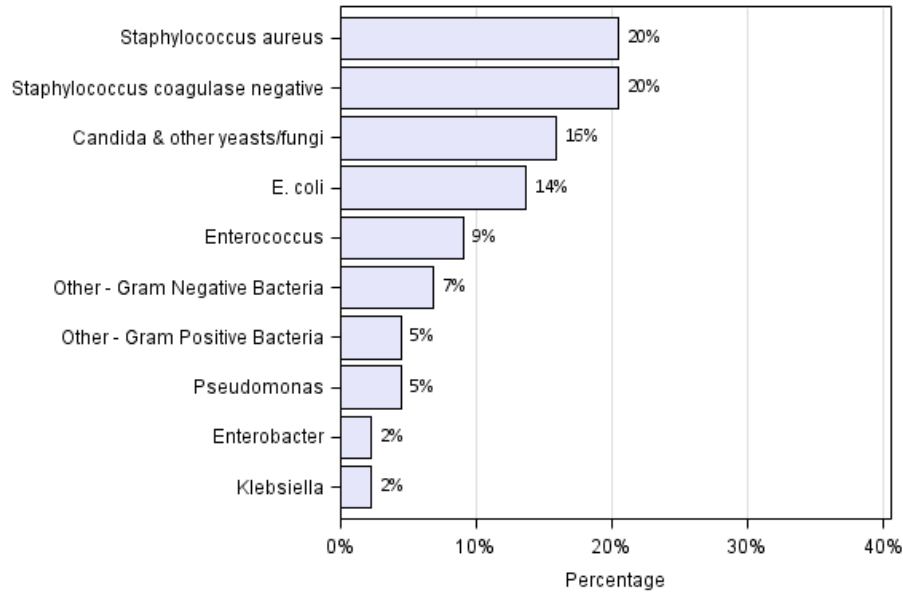
**Figure 6. CLABSI rates by Hospital Groups**



- In Figure 6, no CLABSI infections were reported in NICUs of smaller hospitals (i.e., <200 beds); however, few smaller hospitals had NICUs.
- Although the CLABSI rate of NICUs in hospitals with 200-399 beds was the highest, it was not significantly different from the overall state NICU CLABSI rate. Likewise, the CLABSI rates in other hospital groups were not significantly different from the statewide NICU CLABSI rate.



**Figure 7. Organisms identified from CLABSIs in neonatal patients in ICUs (n=44)**



- As shown in Figure 7, 44 organisms were identified from the 39 reported NICU CLABSIs. More than one organism may have been identified from some CLABSIs.
- The most commonly identified organisms were *Staphylococcus* species. Because *Staphylococcus* is very common in the environment and on people’s skin, it is one of the most common causes of infections in NICUs. The hands of care givers (nurses, doctors, parents) can easily become contaminated with *Staphylococcus* and, if hand hygiene is not performed properly, can transmit *Staphylococcus* to susceptible neonates.
- *Streptococcus* group B and C were the two identified “Other - Gram Positive Bacteria”.
- *Acinetobacter*, *Serratia*, and an unspecified Gram-negative rod were the three identified “Other - Gram Negative Bacteria”.
- MRSA was the only antibiotic-resistant organism identified among the reported CLABSI infections (Table 2).

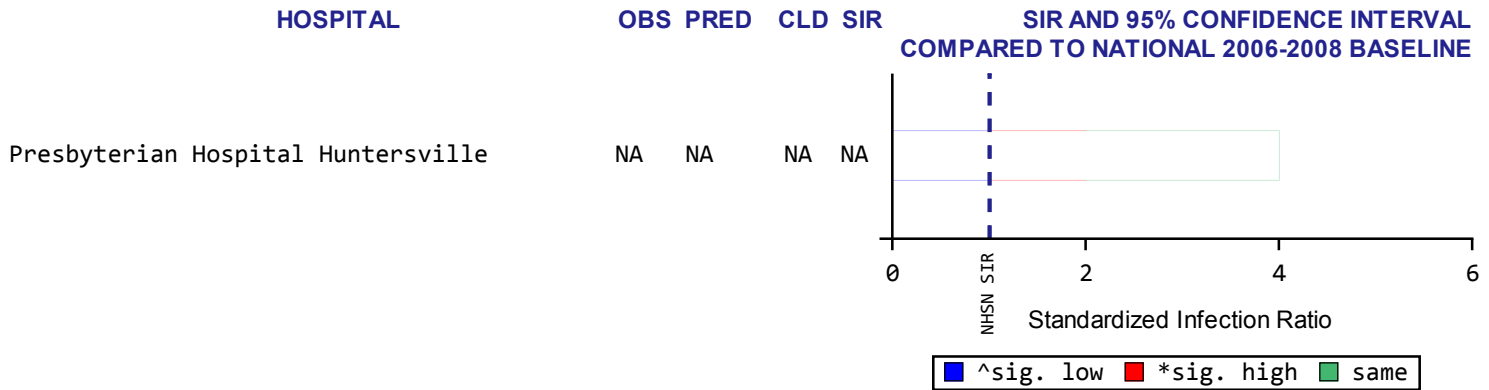
**Table 2. Antibiotic resistant organisms identified from CLABSIs in neonatal patients in ICUs**

Organism	Count (Percent)
Enterobacteriaceae	9 (100)
Carbapenem-resistant Enterobacteriaceae (CRE)	0 (0)
<i>Enterococcus</i>	4 (100)
Vancomycin-resistant <i>Enterococcus</i> (VRE)	0 (0)
<i>Staphylococcus aureus</i>	9 (100)
Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)	3 (33)

The following SIR plots summarize CLABSI information for NICUs in North Carolina hospitals by hospital groups (Appendix E).

# Central Line-Associated Bloodstream Infections, Standardized Infection Ratios

Neonatal ICUs, January 1 - December 31, 2012  
 Hospital Group: Hospitals with Less than 100 Beds



Data reported from adult/pediatric ICUs as of March 12, 2013

Obs = observed number of CLABSI

Pred = statistically 'predicted' number of CLABSI, based on national 2006-2008 baseline

CLD = number of central line days

SIR = standardized infection ratio (observed/predicted number of CLABSI)

NA = data not shown for hospitals with <50 central line days

NC = SIR not calculated for hospitals with <1 predicted number of CLABSI

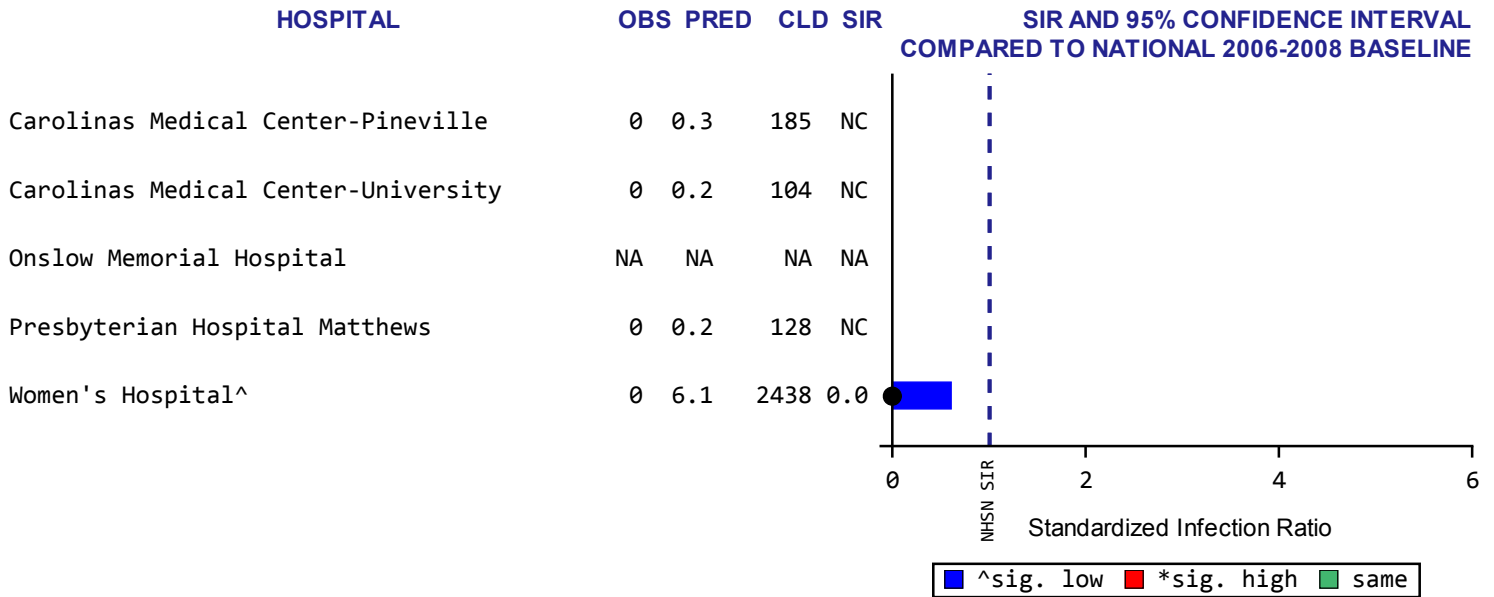
\* significantly higher than national 2006-2008 baseline

^ significantly lower than national 2006-2008 baseline

# Central Line-Associated Bloodstream Infections, Standardized Infection Ratios

Neonatal ICUs, January 1 - December 31, 2012

Hospital Group: Hospitals with 100-199 Beds



Data reported from adult/pediatric ICUs as of March 12, 2013

Obs = observed number of CLABSI

Pred = statistically 'predicted' number of CLABSI, based on national 2006-2008 baseline

CLD = number of central line days

SIR = standardized infection ratio (observed/predicted number of CLABSI)

NA = data not shown for hospitals with <50 central line days

NC = SIR not calculated for hospitals with <1 predicted number of CLABSI

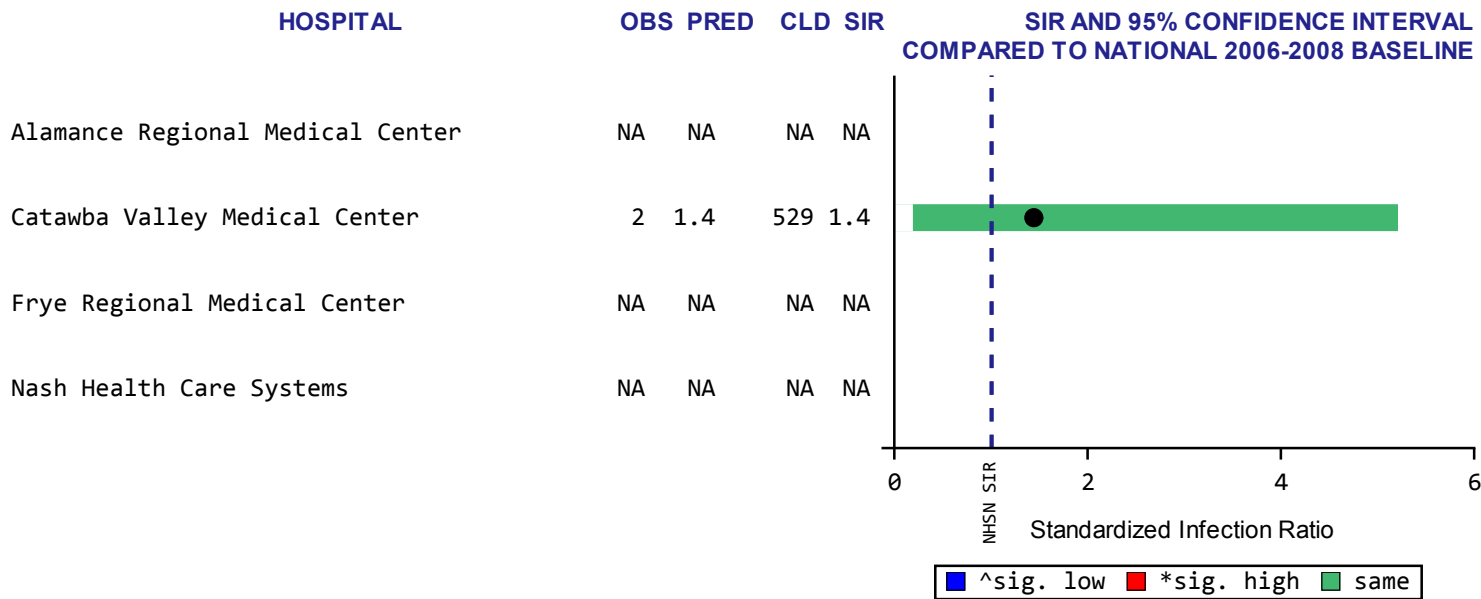
\* significantly higher than national 2006-2008 baseline

^ significantly lower than national 2006-2008 baseline

# Central Line-Associated Bloodstream Infections, Standardized Infection Ratios

Neonatal ICUs, January 1 - December 31, 2012

Hospital Group: Hospitals with 200-399 Beds



Data reported from adult/pediatric ICUs as of March 12, 2013

Obs = observed number of CLABSI

Pred = statistically 'predicted' number of CLABSI, based on national 2006-2008 baseline

CLD = number of central line days

SIR = standardized infection ratio (observed/predicted number of CLABSI)

NA = data not shown for hospitals with <50 central line days

NC = SIR not calculated for hospitals with <1 predicted number of CLABSI

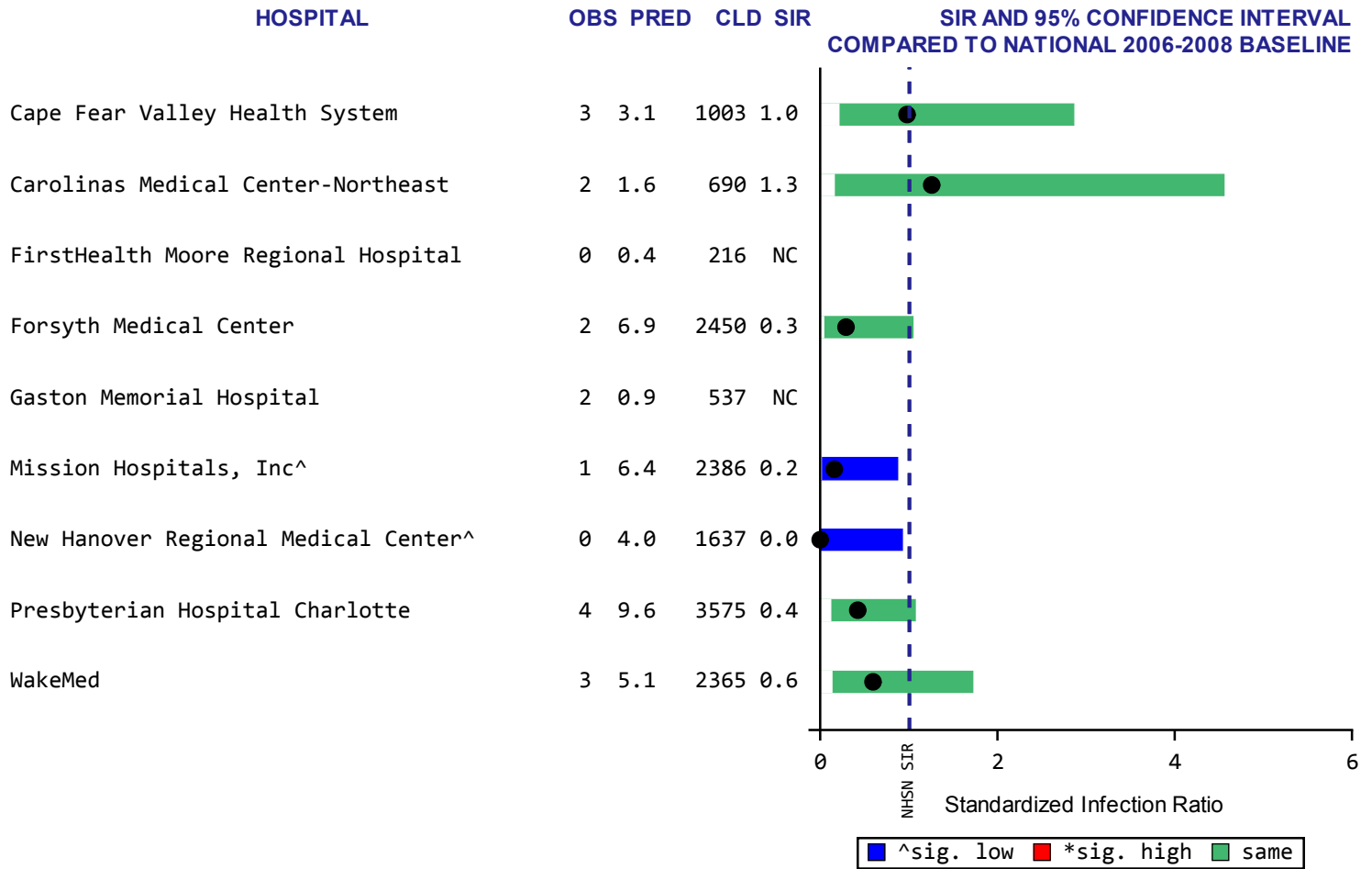
\* significantly higher than national 2006-2008 baseline

^ significantly lower than national 2006-2008 baseline

# Central Line-Associated Bloodstream Infections, Standardized Infection Ratios

Neonatal ICUs, January 1 - December 31, 2012

Hospital Group: Hospitals with 400 or More Beds



Data reported from adult/pediatric ICUs as of March 12, 2013

Obs = observed number of CLABSI

Pred = statistically 'predicted' number of CLABSI, based on national 2006-2008 baseline

CLD = number of central line days

SIR = standardized infection ratio (observed/predicted number of CLABSI)

NA = data not shown for hospitals with <50 central line days

NC = SIR not calculated for hospitals with <1 predicted number of CLABSI

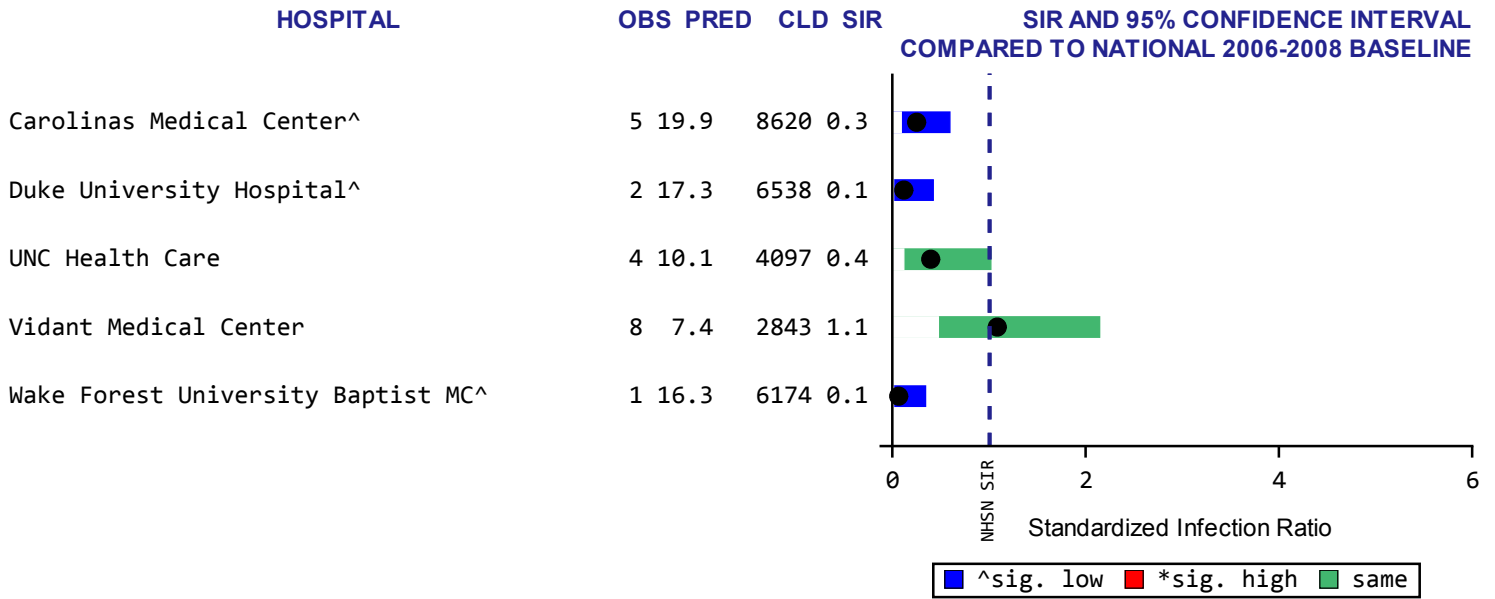
\* significantly higher than national 2006-2008 baseline

^ significantly lower than national 2006-2008 baseline

# Central Line-Associated Bloodstream Infections, Standardized Infection Ratios

Neonatal ICUs, January 1 - December 31, 2012

Hospital Group: Hospitals with Primary Medical School Affiliation



Data reported from adult/pediatric ICUs as of March 12, 2013

Obs = observed number of CLABSI

Pred = statistically 'predicted' number of CLABSI, based on national 2006-2008 baseline

CLD = number of central line days

SIR = standardized infection ratio (observed/predicted number of CLABSI)

NA = data not shown for hospitals with <50 central line days

NC = SIR not calculated for hospitals with <1 predicted number of CLABSI

\* significantly higher than national 2006-2008 baseline

^ significantly lower than national 2006-2008 baseline

## B. Catheter-Associated Urinary Tract Infections (CAUTI)

### North Carolina 2012 CAUTI Highlights

#### Infections:

- 789 CAUTIs were reported in adult and pediatric ICUs:
  - 342,544 catheter days;
  - Rate of 2.31 CAUTIs per 1,000 catheter days.
- The number of observed CAUTIs was significantly higher than the 707 CAUTIs that were predicted based on 2009 national baseline data.

#### Facilities:

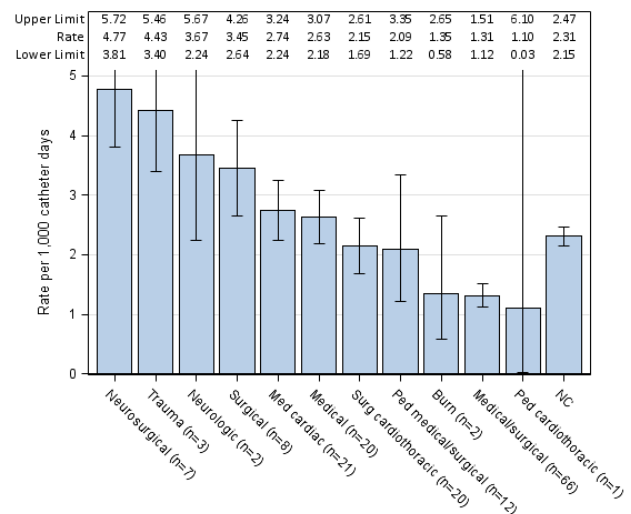
- Five hospitals reported significantly lower numbers of CAUTI than predicted.
- Eight hospitals reported significantly higher numbers of CAUTIs reported than predicted.

#### Organisms:

- *Candida* and other yeasts (27%) and *E. coli* (24%) were the most commonly identified organisms.

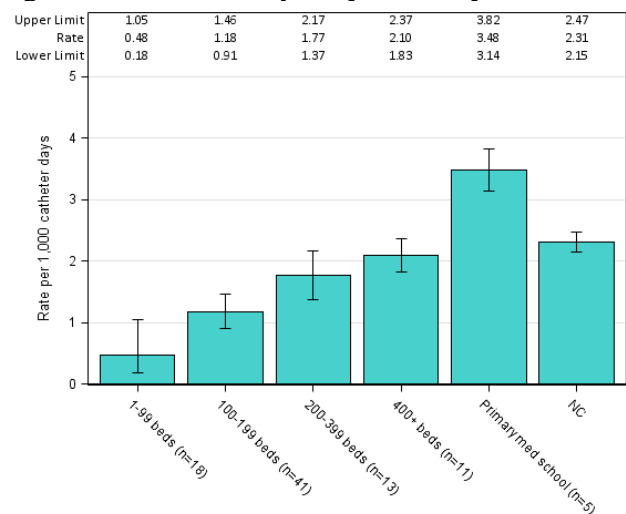
- CAUTI rates in ICUs ranged from 1.10 to 4.77 per 1,000 catheter days (Figure 8).
- The highest rates of CAUTI were in specialized units such as neurosurgical and trauma. These types of units also had the highest national CAUTI rates in the 2011 data. This is not unexpected because patients in these types of units are at increased risk of acquiring infections due to severity of illness, major surgery, and/or compromised immune systems. The CAUTI rates in the neurosurgical, trauma and surgical units were significantly higher than the overall rate of CAUTIs in North Carolina.
- The rate of CAUTIs in the medical/surgical units was significantly lower than the overall state CAUTI rate. A low CAUTI rate for the unit was similarly observed in the 2011 national data.

**Figure 8. CAUTI rates by ICU Type**

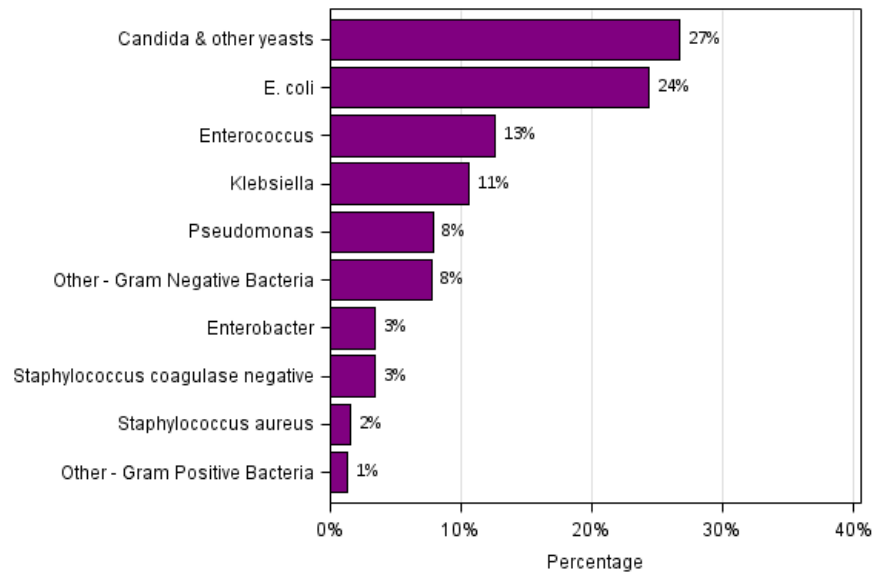


- There was an increasing trend in the rate of CAUTI with increasing hospital size, from 0.50 to 2.10 CAUTIs per 1,000 catheter days (Figure 9). Primary medical school affiliated hospitals had the highest rate of CAUTI; it was significantly higher than the overall state CAUTI rate. Once again, these hospitals tend to have patients that are at higher risk of acquiring CAUTI and other infections because of severity of illness, underlying health problems, major trauma, or major surgical procedures.
- Smaller-sized hospitals (<200 beds) had rates of CAUTI that were significantly lower than the overall state CAUTI rate.

**Figure 9. CAUTI rates by Hospital Groups**



**Figure 10. Organisms identified from CAUTIs in adults and pediatric patients in ICUs (n= 862)**



- Figure 10 shows that 862 organisms were identified from 789 CAUTI infections in adult and pediatric ICU patients. More than one organism may have been identified from some CAUTIs.
- The most commonly identified organisms were *Candida* and other yeasts and *E. coli*. *Candida* and other yeasts may be increasingly identified in the ICU because patients have compromised immune systems, urinary catheters and may be receiving antibiotics. *E. coli*, a type of bacteria commonly found in the gastrointestinal tract, can easily contaminate the perineum or the urinary catheter and cause a urinary tract infection.
- *Proteus* species (45%) and *Citrobacter* species (27%) comprise the majority of the 67 “Other – Gram-Negative Bacteria”.
- *Streptococcus* species comprised 67% of the 12 “Other – Gram-Positive Bacteria”.
- There were 29 organisms identified that were resistant to antibiotics (Table 3), 12 of which were CREs. The detection of Enterobacteriaceae in a CAUTI is not uncommon as they are normally found in the intestines; failure to follow good hand hygiene and proper catheter care procedures can result in contamination of the perineum and catheters.

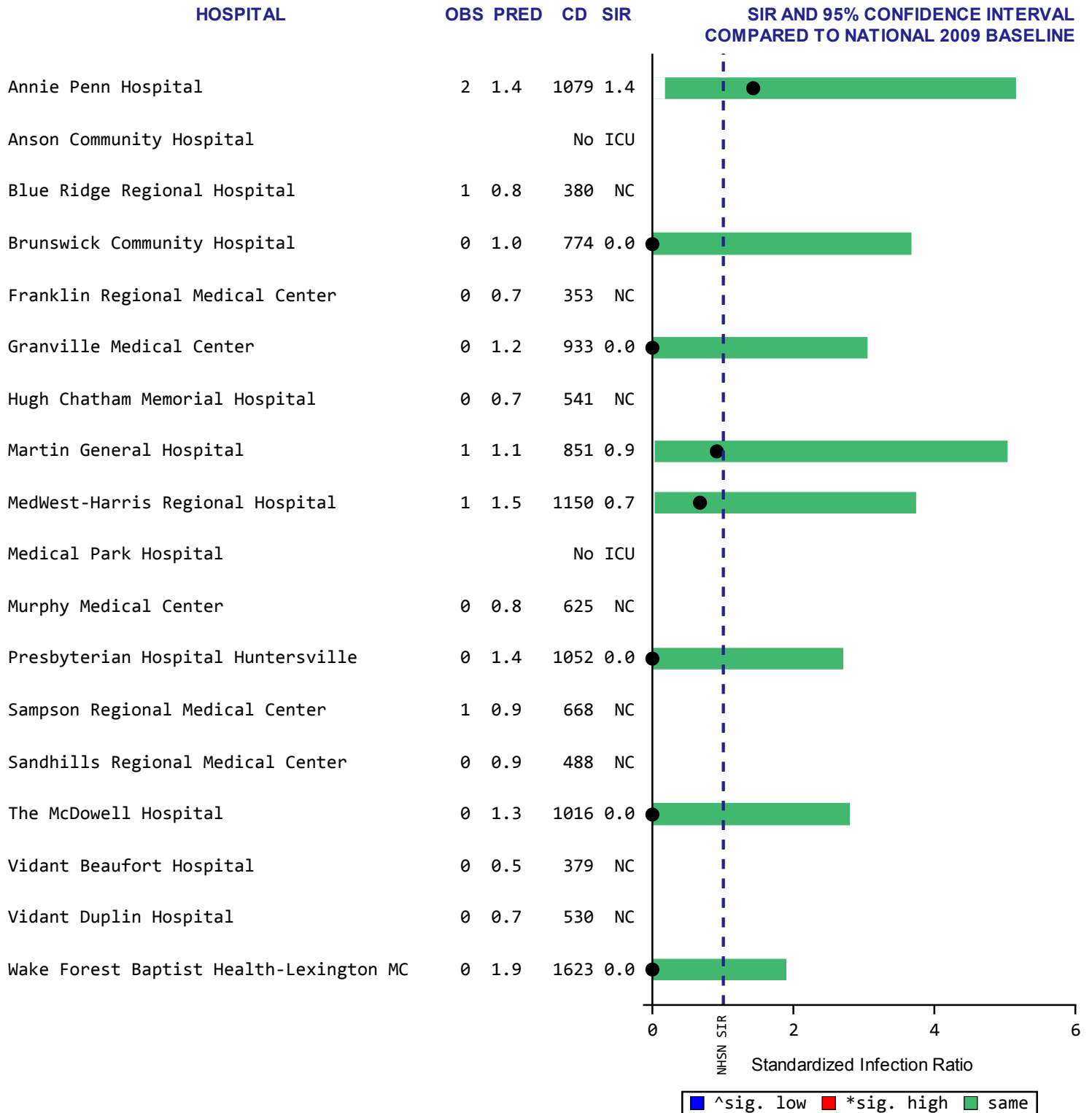
**Table 3. Antibiotic resistant organisms identified from CAUTIs in adult and pediatric patients in ICUs**

Organism	Count (Percent)
Enterobacteriaceae	395 (100)
Carbapenem-resistant Enterobacteriaceae (CRE)	12 (3)
<i>Enterococcus</i>	109 (100)
Vancomycin-resistant <i>Enterococcus</i> (VRE)	9 (8)
<i>Staphylococcus aureus</i>	14 (100)
Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)	8 (57)

The following SIR plots summarize CAUTI information for adult and pediatric ICUs in North Carolina hospitals by hospital groups (Appendix E).

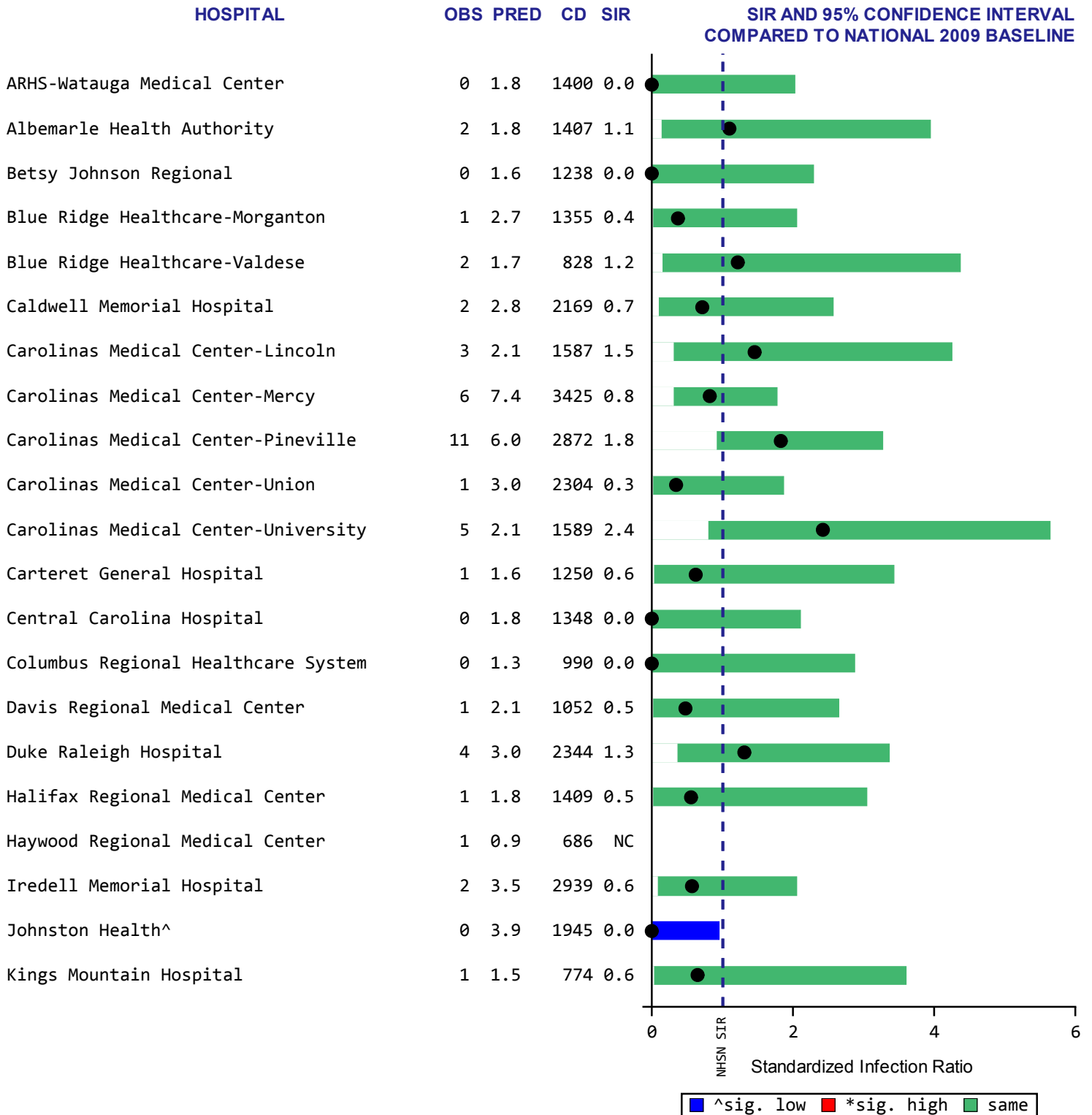


**Catheter-Associated Urinary Tract Infections, Standardized Infection Ratios**  
 Adult/Pediatric ICUs, January 1 - December 31, 2012  
 Hospital Group: Hospitals with Less than 100 Beds



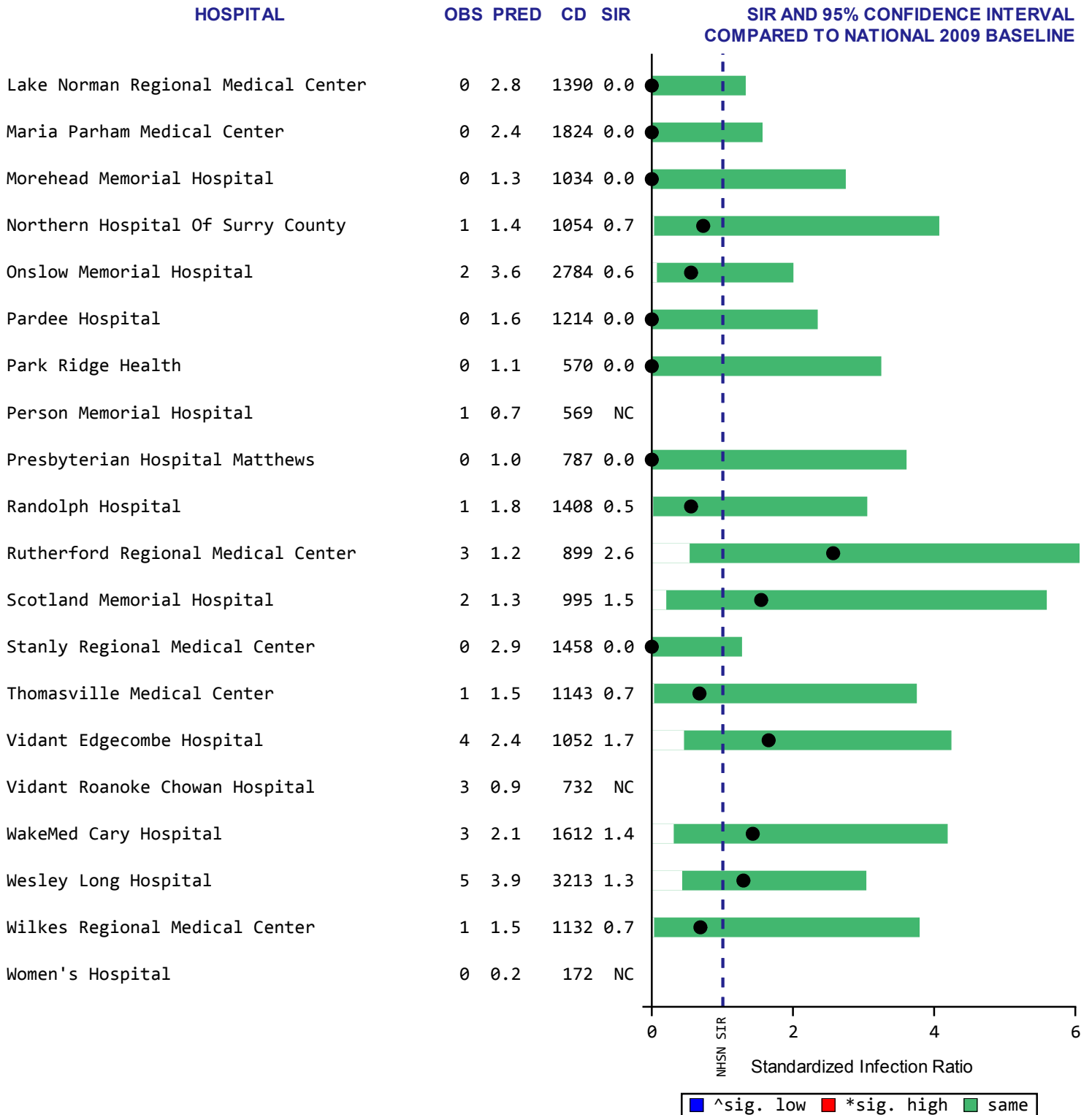
Data reported from adult/pediatric ICUs as of March 12, 2013  
 Obs = observed number of CAUTI  
 Pred = statistically 'predicted' number of CAUTI, based on national 2009 baseline  
 CD = number of catheter days  
 SIR = standardized infection ratio (observed/predicted number of CAUTI)  
 NA = data not shown for hospitals with <50 catheter days  
 NC = SIR not calculated for hospitals with <1 predicted number of CAUTI  
 \* significantly higher than national 2009 baseline  
 ^ significantly lower than national 2009 baseline

**Catheter-Associated Urinary Tract Infections, Standardized Infection Ratios**  
 Adult/Pediatric ICUs, January 1 - December 31, 2012  
 Hospital Group: Hospitals with 100-199 Beds



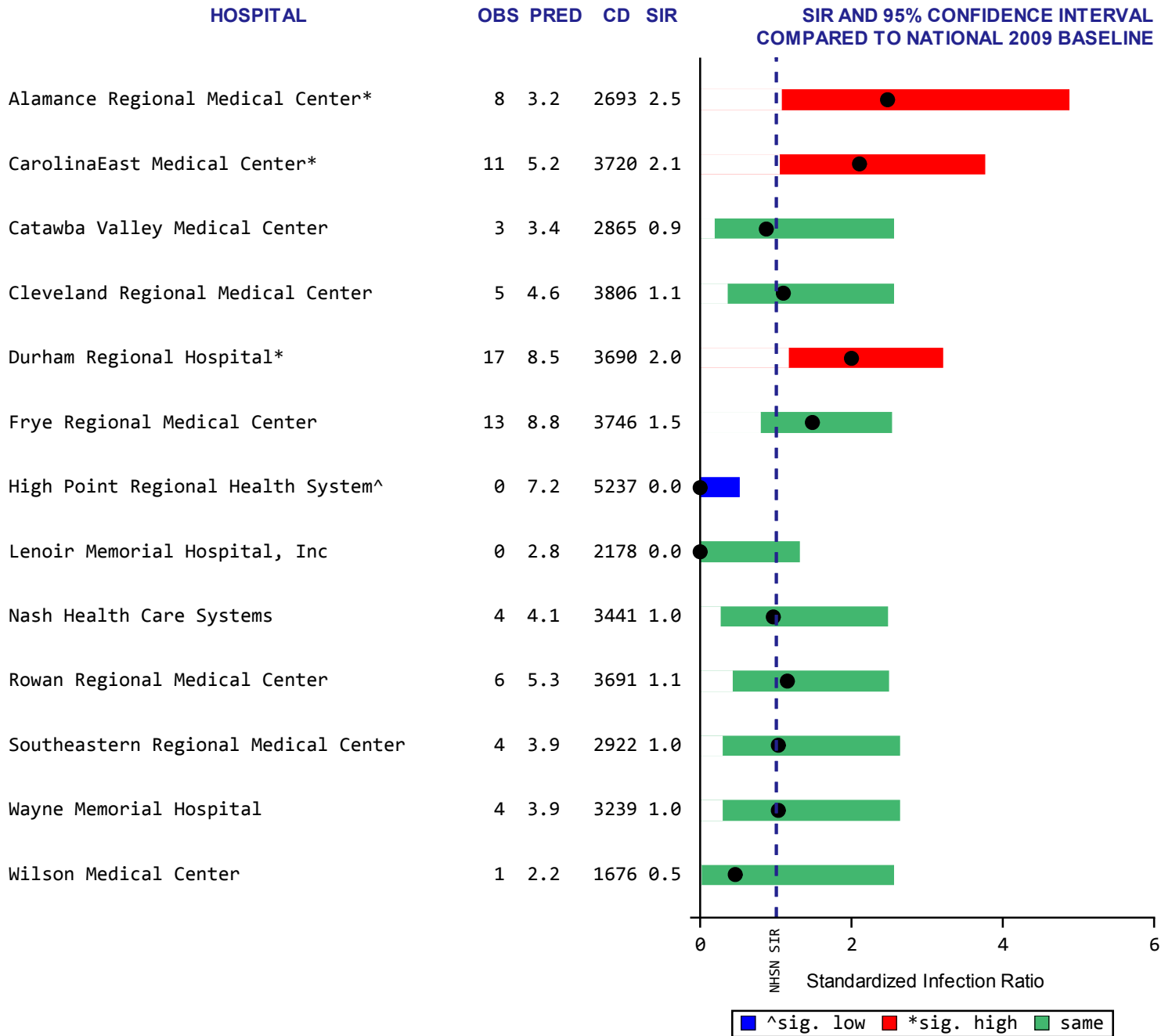
Data reported from adult/pediatric ICUs as of March 12, 2013  
 Obs = observed number of CAUTI  
 Pred = statistically 'predicted' number of CAUTI, based on national 2009 baseline  
 CD = number of catheter days  
 SIR = standardized infection ratio (observed/predicted number of CAUTI)  
 NA = data not shown for hospitals with <50 catheter days  
 NC = SIR not calculated for hospitals with <1 predicted number of CAUTI  
 \* significantly higher than national 2009 baseline  
 ^ significantly lower than national 2009 baseline

**Catheter-Associated Urinary Tract Infections, Standardized Infection Ratios**  
 Adult/Pediatric ICUs, January 1 - December 31, 2012  
 Hospital Group: Hospitals with 100-199 Beds



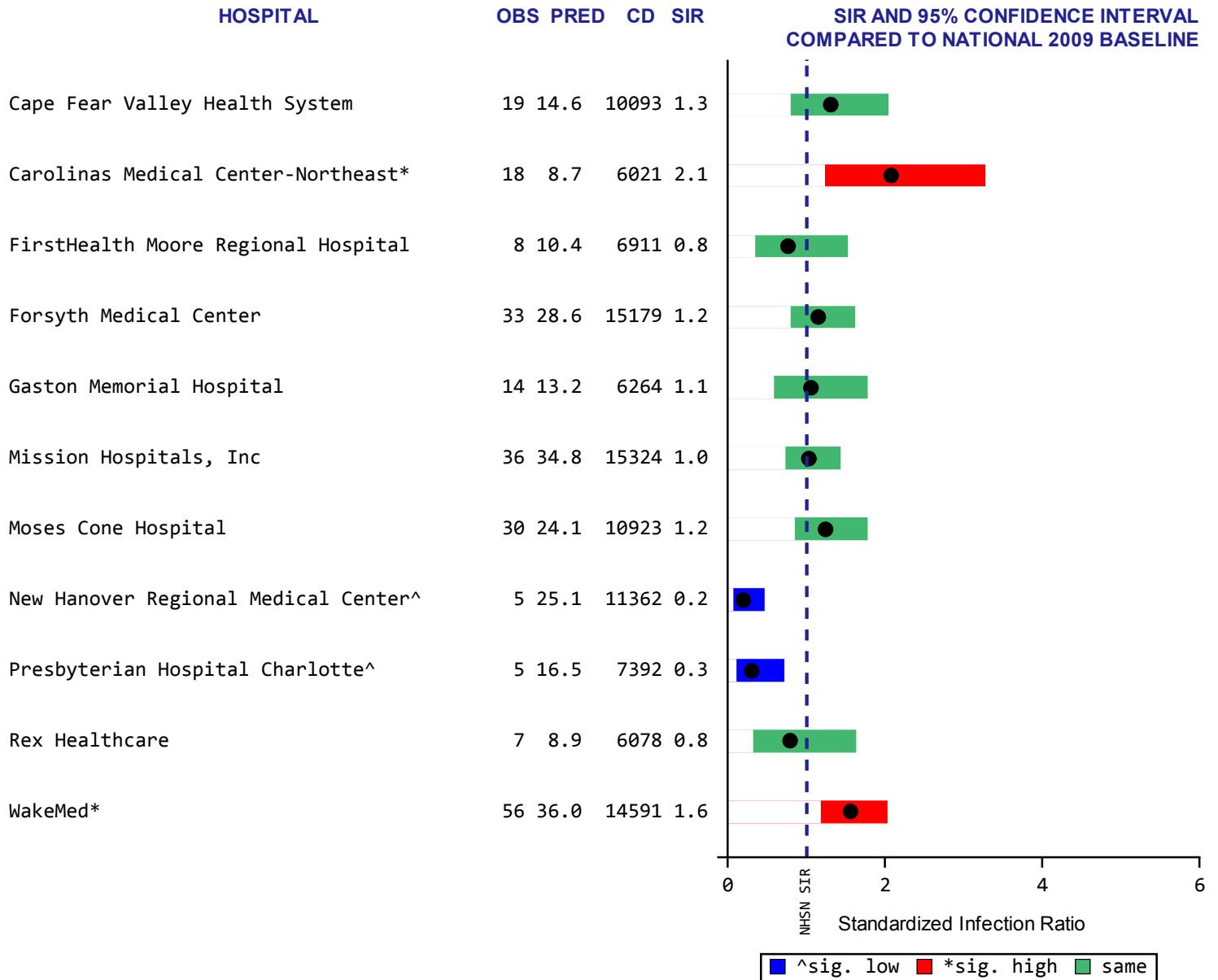
Data reported from adult/pediatric ICUs as of March 12, 2013  
 Obs = observed number of CAUTI  
 Pred = statistically 'predicted' number of CAUTI, based on national 2009 baseline  
 CD = number of catheter days  
 SIR = standardized infection ratio (observed/predicted number of CAUTI)  
 NA = data not shown for hospitals with <50 catheter days  
 NC = SIR not calculated for hospitals with <1 predicted number of CAUTI  
 \* significantly higher than national 2009 baseline  
 ^ significantly lower than national 2009 baseline

**Catheter-Associated Urinary Tract Infections, Standardized Infection Ratios**  
 Adult/Pediatric ICUs, January 1 - December 31, 2012  
 Hospital Group: Hospitals with 200-399 Beds



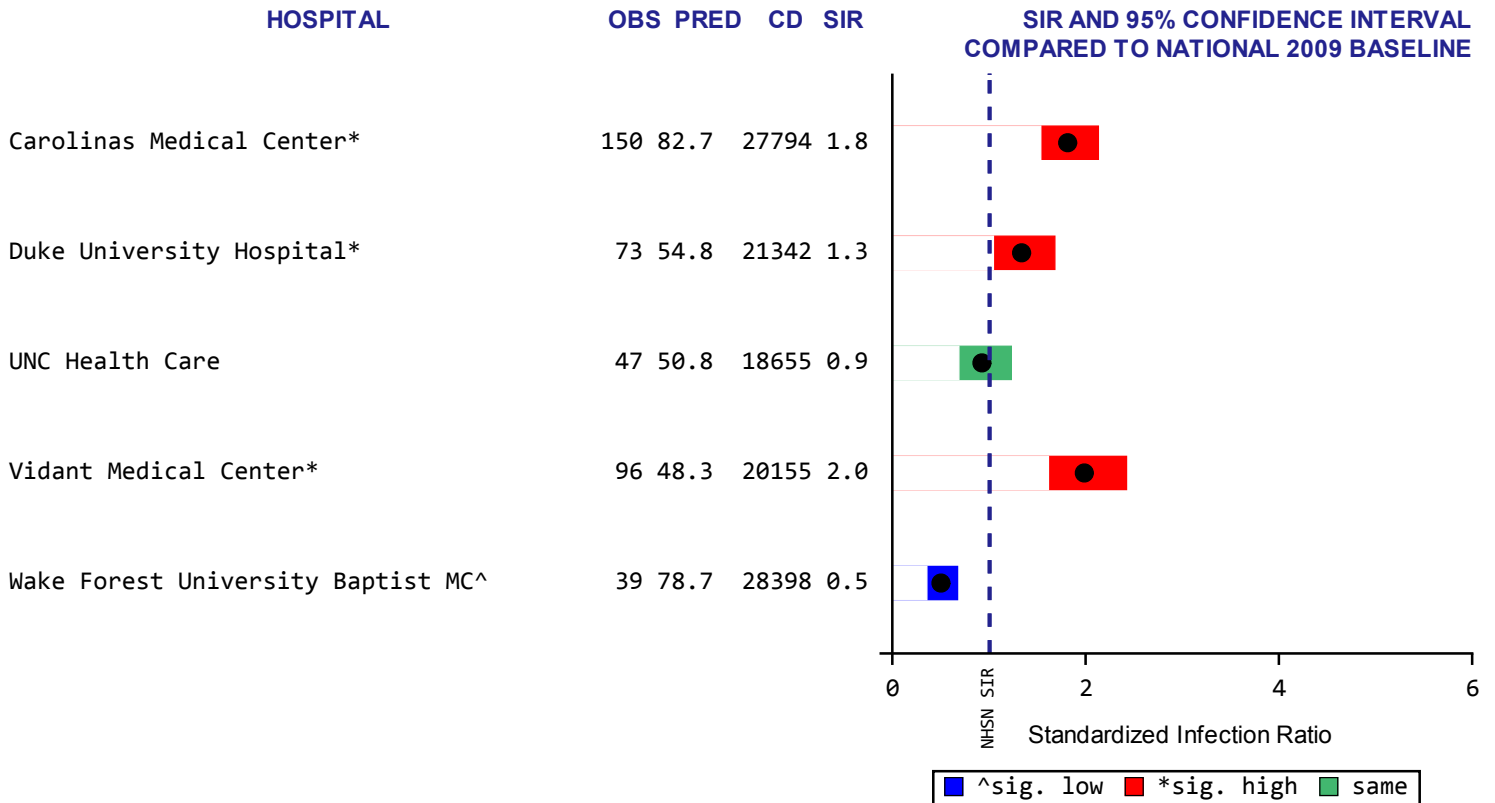
Data reported from adult/pediatric ICUs as of March 12, 2013  
 Obs = observed number of CAUTI  
 Pred = statistically 'predicted' number of CAUTI, based on national 2009 baseline  
 CD = number of catheter days  
 SIR = standardized infection ratio (observed/predicted number of CAUTI)  
 NA = data not shown for hospitals with <50 catheter days  
 NC = SIR not calculated for hospitals with <1 predicted number of CAUTI  
 \* significantly higher than national 2009 baseline  
 ^ significantly lower than national 2009 baseline

**Catheter-Associated Urinary Tract Infections, Standardized Infection Ratios**  
 Adult/Pediatric ICUs, January 1 - December 31, 2012  
 Hospital Group: Hospitals with 400 or More Beds



Data reported from adult/pediatric ICUs as of March 12, 2013  
 Obs = observed number of CAUTI  
 Pred = statistically 'predicted' number of CAUTI, based on national 2009 baseline  
 CD = number of catheter days  
 SIR = standardized infection ratio (observed/predicted number of CAUTI)  
 NA = data not shown for hospitals with <50 catheter days  
 NC = SIR not calculated for hospitals with <1 predicted number of CAUTI  
 \* significantly higher than national 2009 baseline  
 ^ significantly lower than national 2009 baseline

**Catheter-Associated Urinary Tract Infections, Standardized Infection Ratios**  
 Adult/Pediatric ICUs, January 1 - December 31, 2012  
 Hospital Group: Hospitals with Primary Medical School Affiliation



Data reported from adult/pediatric ICUs as of March 12, 2013  
 Obs = observed number of CAUTI  
 Pred = statistically 'predicted' number of CAUTI, based on national 2009 baseline  
 CD = number of catheter days  
 SIR = standardized infection ratio (observed/predicted number of CAUTI)  
 NA = data not shown for hospitals with <50 catheter days  
 NC = SIR not calculated for hospitals with <1 predicted number of CAUTI  
 \* significantly higher than national 2009 baseline  
 ^ significantly lower than national 2009 baseline

## C. Surgical Site Infections (SSI)

### 1. Abdominal Hysterectomies

#### North Carolina 2012 Abdominal Hysterectomy SSI Highlights

##### Infections:

- 64 SSIs were reported among 9,586 inpatient abdominal hysterectomies performed in females 18 years and older.
  - The rate was 0.67 SSIs per 100 inpatient abdominal hysterectomies.
- The number of observed infections was significantly lower than the 94 SSIs that were predicted based on 2006-2008 national baseline data.

##### Facilities:

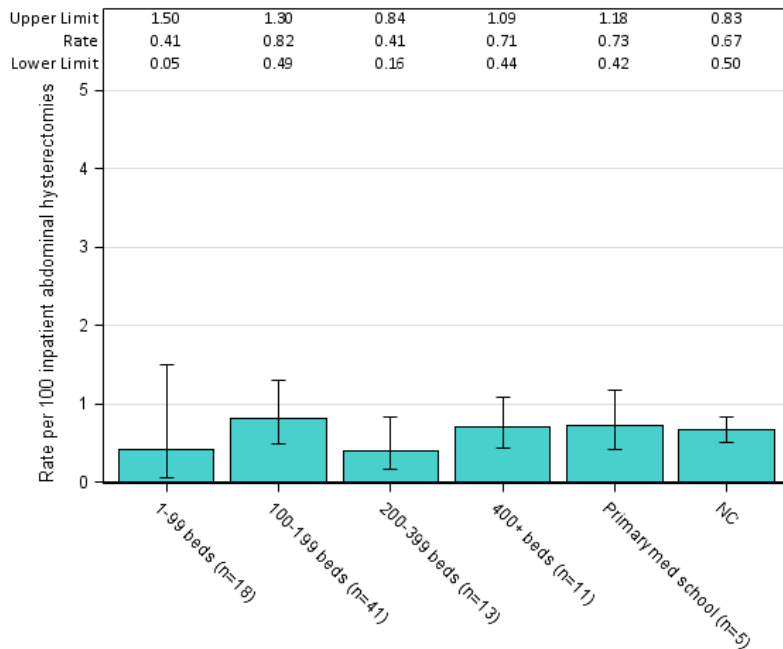
- The number of observed SSI infections was not statistically significantly different from the predicted number.

##### Organisms:

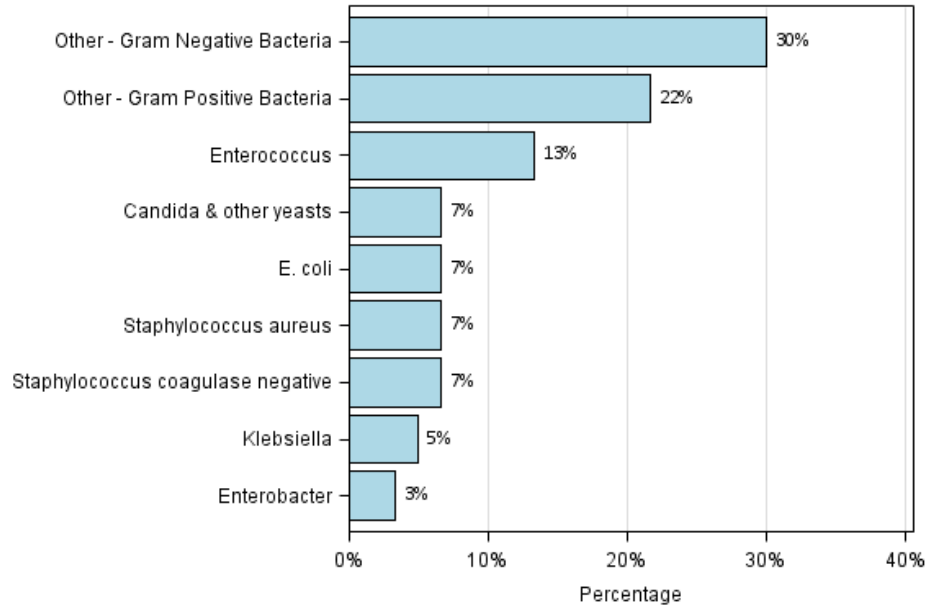
- A variety of organisms were identified; few were resistant to first-line antibiotics.

- There was no observed trend in the rates of SSI with increasing hospital size. The rates of SSIs ranged from 0.41 to 0.82 per 100 inpatient abdominal hysterectomies (Figure 11). These rates were not statistically significantly different from the overall state SSI rate.

**Figure 11. SSI rates by Hospital Groups**



**Figure 12. Organisms identified from SSIs in adults ( $\geq 18$  years) within 30 days of an inpatient abdominal hysterectomy. One anaerobe not otherwise specified was detected but not included (n=61).**



- Sixty-one organisms were identified from 64 SSIs from inpatient abdominal hysterectomies (Figure 12). An organism was not identified for every SSI, while multiple organisms were identified from other SSIs.
- The majority of identified organisms fell in the “Other – Gram-Negative Bacteria” and “Other – Gram-Positive Bacteria” categories. Five of the 18 (28%) of the Gram-negative bacteria were *Bacteroides fragilis*, while seven of the 13 (54%) Gram-positive bacteria were *Streptococcus* species. Because these types of bacteria are found within the female vaginal tract, they are a frequent cause of infection after an abdominal hysterectomy.
- Few antibiotic resistant organisms were identified (Table 4). Better preoperative preparation of patients has led to a decrease not only in the number of post-operative infections but also those caused by antibiotic-resistant organisms. Measures such as restrictions on shaving the surgical site, appropriate skin preparations, appropriate use and timing of antibiotics, and monitoring of blood glucose levels have all contributed to decreased rates of SSI.

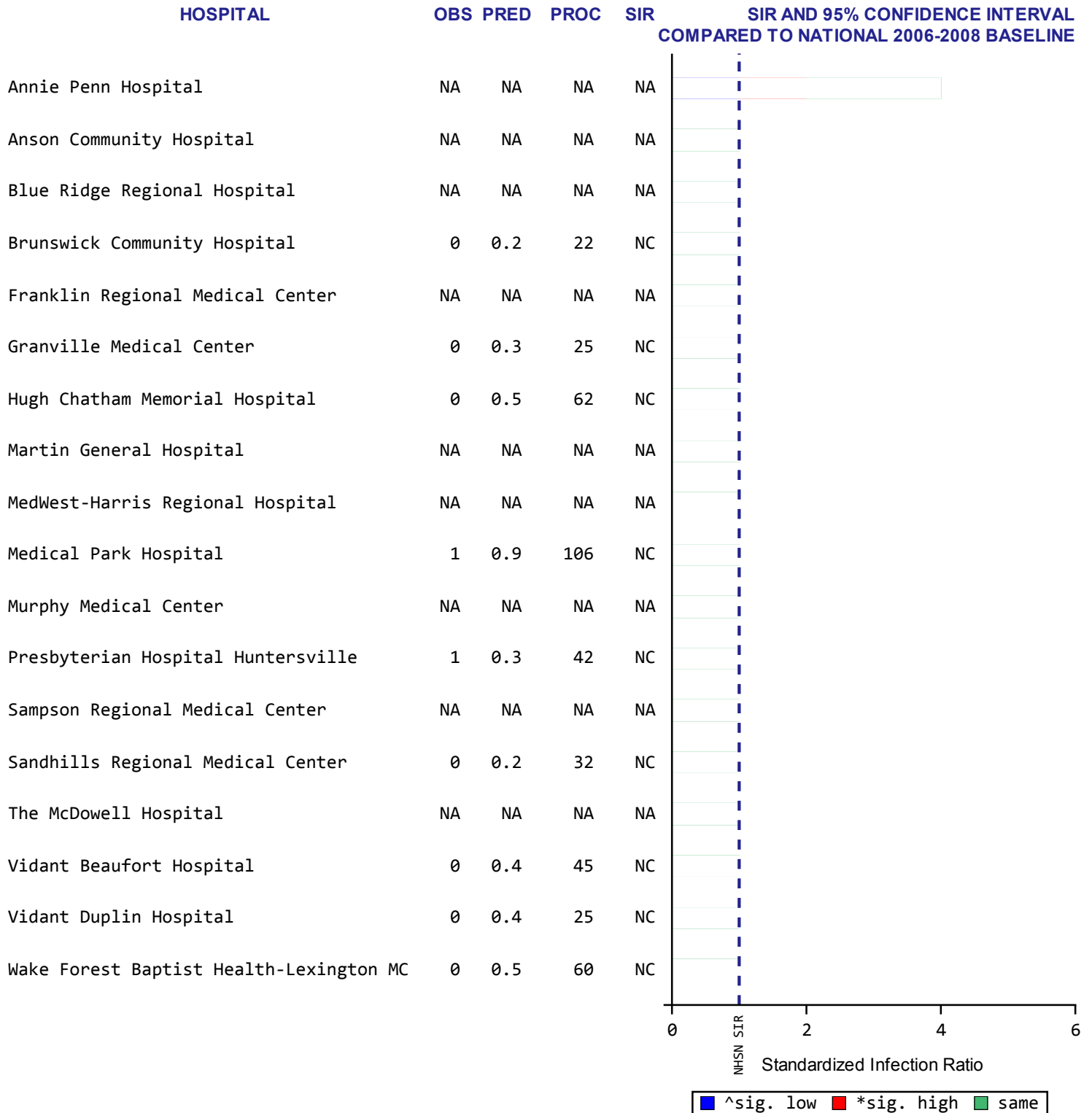
**Table 4. Antibiotic-resistant organisms identified from SSIs in adults ( $\geq 18$  years) within 30 days of an inpatient abdominal hysterectomy.**

Organism	Count (Percent)
Enterobacteriaceae	16 (100)
Carbapenem resistant Enterobacteriaceae (CRE)	0 (0)
<i>Enterococcus</i>	8 (100)
Vancomycin resistant <i>Enterococcus</i> (VRE)	0 (0)
<i>Staphylococcus aureus</i>	4 (100)
Methicillin resistant <i>Staphylococcus aureus</i> (MRSA)	2 (50)

The following SIR plots summarize SSI information after inpatient abdominal hysterectomies among female adults older than 18 years of age in North Carolina hospitals by hospital groups (Appendix E).



**Surgical Site Infections, Standardized Infection Ratios**  
 Abdominal Hysterectomies, January 1 - December 31, 2012  
 Hospital Group: Hospitals with Less than 100 Beds



Data reported as of March 12, 2013

Obs = observed number of SSI

Pred = statistically 'predicted' number of SSI, based on national 2006-2008 baseline

Proc = number of inpatient procedures among adults (18+ years)

SIR = standardized infection ratio (observed/predicted number of SSI)

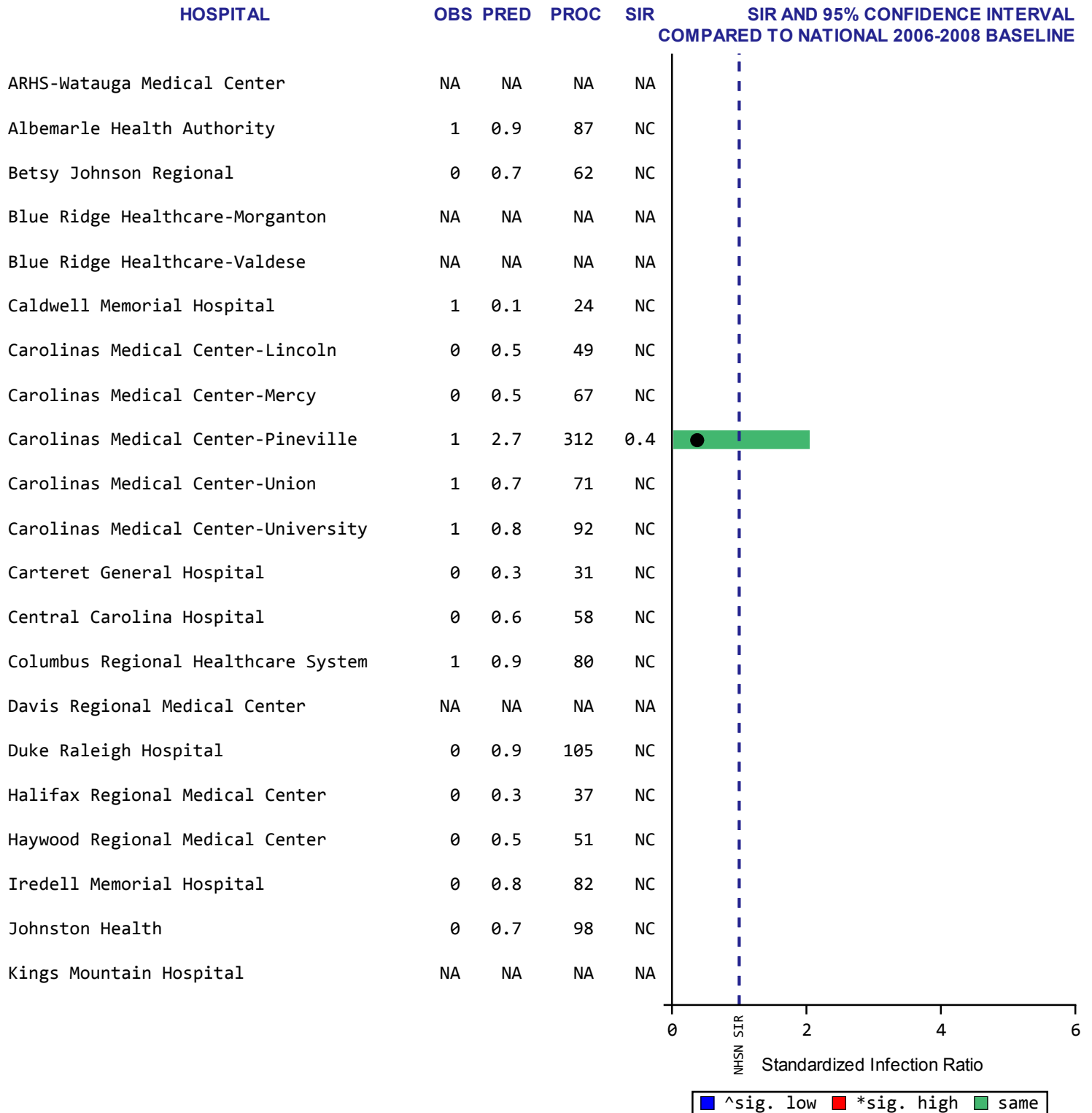
NA = data not shown for hospitals with <20 inpatient procedures

NC = SIR not calculated for hospitals with <1 predicted number of SSI

\* significantly higher than national 2006-2008 baseline

^ significantly lower than national 2006-2008 baseline

**Surgical Site Infections, Standardized Infection Ratios**  
 Abdominal Hysterectomies, January 1 - December 31, 2012  
 Hospital Group: Hospitals with 100-199 Beds



Data reported as of March 12, 2013

Obs = observed number of SSI

Pred = statistically 'predicted' number of SSI, based on national 2006-2008 baseline

Proc = number of inpatient procedures among adults (18+ years)

SIR = standardized infection ratio (observed/predicted number of SSI)

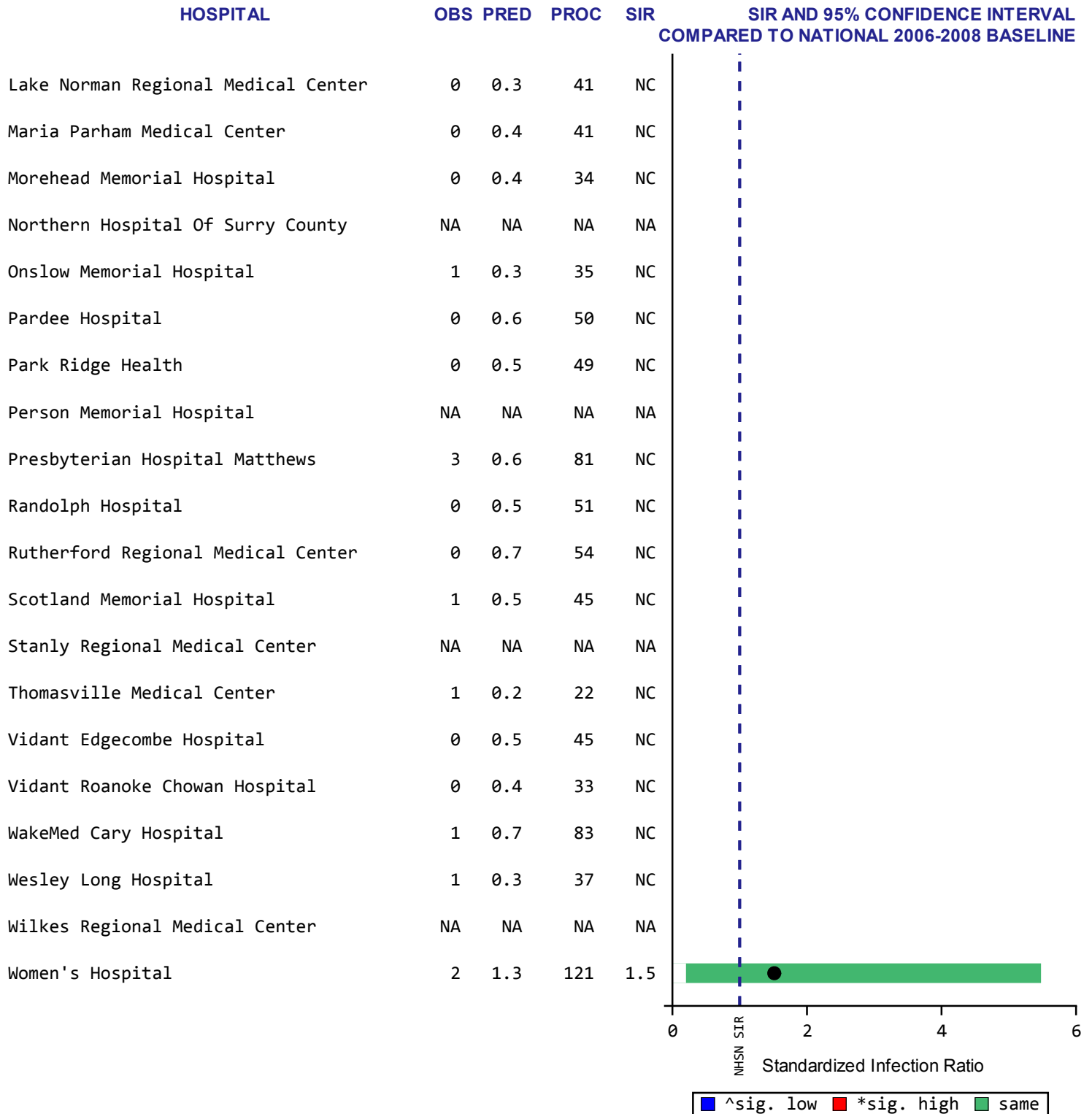
NA = data not shown for hospitals with <20 inpatient procedures

NC = SIR not calculated for hospitals with <1 predicted number of SSI

\* significantly higher than national 2006-2008 baseline

^ significantly lower than national 2006-2008 baseline

**Surgical Site Infections, Standardized Infection Ratios**  
 Abdominal Hysterectomies, January 1 - December 31, 2012  
 Hospital Group: Hospitals with 100-199 Beds



Data reported as of March 12, 2013

Obs = observed number of SSI

Pred = statistically 'predicted' number of SSI, based on national 2006-2008 baseline

Proc = number of inpatient procedures among adults (18+ years)

SIR = standardized infection ratio (observed/predicted number of SSI)

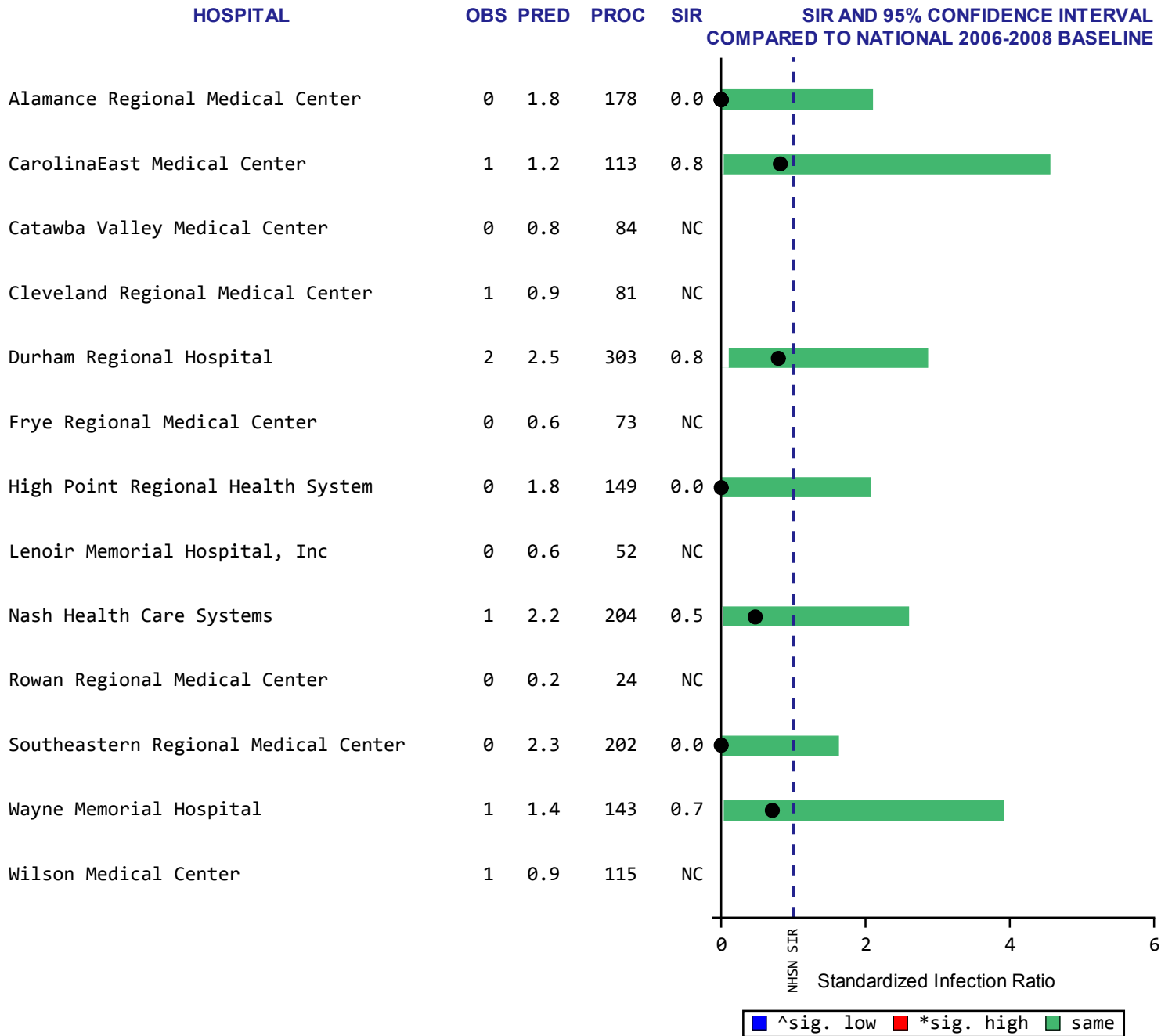
NA = data not shown for hospitals with <20 inpatient procedures

NC = SIR not calculated for hospitals with <1 predicted number of SSI

\* significantly higher than national 2006-2008 baseline

^ significantly lower than national 2006-2008 baseline

**Surgical Site Infections, Standardized Infection Ratios**  
 Abdominal Hysterectomies, January 1 - December 31, 2012  
 Hospital Group: Hospitals with 200-399 Beds



Data reported as of March 12, 2013

Obs = observed number of SSI

Pred = statistically 'predicted' number of SSI, based on national 2006-2008 baseline

Proc = number of inpatient procedures among adults (18+ years)

SIR = standardized infection ratio (observed/predicted number of SSI)

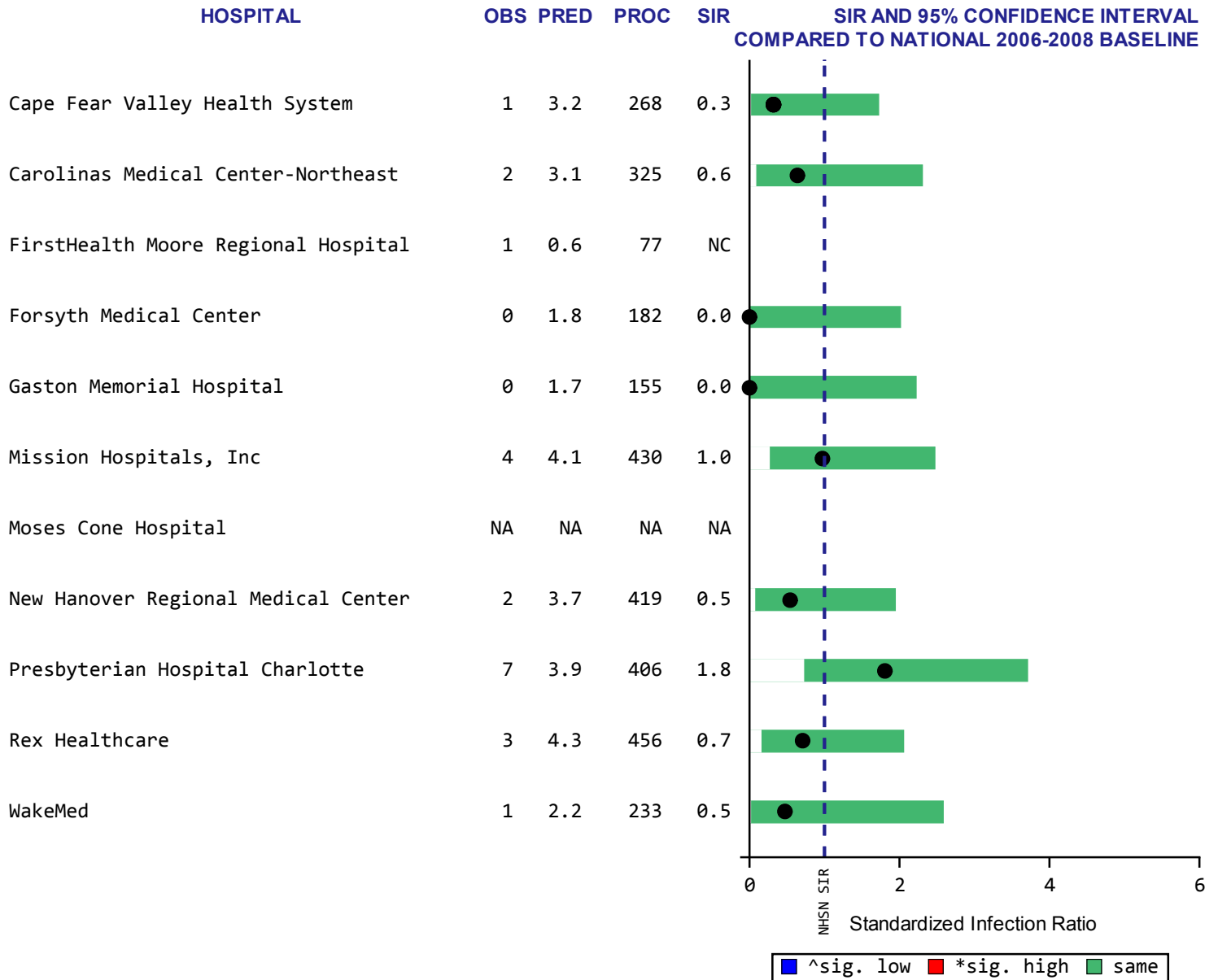
NA = data not shown for hospitals with <20 inpatient procedures

NC = SIR not calculated for hospitals with <1 predicted number of SSI

\* significantly higher than national 2006-2008 baseline

^ significantly lower than national 2006-2008 baseline

**Surgical Site Infections, Standardized Infection Ratios**  
 Abdominal Hysterectomies, January 1 - December 31, 2012  
 Hospital Group: Hospitals with 400 or More Beds



Data reported as of March 12, 2013

Obs = observed number of SSI

Pred = statistically 'predicted' number of SSI, based on national 2006-2008 baseline

Proc = number of inpatient procedures among adults (18+ years)

SIR = standardized infection ratio (observed/predicted number of SSI)

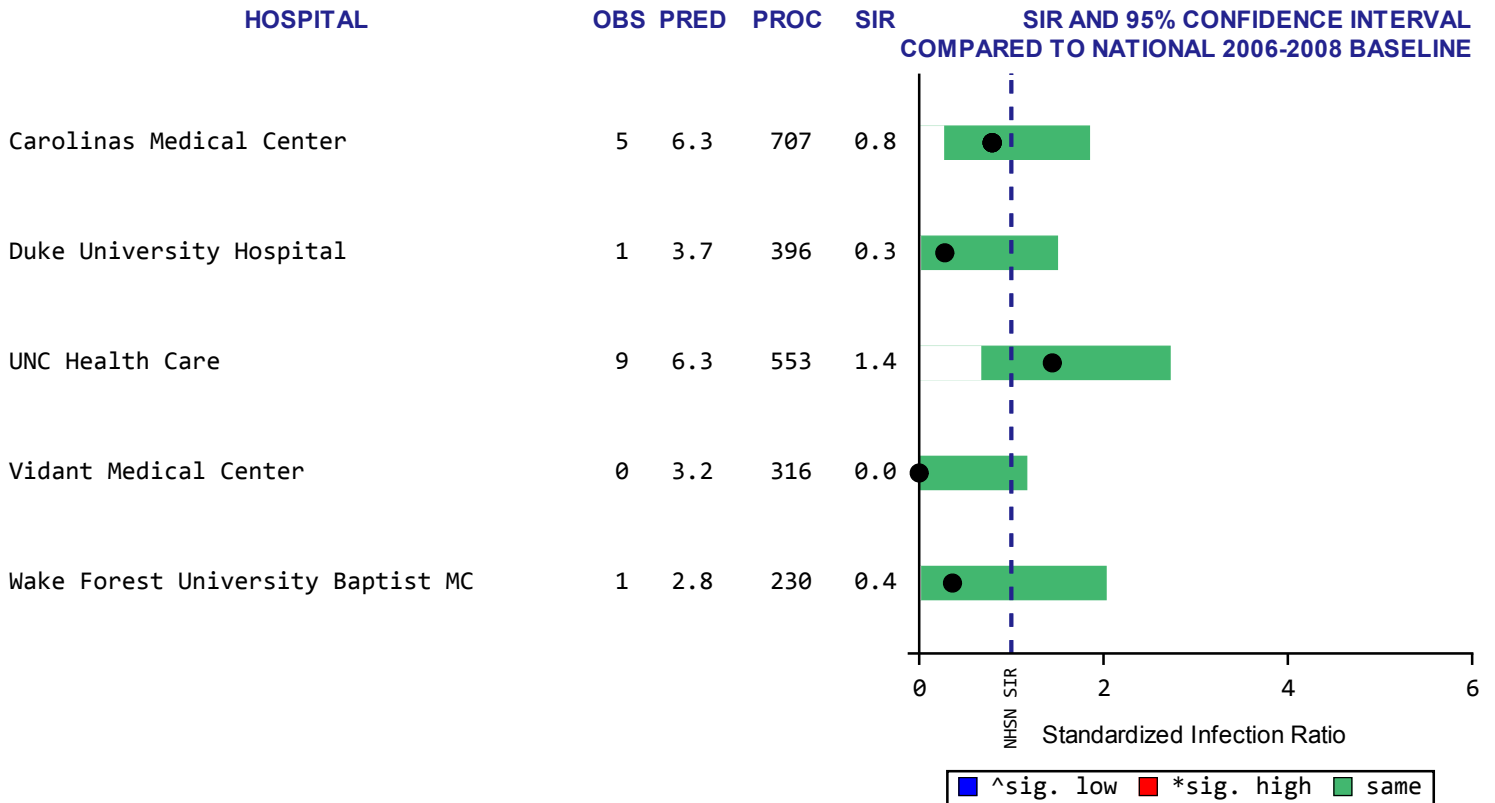
NA = data not shown for hospitals with <20 inpatient procedures

NC = SIR not calculated for hospitals with <1 predicted number of SSI

\* significantly higher than national 2006-2008 baseline

^ significantly lower than national 2006-2008 baseline

**Surgical Site Infections, Standardized Infection Ratios**  
 Abdominal Hysterectomies, January 1 - December 31, 2012  
 Hospital Group: Hospitals with Primary Medical School Affiliation



Data reported as of March 12, 2013

Obs = observed number of SSI

Pred = statistically 'predicted' number of SSI, based on national 2006-2008 baseline

Proc = number of inpatient procedures among adults (18+ years)

SIR = standardized infection ratio (observed/predicted number of SSI)

NA = data not shown for hospitals with <20 inpatient procedures

NC = SIR not calculated for hospitals with <1 predicted number of SSI

\* significantly higher than national 2006-2008 baseline

^ significantly lower than national 2006-2008 baseline

## 2. Colon Surgeries

### North Carolina 2012 Colon Surgery SSI Highlights

#### Infections:

- 210 SSIs reported among 8,704 inpatient colon surgeries performed on adults ( $\geq 18$  years).
  - A rate of 2.41 SSIs per 100 inpatient colon surgeries.
- The number of observed infections was significantly lower than the 284 SSIs that were predicted based on 2006-2008 national baseline data.

#### Facilities:

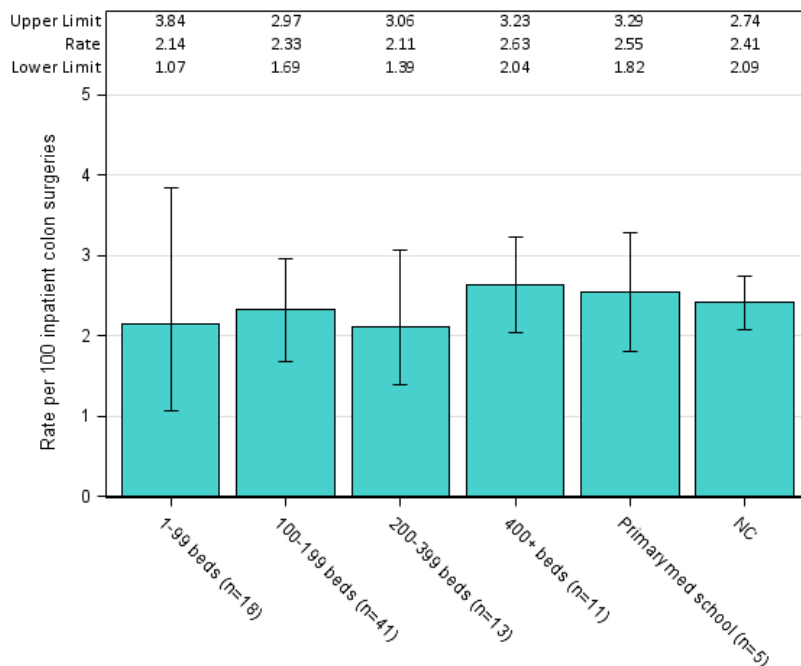
- Most hospitals reported SSI numbers that were similar to those predicted.
- One hospital reported significantly lower numbers of SSIs than predicted.
- One hospital reported a significantly higher number of SSIs than predicted.

#### Organisms:

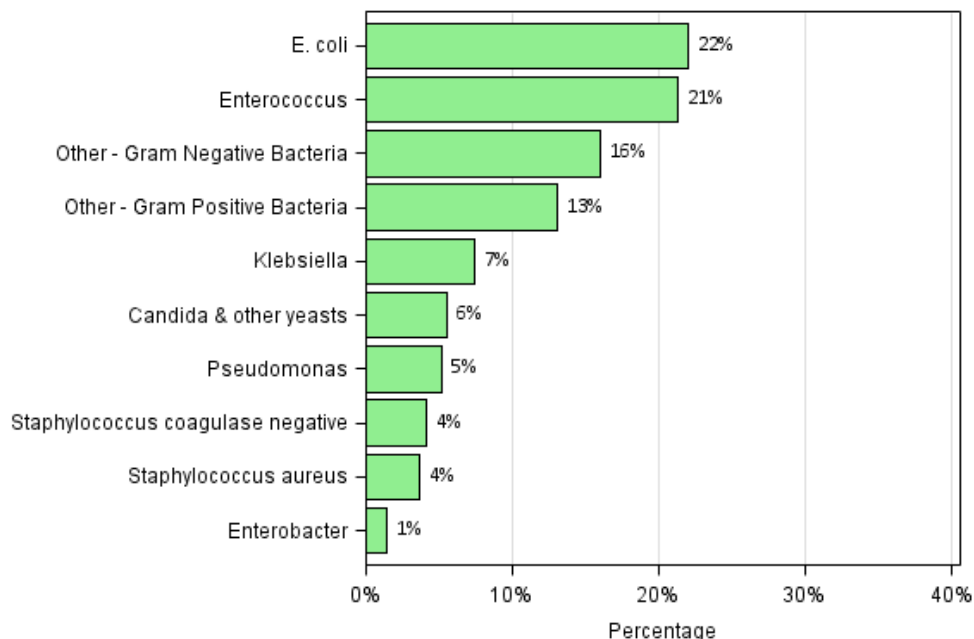
- Few antibiotic-resistant organisms were identified; however, all *Staphylococcus aureus* identified were resistant to methicillin.

- The rates of SSIs from colon surgeries varied only slightly across hospital groups, ranging from 2.11 to 2.60 SSIs per 100 inpatient colon surgeries in adults 18 years and older (Figure 13). These rates were not statistically significantly different from the overall state rate of 2.41 SSIs per 100 inpatient colon surgeries.

**Figure 13. SSI rates by Hospital Groups**



**Figure 14. Organisms identified from SSIs in adults ( $\geq 18$  years) within 30 days after an inpatient colon surgery (n= 268).**



- There were 268 organisms identified from 210 SSIs from inpatient colon surgeries (Figure 14). An organism was not identified for every SSI; in some circumstances, multiple organisms were identified from one SSI.
- The most commonly identified organisms from SSIs after inpatient colon surgeries were *E. coli* (22%) and *Enterococcus* (21%) species. Both *E. coli* and *Enterococcus* are normal flora of the human intestinal tract; thus it is not unexpected that they would be associated with post-colon surgery infections.
- *Streptococcus* species (49%) and *Clostridium* species (29%) were the most common organisms of the 35 in the “Other – Gram-Positive Bacteria” category while 44 percent of the 43 “Other – Gram-Negative Bacteria” organisms were *Bacteroides* species.
- Few antibiotic-resistant organisms were identified, but all *Staphylococcus aureus* identified were resistant to methicillin (Table 5). Generally, the proportion of methicillin-resistant and methicillin-sensitive would be more evenly distributed.

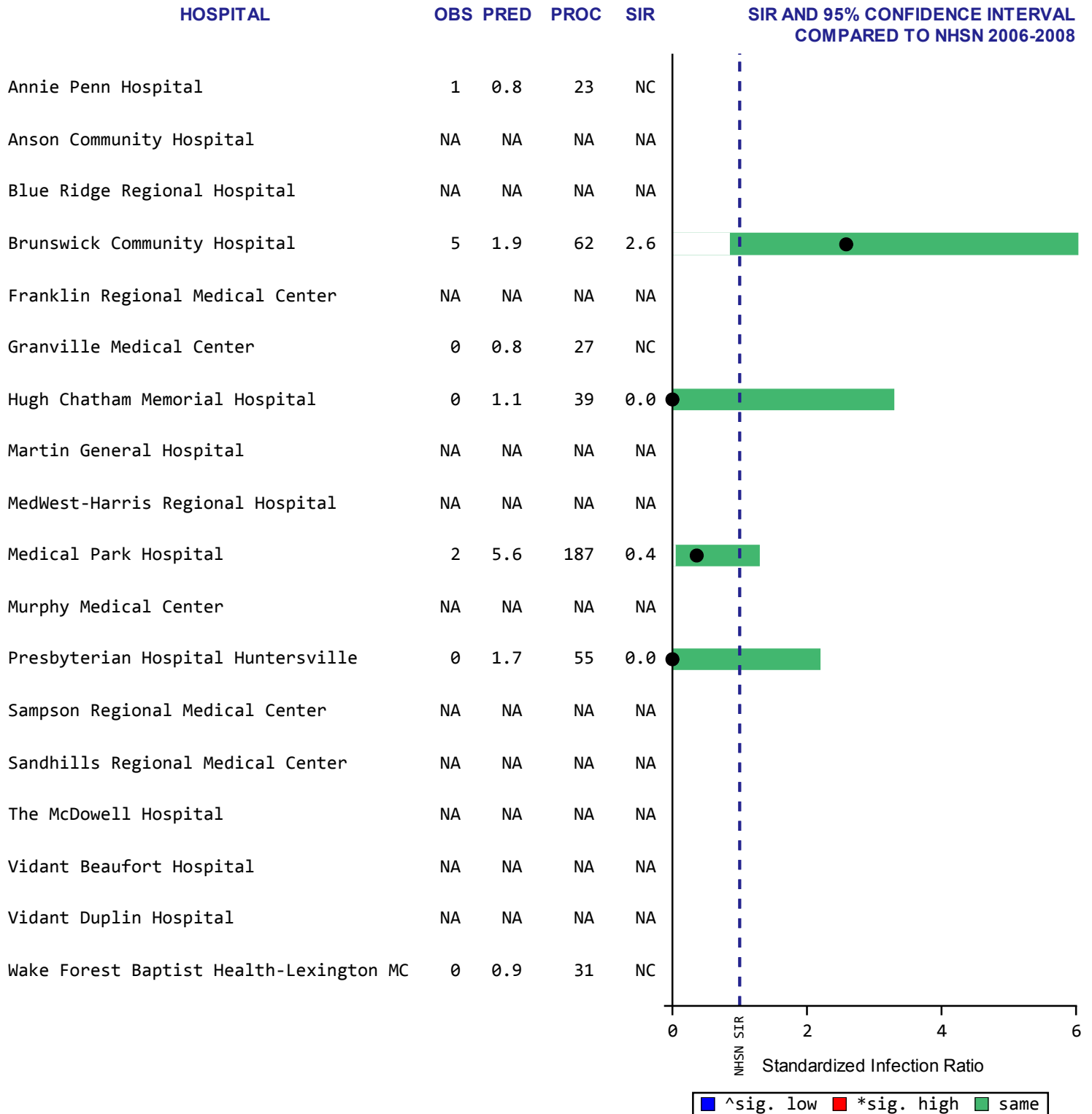
**Table 5. Antibiotic resistant organisms identified from SSIs in adults ( $\geq 18$  years) within 30 days of an inpatient colon surgery.**

Organism	Count (Percent)
Enterobacteriaceae	94 (100)
Carbapenem-resistant Enterobacteriaceae (CRE)	0 (0)
<i>Enterococcus</i>	57 (100)
Vancomycin-resistant <i>Enterococcus</i> (VRE)	9 (16)
<i>Staphylococcus aureus</i>	10 (100)
Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)	10 (100)

The following SIR plots summarize SSI information after inpatient colon surgeries among adults older than 18 years of age in North Carolina hospitals by hospital groups (Appendix E).



**Surgical Site Infections, Standardized Infection Ratios**  
 Colon Surgeries, January 1 - December 31, 2012  
 Hospital Group: Hospitals with Less than 100 Beds



Data reported as of March 12, 2013

Obs = observed number of SSI

Pred = statistically 'predicted' number of SSI, based on national 2006-2008 baseline

Proc = number of inpatient procedures among adults (18+ years)

SIR = standardized infection ratio (observed/predicted number of SSI)

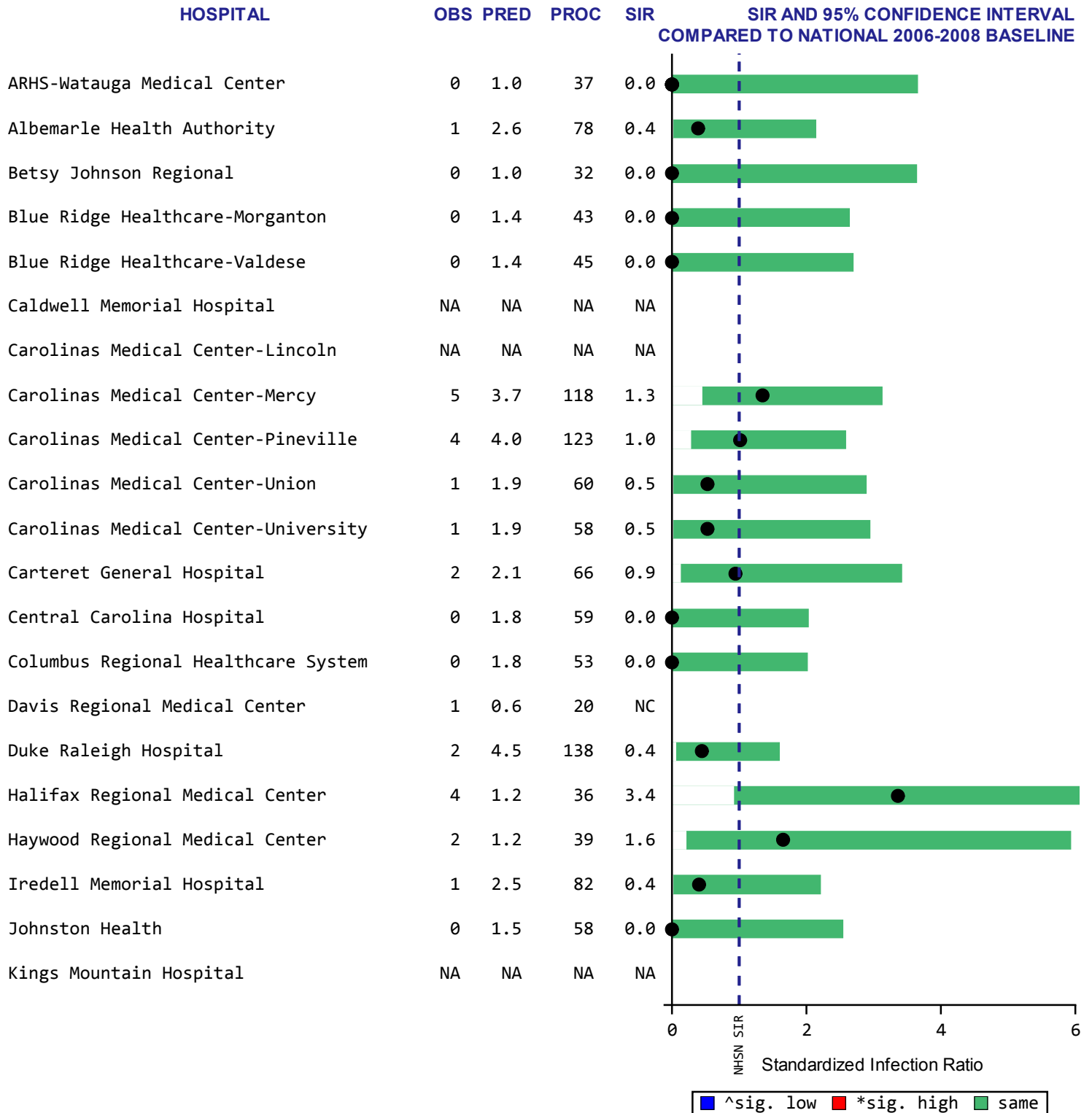
NA = data not shown for hospitals with <20 inpatient procedures

NC = SIR not calculated for hospitals with <1 predicted number of SSI

\* significantly higher than national 2006-2008 baseline

^ significantly lower than national 2006-2008 baseline

**Surgical Site Infections, Standardized Infection Ratios**  
 Colon Surgeries, January 1 - December 31, 2012  
 Hospital Group: Hospitals with 100-199 Beds



Data reported as of March 12, 2013

Obs = observed number of SSI

Pred = statistically 'predicted' number of SSI, based on national 2006-2008 baseline

Proc = number of inpatient procedures among adults (18+ years)

SIR = standardized infection ratio (observed/predicted number of SSI)

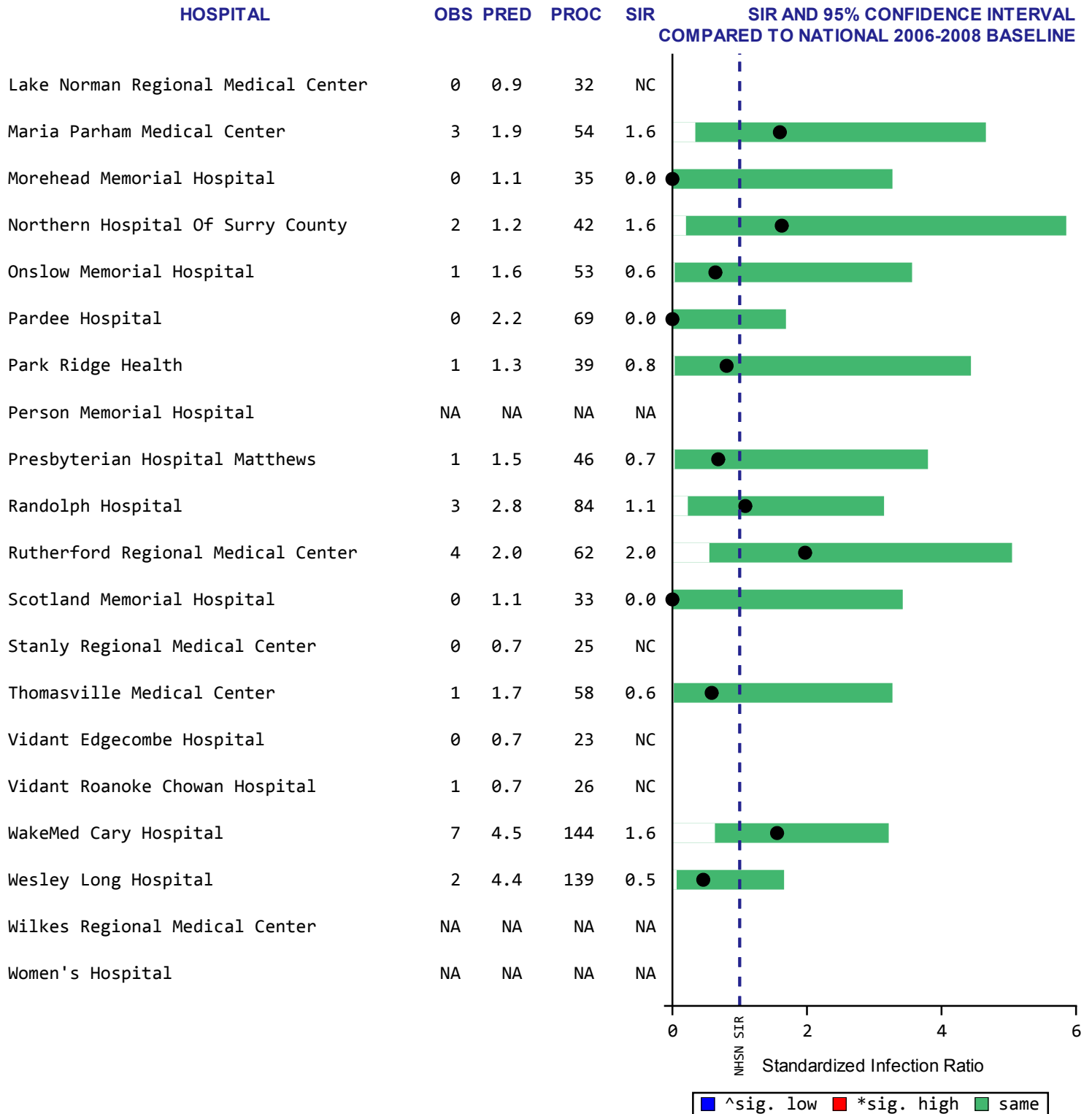
NA = data not shown for hospitals with <20 inpatient procedures

NC = SIR not calculated for hospitals with <1 predicted number of SSI

\* significantly higher than national 2006-2008 baseline

^ significantly lower than national 2006-2008 baseline

**Surgical Site Infections, Standardized Infection Ratios**  
 Colon Surgeries, January 1 - December 31, 2012  
 Hospital Group: Hospitals with 100-199 Beds



Data reported as of March 12, 2013

Obs = observed number of SSI

Pred = statistically 'predicted' number of SSI, based on national 2006-2008 baseline

Proc = number of inpatient procedures among adults (18+ years)

SIR = standardized infection ratio (observed/predicted number of SSI)

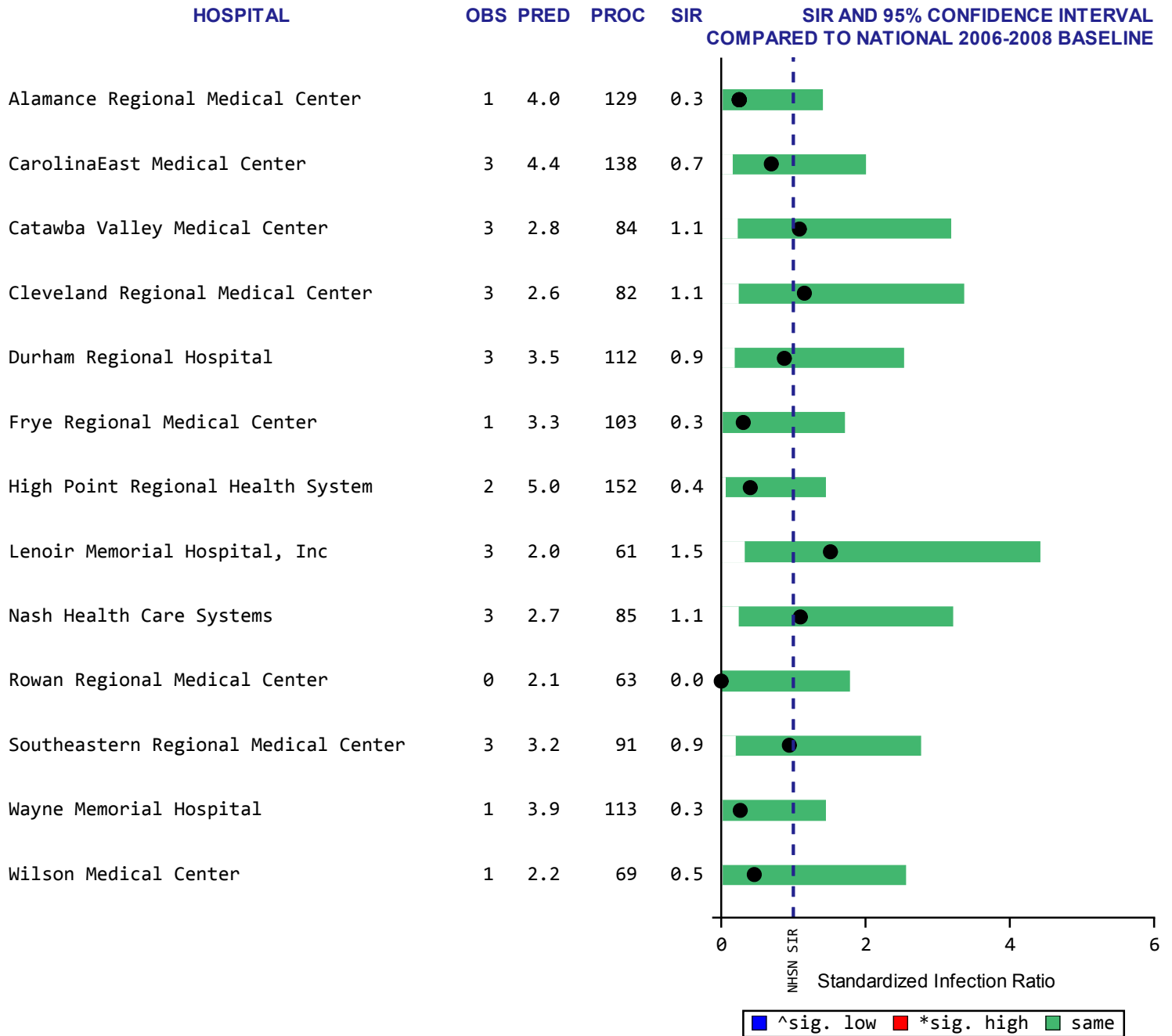
NA = data not shown for hospitals with <20 inpatient procedures

NC = SIR not calculated for hospitals with <1 predicted number of SSI

\* significantly higher than national 2006-2008 baseline

^ significantly lower than national 2006-2008 baseline

**Surgical Site Infections, Standardized Infection Ratios**  
 Colon Surgeries, January 1 - December 31, 2012  
 Hospital Group: Hospitals with 200-399 Beds



Data reported as of March 12, 2013

Obs = observed number of SSI

Pred = statistically 'predicted' number of SSI, based on national 2006-2008 baseline

Proc = number of inpatient procedures among adults (18+ years)

SIR = standardized infection ratio (observed/predicted number of SSI)

NA = data not shown for hospitals with <20 inpatient procedures

NC = SIR not calculated for hospitals with <1 predicted number of SSI

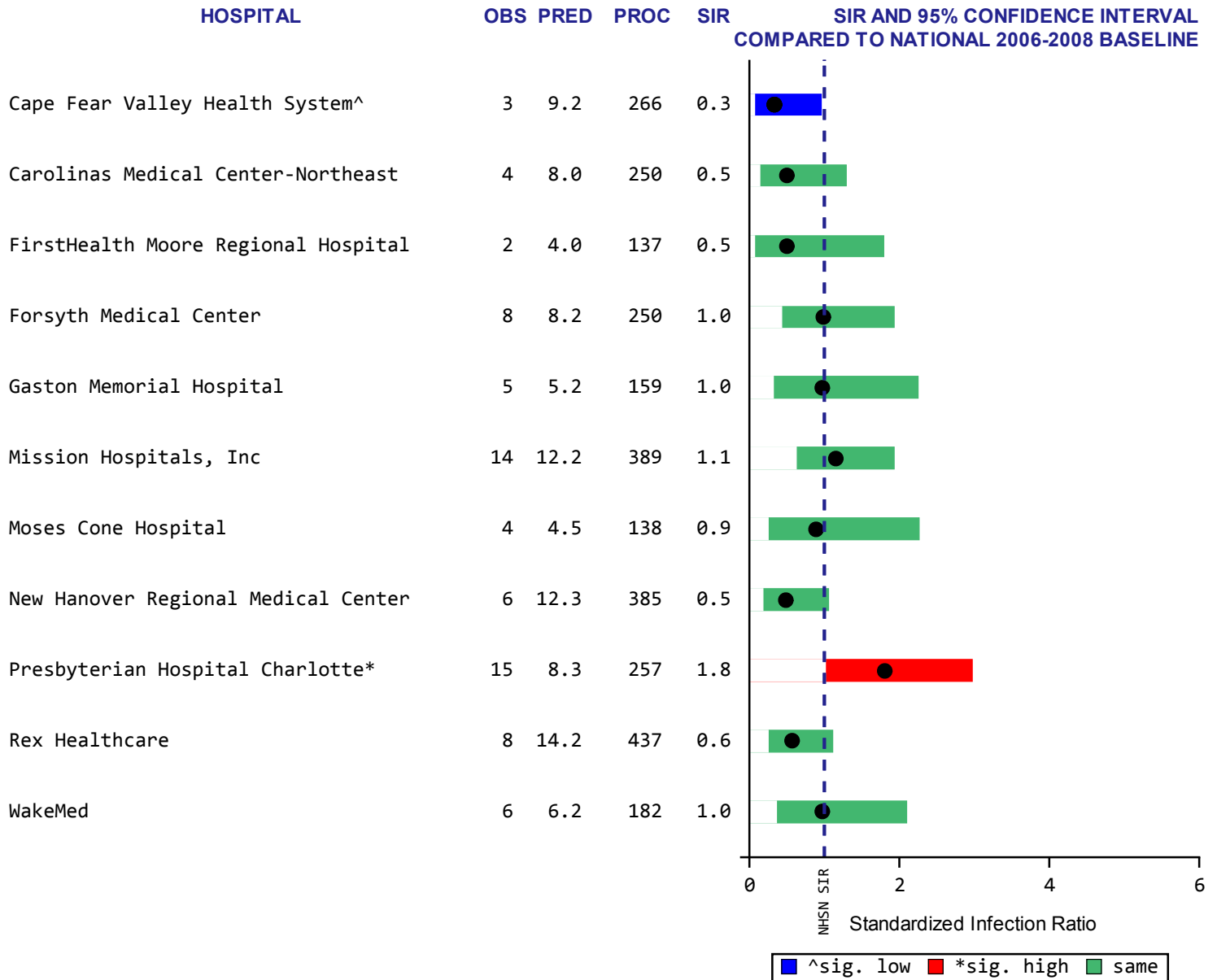
\* significantly higher than national 2006-2008 baseline

^ significantly lower than national 2006-2008 baseline

## Surgical Site Infections, Standardized Infection Ratios

Colon Surgeries, January 1 - December 31, 2012

Hospital Group: Hospitals with 400 or More Beds



Data reported as of March 12, 2013

Obs = observed number of SSI

Pred = statistically 'predicted' number of SSI, based on national 2006-2008 baseline

Proc = number of inpatient procedures among adults (18+ years)

SIR = standardized infection ratio (observed/predicted number of SSI)

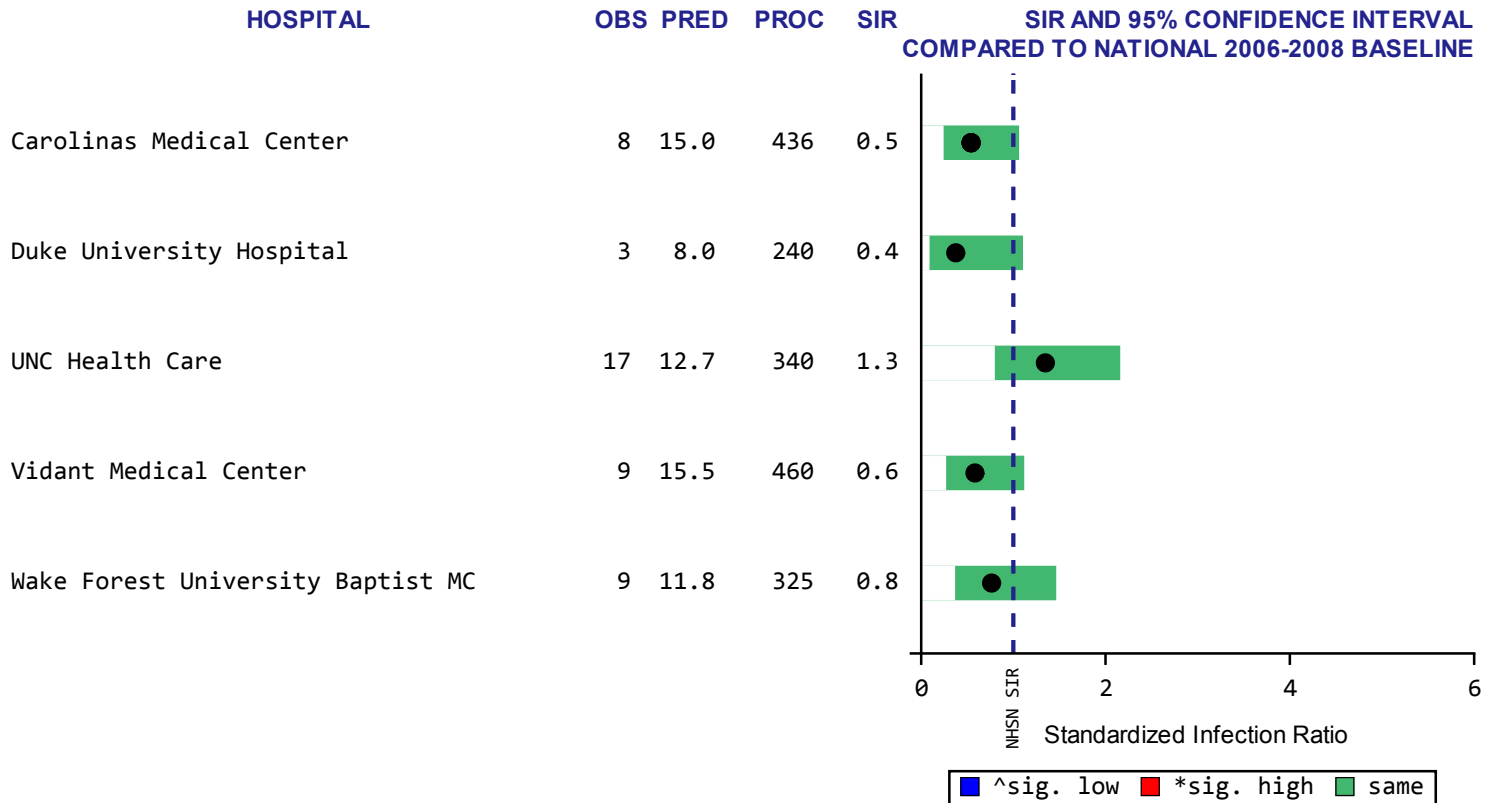
NA = data not shown for hospitals with <20 inpatient procedures

NC = SIR not calculated for hospitals with <1 predicted number of SSI

\* significantly higher than national 2006-2008 baseline

^ significantly lower than national 2006-2008 baseline

**Surgical Site Infections, Standardized Infection Ratios**  
 Colon Surgeries, January 1 - December 31, 2012  
 Hospital Group: Hospitals with Primary Medical School Affiliation



Data reported as of March 12, 2013

Obs = observed number of SSI

Pred = statistically 'predicted' number of SSI, based on national 2006-2008 baseline

Proc = number of inpatient procedures among adults (18+ years)

SIR = standardized infection ratio (observed/predicted number of SSI)

NA = data not shown for hospitals with <20 inpatient procedures

NC = SIR not calculated for hospitals with <1 predicted number of SSI

\* significantly higher than national 2006-2008 baseline

^ significantly lower than national 2006-2008 baseline

## VI. Overview of Hospital-Specific Summary Reports

The last section of this report (Section VII) includes the hospital-specific summary reports for HAIs. Reports were generated for each hospital, including short-term acute care hospitals, long-term acute care hospitals, and inpatient rehabilitation facilities. Hospital-specific summary reports of relevant short-term acute care hospitals also included rehabilitation wards.

Each one-page summary contains five sections: 1) general hospital information, 2) central line-associated bloodstream infections (CLABSI), 3) catheter associated urinary tract infections (CAUTI), 4) surgical site infections (SSI), and 5) commentary from the hospital. These sections are described in detail below.

### A. Section Overview

Tables and figures from hospital-specific summary reports have been included in the following sections to provide a pictorial representation of data. These tables and figures do not represent any particular hospital and are simply used as examples to highlight key points.

#### 1. General Hospital Information

This section contains general information about the hospital and includes a map of where the hospital (blue “H” icon) is located in North Carolina. Data in this section are from the NSHN 2011 Annual Hospital Survey. The 2012 Annual Hospital Survey could not be included in this report but will be included in future quarterly reports.

#### 2. Central Line-Associated Bloodstream Infections (CLABSI)

##### Short-term acute care hospitals

This section of the report includes a table and figure about CLABSIs. CLABSIs are reported from all of the hospital’s ICUs (adult, pediatric, and neonatal).

The example table below includes the number of central line-associated bloodstream infections (“Infections”), number of central line days (“Line Days”), and rate (“Rate”). A central line day is a daily count of the number of patients with a central line. For example, if there are 12 patients who have a central line on Day 1, then there were 12 central line days on Day 1. The central line days are summed over the period of interest to calculate the total number of central line days in the hospital or unit. In the example shown here, there were a total of 10,202 central line days from January to December 2012 in this hospital.

**Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.**

	Infections	Line Days	Rate
Total for Reporting ICUs	4	10,202	0.39

**Note:** Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

The rate is the number of CLABSIs divided by the number of central line days (the denominator), and multiplied by 1,000 to get “per 1,000 central line days.” In this example, the rate is 0.39 CLABSIs per 1,000 central line days.

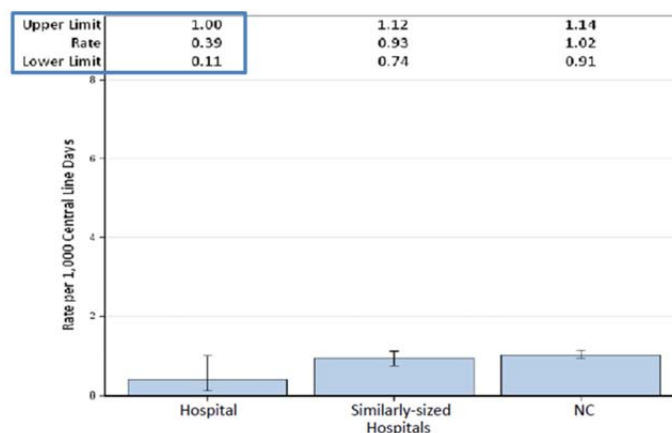


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.

Figure 1 above shows the hospital CLABSI rate along with the CLABSI rates of similarly-sized hospitals and all hospitals in North Carolina. The categories for “Similarly-sized Hospitals” are based on total hospital bed counts: less than 100 beds, 100-199 beds, 200-399 beds, and 400 or more beds. Hospitals that serve as the primary location for medical schools are included in a separate category (“primary medical school affiliation”). A list of the hospitals in each category can be found in Appendix E1.

In addition to the rates, the 95% confidence intervals are also presented as the “Lower Limit” and “Upper Limit” in the figure. They also appear as “I” shaped lines overlapping each bar in the bar graph. The confidence interval is a measure of precision, wider when the denominator (for example, central line days) is small and narrower when the denominator is large. For example, one CLABSI makes a big difference in the rate if there are only 25 central line days but would not have as big an effect on the rate if there were 500 central line days.

The 95% confidence interval can also be used to determine if the difference between two rates is important statistically (statistically significant). If the 95% confidence intervals of two rates overlap, the difference in rates is considered not statistically significant and the rates can be considered basically equal. However, if the 95% confidence intervals of two rates do not overlap, the difference between the rates is said to be statistically significant. Based on the confidence intervals, the Bar Graph Interpretations listed in each hospital-specific summary report indicates whether the rates are not statistically different or if they are significantly different (see below).

Interpretation of Results	Explanation
<b>Hospital rate is not different from similarly-sized hospitals (or NC hospitals overall)</b>	There was no statistically significant difference in the rates between the hospital and similarly-sized hospitals (or NC hospitals overall).
<b>Hospital rate is (higher or lower) than similarly-sized hospitals (or NC hospitals overall).</b>	The hospital rate was statistically significantly higher (or lower) than the rate of similarly-sized hospitals (or NC hospitals overall).
<b>A comparison to similarly-sized hospitals (or NC hospitals overall) was not conducted.</b>	Due to low numbers, a comparison between the hospital rate and rates of similarly-sized hospitals (or NC hospitals overall) was not computed.

In Figure 1 above, the hospital rate was 0.39 CLABSI per 1,000 central line days. The rate among similarly-sized hospitals was 0.93 CLABSI per 1,000 central line days and the rate for all hospitals in the state was 1.02 CLABSI per 1,000 central line days. The CLABSI rate in the hospital appeared to be lower than that of other similarly-sized hospitals and of all hospitals statewide. The question is: are the observed rates of CLABSI different? The 95% confidence interval of the hospital rate overlaps with the 95% confidence interval of the rate for similarly-sized hospitals and the rate for all hospitals in North Carolina. Therefore, one would conclude that the CLABSI rate in the hospital is not significantly different from the CLABSI rates for similarly-sized hospitals or for all hospitals in the state. The interpretation (below) that accompanies the bar graph also states the same conclusion:



**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.

Hospital rate is not different from NC hospitals overall.

Long-term acute care hospitals

As with short-term acute care hospitals, this section of the report includes a table and a figure about CLABSIs that were reported from adult and pediatric ICUs and wards in long-term acute care hospitals.

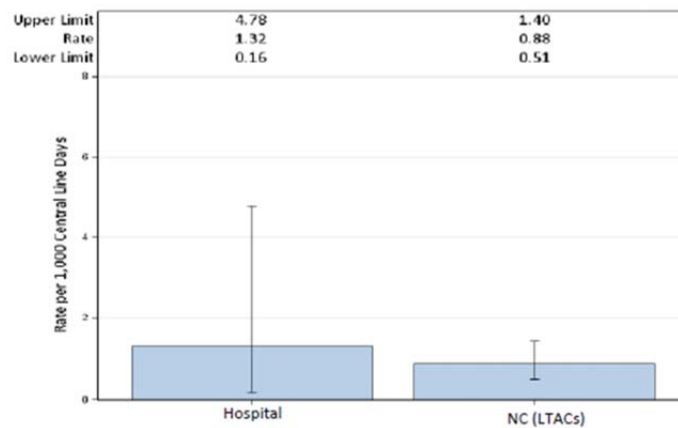
The information included in the long-term acute care hospitals table below is simply a total of infections and central line days and the overall hospital rate.

**Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.**

	Infections	Line Days	Rate
Total for Reporting Units	2	1,511	1.32

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

The figure below shows the hospital rate and 95% confidence interval with the overall CLABSI rate among all nine licensed long-term acute care hospitals in North Carolina. A list of the long-term acute care hospitals can be found in Appendix E2.



**Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

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

Short-term acute care hospitals

Like the section on CLABSIs, this section includes a table and figure about CAUTIs. CAUTIs were reported from adult and pediatric ICUs and inpatient rehabilitation wards.

The calculations of catheter days and rates as well as interpretation of the 95% confidence intervals were the same as those presented in “Section 2 – Central line-associated bloodstream infections (CLABSI)”; please refer to that section for more information.

**Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.**

	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	541	0

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

In the table above, the hospital rate of catheter-associated urinary tract infections was 0 per 1,000 catheter-days. The figure below shows that, when the rate is 0, the 95% confidence interval is not presented.

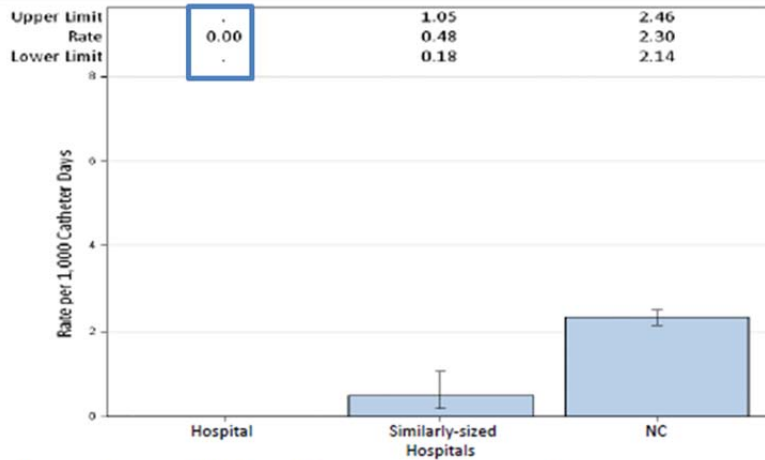


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.

Long-term acute care hospitals

CAUTIs were reported from adult and pediatric ICUs and wards. The content of the CAUTI section for long-term acute care hospitals was similar to CLABSIs in long-term acute care hospitals; please refer to that section (above) for more information.

Inpatient rehabilitation facilities

Inpatient rehabilitation facilities reported CAUTI from adult and pediatric rehabilitation wards. Hospital-specific summary reports were only generated for free-standing inpatient rehabilitation facilities; data from inpatient rehabilitation wards within short-term acute care hospitals were included in their respective hospital-specific summary reports. Data in the tables included number of CAUTI infections, number of catheter days, and the CAUTI rate for all reporting wards; see Table below.

Table 1. Number of Infections and Rate of CAUTI, Jan-Dec 2012.

	Infections	Catheter Days	Rate
Total for Reporting Wards	1	395	2.53

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

The figure below shows the rate of CAUTI in the inpatient rehabilitation facility and the rate of CAUTI in all inpatient rehabilitation facilities and inpatient rehabilitation wards from short-term acute care hospitals. A list of the rehabilitation wards and facilities can be found in Appendix E3.

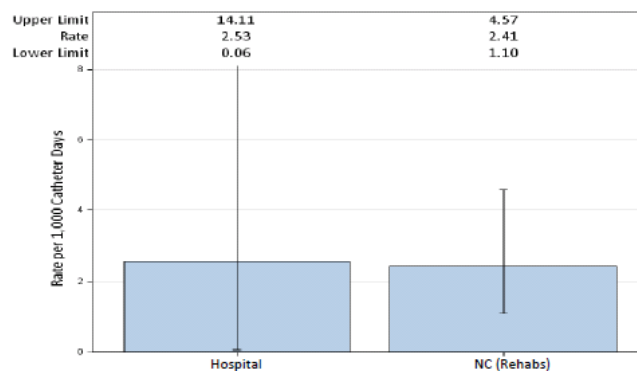


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.

#### 4. Surgical Site Infections (SSI)

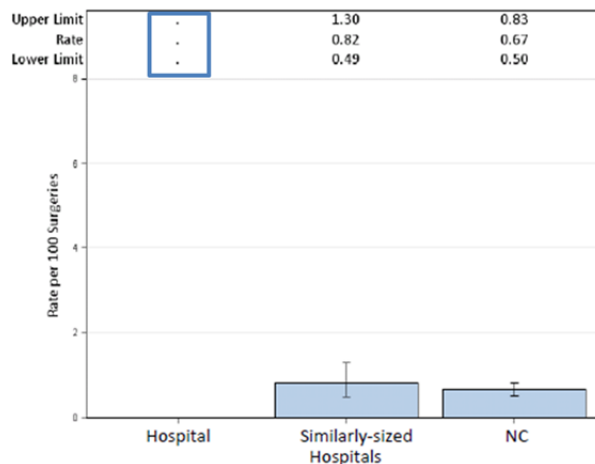
This section includes a table and two figures about SSIs. Short-term acute care hospitals were required to report SSIs that occurred among adults 18 years or older following inpatient abdominal hysterectomies and colon surgeries. Only SSIs that occurred at the primary incision site within 30 days of surgery were included in the report. Infections were not included if they occurred after 30 days post-operation or if they involved only the skin or subcutaneous tissues (the layer of tissue directly under the skin). Finally, if patient age or the American Society of Anesthesiologists (ASA) score were missing for a surgery, it was classified as an “incomplete procedure” and not included in the final count of surgeries.

**Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.**

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	0	10	.
Colon surgery	0	37	0

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

Recall that if the number of procedures (or central line days for CLABSIs or catheter days for CAUTIs) at a hospital did not meet a minimum threshold number, the number of infections and surgeries would be presented but the rate would not be listed. For SSIs, the minimum threshold was 20 surgeries for a reporting period. In the table above, fewer than 20 abdominal hysterectomies were performed. Therefore, the SSI rate for abdominal hysterectomy was not included in the table, and the hospital’s SSI rate and 95% confidence interval were not included in the corresponding figure (below).



**Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.**

#### 5. Commentary from Hospital

This section was an opportunity for hospitals to comment on HAIs and infection control activities in their hospitals. There was a 690 character limit (including spaces), therefore some hospitals may have chosen to provide a link to their hospital website to provide lengthier comments.

## **VII. Hospital-Specific Summary Reports**

# North Carolina Healthcare-Associated Infections Report

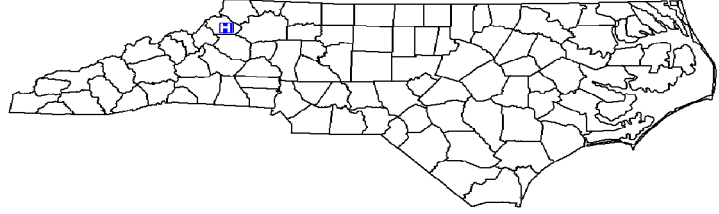
## Data from January 1 – December 31, 2012

### ARHS-Watauga Medical Center, Boone, Watauga County

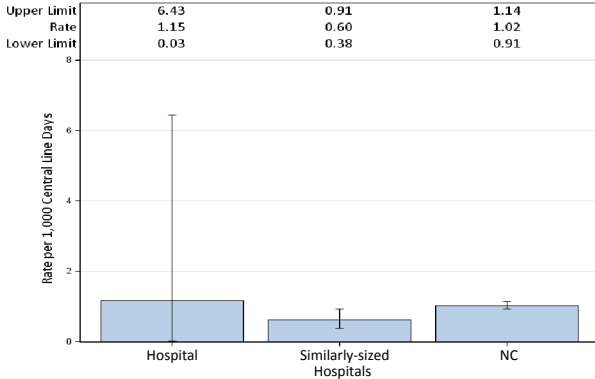
#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: Limited  
 Profit Status: Not for Profit  
 Admissions in 2011: 4,691  
 Patient Days in 2011: 19,027  
 Total Number of Beds: 110  
 Number of ICU Beds: 10  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 0.91

\*FTE = Full-time equivalent



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



**Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.**

	Infections	Line Days	Rate
Total for Reporting ICUs	1	867	1.15

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

**Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

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

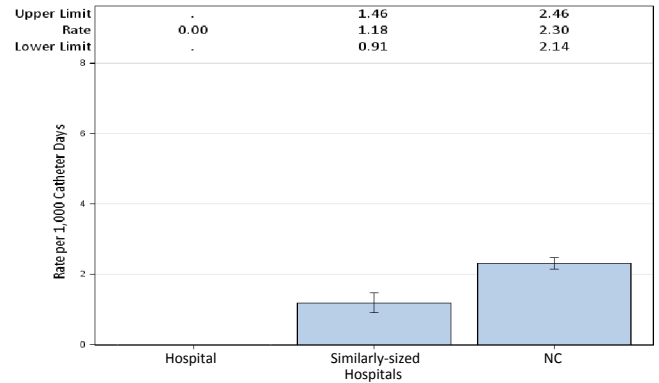
**Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.**

	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	1,400	0

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

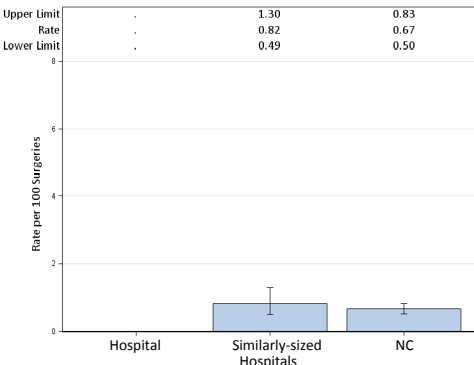
**Bar Graph Interpretations:**

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.



**Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

#### Surgical Site Infections (SSI)



**Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.**

**Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.**

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	0	10	.
Colon surgery	0	37	0

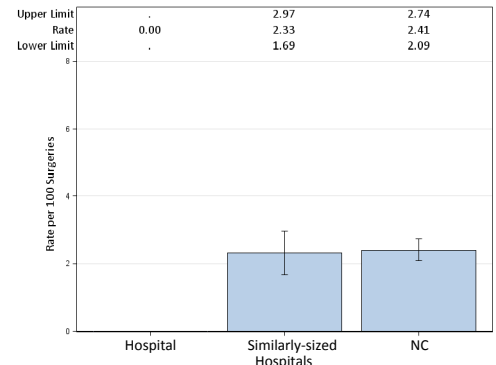
\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations (Abdominal Hysterectomies):**

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

**Bar Graph Interpretations (Colon Surgeries):**

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.



**Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.**

**Commentary from Hospitals:**

No comments provided.

# North Carolina Healthcare-Associated Infections Report

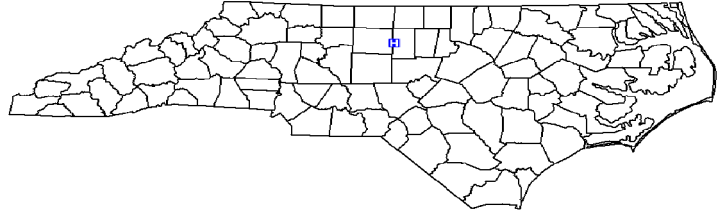
## Data from January 1 – December 31, 2012

### Alamance Regional Medical Center, Burlington, Alamance County

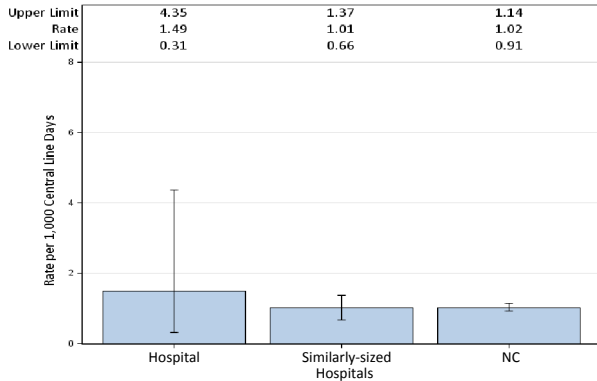
#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2011: 10,996  
 Patient Days in 2011: 46,125  
 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



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



**Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.**

	Infections	Line Days	Rate
Total for Reporting ICUs	3	2,014	1.49

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

**Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

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

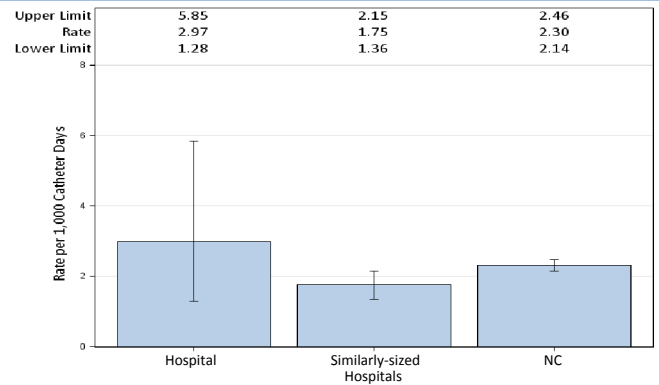
**Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.**

	Infections	Catheter Days	Rate
Total for Reporting ICUs	8	2,693	2.97

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

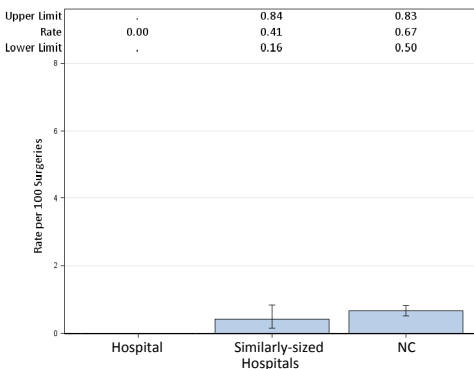
**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.



**Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

#### Surgical Site Infections (SSI)



**Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.**

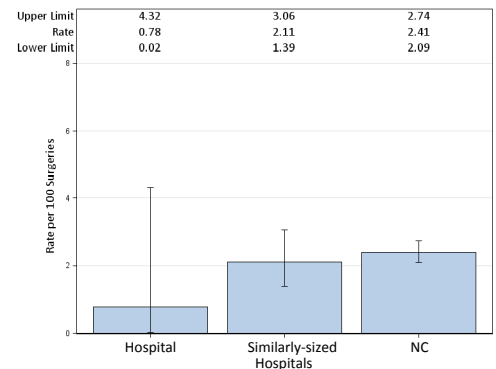
**Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.**

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	0	178	0
Colon surgery	1	129	0.78

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations (Abdominal Hysterectomies):**  
 A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

**Bar Graph Interpretations (Colon Surgeries):**  
 Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.



**Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.**

**Commentary from Hospitals:**  
 No comments provided.

# North Carolina Healthcare-Associated Infections Report

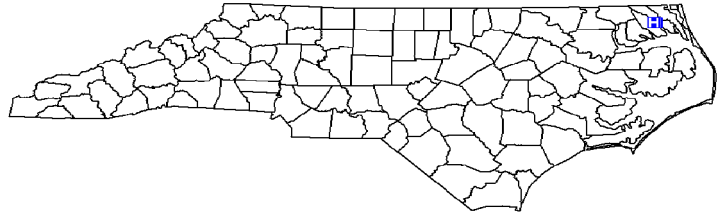
## Data from January 1 – December 31, 2012

### Albemarle Health Authority, Elizabeth City, Pasquotank County

#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2011: 5,780  
 Patient Days in 2011: 22,562  
 Total Number of Beds: 135  
 Number of ICU Beds: 10  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 0.74

\*FTE = Full-time equivalent



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

Upper Limit	6.02	0.91	1.14
Rate	1.08	0.60	1.02
Lower Limit	0.03	0.38	0.91

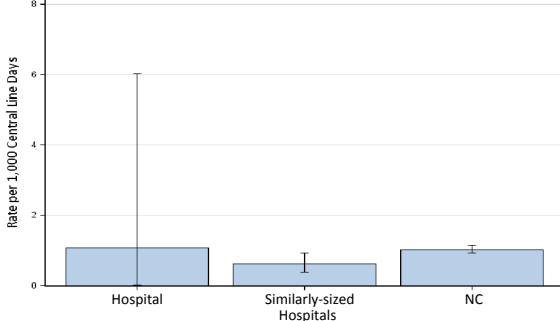


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.

	Infections	Line Days	Rate
Total for Reporting ICUs	1	925	1.08

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

#### Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.

Hospital rate is not different from NC hospitals overall.

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

Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.

	Infections	Catheter Days	Rate
Total for Reporting ICUs	2	1,407	1.42

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

#### Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.

Hospital rate is not different from NC hospitals overall.

Upper Limit	5.13	1.46	2.46
Rate	1.42	1.18	2.30
Lower Limit	0.17	0.91	2.14

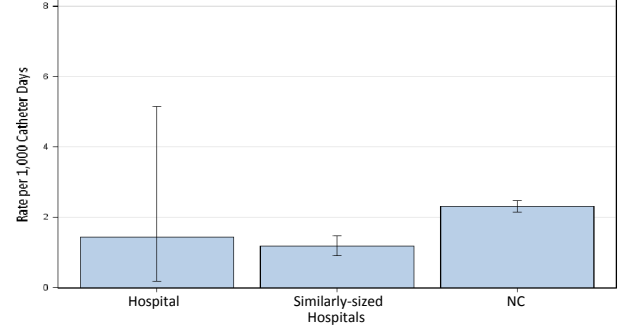


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.

#### Surgical Site Infections (SSI)

Upper Limit	6.40	1.30	0.83
Rate	1.15	0.82	0.67
Lower Limit	0.03	0.49	0.50

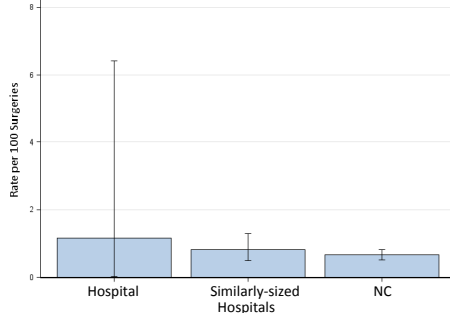


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.

Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	1	87	1.15
Colon surgery	1	78	1.28

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

#### Bar Graph Interpretations (Abdominal Hysterectomies):

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

#### Bar Graph Interpretations (Colon Surgeries):

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

Upper Limit	7.14	2.97	2.74
Rate	1.28	2.33	2.41
Lower Limit	0.03	1.69	2.09

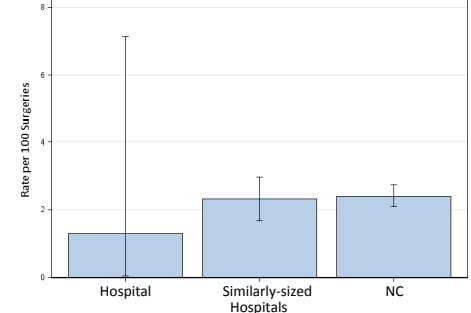


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.

#### Commentary from Hospitals:

No comments provided.

# North Carolina Healthcare-Associated Infections Report

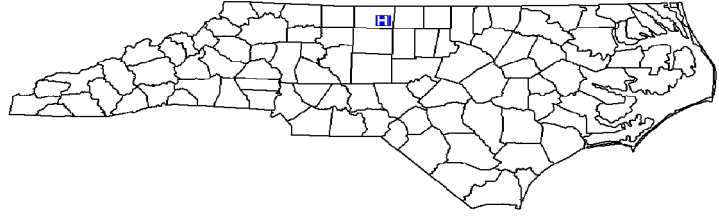
## Data from January 1 – December 31, 2012

### Annie Penn Hospital, Reidsville, Rockingham County

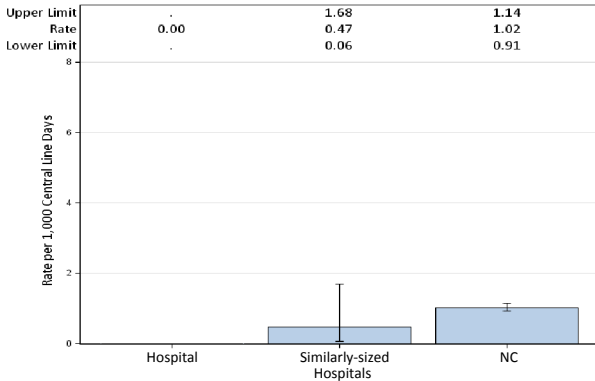
#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2011: 3,063  
 Patient Days in 2011: 13,704  
 Total Number of Beds: 78  
 Number of ICU Beds: 12  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 1.28

\*FTE = Full-time equivalent



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



**Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.**

	Infections	Line Days	Rate
Total for Reporting ICUs	0	411	0

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

**Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

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

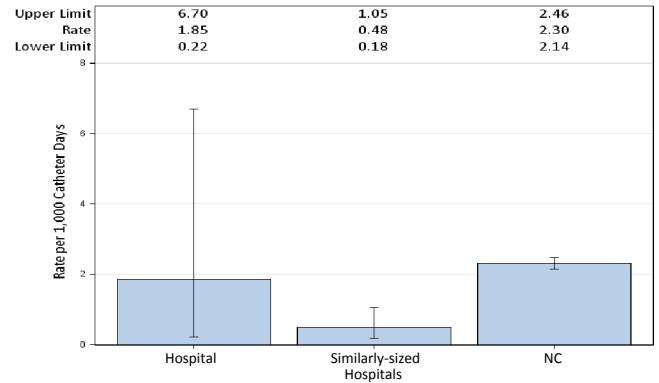
**Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.**

	Infections	Catheter Days	Rate
Total for Reporting ICUs	2	1,079	1.85

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

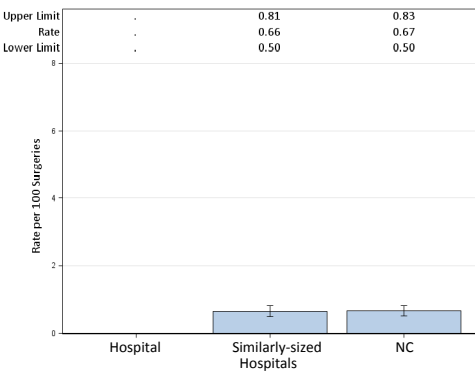
**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.



**Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

#### Surgical Site Infections (SSI)



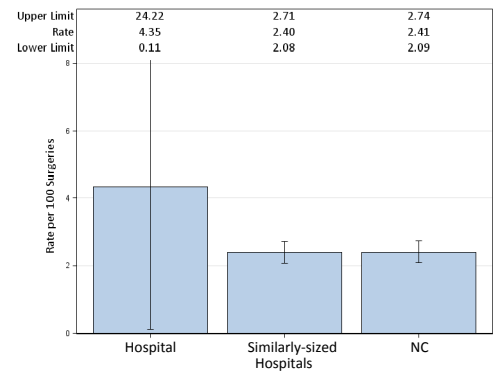
**Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.**

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	0	16	.
Colon surgery	1	23	4.35

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations (Abdominal Hysterectomies):**  
 A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

**Bar Graph Interpretations (Colon Surgeries):**  
 Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.



**Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.**

**Commentary from Hospitals:**

Cone Health is committed to preventing Healthcare Associated Infections. We have dedicated teams of experts focused on process improvements to improve our patient outcomes. Please contact Cone Health Infection Prevention if you would like further information.



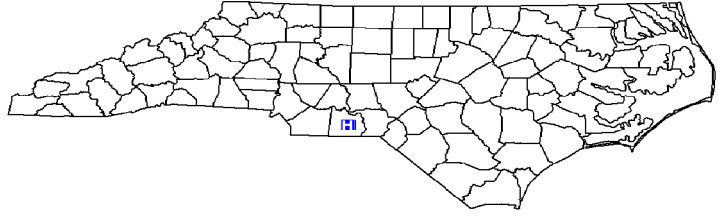
# North Carolina Healthcare-Associated Infections Report

## Data from January 1 – December 31, 2012

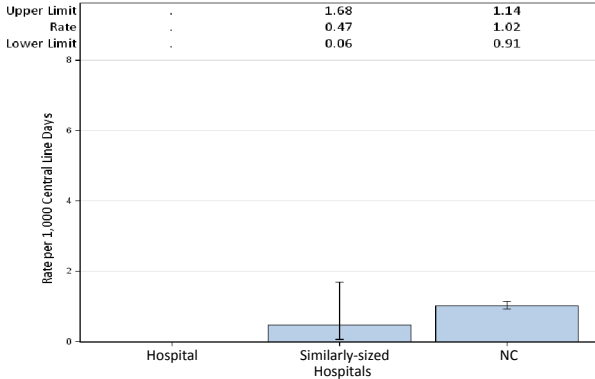
### Anson Community Hospital, Wadesboro, Anson County

#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2011: 721  
 Patient Days in 2011: 2,186  
 Total Number of Beds: 30  
 Number of ICU Beds: 0  
 FTE\* Infection Preventionists: 0.38  
 Number of FTEs\* per 100 beds: 1.25



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



This hospital does not have intensive care units (ICUs).

Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.

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

This hospital does not have intensive care units (ICUs).

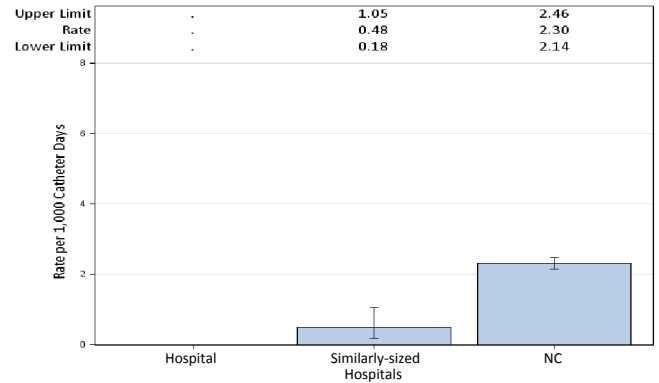


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.

#### Surgical Site Infections (SSI)

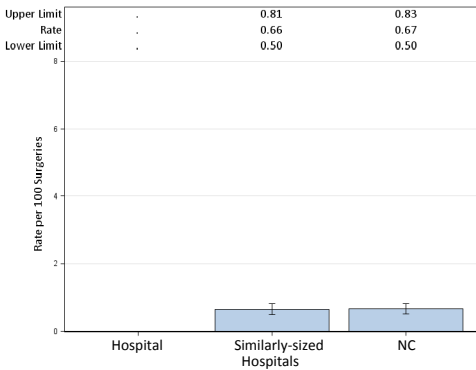


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.

Table 1. Number of Infections and Rate of SSI, Jan-Dec 2012.

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	0	1	.
Colon surgery	0	1	.

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations (Abdominal Hysterectomies):**  
 A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

**Bar Graph Interpretations (Colon Surgeries):**  
 A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

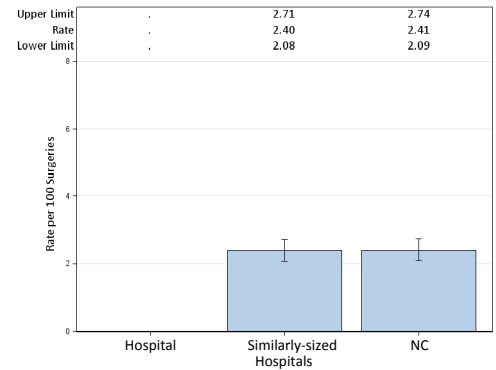


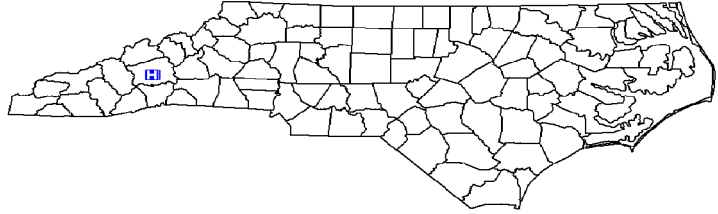
Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.

**Commentary from Hospitals:**  
 No comments provided.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – December 31, 2012**  
 Asheville Specialty Hospital, Asheville, Buncombe County

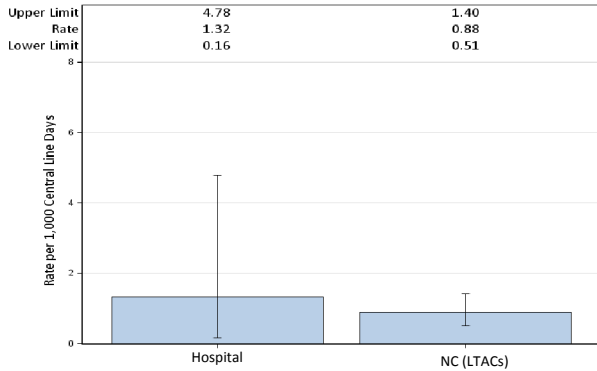
**2011 Hospital Survey Information**

Hospital Type: Long-term Acute Care Hospital  
 Profit Status: For Profit  
 Admissions in 2011: 369  
 Patient Days in 2011: 8,734  
 Total Number of Beds: 34  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 2.94



\*FTE = Full-time equivalent

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



**Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.**

	Infections	Line Days	Rate
Total for Reporting Units	2	1,511	1.32

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

Hospital rate is not different from NC long-term acute care hospitals overall.

**Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

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

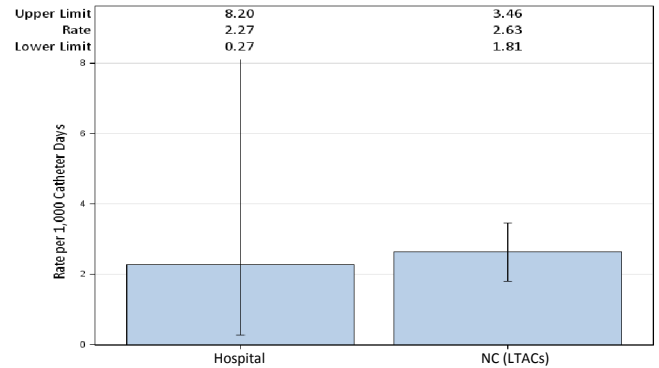
**Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.**

	Infections	Catheter Days	Rate
Total for Reporting Units	2	881	2.27

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

**Bar Graph Interpretations:**

Hospital rate is not different from NC long-term acute care hospitals overall.



**Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

**Surgical Site Infections (SSI)**

Long-term acute care hospitals (LTACs) do not report surgical site infections.

**Commentary from Hospitals:**

No comments provided.

# North Carolina Healthcare-Associated Infections Report

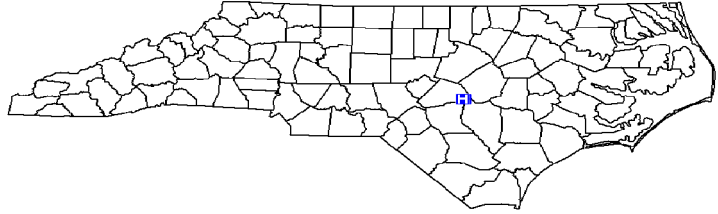
## Data from January 1 – December 31, 2012

### Betsy Johnson Regional, Dunn, Harnett County

#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2011: 7,306  
 Patient Days in 2011: 27,411  
 Total Number of Beds: 101  
 Number of ICU Beds: 6  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 0.99

\*FTE = Full-time equivalent



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

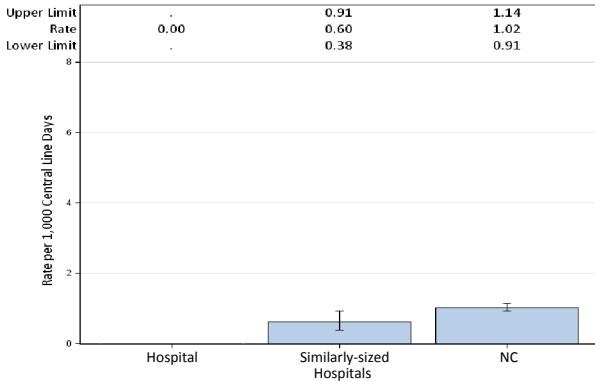


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.

	Infections	Line Days	Rate
Total for Reporting ICUs	0	571	0

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

A comparison to similarly-sized hospitals was not conducted.

A comparison to NC hospitals overall was not conducted.

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

Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.

	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	1,238	0

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

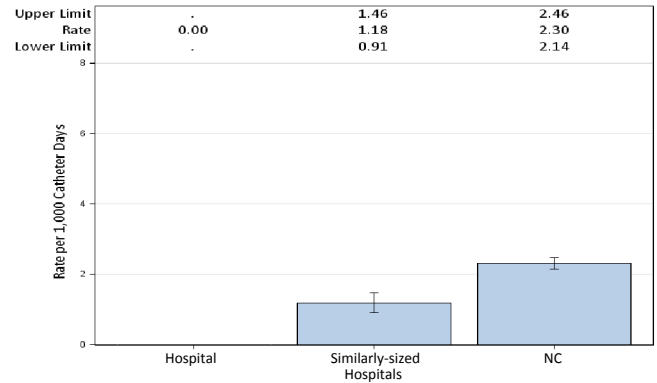


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.

**Bar Graph Interpretations:**

A comparison to similarly-sized hospitals was not conducted.

A comparison to NC hospitals overall was not conducted.

#### Surgical Site Infections (SSI)

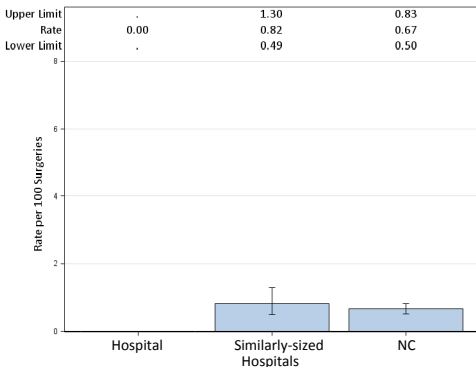


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.

Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	0	62	0
Colon surgery	0	32	0

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations (Abdominal Hysterectomies):**

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

**Bar Graph Interpretations (Colon Surgeries):**

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

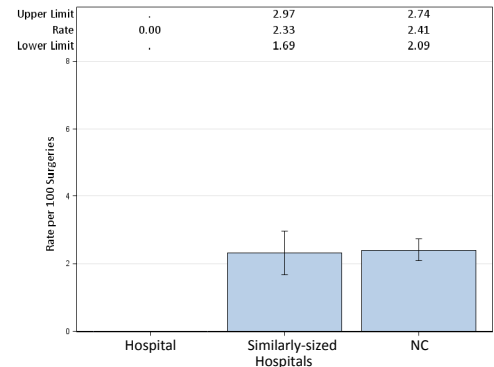


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.

**Commentary from Hospitals:**

No comments provided.

# North Carolina Healthcare-Associated Infections Report

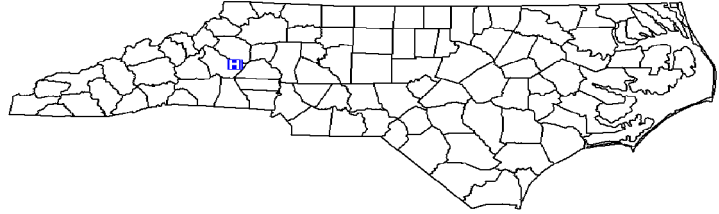
## Data from January 1 – December 31, 2012

### Blue Ridge Healthcare Hospitals - Valdese Campus, Valdese, Burke County

#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: Graduate  
 Profit Status: Not for Profit  
 Admissions in 2011: 2,057  
 Patient Days in 2011: 8,501  
 Total Number of Beds: 131  
 Number of ICU Beds: 10  
 FTE\* Infection Preventionists: 0.90  
 Number of FTEs\* per 100 beds: 0.69

\*FTE = Full-time equivalent



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

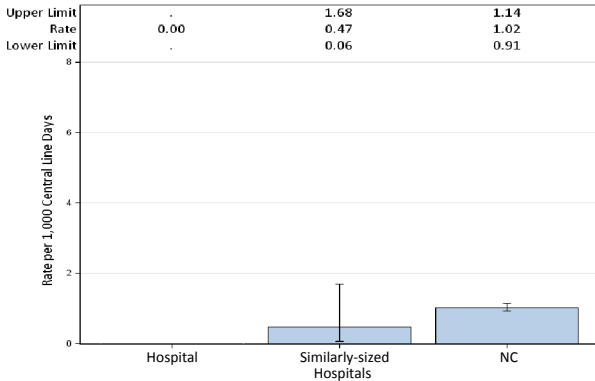


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.

	Infections	Line Days	Rate
Total for Reporting ICUs	0	241	0

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

#### Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

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

Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.

	Infections	Catheter Days	Rate
Total for Reporting ICUs	2	828	2.42

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

#### Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

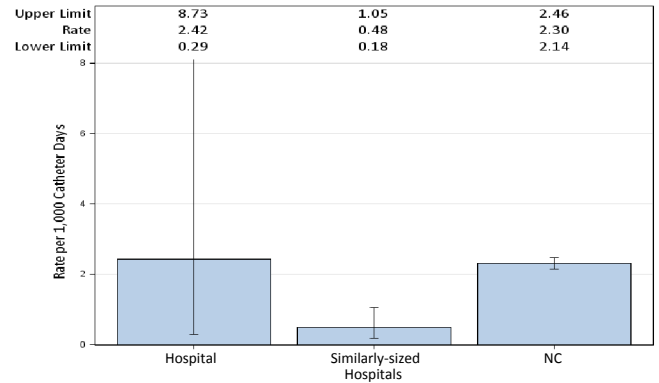


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.

#### Surgical Site Infections (SSI)

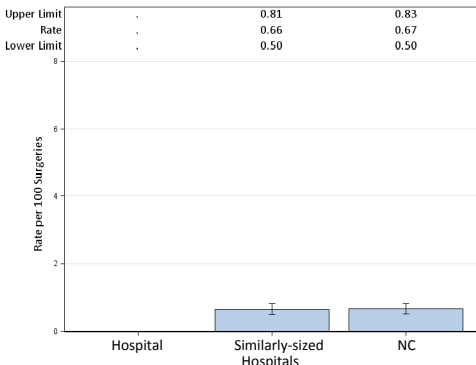


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.

Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	0	0	.
Colon surgery	0	45	0

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

#### Bar Graph Interpretations (Abdominal Hysterectomies):

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

#### Bar Graph Interpretations (Colon Surgeries):

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

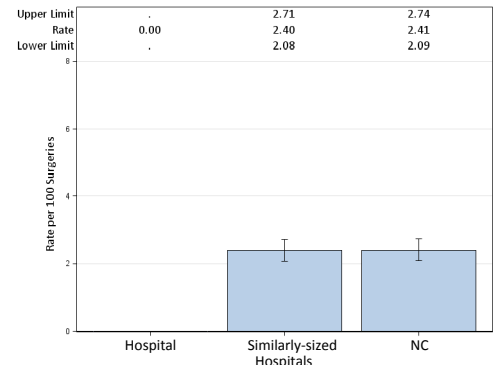


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.

#### Commentary from Hospitals:

The prevention and reduction of healthcare associated infections is a top priority at Blue Ridge Healthcare Hospitals Valdese. 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.

# North Carolina Healthcare-Associated Infections Report

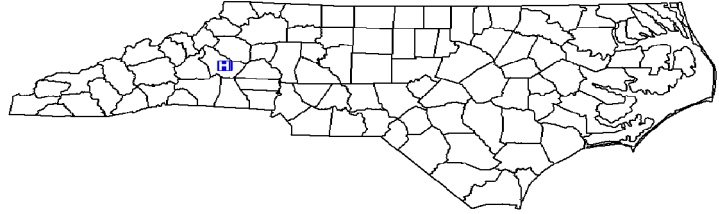
## Data from January 1 – December 31, 2012

### Blue Ridge Healthcare Hospitals, Inc. - Morganton Campus, Morganton, Burke County

#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: Graduate  
 Profit Status: Not for Profit  
 Admissions in 2011: 5,931  
 Patient Days in 2011: 23,517  
 Total Number of Beds: 184  
 Number of ICU Beds: 10  
 FTE\* Infection Preventionists: 0.90  
 Number of FTEs\* per 100 beds: 0.49

\*FTE = Full-time equivalent



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

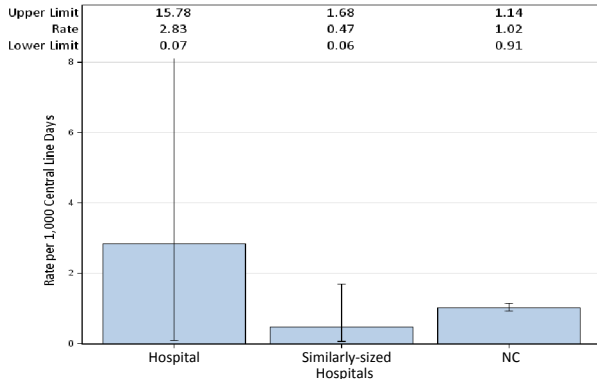


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.

	Infections	Line Days	Rate
Total for Reporting ICUs	1	353	2.83

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

#### Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

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

Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.

	Infections	Catheter Days	Rate
Total for Reporting ICUs	1	1,355	0.74

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

#### Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

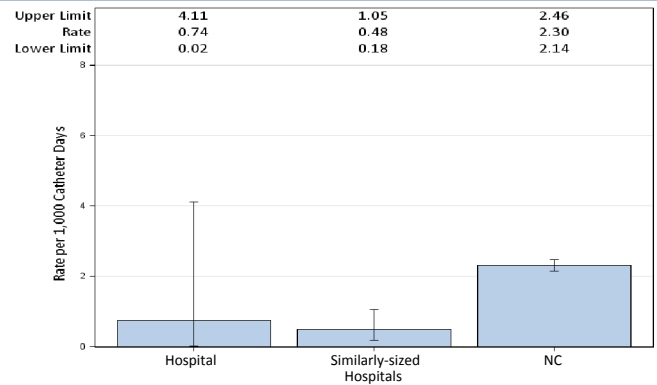


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.

#### Surgical Site Infections (SSI)

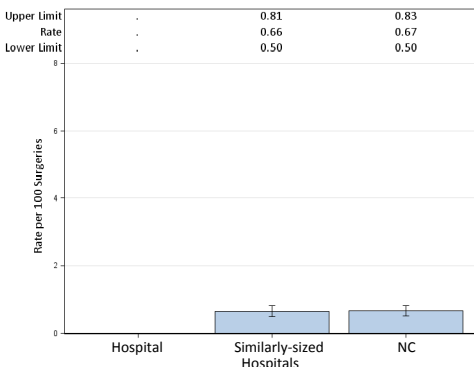


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.

Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	0	18	.
Colon surgery	0	43	0

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations (Abdominal Hysterectomies):**  
 A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

**Bar Graph Interpretations (Colon Surgeries):**  
 A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

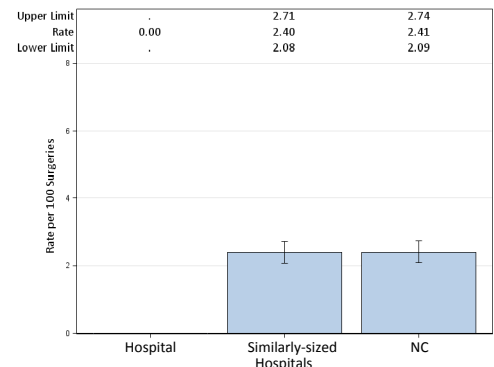


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.

#### Commentary from Hospitals:

The prevention and reduction of healthcare associated infections is a top priority at Blue Ridge Healthcare Hospitals Morganton. 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.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics ([epi.publichealth.nc.gov/cd/hai/figures.html](http://epi.publichealth.nc.gov/cd/hai/figures.html)). Data as of March 12, 2013.

NC Division of Public Health, HAI Prevention Program

NC HAI Quarterly Report - April 2013

# North Carolina Healthcare-Associated Infections Report

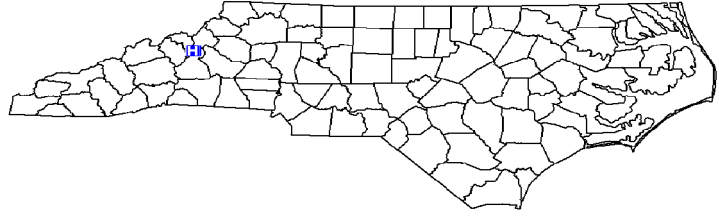
## Data from January 1 – December 31, 2012

### Blue Ridge Regional Hospital, Spruce Pine, Mitchell County

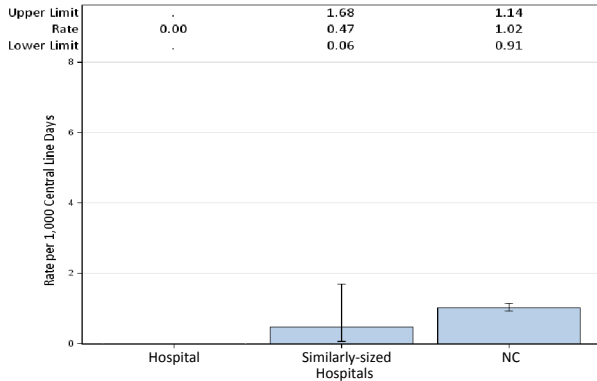
#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2011: 2,183  
 Patient Days in 2011: 6,661  
 Total Number of Beds: 46  
 Number of ICU Beds: 8  
 FTE\* Infection Preventionists: 0.88  
 Number of FTEs\* per 100 beds: 1.90

\*FTE = Full-time equivalent



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



**Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.**

	Infections	Line Days	Rate
Total for Reporting ICUs	0	117	0

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

**Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

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

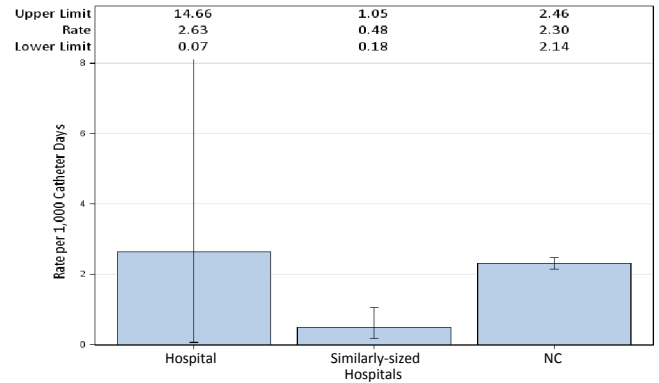
**Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.**

	Infections	Catheter Days	Rate
Total for Reporting ICUs	1	380	2.63

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

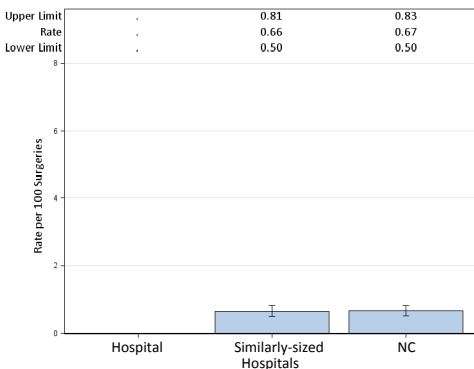
**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.



**Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

#### Surgical Site Infections (SSI)



**Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.**

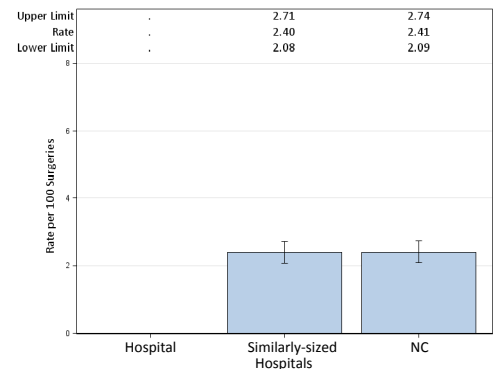
**Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.**

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	0	3	.
Colon surgery	0	5	.

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations (Abdominal Hysterectomies):**  
 A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

**Bar Graph Interpretations (Colon Surgeries):**  
 A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.



**Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.**

**Commentary from Hospitals:**  
 No comments provided.

# North Carolina Healthcare-Associated Infections Report

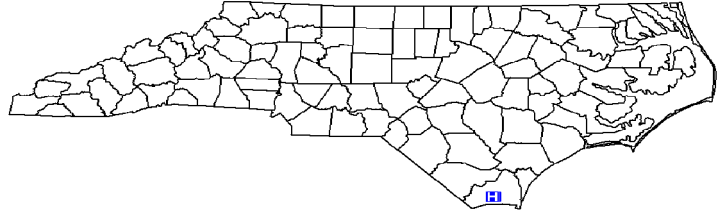
## Data from January 1 – December 31, 2012

### Brunswick Community Hospital, Supply, Brunswick County

#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2011: 3,640  
 Patient Days in 2011: 11,920  
 Total Number of Beds: 60  
 Number of ICU Beds: 5  
 FTE\* Infection Preventionists: 0.50  
 Number of FTEs\* per 100 beds: 0.83

\*FTE = Full-time equivalent



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

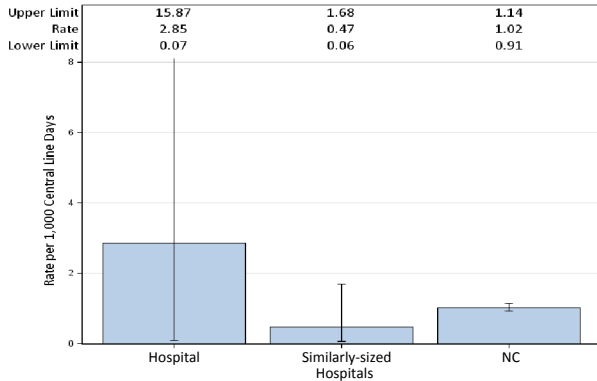


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.

	Infections	Line Days	Rate
Total for Reporting ICUs	1	351	2.85

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

#### Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

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

Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.

	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	774	0

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

#### Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

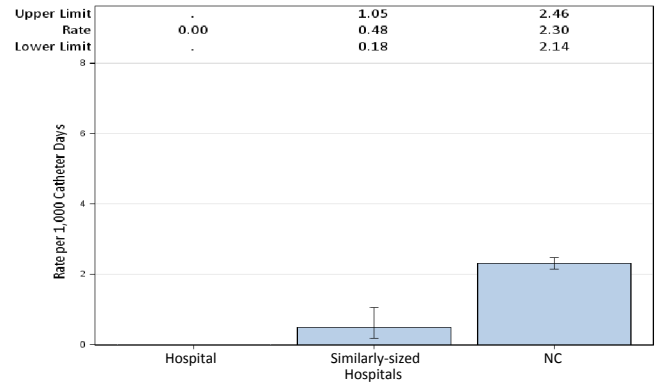


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.

#### Surgical Site Infections (SSI)

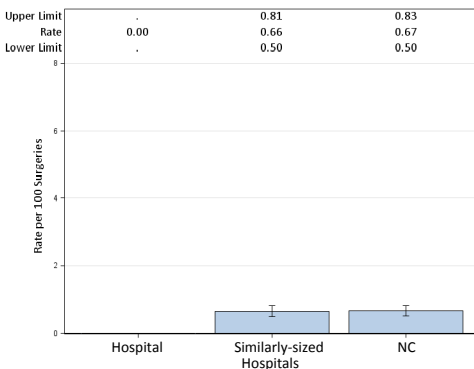


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.

Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	0	22	0
Colon surgery	5	62	8.06

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

#### Bar Graph Interpretations (Abdominal Hysterectomies):

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

#### Bar Graph Interpretations (Colon Surgeries):

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

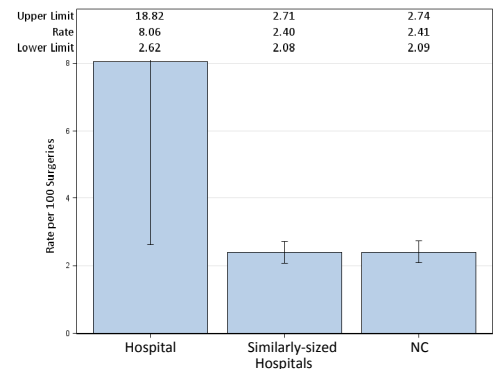


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.

#### Commentary from Hospitals:

At Novant Health, the safety of our patients comes first. Our goal is to have the lowest possible infection rates and we continually monitor infection prevention tactics 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' on NovantHealth.org.

# North Carolina Healthcare-Associated Infections Report

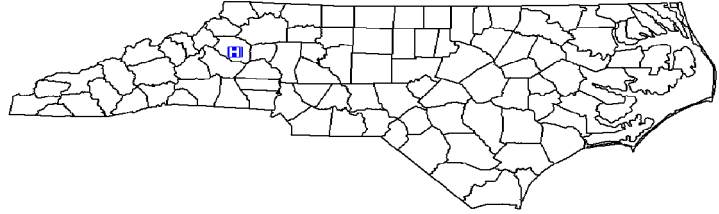
## Data from January 1 – December 31, 2012

### Caldwell Memorial Hospital, Lenoir, Caldwell County

#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2011: 4,060  
 Patient Days in 2011: 18,281  
 Total Number of Beds: 110  
 Number of ICU Beds: 10  
 FTE\* Infection Preventionists: 0.75  
 Number of FTEs\* per 100 beds: 0.68

\*FTE = Full-time equivalent



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

Upper Limit		0.91	1.14
Rate	0.00	0.60	1.02
Lower Limit		0.38	0.91

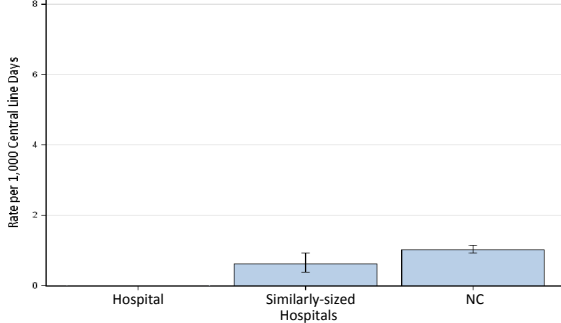


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.

	Infections	Line Days	Rate
Total for Reporting ICUs	0	1,545	0

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

A comparison to similarly-sized hospitals was not conducted.

A comparison to NC hospitals overall was not conducted.

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

Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.

	Infections	Catheter Days	Rate
Total for Reporting ICUs	2	2,169	0.92

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.

Hospital rate is not different from NC hospitals overall.

Upper Limit	3.33	1.46	2.46
Rate	0.92	1.18	2.30
Lower Limit	0.11	0.91	2.14

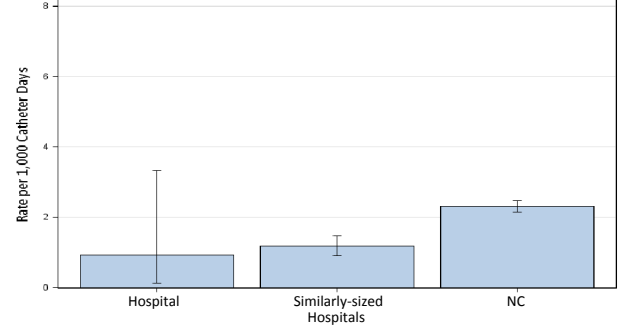


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.

#### Surgical Site Infections (SSI)

Upper Limit	23.22	1.30	0.83
Rate	4.17	0.82	0.67
Lower Limit	0.11	0.49	0.50

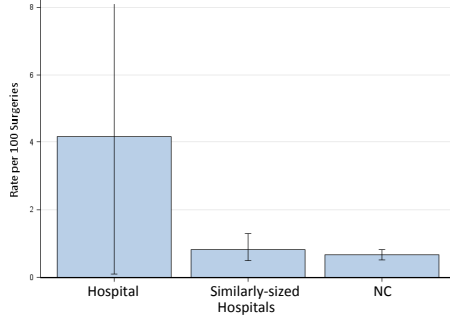


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.

Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	1	24	4.17
Colon surgery	0	11	.

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations (Abdominal Hysterectomies):**

Hospital rate is not different from similarly-sized hospitals.

Hospital rate is not different from NC hospitals overall.

**Bar Graph Interpretations (Colon Surgeries):**

A comparison to similarly-sized hospitals was not conducted.

A comparison to NC hospitals overall was not conducted.

Upper Limit		2.97	2.74
Rate		2.33	2.41
Lower Limit		1.69	2.09

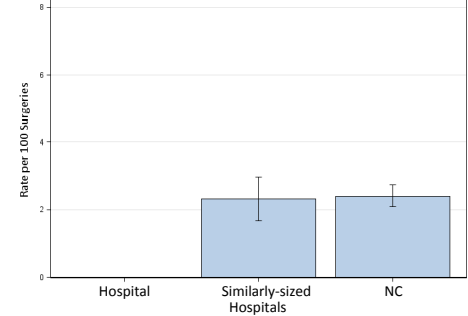


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.

**Commentary from Hospitals:**

No comments provided.



# North Carolina Healthcare-Associated Infections Report

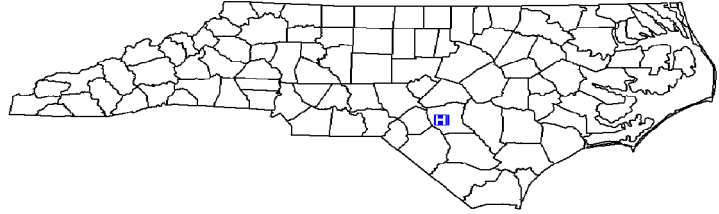
## Data from January 1 – December 31, 2012

### Cape Fear Valley Health System, Fayetteville, Cumberland County

#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2011: 29,287  
 Patient Days in 2011: 155,939  
 Total Number of Beds: 535  
 Number of ICU Beds: 90  
 FTE\* Infection Preventionists: 4.25  
 Number of FTEs\* per 100 beds: 0.79

\*FTE = Full-time equivalent



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

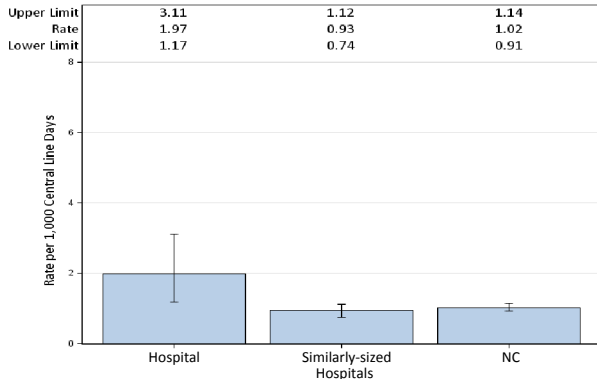


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.

	Infections	Line Days	Rate
Total for Reporting ICUs	18	9,155	1.97

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

#### Bar Graph Interpretations:

Hospital rate is higher than similarly-sized hospitals.  
 Hospital rate is higher than NC hospitals overall.

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

Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.

	Infections	Catheter Days	Rate
Total for Reporting ICUs	20	10,311	1.94

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

#### Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

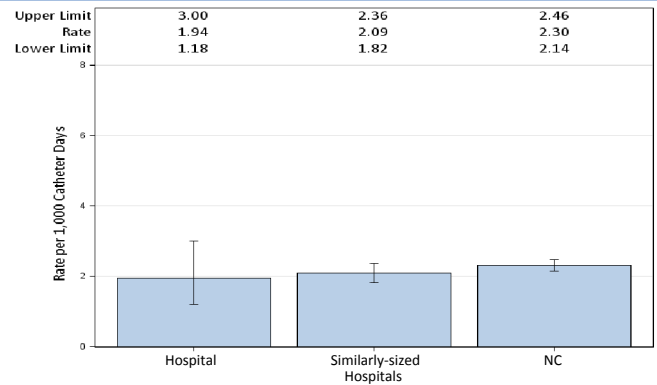


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.

#### Surgical Site Infections (SSI)

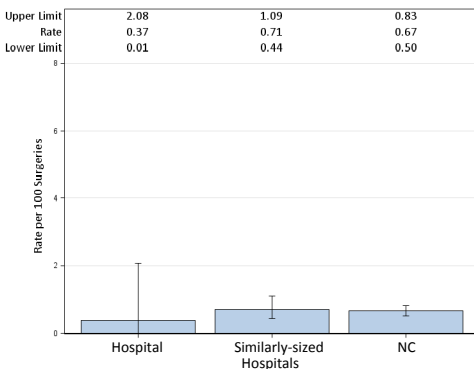


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.

Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	1	268	0.37
Colon surgery	3	266	1.13

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

#### Bar Graph Interpretations (Abdominal Hysterectomies):

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

#### Bar Graph Interpretations (Colon Surgeries):

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

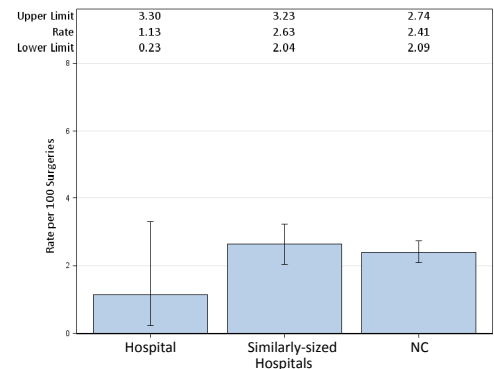


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.

#### Commentary from Hospitals:

No comments provided.

**North Carolina Healthcare-Associated Infections Report  
Data from January 1 – December 31, 2012  
CarePartners Health Services, Asheville, Buncombe County**

**2011 Hospital Survey Information**

Hospital Type: Inpatient Rehabilitation Facility  
 Profit Status: Not for Profit  
 Admissions in 2011: 1,298  
 Patient Days in 2011: 17,123  
 Total Number of Beds: 80  
 FTE\* Infection Preventionists: 0.45  
 Number of FTEs\* per 100 beds: 0.56



\*FTE = Full-time equivalent

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

**Inpatient rehabilitation facilities (IRF) do not report central line-associated bloodstream infections.**

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

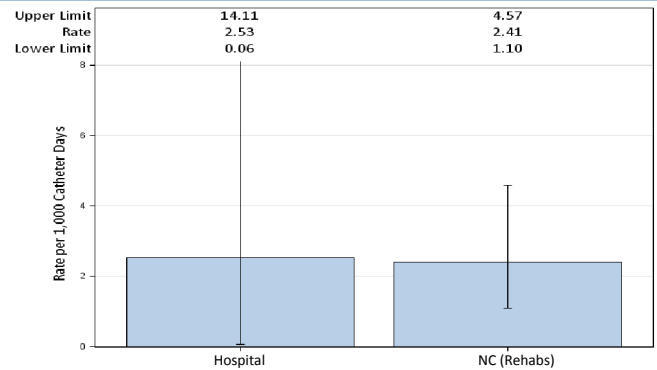
**Table 1. Number of Infections and Rate of CAUTI, Jan-Dec 2012.**

	Infections	Catheter Days	Rate
Total for Reporting Wards	1	395	2.53

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

**Bar Graph Interpretations:**

Hospital rate is not different from all reporting inpatient rehabilitation wards in NC.



**Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

**Surgical Site Infections (SSI)**

**Inpatient rehabilitation facilities (IRF) do not report surgical site infections.**

**Commentary from Hospitals:**

No comments provided.

# North Carolina Healthcare-Associated Infections Report

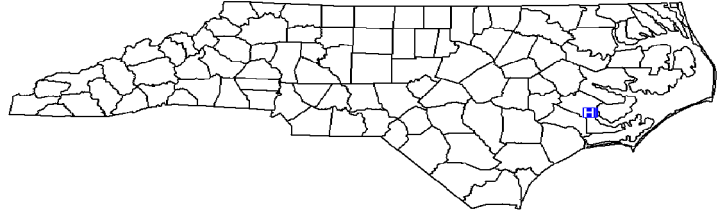
## Data from January 1 – December 31, 2012

### CarolinaEast Medical Center, New Bern, Craven County

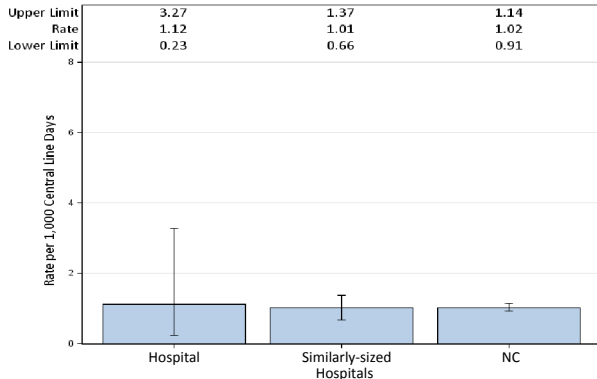
#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2011: 15,504  
 Patient Days in 2011: 66,443  
 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



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



**Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.**

	Infections	Line Days	Rate
Total for Reporting ICUs	3	2,682	1.12

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.

Hospital rate is not different from NC hospitals overall.

**Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

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

**Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.**

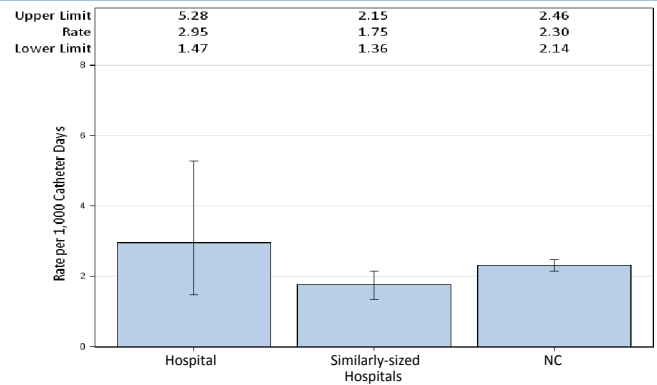
	Infections	Catheter Days	Rate
Total for Reporting ICUs	11	3,731	2.95

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

**Bar Graph Interpretations:**

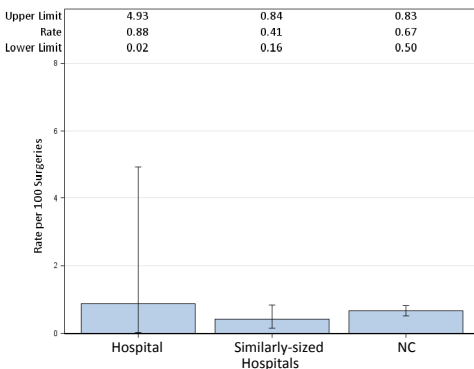
Hospital rate is not different from similarly-sized hospitals.

Hospital rate is not different from NC hospitals overall.



**Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

#### Surgical Site Infections (SSI)



**Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.**

**Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.**

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	1	113	0.88
Colon surgery	3	138	2.17

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations (Abdominal Hysterectomies):**

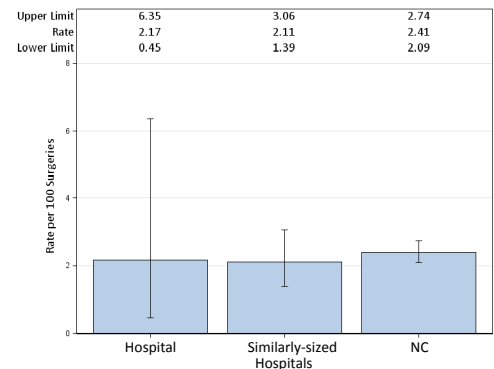
Hospital rate is not different from similarly-sized hospitals.

Hospital rate is not different from NC hospitals overall.

**Bar Graph Interpretations (Colon Surgeries):**

Hospital rate is not different from similarly-sized hospitals.

Hospital rate is not different from NC hospitals overall.



**Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.**

**Commentary from Hospitals:**

No comments provided.

# North Carolina Healthcare-Associated Infections Report

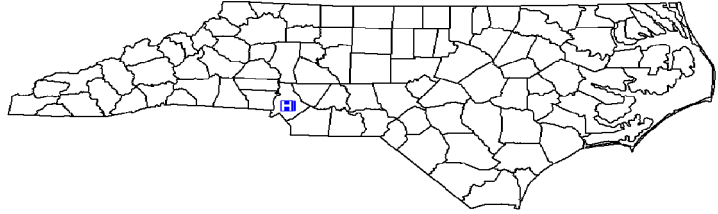
## Data from January 1 – December 31, 2012

### Carolinas Medical Center, Charlotte, Mecklenburg County

#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: Major  
 Profit Status: Not for Profit  
 Admissions in 2011: 52,282  
 Patient Days in 2011: 271,498  
 Total Number of Beds: 880  
 Number of ICU Beds: 218  
 FTE\* Infection Preventionists: 5.00  
 Number of FTEs\* per 100 beds: 0.57

\*FTE = Full-time equivalent



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

Upper Limit	1.54	1.12	1.14
Rate	1.15	0.93	1.02
Lower Limit	0.76	0.74	0.91

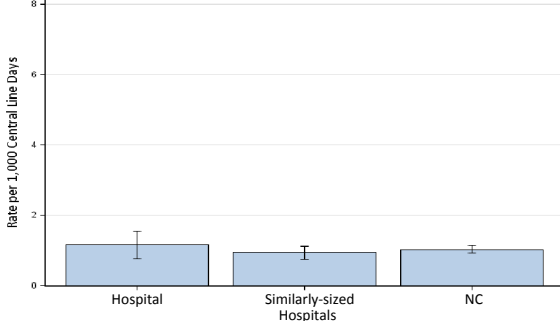


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.

	Infections	Line Days	Rate
Total for Reporting ICUs	34	29,585	1.15

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

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

Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.

	Infections	Catheter Days	Rate
Total for Reporting ICUs	150	27,810	5.39

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

**Bar Graph Interpretations:**

Hospital rate is higher than similarly-sized hospitals.  
 Hospital rate is higher than NC hospitals overall.

Upper Limit	6.26	2.36	2.46
Rate	5.39	2.09	2.30
Lower Limit	4.53	1.82	2.14

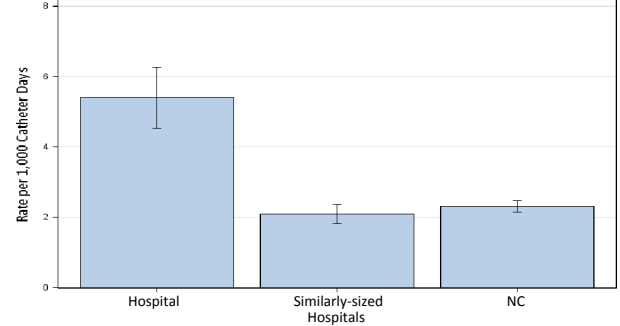


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.

#### Surgical Site Infections (SSI)

Upper Limit	1.65	1.09	0.83
Rate	0.71	0.71	0.67
Lower Limit	0.23	0.44	0.50

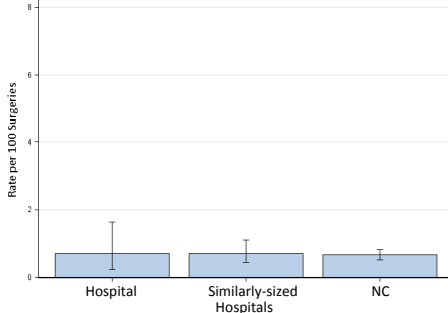


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.

Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	5	707	0.71
Colon surgery	8	436	1.83

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations (Abdominal Hysterectomies):**

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

**Bar Graph Interpretations (Colon Surgeries):**

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

Upper Limit	3.62	3.23	2.74
Rate	1.83	2.63	2.41
Lower Limit	0.79	2.04	2.09

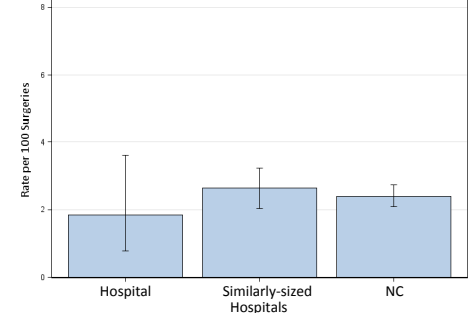


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.

**Commentary from Hospitals:**

The prevention and reduction of healthcare associated infections is a top priority at Carolinas Healthcare System hospitals. 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.

# North Carolina Healthcare-Associated Infections Report

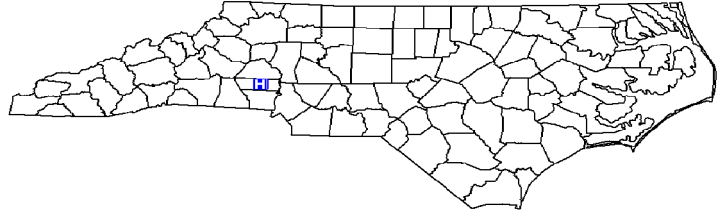
## Data from January 1 – December 31, 2012

### Carolinas Medical Center - Lincoln, Lincolnton, Lincoln County

#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2011: 4,105  
 Patient Days in 2011: 17,248  
 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



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

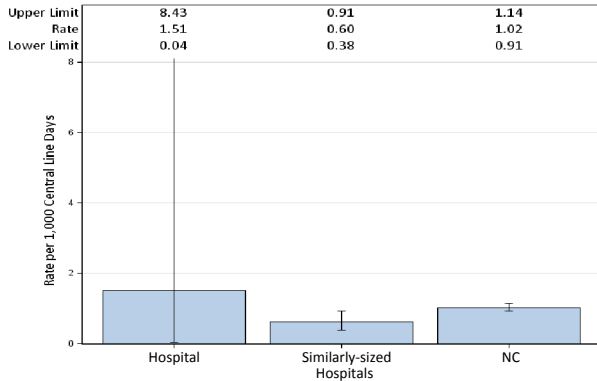


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.

	Infections	Line Days	Rate
Total for Reporting ICUs	1	661	1.51

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

#### Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

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

Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.

	Infections	Catheter Days	Rate
Total for Reporting ICUs	3	1,587	1.89

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

#### Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

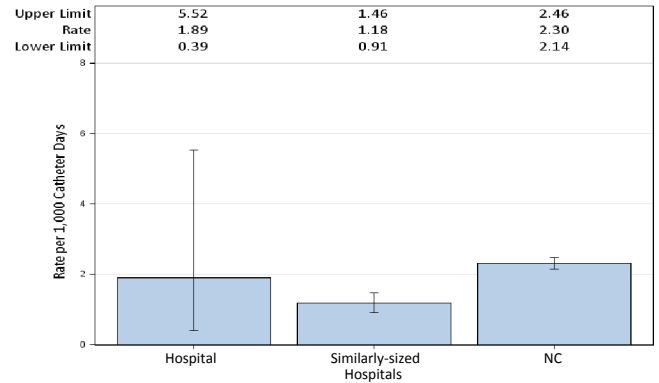


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.

#### Surgical Site Infections (SSI)

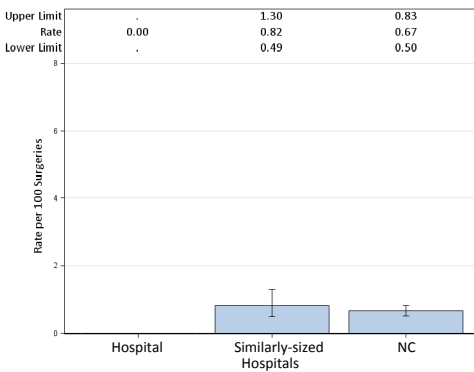


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.

Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	0	49	0
Colon surgery	1	17	.

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations (Abdominal Hysterectomies):**  
 A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

**Bar Graph Interpretations (Colon Surgeries):**  
 A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

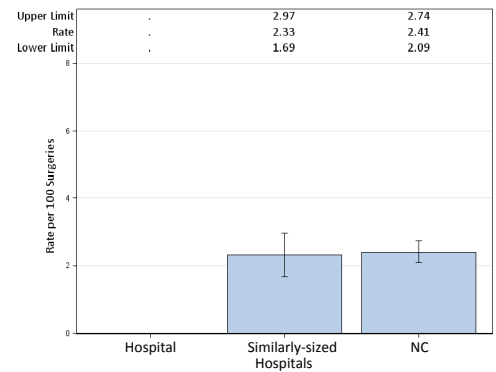


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.

#### Commentary from Hospitals:

The prevention and reduction of healthcare associated infections is a top priority at Carolinas Healthcare System hospitals. 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.

# North Carolina Healthcare-Associated Infections Report

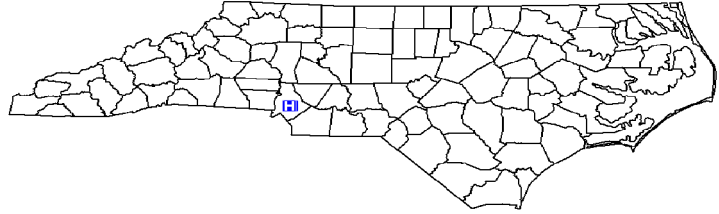
## Data from January 1 – December 31, 2012

### Carolinas Medical Center- Mercy, Charlotte, Mecklenburg County

#### 2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Limited
Profit Status:	Not for Profit
Admissions in 2011:	9,264
Patient Days in 2011:	40,462
Total Number of Beds:	170
Number of ICU Beds:	30
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.59

\*FTE = Full-time equivalent



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

Upper Limit	4.49	0.91	1.14
Rate	1.92	0.60	1.02
Lower Limit	0.62	0.38	0.91

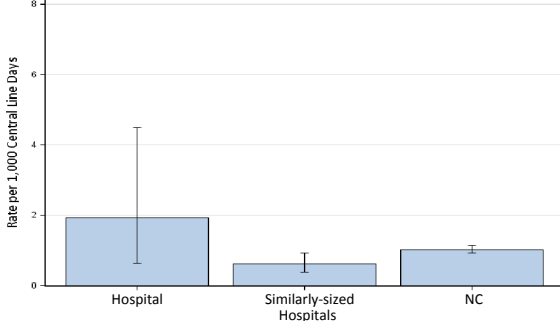


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.

	Infections	Line Days	Rate
Total for Reporting ICUs	5	2,598	1.92

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

#### Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.

Hospital rate is not different from NC hospitals overall.

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

Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.

	Infections	Catheter Days	Rate
Total for Reporting ICUs	6	3,425	1.75

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

#### Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.

Hospital rate is not different from NC hospitals overall.

Upper Limit	3.81	1.46	2.46
Rate	1.75	1.18	2.30
Lower Limit	0.64	0.91	2.14

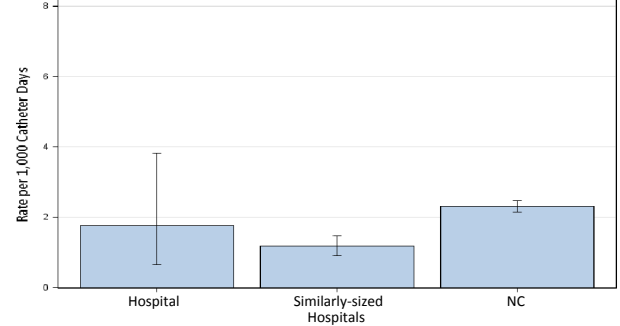


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.

#### Surgical Site Infections (SSI)

Upper Limit	-	1.30	0.83
Rate	0.00	0.82	0.67
Lower Limit	-	0.49	0.50

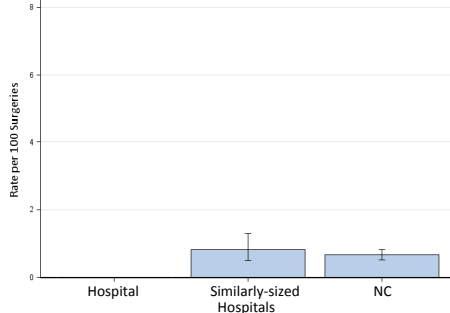


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.

Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	0	67	0
Colon surgery	5	118	4.24

\*Infections from deep incisional and/or organ space.  
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

#### Bar Graph Interpretations (Abdominal Hysterectomies):

A comparison to similarly-sized hospitals was not conducted.  
A comparison to NC hospitals overall was not conducted.

#### Bar Graph Interpretations (Colon Surgeries):

Hospital rate is not different from similarly-sized hospitals.  
Hospital rate is not different from NC hospitals overall.

Upper Limit	9.89	2.97	2.74
Rate	4.24	2.33	2.41
Lower Limit	1.38	1.69	2.09

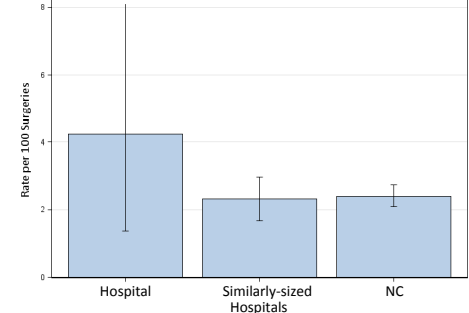


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.

#### Commentary from Hospitals:

The prevention and reduction of healthcare associated infections is a top priority at Carolinas Healthcare System hospitals. 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.

# North Carolina Healthcare-Associated Infections Report

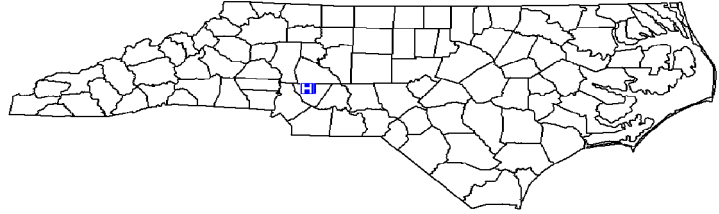
## Data from January 1 – December 31, 2012

### Carolinas Medical Center - Northeast, Concord, Cabarrus County

#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2011: 24,746  
 Patient Days in 2011: 106,692  
 Total Number of Beds: 435  
 Number of ICU Beds: 54  
 FTE\* Infection Preventionists: 3.00  
 Number of FTEs\* per 100 beds: 0.69

\*FTE = Full-time equivalent



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

Upper Limit	3.18	1.12	1.14
Rate	1.55	0.93	1.02
Lower Limit	0.62	0.74	0.91

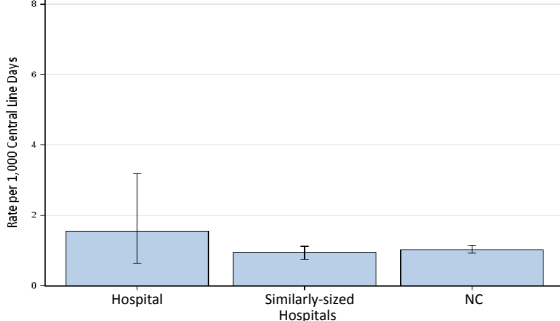


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.

	Infections	Line Days	Rate
Total for Reporting ICUs	7	4,529	1.55

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

#### Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

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

Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.

	Infections	Catheter Days	Rate
Total for Reporting ICUs	18	6,021	2.99

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

#### Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

Upper Limit	4.72	2.36	2.46
Rate	2.99	2.09	2.30
Lower Limit	1.77	1.82	2.14

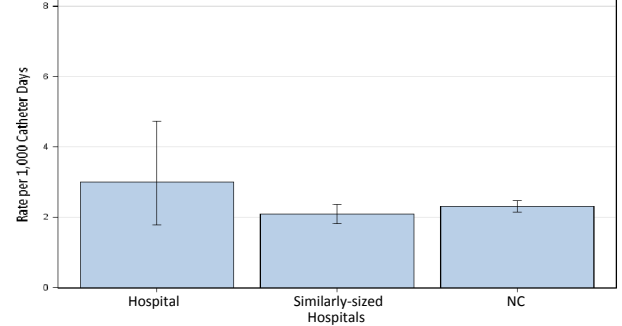


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.

#### Surgical Site Infections (SSI)

Upper Limit	2.22	1.09	0.83
Rate	0.62	0.71	0.67
Lower Limit	0.07	0.44	0.50

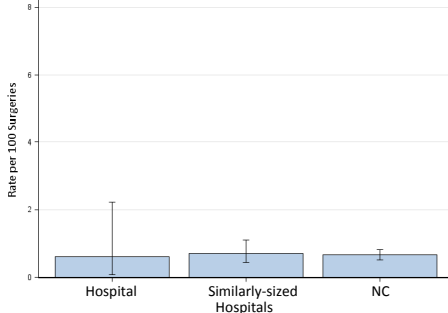


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.

Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	2	325	0.62
Colon surgery	4	250	1.6

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

#### Bar Graph Interpretations (Abdominal Hysterectomies):

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

#### Bar Graph Interpretations (Colon Surgeries):

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

Upper Limit	4.10	3.23	2.74
Rate	1.60	2.63	2.41
Lower Limit	0.44	2.04	2.09

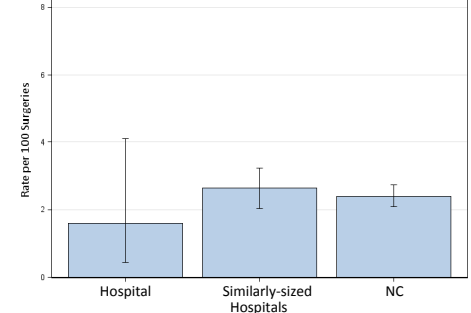


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.

#### Commentary from Hospitals:

The prevention and reduction of healthcare associated infections is a top priority at Carolinas Healthcare System hospitals. 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.

# North Carolina Healthcare-Associated Infections Report

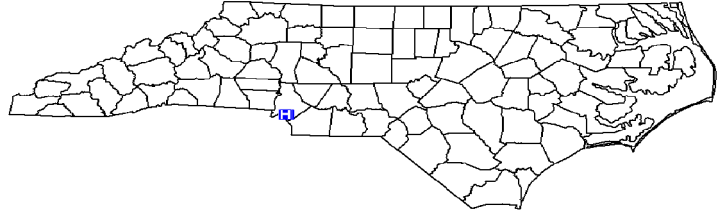
## Data from January 1 – December 31, 2012

### Carolinas Medical Center- Pineville, Charlotte, Mecklenburg County

#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: Limited  
 Profit Status: Not for Profit  
 Admissions in 2011: 10,863  
 Patient Days in 2011: 39,353  
 Total Number of Beds: 109  
 Number of ICU Beds: 8  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 0.92

\*FTE = Full-time equivalent



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

Upper Limit	2.55	0.91	1.14
Rate	0.46	0.60	1.02
Lower Limit	0.01	0.38	0.91

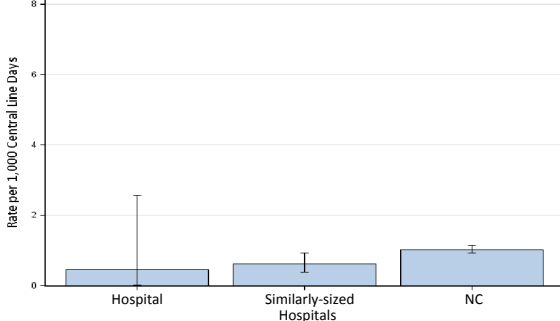


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.

	Infections	Line Days	Rate
Total for Reporting ICUs	1	2,181	0.46

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

#### Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

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

Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.

	Infections	Catheter Days	Rate
Total for Reporting ICUs	11	2,872	3.83

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

#### Bar Graph Interpretations:

Hospital rate is higher than similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

Upper Limit	6.85	1.46	2.46
Rate	3.83	1.18	2.30
Lower Limit	1.91	0.91	2.14

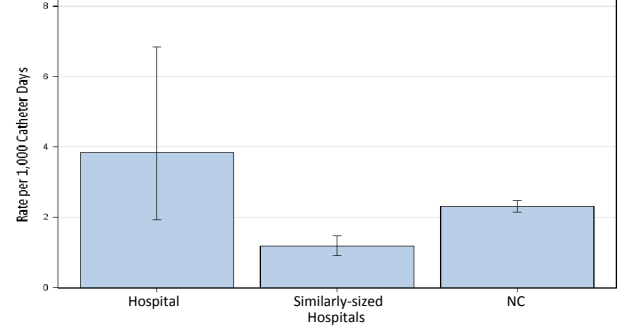


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.

#### Surgical Site Infections (SSI)

Upper Limit	1.79	1.30	0.83
Rate	0.32	0.82	0.67
Lower Limit	0.01	0.49	0.50

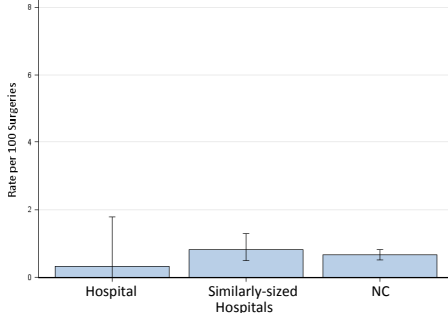


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.

Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	1	312	0.32
Colon surgery	4	123	3.25

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

#### Bar Graph Interpretations (Abdominal Hysterectomies):

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

#### Bar Graph Interpretations (Colon Surgeries):

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

Upper Limit	8.33	2.97	2.74
Rate	3.25	2.33	2.41
Lower Limit	0.89	1.69	2.09

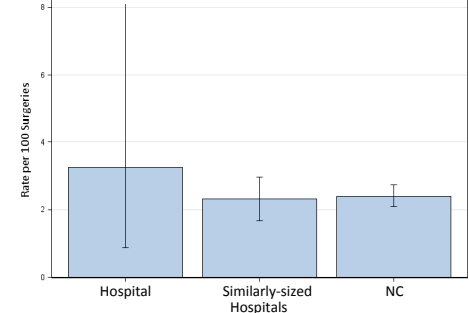


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.

#### Commentary from Hospitals:

The prevention and reduction of healthcare associated infections is a top priority at Carolinas Healthcare System hospitals. 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.



# North Carolina Healthcare-Associated Infections Report

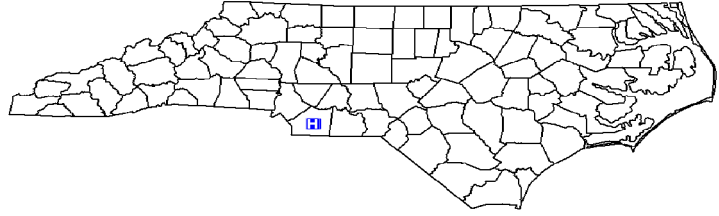
## Data from January 1 – December 31, 2012

### Carolinas Medical Center - Union, Monroe, Union County

#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: Limited  
 Profit Status: Not for Profit  
 Admissions in 2011: 9,602  
 Patient Days in 2011: 40,252  
 Total Number of Beds: 165  
 Number of ICU Beds: 14  
 FTE\* Infection Preventionists: 2.00  
 Number of FTEs\* per 100 beds: 1.21

\*FTE = Full-time equivalent



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

Upper Limit	5.38	0.91	1.14
Rate	1.49	0.60	1.02
Lower Limit	0.18	0.38	0.91

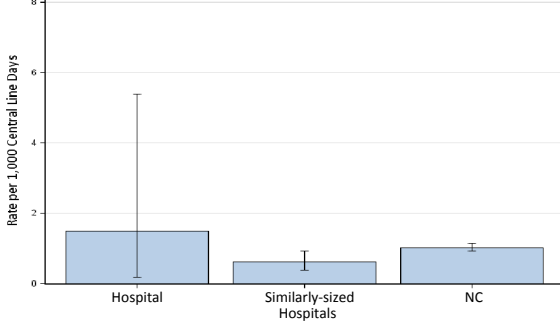


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.

	Infections	Line Days	Rate
Total for Reporting ICUs	2	1,343	1.49

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

#### Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

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

Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.

	Infections	Catheter Days	Rate
Total for Reporting ICUs	1	2,304	0.43

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

#### Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

Upper Limit	2.42	1.46	2.46
Rate	0.43	1.18	2.30
Lower Limit	0.01	0.91	2.14

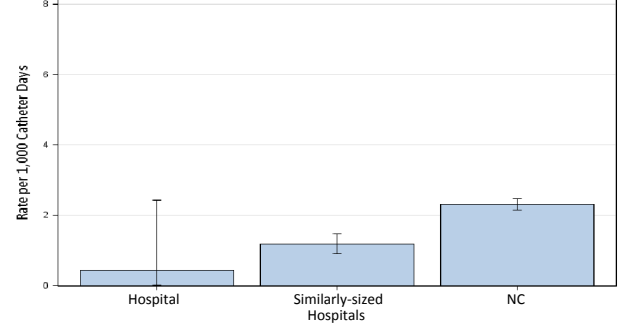


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.

#### Surgical Site Infections (SSI)

Upper Limit	7.85	1.30	0.83
Rate	1.41	0.82	0.67
Lower Limit	0.04	0.49	0.50

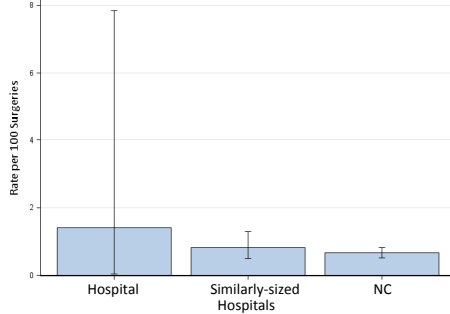


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.

Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	1	71	1.41
Colon surgery	1	60	1.67

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

#### Bar Graph Interpretations (Abdominal Hysterectomies):

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

#### Bar Graph Interpretations (Colon Surgeries):

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

Upper Limit	9.29	2.97	2.74
Rate	1.67	2.33	2.41
Lower Limit	0.04	1.69	2.09

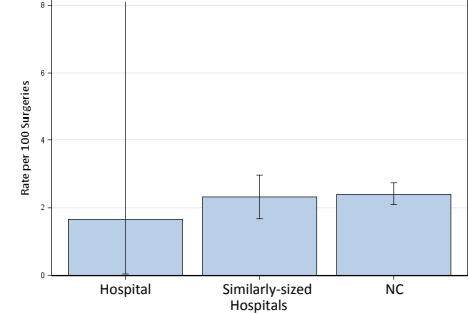


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.

#### Commentary from Hospitals:

The prevention and reduction of healthcare associated infections is a top priority at Carolinas Healthcare System hospitals. 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.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics ([epi.publichealth.nc.gov/cd/hai/figures.html](http://epi.publichealth.nc.gov/cd/hai/figures.html)). Data as of March 12, 2013.

# North Carolina Healthcare-Associated Infections Report

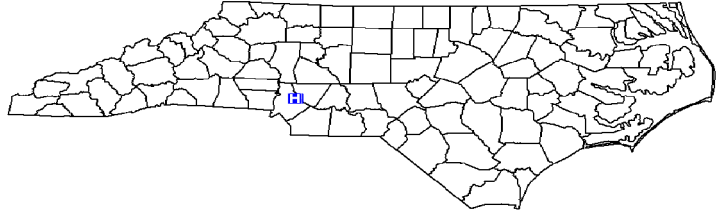
## Data from January 1 – December 31, 2012

### Carolinas Medical Center- University, Charlotte, Mecklenburg County

#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: Limited  
 Profit Status: Not for Profit  
 Admissions in 2011: 7,399  
 Patient Days in 2011: 23,883  
 Total Number of Beds: 130  
 Number of ICU Beds: 8  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 0.77

\*FTE = Full-time equivalent



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

Upper Limit	4.50	0.91	1.14
Rate	0.81	0.60	1.02
Lower Limit	0.02	0.38	0.91

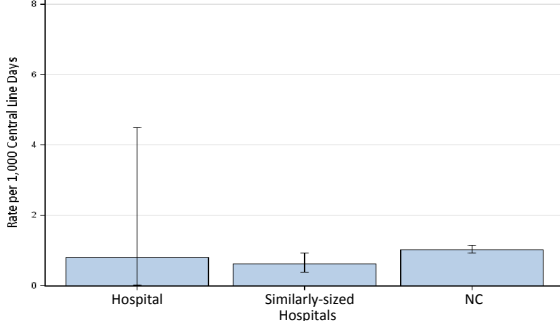


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.

	Infections	Line Days	Rate
Total for Reporting ICUs	1	1,237	0.81

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

#### Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

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

Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.

	Infections	Catheter Days	Rate
Total for Reporting ICUs	5	1,589	3.15

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

#### Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

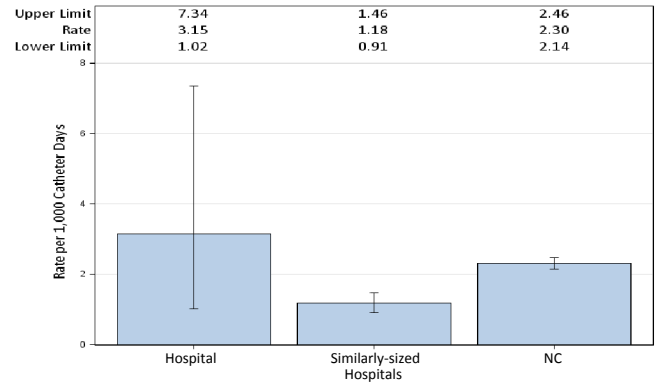


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.

#### Surgical Site Infections (SSI)

Upper Limit	6.06	1.30	0.83
Rate	1.09	0.82	0.67
Lower Limit	0.03	0.49	0.50

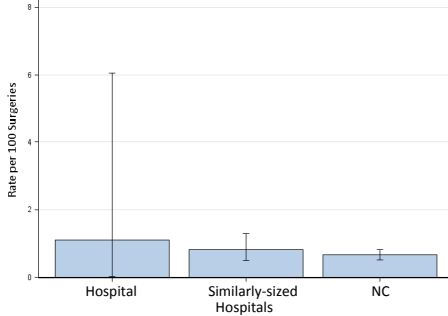


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.

Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	1	92	1.09
Colon surgery	1	58	1.72

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

#### Bar Graph Interpretations (Abdominal Hysterectomies):

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

#### Bar Graph Interpretations (Colon Surgeries):

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

Upper Limit	9.61	2.97	2.74
Rate	1.72	2.33	2.41
Lower Limit	0.04	1.69	2.09

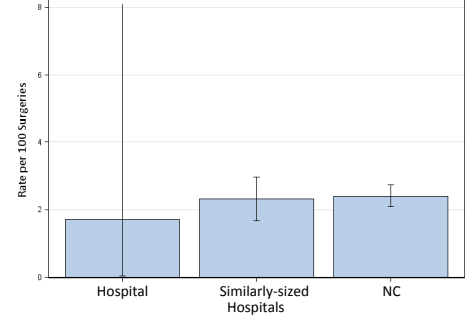


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.

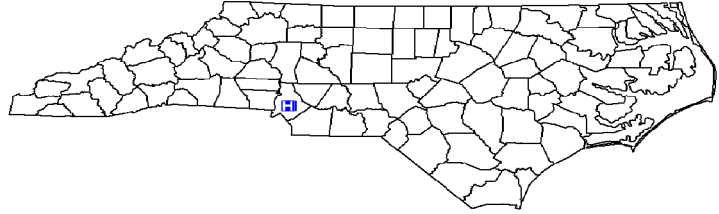
#### Commentary from Hospitals:

The prevention and reduction of healthcare associated infections is a top priority at Carolinas Healthcare System hospitals. 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.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – December 31, 2012**  
 Carolinas Rehabilitation, Charlotte, Mecklenburg County

**2011 Hospital Survey Information**

Hospital Type: Inpatient Rehabilitation Facility  
 Profit Status: Not for Profit  
 Admissions in 2011: 2,724  
 Patient Days in 2011: 42,807  
 Total Number of Beds: 159  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 0.63



\*FTE = Full-time equivalent

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

**Inpatient rehabilitation facilities (IRF) do not report central line-associated bloodstream infections.**

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

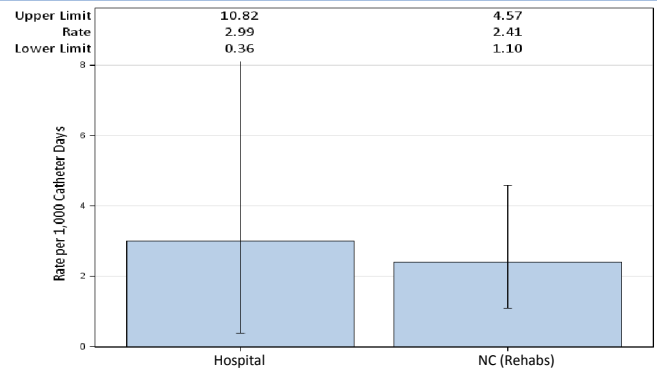
**Table 1. Number of Infections and Rate of CAUTI, Jan-Dec 2012.**

	Infections	Catheter Days	Rate
Total for Reporting Wards	2	668	2.99

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

**Bar Graph Interpretations:**

Hospital rate is not different from all reporting inpatient rehabilitation wards in NC.



**Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

**Surgical Site Infections (SSI)**

**Inpatient rehabilitation facilities (IRF) do not report surgical site infections.**

**Commentary from Hospitals:**

The prevention and reduction of healthcare associated infections is a top priority at Carolinas Healthcare System hospitals. 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.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics ([epi.publichealth.nc.gov/cd/hai/figures.html](http://epi.publichealth.nc.gov/cd/hai/figures.html)).  
 Data as of March 12, 2013.

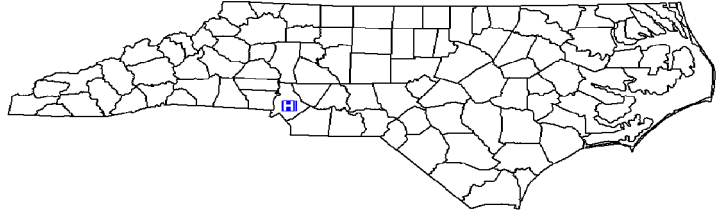
# North Carolina Healthcare-Associated Infections Report

## Data from January 1 – December 31, 2012

### Carolinas Specialty Hospital, Charlotte, Mecklenburg County

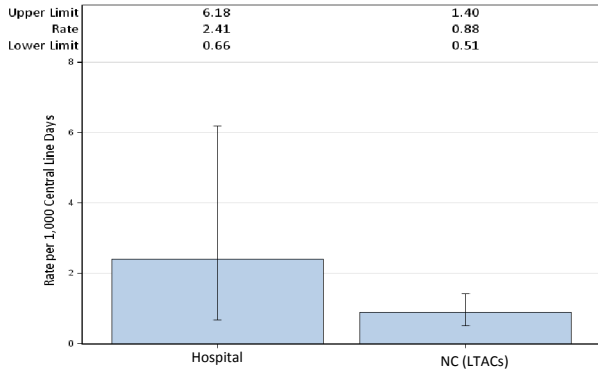
#### 2011 Hospital Survey Information

Hospital Type: Long-term Acute Care Hospital  
 Profit Status: Not for Profit  
 Admissions in 2011: 412  
 Patient Days in 2011: 11,322  
 Total Number of Beds: 40  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 2.50



\*FTE = Full-time equivalent

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



**Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.**

	Infections	Line Days	Rate
Total for Reporting Units	4	1,657	2.41

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

Hospital rate is not different from NC long-term acute care hospitals overall.

**Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

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

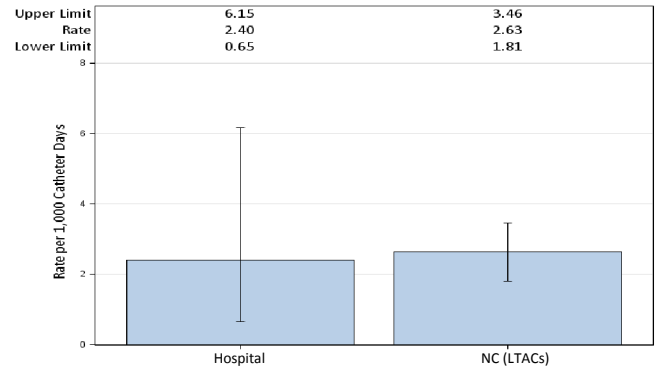
**Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.**

	Infections	Catheter Days	Rate
Total for Reporting Units	4	1,665	2.4

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

**Bar Graph Interpretations:**

Hospital rate is not different from NC long-term acute care hospitals overall.



**Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

#### Surgical Site Infections (SSI)

Long-term acute care hospitals (LTACs) do not report surgical site infections.

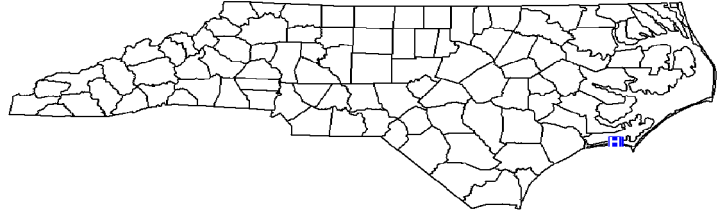
**Commentary from Hospitals:**  
 No comments provided.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – December 31, 2012**  
**Carteret General Hospital, Morehead City, Carteret County**

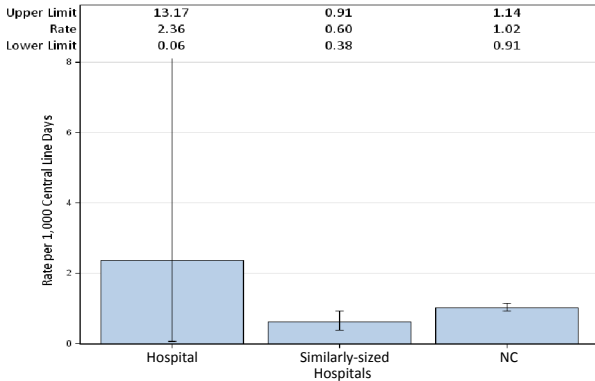
**2011 Hospital Survey Information**

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2011: 6,980  
 Patient Days in 2011: 24,561  
 Total Number of Beds: 135  
 Number of ICU Beds: 8  
 FTE\* Infection Preventionists: 1.50  
 Number of FTEs\* per 100 beds: 1.11

\*FTE = Full-time equivalent



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



**Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.**

	Infections	Line Days	Rate
Total for Reporting ICUs	1	423	2.36

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

**Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

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

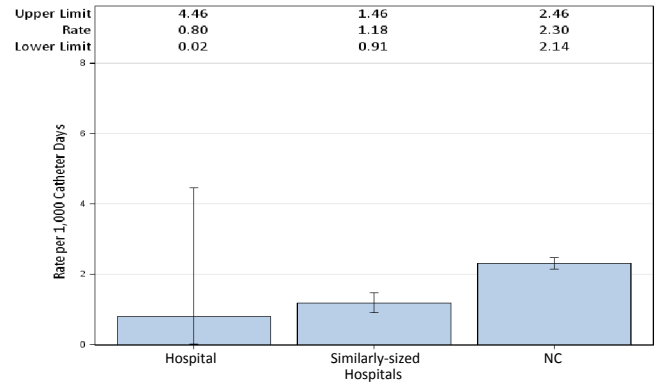
**Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.**

	Infections	Catheter Days	Rate
Total for Reporting ICUs	1	1,250	0.8

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

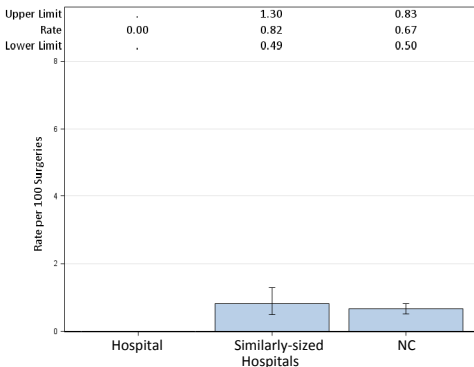
**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.



**Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

**Surgical Site Infections (SSI)**



**Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.**

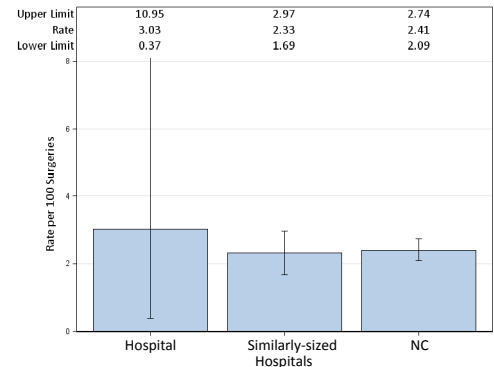
**Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.**

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	0	31	0
Colon surgery	2	66	3.03

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations (Abdominal Hysterectomies):**  
 A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

**Bar Graph Interpretations (Colon Surgeries):**  
 Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.



**Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.**

**Commentary from Hospitals:**  
 No comments provided.

# North Carolina Healthcare-Associated Infections Report

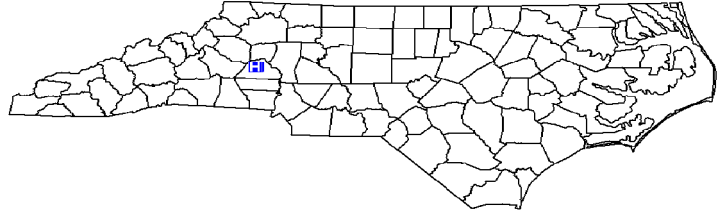
## Data from January 1 – December 31, 2012

### Catawba Valley Medical Center, Hickory, Catawba County

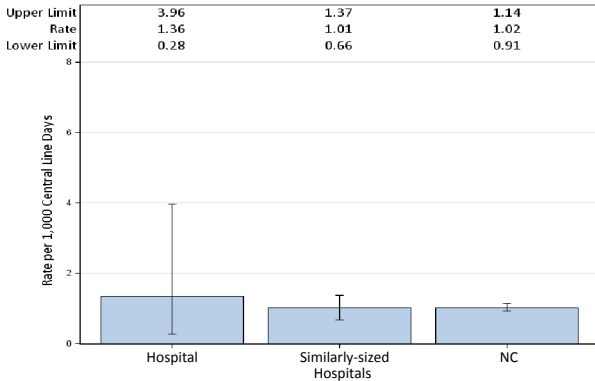
#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2011: 11,668  
 Patient Days in 2011: 48,263  
 Total Number of Beds: 200  
 Number of ICU Beds: 28  
 FTE\* Infection Preventionists: 1.50  
 Number of FTEs\* per 100 beds: 0.75

\*FTE = Full-time equivalent



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



**Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.**

	Infections	Line Days	Rate
Total for Reporting ICUs	3	2,214	1.36

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

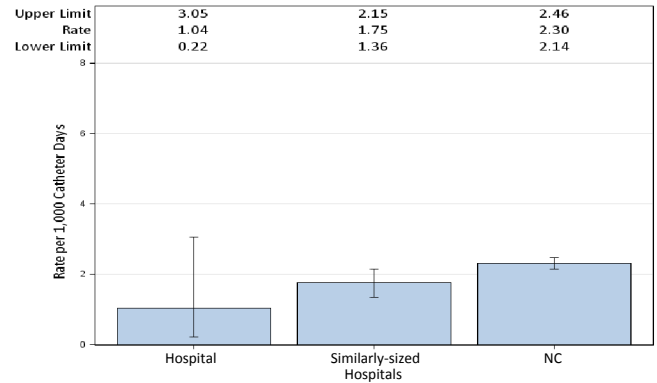
**Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

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

**Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.**

	Infections	Catheter Days	Rate
Total for Reporting ICUs	3	2,873	1.04

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

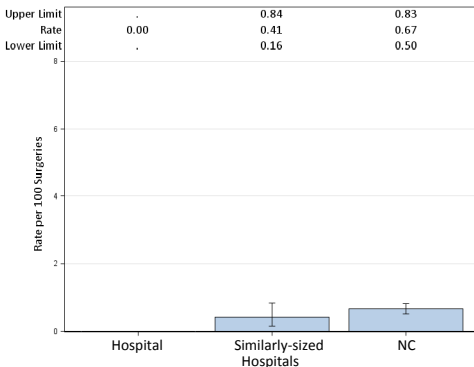


**Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

#### Surgical Site Infections (SSI)



**Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.**

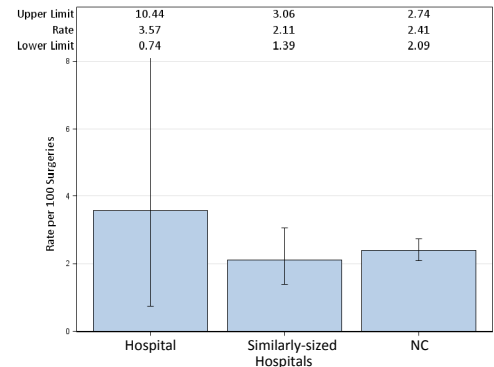
**Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.**

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	0	84	0
Colon surgery	3	84	3.57

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations (Abdominal Hysterectomies):**  
 A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

**Bar Graph Interpretations (Colon Surgeries):**  
 Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.



**Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.**

**Commentary from Hospitals:**  
 No comments provided.

# North Carolina Healthcare-Associated Infections Report

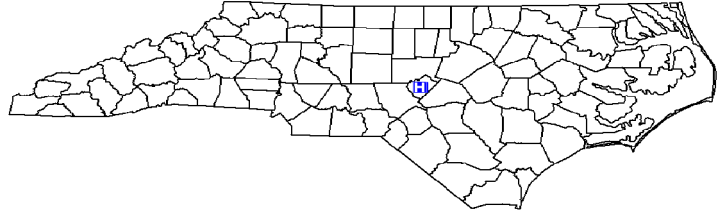
## Data from January 1 – December 31, 2012

### Central Carolina Hospital, Sanford, Lee County

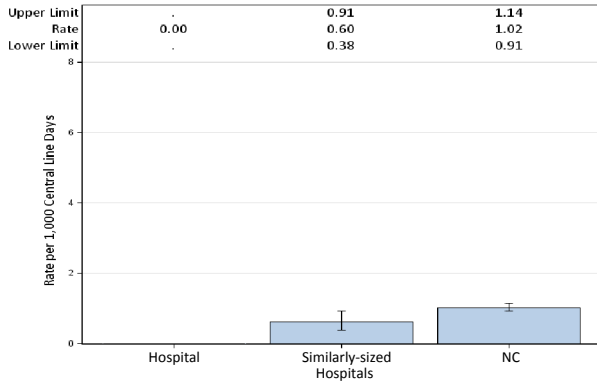
#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: For Profit  
 Admissions in 2011: 465  
 Patient Days in 2011: 1,654  
 Total Number of Beds: 112  
 Number of ICU Beds: 8  
 FTE\* Infection Preventionists: 0.50  
 Number of FTEs\* per 100 beds: 0.45

\*FTE = Full-time equivalent



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



**Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.**

	Infections	Line Days	Rate
Total for Reporting ICUs	0	1,396	0

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

**Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

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

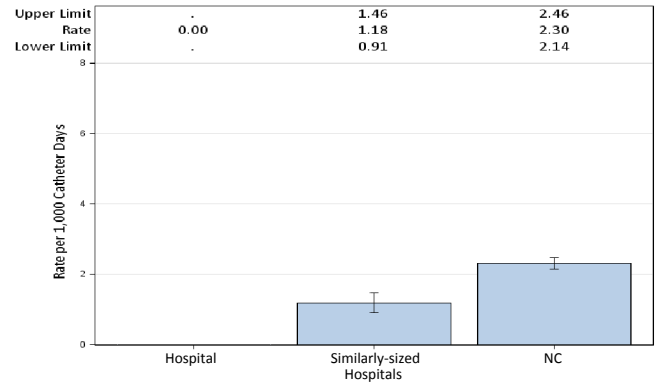
**Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.**

	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	1,348	0

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

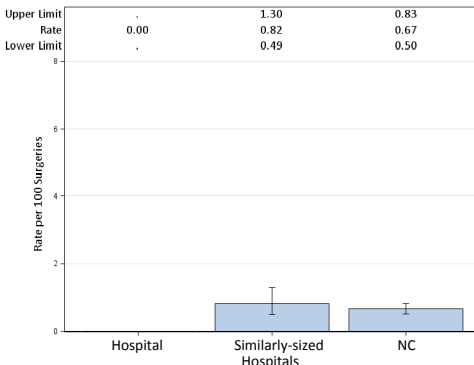
**Bar Graph Interpretations:**

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.



**Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

#### Surgical Site Infections (SSI)



**Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.**

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	0	58	0
Colon surgery	0	59	0

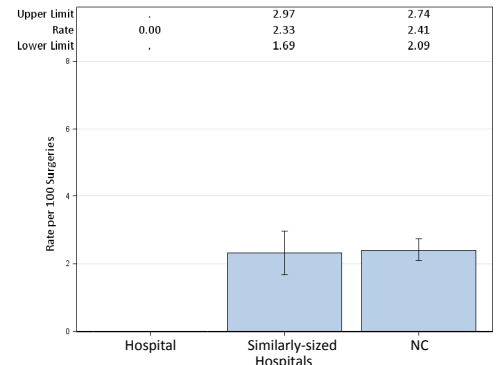
\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations (Abdominal Hysterectomies):**

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

**Bar Graph Interpretations (Colon Surgeries):**

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.



**Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.**

**Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.**

**Commentary from Hospitals:**

No comments provided.

# North Carolina Healthcare-Associated Infections Report

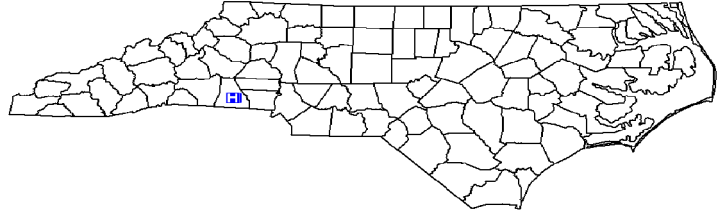
## Data from January 1 – December 31, 2012

### Cleveland Regional Medical Center, Shelby, Cleveland County

#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2011: 9,772  
 Patient Days in 2011: 35,345  
 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



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

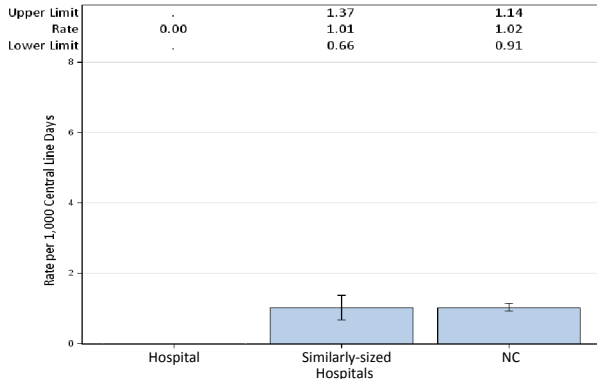


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.

	Infections	Line Days	Rate
Total for Reporting ICUs	0	2,287	0

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

#### Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.

A comparison to NC hospitals overall was not conducted.

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

Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.

	Infections	Catheter Days	Rate
Total for Reporting ICUs	5	3,806	1.31

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

#### Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.

Hospital rate is not different from NC hospitals overall.

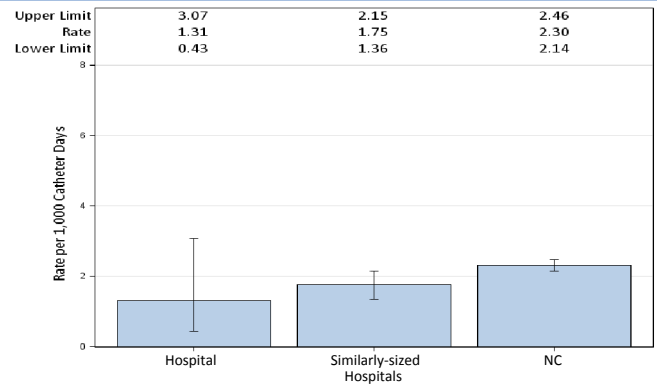


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.

#### Surgical Site Infections (SSI)

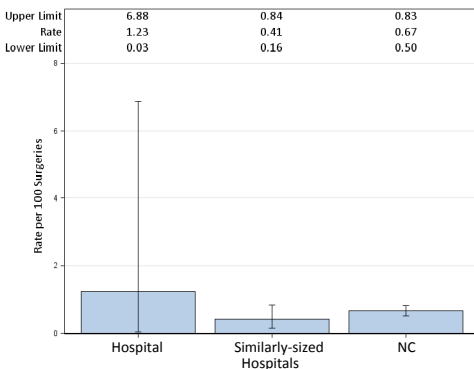


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.

Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	1	81	1.23
Colon surgery	3	82	3.66

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

#### Bar Graph Interpretations (Abdominal Hysterectomies):

Hospital rate is not different from similarly-sized hospitals.

Hospital rate is not different from NC hospitals overall.

#### Bar Graph Interpretations (Colon Surgeries):

Hospital rate is not different from similarly-sized hospitals.

Hospital rate is not different from NC hospitals overall.

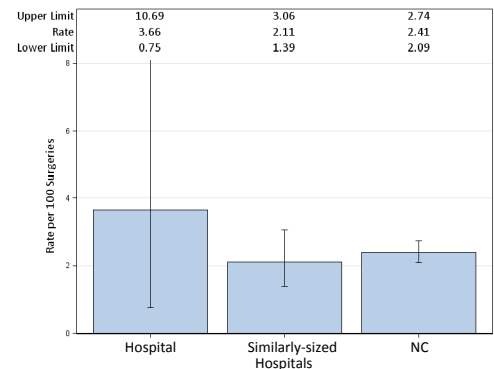


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.

#### Commentary from Hospitals:

No comments provided.



# North Carolina Healthcare-Associated Infections Report

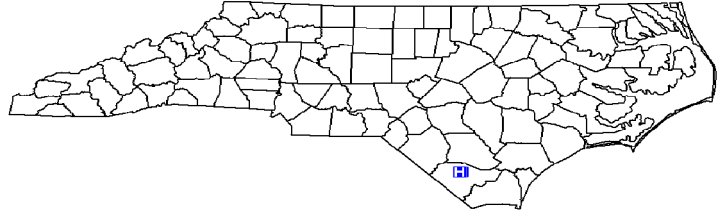
## Data from January 1 – December 31, 2012

### Columbus Regional Healthcare System, Whiteville, Columbus County

#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2011: 5,759  
 Patient Days in 2011: 23,894  
 Total Number of Beds: 107  
 Number of ICU Beds: 10  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 0.93

\*FTE = Full-time equivalent



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

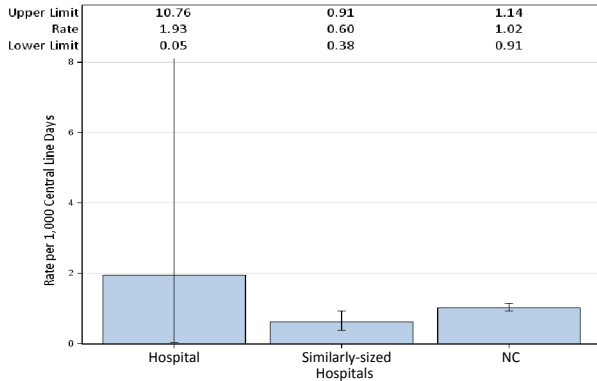


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.

	Infections	Line Days	Rate
Total for Reporting ICUs	1	518	1.93

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

#### Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

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

Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.

	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	990	0

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

#### Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

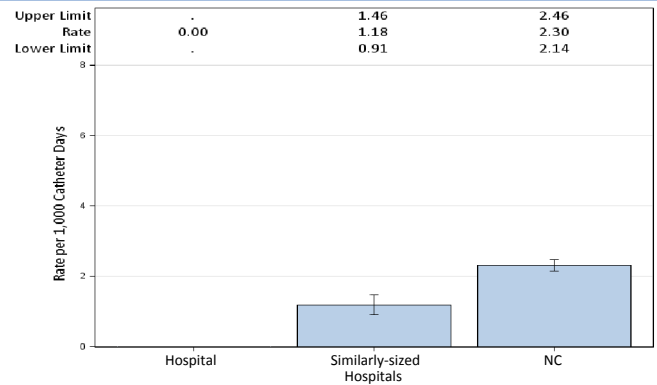


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.

#### Surgical Site Infections (SSI)

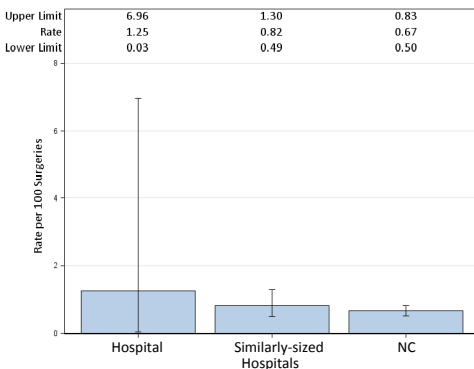


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.

Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	1	80	1.25
Colon surgery	0	53	0

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

#### Bar Graph Interpretations (Abdominal Hysterectomies):

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

#### Bar Graph Interpretations (Colon Surgeries):

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

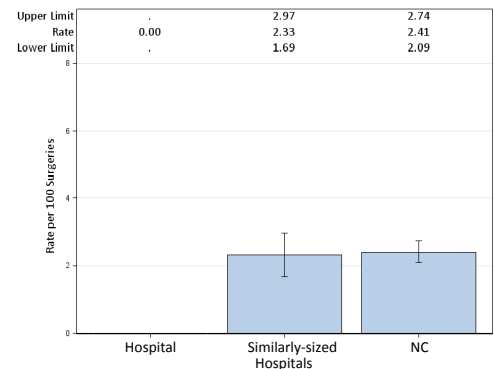


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.

#### Commentary from Hospitals:

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.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics ([epi.publichealth.nc.gov/cd/hai/figures.html](http://epi.publichealth.nc.gov/cd/hai/figures.html)). Data as of March 12, 2013.

NC Division of Public Health, HAI Prevention Program

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# North Carolina Healthcare-Associated Infections Report

## Data from January 1 – December 31, 2012

### Crawley Memorial Hospital, Shelby, Cleveland County

#### 2011 Hospital Survey Information

Hospital Type: Long-term Acute Care Hospital  
 Profit Status: Not for Profit  
 Admissions in 2011: 128  
 Patient Days in 2011: 3,690  
 Total Number of Beds: 41  
 FTE\* Infection Preventionists: 0.25  
 Number of FTEs\* per 100 beds: 0.61



\*FTE = Full-time equivalent

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

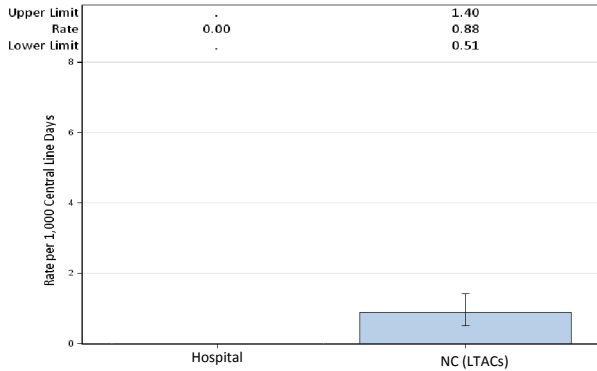


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.

	Infections	Line Days	Rate
Total for Reporting Units	0	861	0.00

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

A comparison to NC long-term acute care hospitals was not conducted.

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

Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.

	Infections	Catheter Days	Rate
Total for Reporting Units	0	342	0.00

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

**Bar Graph Interpretations:**

A comparison to NC long-term acute care hospitals was not conducted.

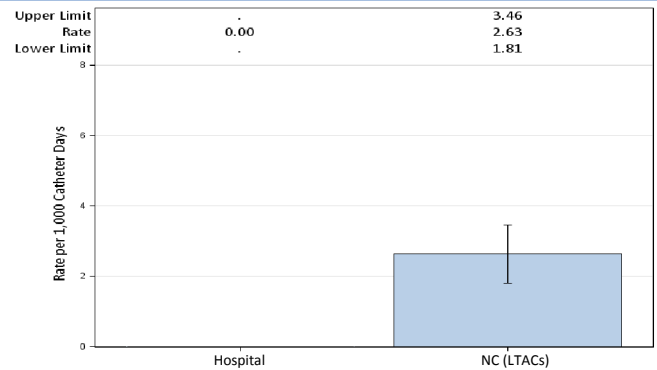


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.

#### Surgical Site Infections (SSI)

Long-term acute care hospitals (LTACs) do not report surgical site infections.

**Commentary from Hospitals:**

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics ([epi.publichealth.nc.gov/cd/hai/figures.html](http://epi.publichealth.nc.gov/cd/hai/figures.html)). Data as of March 12, 2013.

# North Carolina Healthcare-Associated Infections Report

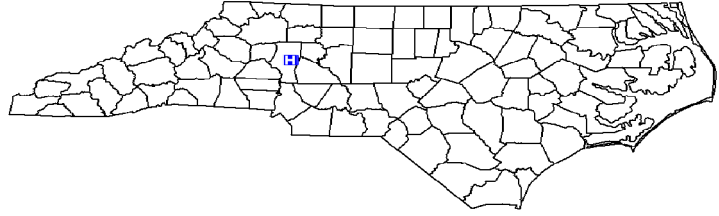
## Data from January 1 – December 31, 2012

### Davis Regional Medical Center, Statesville, Iredell County

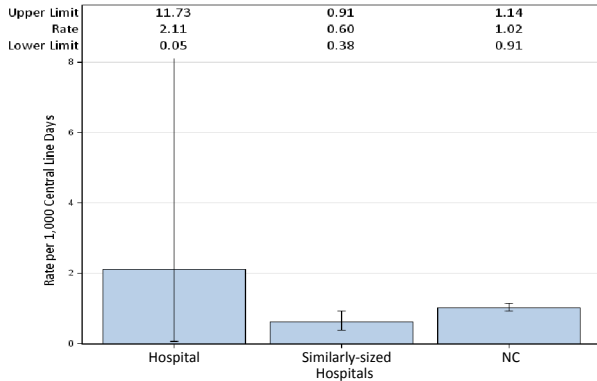
#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: For Profit  
 Admissions in 2011: 4,453  
 Patient Days in 2011: 22,936  
 Total Number of Beds: 143  
 Number of ICU Beds: 8  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 0.70

\*FTE = Full-time equivalent



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



**Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.**

	Infections	Line Days	Rate
Total for Reporting ICUs	1	475	2.11

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

**Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

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

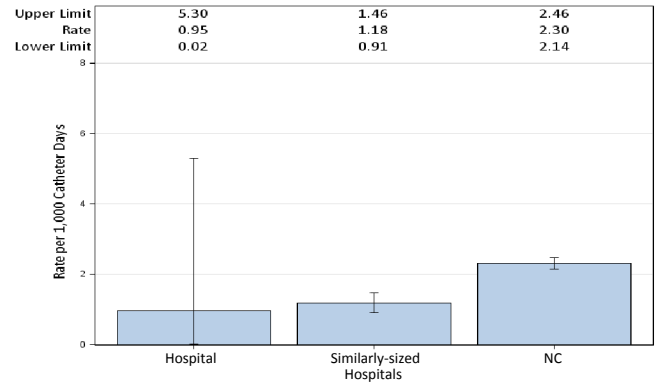
**Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.**

	Infections	Catheter Days	Rate
Total for Reporting ICUs	1	1,052	0.95

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

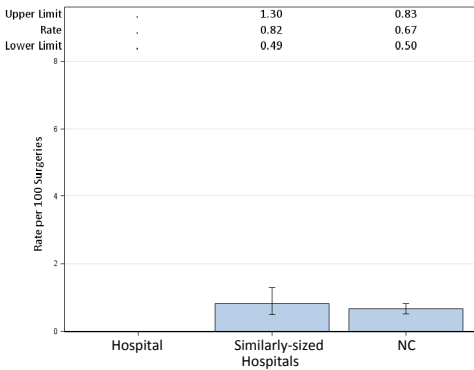
**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.



**Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

#### Surgical Site Infections (SSI)



**Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.**

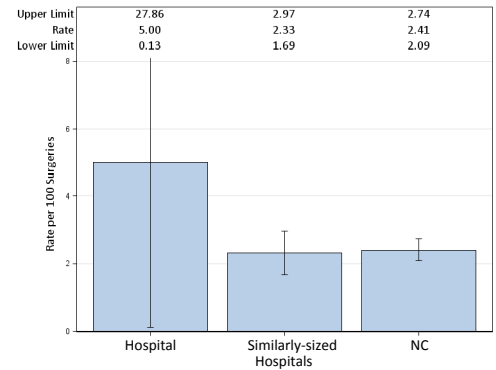
**Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.**

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	1	6	-
Colon surgery	1	20	5

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations (Abdominal Hysterectomies):**  
 A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

**Bar Graph Interpretations (Colon Surgeries):**  
 Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.



**Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.**

**Commentary from Hospitals:**  
 No comments provided.

# North Carolina Healthcare-Associated Infections Report

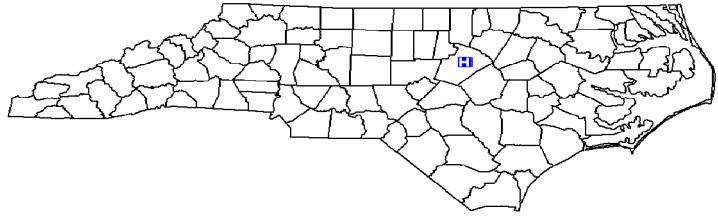
## Data from January 1 – December 31, 2012

### Duke Raleigh Hospital, Raleigh, Wake County

#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2011: 7,238  
 Patient Days in 2011: 36,751  
 Total Number of Beds: 148  
 Number of ICU Beds: 15  
 FTE\* Infection Preventionists: 2.00  
 Number of FTEs\* per 100 beds: 1.35

\*FTE = Full-time equivalent



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

Upper Limit	3.77	0.91	1.14
Rate	0.68	0.60	1.02
Lower Limit	0.02	0.38	0.91

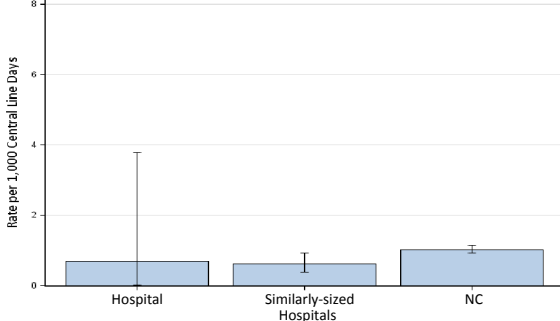


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.

	Infections	Line Days	Rate
Total for Reporting ICUs	1	1,476	0.68

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.

Hospital rate is not different from NC hospitals overall.

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

Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.

	Infections	Catheter Days	Rate
Total for Reporting ICUs	4	2,344	1.71

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.

Hospital rate is not different from NC hospitals overall.

Upper Limit	4.37	1.46	2.46
Rate	1.71	1.18	2.30
Lower Limit	0.46	0.91	2.14

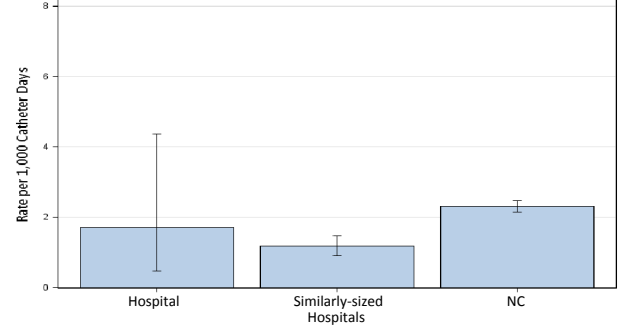


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.

#### Surgical Site Infections (SSI)

Upper Limit	1.30	0.83
Rate	0.00	0.67
Lower Limit	0.49	0.50

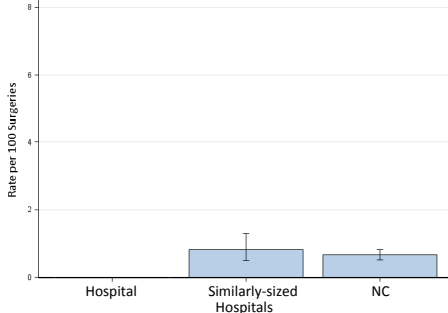


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.

Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	0	105	0
Colon surgery	2	138	1.45

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations (Abdominal Hysterectomies):**

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

**Bar Graph Interpretations (Colon Surgeries):**

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

Upper Limit	5.24	2.97	2.74
Rate	1.45	2.33	2.41
Lower Limit	0.18	1.69	2.09

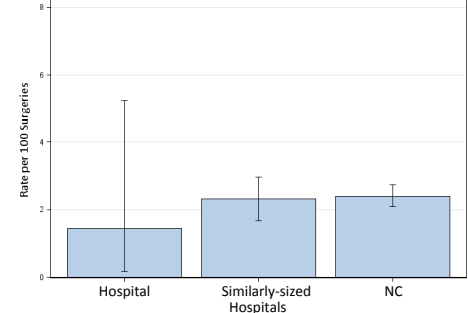


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.

**Commentary from Hospitals:**

No comments provided.

# North Carolina Healthcare-Associated Infections Report

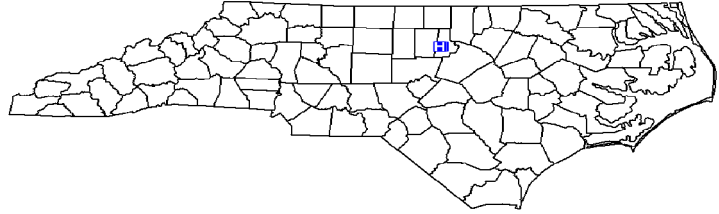
## Data from January 1 – December 31, 2012

### Duke University Hospital, Durham, Durham County

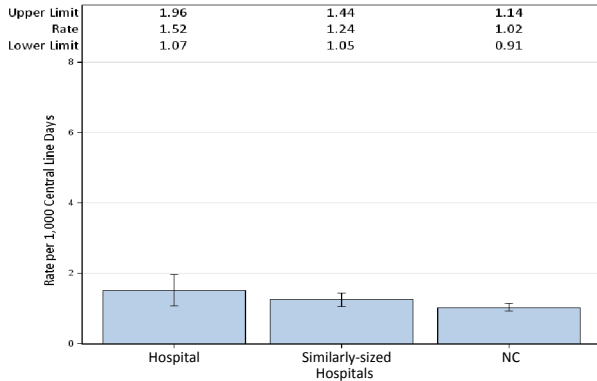
#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: Major  
 Profit Status: Not for Profit  
 Admissions in 2011: 31,508  
 Patient Days in 2011: 246,858  
 Total Number of Beds: 812  
 Number of ICU Beds: 196  
 FTE\* Infection Preventionists: 6.25  
 Number of FTEs\* per 100 beds: 0.77

\*FTE = Full-time equivalent



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



**Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.**

	Infections	Line Days	Rate
Total for Reporting ICUs	45	29,695	1.52

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

**Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

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

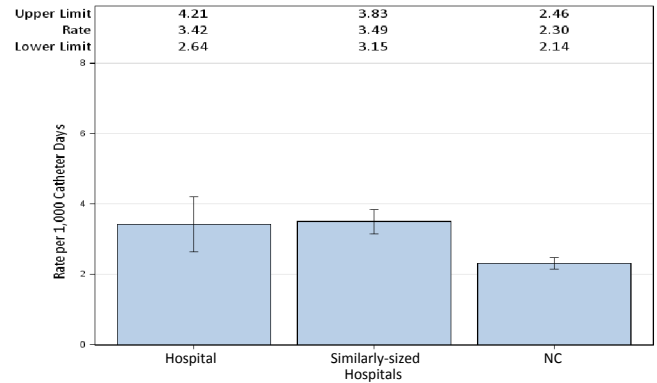
**Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.**

	Infections	Catheter Days	Rate
Total for Reporting ICUs	73	21,342	3.42

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

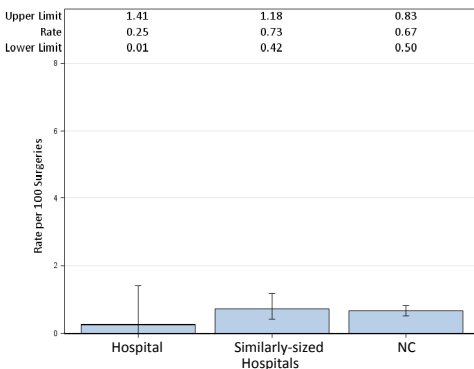
**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is higher than NC hospitals overall.



**Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

#### Surgical Site Infections (SSI)



**Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.**

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	1	396	0.25
Colon surgery	3	240	1.25

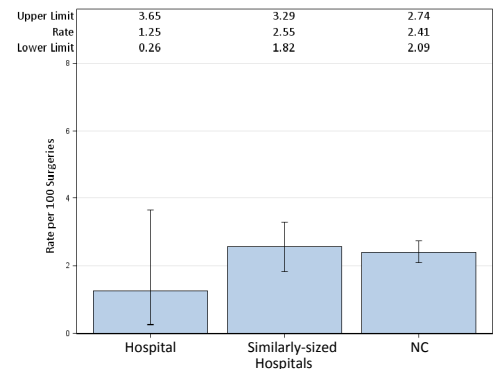
\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations (Abdominal Hysterectomies):**

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

**Bar Graph Interpretations (Colon Surgeries):**

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.



**Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.**

**Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.**

**Commentary from Hospitals:**

No comments provided.

# North Carolina Healthcare-Associated Infections Report

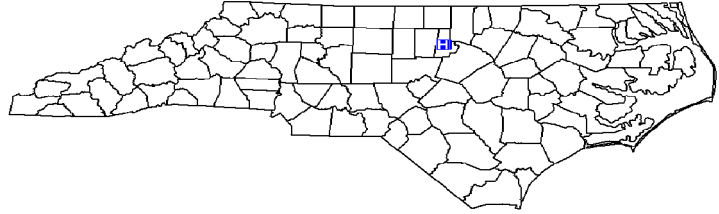
## Data from January 1 – December 31, 2012

### Durham Regional Hospital, Durham, Durham County

#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: Major  
 Profit Status: Not for Profit  
 Admissions in 2011: 13,891  
 Patient Days in 2011: 73,575  
 Total Number of Beds: 202  
 Number of ICU Beds: 23  
 FTE\* Infection Preventionists: 2.50  
 Number of FTEs\* per 100 beds: 1.24

\*FTE = Full-time equivalent



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

Upper Limit	1.65	1.37	1.14
Rate	0.30	1.01	1.02
Lower Limit	0.01	0.66	0.91

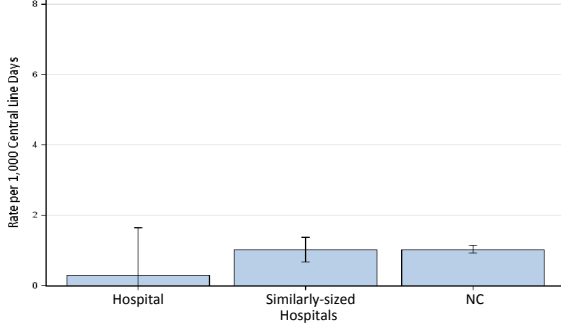


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.

	Infections	Line Days	Rate
Total for Reporting ICUs	1	3,385	0.3

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

#### Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

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

Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.

	Infections	Catheter Days	Rate
Total for Reporting ICUs	17	3,726	4.56

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

#### Bar Graph Interpretations:

Hospital rate is higher than similarly-sized hospitals.  
 Hospital rate is higher than NC hospitals overall.

Upper Limit	7.31	2.15	2.46
Rate	4.56	1.75	2.30
Lower Limit	2.66	1.36	2.14

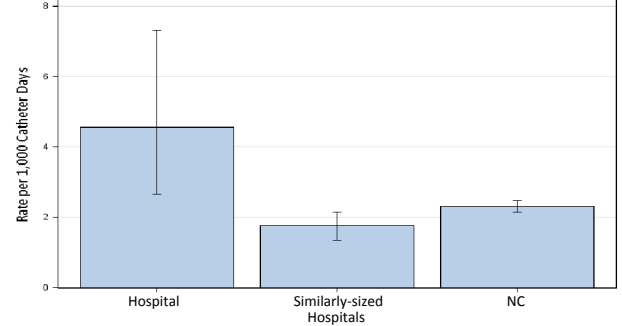


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.

#### Surgical Site Infections (SSI)

Upper Limit	2.38	0.84	0.83
Rate	0.66	0.41	0.67
Lower Limit	0.08	0.16	0.50

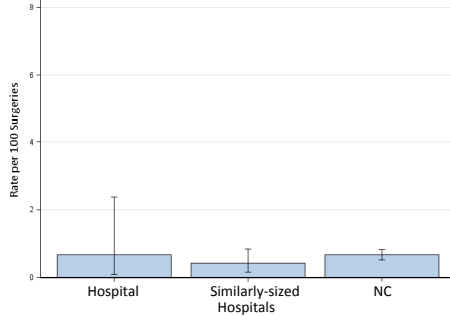


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.

Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	2	303	0.66
Colon surgery	3	112	2.68

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

#### Bar Graph Interpretations (Abdominal Hysterectomies):

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

#### Bar Graph Interpretations (Colon Surgeries):

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

Upper Limit	7.83	3.06	2.74
Rate	2.68	2.11	2.41
Lower Limit	0.55	1.39	2.09

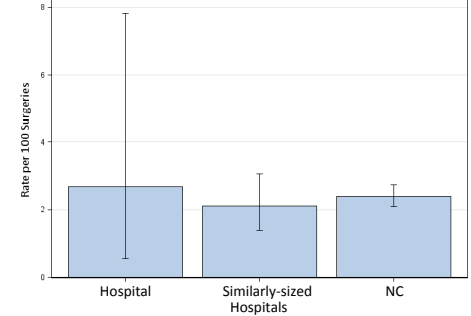


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.

#### Commentary from Hospitals:

No comments provided.

# North Carolina Healthcare-Associated Infections Report

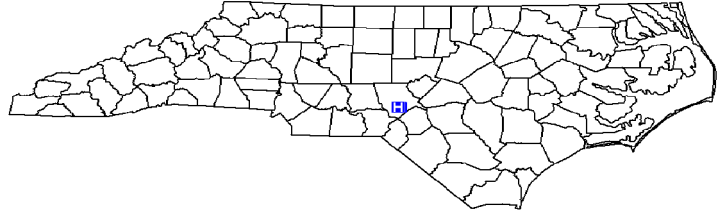
## Data from January 1 – December 31, 2012

### FirstHealth Moore Regional Hospital, Pinehurst, Moore County

#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2011: 26,995  
 Patient Days in 2011: 108,631  
 Total Number of Beds: 528  
 Number of ICU Beds: 69  
 FTE\* Infection Preventionists: 4.00  
 Number of FTEs\* per 100 beds: 0.76

\*FTE = Full-time equivalent



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

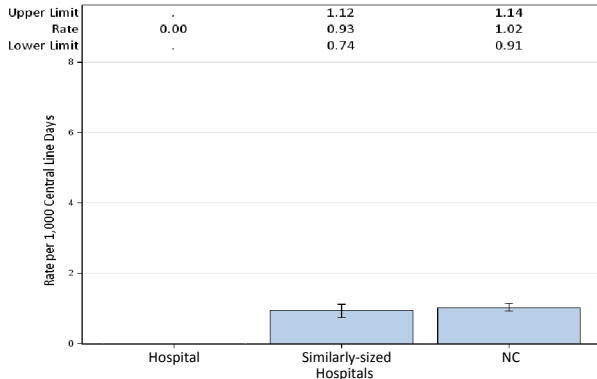


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.

	Infections	Line Days	Rate
Total for Reporting ICUs	0	4,912	0

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

#### Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.

A comparison to NC hospitals overall was not conducted.

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

Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.

	Infections	Catheter Days	Rate
Total for Reporting ICUs	8	6,927	1.15

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

#### Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.

Hospital rate is not different from NC hospitals overall.

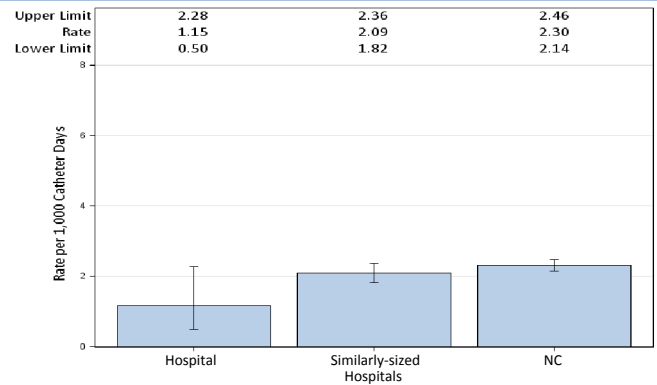


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.

#### Surgical Site Infections (SSI)

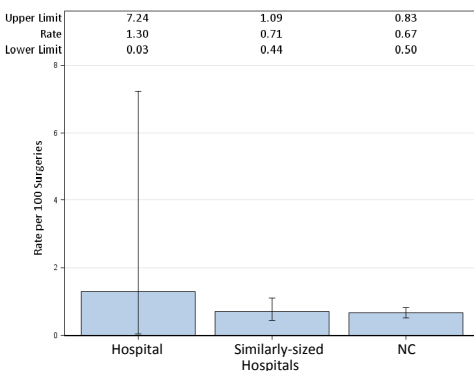


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.

Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	1	77	1.3
Colon surgery	2	137	1.46

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

#### Bar Graph Interpretations (Abdominal Hysterectomies):

Hospital rate is not different from similarly-sized hospitals.

Hospital rate is not different from NC hospitals overall.

#### Bar Graph Interpretations (Colon Surgeries):

Hospital rate is not different from similarly-sized hospitals.

Hospital rate is not different from NC hospitals overall.

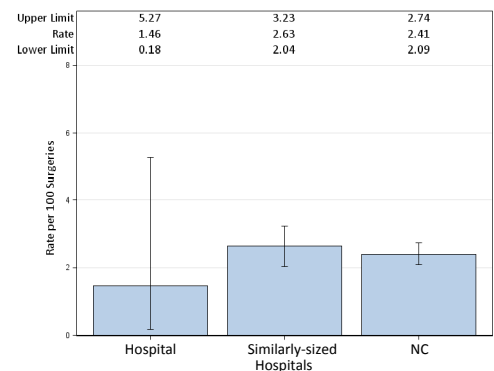


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.

#### Commentary from Hospitals:

Over the past year, FirstHealth has strived to continue to reduce our infections by continuing to educate staff on infection prevention, emphasizing hand hygiene, and following all evidence based practices to reduce infections. We have worked to decrease use of urinary catheters and worked with our operating room to assure all measures are taken to prevent surgical site infections such as appropriate use of antibiotics. We are also participating in the Partnership for Patients Collaborative with the North Carolina Quality Center.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics ([epi.publichealth.nc.gov/cd/hai/figures.html](http://epi.publichealth.nc.gov/cd/hai/figures.html)). Data as of March 12, 2013.

# North Carolina Healthcare-Associated Infections Report

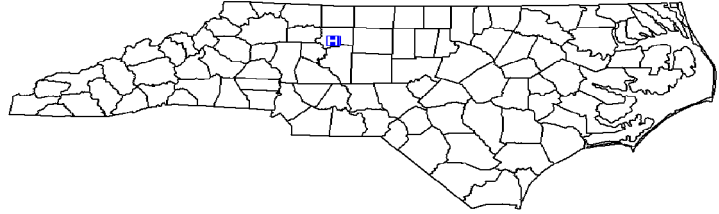
## Data from January 1 – December 31, 2012

### Forsyth Medical Center, Winston Salem, Forsyth County

#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2011: 45,261  
 Patient Days in 2011: 232,937  
 Total Number of Beds: 906  
 Number of ICU Beds: 130  
 FTE\* Infection Preventionists: 5.00  
 Number of FTEs\* per 100 beds: 0.55

\*FTE = Full-time equivalent



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

Upper Limit	1.33	1.12	1.14
Rate	0.75	0.93	1.02
Lower Limit	0.37	0.74	0.91

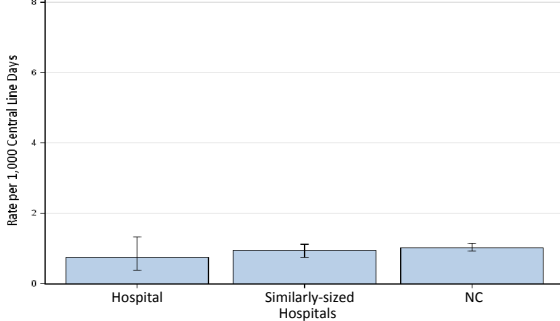


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.

	Infections	Line Days	Rate
Total for Reporting ICUs	11	14,746	0.75

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

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

Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.

	Infections	Catheter Days	Rate
Total for Reporting ICUs	34	15,468	2.2

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

Upper Limit	2.94	2.36	2.46
Rate	2.20	2.09	2.30
Lower Limit	1.46	1.82	2.14

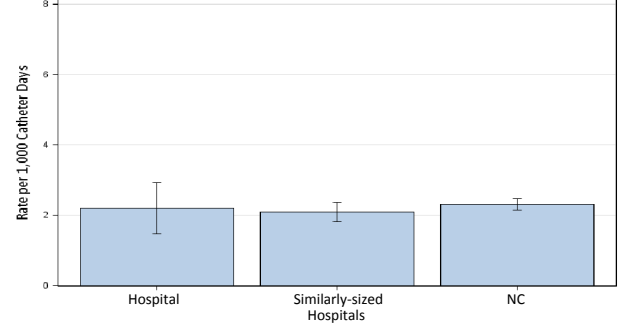


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.

#### Surgical Site Infections (SSI)

Upper Limit	-	1.09	0.83
Rate	0.00	0.71	0.67
Lower Limit	-	0.44	0.50

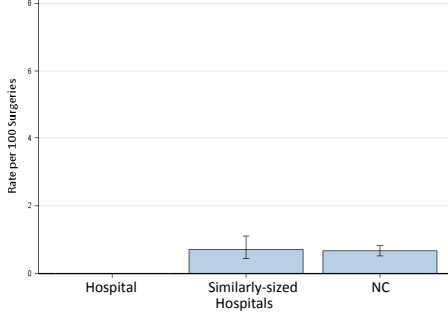


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.

Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	0	182	0
Colon surgery	8	250	3.2

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations (Abdominal Hysterectomies):**  
 A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

**Bar Graph Interpretations (Colon Surgeries):**  
 Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

Upper Limit	6.31	3.23	2.74
Rate	3.20	2.63	2.41
Lower Limit	1.38	2.04	2.09

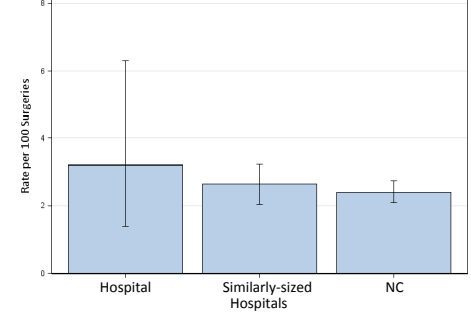


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.

**Commentary from Hospitals:**

At Novant Health, the safety of our patients comes first. Our goal is to have the lowest possible infection rates and we continually monitor infection prevention tactics 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' on NovantHealth.org.



# North Carolina Healthcare-Associated Infections Report

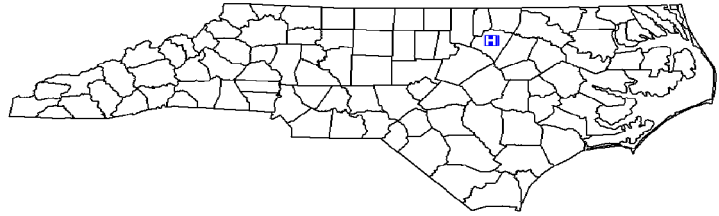
## Data from January 1 – December 31, 2012

### Franklin Regional Medical Center, Louisburg, Franklin County

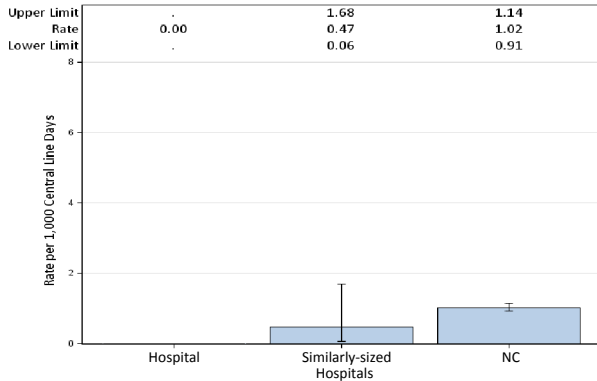
#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2011: 1,198  
 Patient Days in 2011: 3,786  
 Total Number of Beds: 70  
 Number of ICU Beds: 6  
 FTE\* Infection Preventionists: 0.30  
 Number of FTEs\* per 100 beds: 0.43

\*FTE = Full-time equivalent



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



**Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.**

	Infections	Line Days	Rate
Total for Reporting ICUs	0	146	0

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

A comparison to similarly-sized hospitals was not conducted.

A comparison to NC hospitals overall was not conducted.

**Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

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

**Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.**

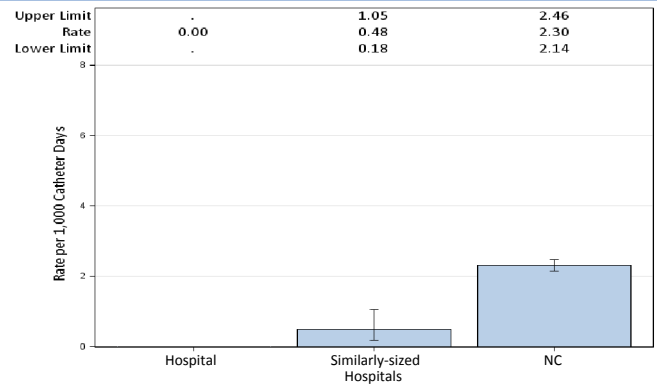
	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	353	0

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

**Bar Graph Interpretations:**

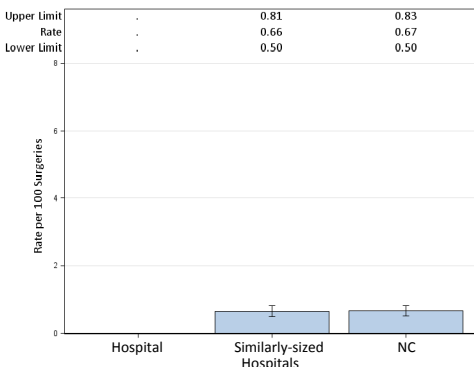
A comparison to similarly-sized hospitals was not conducted.

A comparison to NC hospitals overall was not conducted.



**Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

#### Surgical Site Infections (SSI)



**Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.**

**Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.**

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	0	0	.
Colon surgery	0	0	.

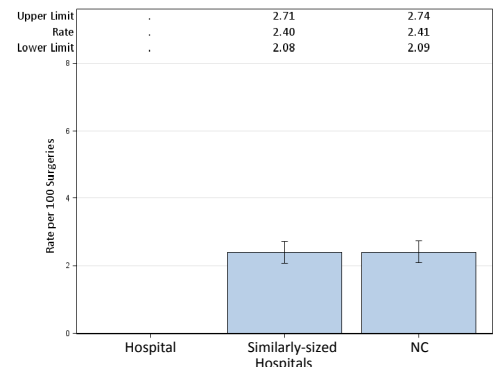
\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations (Abdominal Hysterectomies):**

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

**Bar Graph Interpretations (Colon Surgeries):**

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.



**Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.**

**Commentary from Hospitals:**

At Novant Health, the safety of our patients comes first. Our goal is to have the lowest possible infection rates and we continually monitor infection prevention tactics 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' on NovantHealth.org.

# North Carolina Healthcare-Associated Infections Report

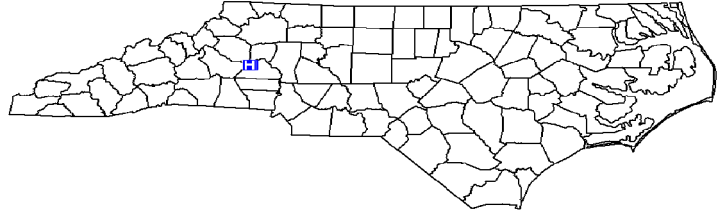
## Data from January 1 – December 31, 2012

### Frye Regional Medical Center, Hickory, Catawba County

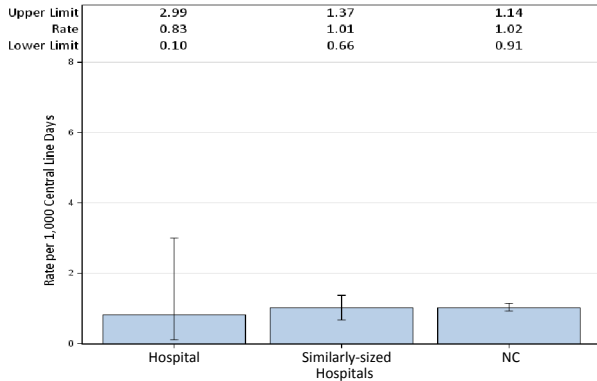
#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: For Profit  
 Admissions in 2011: 10,103  
 Patient Days in 2011: 39,037  
 Total Number of Beds: 355  
 Number of ICU Beds: 30  
 FTE\* Infection Preventionists: 1.90  
 Number of FTEs\* per 100 beds: 0.54

\*FTE = Full-time equivalent



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



**Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.**

	Infections	Line Days	Rate
Total for Reporting ICUs	2	2,416	0.83

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

**Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

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

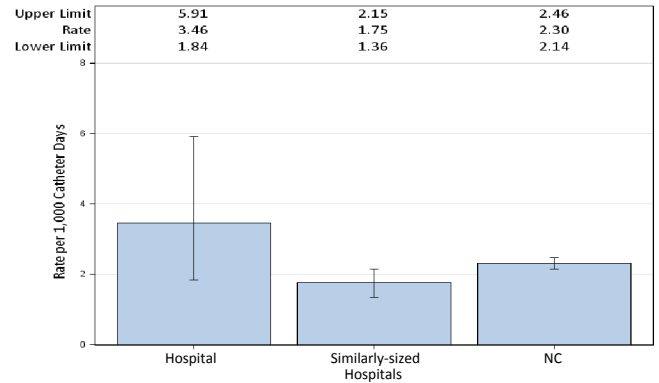
**Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.**

	Infections	Catheter Days	Rate
Total for Reporting ICUs	13	3,762	3.46

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

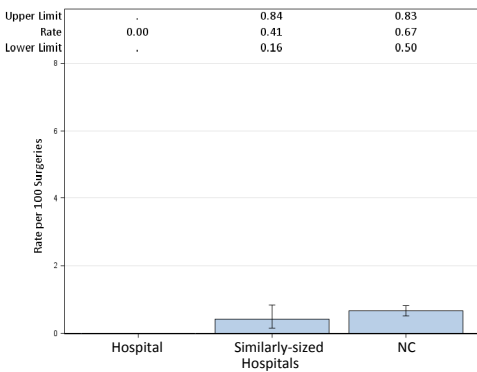
**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.



**Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

#### Surgical Site Infections (SSI)



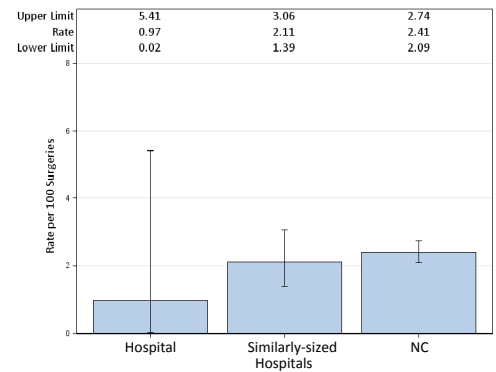
**Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.**

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	0	73	0
Colon surgery	1	103	0.97

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations (Abdominal Hysterectomies):**  
 A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

**Bar Graph Interpretations (Colon Surgeries):**  
 Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.



**Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.**

**Commentary from Hospitals:**  
 No comments provided.

# North Carolina Healthcare-Associated Infections Report

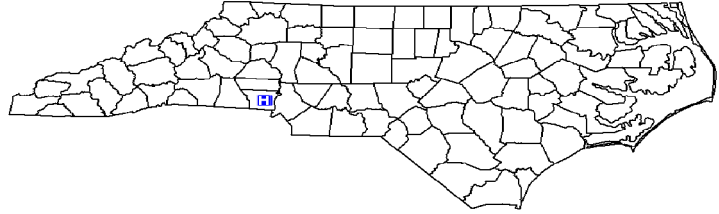
## Data from January 1 – December 31, 2012

### Gaston Memorial Hospital, Gastonia, Gaston County

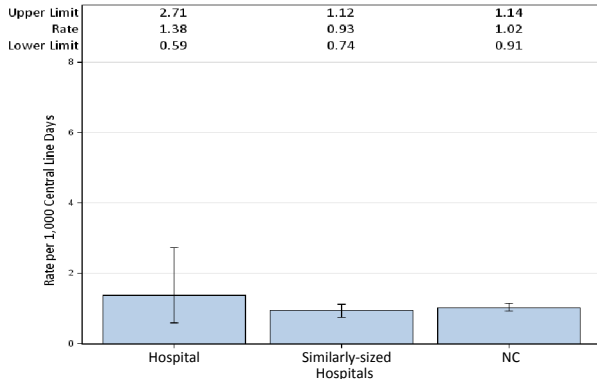
#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2011: 22,730  
 Patient Days in 2011: 97,533  
 Total Number of Beds: 435  
 Number of ICU Beds: 44  
 FTE\* Infection Preventionists: 4.00  
 Number of FTEs\* per 100 beds: 0.92

\*FTE = Full-time equivalent



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



**Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.**

	Infections	Line Days	Rate
Total for Reporting ICUs	8	5,816	1.38

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

**Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

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

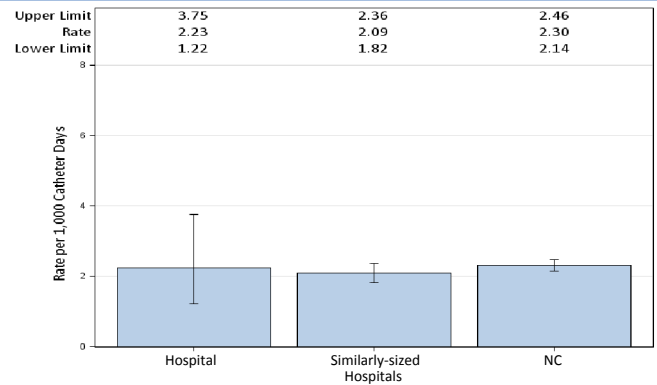
**Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.**

	Infections	Catheter Days	Rate
Total for Reporting ICUs	14	6,264	2.23

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

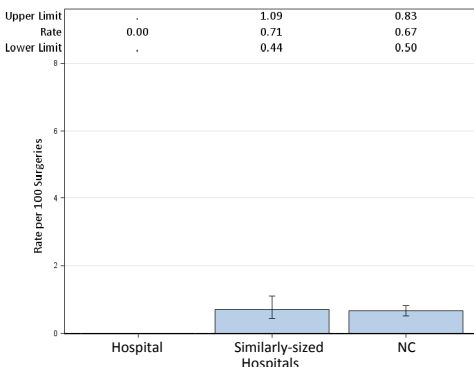
**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.



**Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

#### Surgical Site Infections (SSI)



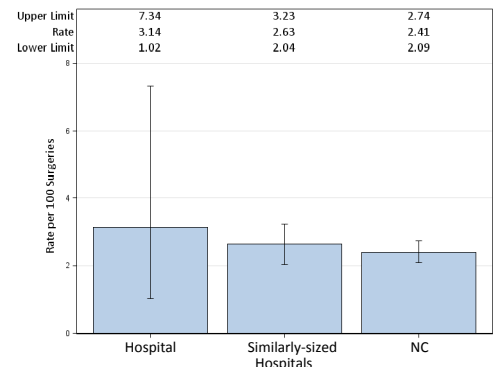
**Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.**

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	0	155	0
Colon surgery	5	159	3.14

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations (Abdominal Hysterectomies):**  
 A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

**Bar Graph Interpretations (Colon Surgeries):**  
 Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.



**Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.**

**Commentary from Hospitals:**  
 No comments provided.

# North Carolina Healthcare-Associated Infections Report

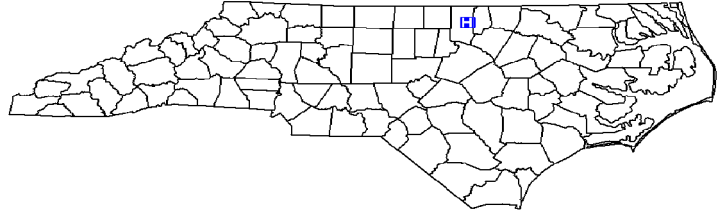
## Data from January 1 – December 31, 2012

### Granville Medical Center, Oxford, Granville County

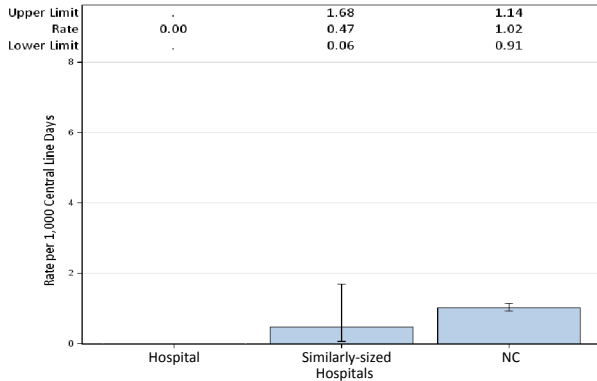
#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Government  
 Admissions in 2011: 2,724  
 Patient Days in 2011: 10,182  
 Total Number of Beds: 62  
 Number of ICU Beds: 6  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 1.61

\*FTE = Full-time equivalent



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



**Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.**

	Infections	Line Days	Rate
Total for Reporting ICUs	0	404	0

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

**Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

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

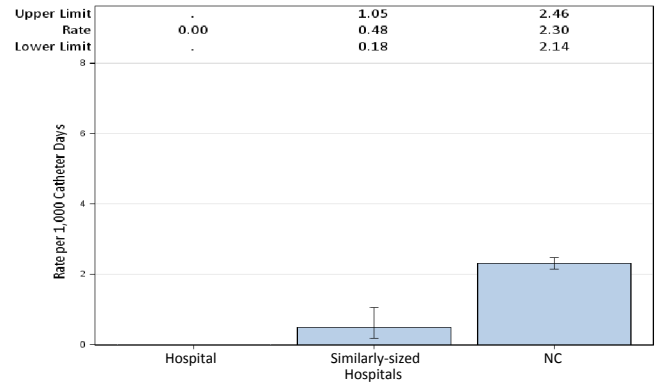
**Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.**

	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	933	0

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

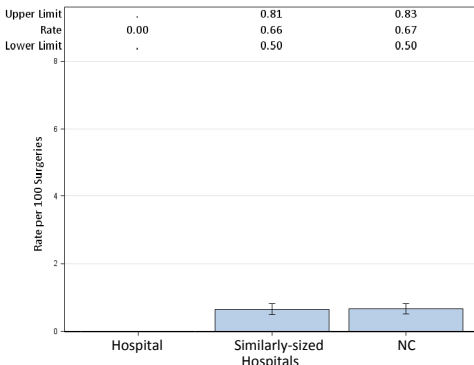
**Bar Graph Interpretations:**

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.



**Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

#### Surgical Site Infections (SSI)



**Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.**

**Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.**

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	0	25	0
Colon surgery	0	27	0

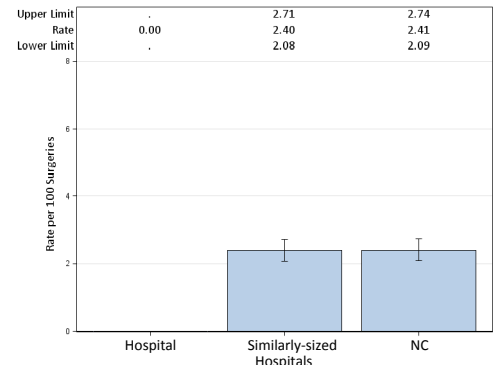
\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations (Abdominal Hysterectomies):**

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

**Bar Graph Interpretations (Colon Surgeries):**

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.



**Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.**

**Commentary from Hospitals:**

No comments provided.

# North Carolina Healthcare-Associated Infections Report

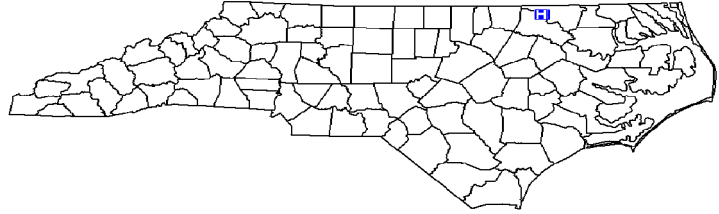
## Data from January 1 – December 31, 2012

### Halifax Regional Medical Center, Roanoke Rapids, Halifax County

#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2011: 6,108  
 Patient Days in 2011: 27,527  
 Total Number of Beds: 128  
 Number of ICU Beds: 12  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 0.78

\*FTE = Full-time equivalent



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

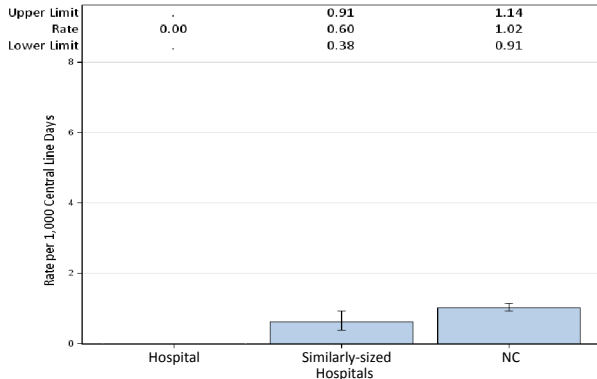


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.

	Infections	Line Days	Rate
Total for Reporting ICUs	0	558	0

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

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

Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.

	Infections	Catheter Days	Rate
Total for Reporting ICUs	1	1,409	0.71

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

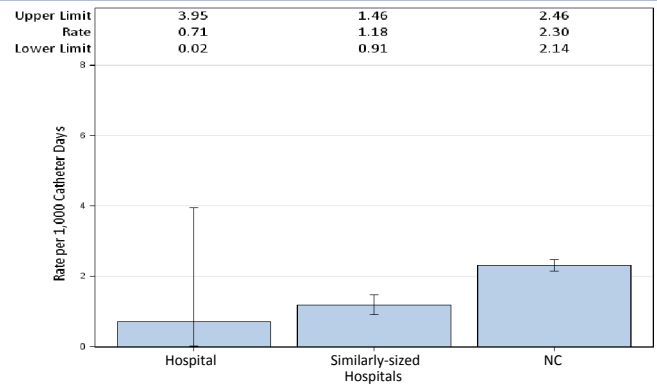


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.

#### Surgical Site Infections (SSI)

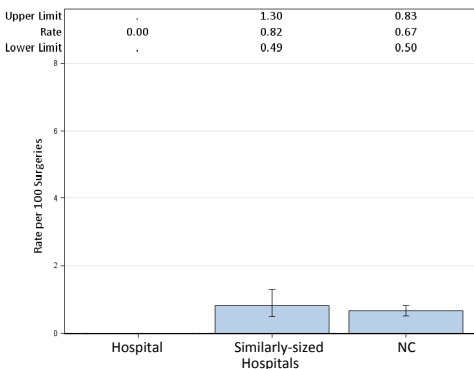


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.

Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	0	37	0
Colon surgery	4	36	11.1

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations (Abdominal Hysterectomies):**  
 A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

**Bar Graph Interpretations (Colon Surgeries):**  
 Hospital rate is higher than similarly-sized hospitals.  
 Hospital rate is higher than NC hospitals overall.

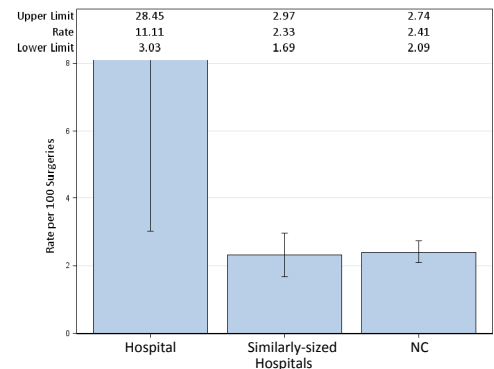


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.

**Commentary from Hospitals:**  
 No comments provided.

# North Carolina Healthcare-Associated Infections Report

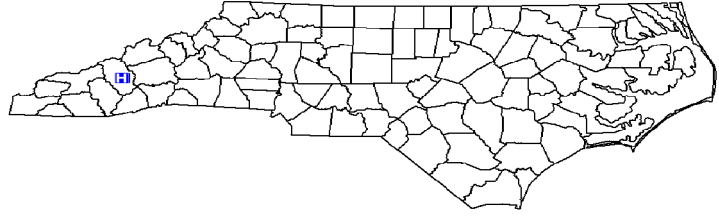
## Data from January 1 – December 31, 2012

### Haywood Regional Medical Center, Clyde, Haywood County

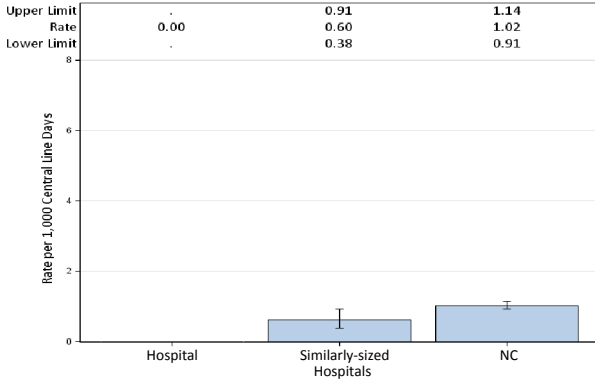
#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2011: 6,030  
 Patient Days in 2011: 18,568  
 Total Number of Beds: 100  
 Number of ICU Beds: 12  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 1.00

\*FTE = Full-time equivalent



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



**Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.**

	Infections	Line Days	Rate
Total for Reporting ICUs	0	306	0

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

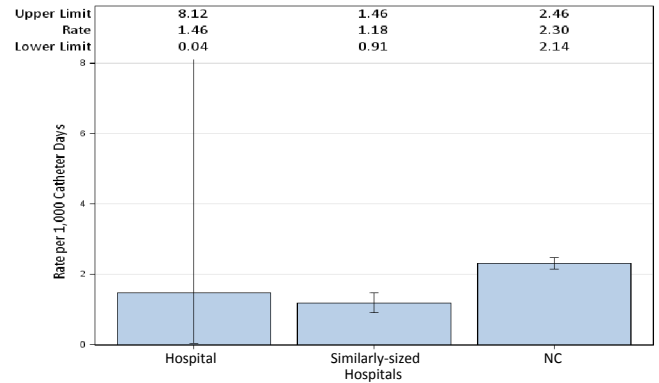
**Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

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

**Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.**

	Infections	Catheter Days	Rate
Total for Reporting ICUs	1	686	1.46

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

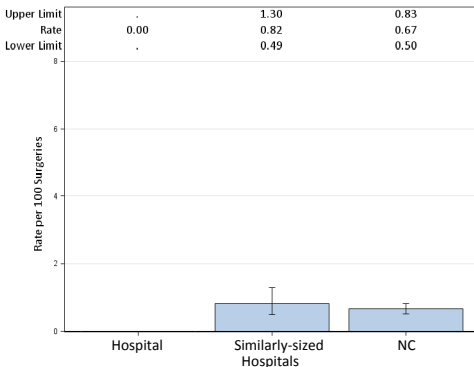


**Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

#### Surgical Site Infections (SSI)



**Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.**

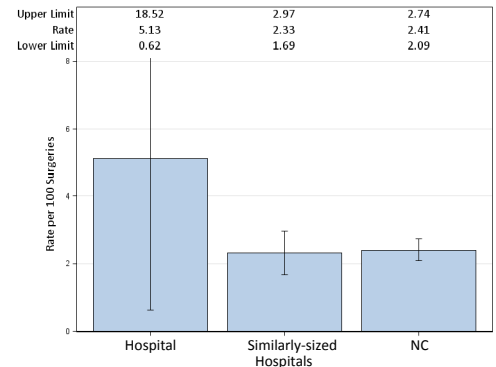
**Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.**

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	0	51	0
Colon surgery	2	39	5.13

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations (Abdominal Hysterectomies):**  
 A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

**Bar Graph Interpretations (Colon Surgeries):**  
 Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.



**Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.**

**Commentary from Hospitals:**  
 No comments provided.

# North Carolina Healthcare-Associated Infections Report

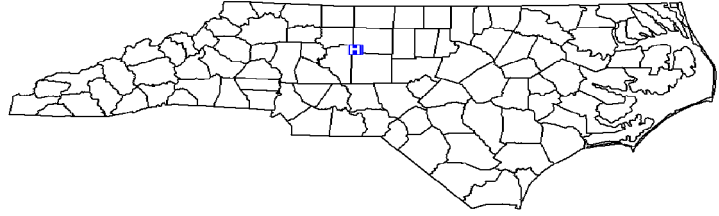
## Data from January 1 – December 31, 2012

### High Point Regional Health System, High Point, Guilford County

#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2011: 18,059  
 Patient Days in 2011: 72,679  
 Total Number of Beds: 363  
 Number of ICU Beds: 32  
 FTE\* Infection Preventionists: 2.00  
 Number of FTEs\* per 100 beds: 0.55

\*FTE = Full-time equivalent



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

Upper Limit	2.15	1.37	1.14
Rate	0.59	1.01	1.02
Lower Limit	0.07	0.66	0.91

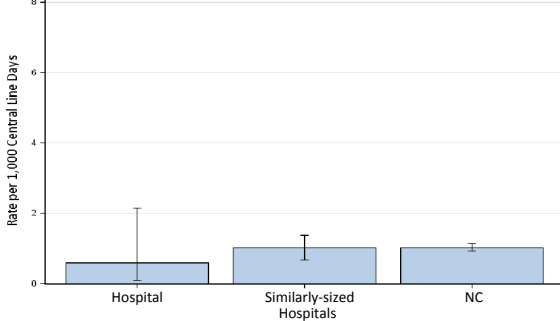


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.

	Infections	Line Days	Rate
Total for Reporting ICUs	2	3,362	0.59

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

#### Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

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

Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.

	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	5,311	0

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

#### Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

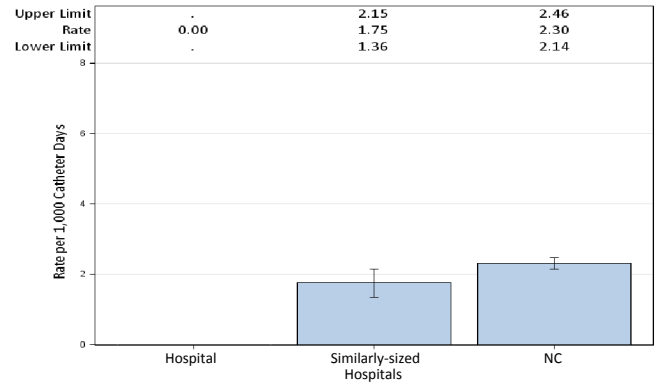


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.

#### Surgical Site Infections (SSI)

Upper Limit	0.84	0.83
Rate	0.41	0.67
Lower Limit	0.16	0.50

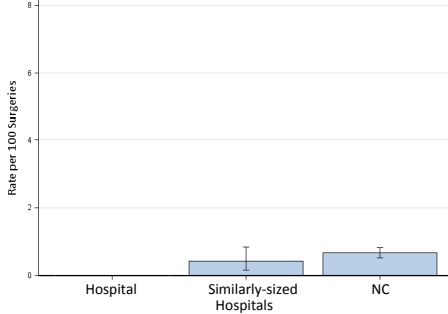


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.

Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	0	149	0
Colon surgery	2	152	1.32

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

#### Bar Graph Interpretations (Abdominal Hysterectomies):

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

#### Bar Graph Interpretations (Colon Surgeries):

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

Upper Limit	4.75	3.06	2.74
Rate	1.32	2.11	2.41
Lower Limit	0.16	1.39	2.09

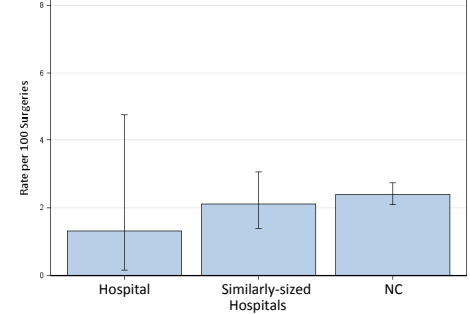


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.

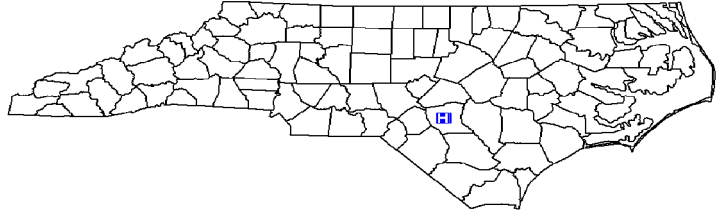
#### Commentary from Hospitals:

No comments provided.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – December 31, 2012**  
**Highsmith Rainey Specialty Hospital, Fayetteville, Cumberland County**

**2011 Hospital Survey Information**

Hospital Type: Long-term Acute Care Hospital  
 Profit Status: Not for Profit  
 Admissions in 2011: 350  
 Patient Days in 2011: 21,968  
 Total Number of Beds: 66  
 FTE\* Infection Preventionists: 0.88  
 Number of FTEs\* per 100 beds: 1.33



\*FTE = Full-time equivalent

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

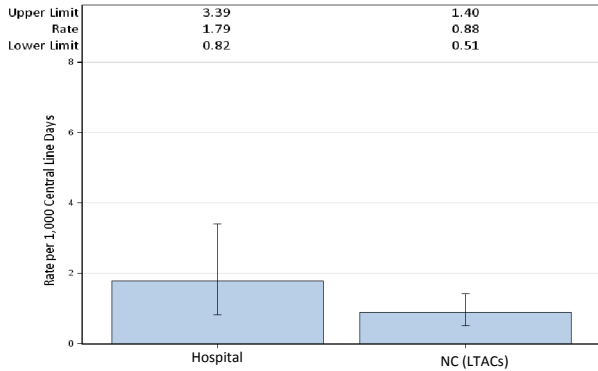


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.

**Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.**

	Infections	Line Days	Rate
Total for Reporting Units	9	5,033	1.79

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

Hospital rate is not different from NC long-term acute care hospitals overall.

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

**Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.**

	Infections	Catheter Days	Rate
Total for Reporting Units	28	3,649	7.67

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

**Bar Graph Interpretations:**

Hospital rate is higher than NC long-term acute care hospitals overall.

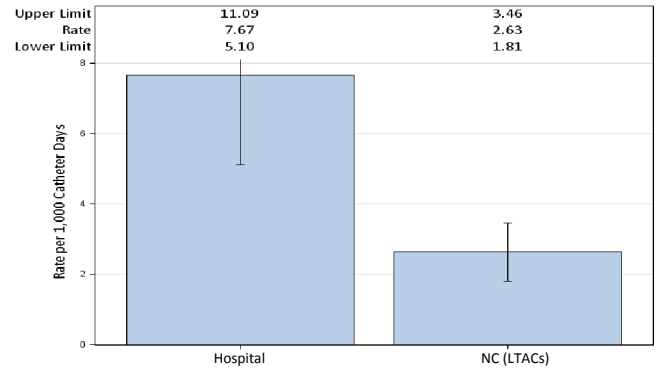


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.

**Surgical Site Infections (SSI)**

Long-term acute care hospitals (LTACs) do not report surgical site infections.

**Commentary from Hospitals:**  
 No comments provided.



# North Carolina Healthcare-Associated Infections Report

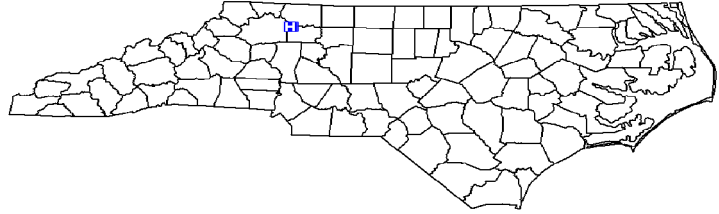
## Data from January 1 – December 31, 2012

### Hugh Chatham Memorial Hospital, Elkin, Surry County

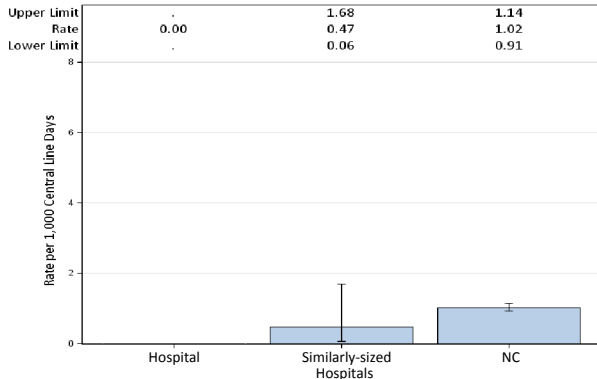
#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2011: 4,136  
 Patient Days in 2011: 15,145  
 Total Number of Beds: 81  
 Number of ICU Beds: 8  
 FTE\* Infection Preventionists: 0.63  
 Number of FTEs\* per 100 beds: 0.77

\*FTE = Full-time equivalent



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



**Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.**

	Infections	Line Days	Rate
Total for Reporting ICUs	0	142	0

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

**Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

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

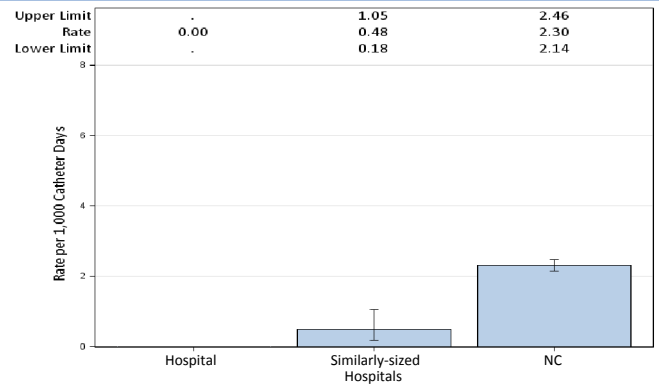
**Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.**

	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	541	0

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

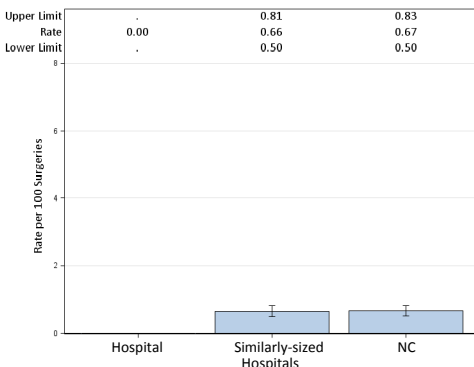
**Bar Graph Interpretations:**

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.



**Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

#### Surgical Site Infections (SSI)



**Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.**

**Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.**

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	0	62	0
Colon surgery	0	39	0

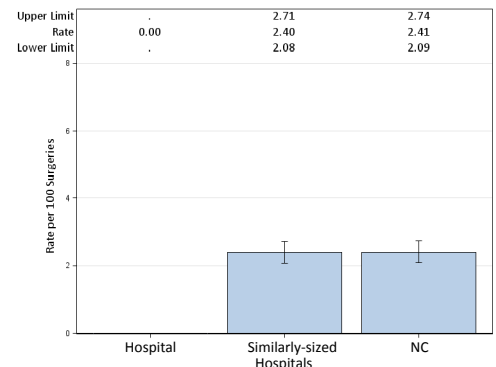
\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations (Abdominal Hysterectomies):**

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

**Bar Graph Interpretations (Colon Surgeries):**

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.



**Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.**

**Commentary from Hospitals:**

No comments provided.

# North Carolina Healthcare-Associated Infections Report

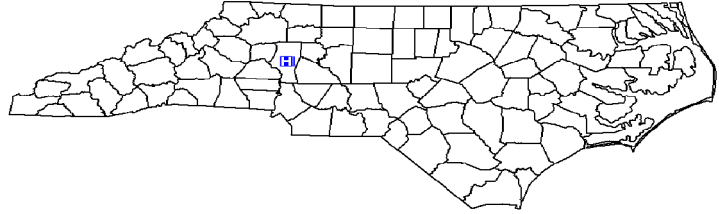
## Data from January 1 – December 31, 2012

### Iredell Memorial Hospital, Statesville, Iredell County

#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2011: 9,513  
 Patient Days in 2011: 44,214  
 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



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

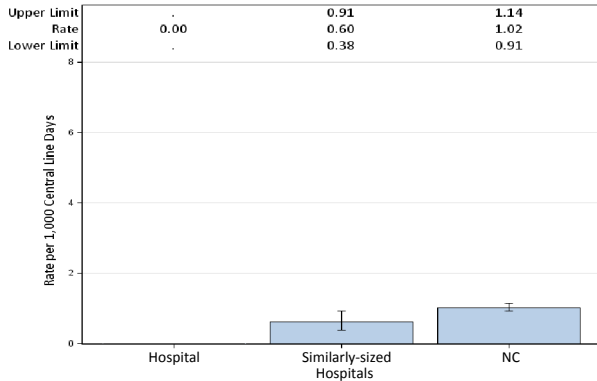


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.

	Infections	Line Days	Rate
Total for Reporting ICUs	0	1,571	0

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

#### Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

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

Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.

	Infections	Catheter Days	Rate
Total for Reporting ICUs	2	2,939	0.68

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

#### Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

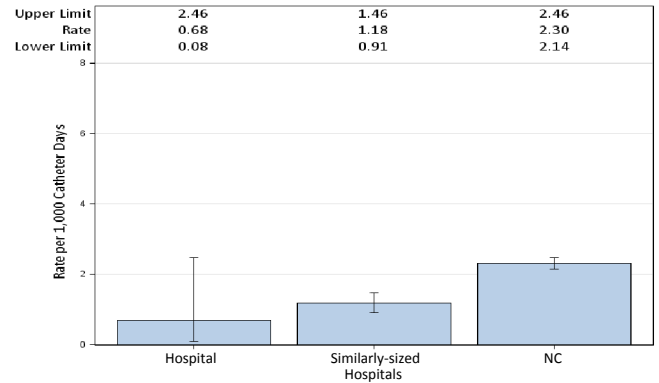


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.

#### Surgical Site Infections (SSI)

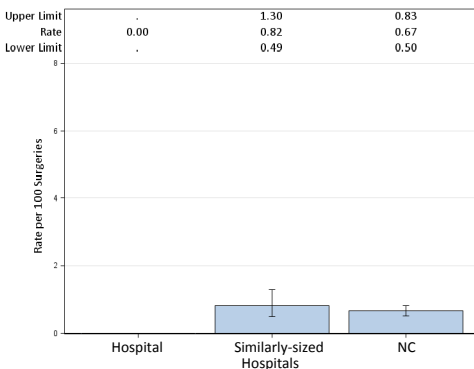


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.

Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	0	82	0
Colon surgery	1	82	1.22

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations (Abdominal Hysterectomies):**  
 A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

**Bar Graph Interpretations (Colon Surgeries):**  
 Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

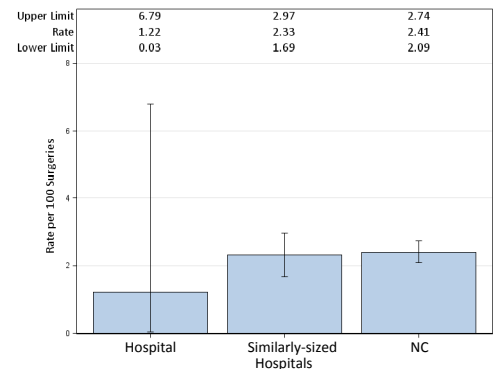


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.

**Commentary from Hospitals:**  
 No comments provided.

# North Carolina Healthcare-Associated Infections Report

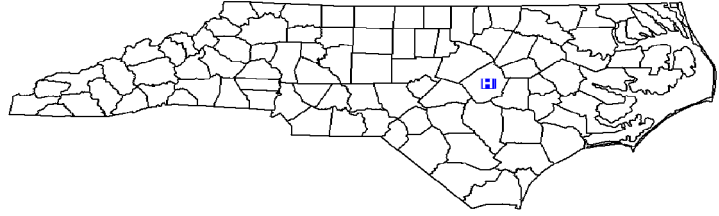
## Data from January 1 – December 31, 2012

### Johnston Health, Smithfield, Johnston County

#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2011: 9,919  
 Patient Days in 2011: 45,127  
 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



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

Upper Limit	3.76	0.91	1.14
Rate	0.68	0.60	1.02
Lower Limit	0.02	0.38	0.91

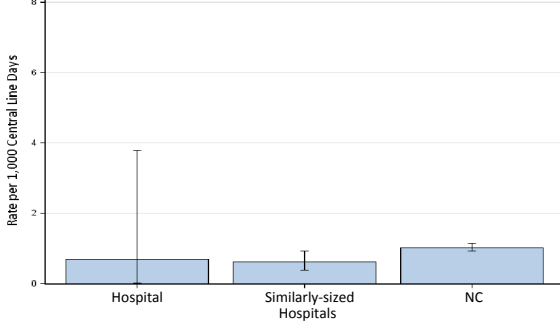


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.

	Infections	Line Days	Rate
Total for Reporting ICUs	1	1,480	0.68

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

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

Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.

	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	1,945	0

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

**Bar Graph Interpretations:**

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

Upper Limit	.	1.46	2.46
Rate	0.00	1.18	2.30
Lower Limit	.	0.91	2.14

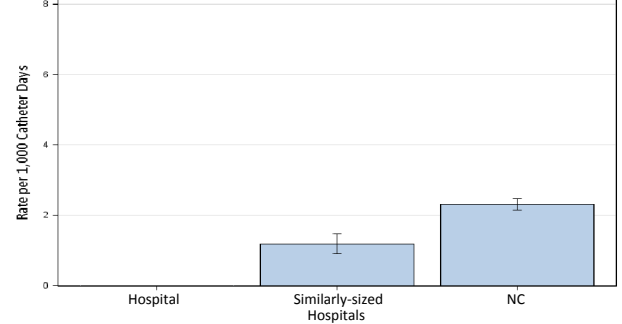


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.

#### Surgical Site Infections (SSI)

Upper Limit	.	1.30	0.83
Rate	0.00	0.82	0.67
Lower Limit	.	0.49	0.50

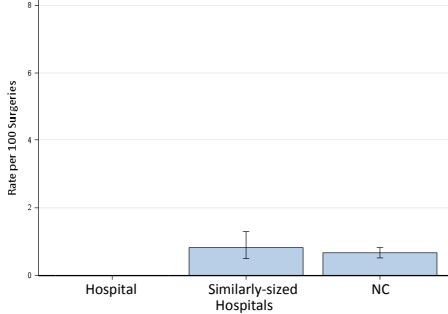


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.

Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	0	98	0
Colon surgery	0	58	0

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations (Abdominal Hysterectomies):**

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

**Bar Graph Interpretations (Colon Surgeries):**

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

Upper Limit	.	2.97	2.74
Rate	0.00	2.33	2.41
Lower Limit	.	1.69	2.09

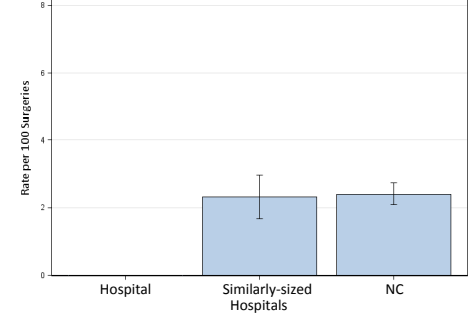


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.

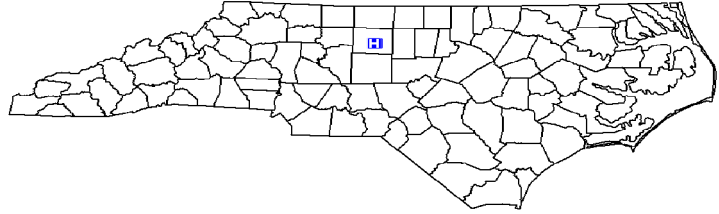
**Commentary from Hospitals:**

No comments provided.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – December 31, 2012**  
**Kindred Hospital Greensboro, Greensboro, Guilford County**

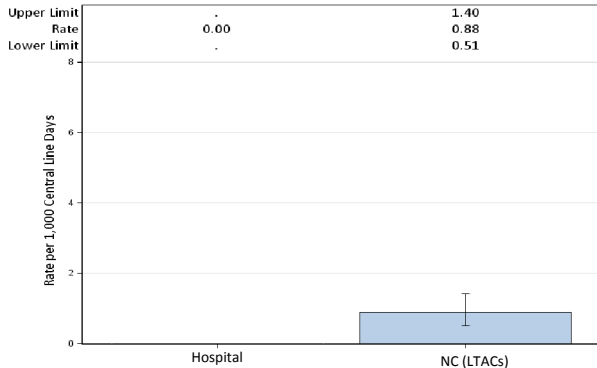
**2011 Hospital Survey Information**

Hospital Type: Long-term Acute Care Hospital  
 Profit Status: For Profit  
 Admissions in 2011: 424  
 Patient Days in 2011: 17,573  
 Total Number of Beds: 101  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 0.99



\*FTE = Full-time equivalent

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



**Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.**

	Infections	Line Days	Rate
Total for Reporting Units	0	4,187	0.00

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

A comparison to NC long-term acute care hospitals was not conducted.

**Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

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

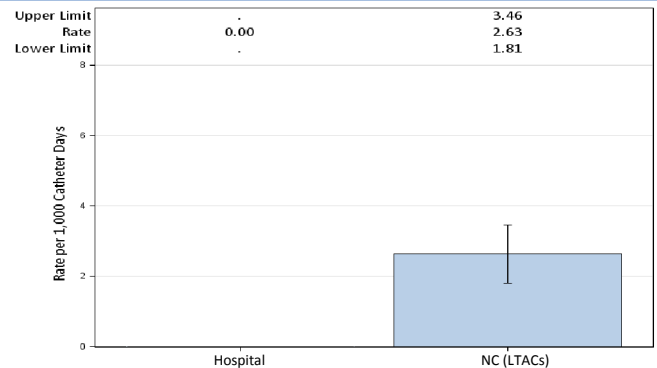
**Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.**

	Infections	Catheter Days	Rate
Total for Reporting Units	0	2,790	0.00

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

**Bar Graph Interpretations:**

A comparison to NC long-term acute care hospitals was not conducted.



**Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

**Surgical Site Infections (SSI)**

Long-term acute care hospitals (LTACs) do not report surgical site infections.

**Commentary from Hospitals:**  
 No comments provided.

# North Carolina Healthcare-Associated Infections Report

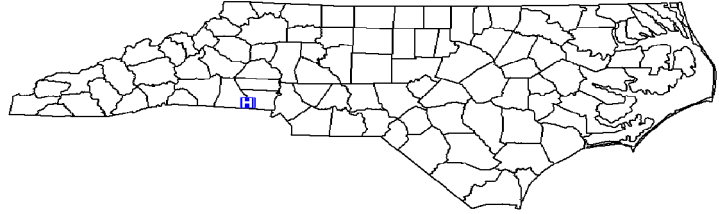
## Data from January 1 – December 31, 2012

### Kings Mountain Hospital, Kings Mountain, Cleveland County

#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2011: 2,786  
 Patient Days in 2011: 14,380  
 Total Number of Beds: 102  
 Number of ICU Beds: 6  
 FTE\* Infection Preventionists: 0.50  
 Number of FTEs\* per 100 beds: 0.49

\*FTE = Full-time equivalent



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

Upper Limit	.	0.91	1.14
Rate	0.00	0.60	1.02
Lower Limit	.	0.38	0.91

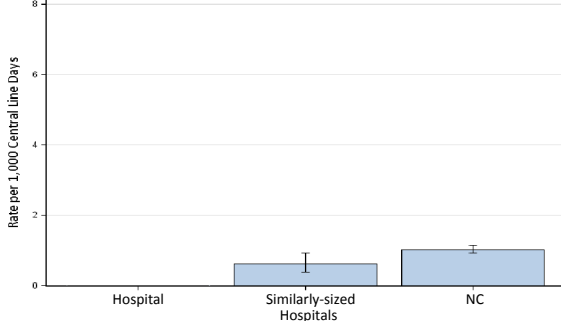


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.

	Infections	Line Days	Rate
Total for Reporting ICUs	0	184	0

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

#### Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

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

Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.

	Infections	Catheter Days	Rate
Total for Reporting ICUs	1	774	1.29

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

#### Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

Upper Limit	7.20	1.46	2.46
Rate	1.29	1.18	2.30
Lower Limit	0.03	0.91	2.14

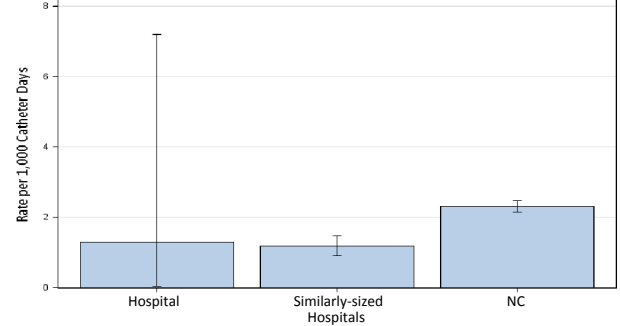


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.

#### Surgical Site Infections (SSI)

Upper Limit	.	1.30	0.83
Rate	.	0.82	0.67
Lower Limit	.	0.49	0.50

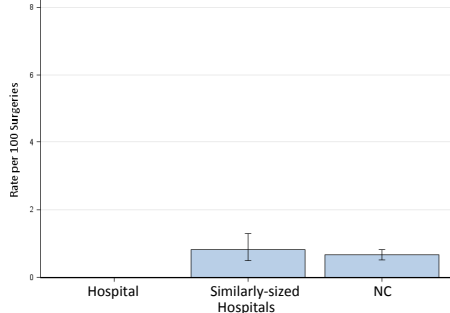


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.

Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	0	0	.
Colon surgery	0	16	.

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations (Abdominal Hysterectomies):**  
 A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

**Bar Graph Interpretations (Colon Surgeries):**  
 A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

Upper Limit	.	2.97	2.74
Rate	.	2.33	2.41
Lower Limit	.	1.69	2.09

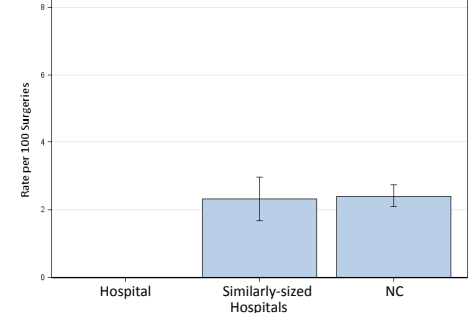


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.

#### Commentary from Hospitals:

No comments provided.

# North Carolina Healthcare-Associated Infections Report

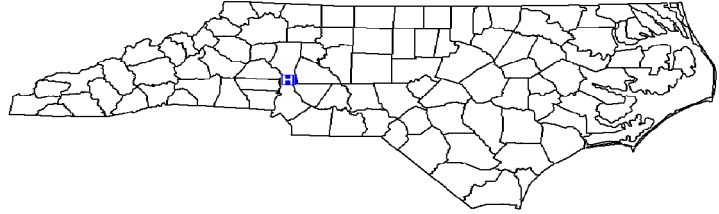
## Data from January 1 – December 31, 2012

### Lake Norman Regional Medical Center, Mooresville, Iredell County

#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: For Profit  
 Admissions in 2011: 5,567  
 Patient Days in 2011: 21,917  
 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



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

Upper Limit	6.03	0.91	1.14
Rate	1.08	0.60	1.02
Lower Limit	0.03	0.38	0.91

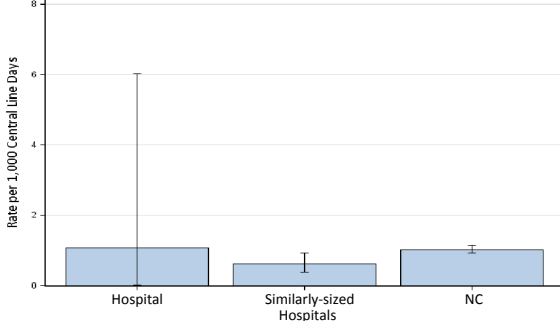


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.

	Infections	Line Days	Rate
Total for Reporting ICUs	1	924	1.08

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

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

Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.

	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	1,390	0

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

**Bar Graph Interpretations:**

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

Upper Limit	.	1.46	2.46
Rate	0.00	1.18	2.30
Lower Limit	.	0.91	2.14

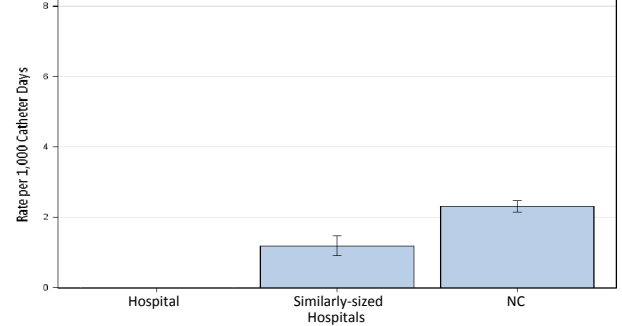


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.

#### Surgical Site Infections (SSI)

Upper Limit	.	1.30	0.83
Rate	0.00	0.82	0.67
Lower Limit	.	0.49	0.50

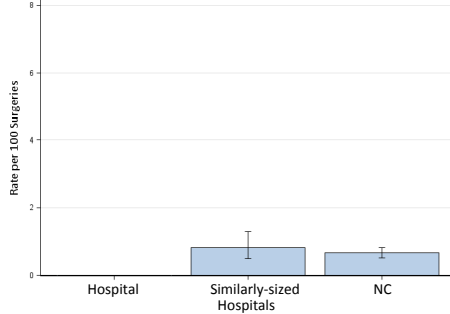


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.

Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	0	41	0
Colon surgery	0	32	0

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations (Abdominal Hysterectomies):**

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

**Bar Graph Interpretations (Colon Surgeries):**

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

Upper Limit	.	2.97	2.74
Rate	0.00	2.33	2.41
Lower Limit	.	1.69	2.09

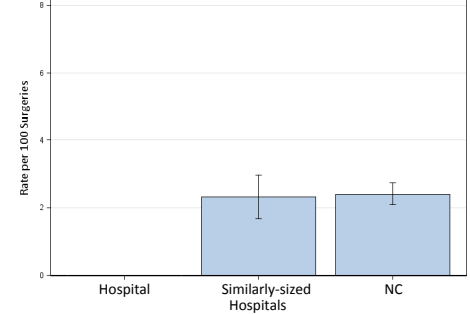


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.

**Commentary from Hospitals:**

No comments provided.

# North Carolina Healthcare-Associated Infections Report

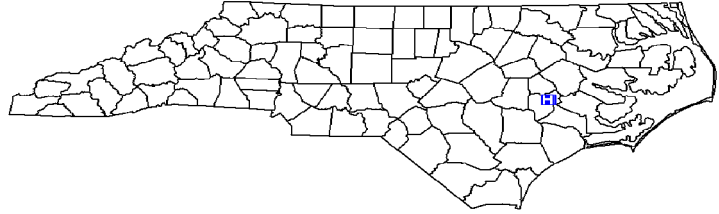
## Data from January 1 – December 31, 2012

### Lenoir Memorial Hospital, Inc, Kinston, Lenoir County

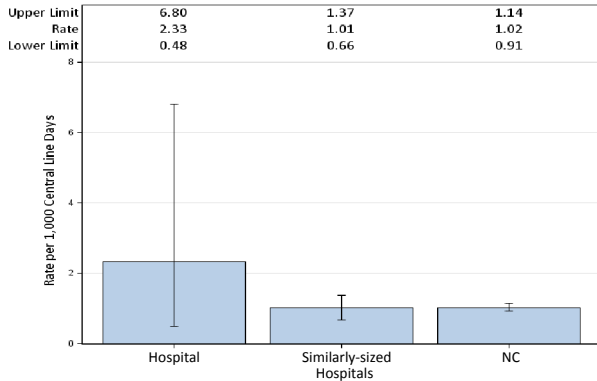
#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2011: 8,311  
 Patient Days in 2011: 44,349  
 Total Number of Beds: 216  
 Number of ICU Beds: 14  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 0.46

\*FTE = Full-time equivalent



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



**Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.**

	Infections	Line Days	Rate
Total for Reporting ICUs	3	1,290	2.33

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

**Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

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

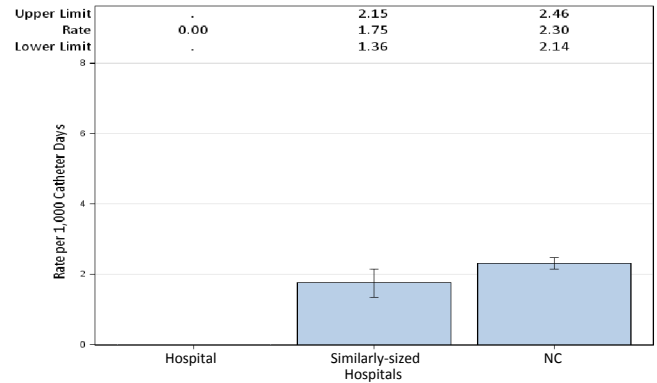
**Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.**

	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	2,180	0

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

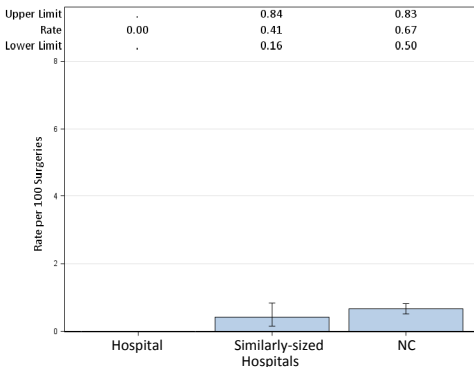
**Bar Graph Interpretations:**

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.



**Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

#### Surgical Site Infections (SSI)



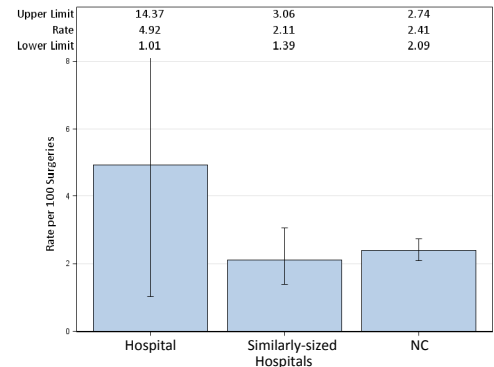
**Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.**

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	0	52	0
Colon surgery	3	61	4.92

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations (Abdominal Hysterectomies):**  
 A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

**Bar Graph Interpretations (Colon Surgeries):**  
 Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.



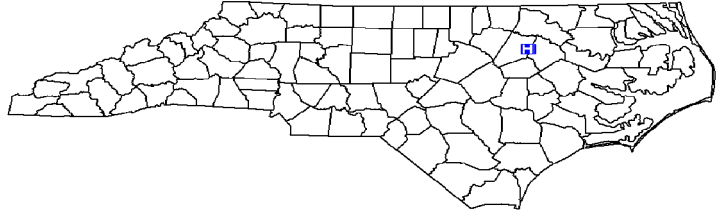
**Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.**

**Commentary from Hospitals:**  
 No comments provided.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – December 31, 2012**  
**Lifecare Hospitals Of North Carolina, Rocky Mount, Nash County**

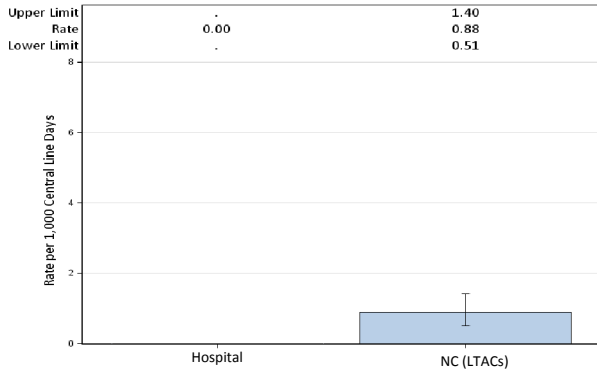
**2011 Hospital Survey Information**

Hospital Type: Long-term Acute Care Hospital  
 Profit Status: For Profit  
 Admissions in 2011: 457  
 Patient Days in 2011: 14,328  
 Total Number of Beds: 50  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 2.00



\*FTE = Full-time equivalent

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



**Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.**

	Infections	Line Days	Rate
Total for Reporting Units	0	2,410	0.00

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

A comparison to NC long-term acute care hospitals was not conducted.

**Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

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

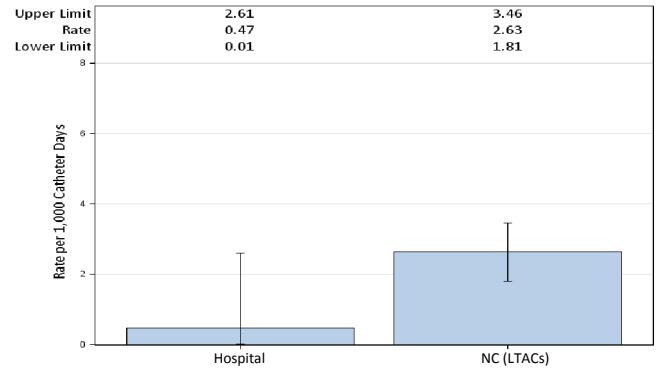
**Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.**

	Infections	Catheter Days	Rate
Total for Reporting Units	1	2,136	0.47

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

**Bar Graph Interpretations:**

Hospital rate is not different from NC long-term acute care hospitals overall.



**Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

**Surgical Site Infections (SSI)**

Long-term acute care hospitals (LTACs) do not report surgical site infections.

**Commentary from Hospitals:**

No comments provided.



# North Carolina Healthcare-Associated Infections Report

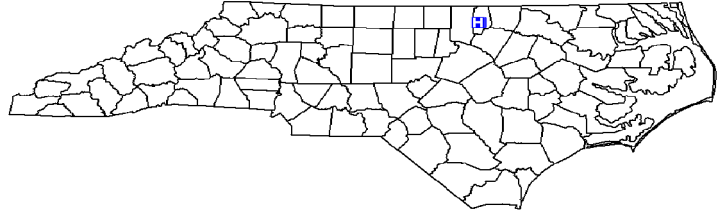
## Data from January 1 – December 31, 2012

### Maria Parham Medical Center, Henderson, Vance County

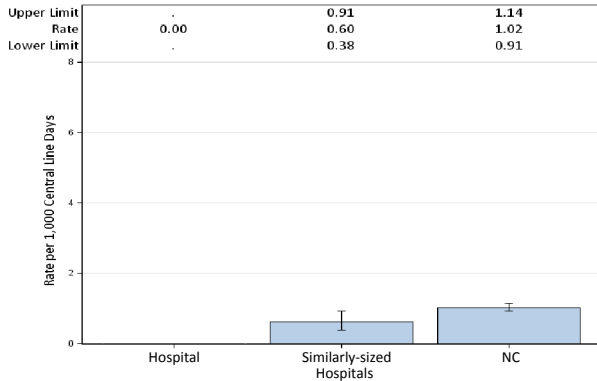
#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: For Profit  
 Admissions in 2011: 5,340  
 Patient Days in 2011: 19,576  
 Total Number of Beds: 102  
 Number of ICU Beds: 8  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 0.98

\*FTE = Full-time equivalent



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



**Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.**

	Infections	Line Days	Rate
Total for Reporting ICUs	0	1,517	0

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

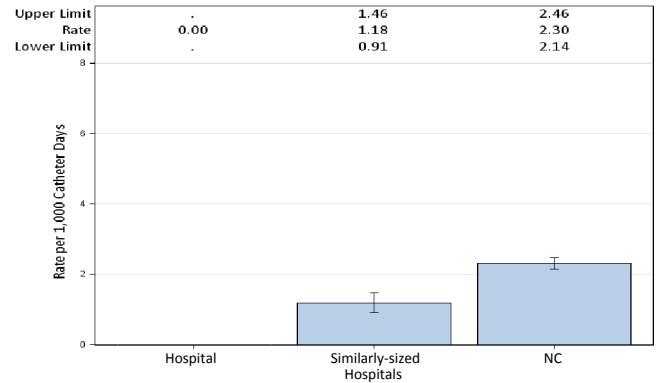
**Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

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

**Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.**

	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	1,872	0

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

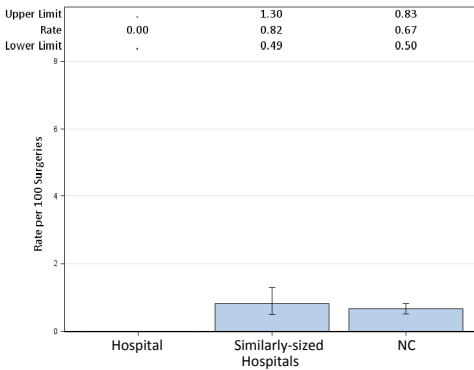


**Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

**Bar Graph Interpretations:**

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

#### Surgical Site Infections (SSI)



**Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.**

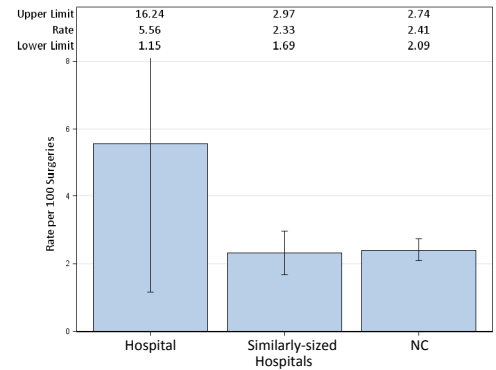
**Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.**

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	0	41	0
Colon surgery	3	54	5.56

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations (Abdominal Hysterectomies):**  
 A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

**Bar Graph Interpretations (Colon Surgeries):**  
 Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.



**Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.**

**Commentary from Hospitals:**  
 No comments provided.

# North Carolina Healthcare-Associated Infections Report

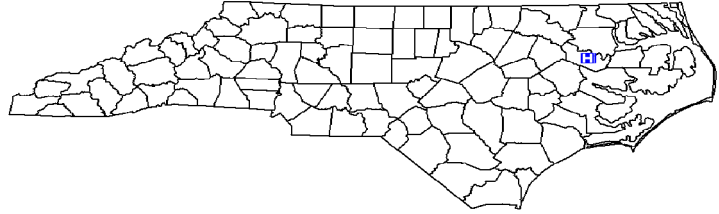
## Data from January 1 – December 31, 2012

### Martin General Hospital, Williamston, Martin County

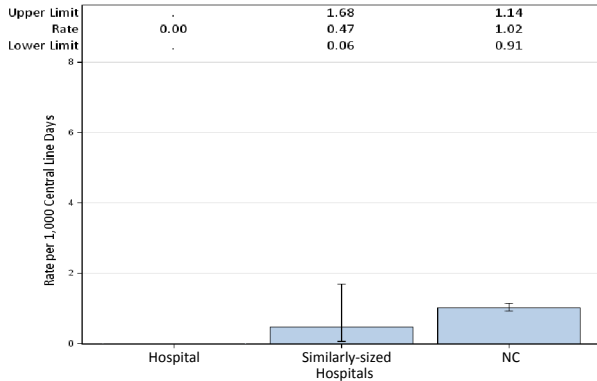
#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: For Profit  
 Admissions in 2011: 2,222  
 Patient Days in 2011: 7,343  
 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



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



**Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.**

	Infections	Line Days	Rate
Total for Reporting ICUs	0	280	0

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

**Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

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

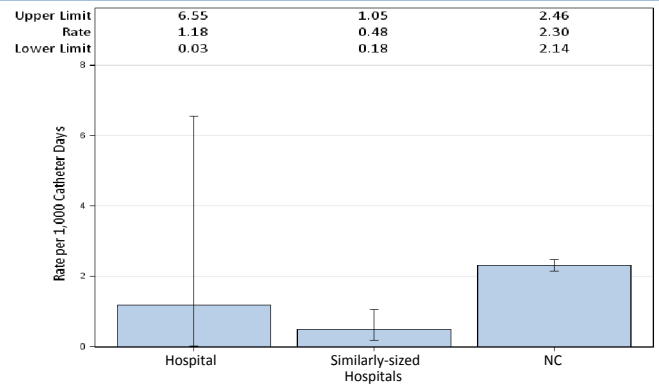
**Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.**

	Infections	Catheter Days	Rate
Total for Reporting ICUs	1	851	1.18

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

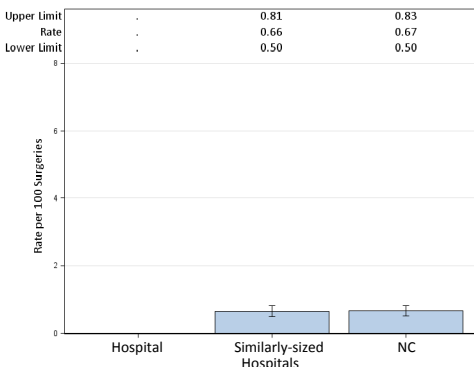
**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.



**Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

#### Surgical Site Infections (SSI)



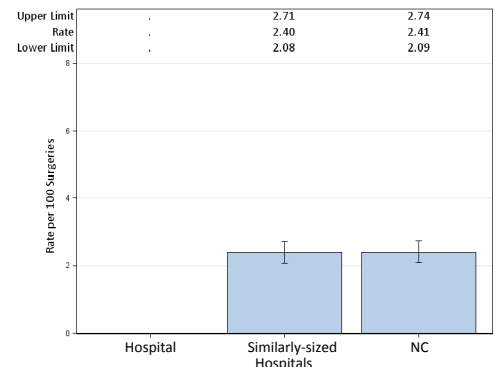
**Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.**

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	0	7	.
Colon surgery	1	4	.

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations (Abdominal Hysterectomies):**  
 A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

**Bar Graph Interpretations (Colon Surgeries):**  
 A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.



**Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.**

**Commentary from Hospitals:**  
 No comments provided.

# North Carolina Healthcare-Associated Infections Report

## Data from January 1 – December 31, 2012

### The McDowell Hospital, Marion, McDowell County

#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2011: 1,884  
 Patient Days in 2011: 6,685  
 Total Number of Beds: 37  
 Number of ICU Beds: 9  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 2.70

\*FTE = Full-time equivalent



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

Upper Limit	.	1.68	1.14
Rate	0.00	0.47	1.02
Lower Limit	.	0.06	0.91

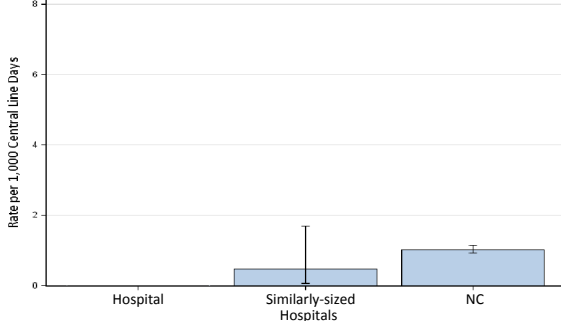


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.

	Infections	Line Days	Rate
Total for Reporting ICUs	0	159	0

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

#### Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.

A comparison to NC hospitals overall was not conducted.

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

Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.

	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	1,016	0

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

#### Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.

A comparison to NC hospitals overall was not conducted.

Upper Limit	.	1.05	2.46
Rate	0.00	0.48	2.30
Lower Limit	.	0.18	2.14

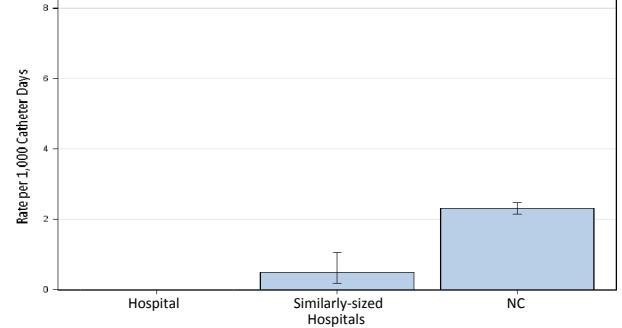


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.

#### Surgical Site Infections (SSI)

Upper Limit	.	0.81	0.83
Rate	.	0.66	0.67
Lower Limit	.	0.50	0.50

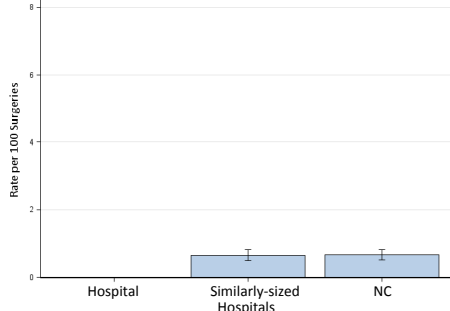


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.

Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	0	1	.
Colon surgery	1	18	.

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

#### Bar Graph Interpretations (Abdominal Hysterectomies):

A comparison to similarly-sized hospitals was not conducted.

A comparison to NC hospitals overall was not conducted.

#### Bar Graph Interpretations (Colon Surgeries):

A comparison to similarly-sized hospitals was not conducted.

A comparison to NC hospitals overall was not conducted.

Upper Limit	.	2.71	2.74
Rate	.	2.40	2.41
Lower Limit	.	2.08	2.09

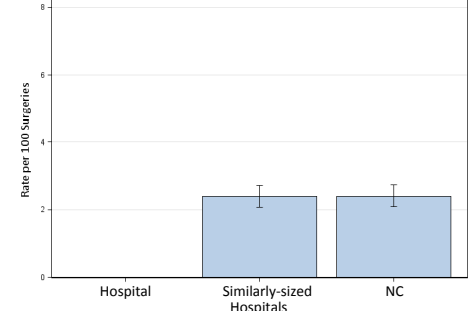


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.

#### Commentary from Hospitals:

No comments provided.

# North Carolina Healthcare-Associated Infections Report

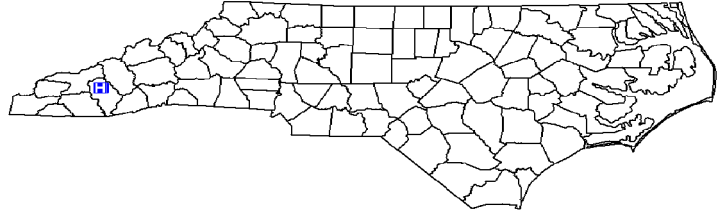
## Data from January 1 – December 31, 2012

### MedWest - Harris Regional Hospital, Sylva, Jackson County

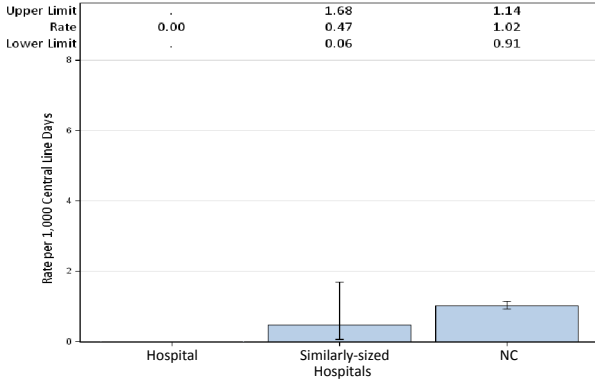
#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: Limited  
 Profit Status: Not for Profit  
 Admissions in 2011: 4,426  
 Patient Days in 2011: 13,977  
 Total Number of Beds: 94  
 Number of ICU Beds: 8  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 1.06

\*FTE = Full-time equivalent



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



**Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.**

	Infections	Line Days	Rate
Total for Reporting ICUs	0	493	0

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

**Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

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

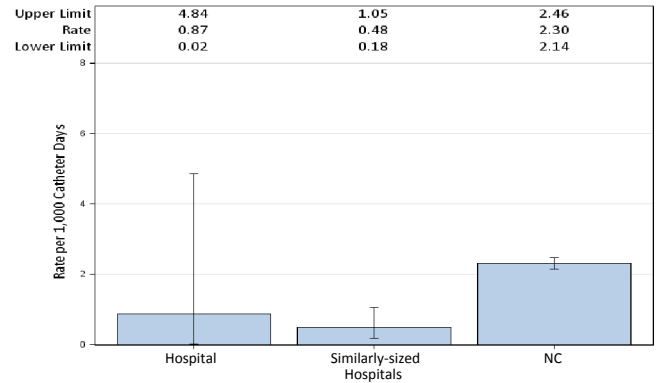
**Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.**

	Infections	Catheter Days	Rate
Total for Reporting ICUs	1	1,150	0.87

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

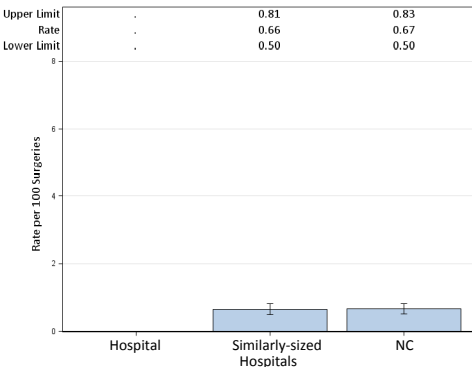
**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.



**Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

#### Surgical Site Infections (SSI)



**Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.**

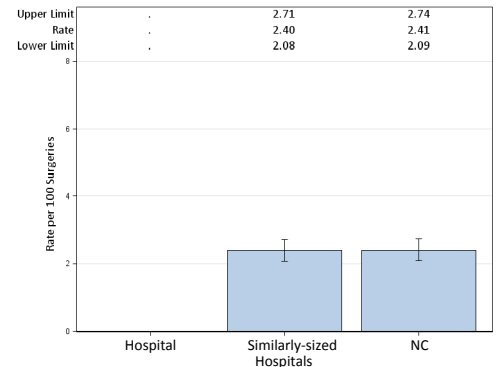
Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	0	17	.
Colon surgery	0	4	.

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations (Abdominal Hysterectomies):**  
 A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

**Bar Graph Interpretations (Colon Surgeries):**  
 A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

**Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.**



**Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.**

**Commentary from Hospitals:**  
 No comments provided.

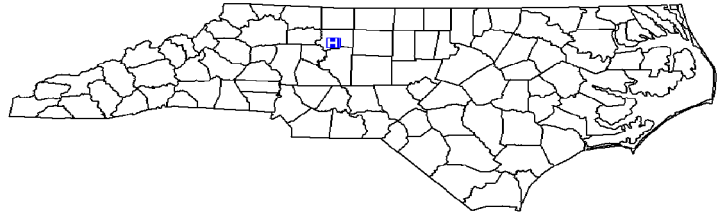
# North Carolina Healthcare-Associated Infections Report

## Data from January 1 – December 31, 2012

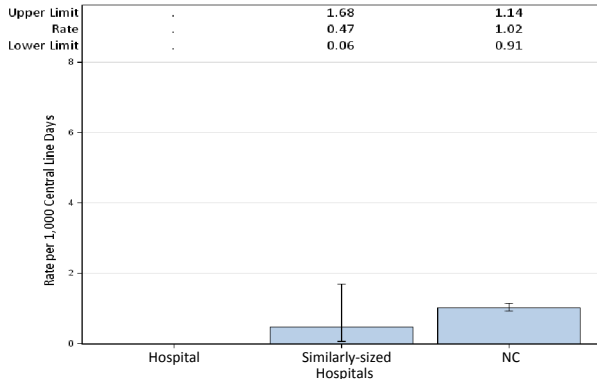
### Medical Park Hospital, Winston Salem, Forsyth County

#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2011: 773  
 Patient Days in 2011: 2,853  
 Total Number of Beds: 50  
 Number of ICU Beds: 0  
 FTE\* Infection Preventionists: 0.50  
 Number of FTEs\* per 100 beds: 1.00



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



This hospital does not have intensive care units (ICUs).

Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.

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

This hospital does not have intensive care units (ICUs).

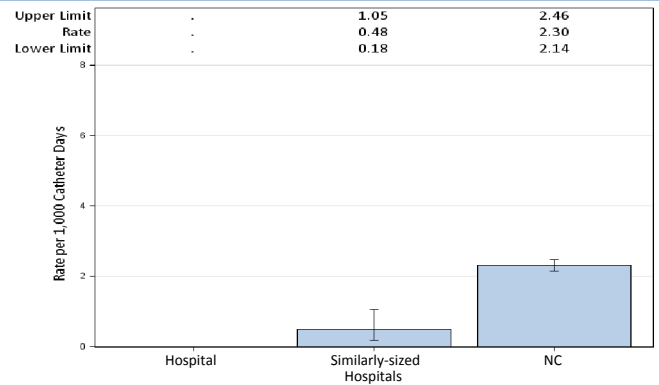


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.

#### Surgical Site Infections (SSI)

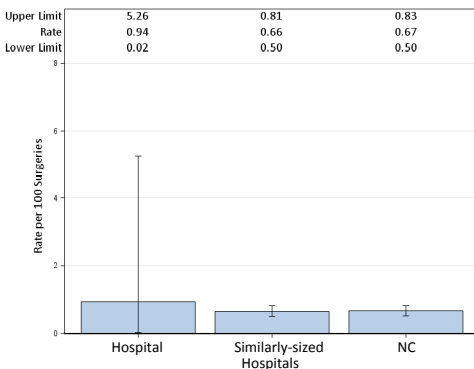


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.

Table 1. Number of Infections and Rate of SSI, Jan-Dec 2012.

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	1	106	0.94
Colon surgery	2	187	1.07

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations (Abdominal Hysterectomies):**  
 Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

**Bar Graph Interpretations (Colon Surgeries):**  
 Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

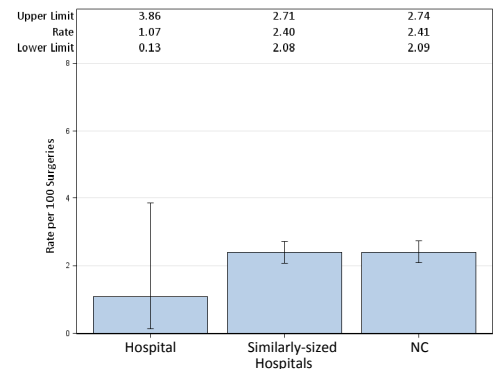


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.

#### Commentary from Hospitals:

At Novant Health, the safety of our patients comes first. Our goal is to have the lowest possible infection rates and we continually monitor infection prevention tactics 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' on NovantHealth.org.

# North Carolina Healthcare-Associated Infections Report

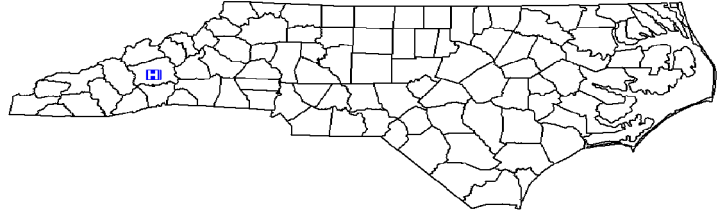
## Data from January 1 – December 31, 2012

### Mission Hospitals, Inc, Asheville, Buncombe County

#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: Limited  
 Profit Status: Not for Profit  
 Admissions in 2011: 43,652  
 Patient Days in 2011: 212,503  
 Total Number of Beds: 739  
 Number of ICU Beds: 131  
 FTE\* Infection Preventionists: 4.80  
 Number of FTEs\* per 100 beds: 0.65

\*FTE = Full-time equivalent



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

Upper Limit	1.02	1.12	1.14
Rate	0.47	0.93	1.02
Lower Limit	0.17	0.74	0.91

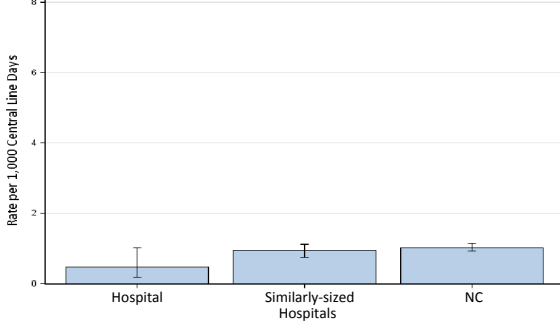


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.

	Infections	Line Days	Rate
Total for Reporting ICUs	6	12,811	0.47

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

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

Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.

	Infections	Catheter Days	Rate
Total for Reporting ICUs	36	15,324	2.35

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

Upper Limit	3.12	2.36	2.46
Rate	2.35	2.09	2.30
Lower Limit	1.58	1.82	2.14

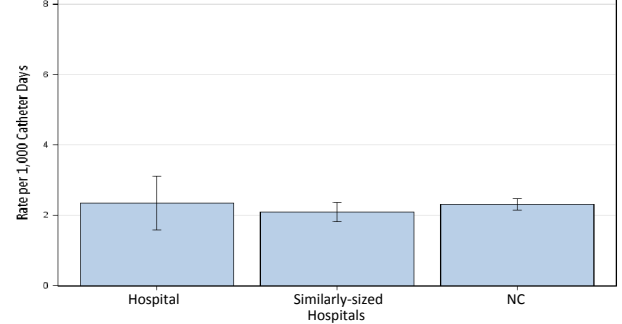


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.

#### Surgical Site Infections (SSI)

Upper Limit	2.38	1.09	0.83
Rate	0.93	0.71	0.67
Lower Limit	0.25	0.44	0.50

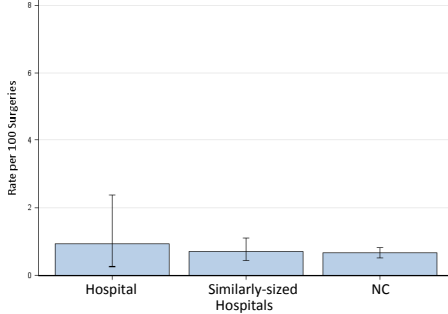


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.

Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	4	430	0.93
Colon surgery	14	389	3.6

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations (Abdominal Hysterectomies):**

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

**Bar Graph Interpretations (Colon Surgeries):**

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

Upper Limit	6.04	3.23	2.74
Rate	3.60	2.63	2.41
Lower Limit	1.97	2.04	2.09

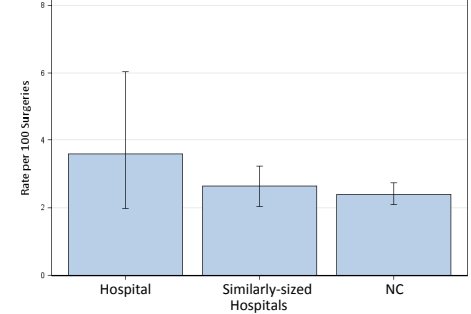


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.

**Commentary from Hospitals:**

No comments provided.

# North Carolina Healthcare-Associated Infections Report

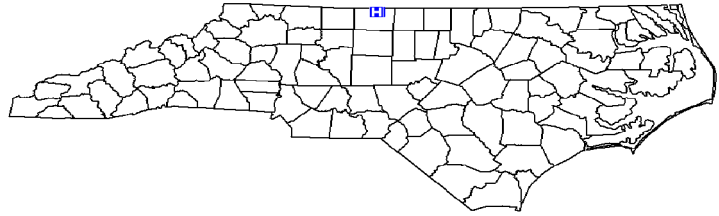
## Data from January 1 – December 31, 2012

### Morehead Memorial Hospital, Eden, Rockingham County

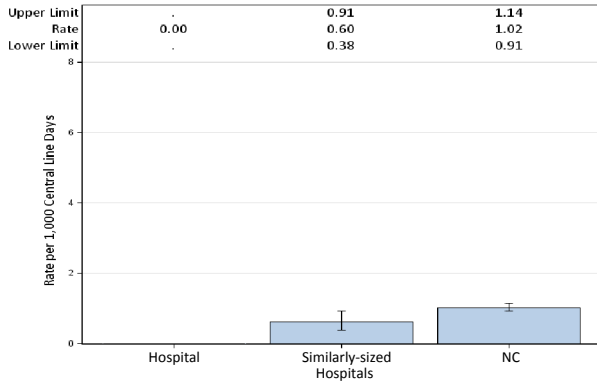
#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2011: 6,228  
 Patient Days in 2011: 22,583  
 Total Number of Beds: 108  
 Number of ICU Beds: 9  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 0.93

\*FTE = Full-time equivalent



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



**Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.**

	Infections	Line Days	Rate
Total for Reporting ICUs	0	83	0

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

**Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

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

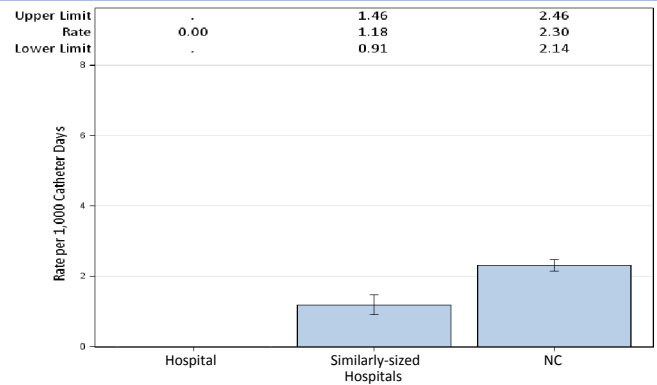
**Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.**

	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	1,034	0

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

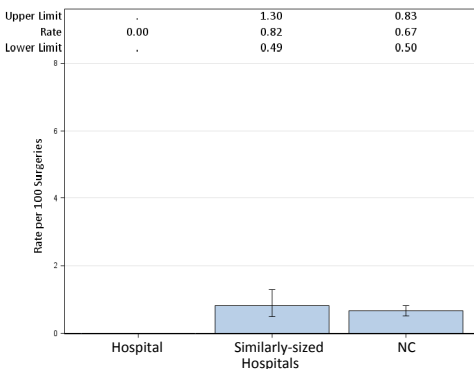
**Bar Graph Interpretations:**

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.



**Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

#### Surgical Site Infections (SSI)



**Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.**

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	0	34	0
Colon surgery	0	35	0

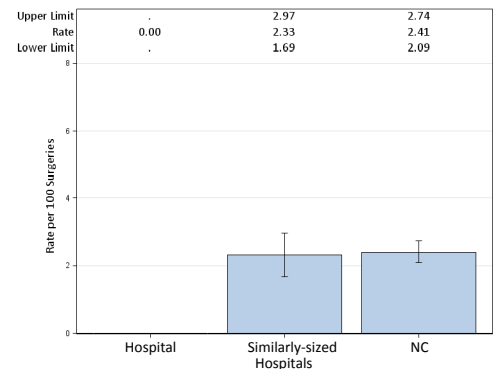
\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations (Abdominal Hysterectomies):**

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

**Bar Graph Interpretations (Colon Surgeries):**

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.



**Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.**

**Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.**

**Commentary from Hospitals:**  
 No comments provided.

# North Carolina Healthcare-Associated Infections Report

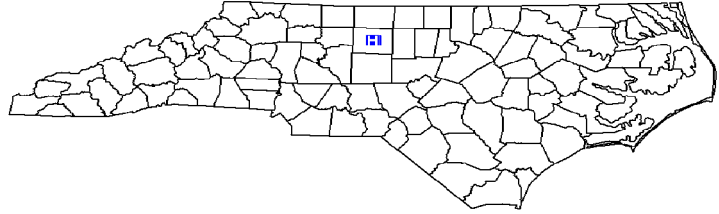
## Data from January 1 – December 31, 2012

### Moses Cone Hospital, Greensboro, Guilford County

#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2011: 25,172  
 Patient Days in 2011: 124,066  
 Total Number of Beds: 534  
 Number of ICU Beds: 66  
 FTE\* Infection Preventionists: 3.00  
 Number of FTEs\* per 100 beds: 0.56

\*FTE = Full-time equivalent



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

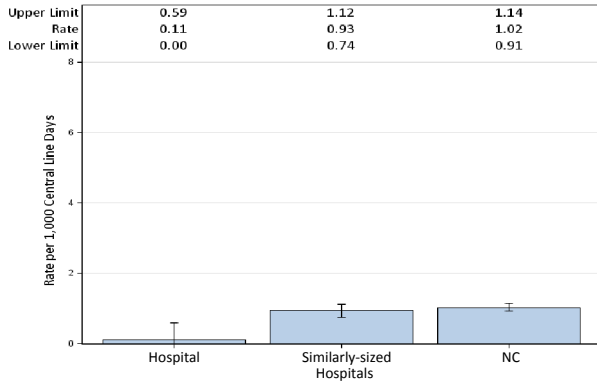


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.

	Infections	Line Days	Rate
Total for Reporting ICUs	1	9,442	0.11

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

#### Bar Graph Interpretations:

Hospital rate is lower than similarly-sized hospitals.  
 Hospital rate is lower than NC hospitals overall.

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

Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.

	Infections	Catheter Days	Rate
Total for Reporting ICUs	30	11,052	2.71

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

#### Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

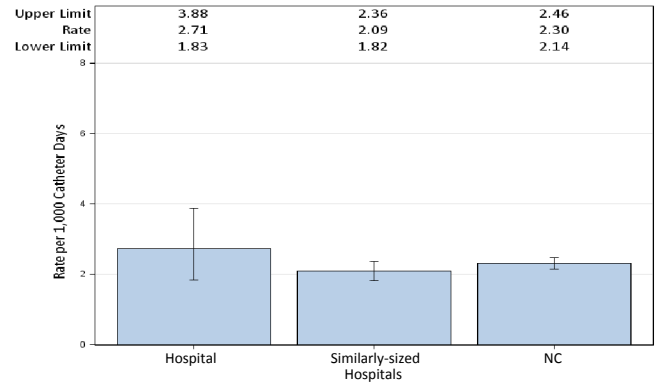


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.

#### Surgical Site Infections (SSI)

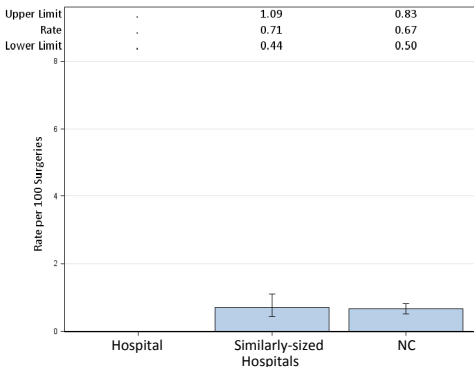


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.

Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	0	3	.
Colon surgery	4	138	2.9

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations (Abdominal Hysterectomies):**  
 A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

**Bar Graph Interpretations (Colon Surgeries):**  
 Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

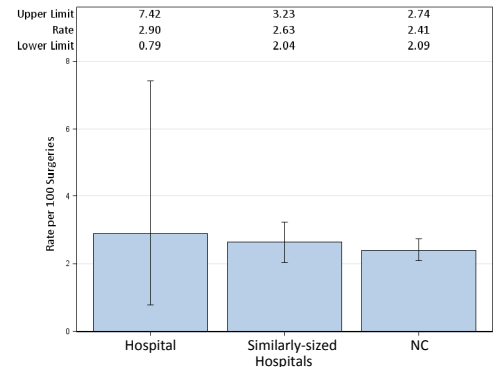


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.

#### Commentary from Hospitals:

Cone Health is committed to preventing Healthcare Associated Infections. We have dedicated teams of experts focused on process improvements to improve our patient outcomes. Please contact Cone Health Infection Prevention if you would like further information.



# North Carolina Healthcare-Associated Infections Report

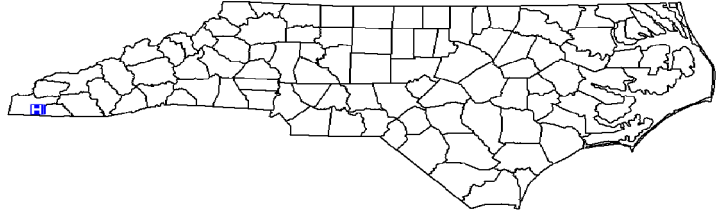
## Data from January 1 – December 31, 2012

### Murphy Medical Center, Murphy, Cherokee County

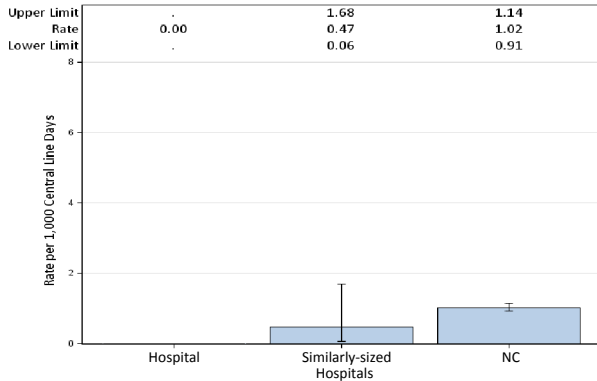
#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2011: 2,475  
 Patient Days in 2011: 9,271  
 Total Number of Beds: 57  
 Number of ICU Beds: 6  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 1.75

\*FTE = Full-time equivalent



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



**Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.**

	Infections	Line Days	Rate
Total for Reporting ICUs	0	174	0

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

**Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

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

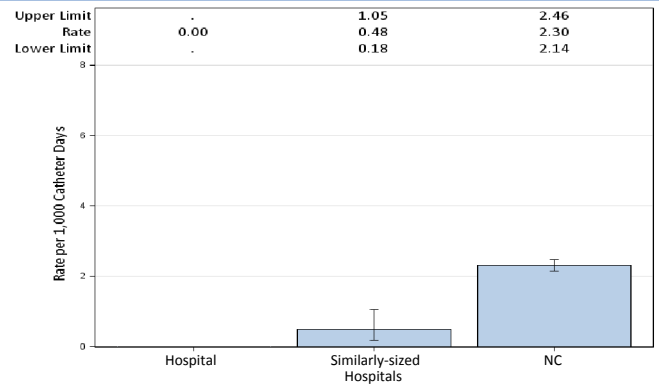
**Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.**

	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	625	0

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

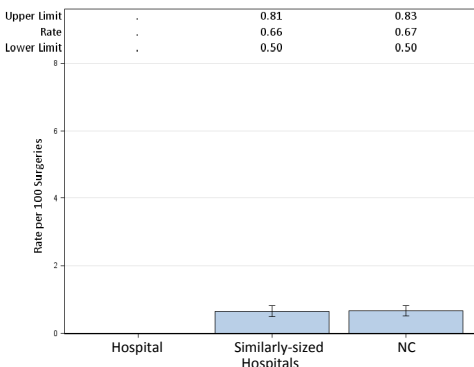
**Bar Graph Interpretations:**

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.



**Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

#### Surgical Site Infections (SSI)



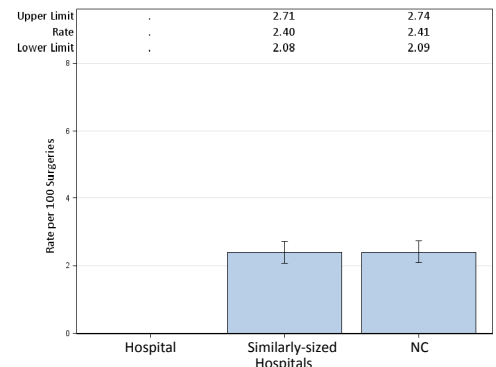
**Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.**

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	0	11	.
Colon surgery	0	9	.

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations (Abdominal Hysterectomies):**  
 A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

**Bar Graph Interpretations (Colon Surgeries):**  
 A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.



**Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.**

**Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.**

**Commentary from Hospitals:**  
 No comments provided.

# North Carolina Healthcare-Associated Infections Report

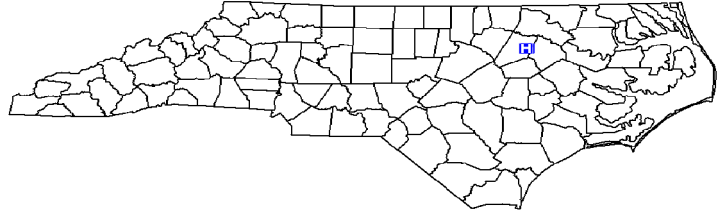
## Data from January 1 – December 31, 2012

### Nash Health Care Systems, Rocky Mount, Nash County

#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2011: 12,013  
 Patient Days in 2011: 49,385  
 Total Number of Beds: 286  
 Number of ICU Beds: 25  
 FTE\* Infection Preventionists: 2.00  
 Number of FTEs\* per 100 beds: 0.70

\*FTE = Full-time equivalent



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

Upper Limit	2.76	1.37	1.14
Rate	0.76	1.01	1.02
Lower Limit	0.09	0.66	0.91

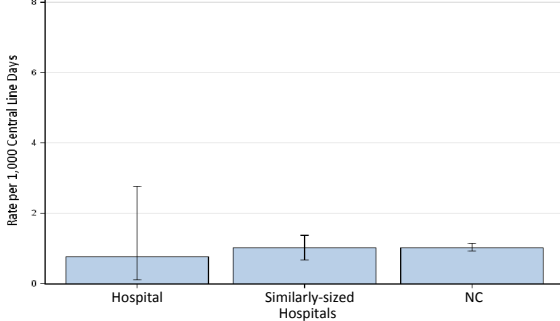


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.

	Infections	Line Days	Rate
Total for Reporting ICUs	2	2,616	0.76

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

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

Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.

	Infections	Catheter Days	Rate
Total for Reporting ICUs	4	3,622	1.1

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

Upper Limit	2.83	2.15	2.46
Rate	1.10	1.75	2.30
Lower Limit	0.30	1.36	2.14

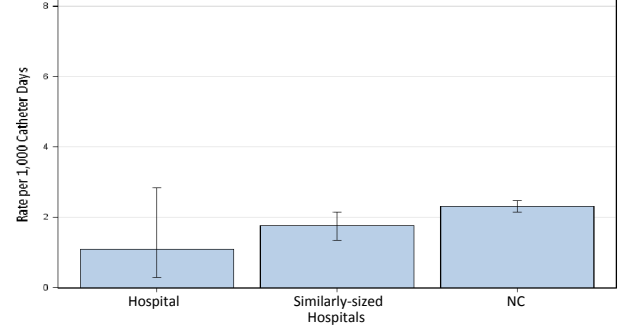


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.

#### Surgical Site Infections (SSI)

Upper Limit	2.73	0.84	0.83
Rate	0.49	0.41	0.67
Lower Limit	0.01	0.16	0.50

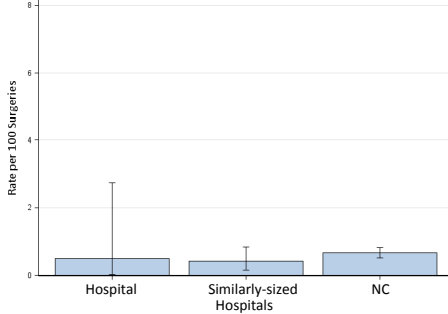


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.

Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	1	204	0.49
Colon surgery	3	85	3.53

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations (Abdominal Hysterectomies):**

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

**Bar Graph Interpretations (Colon Surgeries):**

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

Upper Limit	10.31	3.06	2.74
Rate	3.53	2.11	2.41
Lower Limit	0.73	1.39	2.09

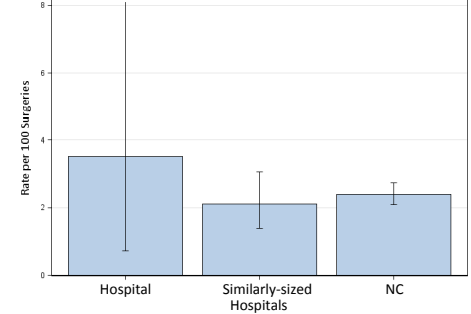


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.

**Commentary from Hospitals:**

No comments provided.

# North Carolina Healthcare-Associated Infections Report

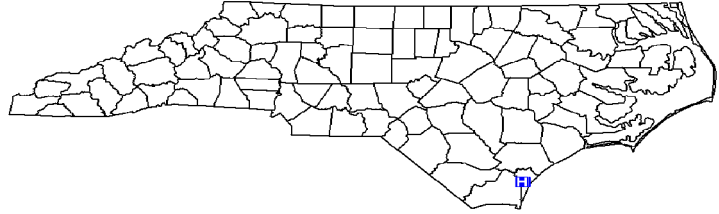
## Data from January 1 – December 31, 2012

### New Hanover Regional Medical Center, Wilmington, New Hanover County

#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: Major  
 Profit Status: Not for Profit  
 Admissions in 2011: 36,026  
 Patient Days in 2011: 176,832  
 Total Number of Beds: 588  
 Number of ICU Beds: 112  
 FTE\* Infection Preventionists: 4.00  
 Number of FTEs\* per 100 beds: 0.68

\*FTE = Full-time equivalent



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

Upper Limit	1.00	1.12	1.14
Rate	0.39	0.93	1.02
Lower Limit	0.11	0.74	0.91

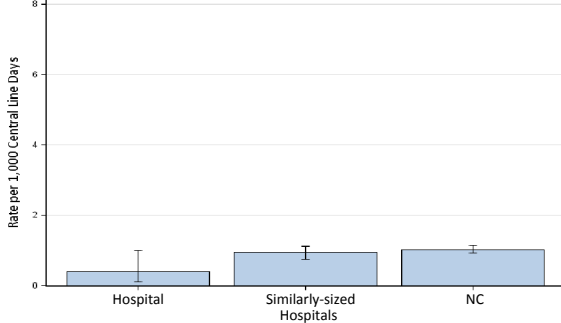


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.

	Infections	Line Days	Rate
Total for Reporting ICUs	4	10,202	0.39

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

#### Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

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

Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.

	Infections	Catheter Days	Rate
Total for Reporting ICUs	5	11,449	0.44

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

#### Bar Graph Interpretations:

Hospital rate is lower than similarly-sized hospitals.  
 Hospital rate is lower than NC hospitals overall.

Upper Limit	1.02	2.36	2.46
Rate	0.44	2.09	2.30
Lower Limit	0.14	1.82	2.14

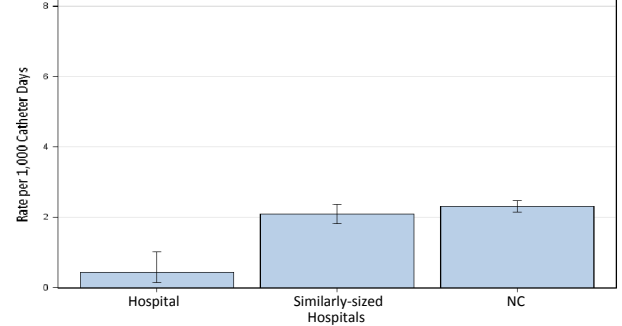


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.

#### Surgical Site Infections (SSI)

Upper Limit	1.72	1.09	0.83
Rate	0.48	0.71	0.67
Lower Limit	0.06	0.44	0.50

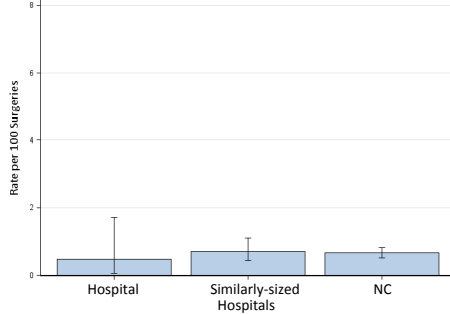


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.

Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	2	419	0.48
Colon surgery	6	385	1.56

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

#### Bar Graph Interpretations (Abdominal Hysterectomies):

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

#### Bar Graph Interpretations (Colon Surgeries):

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

Upper Limit	3.39	3.23	2.74
Rate	1.56	2.63	2.41
Lower Limit	0.57	2.04	2.09

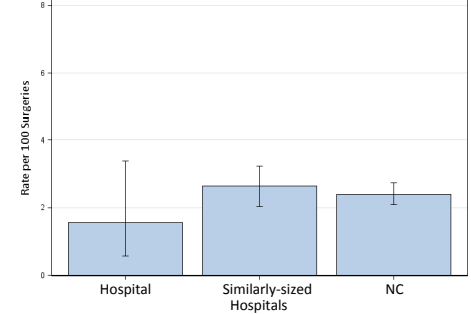


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.

#### Commentary from Hospitals:

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.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics ([epi.publichealth.nc.gov/cd/hai/figures.html](http://epi.publichealth.nc.gov/cd/hai/figures.html)). Data as of March 12, 2013.

# North Carolina Healthcare-Associated Infections Report

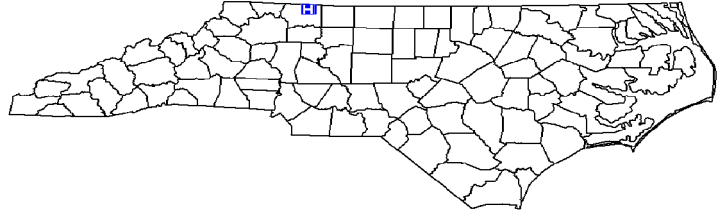
## Data from January 1 – December 31, 2012

### Northern Hospital Of Surry County, Mount Airy, Surry County

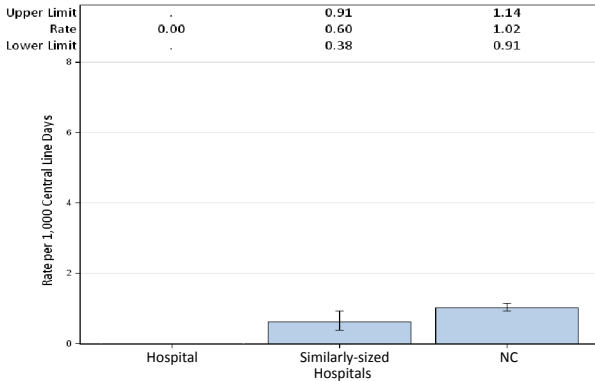
#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2011: 4,677  
 Patient Days in 2011: 15,898  
 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



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



**Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.**

	Infections	Line Days	Rate
Total for Reporting ICUs	0	292	0

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

**Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

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

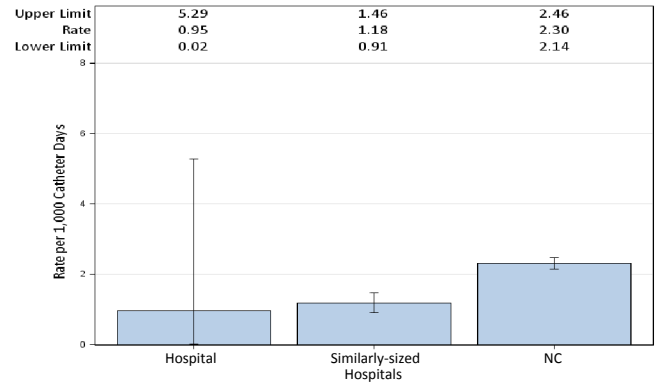
**Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.**

	Infections	Catheter Days	Rate
Total for Reporting ICUs	1	1,054	0.95

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

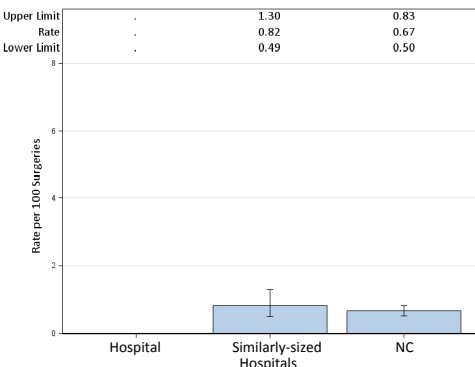
**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.



**Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

#### Surgical Site Infections (SSI)



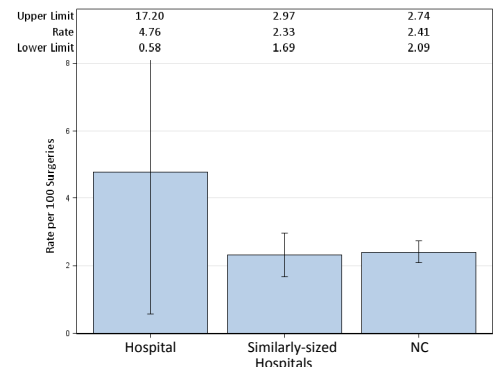
**Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.**

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	1	13	.
Colon surgery	2	42	4.76

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations (Abdominal Hysterectomies):**  
 A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

**Bar Graph Interpretations (Colon Surgeries):**  
 Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.



**Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.**

**Commentary from Hospitals:**  
 No comments provided.

# North Carolina Healthcare-Associated Infections Report

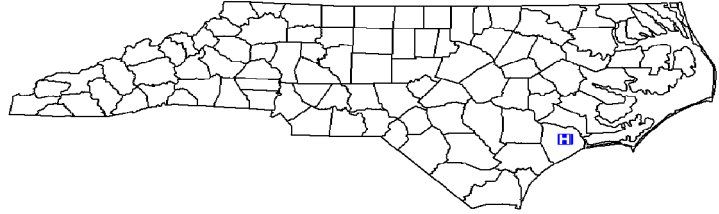
## Data from January 1 – December 31, 2012

### Onslow Memorial Hospital, Jacksonville, Onslow County

#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2011: 10,466  
 Patient Days in 2011: 38,741  
 Total Number of Beds: 162  
 Number of ICU Beds: 30  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 0.62

\*FTE = Full-time equivalent



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

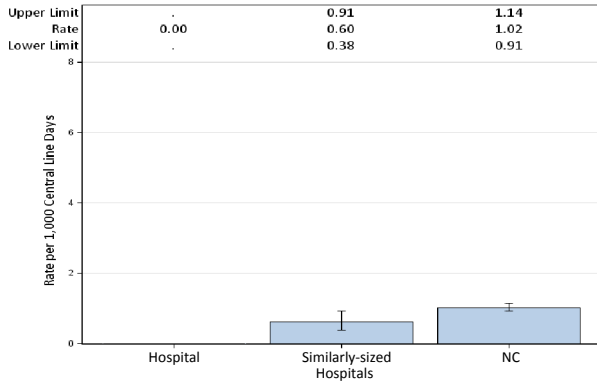


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.

	Infections	Line Days	Rate
Total for Reporting ICUs	0	1,193	0

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

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

Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.

	Infections	Catheter Days	Rate
Total for Reporting ICUs	2	2,784	0.72

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

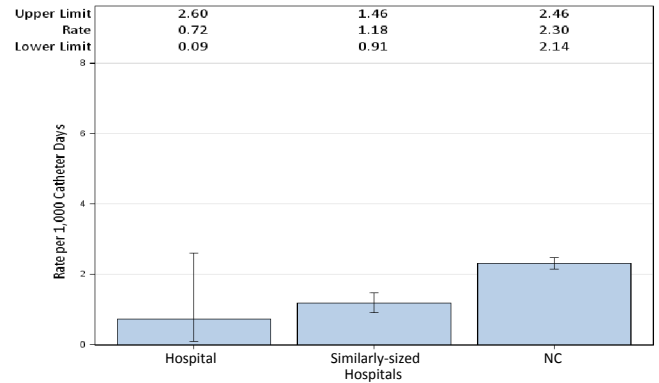


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.

#### Surgical Site Infections (SSI)

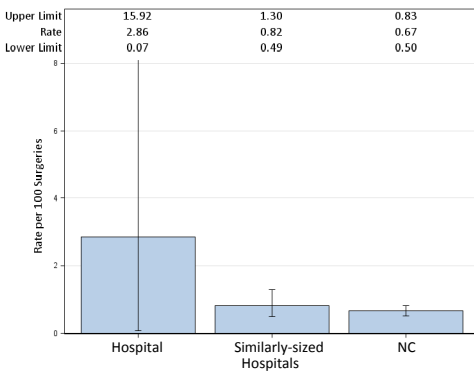


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.

Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	1	35	2.86
Colon surgery	1	53	1.89

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations (Abdominal Hysterectomies):**

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

**Bar Graph Interpretations (Colon Surgeries):**

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

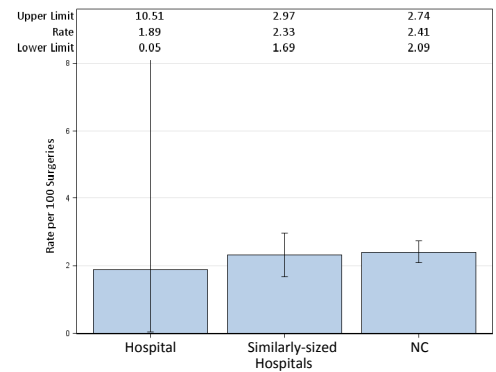


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.

**Commentary from Hospitals:**

No comments provided.

# North Carolina Healthcare-Associated Infections Report

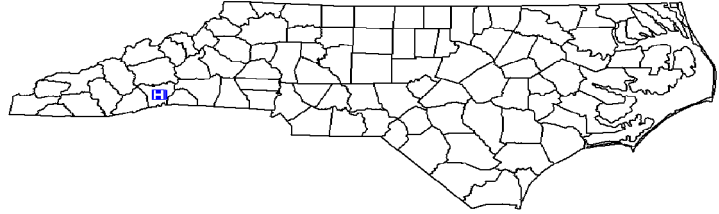
## Data from January 1 – December 31, 2012

### Pardee Hospital, Hendersonville, Henderson County

#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: Graduate  
 Profit Status: Not for Profit  
 Admissions in 2011: 7,331  
 Patient Days in 2011: 31,319  
 Total Number of Beds: 145  
 Number of ICU Beds: 8  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 0.69

\*FTE = Full-time equivalent



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

Upper Limit	.	0.91	1.14
Rate	0.00	0.60	1.02
Lower Limit	.	0.38	0.91

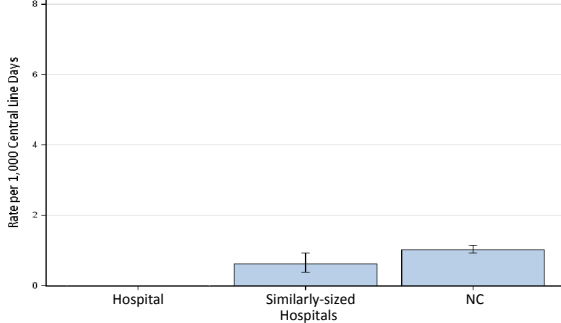


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.

	Infections	Line Days	Rate
Total for Reporting ICUs	0	424	0

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

A comparison to similarly-sized hospitals was not conducted.

A comparison to NC hospitals overall was not conducted.

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

Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.

	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	1,214	0

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

**Bar Graph Interpretations:**

A comparison to similarly-sized hospitals was not conducted.

A comparison to NC hospitals overall was not conducted.

Upper Limit	.	1.46	2.46
Rate	0.00	1.18	2.30
Lower Limit	.	0.91	2.14

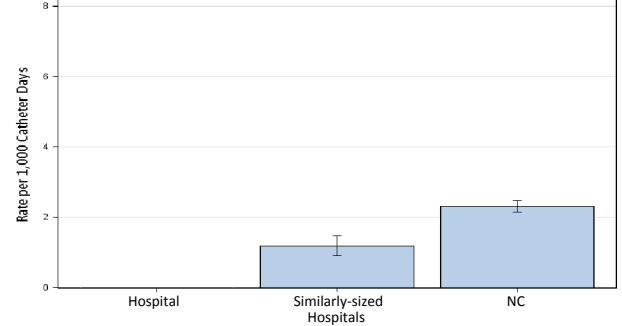


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.

#### Surgical Site Infections (SSI)

Upper Limit	.	1.30	0.83
Rate	0.00	0.82	0.67
Lower Limit	.	0.49	0.50

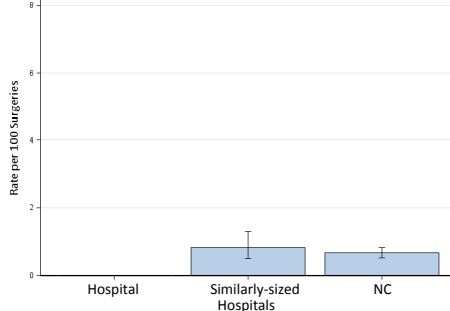


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.

Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	0	50	0
Colon surgery	0	69	0

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations (Abdominal Hysterectomies):**

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

**Bar Graph Interpretations (Colon Surgeries):**

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

Upper Limit	.	2.97	2.74
Rate	0.00	2.33	2.41
Lower Limit	.	1.69	2.09

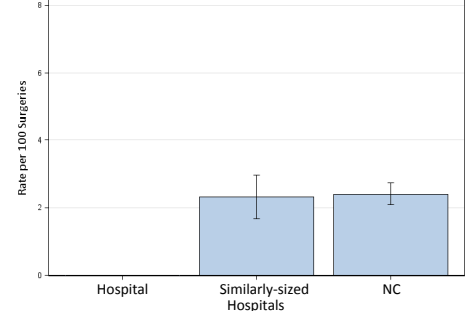


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.

**Commentary from Hospitals:**

No comments provided.

# North Carolina Healthcare-Associated Infections Report

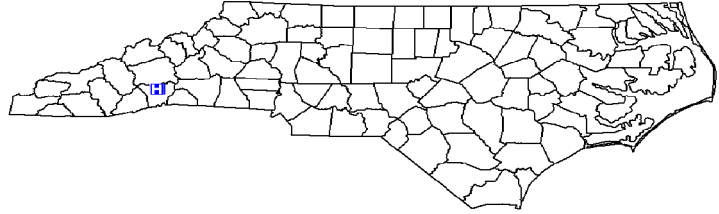
## Data from January 1 – December 31, 2012

### Park Ridge Health, Hendersonville, Henderson County

#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2011: 5,275  
 Patient Days in 2011: 26,662  
 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



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

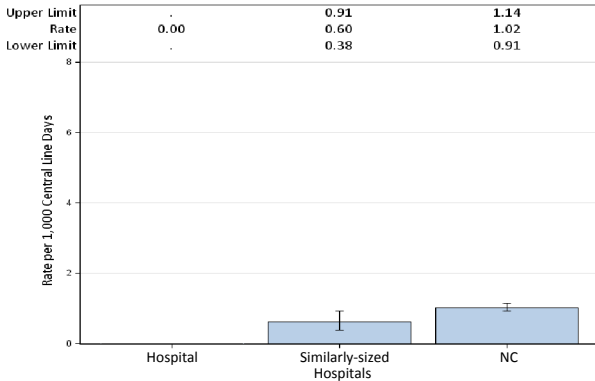


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.

	Infections	Line Days	Rate
Total for Reporting ICUs	0	207	0

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

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

Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.

	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	570	0

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

**Bar Graph Interpretations:**

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

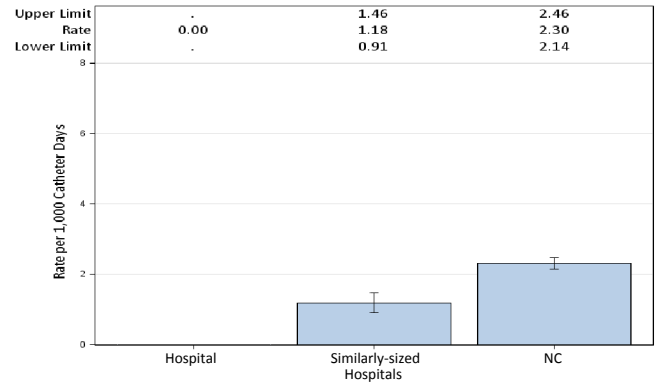


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.

#### Surgical Site Infections (SSI)

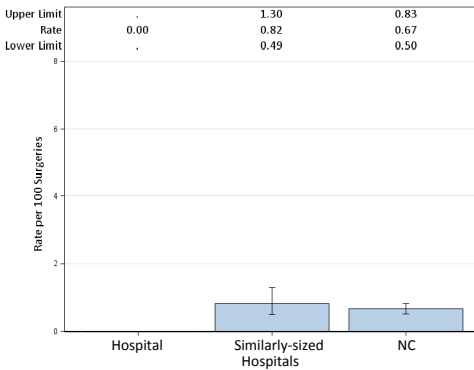


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.

Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	0	49	0
Colon surgery	1	39	2.56

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations (Abdominal Hysterectomies):**  
 A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

**Bar Graph Interpretations (Colon Surgeries):**  
 Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

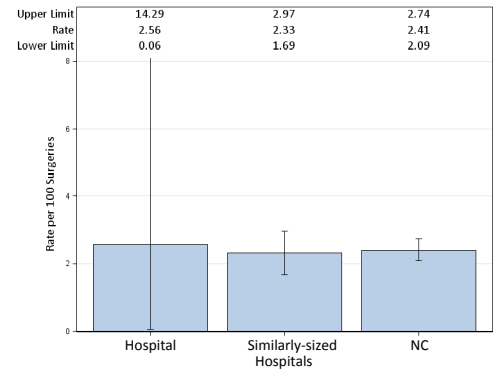


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.

**Commentary from Hospitals:**  
 No comments provided.

# North Carolina Healthcare-Associated Infections Report

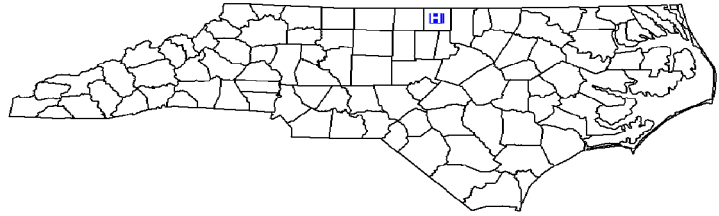
## Data from January 1 – December 31, 2012

### Person Memorial Hospital, Roxboro, Person County

#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: For Profit  
 Admissions in 2011: 1,842  
 Patient Days in 2011: 6,158  
 Total Number of Beds: 110  
 Number of ICU Beds: 6  
 FTE\* Infection Preventionists: 0.75  
 Number of FTEs\* per 100 beds: 0.68

\*FTE = Full-time equivalent



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

Upper Limit	.	0.91	1.14
Rate	0.00	0.60	1.02
Lower Limit	.	0.38	0.91

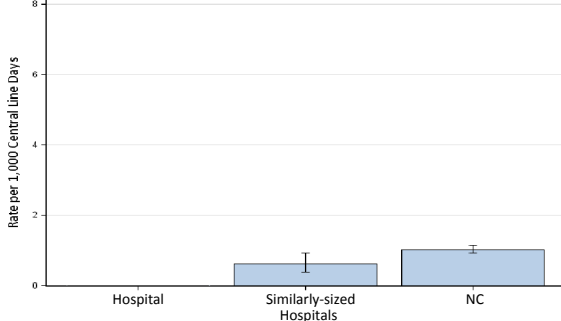


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.

	Infections	Line Days	Rate
Total for Reporting ICUs	0	161	0

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

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

Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.

	Infections	Catheter Days	Rate
Total for Reporting ICUs	1	569	1.76

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

Upper Limit	9.79	1.46	2.46
Rate	1.76	1.18	2.30
Lower Limit	0.04	0.91	2.14

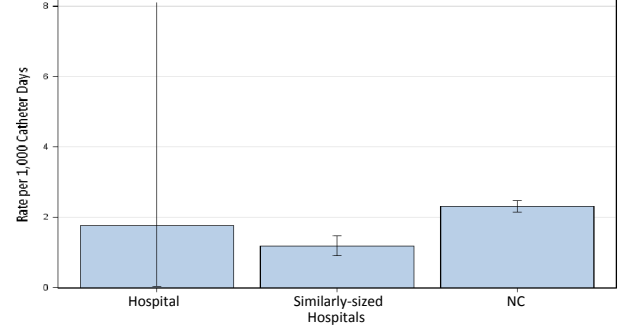


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.

#### Surgical Site Infections (SSI)

Upper Limit	.	1.30	0.83
Rate	.	0.82	0.67
Lower Limit	.	0.49	0.50

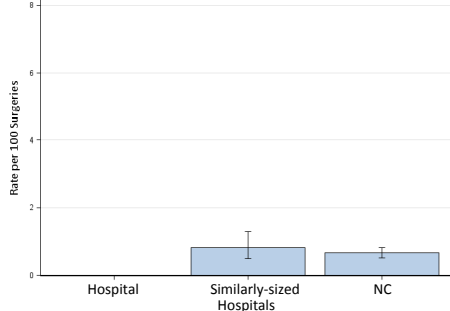


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.

Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	0	0	.
Colon surgery	0	17	.

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations (Abdominal Hysterectomies):**  
 A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

**Bar Graph Interpretations (Colon Surgeries):**  
 A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

Upper Limit	.	2.97	2.74
Rate	.	2.33	2.41
Lower Limit	.	1.69	2.09

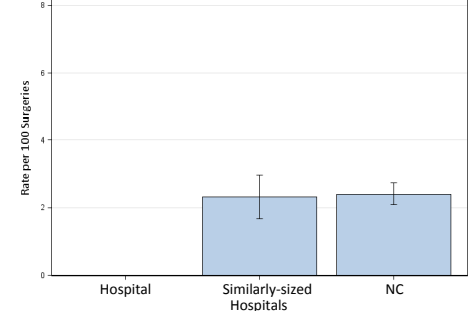


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.

**Commentary from Hospitals:**

No comments provided.



# North Carolina Healthcare-Associated Infections Report

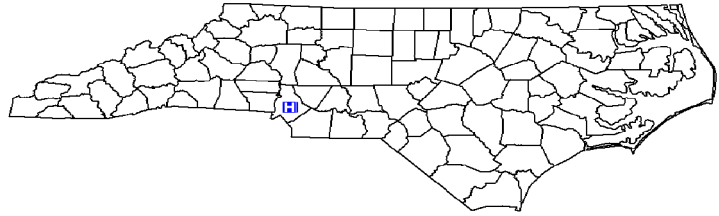
## Data from January 1 – December 31, 2012

### Presbyterian Hospital Charlotte, Charlotte, Mecklenburg County

#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2011: 30,399  
 Patient Days in 2011: 169,031  
 Total Number of Beds: 531  
 Number of ICU Beds: 81  
 FTE\* Infection Preventionists: 6.00  
 Number of FTEs\* per 100 beds: 1.13

\*FTE = Full-time equivalent



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

Upper Limit	1.45	1.12	1.14
Rate	0.73	0.93	1.02
Lower Limit	0.32	0.74	0.91

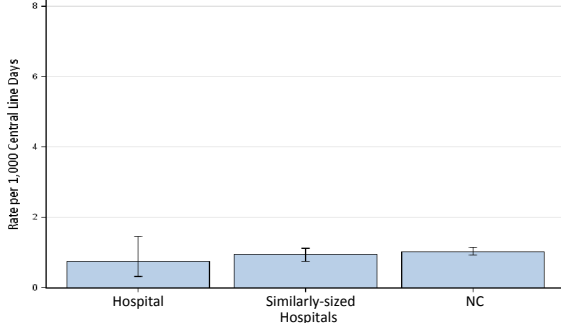


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.

	Infections	Line Days	Rate
Total for Reporting ICUs	8	10,892	0.73

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

#### Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.

Hospital rate is not different from NC hospitals overall.

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

Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.

	Infections	Catheter Days	Rate
Total for Reporting ICUs	5	7,392	0.68

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

#### Bar Graph Interpretations:

Hospital rate is lower than similarly-sized hospitals.

Hospital rate is lower than NC hospitals overall.

Upper Limit	1.58	2.36	2.46
Rate	0.68	2.09	2.30
Lower Limit	0.22	1.82	2.14

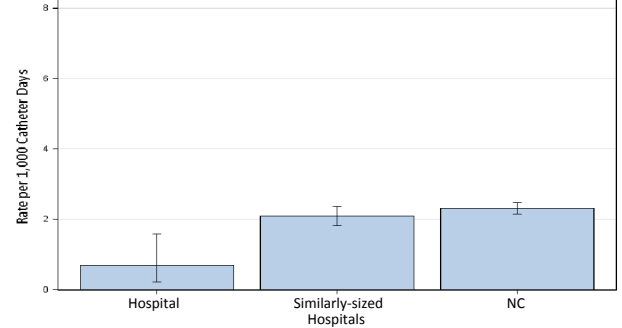


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.

#### Surgical Site Infections (SSI)

Upper Limit	3.55	1.09	0.83
Rate	1.72	0.71	0.67
Lower Limit	0.69	0.44	0.50

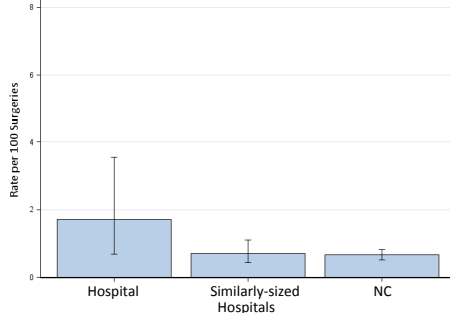


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.

Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	7	406	1.72
Colon surgery	15	257	5.84

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

#### Bar Graph Interpretations (Abdominal Hysterectomies):

Hospital rate is not different from similarly-sized hospitals.

Hospital rate is not different from NC hospitals overall.

#### Bar Graph Interpretations (Colon Surgeries):

Hospital rate is higher than similarly-sized hospitals.

Hospital rate is higher than NC hospitals overall.

Upper Limit	9.63	3.23	2.74
Rate	5.84	2.63	2.41
Lower Limit	3.27	2.04	2.09

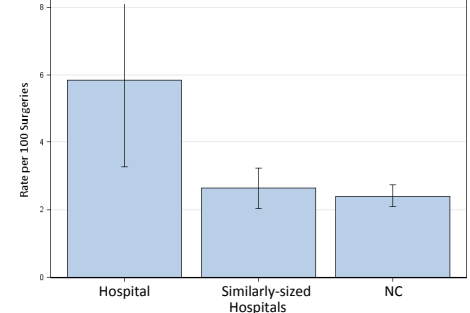


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.

#### Commentary from Hospitals:

At Novant Health, the safety of our patients comes first. Our goal is to have the lowest possible infection rates and we continually monitor infection prevention tactics 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' on NovantHealth.org.

# North Carolina Healthcare-Associated Infections Report

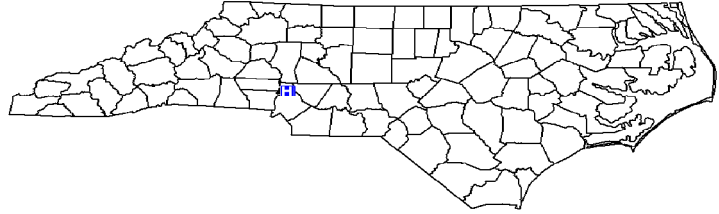
## Data from January 1 – December 31, 2012

### Presbyterian Hospital Huntersville, Huntersville, Mecklenburg County

#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2011: 5,297  
 Patient Days in 2011: 20,193  
 Total Number of Beds: 60  
 Number of ICU Beds: 4  
 FTE\* Infection Preventionists: 0.80  
 Number of FTEs\* per 100 beds: 1.33

\*FTE = Full-time equivalent



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

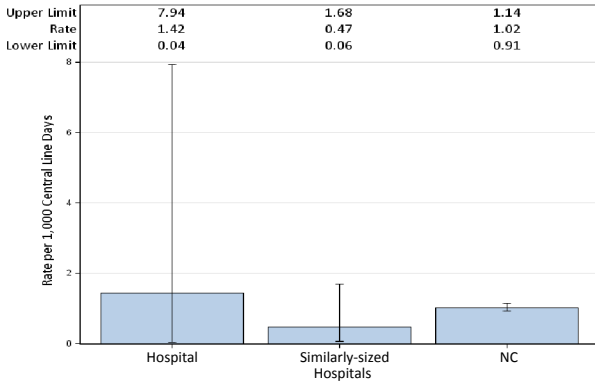


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.

	Infections	Line Days	Rate
Total for Reporting ICUs	1	702	1.42

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

#### Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

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

Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.

	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	1,052	0

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

#### Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

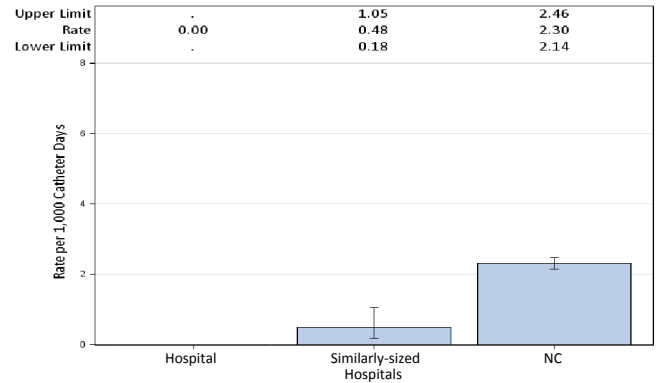


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.

#### Surgical Site Infections (SSI)

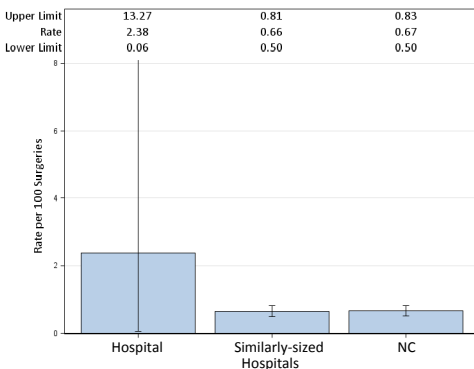


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.

Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	1	42	2.38
Colon surgery	0	55	0

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

#### Bar Graph Interpretations (Abdominal Hysterectomies):

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

#### Bar Graph Interpretations (Colon Surgeries):

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

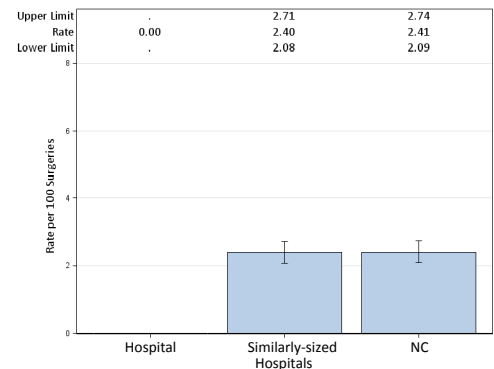


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.

#### Commentary from Hospitals:

At Novant Health, the safety of our patients comes first. Our goal is to have the lowest possible infection rates and we continually monitor infection prevention tactics 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' on NovantHealth.org.

# North Carolina Healthcare-Associated Infections Report

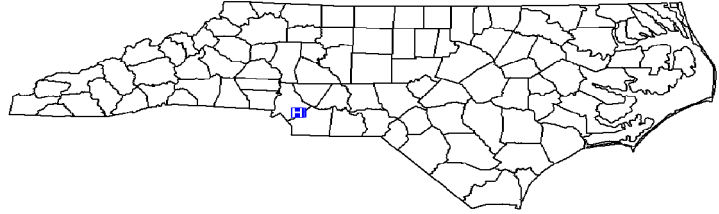
## Data from January 1 – December 31, 2012

### Presbyterian Hospital Matthews, Matthews, Mecklenburg County

#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2011: 8,142  
 Patient Days in 2011: 33,028  
 Total Number of Beds: 114  
 Number of ICU Beds: 14  
 FTE\* Infection Preventionists: 0.80  
 Number of FTEs\* per 100 beds: 0.70

\*FTE = Full-time equivalent



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

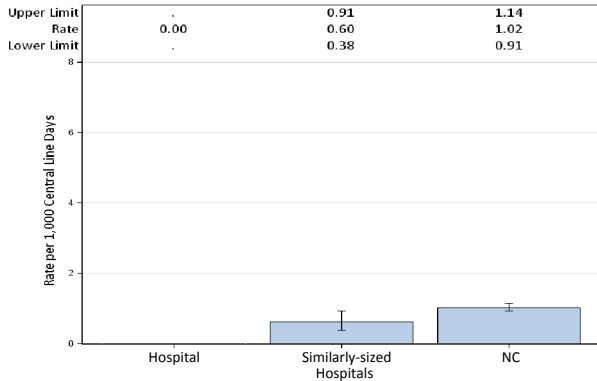


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.

	Infections	Line Days	Rate
Total for Reporting ICUs	0	920	0

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

#### Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.

A comparison to NC hospitals overall was not conducted.

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

Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.

	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	787	0

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

#### Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.

A comparison to NC hospitals overall was not conducted.

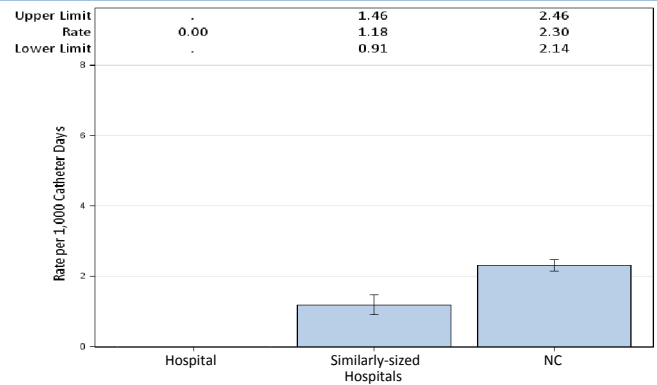


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.

#### Surgical Site Infections (SSI)

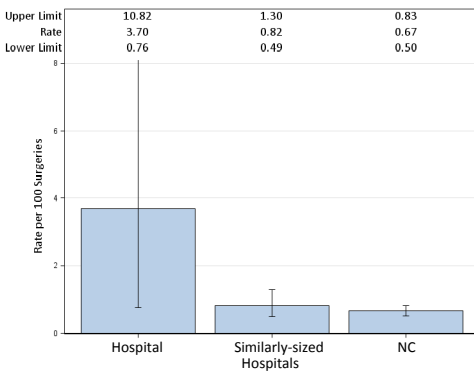


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.

Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	3	81	3.7
Colon surgery	1	46	2.17

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

#### Bar Graph Interpretations (Abdominal Hysterectomies):

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

#### Bar Graph Interpretations (Colon Surgeries):

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

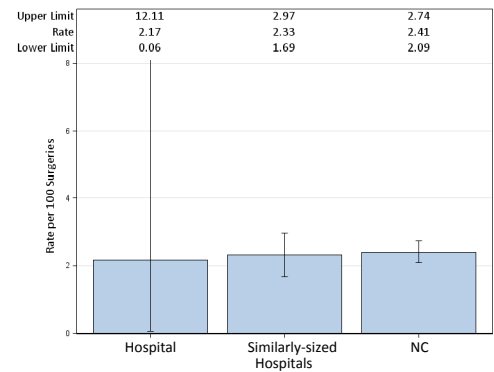


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.

#### Commentary from Hospitals:

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# North Carolina Healthcare-Associated Infections Report

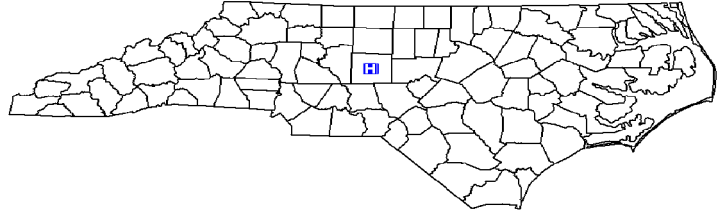
## Data from January 1 – December 31, 2012

### Randolph Hospital, Asheboro, Randolph County

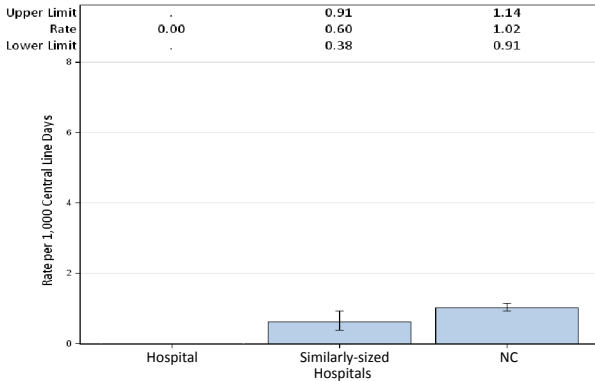
#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2011: 7,004  
 Patient Days in 2011: 26,195  
 Total Number of Beds: 119  
 Number of ICU Beds: 7  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 0.84

\*FTE = Full-time equivalent



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



**Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.**

	Infections	Line Days	Rate
Total for Reporting ICUs	0	858	0

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

**Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

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

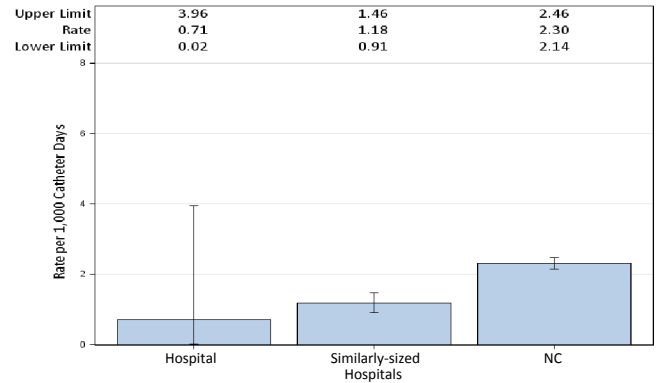
**Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.**

	Infections	Catheter Days	Rate
Total for Reporting ICUs	1	1,408	0.71

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

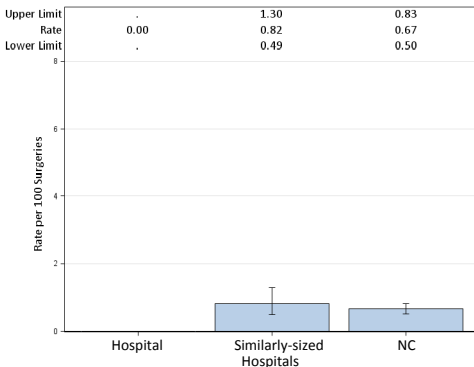
**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.



**Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

#### Surgical Site Infections (SSI)



**Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.**

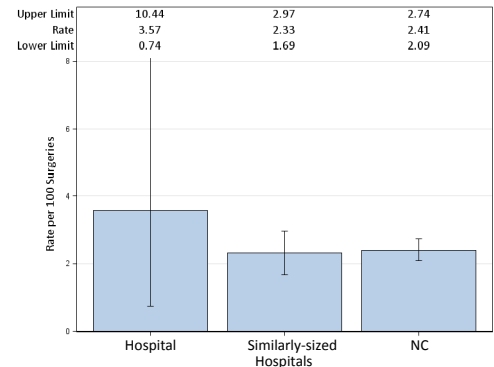
**Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.**

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	0	51	0
Colon surgery	3	84	3.57

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations (Abdominal Hysterectomies):**  
 A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

**Bar Graph Interpretations (Colon Surgeries):**  
 Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.



**Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.**

**Commentary from Hospitals:**  
 No comments provided.

# North Carolina Healthcare-Associated Infections Report

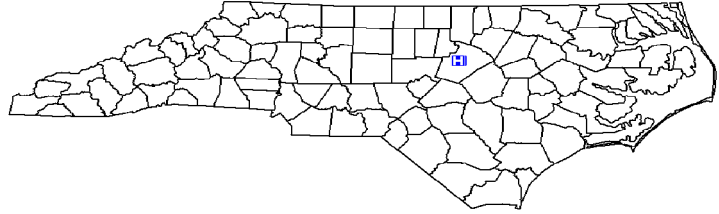
## Data from January 1 – December 31, 2012

### Rex Healthcare, Raleigh, Wake County

#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2011: 31,046  
 Patient Days in 2011: 115,374  
 Total Number of Beds: 433  
 Number of ICU Beds: 38  
 FTE\* Infection Preventionists: 4.00  
 Number of FTEs\* per 100 beds: 0.92

\*FTE = Full-time equivalent



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

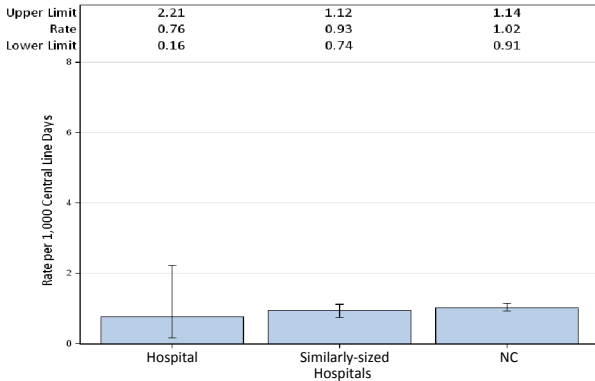


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.

	Infections	Line Days	Rate
Total for Reporting ICUs	3	3,969	0.76

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

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

Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.

	Infections	Catheter Days	Rate
Total for Reporting ICUs	7	6,078	1.15

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

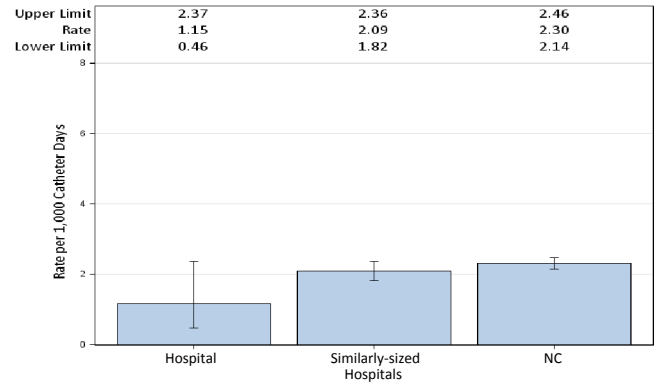


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.

#### Surgical Site Infections (SSI)

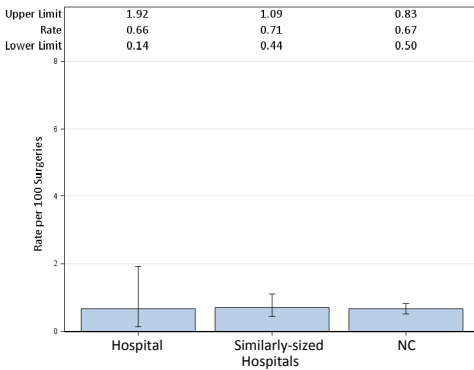


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.

Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	3	456	0.66
Colon surgery	8	437	1.83

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations (Abdominal Hysterectomies):**

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

**Bar Graph Interpretations (Colon Surgeries):**

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

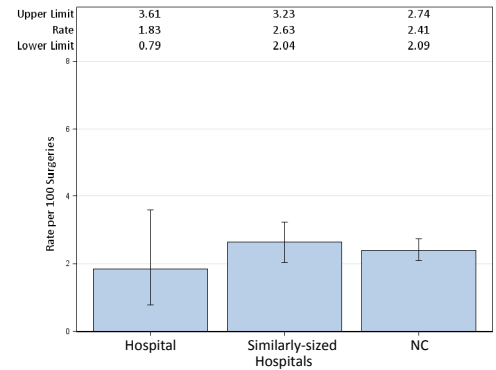


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.

**Commentary from Hospitals:**

No comments provided.

# North Carolina Healthcare-Associated Infections Report

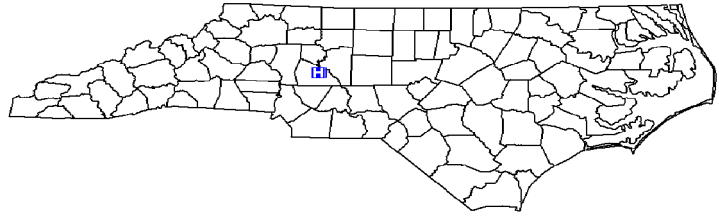
## Data from January 1 – December 31, 2012

### Rowan Regional Medical Center, Salisbury, Rowan County

#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2011: 9,137  
 Patient Days in 2011: 41,401  
 Total Number of Beds: 268  
 Number of ICU Beds: 20  
 FTE\* Infection Preventionists: 1.50  
 Number of FTEs\* per 100 beds: 0.56

\*FTE = Full-time equivalent



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

Upper Limit	3.10	1.37	1.14
Rate	0.56	1.01	1.02
Lower Limit	0.01	0.66	0.91

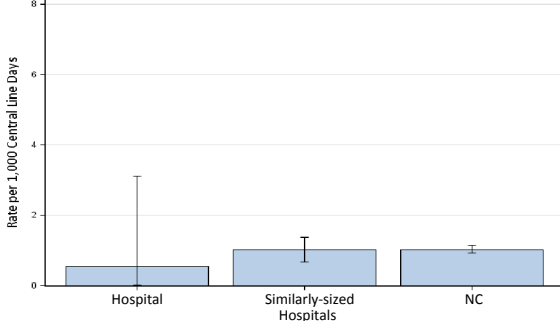


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.

	Infections	Line Days	Rate
Total for Reporting ICUs	1	1,796	0.56

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

#### Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.

Hospital rate is not different from NC hospitals overall.

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

Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.

	Infections	Catheter Days	Rate
Total for Reporting ICUs	6	3,835	1.56

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

#### Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.

Hospital rate is not different from NC hospitals overall.

Upper Limit	3.41	2.15	2.46
Rate	1.56	1.75	2.30
Lower Limit	0.57	1.36	2.14

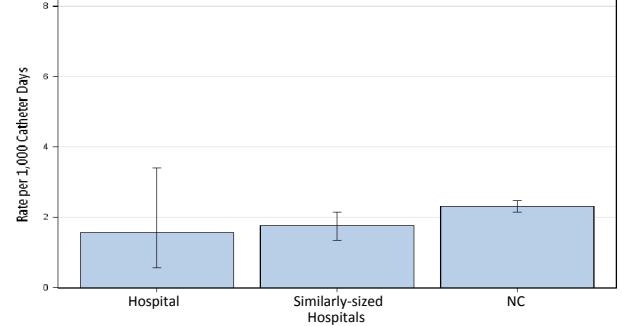


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.

#### Surgical Site Infections (SSI)

Upper Limit	-	0.84	0.83
Rate	0.00	0.41	0.67
Lower Limit	-	0.16	0.50

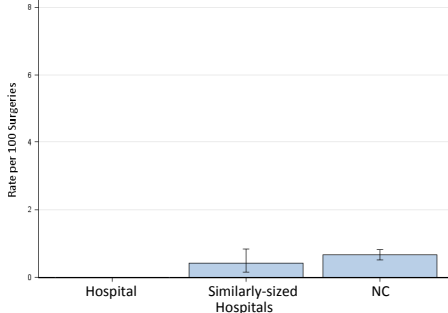


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.

Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	0	24	0
Colon surgery	0	63	0

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

#### Bar Graph Interpretations (Abdominal Hysterectomies):

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

#### Bar Graph Interpretations (Colon Surgeries):

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

Upper Limit	-	3.06	2.74
Rate	0.00	2.11	2.41
Lower Limit	-	1.39	2.09

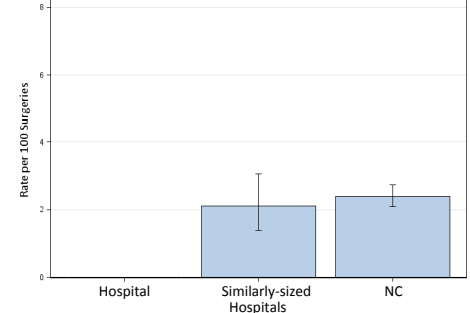


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.

#### Commentary from Hospitals:

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# North Carolina Healthcare-Associated Infections Report

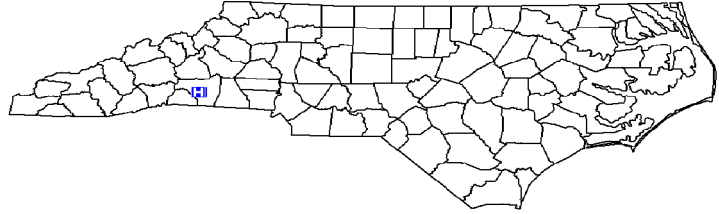
## Data from January 1 – December 31, 2012

### Rutherford Regional Medical Center, Rutherfordton, Rutherford County

#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2011: 5,977  
 Patient Days in 2011: 22,450  
 Total Number of Beds: 130  
 Number of ICU Beds: 10  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 0.77

\*FTE = Full-time equivalent



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

Upper Limit	.	0.91	1.14
Rate	0.00	0.60	1.02
Lower Limit	.	0.38	0.91

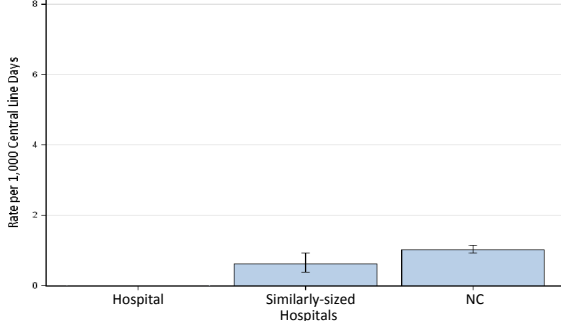


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.

	Infections	Line Days	Rate
Total for Reporting ICUs	0	255	0

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

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

Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.

	Infections	Catheter Days	Rate
Total for Reporting ICUs	3	899	3.34

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

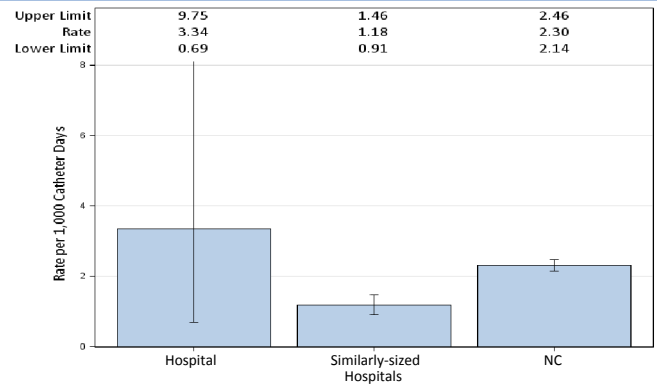


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.

#### Surgical Site Infections (SSI)

Upper Limit	.	1.30	0.83
Rate	0.00	0.82	0.67
Lower Limit	.	0.49	0.50

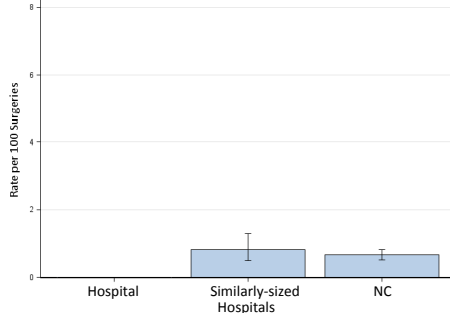


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.

Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	0	54	0
Colon surgery	4	62	6.45

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations (Abdominal Hysterectomies):**  
 A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

**Bar Graph Interpretations (Colon Surgeries):**  
 Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

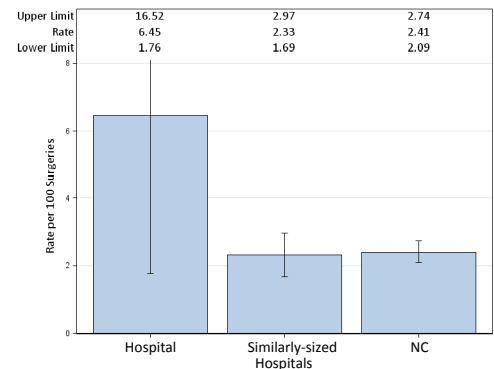


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.

**Commentary from Hospitals:**  
 No comments provided.

# North Carolina Healthcare-Associated Infections Report

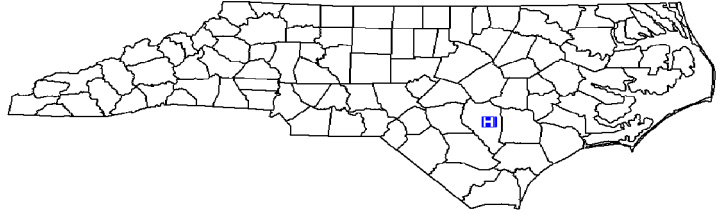
## Data from January 1 – December 31, 2012

### Sampson Regional Medical Center, Clinton, Sampson County

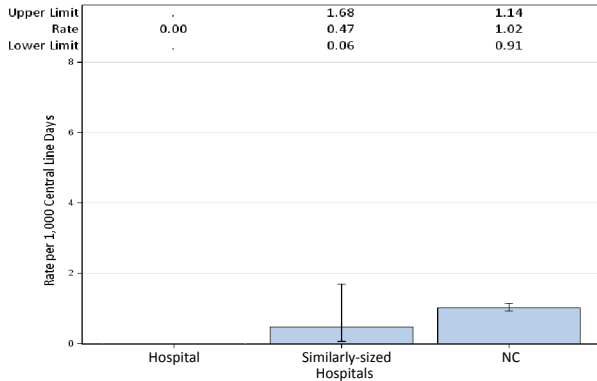
#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2011: 3,361  
 Patient Days in 2011: 13,569  
 Total Number of Beds: 68  
 Number of ICU Beds: 8  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 1.47

\*FTE = Full-time equivalent



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



**Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.**

	Infections	Line Days	Rate
Total for Reporting ICUs	0	79	0

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

**Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

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

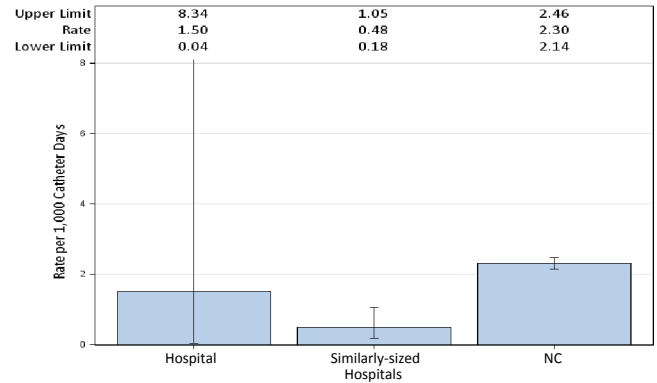
**Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.**

	Infections	Catheter Days	Rate
Total for Reporting ICUs	1	668	1.5

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

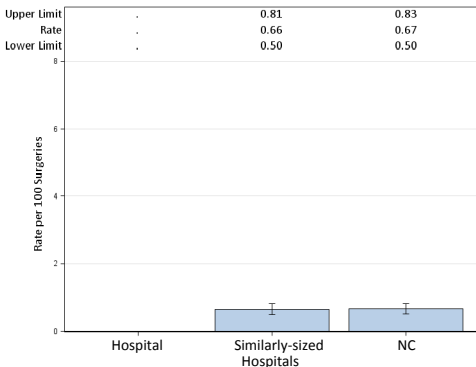
**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.



**Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

#### Surgical Site Infections (SSI)



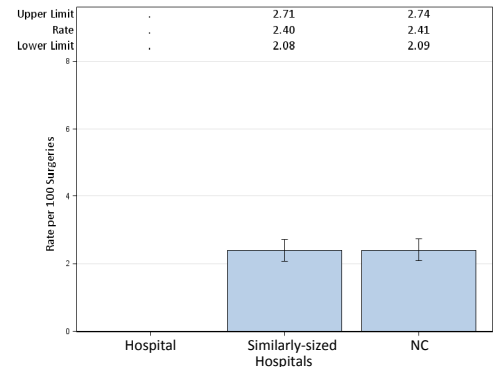
**Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.**

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	0	8	.
Colon surgery	0	17	.

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations (Abdominal Hysterectomies):**  
 A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

**Bar Graph Interpretations (Colon Surgeries):**  
 A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.



**Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.**

**Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.**

**Commentary from Hospitals:**  
 No comments provided.



# North Carolina Healthcare-Associated Infections Report

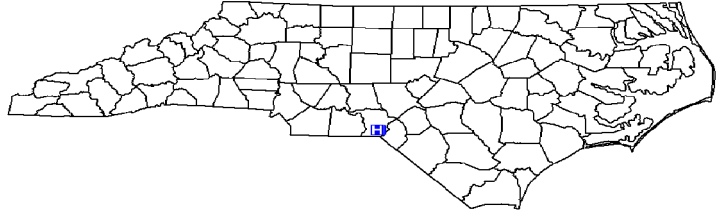
## Data from January 1 – December 31, 2012

### Sandhills Regional Medical Center, Hamlet, Richmond County

#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: For Profit  
 Admissions in 2011: 3,277  
 Patient Days in 2011: 13,449  
 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



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

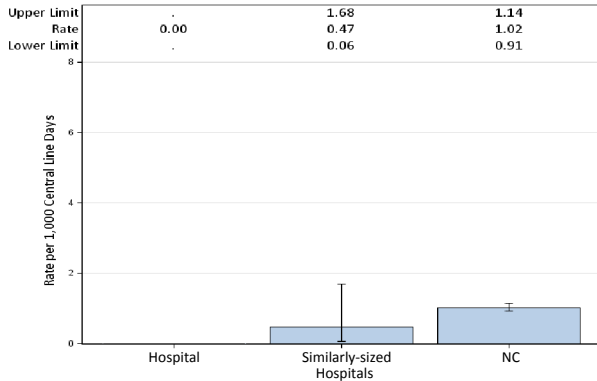


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.

	Infections	Line Days	Rate
Total for Reporting ICUs	0	254	0

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

#### Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.

A comparison to NC hospitals overall was not conducted.

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

Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.

	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	488	0

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

#### Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.

A comparison to NC hospitals overall was not conducted.

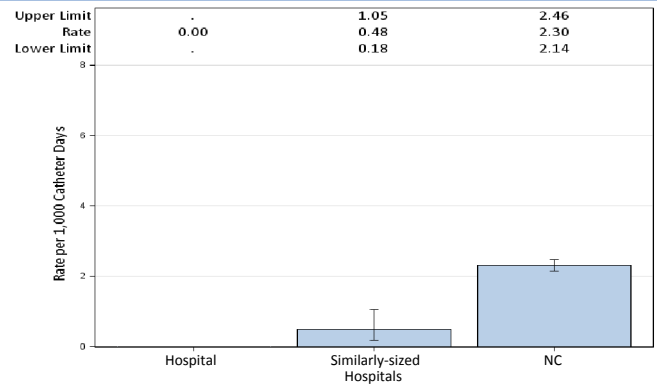


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.

#### Surgical Site Infections (SSI)

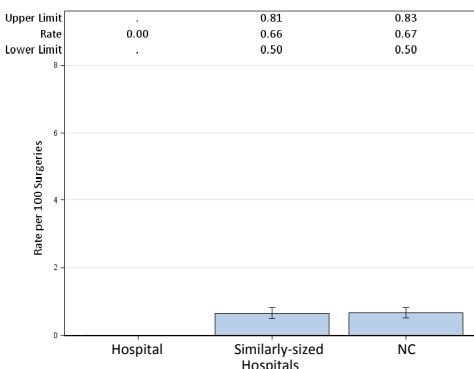


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.

Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	0	32	0
Colon surgery	0	5	.

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

#### Bar Graph Interpretations (Abdominal Hysterectomies):

A comparison to similarly-sized hospitals was not conducted.

A comparison to NC hospitals overall was not conducted.

#### Bar Graph Interpretations (Colon Surgeries):

A comparison to similarly-sized hospitals was not conducted.

A comparison to NC hospitals overall was not conducted.

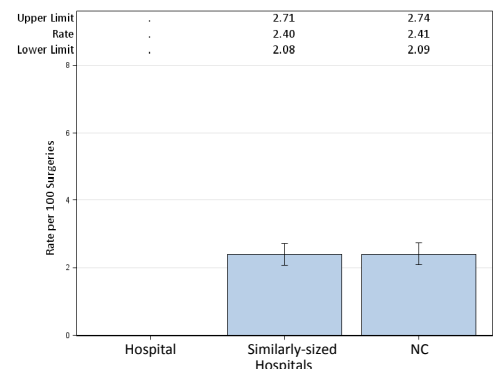


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.

#### Commentary from Hospitals:

No comments provided.

# North Carolina Healthcare-Associated Infections Report

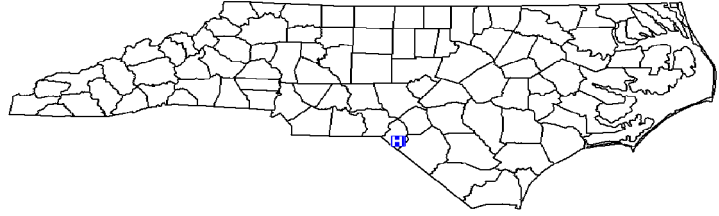
## Data from January 1 – December 31, 2012

### Scotland Memorial Hospital, Laurinburg, Scotland County

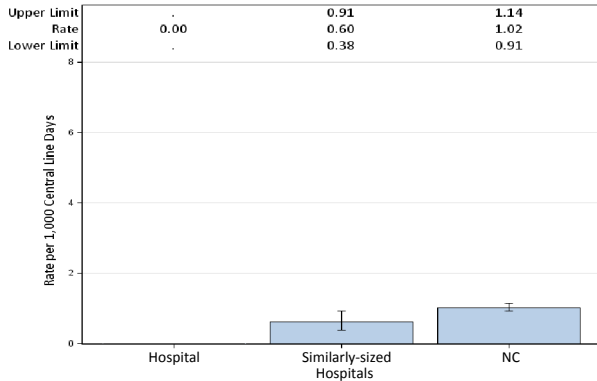
#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2011: 6,682  
 Patient Days in 2011: 23,045  
 Total Number of Beds: 104  
 Number of ICU Beds: 7  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 0.96

\*FTE = Full-time equivalent



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



**Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.**

	Infections	Line Days	Rate
Total for Reporting ICUs	0	540	0

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

**Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

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

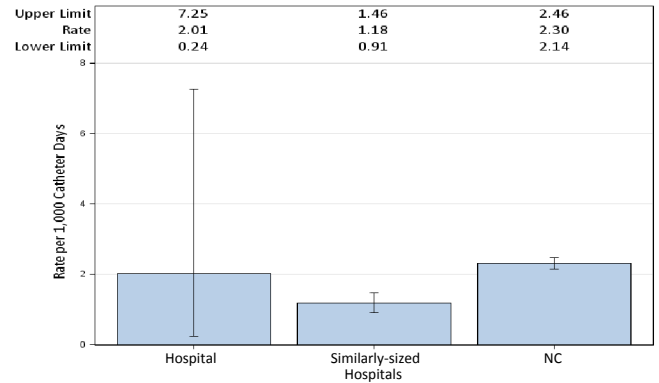
**Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.**

	Infections	Catheter Days	Rate
Total for Reporting ICUs	2	996	2.01

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

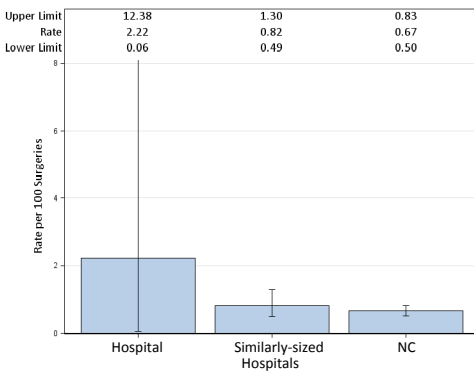
**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.



**Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

#### Surgical Site Infections (SSI)



**Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.**

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	1	45	2.22
Colon surgery	0	33	0

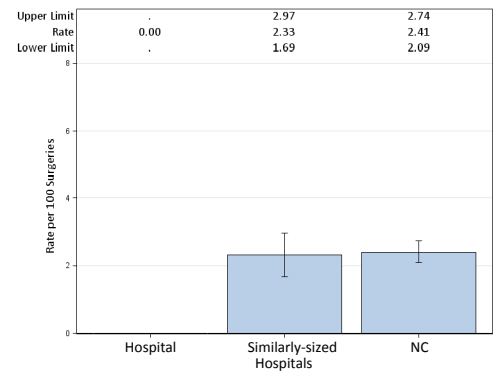
\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations (Abdominal Hysterectomies):**

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

**Bar Graph Interpretations (Colon Surgeries):**

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.



**Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.**

**Commentary from Hospitals:**  
 No comments provided.

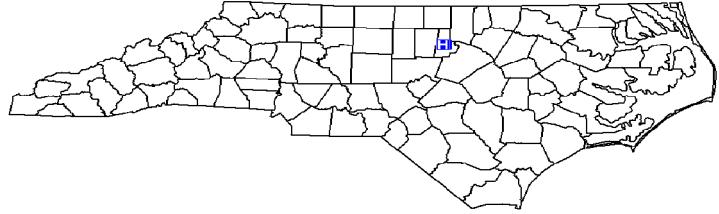
# North Carolina Healthcare-Associated Infections Report

## Data from January 1 – December 31, 2012

### Select Specialty Hospital, Durham, Durham, Durham County

#### 2011 Hospital Survey Information

Hospital Type: Long-term Acute Care Hospital  
 Profit Status: For Profit  
 Admissions in 2011: 303  
 Patient Days in 2011: 8,250  
 Total Number of Beds: 29  
 FTE\* Infection Preventionists: 0.25  
 Number of FTEs\* per 100 beds: 0.86



\*FTE = Full-time equivalent

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

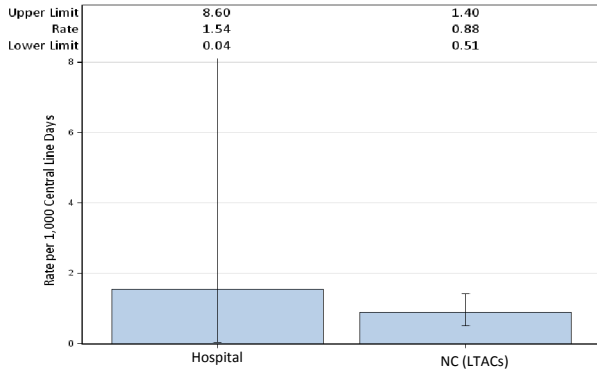


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.

	Infections	Line Days	Rate
Total for Reporting Units	1	648	1.54

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

#### Bar Graph Interpretations:

Hospital rate is not different from NC long-term acute care hospitals overall.

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

Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.

	Infections	Catheter Days	Rate
Total for Reporting Units	0	508	0.00

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

#### Bar Graph Interpretations:

A comparison to NC long-term acute care hospitals was not conducted.

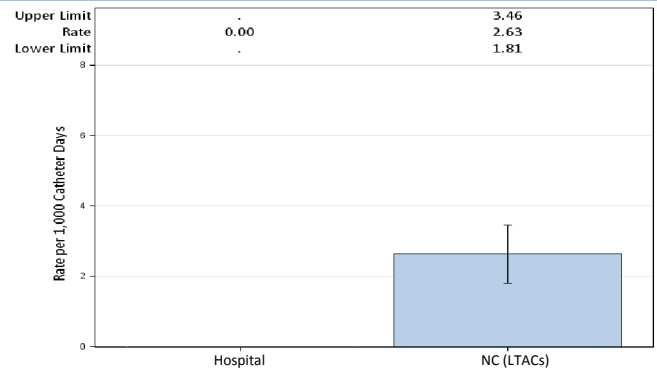


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.

#### Surgical Site Infections (SSI)

Long-term acute care hospitals (LTACs) do not report surgical site infections.

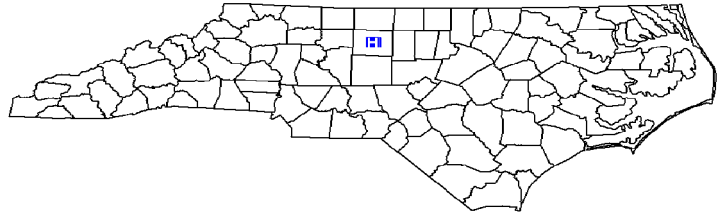
#### Commentary from Hospitals:

No comments provided.

**North Carolina Healthcare-Associated Infections Report**  
**Data from January 1 – December 31, 2012**  
**Select Specialty Hospital, Greensboro, Greensboro, Guilford County**

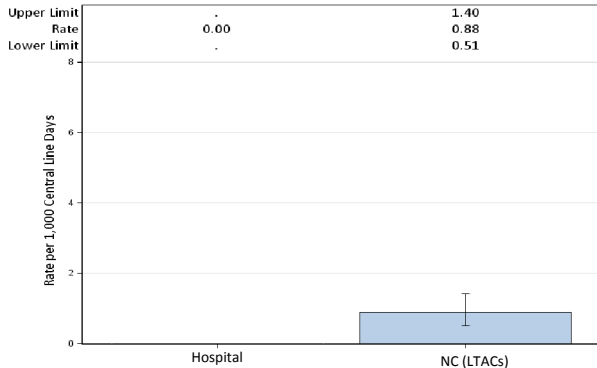
**2011 Hospital Survey Information**

Hospital Type: Long-term Acute Care Hospital  
 Profit Status: For Profit  
 Admissions in 2011: 300  
 Patient Days in 2011: 6,750  
 Total Number of Beds: 30  
 FTE\* Infection Preventionists: 0.20  
 Number of FTEs\* per 100 beds: 0.67



\*FTE = Full-time equivalent

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



**Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.**

	Infections	Line Days	Rate
Total for Reporting Units	0	1,290	0.00

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

A comparison to NC long-term acute care hospitals was not conducted.

**Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

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

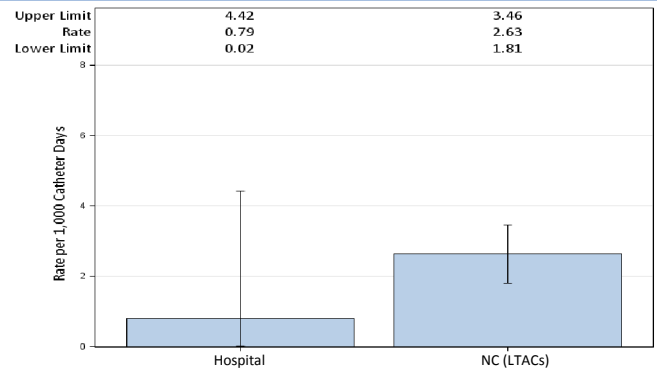
**Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.**

	Infections	Catheter Days	Rate
Total for Reporting Units	1	1,260	0.79

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

**Bar Graph Interpretations:**

Hospital rate is not different from NC long-term acute care hospitals overall.



**Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

**Surgical Site Infections (SSI)**

Long-term acute care hospitals (LTACs) do not report surgical site infections.

**Commentary from Hospitals:**

No comments provided.

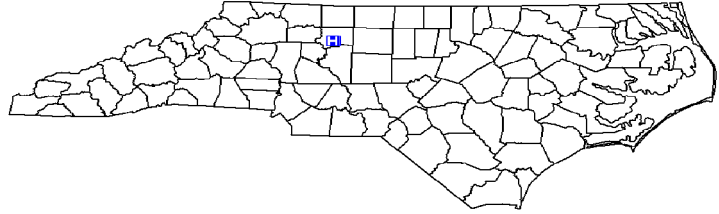
# North Carolina Healthcare-Associated Infections Report

## Data from January 1 – December 31, 2012

### Select Specialty Hospital-Winston Salem, Winston Salem, Forsyth County

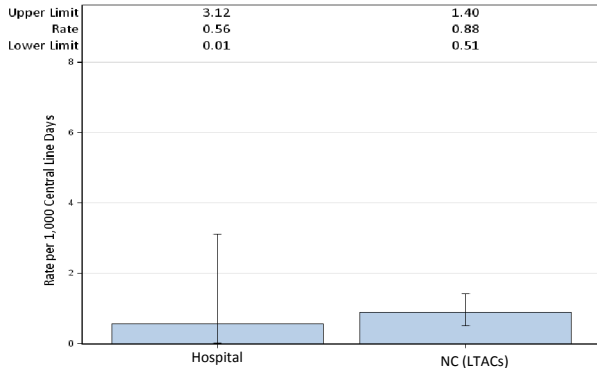
#### 2011 Hospital Survey Information

Hospital Type: Long-term Acute Care Hospital  
 Profit Status: For Profit  
 Admissions in 2011: 431  
 Patient Days in 2011: 11,654  
 Total Number of Beds: 42  
 FTE\* Infection Preventionists: 0.60  
 Number of FTEs\* per 100 beds: 1.43



\*FTE = Full-time equivalent

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



**Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.**

	Infections	Line Days	Rate
Total for Reporting Units	1	1,787	0.56

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

Hospital rate is not different from NC long-term acute care hospitals overall.

**Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

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

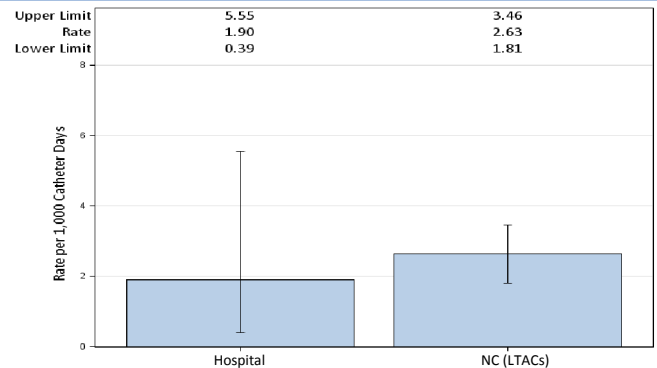
**Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.**

	Infections	Catheter Days	Rate
Total for Reporting Units	3	1,581	1.9

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

**Bar Graph Interpretations:**

Hospital rate is not different from NC long-term acute care hospitals overall.



**Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

#### Surgical Site Infections (SSI)

Long-term acute care hospitals (LTACs) do not report surgical site infections.

**Commentary from Hospitals:**

No comments provided.

# North Carolina Healthcare-Associated Infections Report

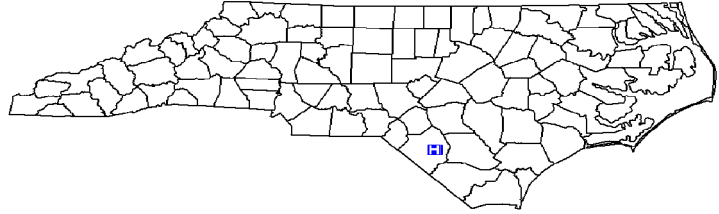
## Data from January 1 – December 31, 2012

### Southeastern Regional Medical Center, Lumberton, Robeson County

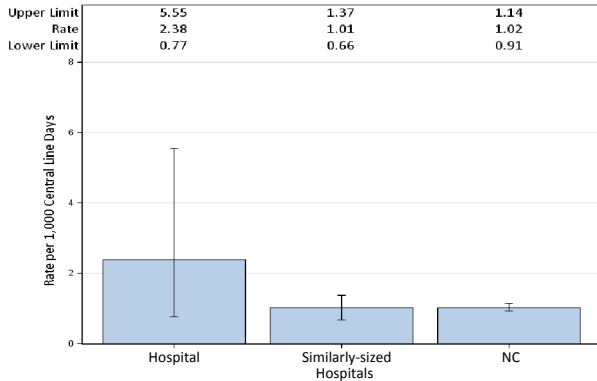
#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2011: 17,346  
 Patient Days in 2011: 69,302  
 Total Number of Beds: 299  
 Number of ICU Beds: 19  
 FTE\* Infection Preventionists: 2.00  
 Number of FTEs\* per 100 beds: 0.67

\*FTE = Full-time equivalent



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



**Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.**

	Infections	Line Days	Rate
Total for Reporting ICUs	5	2,101	2.38

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

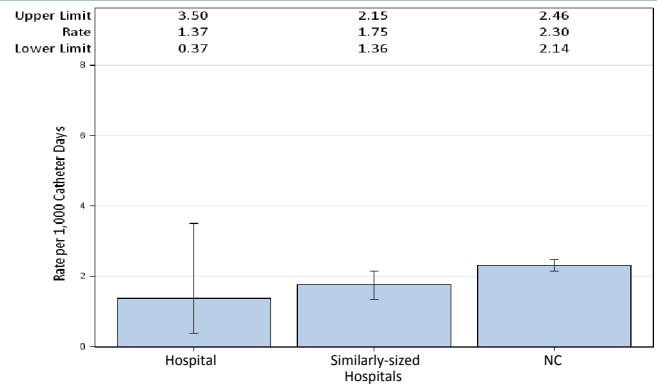
**Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

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

**Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.**

	Infections	Catheter Days	Rate
Total for Reporting ICUs	4	2,922	1.37

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

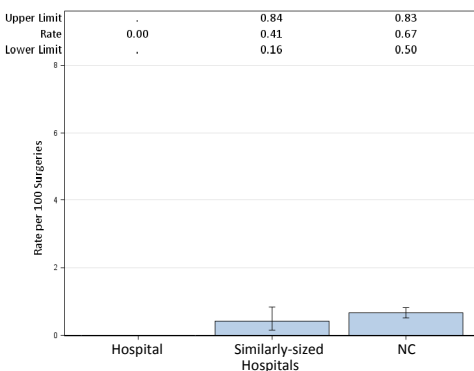


**Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

#### Surgical Site Infections (SSI)



**Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.**

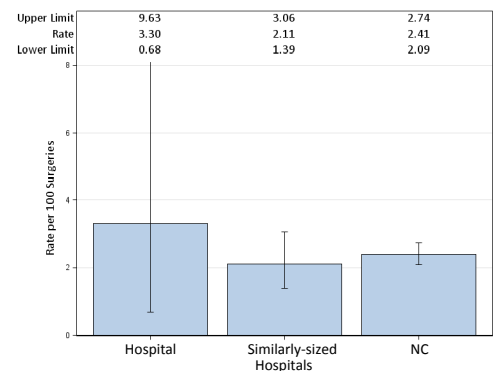
**Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.**

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	0	202	0
Colon surgery	3	91	3.3

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations (Abdominal Hysterectomies):**  
 A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

**Bar Graph Interpretations (Colon Surgeries):**  
 Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.



**Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.**

**Commentary from Hospitals:**

No comments provided.

# North Carolina Healthcare-Associated Infections Report

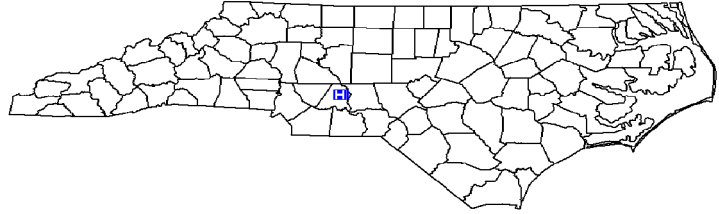
## Data from January 1 – December 31, 2012

### Stanly Regional Medical Center, Albemarle, Stanly County

#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2011: 5,676  
 Patient Days in 2011: 20,909  
 Total Number of Beds: 119  
 Number of ICU Beds: 10  
 FTE\* Infection Preventionists: 0.88  
 Number of FTEs\* per 100 beds: 0.74

\*FTE = Full-time equivalent



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

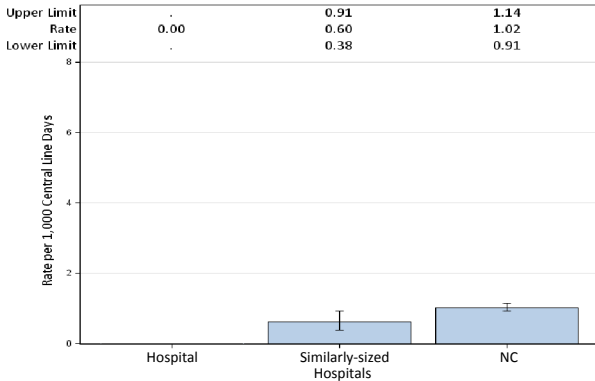


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.

	Infections	Line Days	Rate
Total for Reporting ICUs	0	463	0

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

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

Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.

	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	1,485	0

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

**Bar Graph Interpretations:**

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

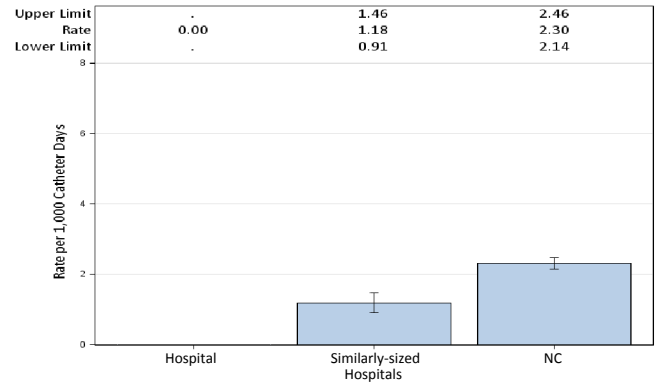


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.

#### Surgical Site Infections (SSI)

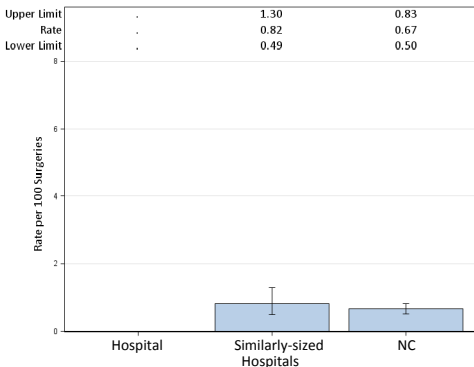


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.

Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	0	9	.
Colon surgery	0	25	0

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations (Abdominal Hysterectomies):**  
 A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

**Bar Graph Interpretations (Colon Surgeries):**  
 A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

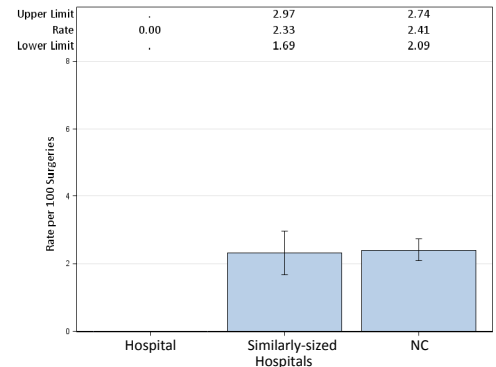


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.

**Commentary from Hospitals:**  
 No comments provided.

# North Carolina Healthcare-Associated Infections Report

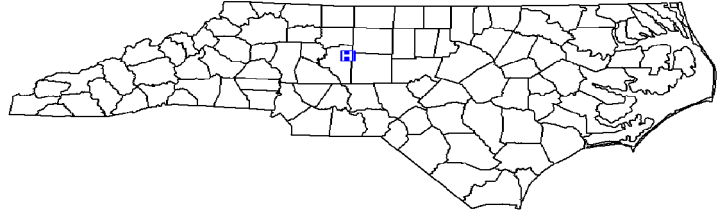
## Data from January 1 – December 31, 2012

### Thomasville Medical Center, Thomasville, Davidson County

#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2011: 4,137  
 Patient Days in 2011: 21,592  
 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



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

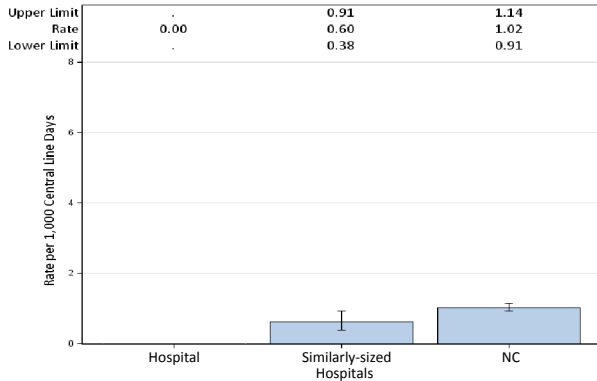


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.

	Infections	Line Days	Rate
Total for Reporting ICUs	0	309	0

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

#### Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.

A comparison to NC hospitals overall was not conducted.

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

Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.

	Infections	Catheter Days	Rate
Total for Reporting ICUs	1	1,143	0.87

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

#### Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.

Hospital rate is not different from NC hospitals overall.

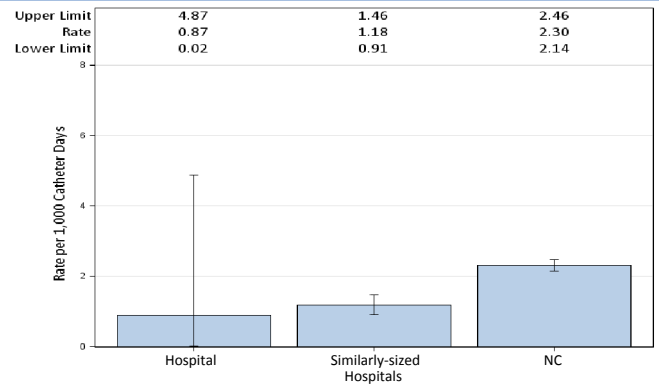


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.

#### Surgical Site Infections (SSI)

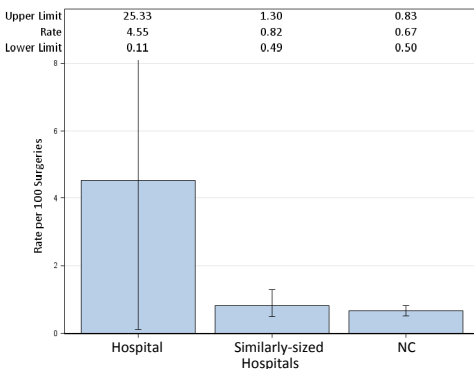


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.

Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	1	22	4.55
Colon surgery	1	58	1.72

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

#### Bar Graph Interpretations (Abdominal Hysterectomies):

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

#### Bar Graph Interpretations (Colon Surgeries):

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

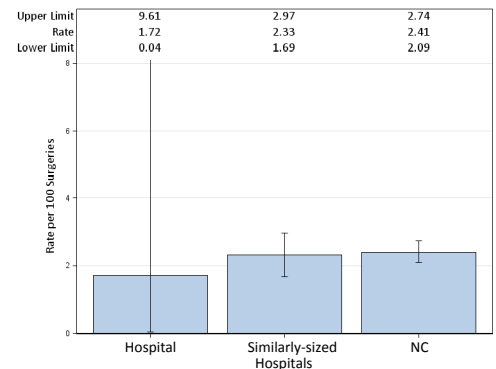


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.

#### Commentary from Hospitals:

At Novant Health, the safety of our patients comes first. Our goal is to have the lowest possible infection rates and we continually monitor infection prevention tactics 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' on NovantHealth.org.



# North Carolina Healthcare-Associated Infections Report

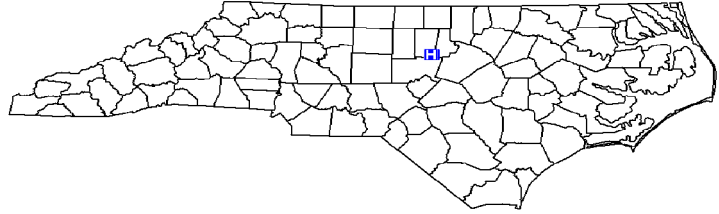
## Data from January 1 – December 31, 2012

### UNC Health Care, Chapel Hill, Orange County

#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: Major  
 Profit Status: Government  
 Admissions in 2011: 43,666  
 Patient Days in 2011: 244,308  
 Total Number of Beds: 838  
 Number of ICU Beds: 171  
 FTE\* Infection Preventionists: 5.50  
 Number of FTEs\* per 100 beds: 0.66

\*FTE = Full-time equivalent



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

Upper Limit	2.20	1.44	1.14
Rate	1.68	1.24	1.02
Lower Limit	1.17	1.05	0.91

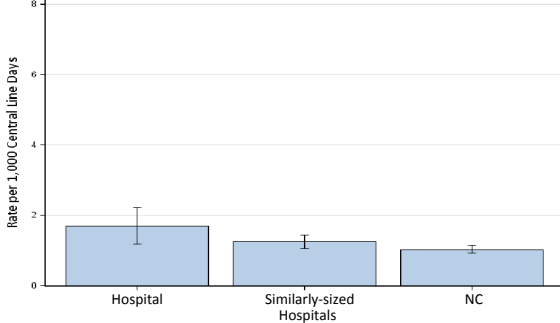


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.

	Infections	Line Days	Rate
Total for Reporting ICUs	41	24,336	1.68

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.

Hospital rate is higher than NC hospitals overall.

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

Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.

	Infections	Catheter Days	Rate
Total for Reporting ICUs	48	18,941	2.53

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.

Hospital rate is not different from NC hospitals overall.

Upper Limit	3.25	3.83	2.46
Rate	2.53	3.49	2.30
Lower Limit	1.82	3.15	2.14

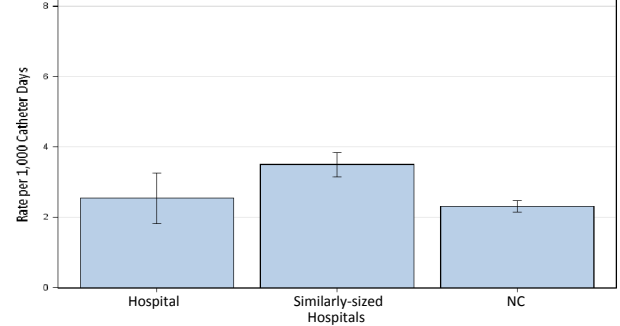


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.

#### Surgical Site Infections (SSI)

Upper Limit	3.09	1.18	0.83
Rate	1.63	0.73	0.67
Lower Limit	0.74	0.42	0.50

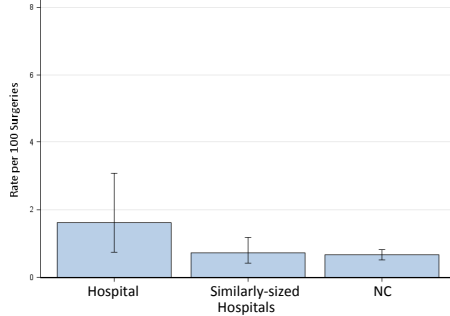


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.

Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	9	553	1.63
Colon surgery	17	340	5

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations (Abdominal Hysterectomies):**

Hospital rate is not different from similarly-sized hospitals.

Hospital rate is not different from NC hospitals overall.

**Bar Graph Interpretations (Colon Surgeries):**

Hospital rate is not different from similarly-sized hospitals.

Hospital rate is higher than NC hospitals overall.

Upper Limit	8.01	3.29	2.74
Rate	5.00	2.55	2.41
Lower Limit	2.91	1.82	2.09

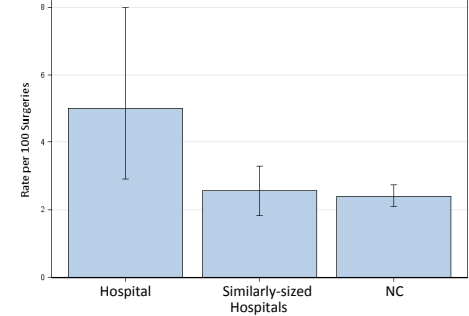


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.

**Commentary from Hospitals:**

UNC Health Care is pleased that our 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).

# North Carolina Healthcare-Associated Infections Report

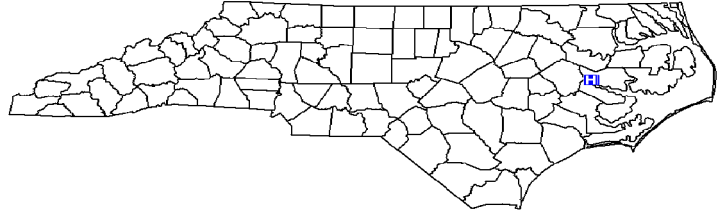
## Data from January 1 – December 31, 2012

### Vidant Beaufort Hospital, Washington, Beaufort County

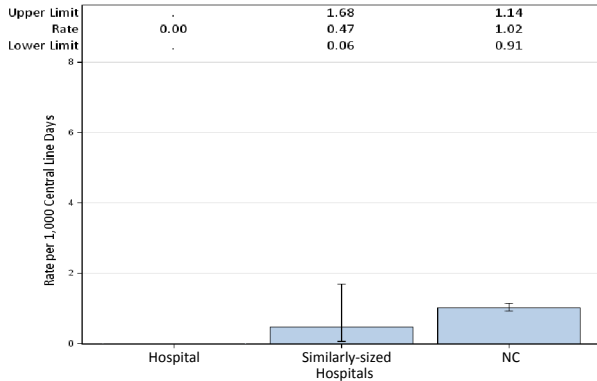
#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2011: 1,251  
 Patient Days in 2011: 4,621  
 Total Number of Beds: 99  
 Number of ICU Beds: 8  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 1.01

\*FTE = Full-time equivalent



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



**Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.**

	Infections	Line Days	Rate
Total for Reporting ICUs	0	126	0

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

**Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

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

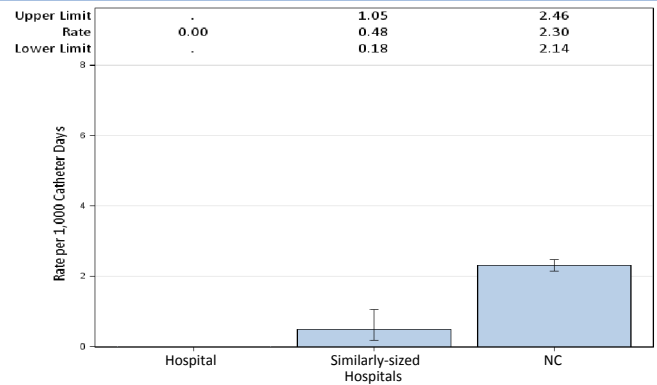
**Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.**

	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	379	0

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

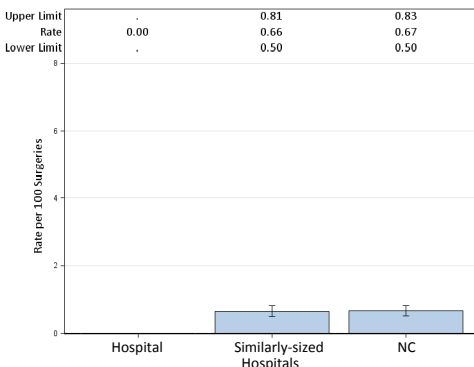
**Bar Graph Interpretations:**

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.



**Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

#### Surgical Site Infections (SSI)



**Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.**

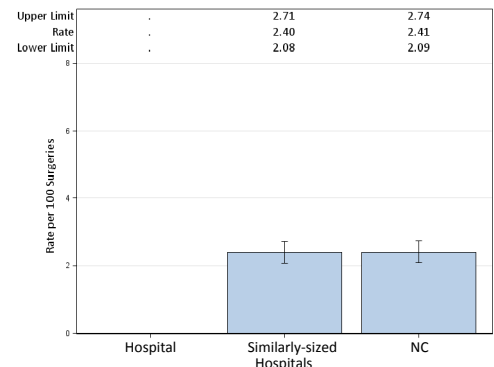
**Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.**

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	0	45	0
Colon surgery	1	19	.

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations (Abdominal Hysterectomies):**  
 A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

**Bar Graph Interpretations (Colon Surgeries):**  
 A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.



**Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.**

**Commentary from Hospitals:**  
 No comments provided.

# North Carolina Healthcare-Associated Infections Report

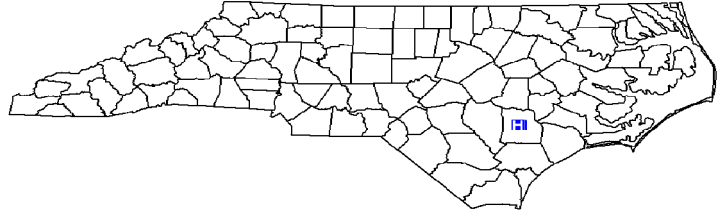
## Data from January 1 – December 31, 2012

### Vidant Duplin Hospital, Kenansville, Duplin County

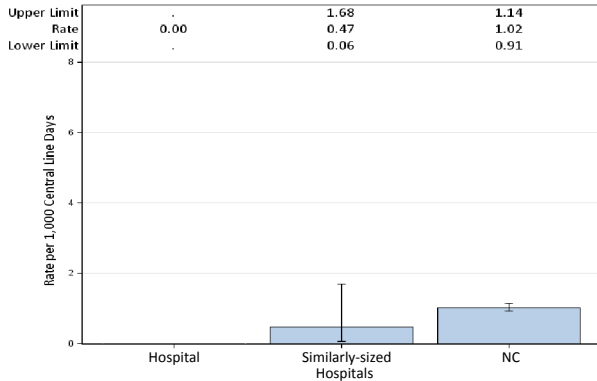
#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2011: 3,321  
 Patient Days in 2011: 16,537  
 Total Number of Beds: 79  
 Number of ICU Beds: 9  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 1.27

\*FTE = Full-time equivalent



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



**Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.**

	Infections	Line Days	Rate
Total for Reporting ICUs	0	83	0

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

**Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

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

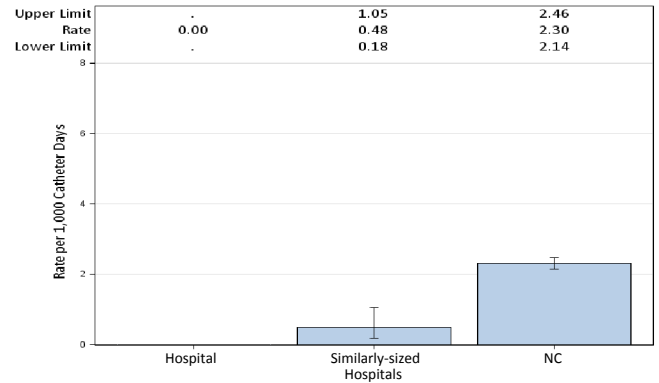
**Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.**

	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	530	0

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

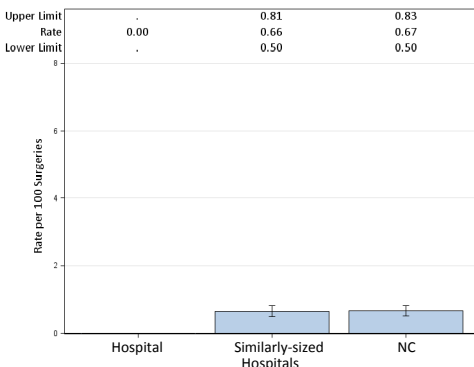
**Bar Graph Interpretations:**

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.



**Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

#### Surgical Site Infections (SSI)



**Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.**

**Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.**

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	0	25	0
Colon surgery	0	7	.

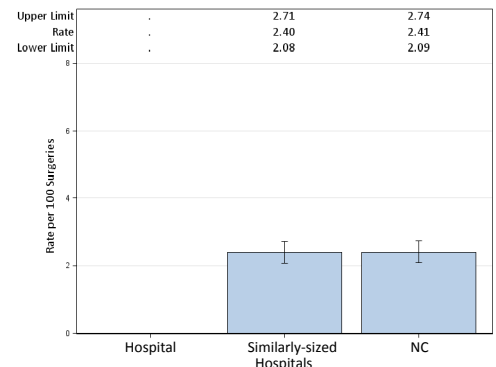
\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations (Abdominal Hysterectomies):**

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

**Bar Graph Interpretations (Colon Surgeries):**

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.



**Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.**

**Commentary from Hospitals:**

No comments provided.

# North Carolina Healthcare-Associated Infections Report

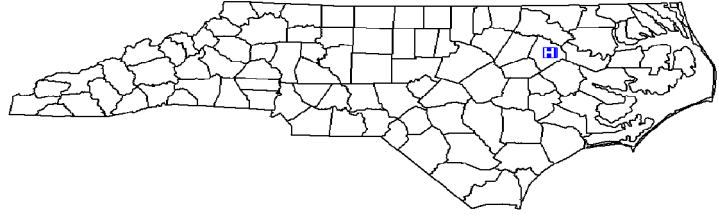
## Data from January 1 – December 31, 2012

### Vidant Edgecombe Hospital, Tarboro, Edgecombe County

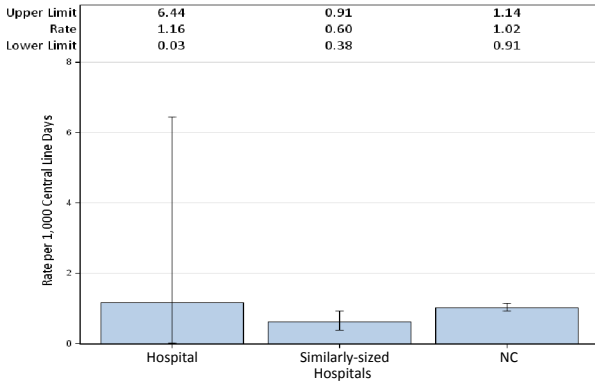
#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: Major  
 Profit Status: Not for Profit  
 Admissions in 2011: 5,033  
 Patient Days in 2011: 18,064  
 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



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



**Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.**

	Infections	Line Days	Rate
Total for Reporting ICUs	1	865	1.16

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

**Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

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

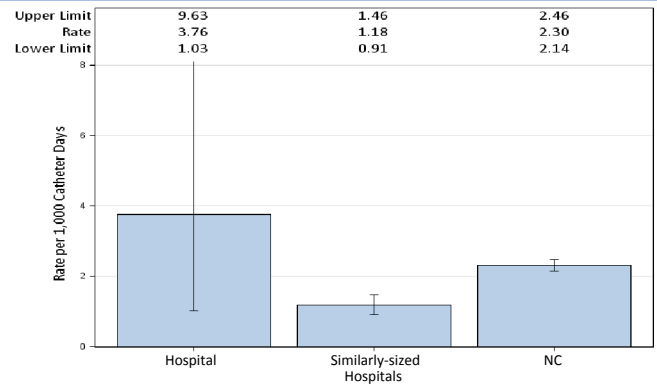
**Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.**

	Infections	Catheter Days	Rate
Total for Reporting ICUs	4	1,063	3.76

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

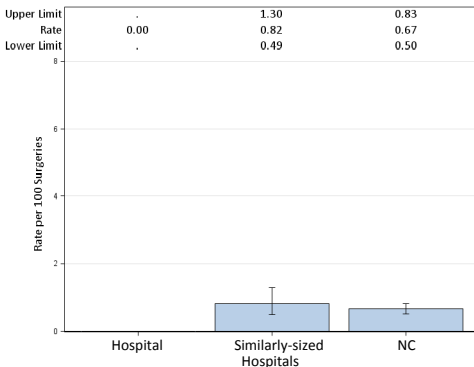
**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.



**Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

#### Surgical Site Infections (SSI)



**Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.**

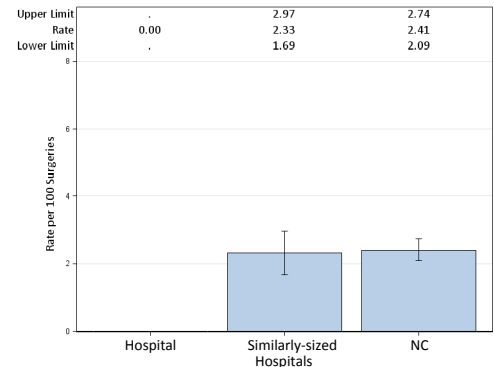
**Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.**

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	0	45	0
Colon surgery	0	23	0

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations (Abdominal Hysterectomies):**  
 A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

**Bar Graph Interpretations (Colon Surgeries):**  
 A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.



**Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.**

**Commentary from Hospitals:**  
 No comments provided.

# North Carolina Healthcare-Associated Infections Report

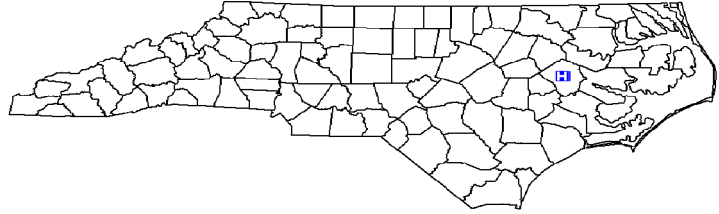
## Data from January 1 – December 31, 2012

### Vidant Medical Center, Greenville, Pitt County

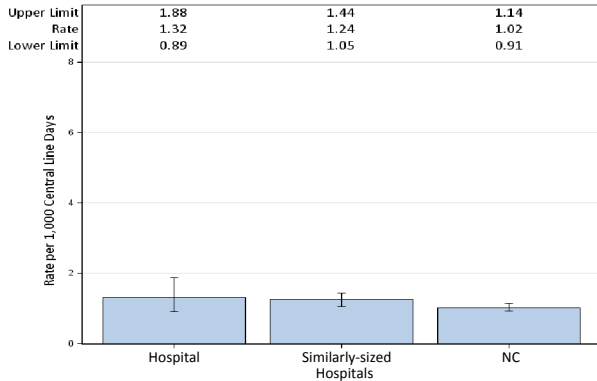
#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: Major  
 Profit Status: Not for Profit  
 Admissions in 2011: 57,661  
 Patient Days in 2011: 310,339  
 Total Number of Beds: 861  
 Number of ICU Beds: 162  
 FTE\* Infection Preventionists: 6.00  
 Number of FTEs\* per 100 beds: 0.70

\*FTE = Full-time equivalent



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



**Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.**

	Infections	Line Days	Rate
Total for Reporting ICUs	30	22,727	1.32

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

**Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

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

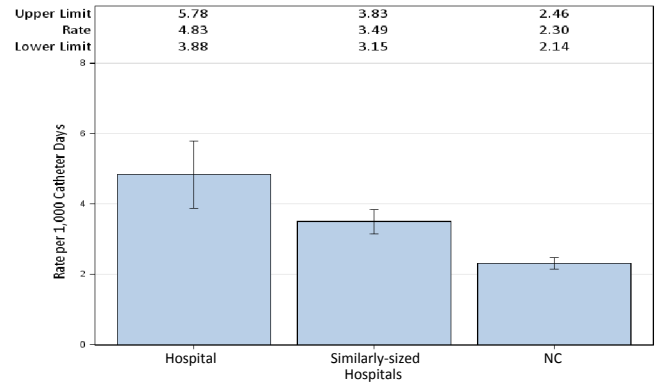
**Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.**

	Infections	Catheter Days	Rate
Total for Reporting ICUs	99	20,509	4.83

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

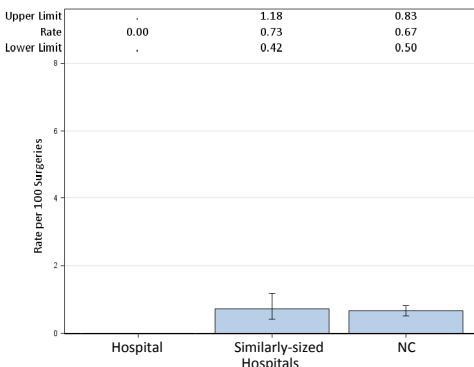
**Bar Graph Interpretations:**

Hospital rate is higher than similarly-sized hospitals.  
 Hospital rate is higher than NC hospitals overall.



**Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

#### Surgical Site Infections (SSI)



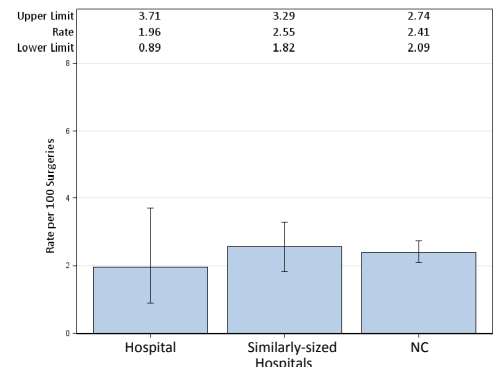
**Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.**

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	0	316	0
Colon surgery	9	460	1.96

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations (Abdominal Hysterectomies):**  
 A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

**Bar Graph Interpretations (Colon Surgeries):**  
 Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.



**Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.**

**Commentary from Hospitals:**

The infection rates above reflect our initiatives to make patient care at Vidant Medical Center safe for all of our patients, and those efforts are ongoing.

# North Carolina Healthcare-Associated Infections Report

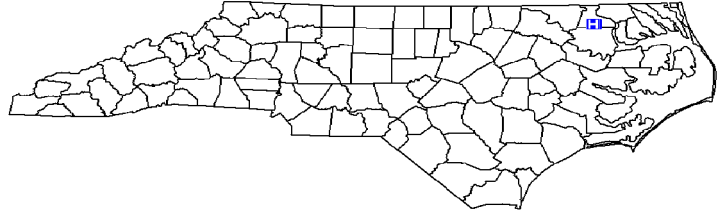
## Data from January 1 – December 31, 2012

### Vidant Roanoke Chowan Hospital, Ahoskie, Hertford County

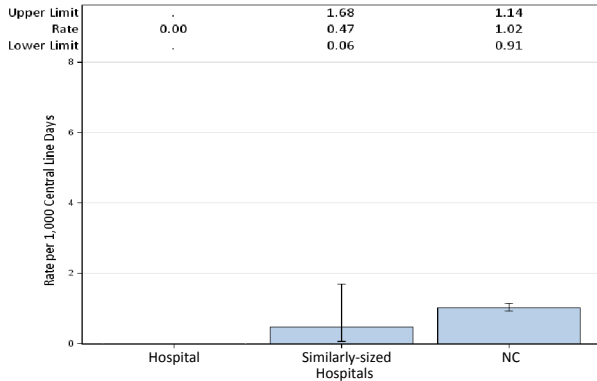
#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2011: 245  
 Patient Days in 2011: 1,257  
 Total Number of Beds: 144  
 Number of ICU Beds: 10  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 0.69

\*FTE = Full-time equivalent



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



**Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.**

	Infections	Line Days	Rate
Total for Reporting ICUs	0	765	0

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

**Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

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

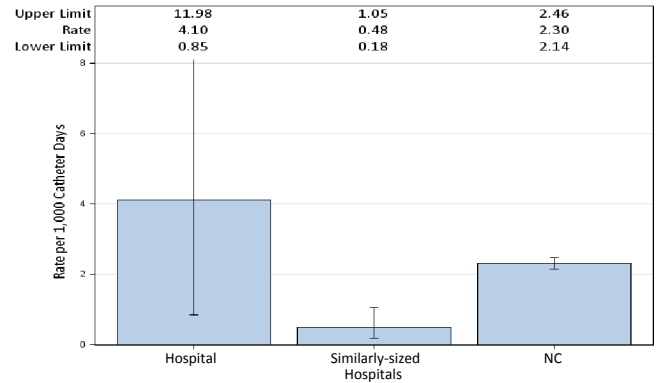
**Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.**

	Infections	Catheter Days	Rate
Total for Reporting ICUs	3	732	4.1

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

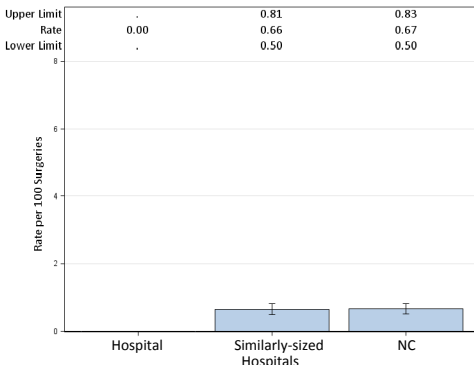
**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.



**Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

#### Surgical Site Infections (SSI)



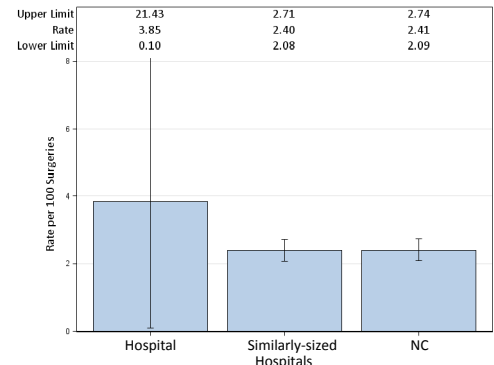
**Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.**

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	0	33	0
Colon surgery	1	26	3.85

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations (Abdominal Hysterectomies):**  
 A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

**Bar Graph Interpretations (Colon Surgeries):**  
 Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.



**Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.**

**Commentary from Hospitals:**  
 No comments provided.

# North Carolina Healthcare-Associated Infections Report

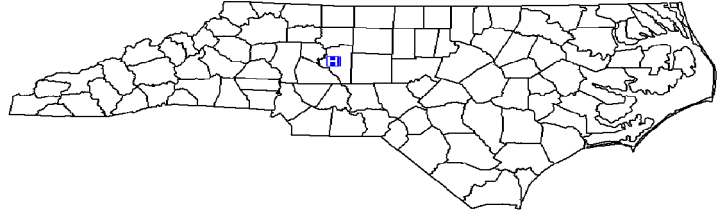
## Data from January 1 – December 31, 2012

### Wake Forest Baptist Health-Lexington Medical Center, Lexington, Davidson County

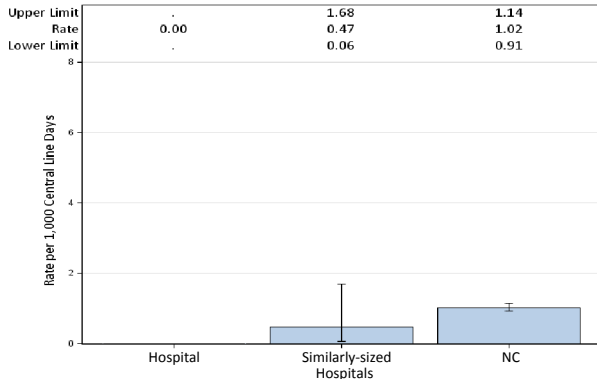
#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: Limited  
 Profit Status: Not for Profit  
 Admissions in 2011: 4,121  
 Patient Days in 2011: 10,939  
 Total Number of Beds: 85  
 Number of ICU Beds: 21  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 1.18

\*FTE = Full-time equivalent



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



**Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.**

	Infections	Line Days	Rate
Total for Reporting ICUs	0	369	0

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

A comparison to similarly-sized hospitals was not conducted.

A comparison to NC hospitals overall was not conducted.

**Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

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

**Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.**

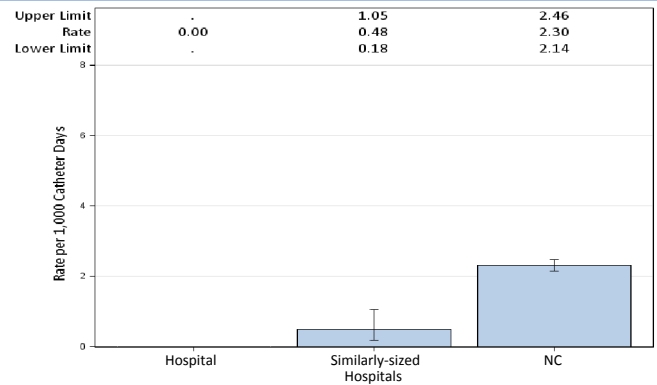
	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	1,623	0

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

**Bar Graph Interpretations:**

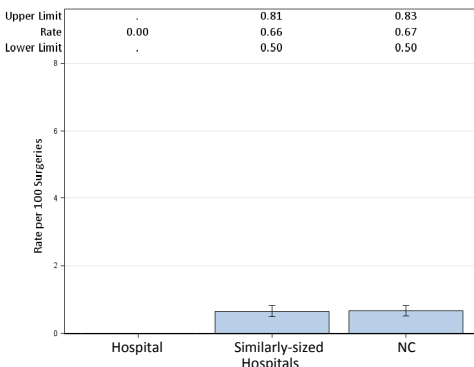
A comparison to similarly-sized hospitals was not conducted.

A comparison to NC hospitals overall was not conducted.



**Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.**

#### Surgical Site Infections (SSI)



**Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.**

**Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.**

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	0	60	0
Colon surgery	0	31	0

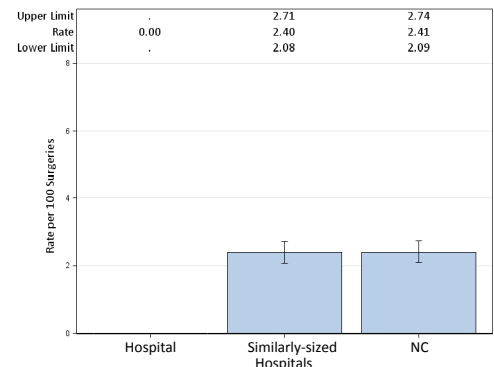
\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations (Abdominal Hysterectomies):**

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

**Bar Graph Interpretations (Colon Surgeries):**

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.



**Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.**

**Commentary from Hospitals:**

No comments provided.

# North Carolina Healthcare-Associated Infections Report

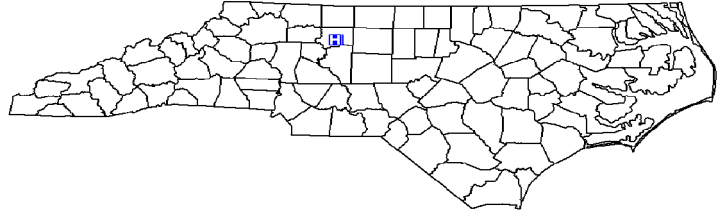
## Data from January 1 – December 31, 2012

### Wake Forest University Baptist Medical Center, Winston-Salem, Forsyth County

#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: Major  
 Profit Status: Not for Profit  
 Admissions in 2011: 38,762  
 Patient Days in 2011: 240,880  
 Total Number of Beds: 885  
 Number of ICU Beds: 176  
 FTE\* Infection Preventionists: 6.00  
 Number of FTEs\* per 100 beds: 0.68

\*FTE = Full-time equivalent



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

Upper Limit	0.79	1.44	1.14
Rate	0.42	1.24	1.02
Lower Limit	0.19	1.05	0.91

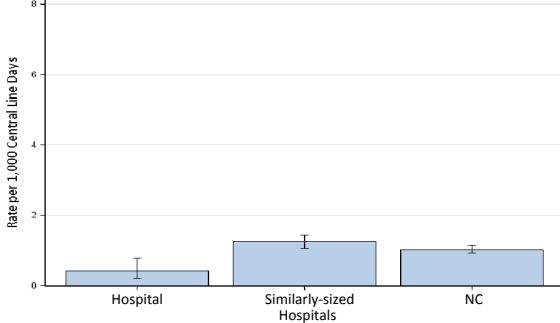


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.

	Infections	Line Days	Rate
Total for Reporting ICUs	9	21,592	0.42

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

#### Bar Graph Interpretations:

Hospital rate is lower than similarly-sized hospitals.  
 Hospital rate is lower than NC hospitals overall.

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

Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.

	Infections	Catheter Days	Rate
Total for Reporting ICUs	39	28,496	1.37

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

#### Bar Graph Interpretations:

Hospital rate is lower than similarly-sized hospitals.  
 Hospital rate is lower than NC hospitals overall.

Upper Limit	1.80	3.83	2.46
Rate	1.37	3.49	2.30
Lower Limit	0.94	3.15	2.14

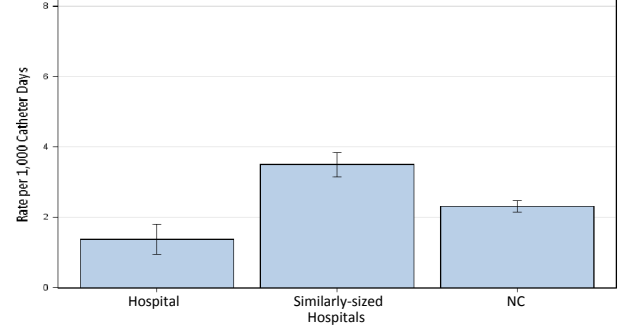


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.

#### Surgical Site Infections (SSI)

Upper Limit	2.42	1.18	0.83
Rate	0.43	0.73	0.67
Lower Limit	0.01	0.42	0.50

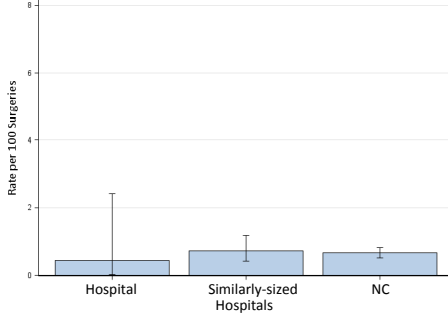


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.

Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	1	230	0.43
Colon surgery	9	325	2.77

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

#### Bar Graph Interpretations (Abdominal Hysterectomies):

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

#### Bar Graph Interpretations (Colon Surgeries):

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

Upper Limit	5.26	3.29	2.74
Rate	2.77	2.55	2.41
Lower Limit	1.27	1.82	2.09

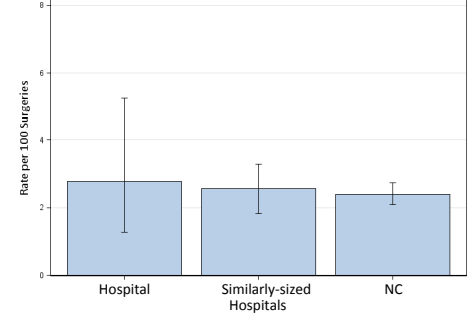


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.

#### Commentary from Hospitals:

No comments provided.



# North Carolina Healthcare-Associated Infections Report

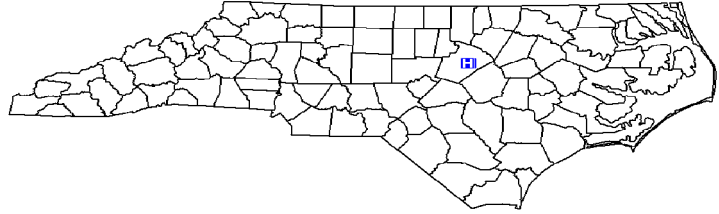
## Data from January 1 – December 31, 2012

### WakeMed, Raleigh, Wake County

#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: Graduate  
 Profit Status: Not for Profit  
 Admissions in 2011: 38,571  
 Patient Days in 2011: 177,111  
 Total Number of Beds: 589  
 Number of ICU Beds: 120  
 FTE\* Infection Preventionists: 7.00  
 Number of FTEs\* per 100 beds: 1.19

\*FTE = Full-time equivalent



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

Upper Limit	2.70	1.12	1.14
Rate	1.88	0.93	1.02
Lower Limit	1.26	0.74	0.91

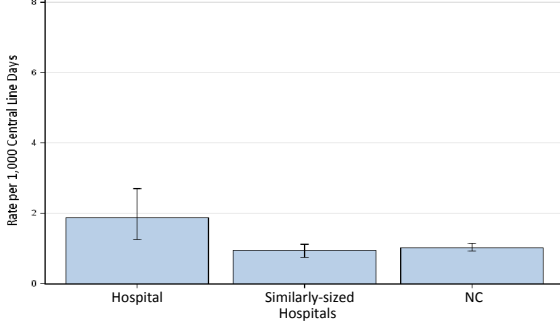


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.

	Infections	Line Days	Rate
Total for Reporting ICUs	29	15,454	1.88

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

#### Bar Graph Interpretations:

Hospital rate is higher than similarly-sized hospitals.  
 Hospital rate is higher than NC hospitals overall.

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

Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.

	Infections	Catheter Days	Rate
Total for Reporting ICUs	56	15,217	3.68

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

#### Bar Graph Interpretations:

Hospital rate is higher than similarly-sized hospitals.  
 Hospital rate is higher than NC hospitals overall.

Upper Limit	4.64	2.36	2.46
Rate	3.68	2.09	2.30
Lower Limit	2.72	1.82	2.14

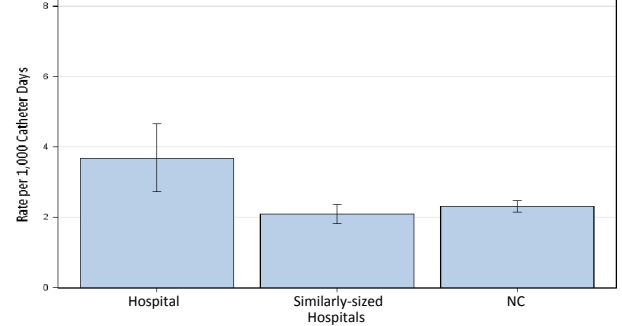


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.

#### Surgical Site Infections (SSI)

Upper Limit	2.39	1.09	0.83
Rate	0.43	0.71	0.67
Lower Limit	0.01	0.44	0.50

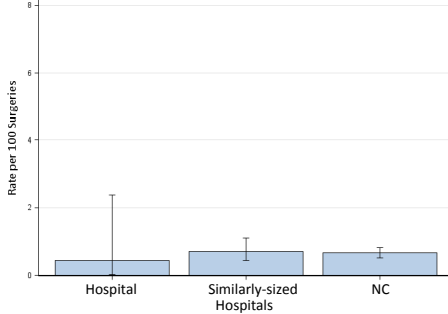


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.

Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	1	233	0.43
Colon surgery	6	182	3.3

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

#### Bar Graph Interpretations (Abdominal Hysterectomies):

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

#### Bar Graph Interpretations (Colon Surgeries):

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

Upper Limit	7.18	3.23	2.74
Rate	3.30	2.63	2.41
Lower Limit	1.21	2.04	2.09

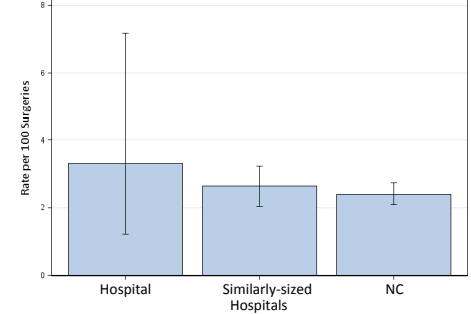


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.

#### Commentary from Hospitals:

No comments provided.

# North Carolina Healthcare-Associated Infections Report

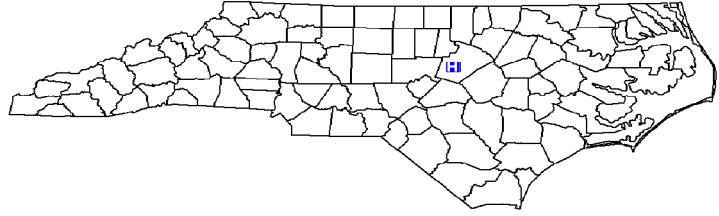
## Data from January 1 – December 31, 2012

### WakeMed Cary Hospital, Cary, Wake County

#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2011: 12,855  
 Patient Days in 2011: 47,475  
 Total Number of Beds: 172  
 Number of ICU Beds: 12  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 0.58

\*FTE = Full-time equivalent



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

Upper Limit	5.24	0.91	1.14
Rate	0.94	0.60	1.02
Lower Limit	0.02	0.38	0.91

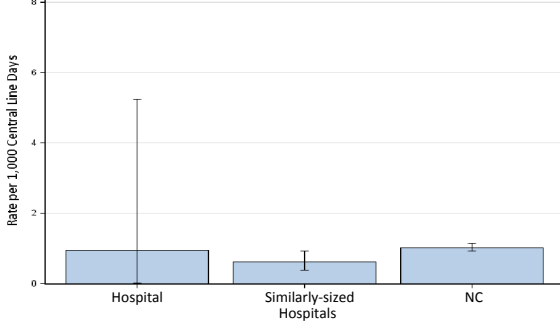


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.

	Infections	Line Days	Rate
Total for Reporting ICUs	1	1,063	0.94

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

#### Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

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

Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.

	Infections	Catheter Days	Rate
Total for Reporting ICUs	3	1,612	1.86

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

#### Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

Upper Limit	5.44	1.46	2.46
Rate	1.86	1.18	2.30
Lower Limit	0.38	0.91	2.14

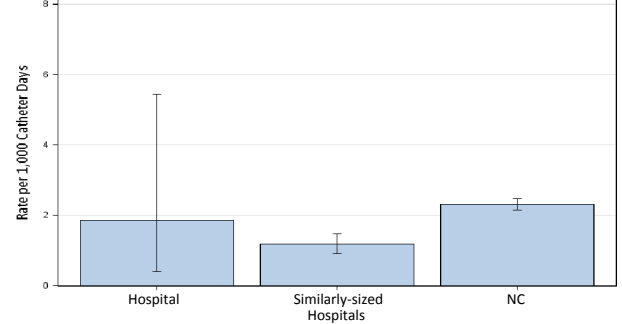


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.

#### Surgical Site Infections (SSI)

Upper Limit	6.71	1.30	0.83
Rate	1.20	0.82	0.67
Lower Limit	0.03	0.49	0.50

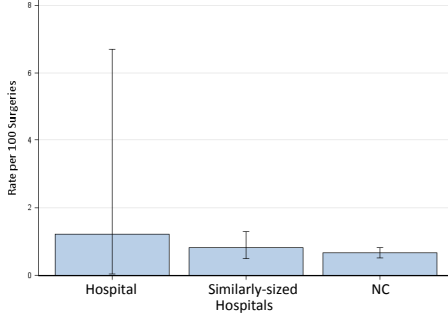


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.

Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	1	83	1.2
Colon surgery	7	144	4.86

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

#### Bar Graph Interpretations (Abdominal Hysterectomies):

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

#### Bar Graph Interpretations (Colon Surgeries):

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

Upper Limit	10.02	2.97	2.74
Rate	4.86	2.33	2.41
Lower Limit	1.95	1.69	2.09

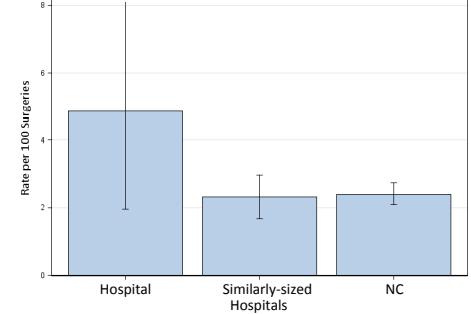


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.

#### Commentary from Hospitals:

No comments provided.

# North Carolina Healthcare-Associated Infections Report

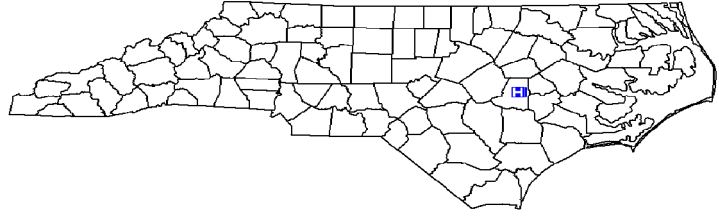
## Data from January 1 – December 31, 2012

### Wayne Memorial Hospital, Goldsboro, Wayne County

#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2011: 14,278  
 Patient Days in 2011: 63,295  
 Total Number of Beds: 316  
 Number of ICU Beds: 16  
 FTE\* Infection Preventionists: 2.00  
 Number of FTEs\* per 100 beds: 0.63

\*FTE = Full-time equivalent



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

Upper Limit	4.18	1.37	1.14
Rate	1.92	1.01	1.02
Lower Limit	0.70	0.66	0.91

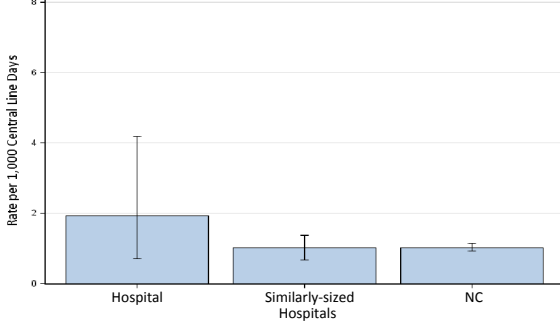


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.

	Infections	Line Days	Rate
Total for Reporting ICUs	6	3,125	1.92

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

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

Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.

	Infections	Catheter Days	Rate
Total for Reporting ICUs	4	3,239	1.23

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

**Bar Graph Interpretations:**

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

Upper Limit	3.16	2.15	2.46
Rate	1.23	1.75	2.30
Lower Limit	0.34	1.36	2.14

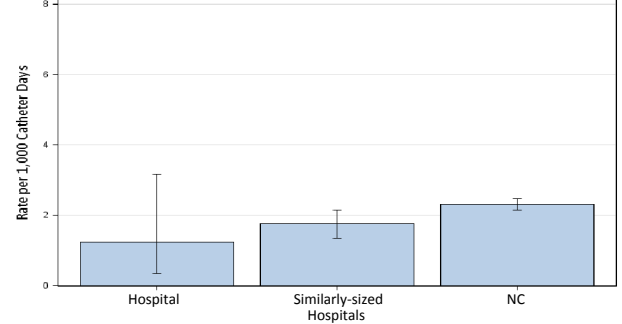


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.

#### Surgical Site Infections (SSI)

Upper Limit	3.90	0.84	0.83
Rate	0.70	0.41	0.67
Lower Limit	0.02	0.16	0.50

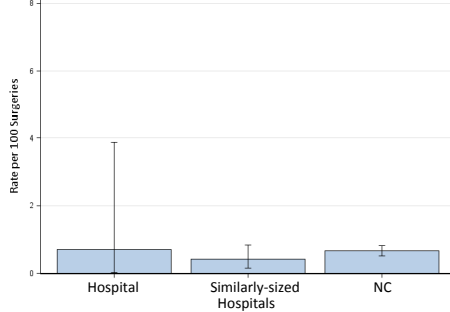


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.

Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	1	143	0.7
Colon surgery	1	113	0.88

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

**Bar Graph Interpretations (Abdominal Hysterectomies):**

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

**Bar Graph Interpretations (Colon Surgeries):**

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

Upper Limit	4.93	3.06	2.74
Rate	0.88	2.11	2.41
Lower Limit	0.02	1.39	2.09

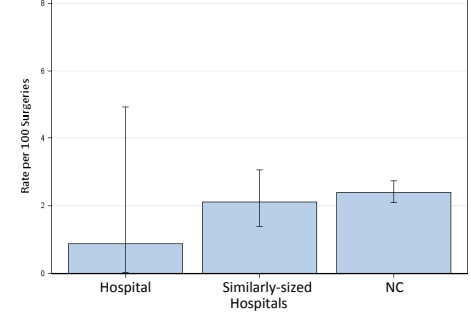


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.

**Commentary from Hospitals:**

No comments provided.

# North Carolina Healthcare-Associated Infections Report

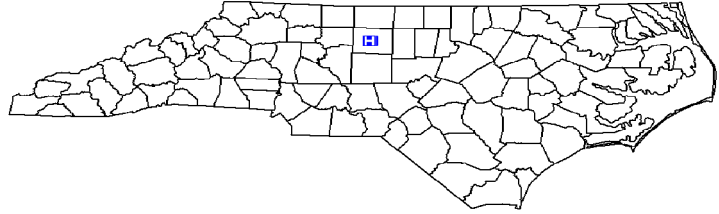
## Data from January 1 – December 31, 2012

### Wesley Long Hospital, Greensboro, Guilford County

#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2011: 9,458  
 Patient Days in 2011: 46,816  
 Total Number of Beds: 195  
 Number of ICU Beds: 20  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 0.51

\*FTE = Full-time equivalent



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

Upper Limit	2.83	0.91	1.14
Rate	0.51	0.60	1.02
Lower Limit	0.01	0.38	0.91

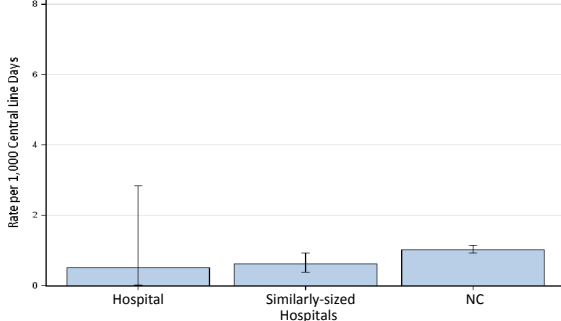


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.

	Infections	Line Days	Rate
Total for Reporting ICUs	1	1,968	0.51

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

#### Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

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

Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.

	Infections	Catheter Days	Rate
Total for Reporting ICUs	5	3,213	1.56

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

#### Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

Upper Limit	3.63	1.46	2.46
Rate	1.56	1.18	2.30
Lower Limit	0.51	0.91	2.14

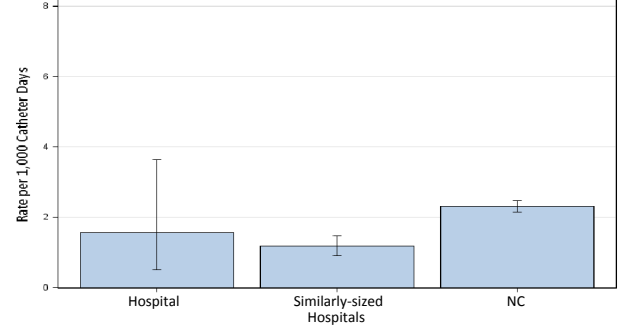


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.

#### Surgical Site Infections (SSI)

Upper Limit	15.06	1.30	0.83
Rate	2.70	0.82	0.67
Lower Limit	0.07	0.49	0.50

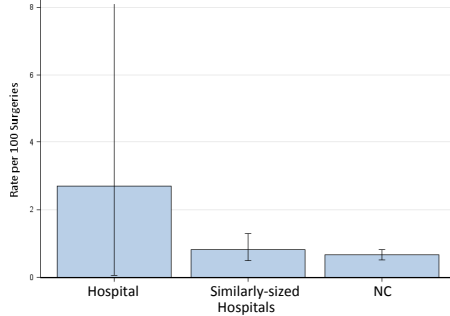


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.

Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	1	37	2.7
Colon surgery	2	139	1.44

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

#### Bar Graph Interpretations (Abdominal Hysterectomies):

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

#### Bar Graph Interpretations (Colon Surgeries):

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

Upper Limit	5.20	2.97	2.74
Rate	1.44	2.33	2.41
Lower Limit	0.17	1.69	2.09

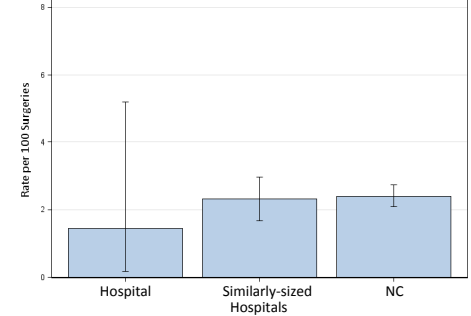


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.

#### Commentary from Hospitals:

Cone Health is committed to preventing Healthcare Associated Infections. We have dedicated teams of experts focused on process improvements to improve our patient outcomes. Please contact Cone Health Infection Prevention if you would like further information.

# North Carolina Healthcare-Associated Infections Report

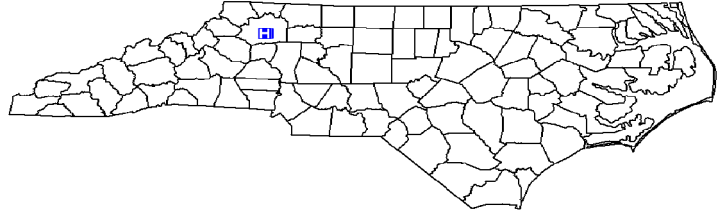
## Data from January 1 – December 31, 2012

### Wilkes Regional Medical Center, North Wilkesboro, Wilkes County

#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2011: 4,266  
 Patient Days in 2011: 13,730  
 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



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

Upper Limit	.	0.91	1.14
Rate	0.00	0.60	1.02
Lower Limit	.	0.38	0.91

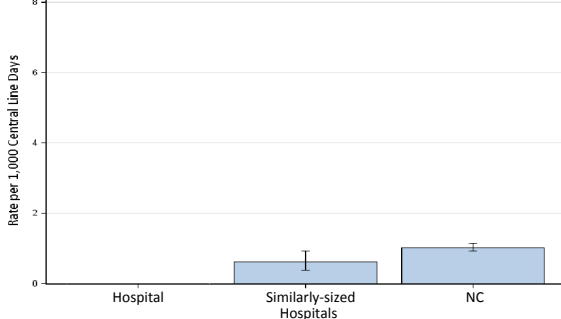


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.

	Infections	Line Days	Rate
Total for Reporting ICUs	0	355	0

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

#### Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.

A comparison to NC hospitals overall was not conducted.

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

Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.

	Infections	Catheter Days	Rate
Total for Reporting ICUs	1	1,132	0.88

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

#### Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.

Hospital rate is not different from NC hospitals overall.

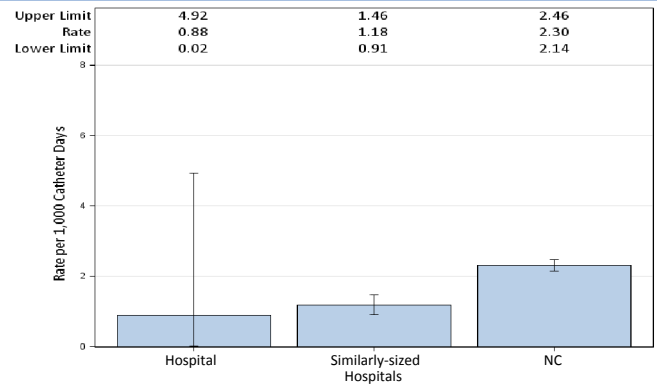


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.

#### Surgical Site Infections (SSI)

Upper Limit	.	1.30	0.83
Rate	.	0.82	0.67
Lower Limit	.	0.49	0.50

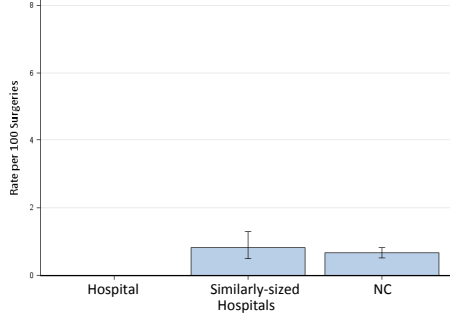


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.

Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	0	4	.
Colon surgery	0	19	.

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

#### Bar Graph Interpretations (Abdominal Hysterectomies):

A comparison to similarly-sized hospitals was not conducted.

A comparison to NC hospitals overall was not conducted.

#### Bar Graph Interpretations (Colon Surgeries):

A comparison to similarly-sized hospitals was not conducted.

A comparison to NC hospitals overall was not conducted.

Upper Limit	.	2.97	2.74
Rate	.	2.33	2.41
Lower Limit	.	1.69	2.09

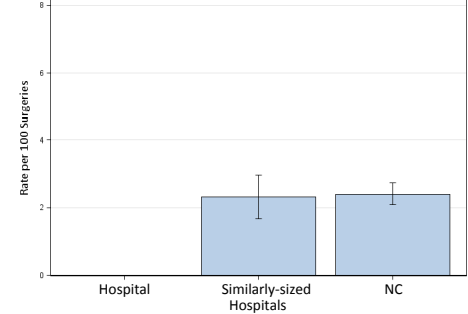


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.

#### Commentary from Hospitals:

The prevention and reduction of healthcare associated infections is a top priority at Wilkes Regional Medical Center. 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.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics ([epi.publichealth.nc.gov/cd/hai/figures.html](http://epi.publichealth.nc.gov/cd/hai/figures.html)). Data as of March 12, 2013.

NC Division of Public Health, HAI Prevention Program

NC HAI Quarterly Report - April 2013

# North Carolina Healthcare-Associated Infections Report

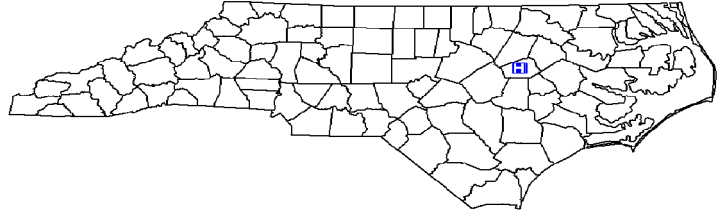
## Data from January 1 – December 31, 2012

### Wilson Medical Center, Wilson, Wilson County

#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2011: 8,528  
 Patient Days in 2011: 35,549  
 Total Number of Beds: 220  
 Number of ICU Beds: 14  
 FTE\* Infection Preventionists: 1.50  
 Number of FTEs\* per 100 beds: 0.68

\*FTE = Full-time equivalent



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

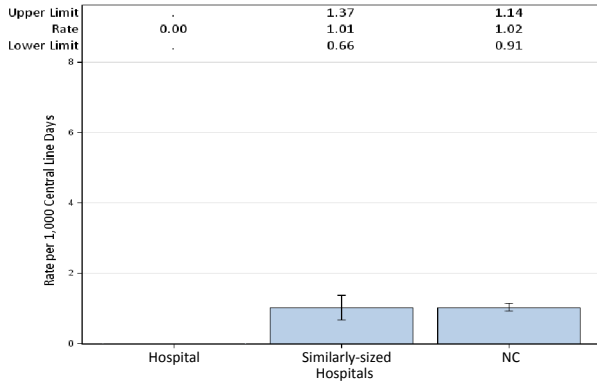


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.

	Infections	Line Days	Rate
Total for Reporting ICUs	0	1,316	0

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

#### Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

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

Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.

	Infections	Catheter Days	Rate
Total for Reporting ICUs	1	1,676	0.6

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

#### Bar Graph Interpretations:

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

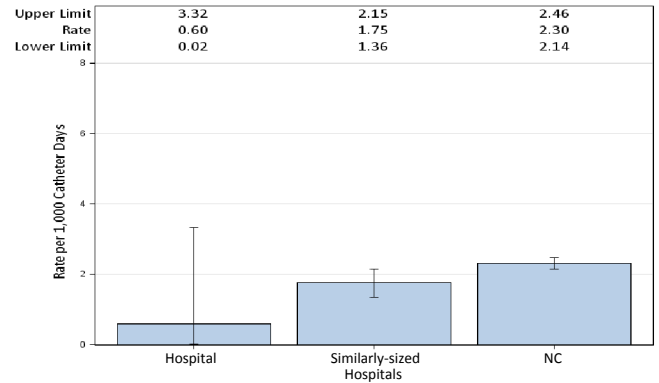


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.

#### Surgical Site Infections (SSI)

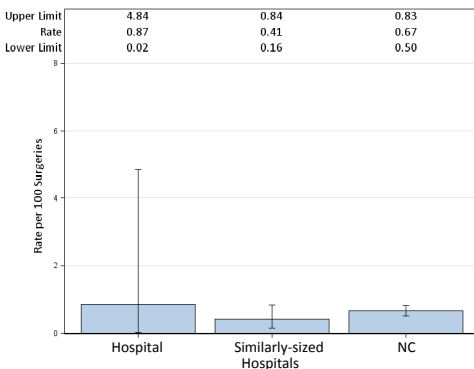


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.

Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	1	115	0.87
Colon surgery	1	69	1.45

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

#### Bar Graph Interpretations (Abdominal Hysterectomies):

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

#### Bar Graph Interpretations (Colon Surgeries):

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

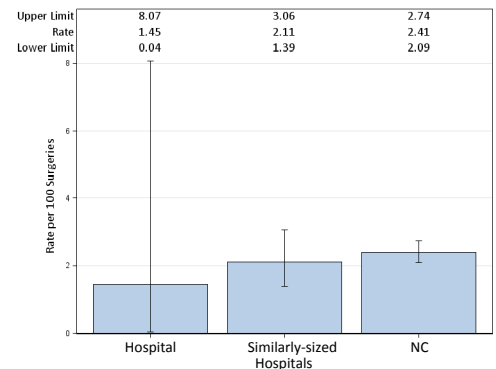


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.

#### Commentary from Hospitals:

No comments provided.

# North Carolina Healthcare-Associated Infections Report

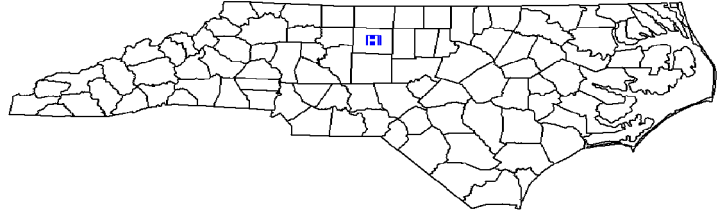
## Data from January 1 – December 31, 2012

### Women's Hospital, Greensboro, Guilford County

#### 2011 Hospital Survey Information

Hospital Type: Acute Care Hospital - Women's  
 Medical Affiliation: No  
 Profit Status: Not for Profit  
 Admissions in 2011: 7,561  
 Patient Days in 2011: 30,567  
 Total Number of Beds: 134  
 Number of ICU Beds: 40  
 FTE\* Infection Preventionists: 1.00  
 Number of FTEs\* per 100 beds: 0.75

\*FTE = Full-time equivalent



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

Upper Limit	.	0.91	1.14
Rate	0.00	0.60	1.02
Lower Limit	.	0.38	0.91

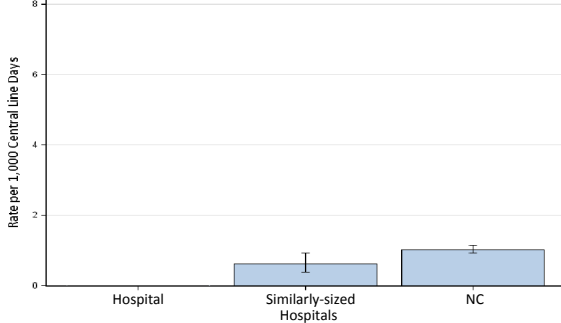


Figure 1. Rates and 95% Confidence Intervals, Jan-Dec 2012.

Table 1. Number of Infections and Rate of CLABSI, Jan-Dec 2012.

	Infections	Line Days	Rate
Total for Reporting ICUs	0	2,455	0

Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days.

#### Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.

A comparison to NC hospitals overall was not conducted.

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

Table 2. Number of Infections and Rate of CAUTI, Jan-Dec 2012.

	Infections	Catheter Days	Rate
Total for Reporting ICUs	0	172	0

Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days.

#### Bar Graph Interpretations:

A comparison to similarly-sized hospitals was not conducted.

A comparison to NC hospitals overall was not conducted.

Upper Limit	.	1.46	2.46
Rate	0.00	1.18	2.30
Lower Limit	.	0.91	2.14

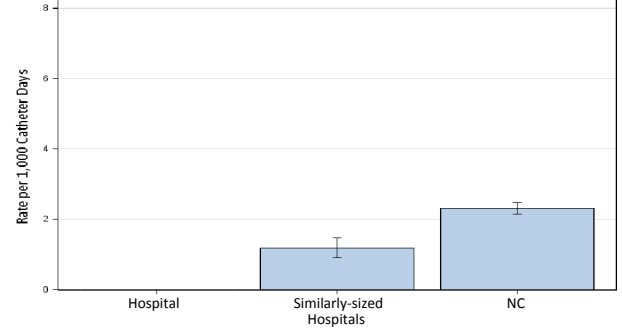


Figure 2. Rates and 95% Confidence Intervals, Jan-Dec 2012.

#### Surgical Site Infections (SSI)

Upper Limit	5.97	1.30	0.83
Rate	1.65	0.82	0.67
Lower Limit	0.20	0.49	0.50

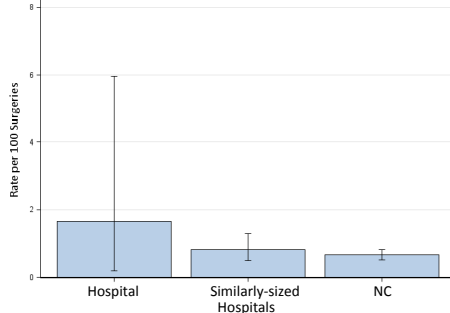


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Dec 2012.

Table 3. Number of Infections and Rate of SSI, Jan-Dec 2012.

Type of Surgery	Infections*	Surgeries	Rate
Abdominal hysterectomy	2	121	1.65
Colon surgery	0	1	.

\*Infections from deep incisional and/or organ space.  
 Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries.

#### Bar Graph Interpretations (Abdominal Hysterectomies):

Hospital rate is not different from similarly-sized hospitals.  
 Hospital rate is not different from NC hospitals overall.

#### Bar Graph Interpretations (Colon Surgeries):

A comparison to similarly-sized hospitals was not conducted.  
 A comparison to NC hospitals overall was not conducted.

Upper Limit	.	2.97	2.74
Rate	.	2.33	2.41
Lower Limit	.	1.69	2.09

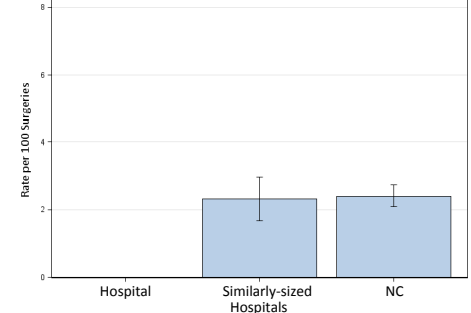


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Dec 2012.

#### Commentary from Hospitals:

Cone Health is committed to preventing Healthcare Associated Infections. We have dedicated teams of experts focused on process improvements to improve our patient outcomes. Please contact Cone Health Infection Prevention if you would like further information.

## **APPENDICES**



## APPENDIX A. Definitions

<b><u>Term</u></b>	<b><u>Definition</u></b>
Aggregate data	Sum or total data. For example, aggregate N.C. HAI data refers to the sum, or total, of all hospital HAI data 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. <ol style="list-style-type: none"><li>1. Normally healthy patient</li><li>2. Patient with mild systemic disease</li><li>3. Patient with severe systemic disease that is not incapacitating</li><li>4. Patient with an incapacitating systemic disease, constant threat to life</li><li>5. Patient not expected to survive for 24 hours with or without the operation</li></ol>
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 that ends 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, ventilator, 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 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.  <i>Routine hand washing</i> is the use of clean water and non-antimicrobial soap to remove germs, soil and other debris from the hands.  <i>Antiseptic hand washing</i> is the use of water and antimicrobial soap to remove or

**Term****Definition**

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 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.

*Graduate* – 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 or event that actually occurred.

## APPENDIX B. Acronyms

ACH	Acute care hospital (short-term)
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
<i>C. diff</i>	<i>Clostridium difficile</i>
CDI	<i>Clostridium difficile</i> infection
CHG	Chlorhexidine gluconate
CI	Confidence interval
CMS	Centers for Medicare and Medicaid Services
CLABSI	Central line-associated bloodstream infections
CRE	Carbapenem-resistant Enterobacteriaceae
CUSP	Comprehensive Unit-based Safety Program
DHHS	Department of Health and Human Services
DHSR	Division of Health Services Regulation
DPH	Division of Public Health
ED	Emergency department
FTE	Full-time equivalent
G.S.	General statute
HAI	Healthcare-associated Infections
HRET	American Hospital Associations' Health Research and Trust
ICU	Intensive care unit
IPs	Infection preventionists
IRF	Inpatient rehabilitation facility
LTAC	Long-term acute care hospital
MRSA	Methicillin resistant <i>Staphylococcus aureus</i>
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

## APPENDIX B. Acronyms (continued)

NHSN	National Healthcare Safety Network
NICU	Neonatal intensive (critical) care unit
QIO	Quality improvement organization
SIR	Standardized infection ratio
SSI	Surgical site infection
VAST	Vascular Access Safety Team
VRE	Vancomycin-resistant <i>Enterococcus</i>

**APPENDIX C. Healthcare-Associated Infections Prevention Tips**

**Appendix C1. Catheter (Central Line)-Associated Bloodstream Infections**

**Appendix C2. Catheter-Associated Urinary Tract Infections**

**Appendix C3. Surgical Site 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.

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# 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.

# 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.

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## APPENDIX D. Healthcare-Associated Infections (HAI) Advisory Group, February 2013

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Duke Infection Control Outreach Network  
Duke University Medical Center

**Margaret A. Comin, RN, BSN, MPA**

Division of Medical Assistance

**Evelyn Cook, RN, CIC**

APIC – N.C.  
Duke Infection Control Outreach Network

**Megan Davies, MD (Chair)**

N.C. Division of Public Health

**Chris DeRienzo, MD, MPP**

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**Teresa M. Gilbert, MT (AMT), CIC**

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**Sylvia I. Pegg, RN, BSN, CIC**

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Duke University Health System  
Durham VAMC

**APPENDIX E. Healthcare Facility Groupings, 2011 National Healthcare Safety Network Annual Hospital Survey**

**Appendix E1. Healthcare Facility Group: Short-term Acute Care Hospitals**

Hospital Groups	Hospital Name	Number of Beds	
1-99 Beds	Annie Penn Hospital	78	
	Anson Community Hospital	30	
	Blue Ridge Regional Hospital	46	
	Brunswick Community Hospital	60	
	Franklin Regional Medical Center	70	
	Granville Medical Center	62	
	Hugh Chatham Memorial Hospital	81	
	Martin General Hospital	49	
	MedWest-Harris Regional Hospital	94	
	Medical Park Hospital	50	
	Murphy Medical Center	57	
	Presbyterian Hospital Huntersville	60	
	Sampson Regional Medical Center	68	
	Sandhills Regional Medical Center	64	
	The McDowell Hospital	37	
	Vidant Beaufort Hospital	99	
	Vidant Duplin Hospital	79	
	Wake Forest Baptist Health-Lexington MC	85	
	100-199 Beds	ARHS-Watauga Medical Center	110
		Albemarle Health Authority	135
Betsy Johnson Regional		101	
Blue Ridge Healthcare-Morganton		184	
Blue Ridge Healthcare-Valdese		131	
Caldwell Memorial Hospital		110	
Carolinas Medical Center-Lincoln		101	
Carolinas Medical Center-Mercy		170	
Carolinas Medical Center-Pineville		109	
Carolinas Medical Center-Union		165	
Carolinas Medical Center-University		130	
Carteret General Hospital		135	
Central Carolina Hospital		112	
Columbus Regional Healthcare System		107	
Davis Regional Medical Center		143	
Duke Raleigh Hospital		148	
Halifax Regional Medical Center		128	
Haywood Regional Medical Center		100	
Iredell Memorial Hospital		199	
Johnston Health		199	
Kings Mountain Hospital		102	
Lake Norman Regional Medical Center		123	
Maria Parham Medical Center		102	
Morehead Memorial Hospital		108	
Northern Hospital Of Surry County		100	
Onslow Memorial Hospital		162	
Pardee Hospital		145	

**APPENDIX E. Healthcare Facility Groupings, 2011 National Healthcare Safety Network Annual Hospital Survey**

**Appendix E1. Healthcare Facility Group: Short-term Acute Care Hospitals**

Hospital Groups	Hospital Name	Number of Beds
	Park Ridge Health	103
	Person Memorial Hospital	110
	Presbyterian Hospital Matthews	114
	Randolph Hospital	119
	Rutherford Regional Medical Center	130
	Scotland Memorial Hospital	104
	Stanly Regional Medical Center	119
	Thomasville Medical Center	149
	Vidant Edgecombe Hospital	117
	Vidant Roanoke Chowan Hospital	144
	WakeMed Cary Hospital	172
	Wesley Long Hospital	195
	Wilkes Regional Medical Center	130
	Women's Hospital	134
200-399 Beds	Alamance Regional Medical Center	238
	CarolinaEast Medical Center	350
	Catawba Valley Medical Center	200
	Cleveland Regional Medical Center	241
	Durham Regional Hospital	202
	Frye Regional Medical Center	355
	High Point Regional Health System	363
	Lenoir Memorial Hospital, Inc	216
	Nash Health Care Systems	286
	Rowan Regional Medical Center	268
	Southeastern Regional Medical Center	299
	Wayne Memorial Hospital	316
	Wilson Medical Center	220
400+ Beds	Cape Fear Valley Health System	535
	Carolinas Medical Center-Northeast	435
	FirstHealth Moore Regional Hospital	528
	Forsyth Medical Center	906
	Gaston Memorial Hospital	435
	Mission Hospitals, Inc	739
	Moses Cone Hospital	534
	New Hanover Regional Medical Center	588
	Presbyterian Hospital Charlotte	531
	Rex Healthcare	433
	WakeMed	589
Primary Medical School Affiliation	Carolinas Medical Center	880
	Duke University Hospital	812
	UNC Health Care	838
	Vidant Medical Center	861
	Wake Forest University Baptist MC	885

**APPENDIX E. Healthcare Facility Groupings, 2011 National Healthcare Safety Network Annual Hospital Survey**

**Appendix E2. Healthcare Facility Group: Long-term Acute Care Hospitals**

Hospital Name

Asheville Specialty Hospital  
Carolinas Specialty Hospital  
Crawley Memorial Hospital  
Highsmith Rainey Specialty Hospital  
Kindred Hospital Greensboro  
Lifecare Hospitals Of North Carolina  
Select Specialty Hospital-Durham  
Select Specialty Hospital-Greensboro  
Select Specialty Hospital-Winston Salem

**APPENDIX E. Healthcare Facility Groupings, 2011 National Healthcare Safety Network Annual Hospital Survey**

**Appendix E3. Healthcare Facility Group: Inpatient Rehabilitation Facilities & Wards**

Hospital Name	Rehabilitation Facility or Ward
Cape Fear Valley Health System	Adult rehabilitation ward
CarePartners Health Services	Inpatient Rehabilitation Facility
CarolinaEast Medical Center	Adult rehabilitation ward
Carolinas Medical Center	Pediatric rehabilitation ward
Carolinas Rehabilitation	Inpatient Rehabilitation Facility
Catawba Valley Medical Center	Adult rehabilitation ward
Durham Regional Hospital	Adult rehabilitation ward
FirstHealth Moore Regional Hospital	Adult rehabilitation ward
Forsyth Medical Center	Adult rehabilitation ward
	Pediatric rehabilitation ward
Frye Regional Medical Center	Adult rehabilitation ward
High Point Regional Health System	Adult rehabilitation ward
Lenoir Memorial Hospital, Inc	Adult rehabilitation ward
Maria Parham Medical Center	Adult rehabilitation ward
Moses Cone Hospital	Adult rehabilitation ward
Nash Health Care Systems	Adult rehabilitation ward
New Hanover Regional Medical Center	Adult rehabilitation ward
Rowan Regional Medical Center	Adult rehabilitation ward
Scotland Memorial Hospital	Adult rehabilitation ward
Stanly Regional Medical Center	Adult rehabilitation ward
UNC Health Care	Adult rehabilitation ward
Vidant Edgecombe Hospital	Adult rehabilitation ward
Vidant Medical Center	Adult rehabilitation ward
Wake Forest University Baptist Medical Center	Adult rehabilitation ward
WakeMed	Adult rehabilitation ward