Issued October 2014

2014

Healthcare-Associated Infections in North Carolina

Reporting Period: January 1 – June 30, 2014

Healthcare Provider Version

N.C. Department of Health and Human Services

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

Introduction

The prevention of healthcare-associated infections is a public health priority in North Carolina and is a collaborative effort among the healthcare and public health communities. This October 2014 Healthcare-Associated Infections report is an important product of this collaboration. Included in this report is information about infections occurring in North Carolina short-term acute care hospitals, long-term acute care hospitals, and inpatient rehabilitation facilities from January 1 through June 30, 2014. Data included in this report are preliminary and subject to change.

This report focuses on five 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), MRSA laboratory-identified infections (MRSA LabID), and *Clostridium difficile* laboratory-identified infections (*C. difficile* or CDI LabID). These infections account for a large proportion of infections and deaths attributed to healthcare, but they do not represent the full spectrum of healthcare-associated infections.

This report was prepared by the North Carolina Healthcare-Associated Infections Prevention Program located in the Communicable Disease Branch of the Epidemiology Section of the North Carolina Division of Public Health. The NC Healthcare-Associated Infections Prevention Program works to eliminate preventable infections in health care settings by:

1. Conducting statewide surveillance for selected HAIs;
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 providers. Data are intended to provide an understanding of the burden of healthcare-associated infections in North Carolina. Furthermore, providers can use these data to assess their hospital's healthcare-associated infections burden in conjunction with other healthcare facilities. This may help to identify potential resources and opportunities to strengthen their hospital's healthcare-associated infections prevention program. Prevention tips on healthcare-associated infections are also provided (Appendix C). A separate healthcare consumer 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). For more information on Healthcare-Associated Infections and the NC Healthcare-Associated Infections Prevention Program, please visit http://epi.publichealth.nc.gov/cd/diseases/hai.

Acknowledgements

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

The Healthcare-Associated Infection 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.

Table of Contents

I. Surveillance for Healthcare-Associated Infections in North Carolina

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

By North Carolina law, hospital reporting requirements are based on the reporting requirements established by the Centers for Medicare and Medicaid Services (CMS).

HAI information is entered into the CDC web-based surveillance system called the National Healthcare Safety Network (NSHN). The N.C. HAI Program works with hospitals on a monthly basis to ensure their data are accurate and timely. All data in NHSN are entered and modified by hospitals; the N.C. HAI Program cannot enter or change data in NHSN.

To learn more about CLABSIs, CAUTIs, SSIs, MRSA, *Clostridium difficile* and other HAIs, please visit the N.C. 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 the "Facts and Figures" webpage (http://epi.publichealth.nc.gov/cd/hai/figures.html), which includes current and previous reports. The Healthcare-Associated Infection in North Carolina - Reference Report issued in October 2012 and revised in July 2013 contains background information on HAIs, HAI surveillance in North Carolina, and detailed information on statistics commonly used to describe and summarize HAIs. Subsequent reports, published quarterly, cover timely state-level and facility-specific data on the incidence of healthcare associated infections in hospitals across the state, as well as information on the creation and progress of various initiatives to reduce HAIs.

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

Table 1: Requirements for Reporting of Healthcare-Associated Infections from N.C. Hospitals[1,2]

HAI Event	Facility Type	Reporting Start Date
Central line-associated bloodstream infections (CLABSI)	Short-term Acute Care Hospitals: Adult, Pediatric, and Neonatal ICUs	January 2011
Catheter-associated urinary tract infections (CAUTI)	Short-term Acute Care Hospitals: Adult and Pediatric ICUs	January 2012
Surgical site infections (SSI)	Short-term Acute Care Hospitals: Colon and abdominal hysterectomy procedures	January 2012
CLABSI	Long-Term Care Hospitals*	October 2012
CAUTI	Long-Term Care Hospitals*	October 2012
CAUTI	Inpatient Rehabilitation Facilities	October 2012
MRSA bacteremia (laboratory identified)	Short-term Acute Care Hospitals including Specialty Hospitals	January 2013
Clostridium difficile (laboratory identified)	Short-term Acute Care Hospitals including Specialty Hospital	January 2013

**Long-Term Care Hospitals are called Long-Term Acute Care Hospitals in the National Healthcare Safety Network.*

[1] Centers for Medicare and Medicaid Services. Acute Inpatient Prospective Payment System. www.cms.gov/AcuteInpatientPPS/FR2012/list.asp. Accessed December 9, 2013.

[2] Centers for Disease Control and Prevention, Healthcare Facility Reporting Requirements to CMA via NHSN – Current Requirements, http://www.cdc.gov/nhsn/PDFs/CMS/CMS-Reporting-Requirements.pdf. Accessed July 8, 2014.

II. Hospital-Specific Summary Reports

A. Explanation of the Hospital-Specific Summary Reports

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

These reports cover the first six months of 2014 and data were downloaded from NHSN on September 25, 2014; any changes made to the data after this date are not reflected in this report. Before reviewing this report, a few clarifications about the data need to be made:

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. Until data validation is completed, data should be interpreted with caution.

2. **The data were self-reported.** Although efforts were made through education and training to improve the standardization and 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. **There may be variation between data published by the N.C. HAI Program and data published elsewhere (**i.e., CMS, Centers for Medicare and Medicaid Services). This difference may occur as facilities have the ability to modify their data in NHSN at any time. Thus, data may appear to vary if different data collection periods or report cutoff dates are used.

4. **The rates of infections were not included for HAIs in a few facilities.** Calculating rates with small numbers in the denominator will lead to an unstable estimate. Therefore the N.C. HAI Program chose not to present rates for units, procedures or hospitals that did not meet a minimum threshold value for the reporting period. The minimum threshold numbers are based on CDC recommendations for reporting healthcare-associated infection data:
    - Central line-associated bloodstream infections: 50 central line days;
    - Catheter-associated urinary tract infections: 50 catheter days; and
    - Surgical site infections: 20 surgeries.

5. **Standardized infection ratios (SIRs):** SIRs allow facilities to see how the number of hospital-onset events reported to NHSN compares to the number that would be expected, based on data from other hospitals nationwide. This measure can be used to compare hospitals to each other and to a national baseline. These comparisons can drive prevention practices that will lead to improved outcomes, including the reduction of patient morbidity and mortality. It is important to note some caveats with respect to SIR data. First, the NHSN reference datasets used as the national baselines are somewhat outdated; some going as far back as 2006. Once these national baselines are updated or state-specific baselines are established, the SIRs will likely increase. Additionally, SIRs are a ratio; not a rate or an actual number of infections. The number or rate of infections cannot be determined by the SIR; these data are reported separately in this report.

6. **Laboratory-Identified Events (LabID):** Methicillin-resistant *Staphylococcus aureus* (MRSA) bacteremia (blood infection) LabID events and *Clostridium difficile* (CDI) LabID events rely on laboratory data without requiring clinical information about the patient. This allows for a much less labor-intensive means to track MRSA and CDI infections. The N.C. HAI Prevention Program would like to highlight certain caveats in using and interpreting LabID event data. For example, experience in other states has shown that CDI infection rates tend to be higher when using LabID event data compared to a clinical case definition. Reasons for this may include differences in how individual facilities define and classify clinical disease and variations in hospital laboratory testing methods and practices. LabID events should be considered a 'proxy' measure to estimate the number of MRSA and CDI infections actually occurring. Despite these caveats, there are benefits to using LabID data. LabID events do not depend on clinical interpretation by providers and thus offer a more standardized and consistent method of collecting and reporting MRSA and CDI surveillance data. Moreover, LabID events are currently being used by CMS for surveillance of MRSA and CDI. Improving prevention practices as described in existing clinical guidelines should result in a decrease in the number of observed MRSA and CDI LabID events as well as a decrease in the number of clinical infections.

1. 2013 Hospital Survey 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 2013 Annual Hospital Survey.

2. Central Line-Associated Bloodstream Infections (CLABSI)

Short-term acute care hospitals

CLABSIs are reported from hospitals with ICUs (adult, pediatric, and neonatal). This section of the report includes a table and figure about CLABSIs.

The CLABSI table below is an example of the data provided for each HAI, summarizing the number of infections, central line/catheter/patients days, rates, predicted infections, standardized infection ratio (SIR) and corresponding 95% confidence interval (CI) with interpretation by type of unit. There may be more than one reporting unit for a given classification. At the bottom of table is the "YTD Total for Reporting ICUs" that summarizes the year-to-date total for the reporting units in the hospital.

Explanation of data in example CLABSI table:

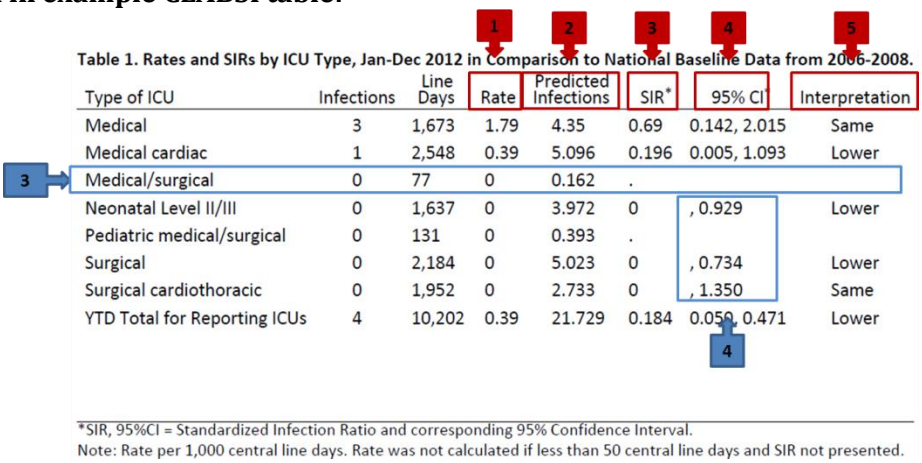


Table 1. Rates and SIRs by ICU Type, Jan-Dec 2012 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	3	1,673	1.79	4.35	0.69	0.142, 2.015	Same
Medical cardiac	1	2,548	0.39	5.096	0.196	0.005, 1.093	Lower
Medical/surgical	0	77	0	0.162	.		
Neonatal Level II/III	0	1,637	0	3.972	0	, 0.929	Lower
Pediatric medical/surgical	0	131	0	0.393	.		
Surgical	0	2,184	0	5.023	0	, 0.734	Lower
Surgical cardiothoracic	0	1,952	0	2.733	0	, 1.350	Same
YTD Total for Reporting ICUs	4	10,202	0.39	21.729	0.184	0.050, 0.471	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

1. The rate is the number of CLABSIs divided by the number of central line days multiplied by 1,000 to get "per 1,000 central line days."
2. The predicted number of infections is calculated using CLABSI rates from a standard population during a baseline time period. For CLABSI, the predicted number of infections is based on 2006-2008 NSHN national data.
3. The SIR is calculated by dividing the observed number of infections by the predicted number of infections. If the number of predicted infections is less than 1, the SIR is not calculated. The CLABSI SIRs are adjusted by a variety of predictors of infection including central line utilization, type of patient care location, hospital affiliation with a medical school, and bed size of the patient care location.
4. The 95% CI corresponds to the SIR presented in the table. When the number of infections is 0, the lower bound of the 95% CI is not calculated.
5. The column "Interpretation" details the results of hypothesis testing.
    a. Same: no statistically significant difference between the numbers of observed and predicted infections in a unit (or hospital).
    b. Higher: observed number of infections in a unit (or hospital) was significantly higher than predicted.
    c. Lower: observed number of infections in a unit (or hospital) was significantly lower than predicted.

Long-term acute care hospitals

CLABSIs are reported from adult and pediatric ICUs and wards. As with short-term acute care hospitals, this section includes a table and a figure about CLABSIs. The data included in the table are at the unit-level as well as a year-to-date summary for the hospital. Only the number of CLABSIs, central line days, and rate are included; no SIRs are presented because baseline data are unavailable for calculation. The figure in this section includes the hospital CLABSI rate in comparison to all other long-term acute care hospitals in NC.

3. Catheter-Associated Urinary Tract Infections (CAUTI)

Short-term acute care hospitals

CAUTIs are reported from adult and pediatric ICUs and inpatient rehabilitation wards.

Long-term acute care hospitals

CAUTIs are reported from adult and pediatric ICUs and wards. The content of the CAUTI section for long-term acute care hospitals is similar to CLABSIs in long-term acute care hospitals.

Inpatient rehabilitation facilities

CAUTIs are reported from adult and pediatric rehabilitation wards. Hospital-specific summary reports are only generated for free-standing inpatient rehabilitation facilities; data from inpatient rehabilitation wards within short-term acute care hospitals are included in their respective hospital-specific summary reports.

Data in the tables are at the unit-level as well as a year-to-date summary for the facility. Only the number of CAUTIs, catheter days, and rate are included; no SIRs are presented because baseline data are unavailable for calculation. The figure includes the CAUTI rate for the facility in comparison to all other rehabilitation wards in NC, both free-standing and within short-term acute care hospitals.

The content for the CAUTI sections is similar to the CLABSI section, with the following exceptions:

- The rate is the number of CAUTIs divided by the number of catheter days multiplied by 1,000 to get "per 1,000 catheter days."
- For CAUTI, the predicted number of infections is based on 2009 NSHN national data.
- The CAUTI SIRs are adjusted by a variety of predictors of infection including urinary catheter utilization, type of patient care location, hospital affiliation with a medical school, and bed size of the patient care location.

The SIR calculations, 95% CI, and interpretation for CAUTIs do not differ from CLABSIs.

4. Surgical Site Infections (SSI) – Abdominal Hysterectomies and Colon Surgeries

Abdominal Hysterectomies

Short-term acute care hospitals

SSIs are reported among female adults 18 years or older following inpatient abdominal hysterectomies. Only SSIs that occurred at the primary incision site within 30 days of the surgery are included in the report. Infections are not included if they occurred after 30 days post-operation or if they involved only the skin or subcutaneous tissues. Finally, if patient age or the American Society of Anesthesiologists (ASA) score was missing for a surgery, it was classified as an "incomplete procedure" and is not included in the final count of surgeries.

Colon Surgeries

Short-term acute care hospitals

SSIs are reported among adults 18 years or older following inpatient colon surgeries. Only SSIs that occurred at the primary incision site within 30 days of surgery are included in the report. Infections are not included if they occurred after 30 days post-operation or if they involved only the skin or subcutaneous tissues. Finally, if patient age or the American Society of Anesthesiologists (ASA) score was missing for a surgery, it was classified as an "incomplete procedure" and is not included in the final count of surgeries.

The content for these SSI sections is similar to the CLABSI section, with the following exceptions:

- The rate is the number of SSIs divided by the number of procedures multiplied by 100 to get "per 100 inpatient surgeries."
- The SSI SIRs are adjusted by a variety of predictors of factors (e.g., duration of surgery, surgical wound class, use of endoscopes, status as re-operation, patient age, and patient assessment at time of anesthesiology [ASA score]) to provide the best possible adjustment for differences in patient-mix within each type of surgery.

The SIR baseline data, calculations, 95% CI, and interpretation for SSIs do not differ from CLABSIs and other HAIs.

5. MRSA Bacteremia Laboratory-Identified Events (MRSA LabID)

Short-term acute care hospitals

MRSA LabID events only include non-duplicate MRSA-positive lab assays collected >3 days after admission to the facility. Duplicate results and active surveillance testing results are excluded from reports. Multiple categories of MRSA LabID events exist [healthcare facility-onset (HO) or community-onset (CO)]; however, only HO LabID events are published.

The content for the MRSA LabID section is similar to the CLABSI section, with the following exceptions:

- The rate is the number of MRSA LabID events (infections) divided by the number of patient days multiplied by 1,000 to get "per 1,000 patient days".
- The predicted number of infections is calculated using MRSA LabID rates based on 2010-2011 NSHN national data.
- The MRSA LabID SIRs are adjusted by a variety of predictors of infection including hospital affiliation with a medical school, bed size of the patient care location, and facility prevalence rate.

The SIR calculations, 95% CI, and interpretation for MRSA LabID events do not differ from CLABSIs and other HAIs.

6. *Clostridium difficile* Laboratory-Identified Events (CDI LabID)

Short-term acute care hospitals

CDI LabID events only include non-duplicate, non-recurrent CDI-positive lab assays collected >3 days after admission to the facility. CDI LabID events are included in the report only if three or more consecutive months of CDI LabID data are reported within a calendar year. NICUs and active surveillance testing are excluded from CDI reporting requirements. Multiple categories of CDI LabID events exist [healthcare facility-onset (HO), community-onset (CO), and community-onset healthcare facility associated (CO-HFA)]; however, only HO LabID events are published.

The content for the CDI LabID section is similar to the CLABSI section, with the following exceptions:

- The rate is the number of CDI LabID events (infections) divided by the number of patient days multiplied by 10,000 to get "per 10,000 patient days".
- The predicted number of infections is calculated using CDI LabID rates based on 2010-2011 NSHN national data.
- The CDI LabID SIRs are adjusted by a variety of predictors of infection including hospital affiliation with a medical school, bed size of the patient care location, facility prevalence rate, and CDI laboratory test type.

The SIR calculations, 95% CI, and interpretation for CDI LabID events do not differ from CLABSIs and other HAIs.

7. Commentary from Hospital

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

Statistics

For a detailed explanation of statistics included in the HAI reports, see the NC DHHS HAI in NC report issued October 2012 and revised July 2013 (http://epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf). Explanations on concepts such as statistical significance and computation of measures including rates and standardized infection ratios (SIRs) are provided.

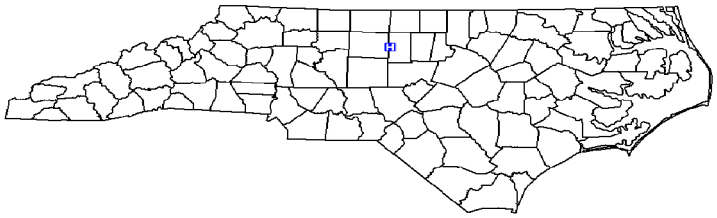
For further explanation of the HAI tables and graphs presented for each hospital, consult Section V of the 2013 N.C. HAI Annual Report issued April 2014 for Healthcare Providers, pages 59-63 (http://epi.publichealth.nc.gov/cd/hai/figures.html).

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Alamance Regional Medical Center, Burlington, Alamance County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	11,288
Patient Days in 2013:	43,193
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)

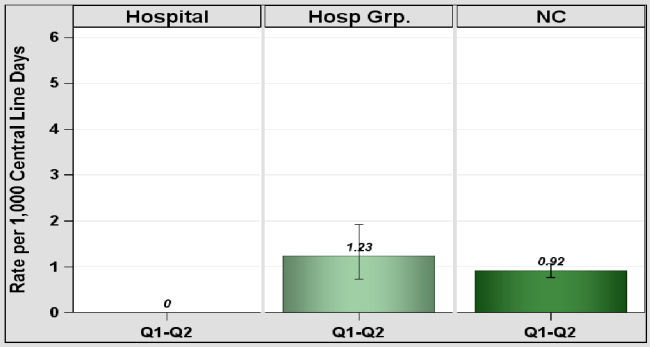


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	1,195	0	1.79	0	, 1.671	Same
Neonatal Level II/III	0	89	0	0.1	.		
YTD Total for Reporting ICUs	0	1,284	0	1.89	0	, 1.586	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	24,479	0	1.5	0	, 2.003	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

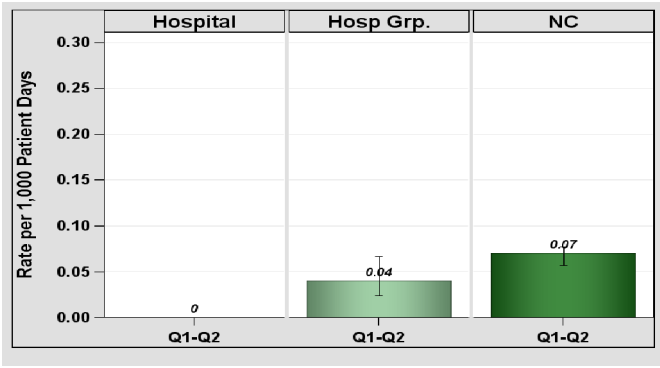


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

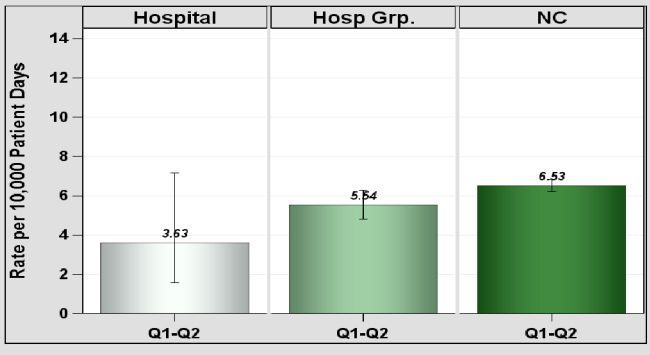


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	8	22,025	3.63	16	0.5	0.232, 0.949	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Alamance Regional Medical Center, Burlington, Alamance County

Catheter-Associated Urinary Tract Infections (CAUTI)

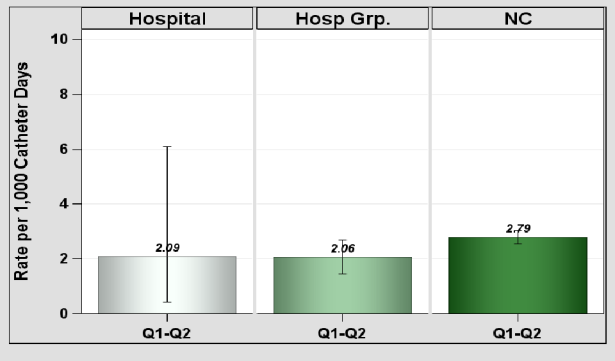


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	3	1,437	2.09	1.72	1.74	0.443, 4.735	Same
YTD Total for Reporting ICUs	3	1,437	2.09	1.72	1.74	0.443, 4.735	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	90	0	0.79	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

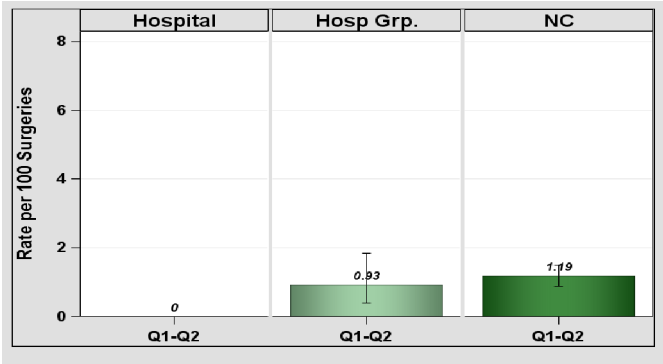


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

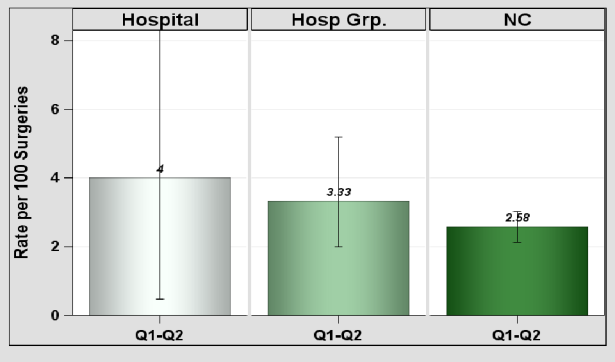


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	2	50	4	1.58	1.27	0.213, 4.195	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

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.

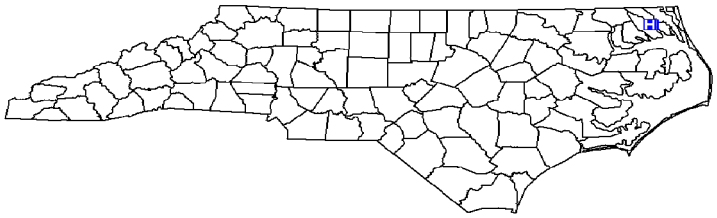
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Sentara Albemarle Medical Center, Elizabeth City, Pasquotank County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	5,768
Patient Days in 2013:	22,515
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)

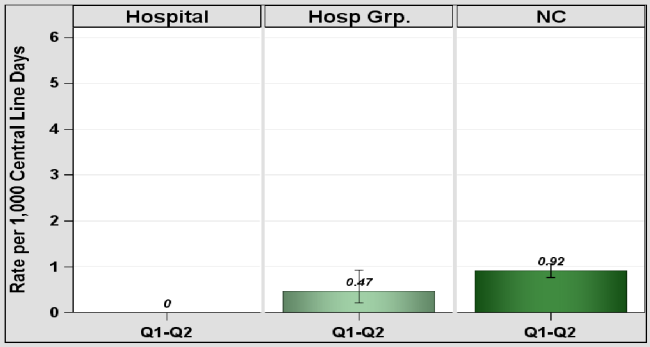


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	382	0	0.57	.		
YTD Total for Reporting ICUs	0	382	0	0.57	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	11,086	0	0.86	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

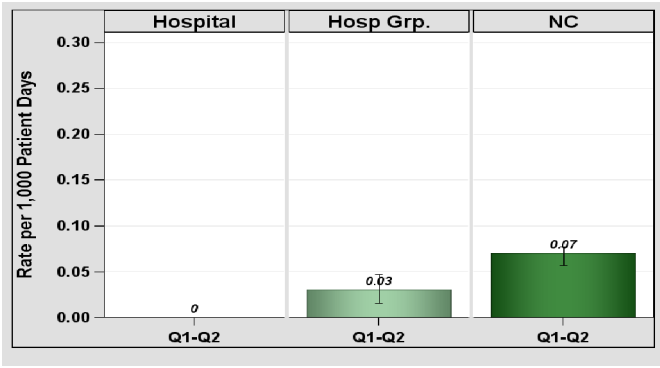


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

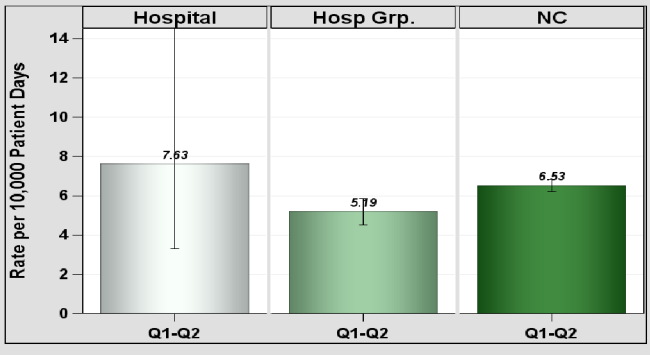


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	8	10,486	7.63	5.5	1.453	0.675, 2.760	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Sentara Albemarle Medical Center, Elizabeth City, Pasquotank County

Catheter-Associated Urinary Tract Infections (CAUTI)

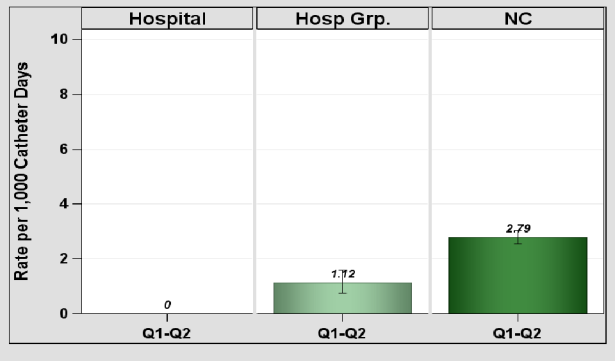


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	680	0	0.88	.		
YTD Total for Reporting ICUs	0	680	0	0.88	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	30	0	0.33	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

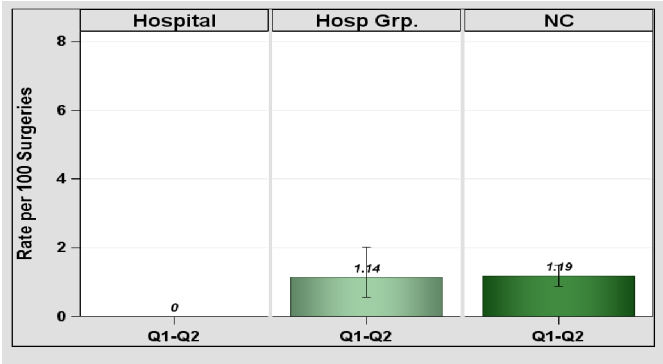


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

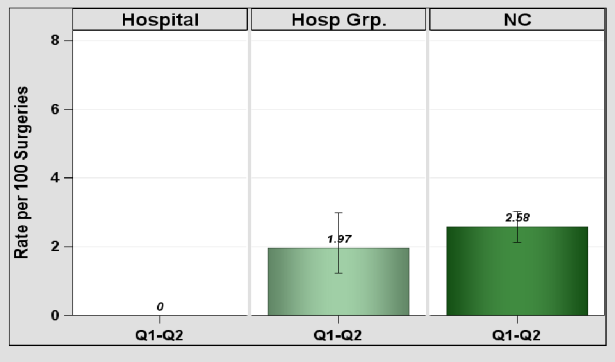


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	36	0	1.22	0	, 2.458	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

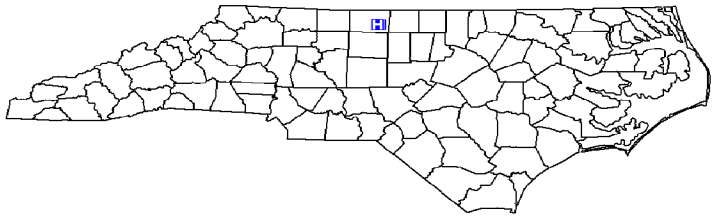
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Annie Penn Hospital, Reidsville, Rockingham County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	3,669
Patient Days in 2013:	12,311
Total Number of Beds:	110
Number of ICU Beds:	8
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.91

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

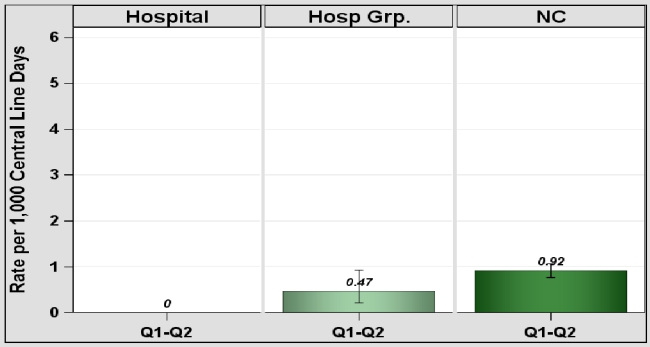


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	372	0	0.56	.		
YTD Total for Reporting ICUs	0	372	0	0.56	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	6,791	0	0.34	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

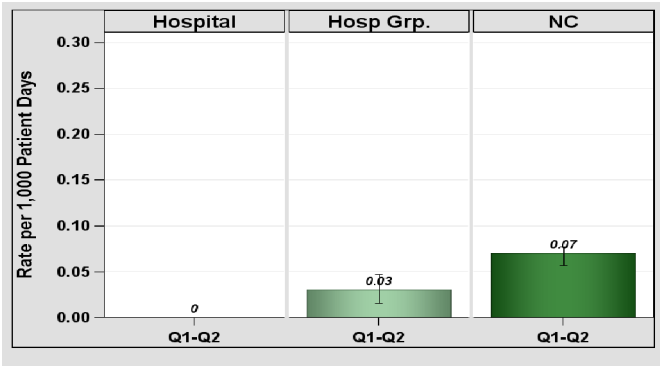


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

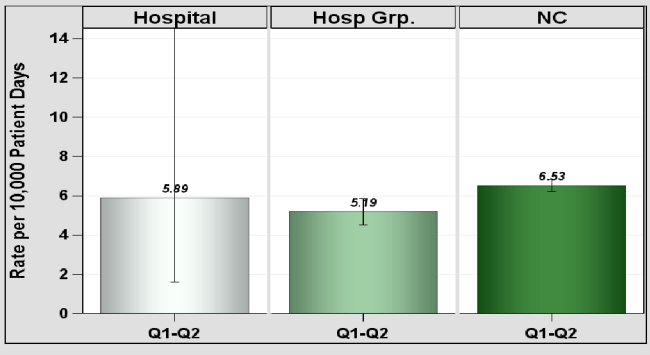


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	4	6,791	5.89	4.81	0.832	0.264, 2.007	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Annie Penn Hospital, Reidsville, Rockingham County

Catheter-Associated Urinary Tract Infections (CAUTI)

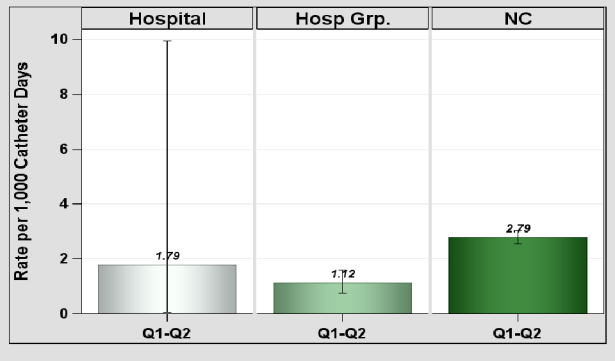


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	560	1.79	0.73	.		
YTD Total for Reporting ICUs	1	560	1.79	0.73	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	6	.	0.08	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

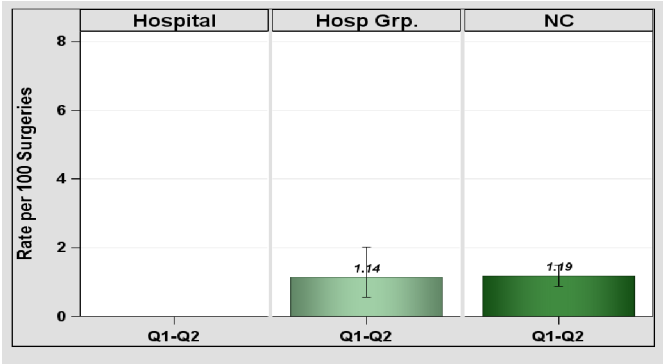


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

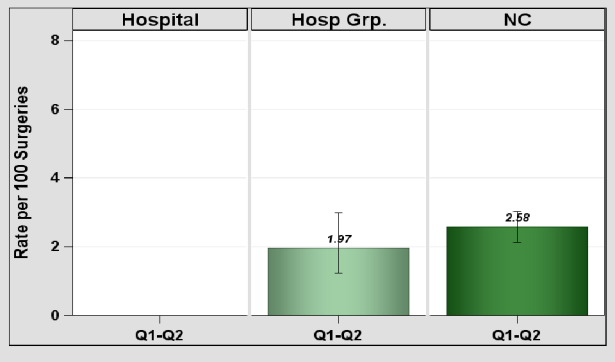


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	13	.	0.41	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

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.

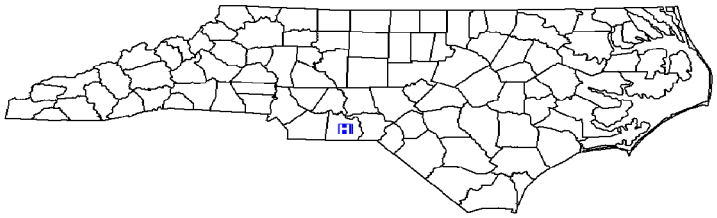
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Anson Community Hospital, Wadesboro, Anson County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	370
Patient Days in 2013:	1,110
Total Number of Beds:	30
Number of ICU Beds:	0
FTE* Infection Preventionists:	0.20
Number of FTEs* per 100 beds:	0.67

*FTE = Full-time equivalent



Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

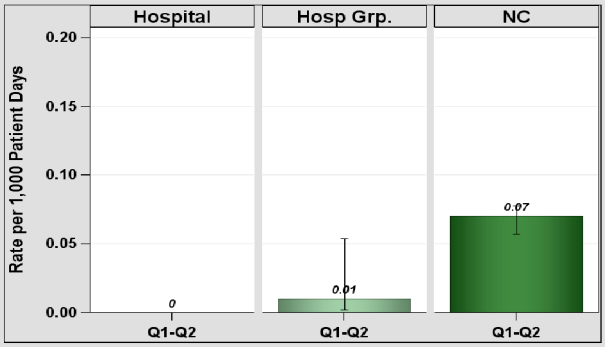


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	395	0	.	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	245	0	.	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

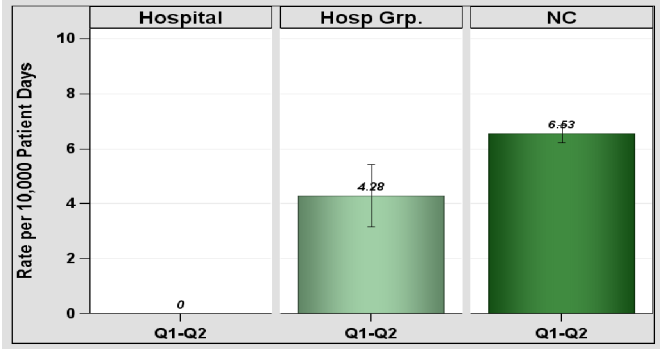


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Other Healthcare-Associated Infections (HAIs)

Anson recieved an exemption from CMS and therefore does not report CLABSIs, CAUTIs, or SSIs to the N.C. Division of Public Health.

Commentary from Hospitals:
No comments provided.

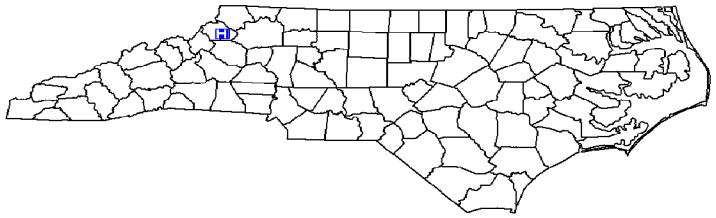
Refer to the HAI in N.C. Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
ARHS-Watauga Medical Center, Boone, Watauga County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	3,902
Patient Days in 2013:	16,694
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)

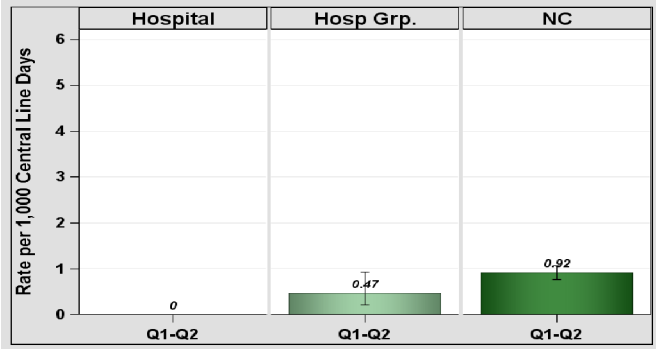


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	257	0	0.39	.		
YTD Total for Reporting ICUs	0	257	0	0.39	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	9,150	0	.	.	.	

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

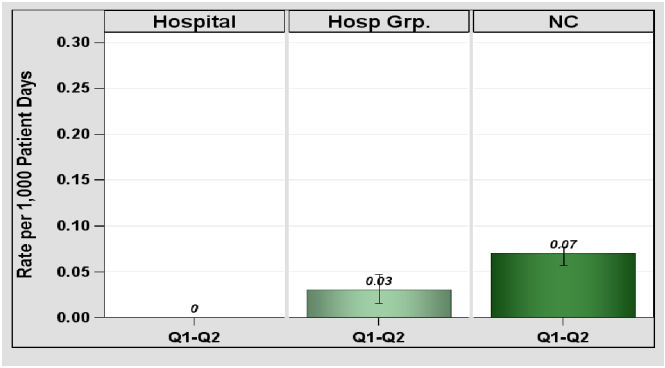


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

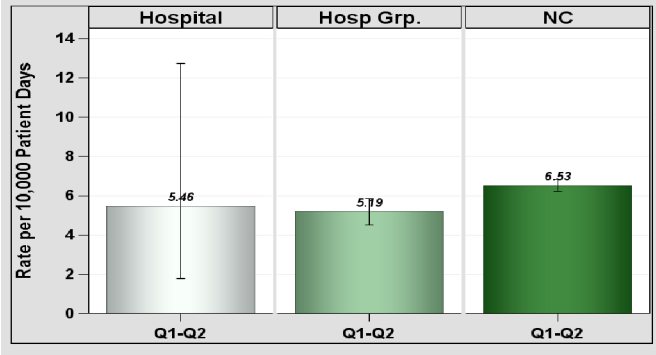


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	5	9,150	5.46	5.57	0.898	0.329, 1.991	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
ARHS-Watauga Medical Center, Boone, Watauga County

Catheter-Associated Urinary Tract Infections (CAUTI)

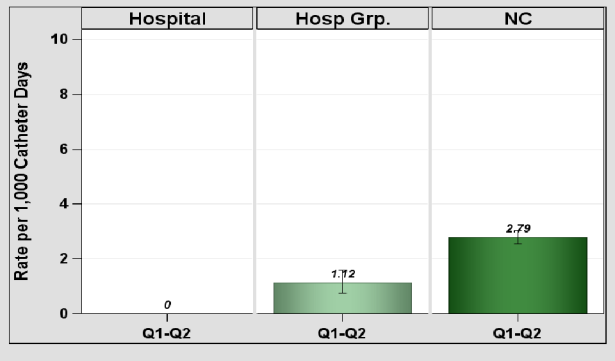


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	588	0	0.76	.		
YTD Total for Reporting ICUs	0	588	0	0.76	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	3	.	0.02	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

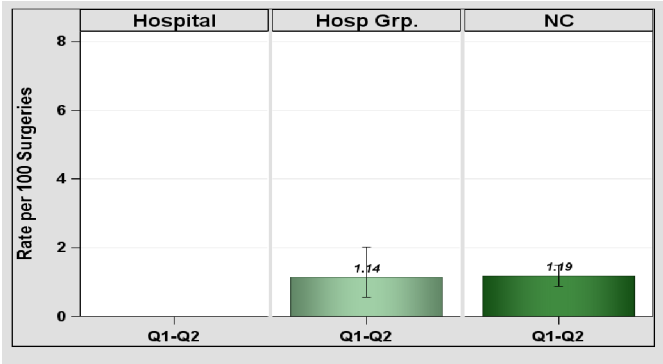


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

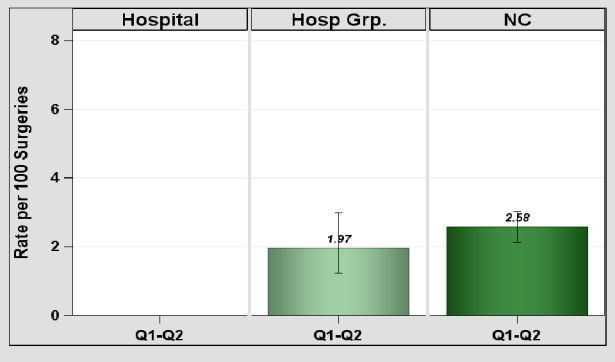


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	1	9	.	0.26	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

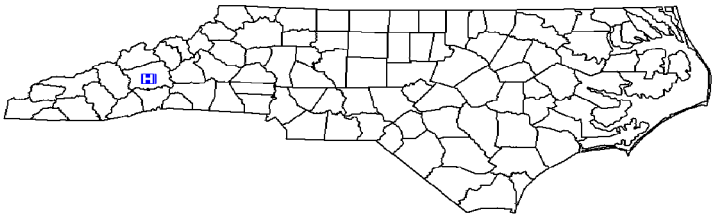
Commentary from Hospitals:
No comments provided.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Asheville Specialty Hospital, Asheville, Buncombe County

2013 Hospital Survey Information

Hospital Type:	Long-term Acute Care Hospital
Profit Status:	For Profit
Admissions in 2013:	388
Patient Days in 2013:	9,594
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)

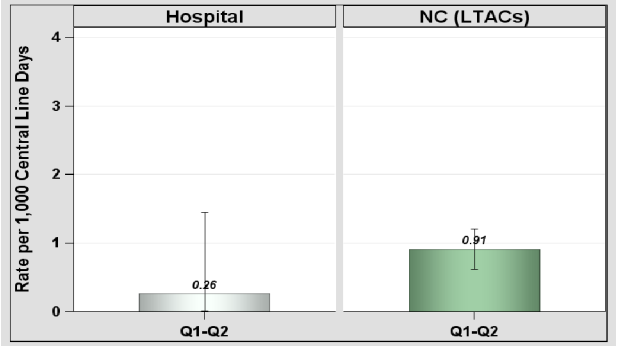


Table 1. Rates by Location, Jan-Jun 2014.

Type of Unit	Infections	Line Days	Rate
Adult intensive care unit	1	1,073	0.93
Adult ward	0	2,751	0.00
YTD Total for Reporting Units	1	3,824	0.26

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

Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates by Location, Jan-Jun 2014

Type of Unit	Infections	Catheter Days	Rate
Adult intensive care unit	0	873	0.00
Adult ward	0	689	0.00
YTD Total for Reporting Units	0	1,562	0.00

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

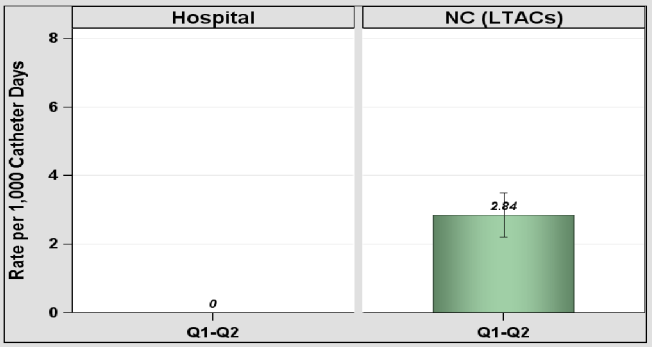


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Other Healthcare-Associated Infections (HAIs)

Long-term acute care hospitals (LTACs) do not report C. difficile LabID, MRSA Bacteremia LabID or SSIs to the N.C. Division of Public Health.

Commentary from Hospitals:
No comments provided.

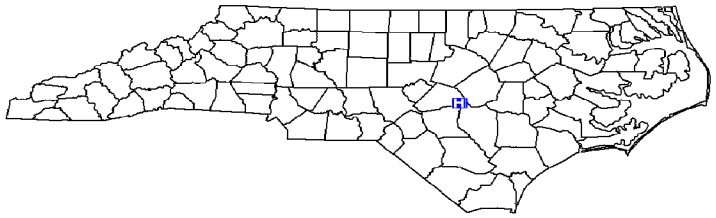
Refer to the HAI in N.C. Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Betsy Johnson Regional, Dunn, Harnett County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	9,865
Patient Days in 2013:	31,641
Total Number of Beds:	135
Number of ICU Beds:	6
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.74

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

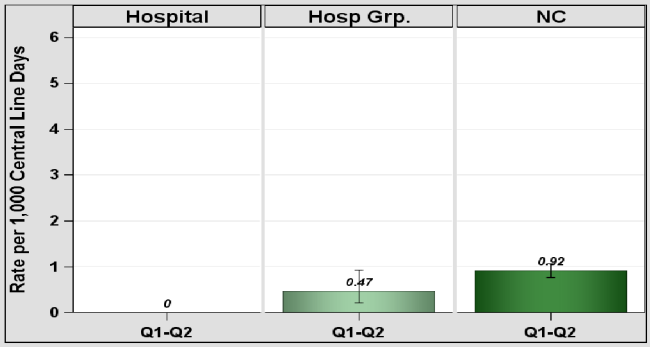


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	147	0	0.22	.		
YTD Total for Reporting ICUs	0	147	0	0.22	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	2	15,807	0.13	0.59	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

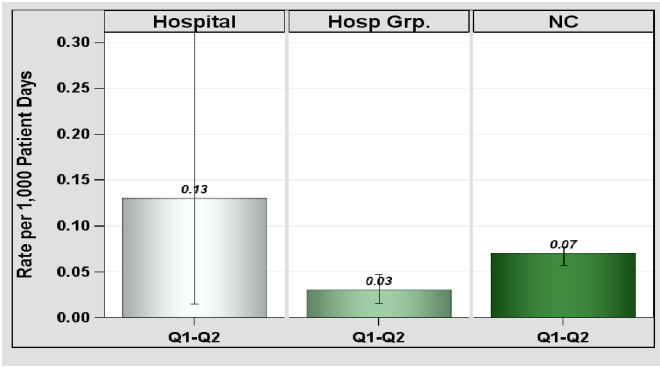


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

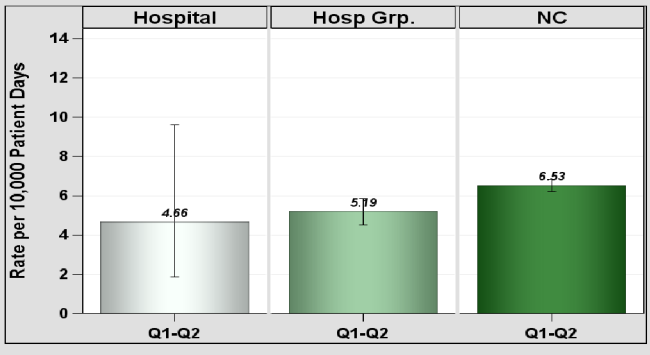


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	7	15,022	4.66	8.73	0.802	0.351, 1.586	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Betsy Johnson Regional, Dunn, Harnett County

Catheter-Associated Urinary Tract Infections (CAUTI)

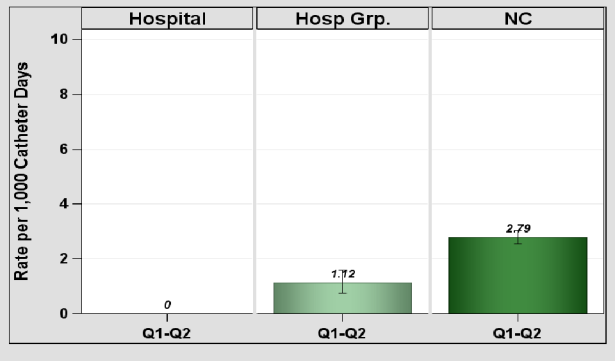


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	424	0	0.55	.		
YTD Total for Reporting ICUs	0	424	0	0.55	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	25	0	0.25	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

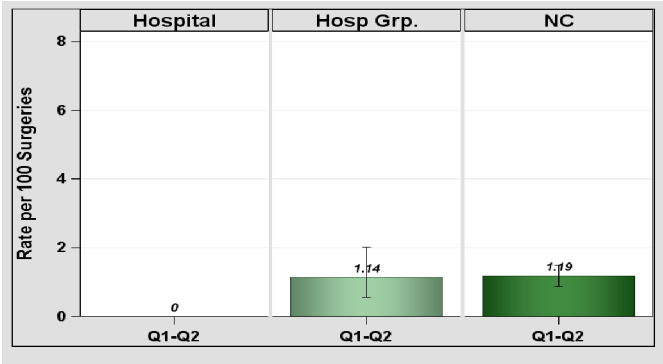


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

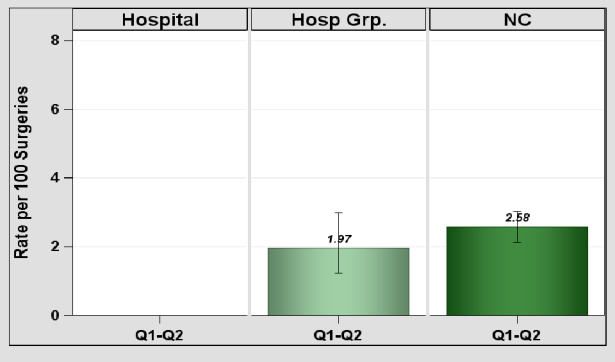


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	12	.	0.39	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

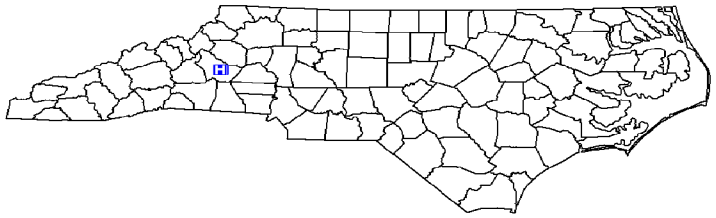
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Blue Ridge Healthcare Hospitals-Morganton, Morganton, Burke County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Profit Status:	Not for Profit
Admissions in 2013:	6,003
Patient Days in 2013:	24,460
Total Number of Beds:	184
Number of ICU Beds:	10
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.54

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

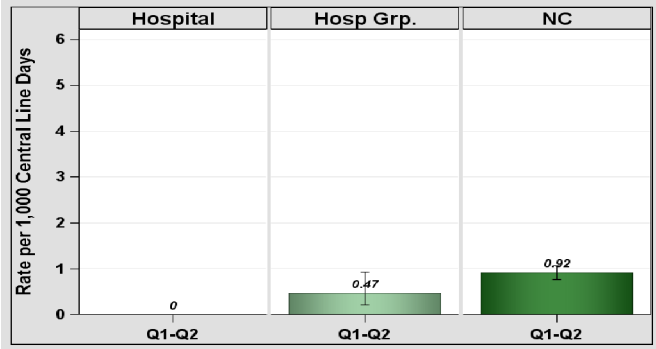


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	370	0	0.7	.		
YTD Total for Reporting ICUs	0	370	0	0.7	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	13,595	0	0.69	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

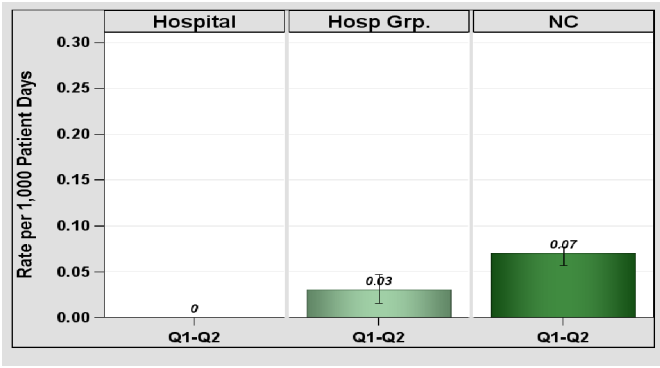


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

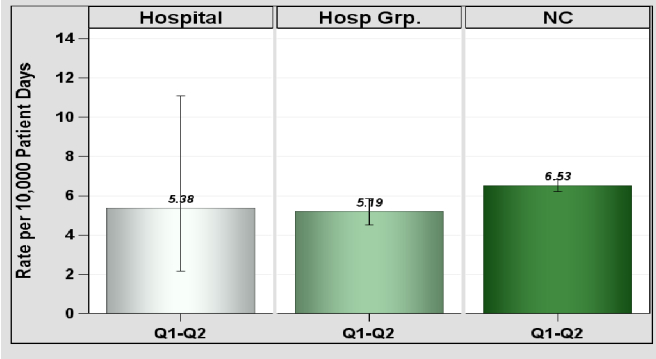


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	7	13,019	5.38	11.32	0.619	0.271, 1.224	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Blue Ridge Healthcare Hospitals-Morganton, Morganton, Burke County

Catheter-Associated Urinary Tract Infections (CAUTI)

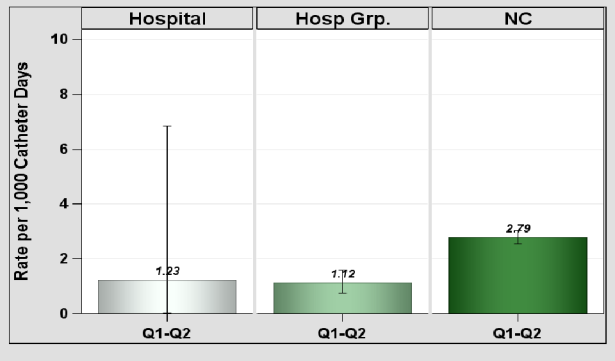


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	1	813	1.23	1.63	0.615	0.031, 3.033	Same
YTD Total for Reporting ICUs	1	813	1.23	1.63	0.615	0.031, 3.033	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	10	.	0.09	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

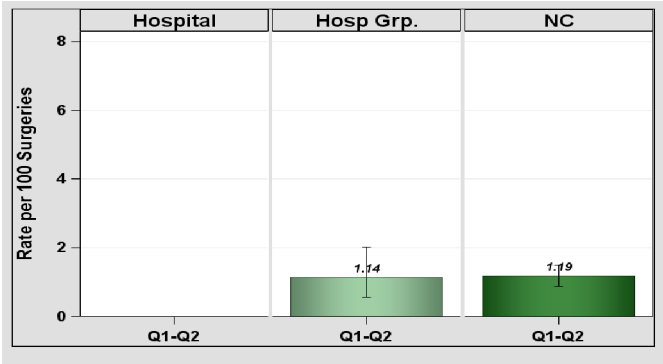


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

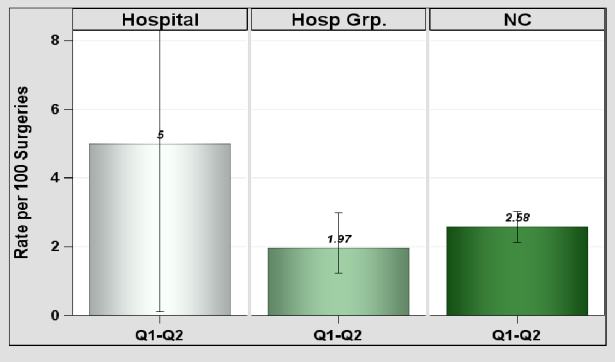


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	1	20	5	0.63	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

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.

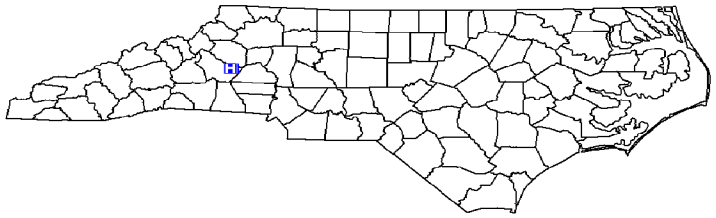
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Blue Ridge Healthcare Hospitals-Valdese, Valdese, Burke County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Profit Status:	Not for Profit
Admissions in 2013:	2,119
Patient Days in 2013:	8,832
Total Number of Beds:	131
Number of ICU Beds:	10
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.76

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

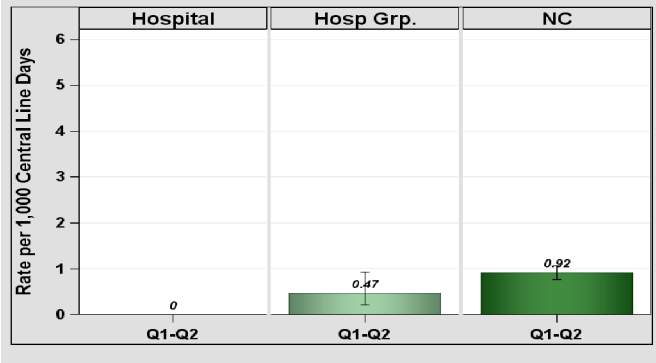


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	110	0	0.21	.		
YTD Total for Reporting ICUs	0	110	0	0.21	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	3,908	0	0.18	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

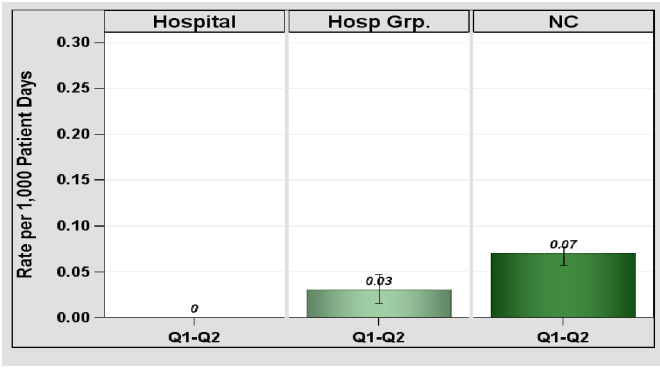


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

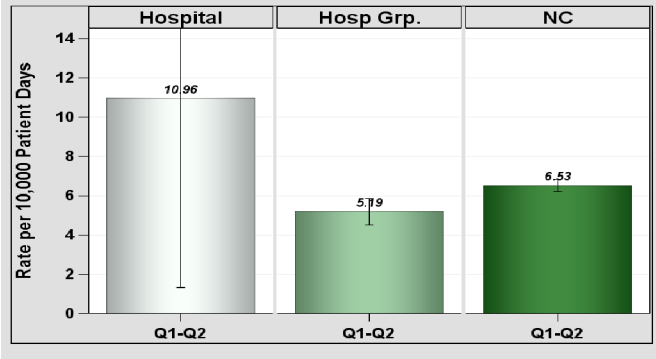


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	2	1,824	11	1.69	1.184	0.198, 3.912	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Blue Ridge Healthcare Hospitals-Valdese, Valdese, Burke County

Catheter-Associated Urinary Tract Infections (CAUTI)

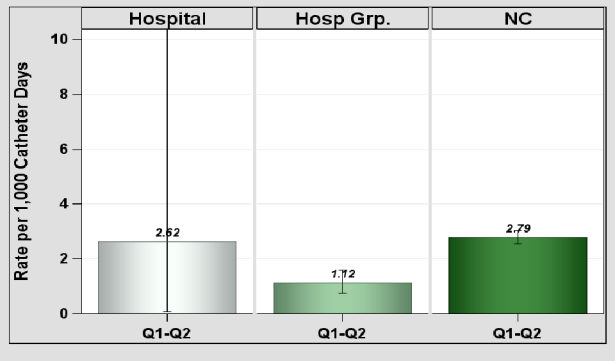


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	1	382	2.62	0.76	.		
YTD Total for Reporting ICUs	1	382	2.62	0.76	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	0	.	0	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

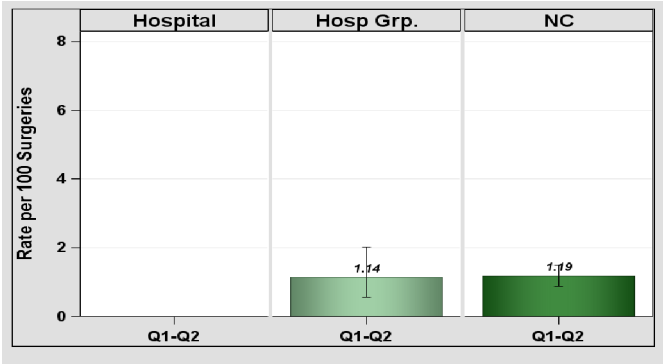


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

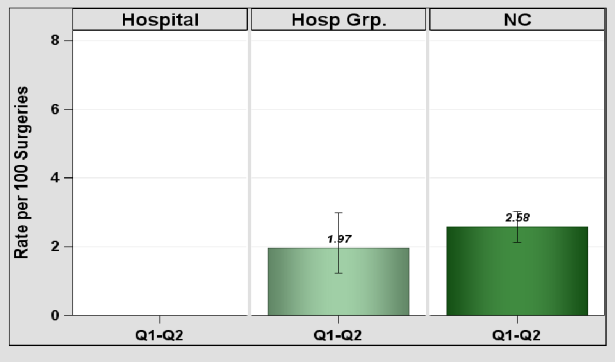


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	19	.	0.65	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

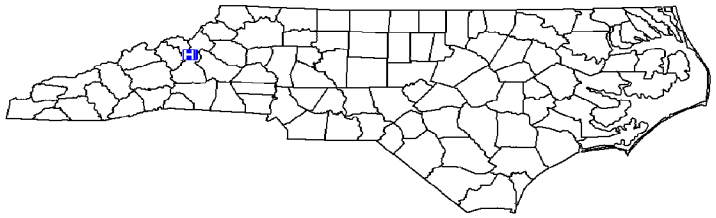
Commentary from Hospitals:
The prevention and reduction of healthcare associated infections is a top priority at Blue Ridge Healthcare Hospitals Valdese. To accomplish this, infection prevention strategies are continually assessed and measures implemented to decrease the risk for infection. These measures 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 – June 30, 2014
Blue Ridge Regional Hospital, Spruce Pine, Mitchell County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	2,070
Patient Days in 2013:	6,218
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)

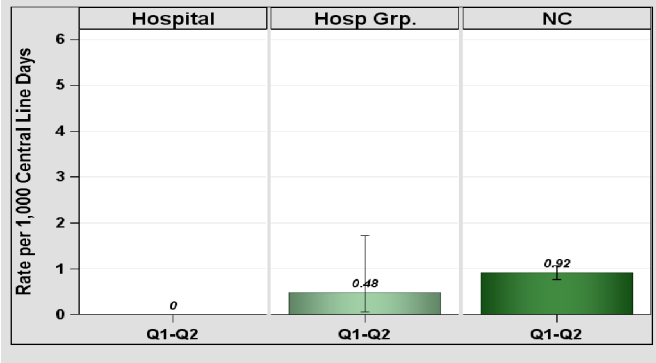


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	0	117	0	0.23	.		
YTD Total for Reporting ICUs	0	117	0	0.23	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	3,206	0.31	0.22	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

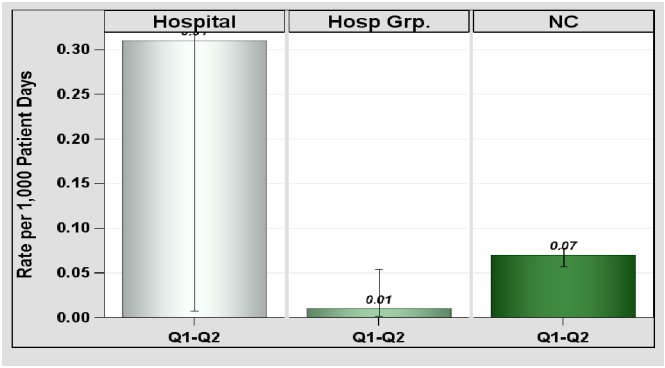


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

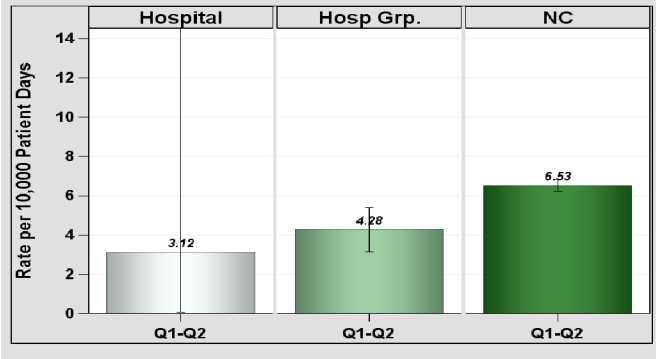


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	3,206	3.12	1.48	0.678	0.034, 3.343	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Blue Ridge Regional Hospital, Spruce Pine, Mitchell County

Catheter-Associated Urinary Tract Infections (CAUTI)

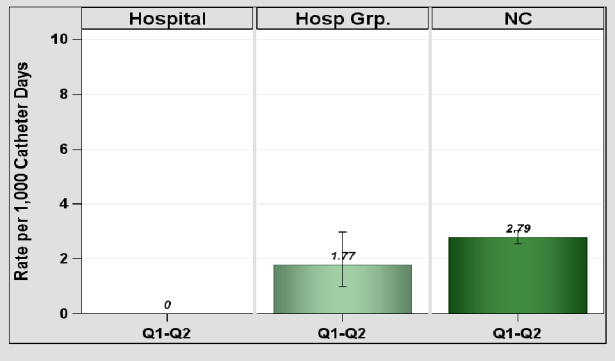


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	0	324	0	0.65	.		
YTD Total for Reporting ICUs	0	324	0	0.65	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	2	.	0.02	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

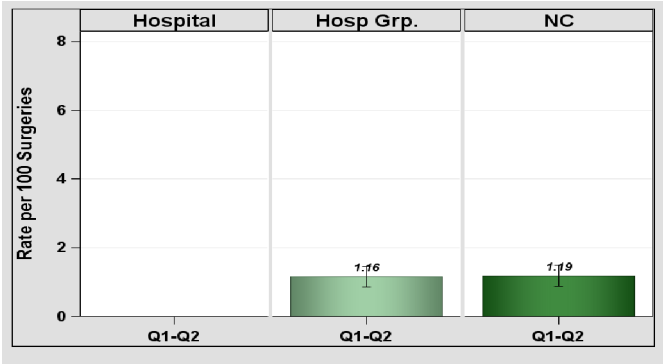


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

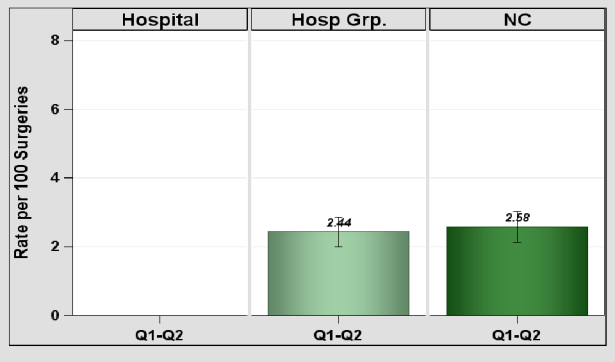


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	12	.	0.41	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

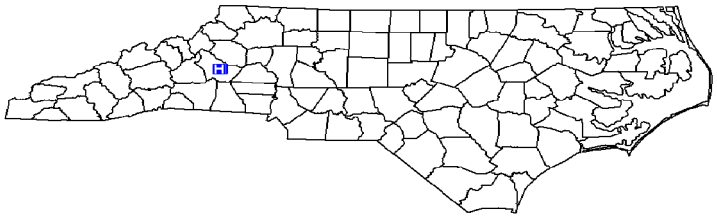
Commentary from Hospitals:
No comments provided.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Broughton Hospital, Morganton, Burke County

2013 Hospital Survey Information

Hospital Type:	Specialty Acute Care Hospital
Profit Status:	Government
Admissions in 2013:	711
Patient Days in 2013:	88,709
Total Number of Beds:	278
FTE* Infection Preventionists:	2.00
Number of FTEs* per 100 beds:	0.72



*FTE = Full-time equivalent

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID Bacteremia)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

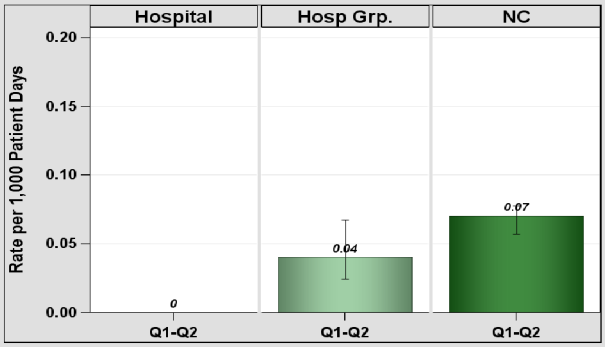


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	47,727	0	.	0	, 1.752	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	47,727	0	.	0	, 0.109	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

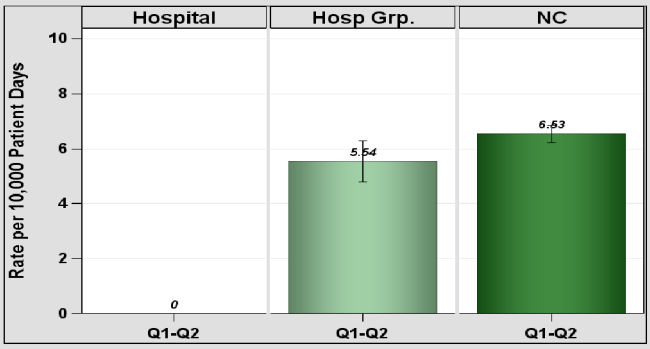


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Other Healthcare-Associated Infections (HAIs)

Specialty acute care hospitals do not report CLABSIs, CAUTIs, or SSIs to the N.C. Division of Public Health.

Commentary from Hospitals:
No comments provided.

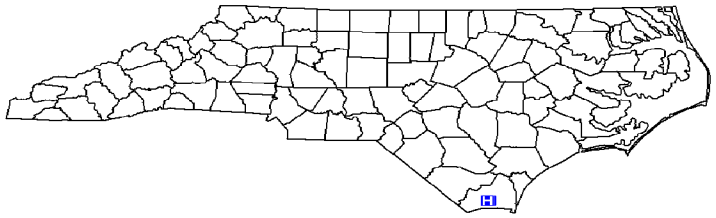
Refer to the HAI in N.C. Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Brunswick Novant Medical Center, Bolivia, Brunswick County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	4,252
Patient Days in 2013:	15,114
Total Number of Beds:	74
Number of ICU Beds:	5
FTE* Infection Preventionists:	0.60
Number of FTEs* per 100 beds:	0.81

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

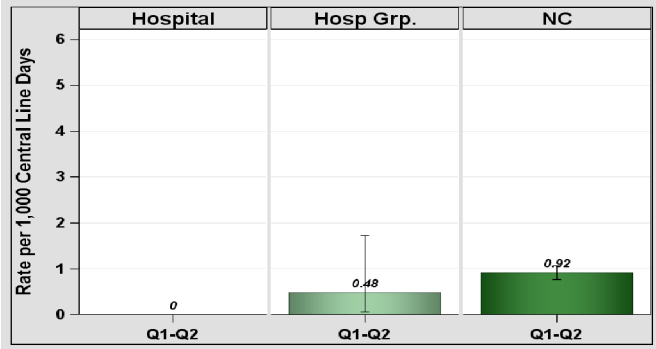


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	166	0	0.25	.		
YTD Total for Reporting ICUs	0	166	0	0.25	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	7,773	0	0.48	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

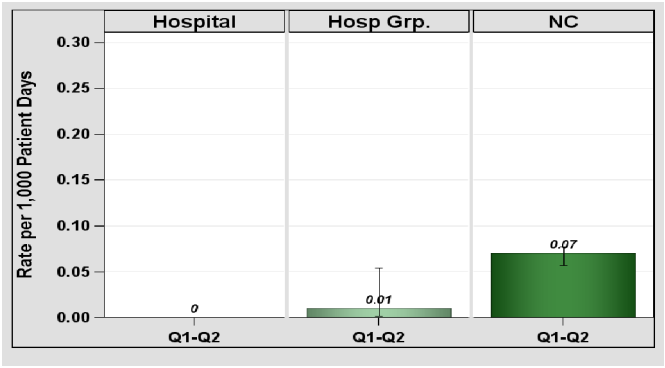


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

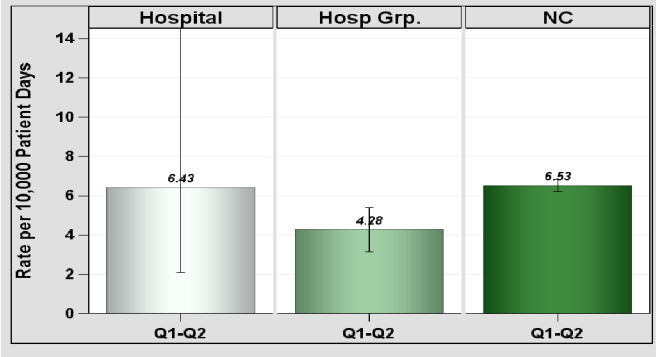


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	5	7,773	6.43	4	1.249	0.458, 2.768	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Brunswick Novant Medical Center, Bolivia, Brunswick County

Catheter-Associated Urinary Tract Infections (CAUTI)

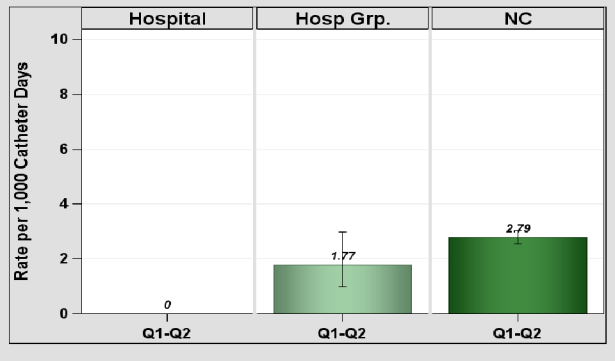


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	315	0	0.41	.		
YTD Total for Reporting ICUs	0	315	0	0.41	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	8	.	0.11	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

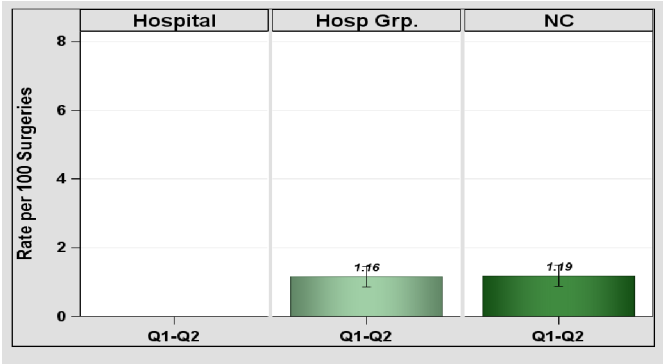


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

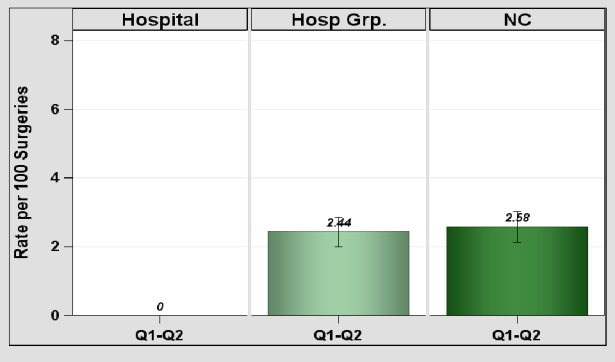


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	26	0	0.85	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

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.

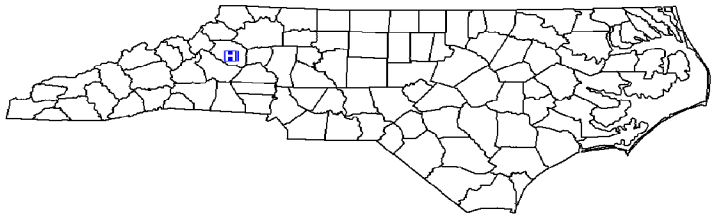
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Caldwell Memorial Hospital, Lenoir, Caldwell County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Profit Status:	Not for Profit
Admissions in 2013:	6,014
Patient Days in 2013:	20,807
Total Number of Beds:	82
Number of ICU Beds:	10
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	1.22

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

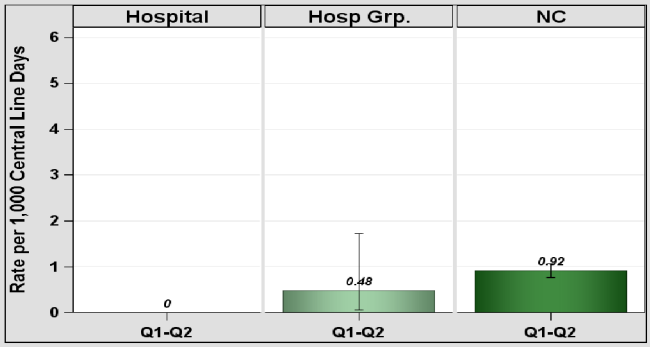


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	794	0	1.19	0	, 2.515	Same
YTD Total for Reporting ICUs	0	794	0	1.19	0	, 2.515	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	10,679	0	0.48	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

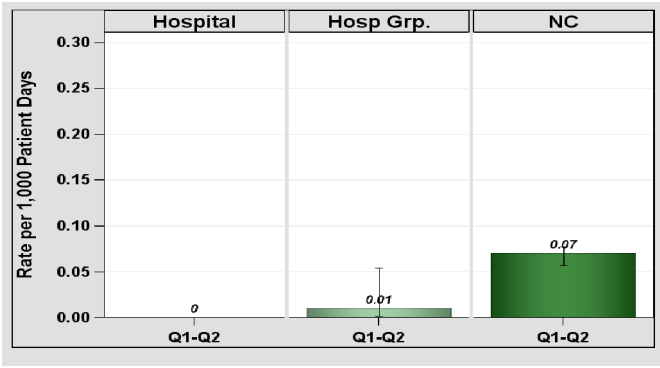


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

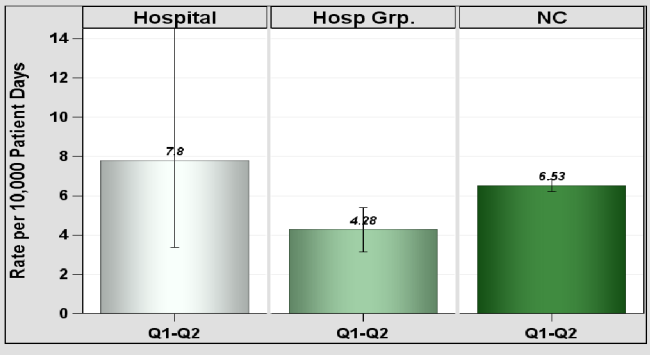


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	8	10,256	7.8	5.28	1.515	0.704, 2.877	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Caldwell Memorial Hospital, Lenoir, Caldwell County

Catheter-Associated Urinary Tract Infections (CAUTI)

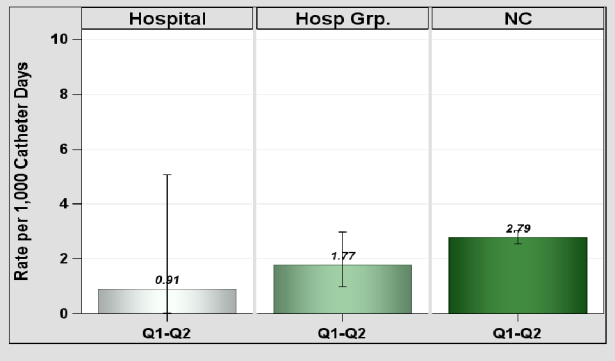


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	1,098	0.91	1.43	0.701	0.035, 3.455	Same
YTD Total for Reporting ICUs	1	1,098	0.91	1.43	0.701	0.035, 3.455	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	16	.	0.14	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

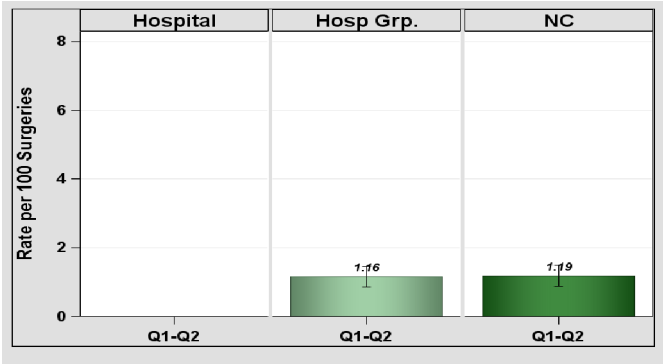


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

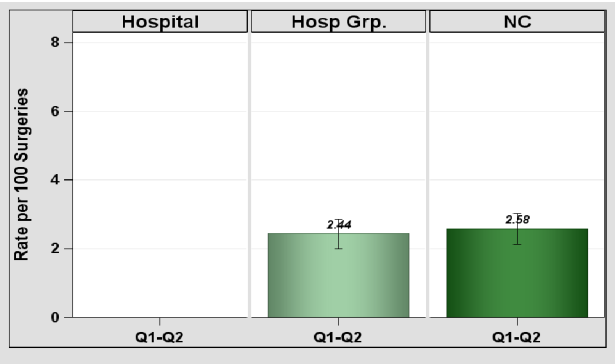


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	13	.	0.39	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

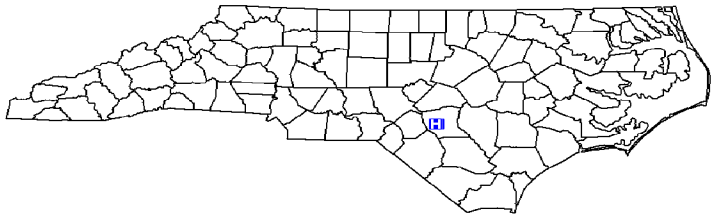
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Cape Fear Valley Health System, Fayetteville, Cumberland County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	32,081
Patient Days in 2013:	174,314
Total Number of Beds:	602
Number of ICU Beds:	90
FTE* Infection Preventionists:	3.25
Number of FTEs* per 100 beds:	0.54

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

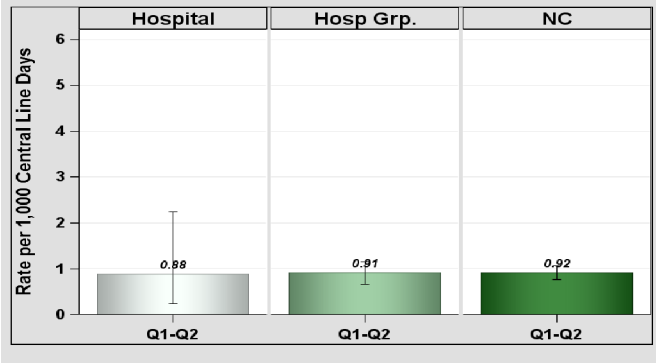


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	2	3,082	0.65	4.62	0.433	0.073, 1.429	Same
Neonatal Level II/III	2	301	6.64	1.11	1.808	0.303, 5.975	Same
Pediatric medical/surgical	0	82	0	0.25	.		
Surgical cardiothoracic	0	1,093	0	1.53	0	, 1.958	Same
YTD Total for Reporting ICUs	4	4,558	0.88	7.51	0.533	0.169, 1.286	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	11	75,163	0.15	6.5	1.692	0.889, 2.940	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

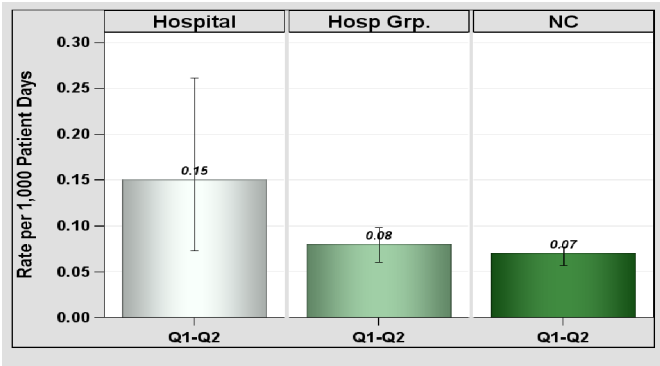


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

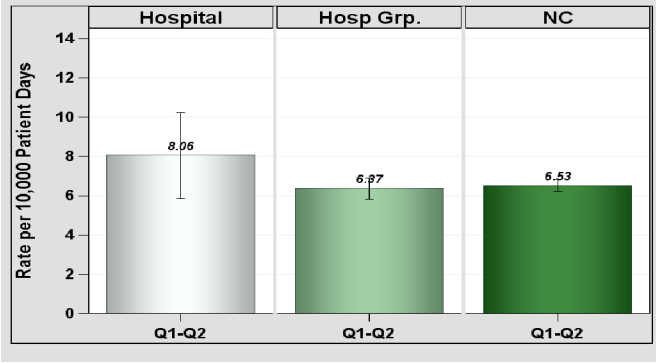


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	52	64,494	8.06	49.7	1.046	0.790, 1.361	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Cape Fear Valley Health System, Fayetteville, Cumberland County

Catheter-Associated Urinary Tract Infections (CAUTI)

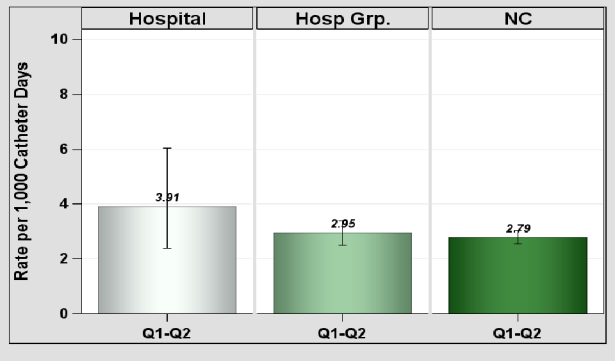


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	14	3,579	3.91	4.65	3.009	1.713, 4.929	Higher
Pediatric medical/surgical	1	84	11.9	0.24	.		
Rehabiliation	1	251	3.98	0.95	.		
Surgical cardiothoracic	4	1,195	3.35	2.03	1.969	0.626, 4.749	Same
YTD Total for Reporting ICUs	20	5,109	3.91	7.87	2.54	1.595, 3.854	Higher

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	3	149	2.01	1.82	1.645	0.418, 4.477	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

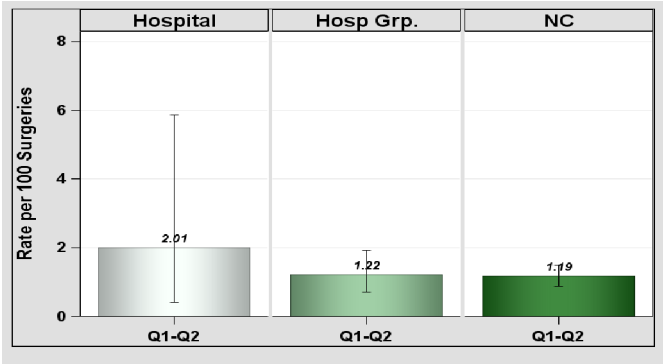


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

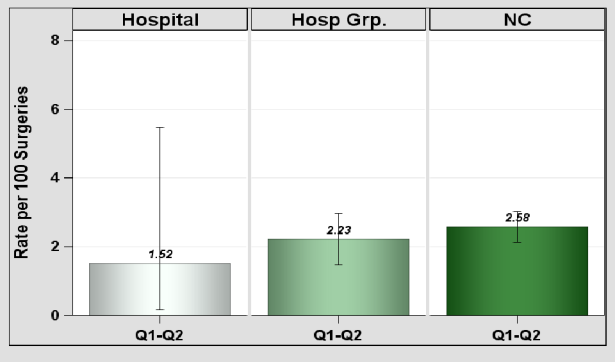


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	2	132	1.52	4.61	0.434	0.073, 1.433	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

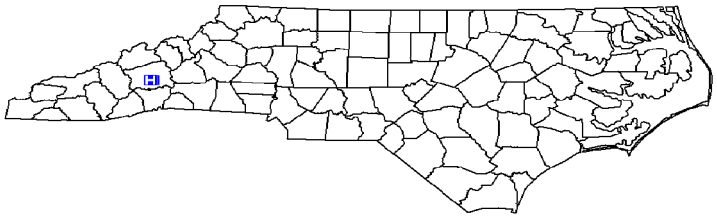
Commentary from Hospitals:
No comments provided.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
CarePartners Health Services, Asheville, Buncombe County

2013 Hospital Survey Information

Hospital Type:	Inpatient Rehabilitation Facility
Profit Status:	Not for Profit
Admissions in 2013:	1,328
Patient Days in 2013:	17,768
Total Number of Beds:	80
FTE* Infection Preventionists:	0.45
Number of FTEs* per 100 beds:	0.56



*FTE = Full-time equivalent

Catheter-Associated Urinary Tract Infections (CAUTI)

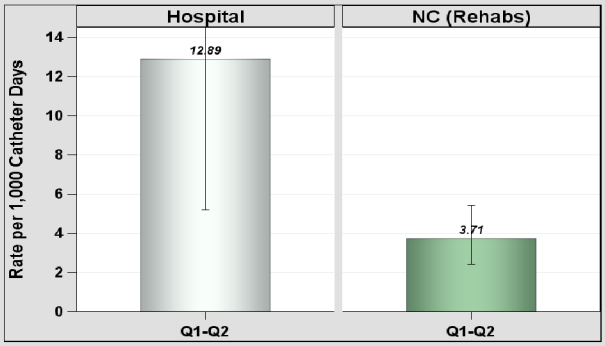


Table 1. Rates by Location, Jan-Jun 2014

Type of Unit	Infections	Catheter Days	Rate
Adult rehabilitation ward	7	543	12.9
YTD Total for Reporting Wards	7	543	12.9

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

Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Other Healthcare-Associated Infections (HAIs)

Inpatient rehabilitation facilities (IRFs) do not report CLABSIs, C. difficile LabID, MRSA Bacteremia LabID, or SSIs to the N.C. Division of Public Health.

Commentary from Hospitals:
No comments provided.

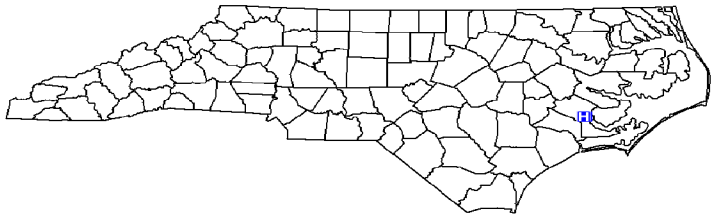
Refer to the HAI in N.C. Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
CarolinaEast Medical Center, New Bern, Craven County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	13,918
Patient Days in 2013:	60,136
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)

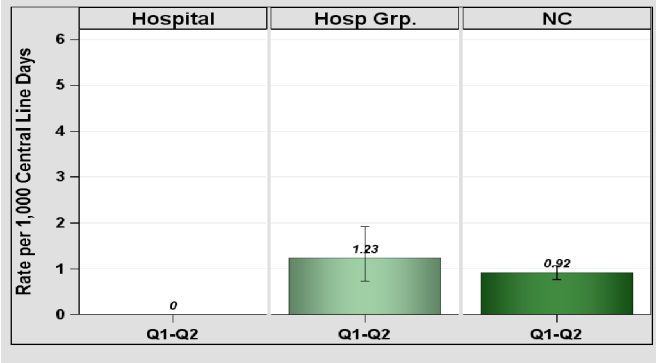


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	844	0	1.27	0	, 2.366	Same
Surgical cardiothoracic	0	242	0	0.34	.		
YTD Total for Reporting ICUs	0	1,086	0	1.6	0	, 1.867	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	29,523	0.03	1.45	0.691	0.035, 3.410	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

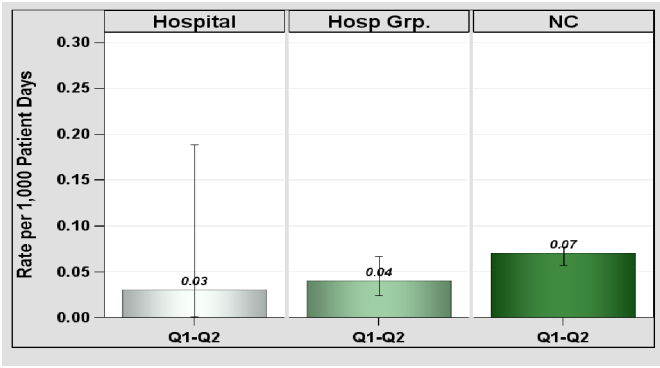


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

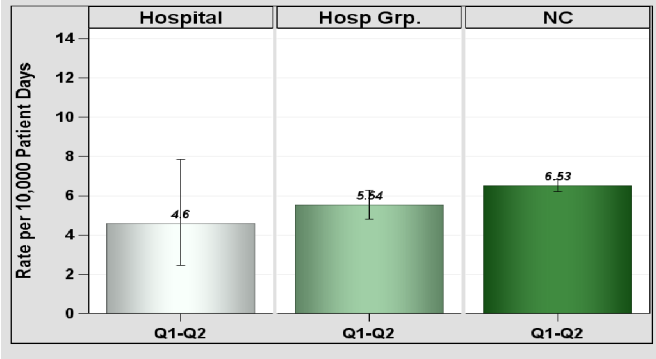


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	13	28,267	4.6	16.08	0.808	0.450, 1.347	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
CarolinaEast Medical Center, New Bern, Craven County

Catheter-Associated Urinary Tract Infections (CAUTI)

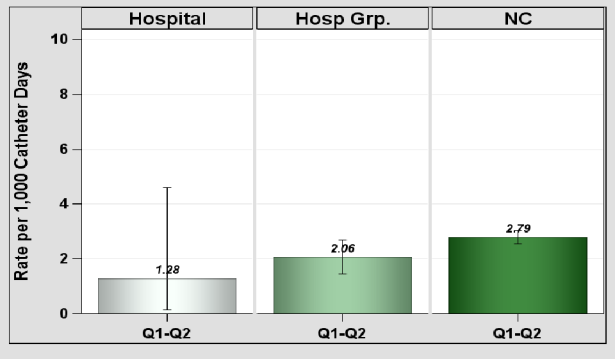


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	2	1,236	1.62	1.48	1.348	0.226, 4.455	Same
Rehabiliation	0	83	0	0.32	.		
Surgical cardiothoracic	0	249	0	0.42	.		
YTD Total for Reporting ICUs	2	1,568	1.28	2.22	0.9	0.151, 2.974	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	1	84	1.19	0.83	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

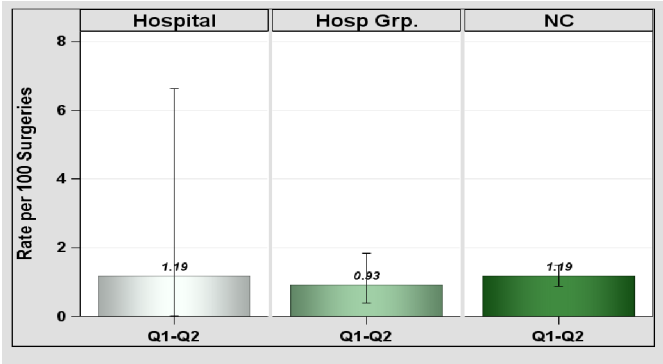


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

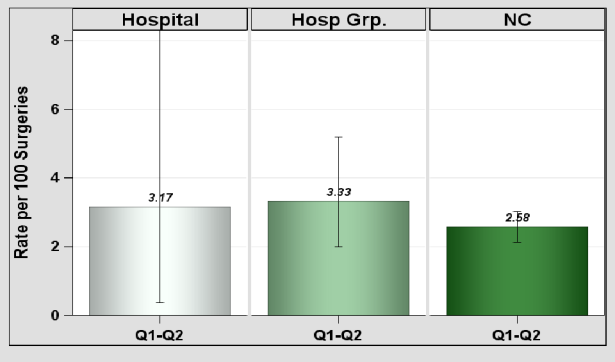


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	2	63	3.17	1.98	1.013	0.170, 3.346	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

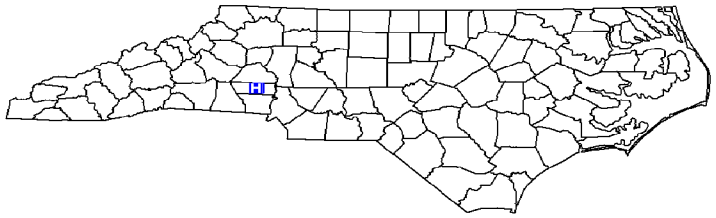
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Carolinas Medical Center-Lincoln, Lincolnton, Lincoln County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	2,446
Patient Days in 2013:	16,081
Total Number of Beds:	101
Number of ICU Beds:	10
FTE* Infection Preventionists:	0.50
Number of FTEs* per 100 beds:	0.50

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

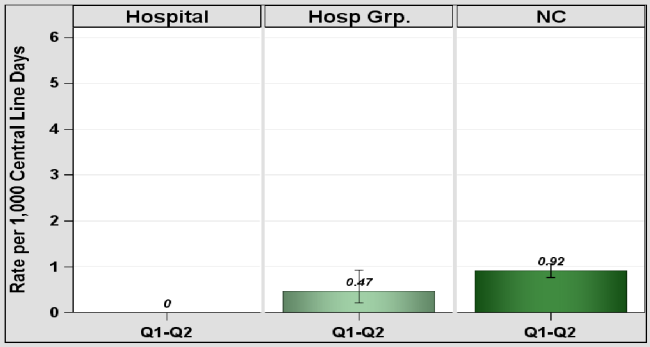


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	598	0	0.9	.		
YTD Total for Reporting ICUs	0	598	0	0.9	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	9,375	0	0.47	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

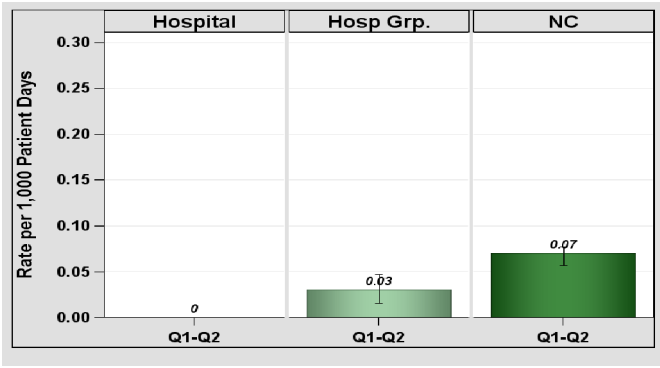


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

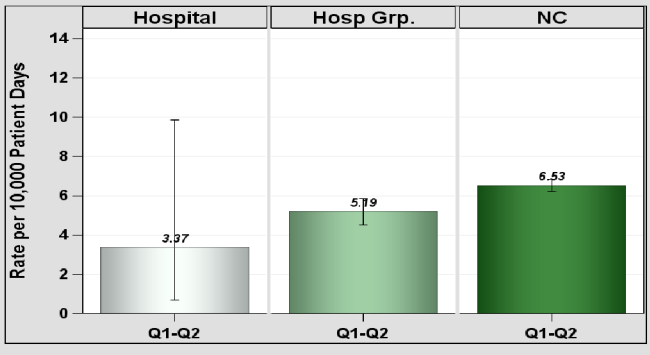


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	3	8,905	3.37	5.62	0.534	0.136, 1.453	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Carolinas Medical Center-Lincoln, Lincolnton, Lincoln County

Catheter-Associated Urinary Tract Infections (CAUTI)

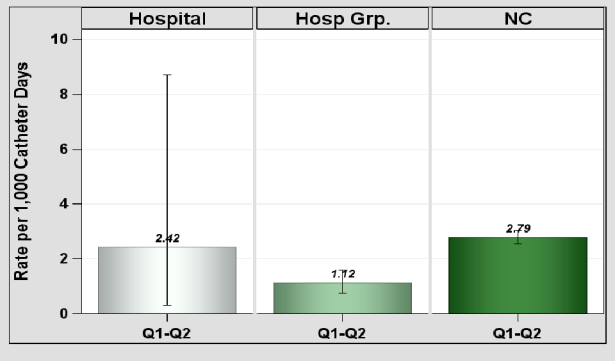


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	2	828	2.42	1.08	1.858	0.312, 6.139	Same
YTD Total for Reporting ICUs	2	828	2.42	1.08	1.858	0.312, 6.139	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	4	.	0.05	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

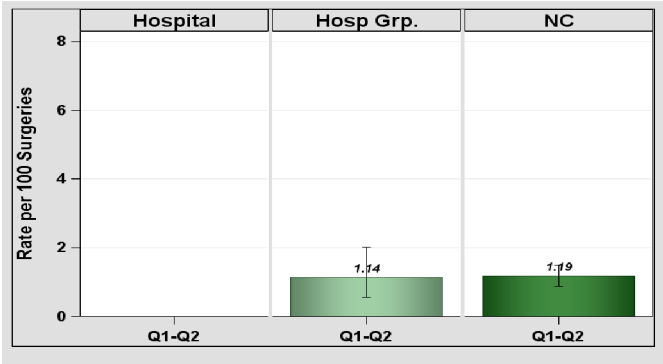


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

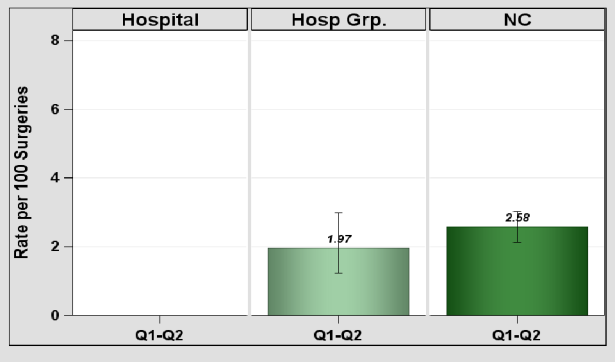


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	16	.	0.52	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

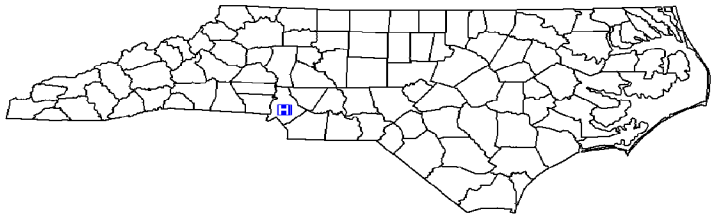
Commentary from Hospitals:
The prevention and reduction of healthcare associated infections is a top priority at Carolinas Healthcare System hospitals. To accomplish this, infection prevention strategies are continually assessed and measures implemented to decrease the risk for infection. These measures 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 – June 30, 2014
Carolinas Medical Center, Charlotte, Mecklenburg County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Profit Status:	Not for Profit
Admissions in 2013:	51,118
Patient Days in 2013:	256,862
Total Number of Beds:	880
Number of ICU Beds:	218
FTE* Infection Preventionists:	7.00
Number of FTEs* per 100 beds:	0.80

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

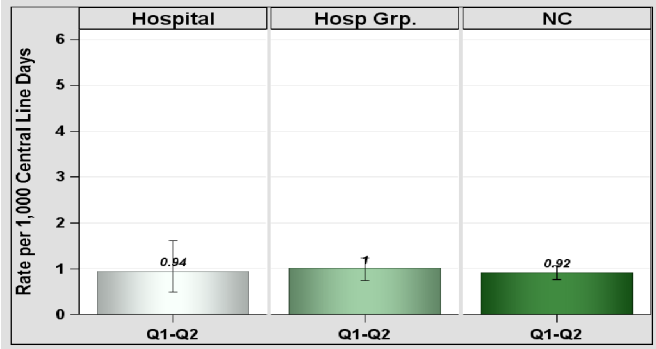


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	2,695	0	7.01	0	, 0.428	Lower
Medical cardiac	0	1,198	0	2.4	0	, 1.250	Same
Neonatal Level III	2	3,700	0.54	8.66	0.231	0.039, 0.763	Lower
Neurosurgical	6	1,188	5.05	2.97	2.02	0.819, 4.202	Same
Pediatric medical/surgical	4	1,520	2.63	4.56	0.877	0.279, 2.116	Same
Surgical cardiothoracic	0	1,032	0	1.44	0	, 2.073	Same
Trauma	1	2,434	0.41	8.76	0.114	0.006, 0.563	Lower
YTD Total for Reporting ICUs	13	13,767	0.94	35.8	0.363	0.202, 0.605	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	19	130,621	0.15	15.29	1.242	0.770, 1.904	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

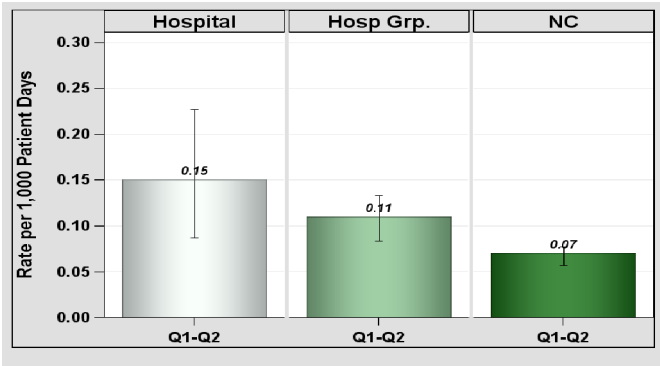


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

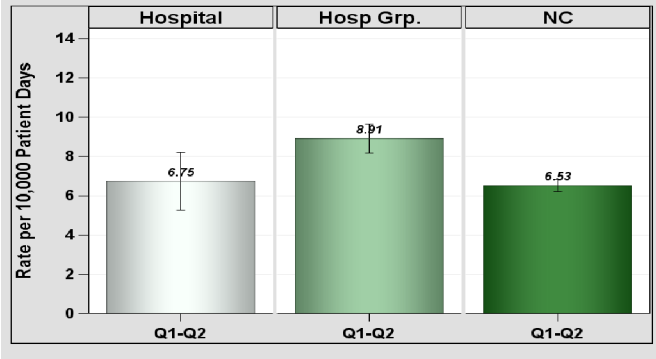


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	80	118,597	6.75	116.53	0.687	0.548, 0.850	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Carolinas Medical Center, Charlotte, Mecklenburg County

Catheter-Associated Urinary Tract Infections (CAUTI)

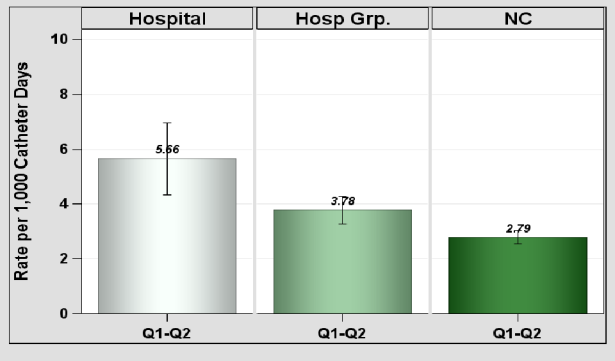


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	23	3,417	6.73	7.86	2.927	1.900, 4.322	Higher
Medical cardiac	5	1,598	3.13	3.2	1.564	0.573, 3.468	Same
Neurosurgical	16	2,313	6.92	10.18	1.572	0.931, 2.499	Same
Pediatric medical/surgical	3	554	5.42	1.55	1.934	0.492, 5.263	Same
Pediatric rehabiliation	0	0	.	.	.		
Surgical cardiothoracic	2	963	2.08	1.64	1.222	0.205, 4.036	Same
Trauma	22	3,700	5.95	12.58	1.749	1.124, 2.604	Higher
YTD Total for Reporting ICUs	71	12,545	5.66	37	1.919	1.510, 2.406	Higher

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	6	331	1.81	3.18	1.884	0.764, 3.920	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

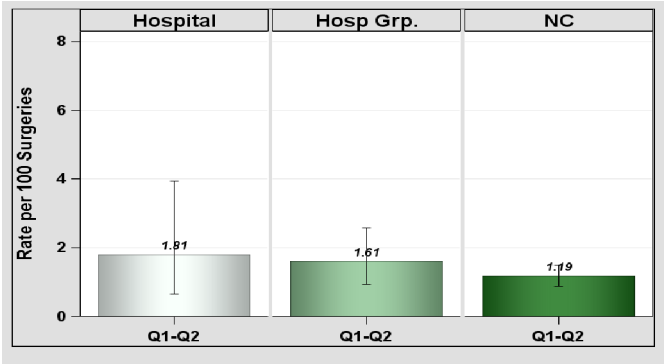


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

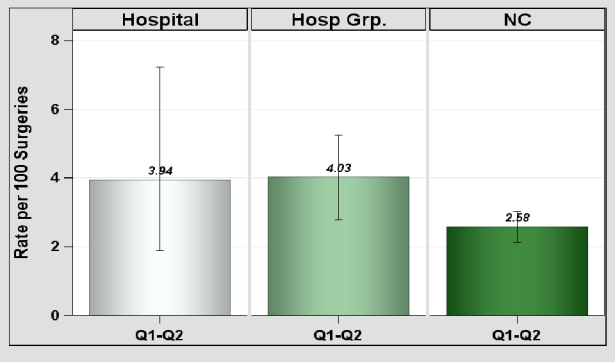


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	10	254	3.94	8.94	1.119	0.568, 1.994	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

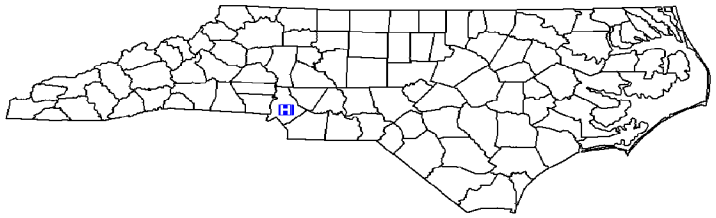
Commentary from Hospitals:
The prevention and reduction of healthcare associated infections is a top priority at Carolinas Healthcare System hospitals. To accomplish this, infection prevention strategies are continually assessed and measures implemented to decrease the risk for infection. These measures 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 – June 30, 2014
Carolinas Medical Center-Mercy, Charlotte, Mecklenburg County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Profit Status:	Not for Profit
Admissions in 2013:	8,545
Patient Days in 2013:	33,867
Total Number of Beds:	162
Number of ICU Beds:	20
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.62

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

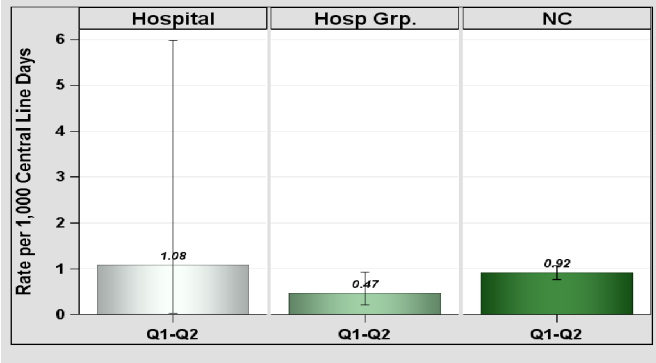


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	1	930	1.08	1.77	0.566	0.028, 2.791	Same
YTD Total for Reporting ICUs	1	930	1.08	1.77	0.566	0.028, 2.791	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	2	16,260	0.12	1.08	1.849	0.310, 6.109	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

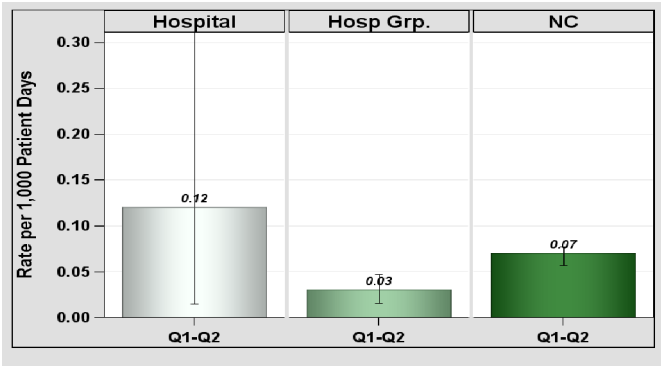


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

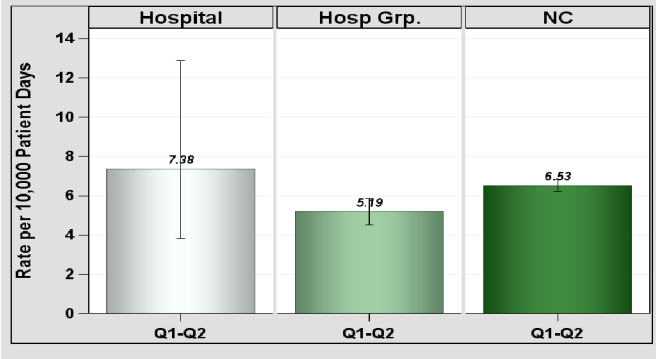


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	12	16,260	7.38	10.21	1.175	0.637, 1.998	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Carolinas Medical Center-Mercy, Charlotte, Mecklenburg County

Catheter-Associated Urinary Tract Infections (CAUTI)

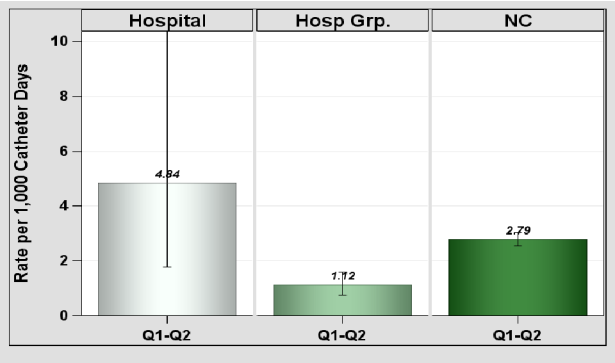


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	6	1,239	4.84	2.48	2.421	0.981, 5.036	Same
YTD Total for Reporting ICUs	6	1,239	4.84	2.48	2.421	0.981, 5.036	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	47	0	0.38	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

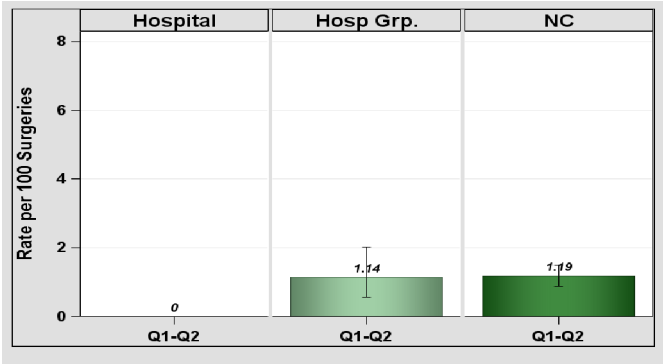


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

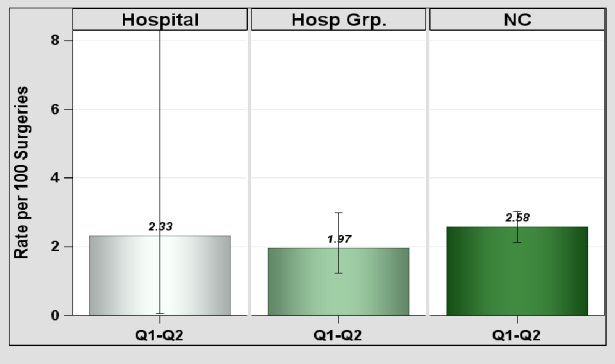


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	1	43	2.33	1.41	0.709	0.035, 3.496	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

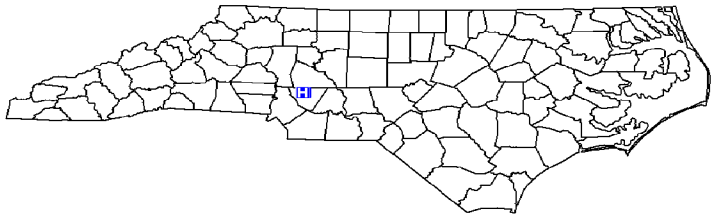
Commentary from Hospitals:
The prevention and reduction of healthcare associated infections is a top priority at Carolinas Healthcare System hospitals. To accomplish this, infection prevention strategies are continually assessed and measures implemented to decrease the risk for infection. These measures 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 – June 30, 2014
Carolinas Medical Center- Northeast, Concord, Cabarrus County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	34,705
Patient Days in 2013:	107,841
Total Number of Beds:	457
Number of ICU Beds:	52
FTE* Infection Preventionists:	3.00
Number of FTEs* per 100 beds:	0.66

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

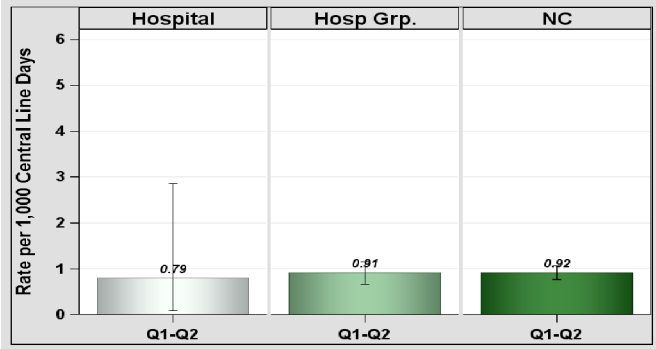


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	1,520	0.66	2.28	0.439	0.022, 2.163	Same
Neonatal Level III	1	222	4.5	0.56	.		
Pediatric medical/surgical	0	52	0	0.16	.		
Surgical	0	115	0	0.26	.		
Surgical cardiothoracic	0	619	0	0.87	.		
YTD Total for Reporting ICUs	2	2,528	0.79	4.13	0.484	0.081, 1.600	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	3	55,096	0.05	3.49	0.86	0.219, 2.340	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

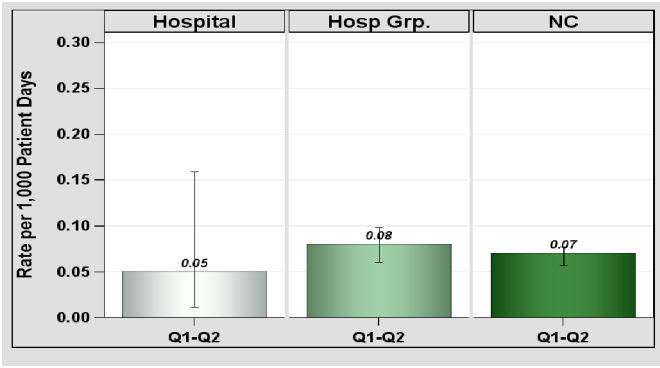


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

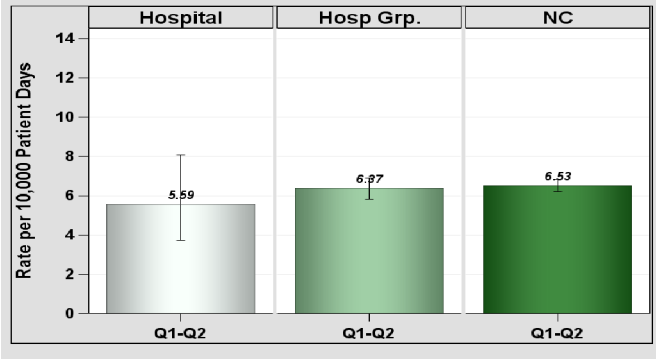


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	28	50,102	5.59	28.98	0.966	0.655, 1.378	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Carolinas Medical Center- Northeast, Concord, Cabarrus County

Catheter-Associated Urinary Tract Infections (CAUTI)

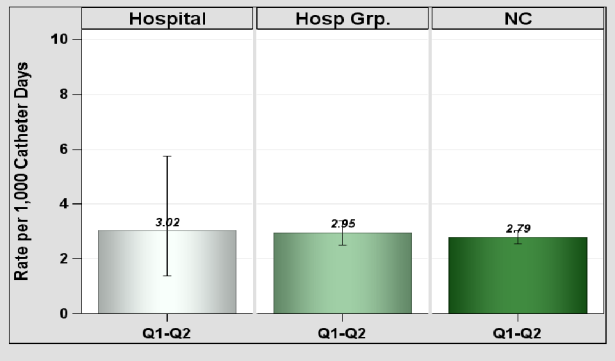


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	9	1,914	4.7	2.49	3.617	1.764, 6.638	Higher
Pediatric medical/surgical	0	34	.	.	.		
Surgical	0	122	0	0.32	.		
Surgical cardiothoracic	0	912	0	1.55	0	, 1.932	Same
YTD Total for Reporting ICUs	9	2,982	3.02	4.45	2.022	0.986, 3.711	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	151	0	1.45	0	, 2.067	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

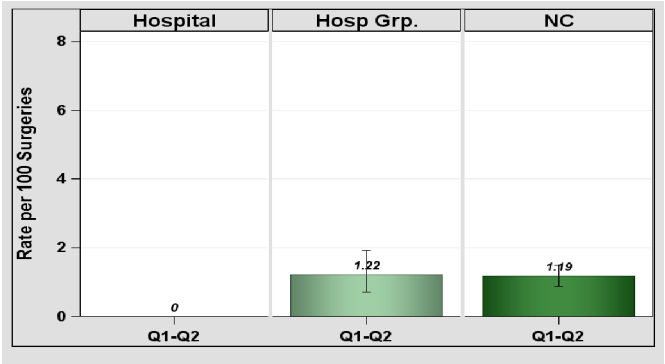


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

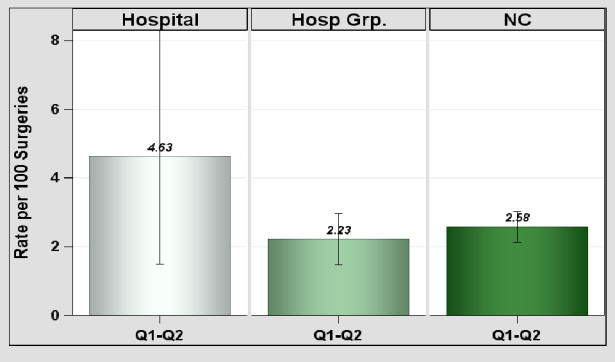


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	5	108	4.63	3.42	1.462	0.536, 3.240	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

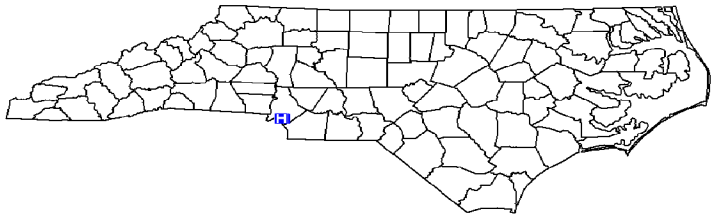
Commentary from Hospitals:
The prevention and reduction of healthcare associated infections is a top priority at Carolinas Healthcare System hospitals. To accomplish this, infection prevention strategies are continually assessed and measures implemented to decrease the risk for infection. These measures 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 – June 30, 2014
Carolinas Medical Center-Pineville, Charlotte, Mecklenburg County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	14,811
Patient Days in 2013:	57,020
Total Number of Beds:	206
Number of ICU Beds:	40
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.49

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

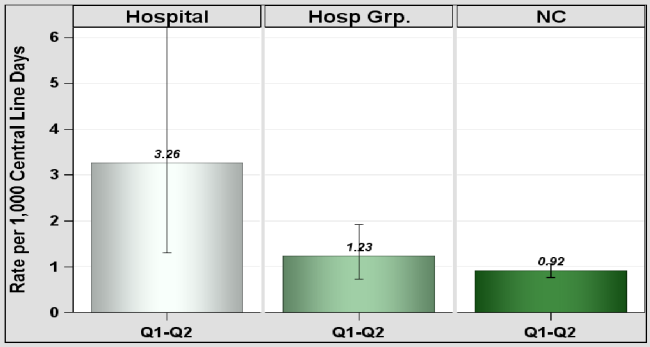


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	5	1,379	3.63	2.62	1.908	0.699, 4.230	Same
Medical/surgical	2	672	2.98	1.01	1.984	0.333, 6.555	Same
Neonatal Level II/III	0	93	0	0.17	.		
YTD Total for Reporting ICUs	7	2,144	3.26	3.8	1.844	0.806, 3.647	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	3	33,994	0.09	2.22	1.35	0.343, 3.674	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

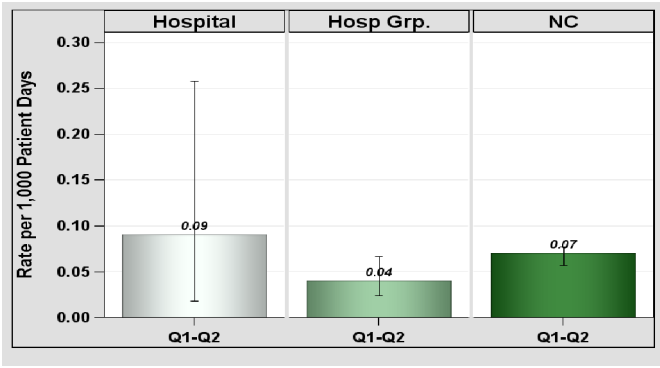


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

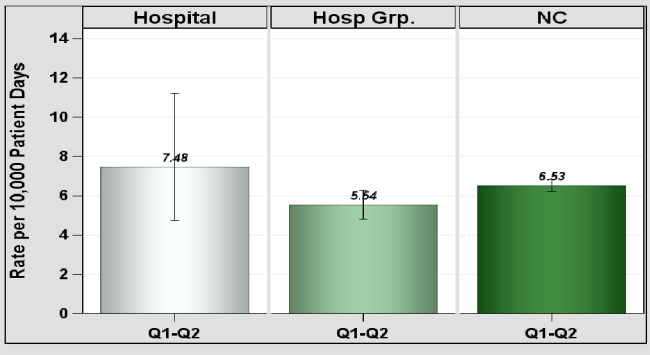


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	23	30,748	7.48	24.92	0.923	0.599, 1.363	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Carolinas Medical Center-Pineville, Charlotte, Mecklenburg County

Catheter-Associated Urinary Tract Infections (CAUTI)

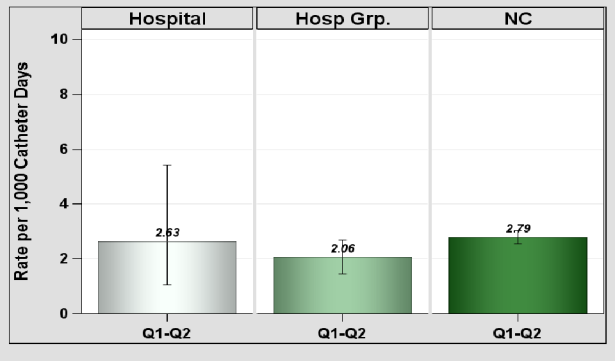


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	5	1,646	3.04	3.29	1.519	0.556, 3.367	Same
Medical/surgical	2	745	2.68	0.97	.		
Rehabiliation	0	271	0	1.03	0	, 2.909	Same
YTD Total for Reporting ICUs	7	2,662	2.63	5.29	1.323	0.579, 2.617	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	105	0	0.95	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

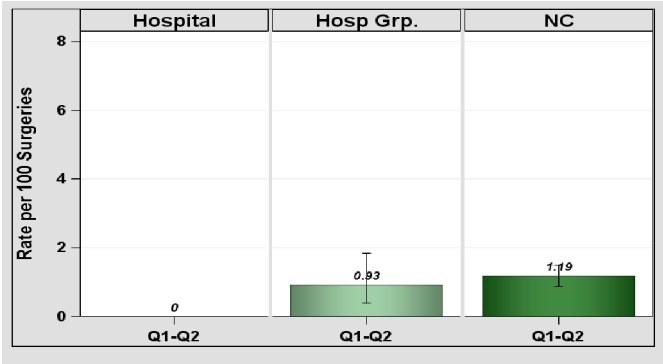


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

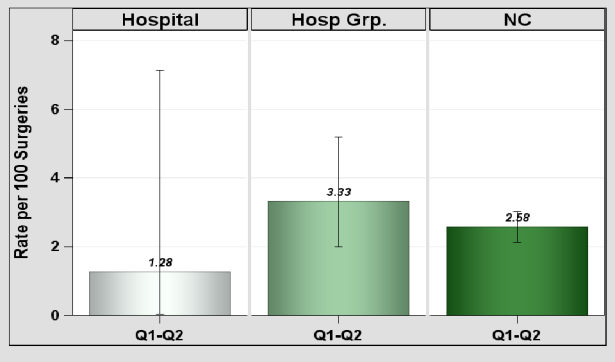


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	1	78	1.28	2.51	0.398	0.020, 1.964	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

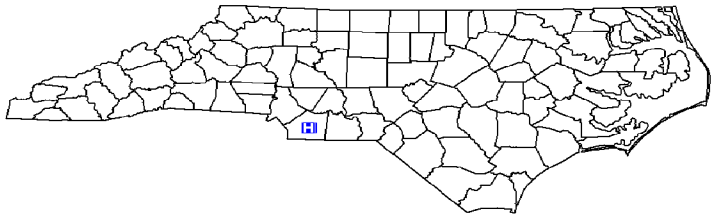
Commentary from Hospitals:
The prevention and reduction of healthcare associated infections is a top priority at Carolinas Healthcare System hospitals. To accomplish this, infection prevention strategies are continually assessed and measures implemented to decrease the risk for infection. These measures 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 – June 30, 2014
Carolinas Medical Center-Union, Monroe, Union County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	5,837
Patient Days in 2013:	27,517
Total Number of Beds:	157
Number of ICU Beds:	14
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.64

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

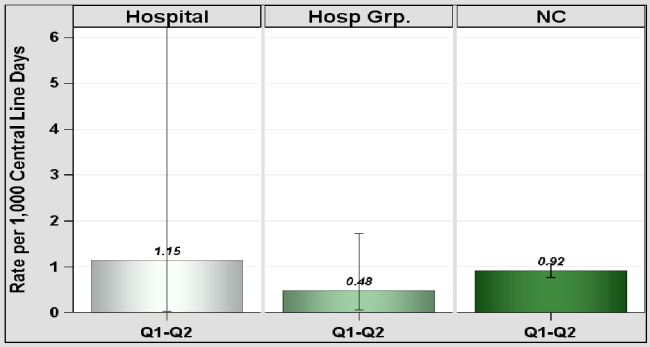


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	866	1.15	1.3	0.77	0.039, 3.797	Same
YTD Total for Reporting ICUs	1	866	1.15	1.3	0.77	0.039, 3.797	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	15,284	0	1.41	0	, 2.126	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

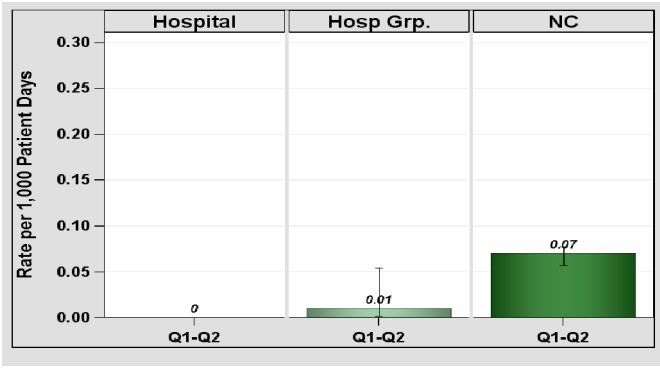


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

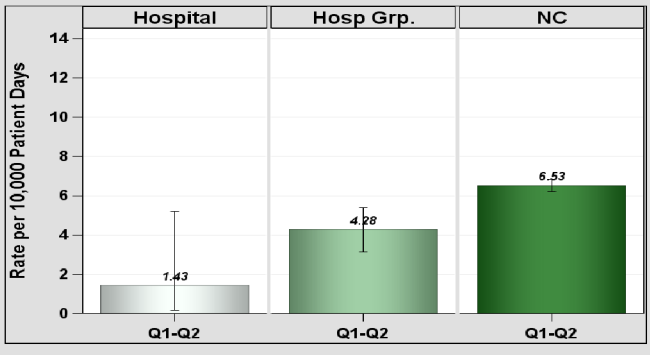


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	2	13,958	1.43	10.06	0.199	0.033, 0.657	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Carolinas Medical Center-Union, Monroe, Union County

Catheter-Associated Urinary Tract Infections (CAUTI)

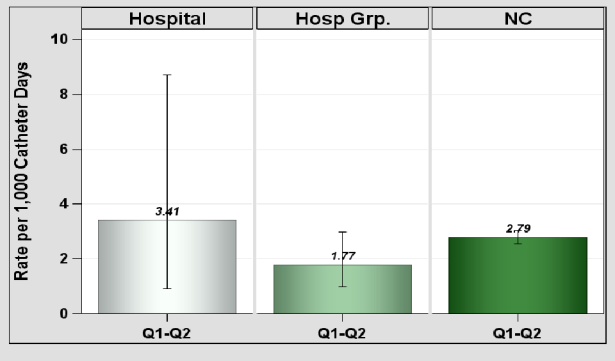


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	4	1,173	3.41	1.52	2.623	0.833, 6.327	Same
YTD Total for Reporting ICUs	4	1,173	3.41	1.52	2.623	0.833, 6.327	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	26	0	0.23	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

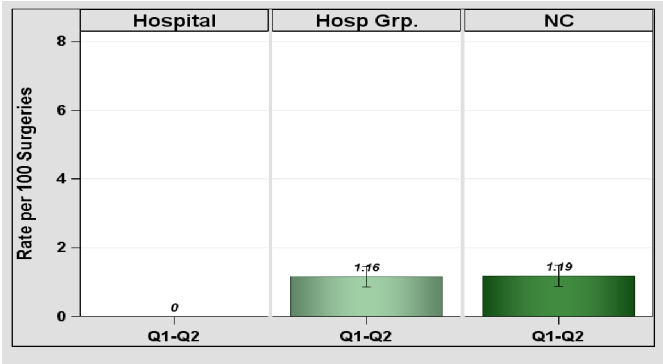


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

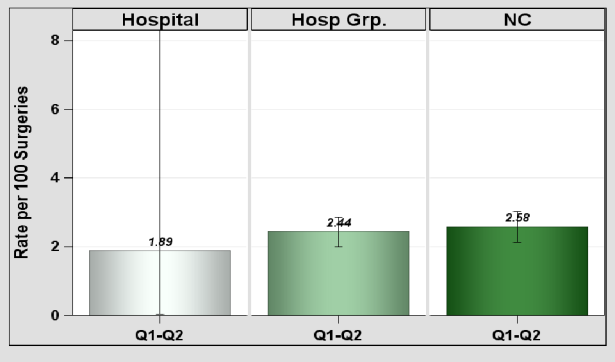


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	1	53	1.89	1.85	0.542	0.027, 2.673	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

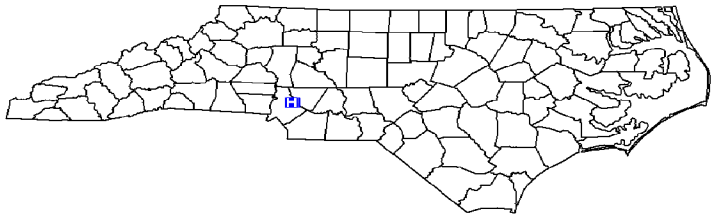
Commentary from Hospitals:
The prevention and reduction of healthcare associated infections is a top priority at Carolinas Healthcare System hospitals. To accomplish this, infection prevention strategies are continually assessed and measures implemented to decrease the risk for infection. These measures 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 – June 30, 2014
Carolinas Medical Center-University, Charlotte, Mecklenburg County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	6,568
Patient Days in 2013:	23,911
Total Number of Beds:	94
Number of ICU Beds:	15
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	1.06

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

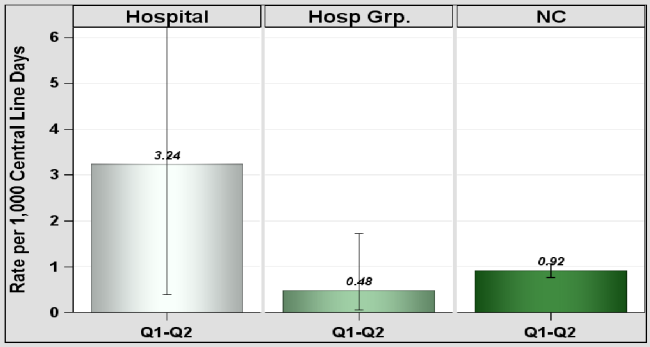


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	2	610	3.28	0.91	.		
Neonatal Level II/III	0	7	.	.	.		
YTD Total for Reporting ICUs	2	617	3.24	0.94	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	12,408	0	0.64	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

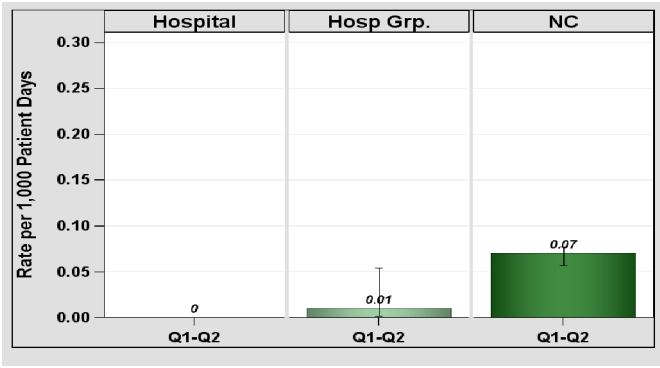


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

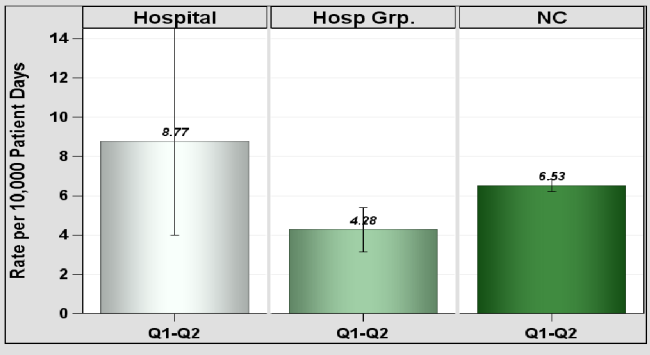


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	9	10,263	8.77	5.47	1.646	0.803, 3.020	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Carolinas Medical Center-University, Charlotte, Mecklenburg County

Catheter-Associated Urinary Tract Infections (CAUTI)

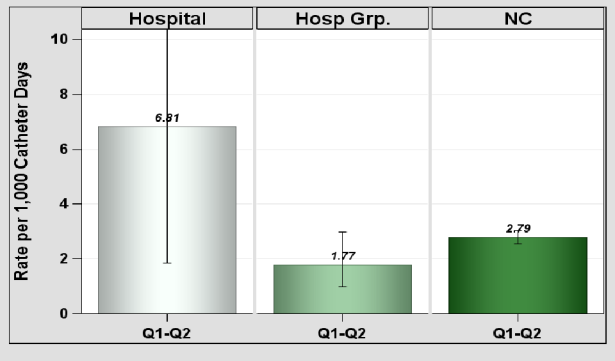


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	4	587	6.81	0.76	.		
YTD Total for Reporting ICUs	4	587	6.81	0.76	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	1	77	1.3	0.73	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

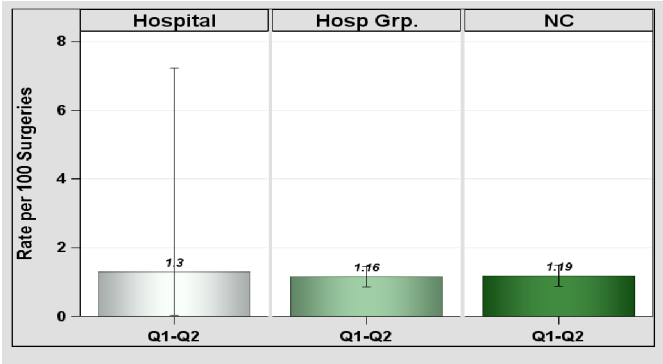


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

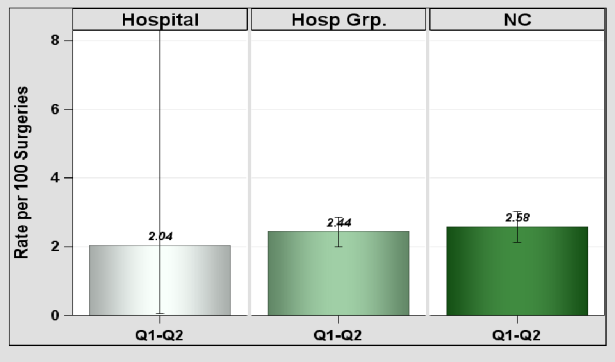


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	1	49	2.04	1.5	0.668	0.033, 3.296	Same

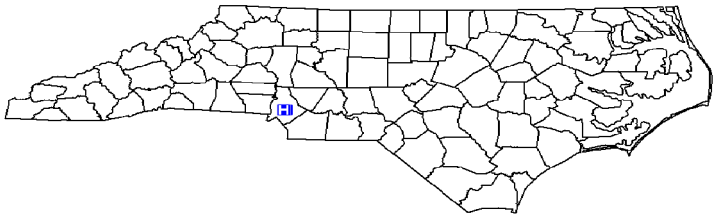
Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

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 – June 30, 2014
Carolinas Rehabilitation, Charlotte, Mecklenburg County

2013 Hospital Survey Information

Hospital Type:	Inpatient Rehabilitation Facility
Profit Status:	Not for Profit
Admissions in 2013:	2,850
Patient Days in 2013:	48,420
Total Number of Beds:	159
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.63



*FTE = Full-time equivalent

Catheter-Associated Urinary Tract Infections (CAUTI)

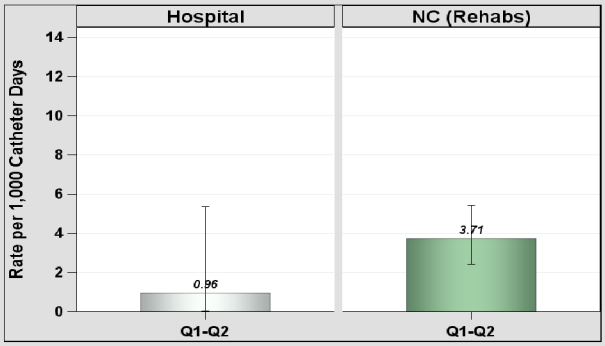


Table 1. Rates by Location, Jan-Jun 2014

Type of Unit	Infections	Catheter Days	Rate
Adult rehabilitation ward	1	1,041	0.96
YTD Total for Reporting Wards	1	1,041	0.96

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

Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Other Healthcare-Associated Infections (HAIs)

Inpatient rehabilitation facilities (IRFs) do not report CLABSIs, C. difficile LabID, MRSA Bacteremia LabID, or SSIs to the N.C. Division of Public Health.

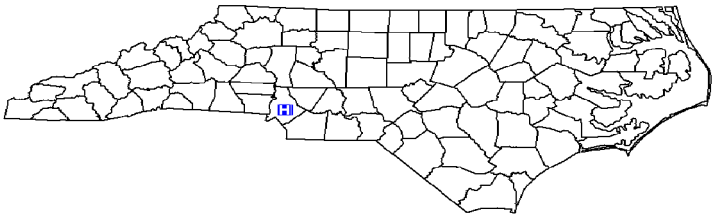
Commentary from Hospitals:
The prevention and reduction of healthcare associated infections is a top priority at Carolinas Healthcare System hospitals. To accomplish this, infection prevention strategies are continually assessed and measures implemented to decrease the risk for infection. These measures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

Refer to the HAI in N.C. Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Carolinas Specialty Hospital, Charlotte, Mecklenburg County

2013 Hospital Survey Information

Hospital Type:	Long-term Acute Care Hospital
Profit Status:	For Profit
Admissions in 2013:	471
Patient Days in 2013:	11,948
Total Number of Beds:	40
FTE* Infection Preventionists:	1.25
Number of FTEs* per 100 beds:	3.13



*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

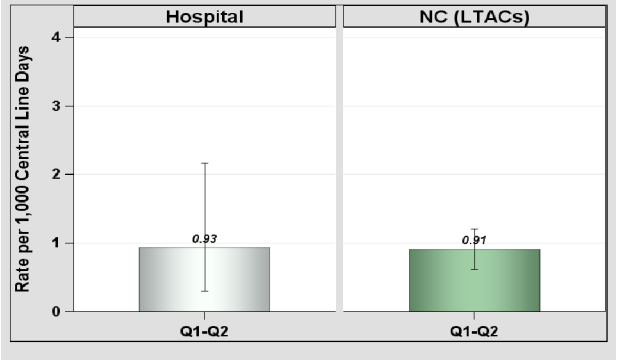


Table 1. Rates by Location, Jan-Jun 2014.

Type of Unit	Infections	Line Days	Rate
Adult ward	5	5,386	0.93
YTD Total for Reporting Units	5	5,386	0.93

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

Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates by Location, Jan-Jun 2014

Type of Unit	Infections	Catheter Days	Rate
Adult ward	9	4,128	2.18
YTD Total for Reporting Units	9	4,128	2.18

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

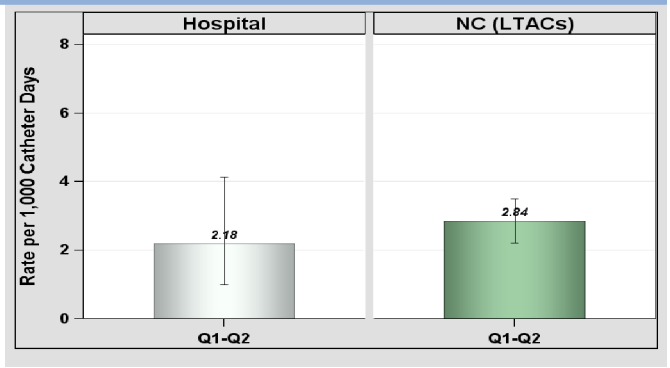


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Other Healthcare-Associated Infections (HAIs)

Long-term acute care hospitals (LTACs) do not report C. difficile LabID, MRSA Bacteremia LabID or SSIs to the N.C. Division of Public Health.

Commentary from Hospitals:
No comments provided.

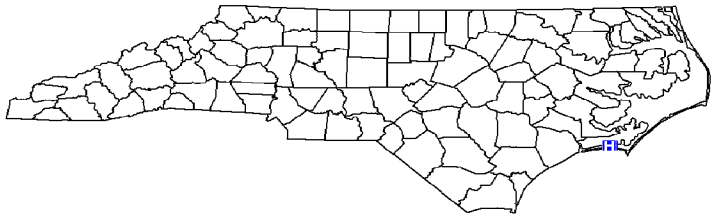
Refer to the HAI in N.C. Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Carteret General Hospital, Morehead City, Carteret County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	6,993
Patient Days in 2013:	25,707
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)

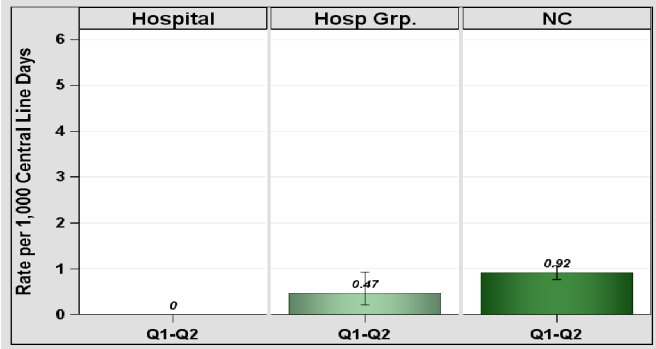


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	272	0	0.41	.		
YTD Total for Reporting ICUs	0	272	0	0.41	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	12,468	0	0.48	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

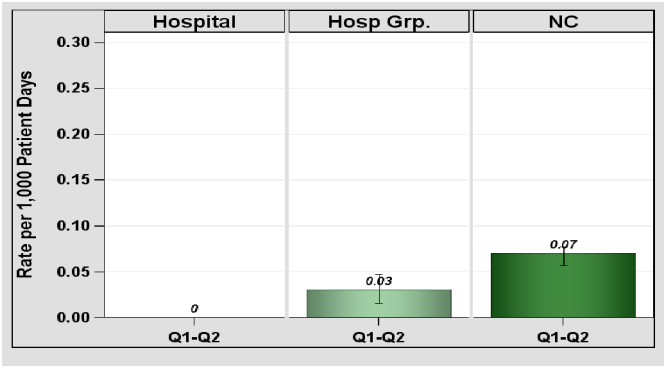


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

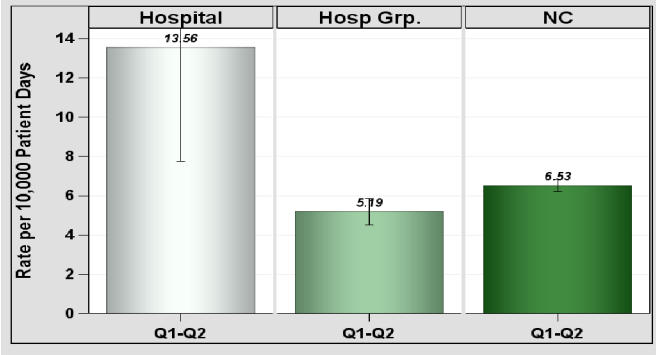


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	16	11,797	13.6	5.44	2.939	1.740, 4.671	Higher

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Carteret General Hospital, Morehead City, Carteret County

Catheter-Associated Urinary Tract Infections (CAUTI)

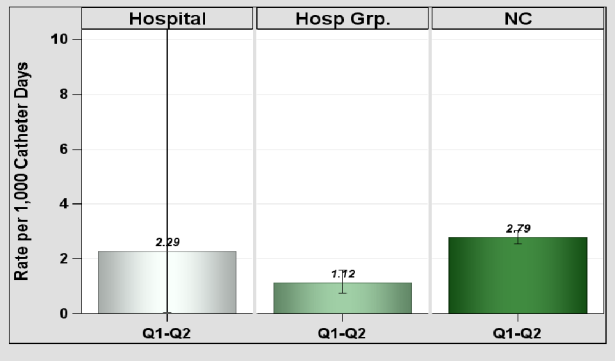


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	436	2.29	0.57	.		
YTD Total for Reporting ICUs	1	436	2.29	0.57	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	14	.	0.11	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

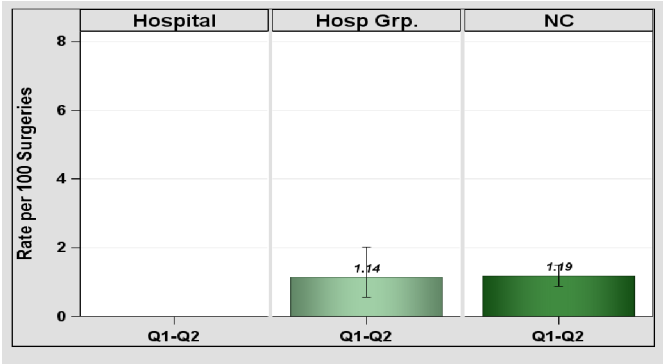


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

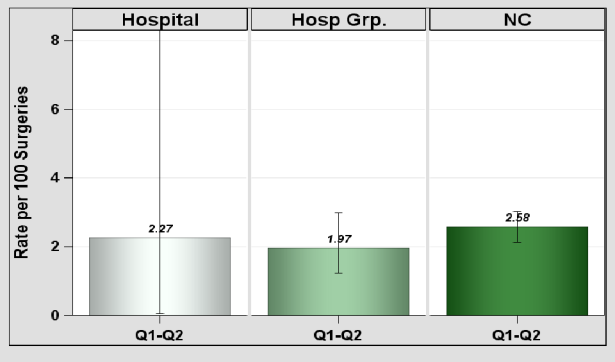


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	1	44	2.27	1.36	0.733	0.037, 3.615	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

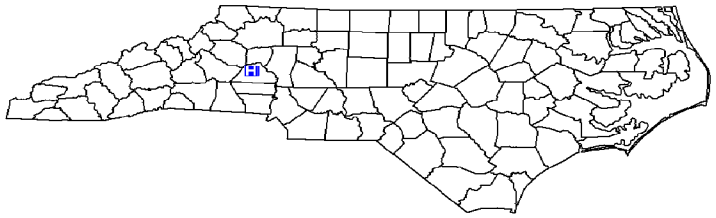
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Catawba Valley Medical Center, Hickory, Catawba County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	11,470
Patient Days in 2013:	53,916
Total Number of Beds:	190
Number of ICU Beds:	32
FTE* Infection Preventionists:	2.00
Number of FTEs* per 100 beds:	1.05

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

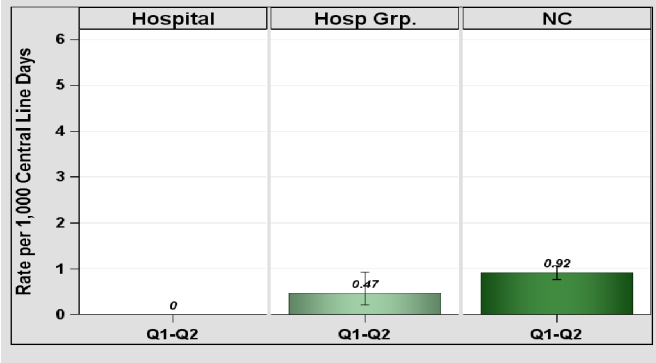


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	716	0	1.07	0	, 2.789	Same
Neonatal Level II/III	0	361	0	1	.		
YTD Total for Reporting ICUs	0	1,077	0	2.07	0	, 1.446	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	25,379	0	1.37	0	, 2.182	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

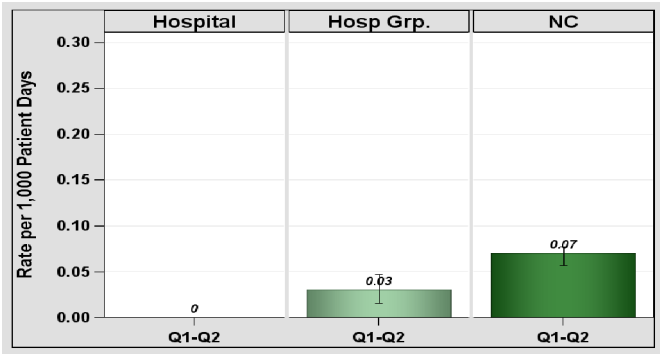


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

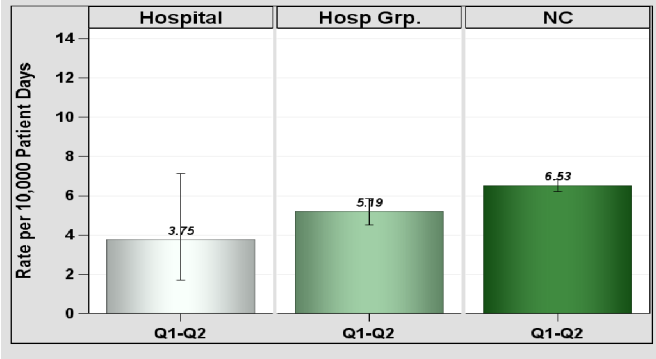


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	9	24,000	3.75	13.05	0.69	0.336, 1.266	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Catawba Valley Medical Center, Hickory, Catawba County

Catheter-Associated Urinary Tract Infections (CAUTI)

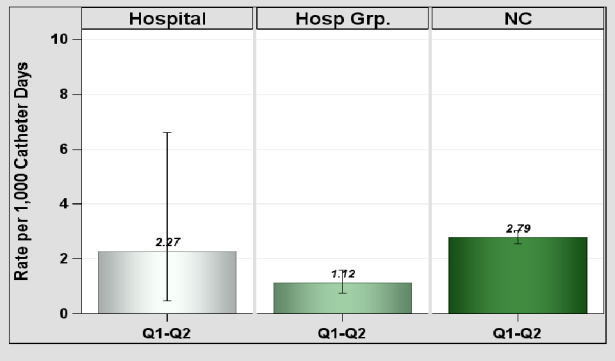


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	3	1,310	2.29	1.57	1.908	0.485, 5.194	Same
Rehabiliation	0	14	.	.	.		
YTD Total for Reporting ICUs	3	1,324	2.27	1.63	1.846	0.470, 5.024	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	64	0	0.6	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

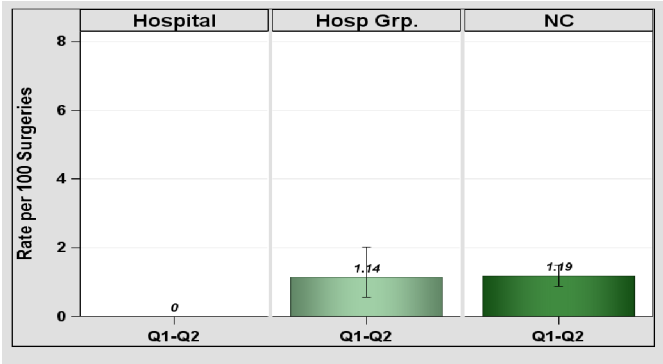


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

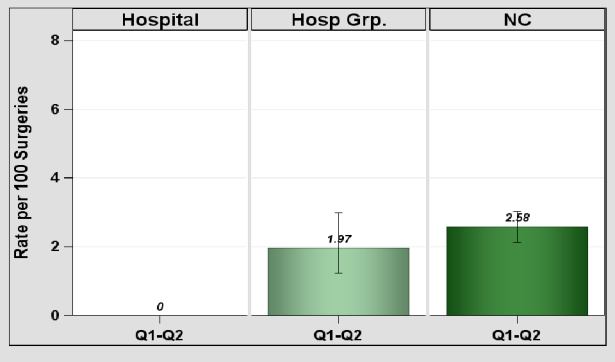


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	51	0	1.64	0	, 1.826	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

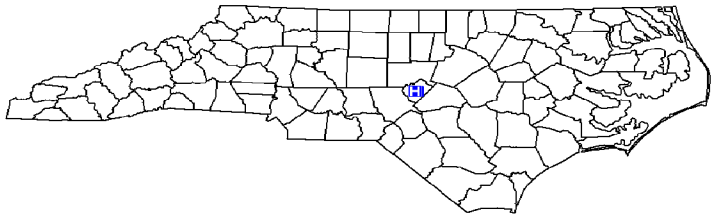
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Central Carolina Hospital, Sanford, Lee County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	For Profit
Admissions in 2013:	5,062
Patient Days in 2013:	17,530
Total Number of Beds:	116
Number of ICU Beds:	8
FTE* Infection Preventionists:	0.50
Number of FTEs* per 100 beds:	0.43

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

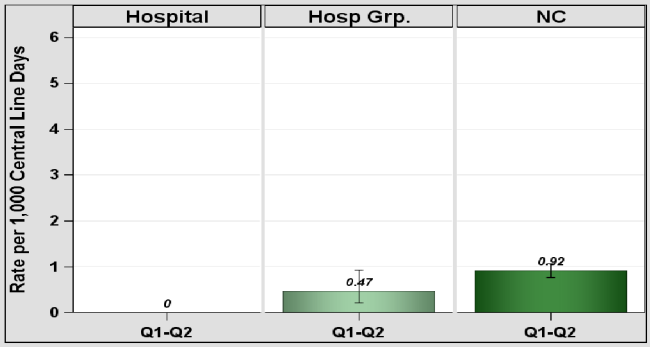


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	494	0	0.74	.		
YTD Total for Reporting ICUs	0	494	0	0.74	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	9,054	0.11	0.47	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

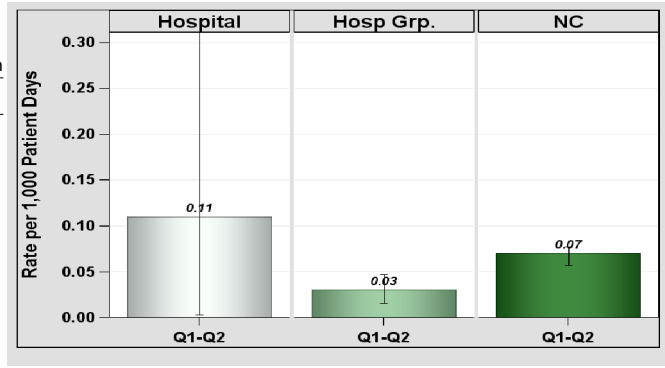


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

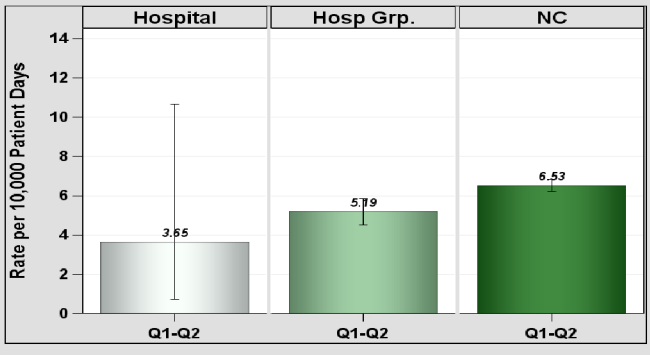


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	3	8,221	3.65	4.6	0.652	0.166, 1.774	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Central Carolina Hospital, Sanford, Lee County

Catheter-Associated Urinary Tract Infections (CAUTI)

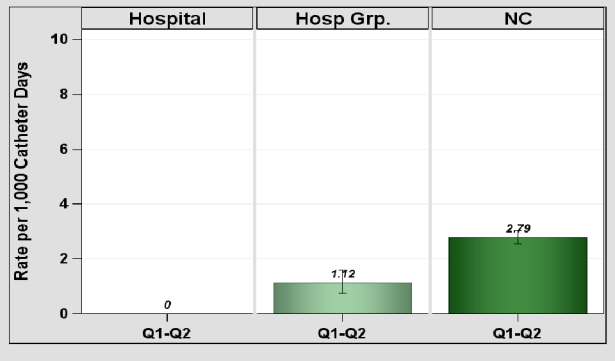


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	737	0	0.96	.		
YTD Total for Reporting ICUs	0	737	0	0.96	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	23	0	0.19	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

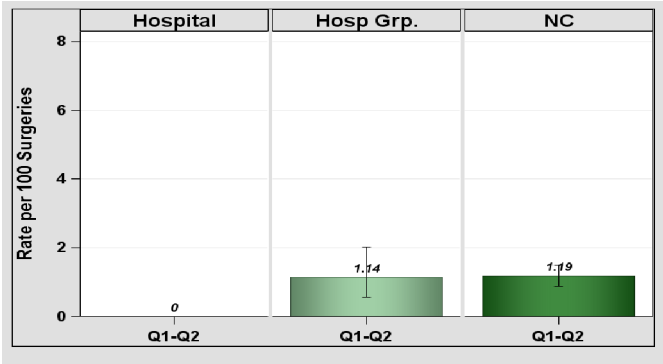


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

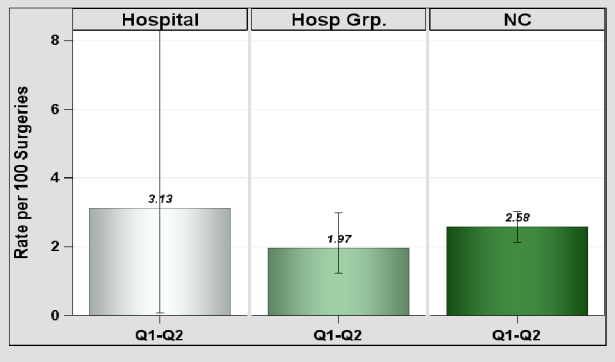


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	1	32	3.13	1	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

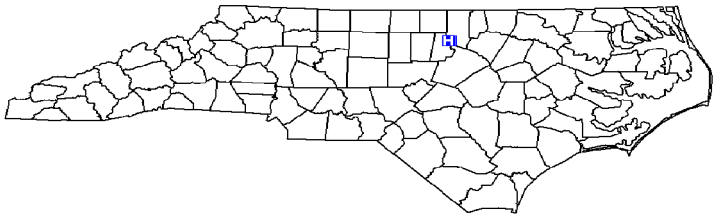
Commentary from Hospitals:
No comments provided.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Central Regional Hospital, Butner, Granville County

2013 Hospital Survey Information

Hospital Type:	Specialty Acute Care Hospital
Profit Status:	Government
Admissions in 2013:	660
Patient Days in 2013:	65,927
Total Number of Beds:	405
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.25



*FTE = Full-time equivalent

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID Bacteremia)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

NOTE: Central Regional Hospital reported one MRSA LabID event between January and June of 2014. MRSA LabID data reportable to CMS were not available in NHSN at the time of this report freeze date. These data will be available in the next published HAI report.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	66,934	0.15	.	0.02	0.001, 0.099	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

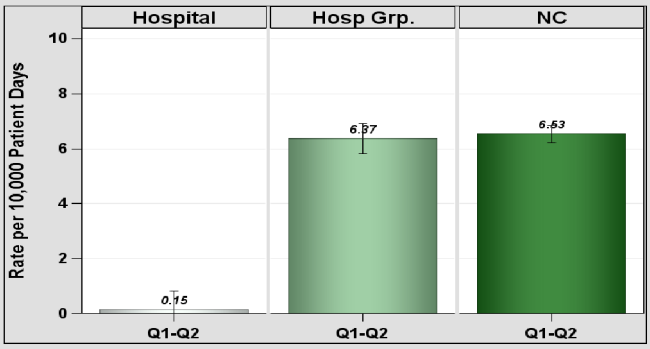


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Other Healthcare-Associated Infections (HAIs)

Specialty acute care hospitals do not report CLABSIs, CAUTIs, or SSIs to the N.C. Division of Public Health.

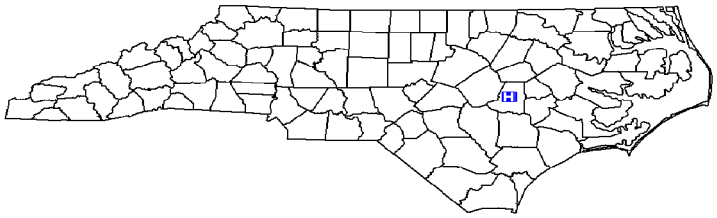
Commentary from Hospitals:
No comments provided.

Refer to the HAI in N.C. Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Cherry Hospital, Goldsboro, Wayne County

2013 Hospital Survey Information

Hospital Type:	Specialty Acute Care Hospital
Profit Status:	Government
Admissions in 2013:	932
Patient Days in 2013:	66,357
Total Number of Beds:	241
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.41



*FTE = Full-time equivalent

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID Bacteremia)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

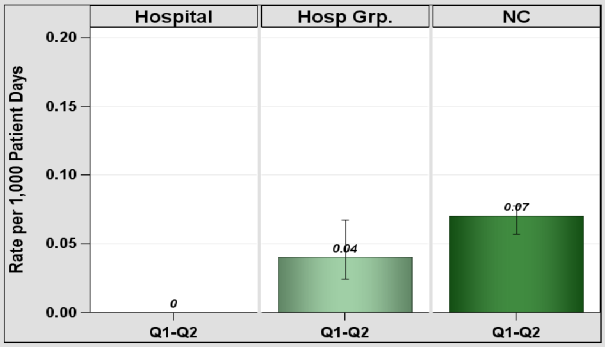


Table 1. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	31,465	0	.	0	, 2.657	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	31,465	0	.	0	, 0.199	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

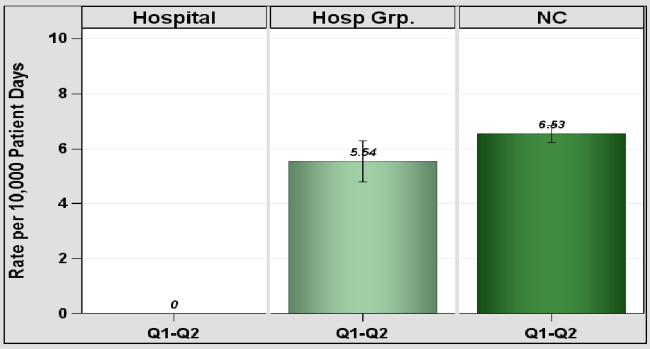


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Other Healthcare-Associated Infections (HAIs)

Specialty acute care hospitals do not report CLABSIs, CAUTIs, or SSIs to the N.C. Division of Public Health.

Commentary from Hospitals:
No comments provided.

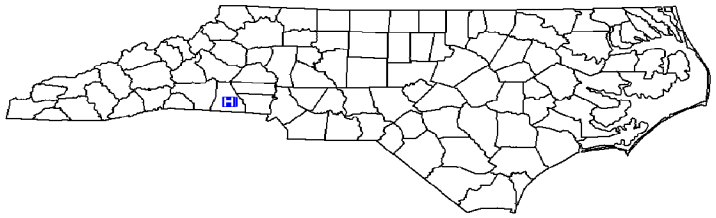
Refer to the HAI in N.C. Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Cleveland Regional Medical Center, Shelby, Cleveland County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	9,198
Patient Days in 2013:	37,792
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)

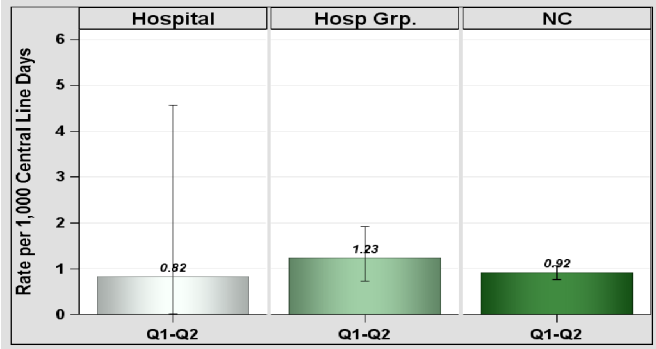


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	1,218	0.82	1.83	0.547	0.027, 2.699	Same
YTD Total for Reporting ICUs	1	1,218	0.82	1.83	0.547	0.027, 2.699	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	2	19,534	0.1	0.86	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

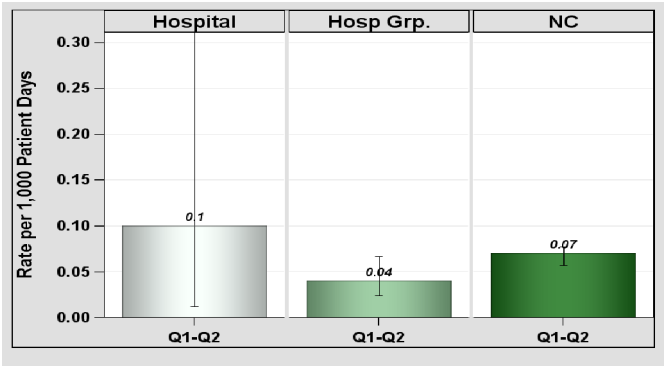


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

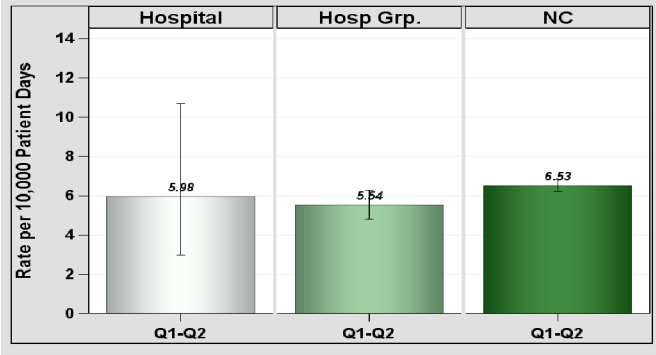


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	11	18,382	5.98	13.22	0.832	0.437, 1.446	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Cleveland Regional Medical Center, Shelby, Cleveland County

Catheter-Associated Urinary Tract Infections (CAUTI)

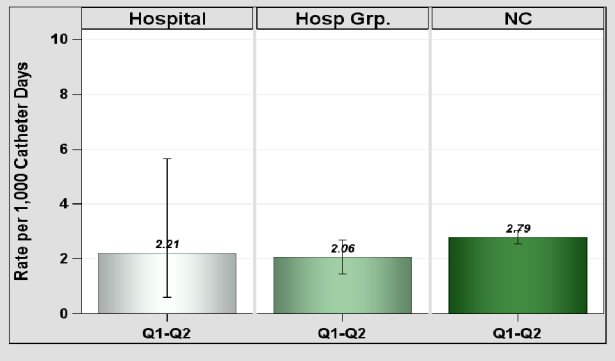


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	4	1,808	2.21	2.17	1.844	0.586, 4.447	Same
YTD Total for Reporting ICUs	4	1,808	2.21	2.17	1.844	0.586, 4.447	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	2	60	3.33	0.72	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

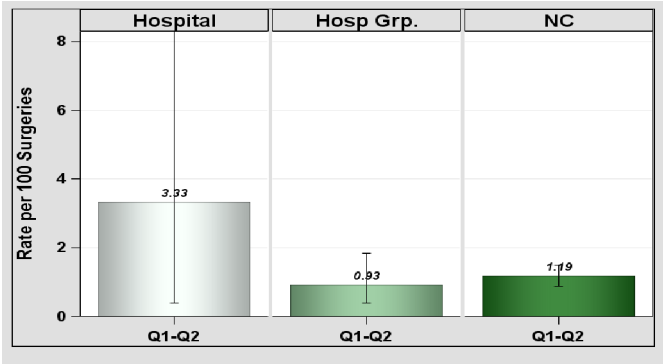


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

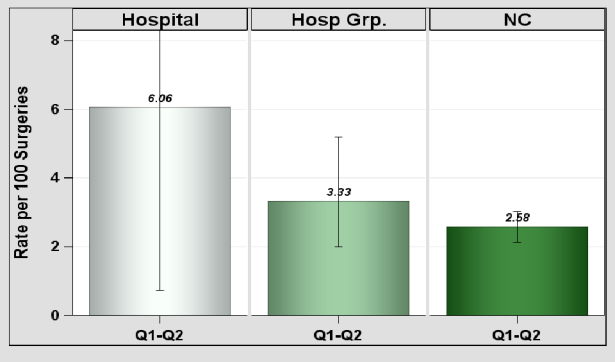


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	2	33	6.06	1.11	1.799	0.302, 5.944	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

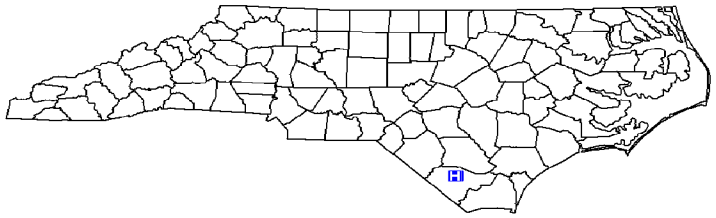
Commentary from Hospitals:
The prevention and reduction of healthcare associated infections is a top priority at Cleveland County Healthcare System hospitals. To accomplish this, infection prevention strategies are continually assessed and measures implemented to decrease the risk for infection. These 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 – June 30, 2014
Columbus Regional Healthcare System, Whiteville, Columbus County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	5,132
Patient Days in 2013:	20,225
Total Number of Beds:	86
Number of ICU Beds:	9
FTE* Infection Preventionists:	1.05
Number of FTEs* per 100 beds:	1.22

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

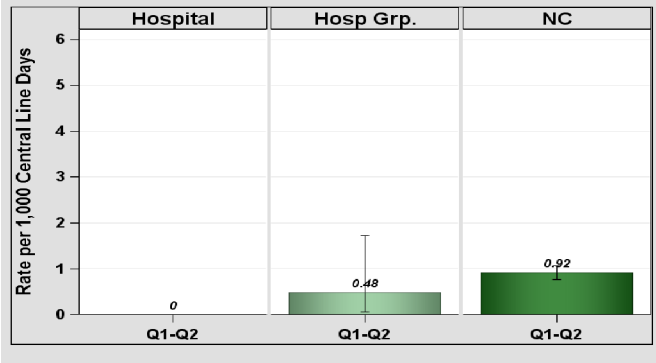


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	491	0	0.74	.		
YTD Total for Reporting ICUs	0	491	0	0.74	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	9,577	0	0.42	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

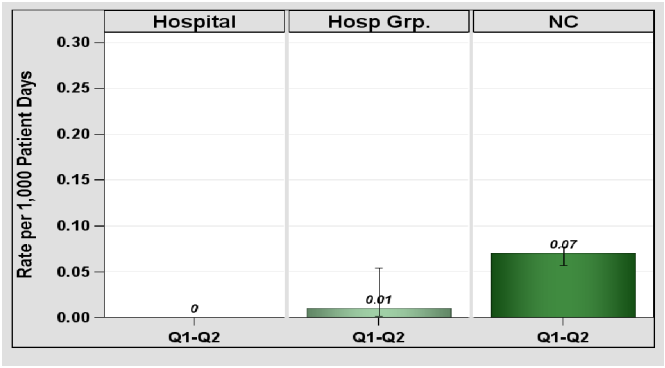


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

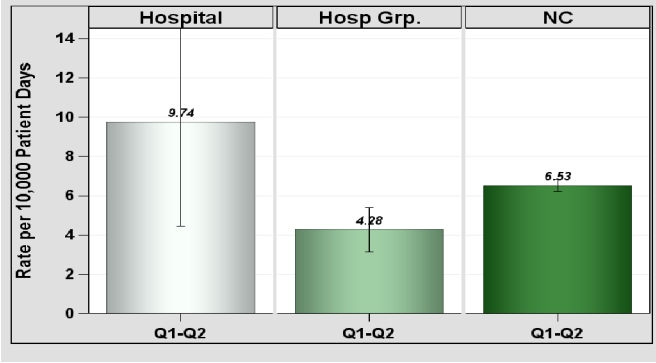


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	9	9,243	9.74	7.19	1.253	0.611, 2.299	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Columbus Regional Healthcare System, Whiteville, Columbus County

Catheter-Associated Urinary Tract Infections (CAUTI)

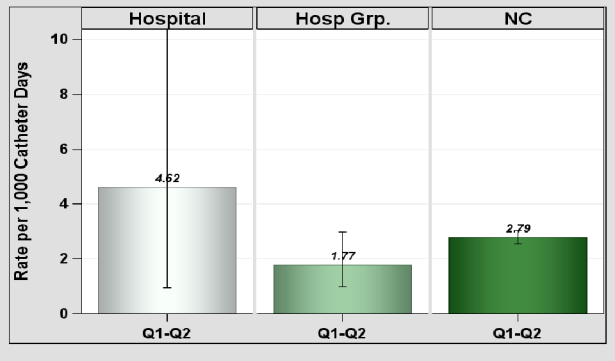


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	3	649	4.62	0.84	.		
YTD Total for Reporting ICUs	3	649	4.62	0.84	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	41	0	0.53	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

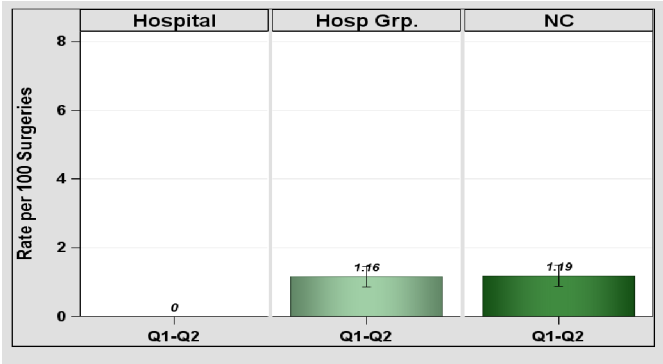


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

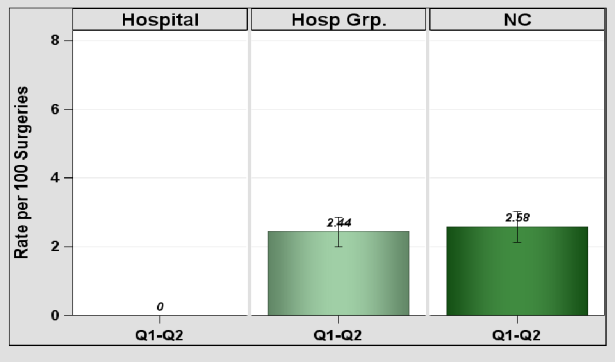


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	27	0	0.91	.		

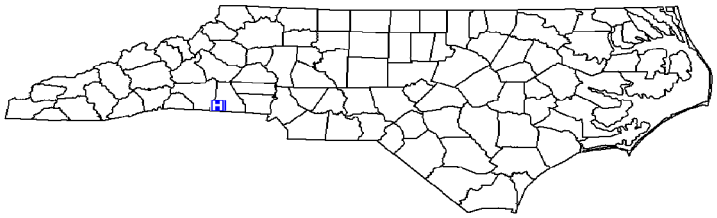
Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

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.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Crawley Memorial Hospital, Shelby, Cleveland County

2013 Hospital Survey Information

Hospital Type:	Long-term Acute Care Hospital
Profit Status:	Not for Profit
Admissions in 2013:	120
Patient Days in 2013:	2,996
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)

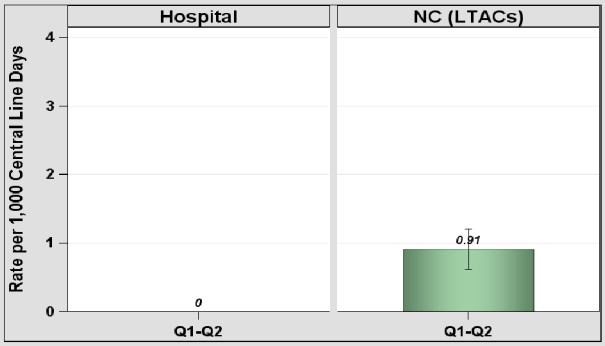


Table 1. Rates by Location, Jan-Jun 2014.

Type of Unit	Infections	Line Days	Rate
Adult ward	0	1,528	0.00
YTD Total for Reporting Units	0	1,528	0.00

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

Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates by Location, Jan-Jun 2014

Type of Unit	Infections	Catheter Days	Rate
Adult ward	0	636	0.00
YTD Total for Reporting Units	0	636	0.00

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

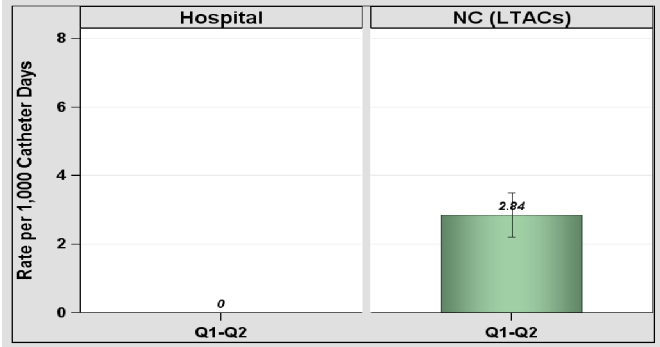


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Other Healthcare-Associated Infections (HAIs)

Long-term acute care hospitals (LTACs) do not report C. difficile LabID, MRSA Bacteremia LabID or SSIs to the N.C. Division of Public Health.

Commentary from Hospitals:
No comments provided.

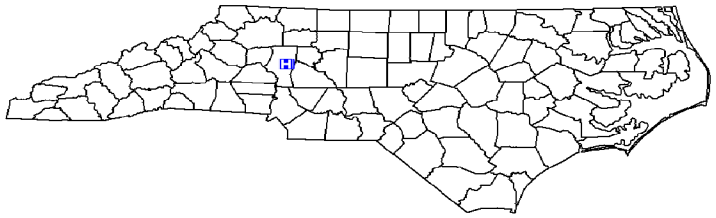
Refer to the HAI in N.C. Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Davis Regional Medical Center, Statesville, Iredell County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	For Profit
Admissions in 2013:	4,000
Patient Days in 2013:	19,524
Total Number of Beds:	131
Number of ICU Beds:	8
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.76

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

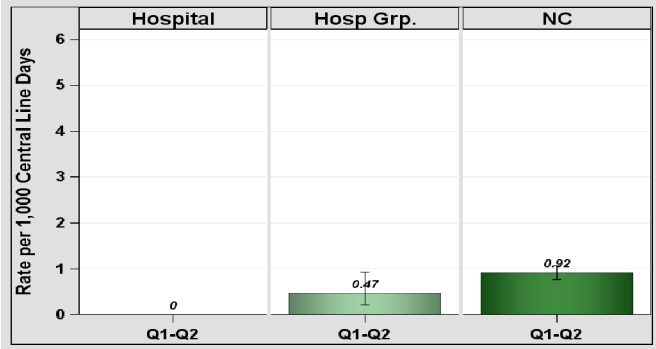


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	0	191	0	0.38	.		
YTD Total for Reporting ICUs	0	191	0	0.38	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	8,614	0	0.42	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

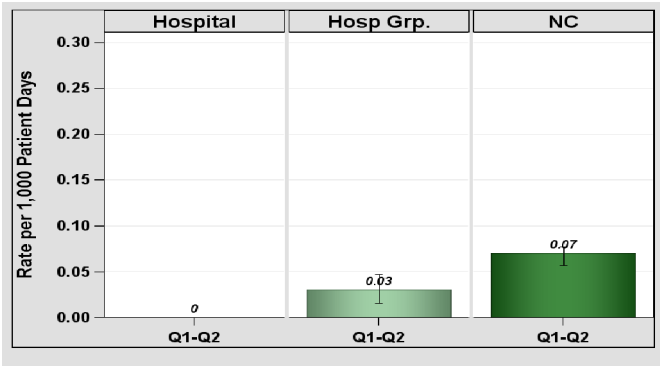


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

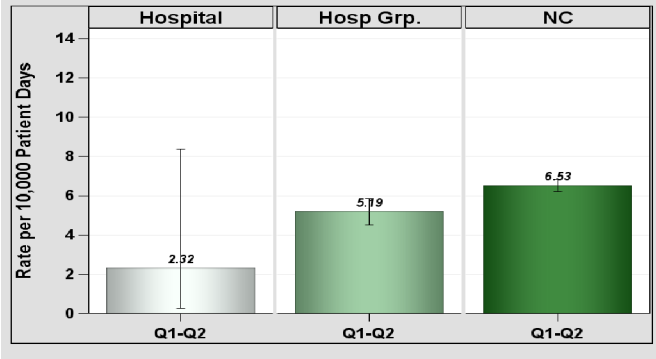


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	2	8,614	2.32	4.44	0.45	0.075, 1.487	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Davis Regional Medical Center, Statesville, Iredell County

Catheter-Associated Urinary Tract Infections (CAUTI)

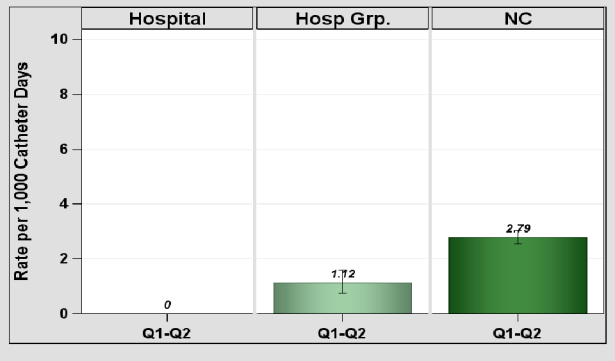


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	0	420	0	0.84	.		
YTD Total for Reporting ICUs	0	420	0	0.84	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	6	.	0.04	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

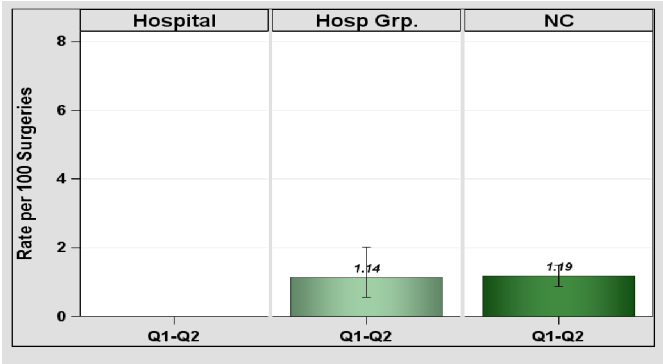


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

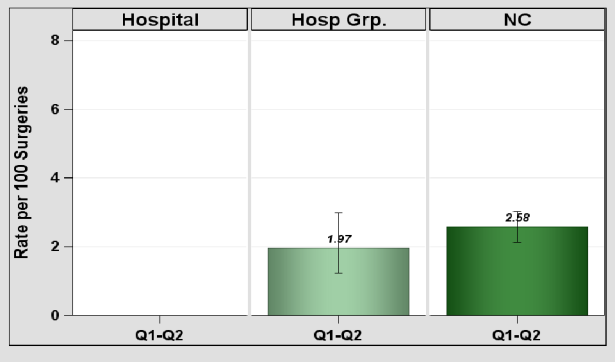


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	1	5	.	0.16	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

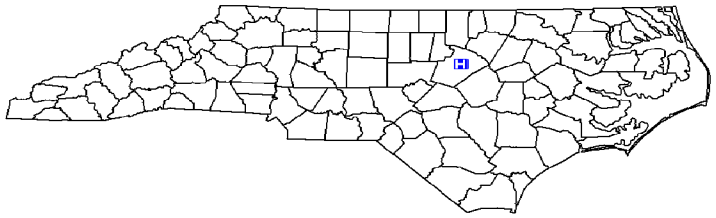
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Duke Raleigh Hospital, Raleigh, Wake County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	7,832
Patient Days in 2013:	39,088
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)

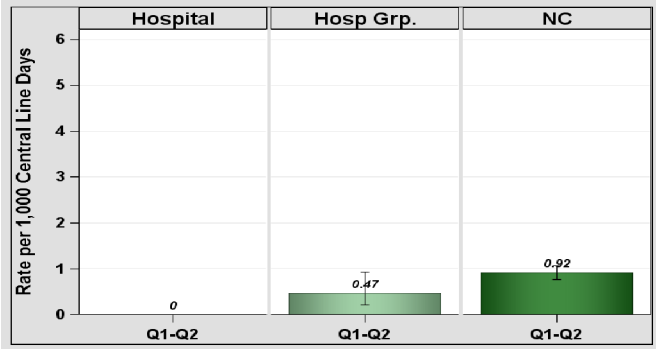


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	627	0	0.94	.		
YTD Total for Reporting ICUs	0	627	0	0.94	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	19,292	0.05	1.04	0.959	0.048, 4.731	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

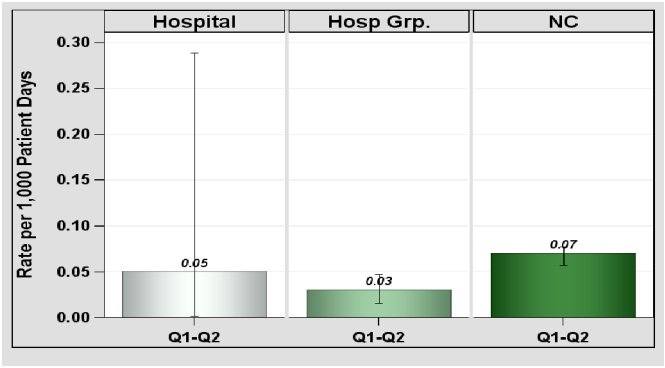


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

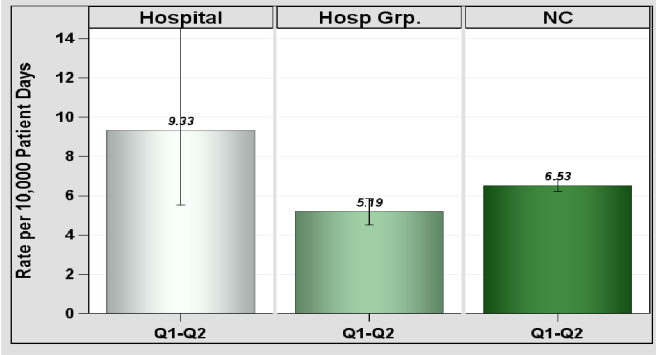


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	18	19,292	9.33	13.73	1.311	0.801, 2.031	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Duke Raleigh Hospital, Raleigh, Wake County

Catheter-Associated Urinary Tract Infections (CAUTI)

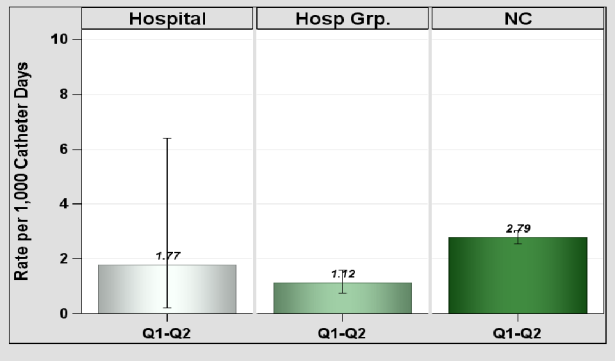


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	2	1,132	1.77	1.47	1.359	0.228, 4.490	Same
YTD Total for Reporting ICUs	2	1,132	1.77	1.47	1.359	0.228, 4.490	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	40	0	0.34	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

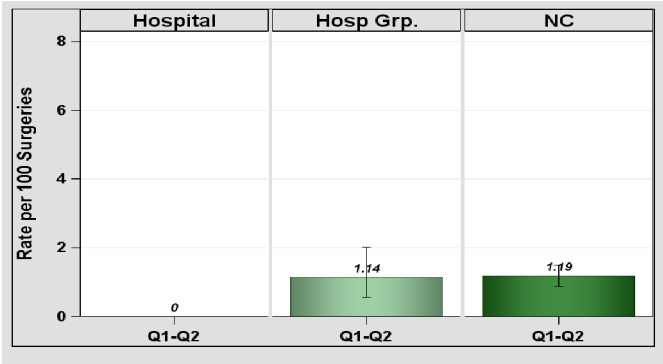


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

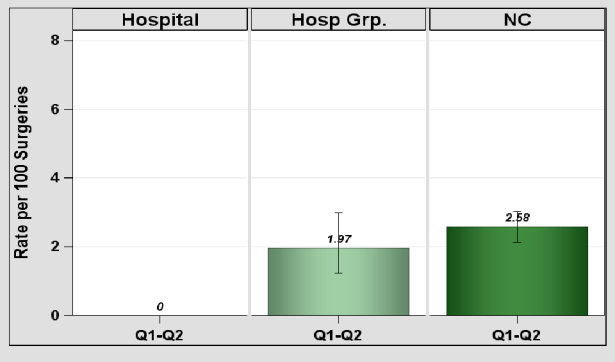


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	71	0	2.41	0	, 1.243	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

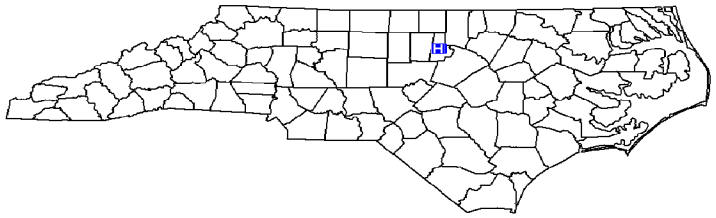
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Duke Regional Hospital, Durham, Durham County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Profit Status:	Not for Profit
Admissions in 2013:	15,973
Patient Days in 2013:	75,194
Total Number of Beds:	204
Number of ICU Beds:	22
FTE* Infection Preventionists:	2.50
Number of FTEs* per 100 beds:	1.23

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

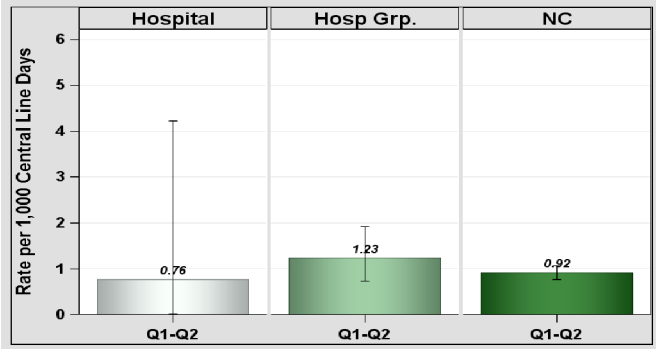


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	1,319	0.76	2.77	0.361	0.018, 1.781	Same
YTD Total for Reporting ICUs	1	1,319	0.76	2.77	0.361	0.018, 1.781	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	34,367	0.03	2.44	0.41	0.021, 2.024	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

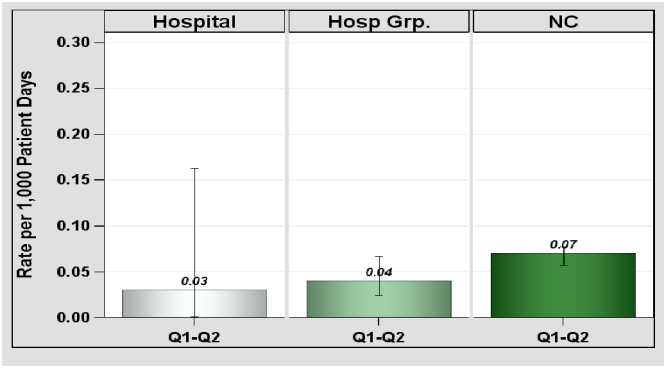


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

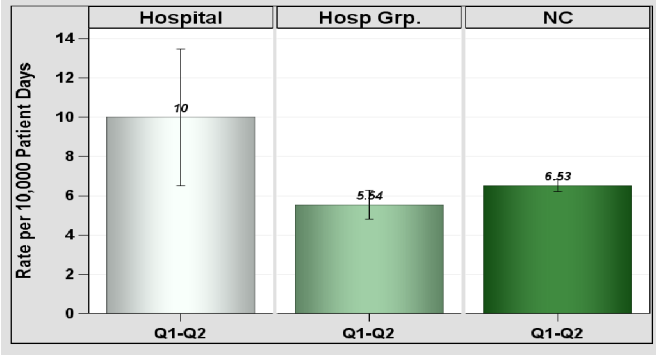


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	32	32,014	10	27.02	1.184	0.824, 1.652	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Duke Regional Hospital, Durham, Durham County

Catheter-Associated Urinary Tract Infections (CAUTI)

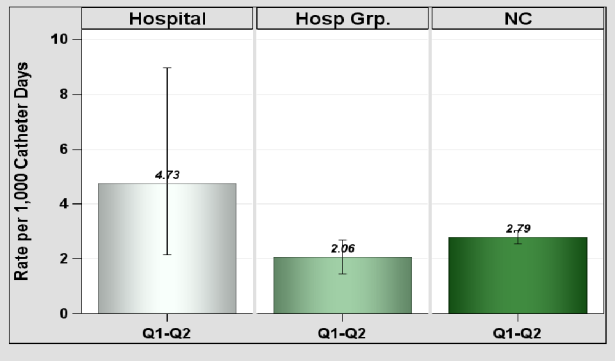


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	9	1,641	5.48	3.77	2.385	1.163, 4.376	Higher
Rehabiliation	0	261	0	0.99	.		
YTD Total for Reporting ICUs	9	1,902	4.73	4.77	1.888	0.921, 3.465	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	1	145	0.69	1.26	0.792	0.040, 3.905	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

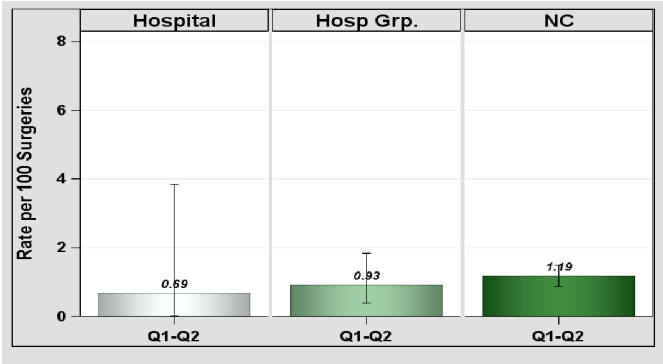


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

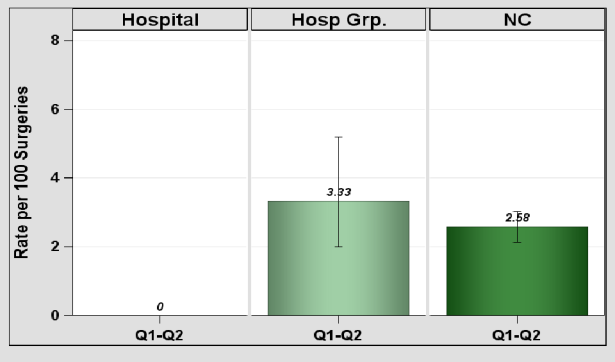


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	40	0	1.21	0	, 2.477	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

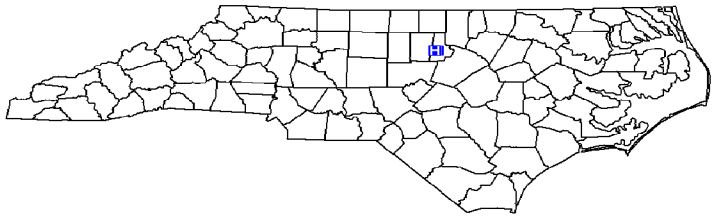
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Duke University Hospital, Durham, Durham County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Profit Status:	Not for Profit
Admissions in 2013:	41,812
Patient Days in 2013:	246,983
Total Number of Beds:	915
Number of ICU Beds:	226
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.11

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

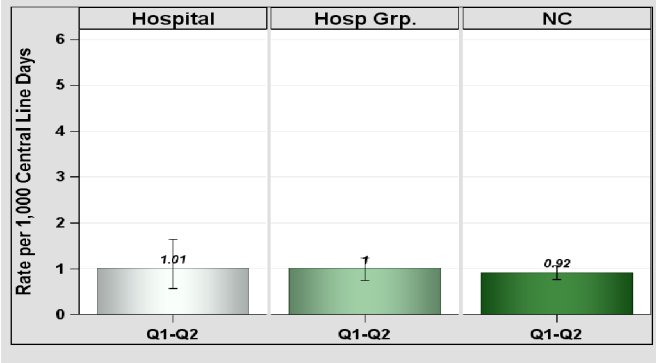


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	5	2,814	1.78	7.32	0.683	0.250, 1.515	Same
Medical cardiac	2	1,419	1.41	2.84	0.705	0.118, 2.328	Same
Neonatal Level III	2	3,396	0.59	7.85	0.255	0.043, 0.842	Lower
Neurologic	1	1,231	0.81	1.72	0.58	0.029, 2.862	Same
Pediatric cardiothoracic	0	1,307	0	4.31	0	, 0.695	Lower
Pediatric medical/surgical	0	1,439	0	4.32	0	, 0.694	Lower
Surgical	5	1,800	2.78	4.14	1.208	0.443, 2.677	Same
Surgical cardiothoracic	1	2,444	0.41	3.42	0.292	0.015, 1.441	Same
YTD Total for Reporting ICUs	16	15,850	1.01	35.92	0.445	0.264, 0.708	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	18	157,123	0.11	16.38	1.099	0.672, 1.703	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

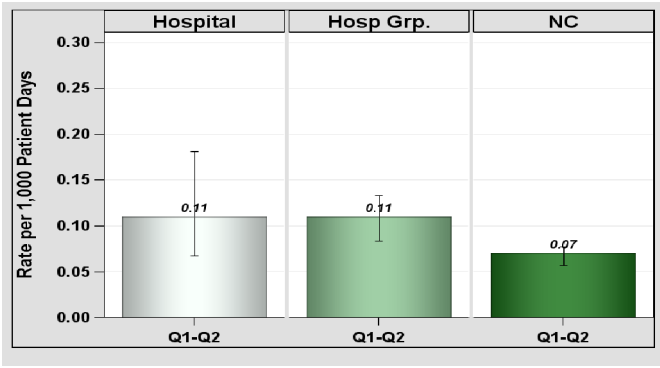


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

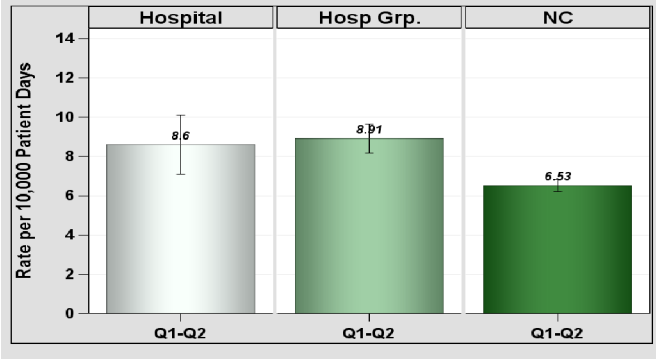


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	126	146,438	8.6	131.12	0.961	0.804, 1.140	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Duke University Hospital, Durham, Durham County

Catheter-Associated Urinary Tract Infections (CAUTI)

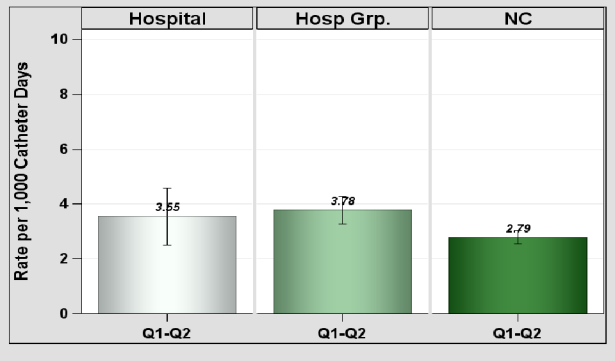


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	11	2,457	4.48	5.65	1.947	1.024, 3.383	Higher
Medical cardiac	6	1,362	4.41	2.72	2.203	0.893, 4.581	Same
Neurologic	13	2,342	5.55	8.9	1.461	0.812, 2.435	Same
Pediatric cardiothoracic	1	368	2.72	0.99	.		
Pediatric medical/surgical	3	765	3.92	2.14	1.401	0.356, 3.812	Same
Surgical	9	2,133	4.22	5.55	1.623	0.791, 2.978	Same
Surgical cardiothoracic	2	3,236	0.62	5.5	0.364	0.061, 1.201	Same
YTD Total for Reporting ICUs	45	12,663	3.55	31.46	1.431	1.056, 1.897	Higher

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	1	188	0.53	1.86	0.538	0.027, 2.653	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

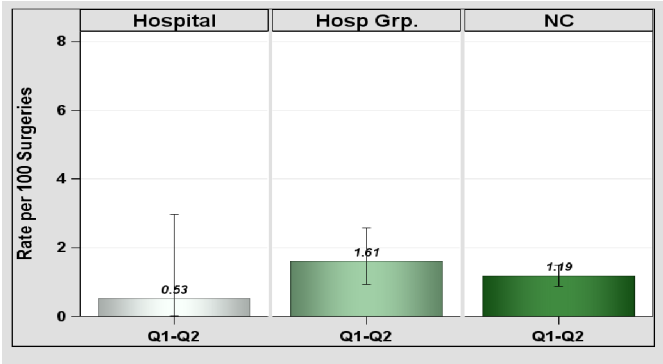


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

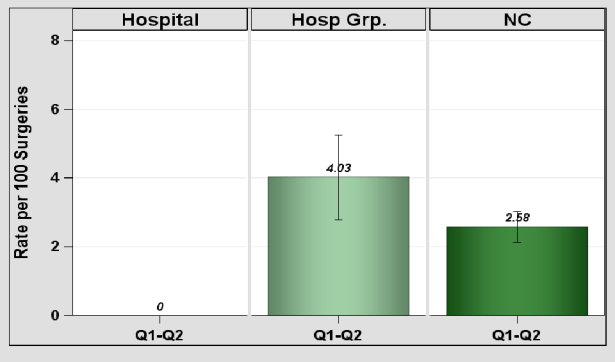


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	148	0	5.06	0	, 0.592	Lower

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

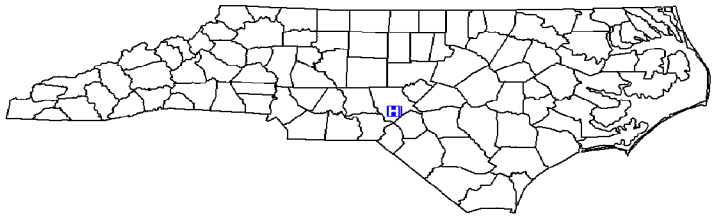
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
FirstHealth Moore Regional Hospital, Pinehurst, Moore County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	26,666
Patient Days in 2013:	108,981
Total Number of Beds:	470
Number of ICU Beds:	62
FTE* Infection Preventionists:	4.00
Number of FTEs* per 100 beds:	0.85

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

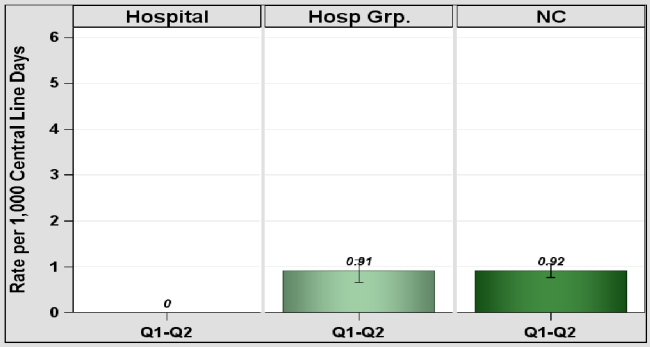


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	0	774	0	1.55	0	, 1.935	Same
Medical/surgical	0	1,266	0	1.9	0	, 1.578	Same
Neonatal Level III	0	56	0	0.1	.		
Surgical cardiothoracic	0	626	0	0.88	.		
YTD Total for Reporting ICUs	0	2,722	0	4.42	0	, 0.678	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	6	53,186	0.11	3	1.997	0.810, 4.155	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

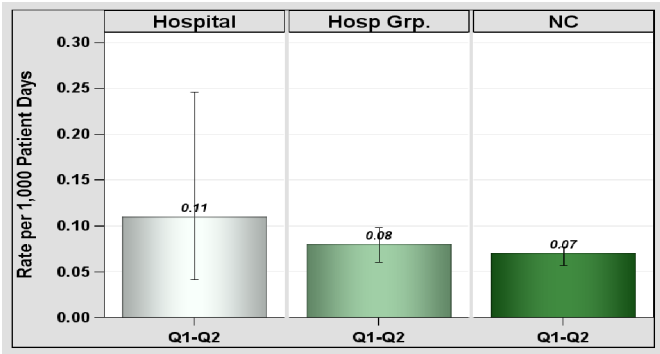


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

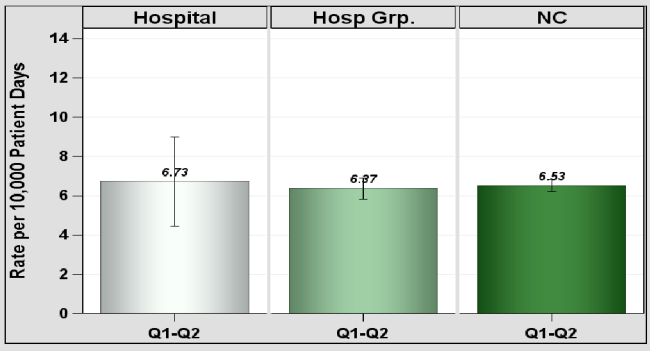


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	34	50,543	6.73	39.25	0.866	0.610, 1.197	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
FirstHealth Moore Regional Hospital, Pinehurst, Moore County

Catheter-Associated Urinary Tract Infections (CAUTI)

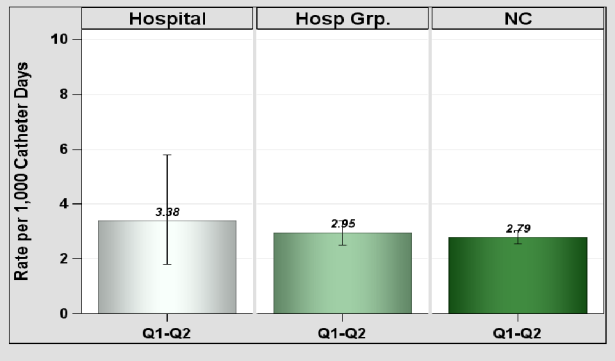


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	4	1,094	3.66	2.19	1.828	0.581, 4.410	Same
Medical/surgical	7	1,834	3.82	2.22	3.155	1.380, 6.240	Higher
Rehabiliation	0	70	0	0.27	.		
Surgical cardiothoracic	2	849	2.36	1.44	1.386	0.232, 4.578	Same
YTD Total for Reporting ICUs	13	3,847	3.38	6.12	2.126	1.182, 3.543	Higher

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	38	0	0.35	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

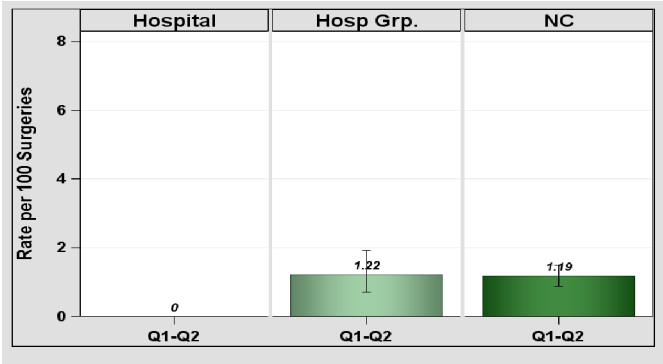


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

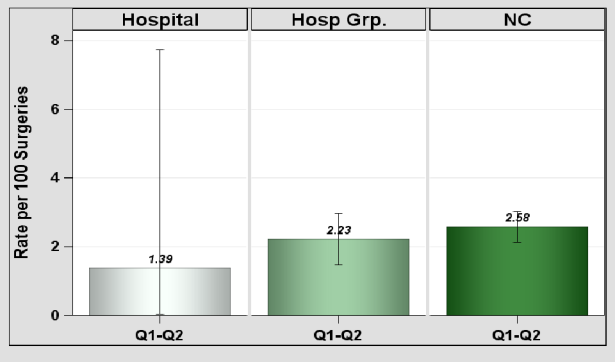


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	1	72	1.39	2.17	0.461	0.023, 2.272	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

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.

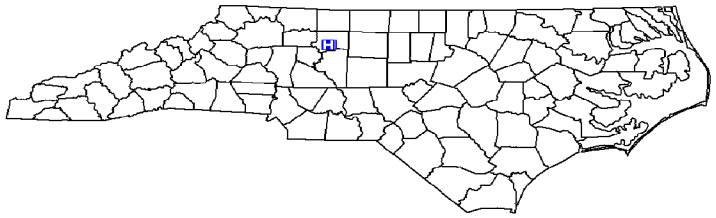
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Forsyth Medical Center, Winston Salem, Forsyth County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	41,421
Patient Days in 2013:	235,066
Total Number of Beds:	913
Number of ICU Beds:	132
FTE* Infection Preventionists:	5.00
Number of FTEs* per 100 beds:	0.55

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

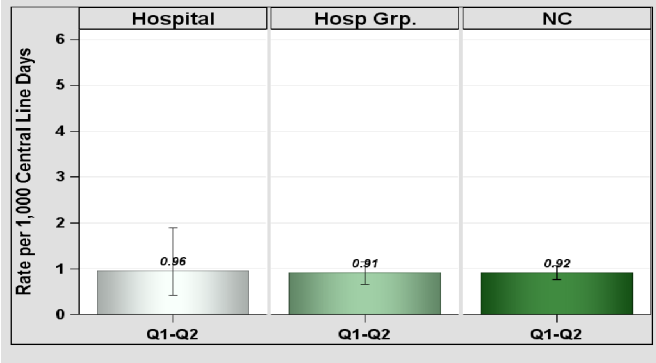


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	147	0	0.28	.		
Medical cardiac	3	1,854	1.62	3.71	0.809	0.206, 2.202	Same
Medical/surgical	2	3,762	0.53	5.64	0.354	0.059, 1.171	Same
Neonatal Level II/III	2	1,095	1.83	3.14	0.637	0.107, 2.105	Same
Neurosurgical	0	594	0	1.48	0	, 2.017	Same
Surgical cardiothoracic	1	860	1.16	1.2	0.831	0.042, 4.096	Same
YTD Total for Reporting ICUs	8	8,312	0.96	15.46	0.517	0.240, 0.983	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	15	120,155	0.12	9.01	1.665	0.968, 2.685	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

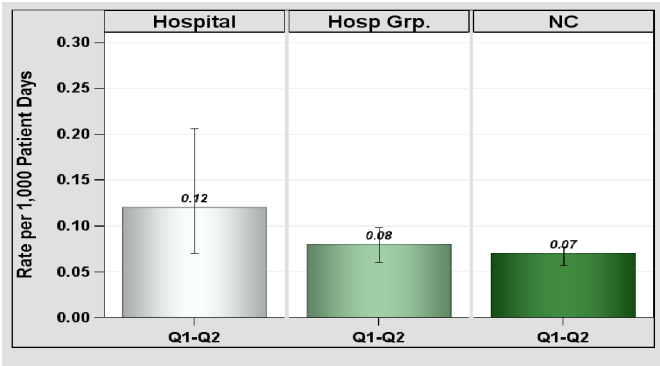


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

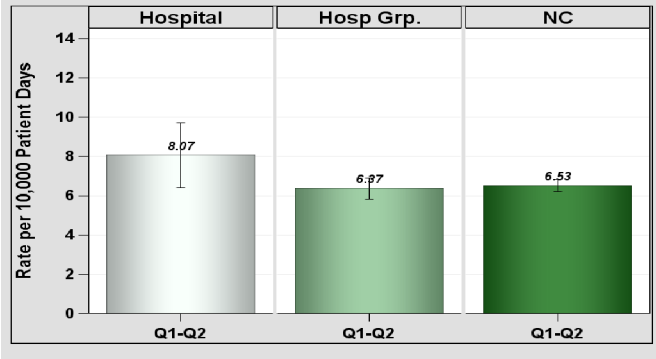


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	91	112,800	8.07	88.85	1.024	0.829, 1.252	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Forsyth Medical Center, Winston Salem, Forsyth County

Catheter-Associated Urinary Tract Infections (CAUTI)

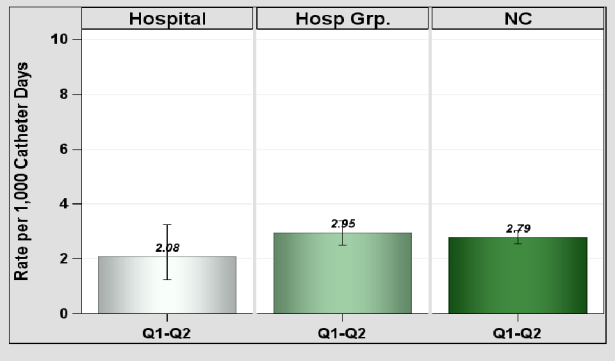


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	268	0	0.54	.		
Medical cardiac	7	2,127	3.29	4.25	1.646	0.720, 3.255	Same
Medical/surgical	5	4,297	1.16	5.16	0.97	0.355, 2.149	Same
Neurosurgical	6	1,041	5.76	4.58	1.31	0.531, 2.725	Same
Pediatric rehabiliation	0	152	0	0.41	.		
Rehabiliation	1	394	2.54	1.5	0.668	0.033, 3.294	Same
Surgical cardiothoracic	0	857	0	1.46	0	, 2.056	Same
YTD Total for Reporting ICUs	19	9,136	2.08	17.89	1.062	0.658, 1.628	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	3	73	4.11	0.71	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

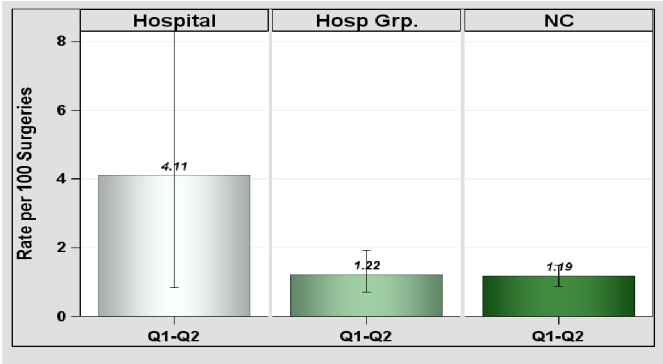


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

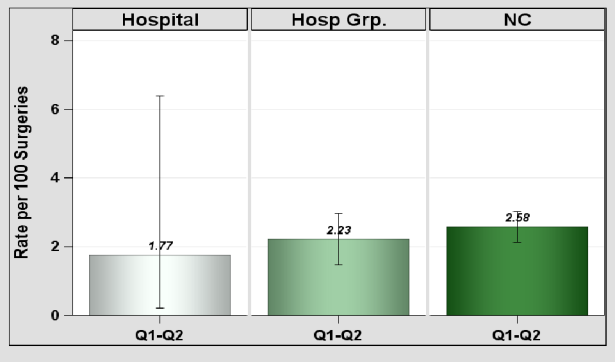


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	2	113	1.77	3.66	0.547	0.092, 1.807	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

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.

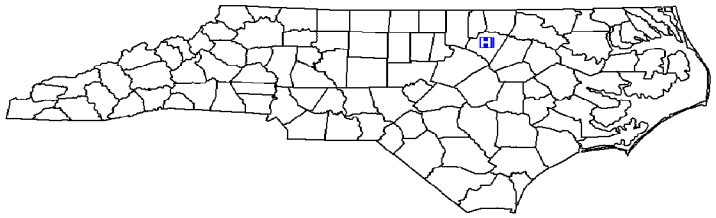
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Franklin Regional Medical Center, Louisburg, Franklin County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	1,387
Patient Days in 2013:	4,539
Total Number of Beds:	70
Number of ICU Beds:	6
FTE* Infection Preventionists:	0.50
Number of FTEs* per 100 beds:	0.71

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

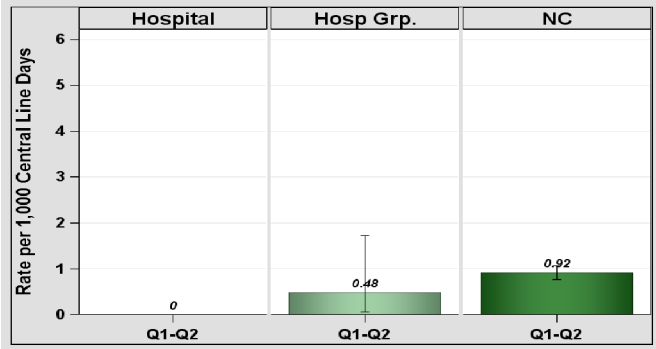


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	112	0	0.21	.		
YTD Total for Reporting ICUs	0	112	0	0.21	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	2,893	0	0.1	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

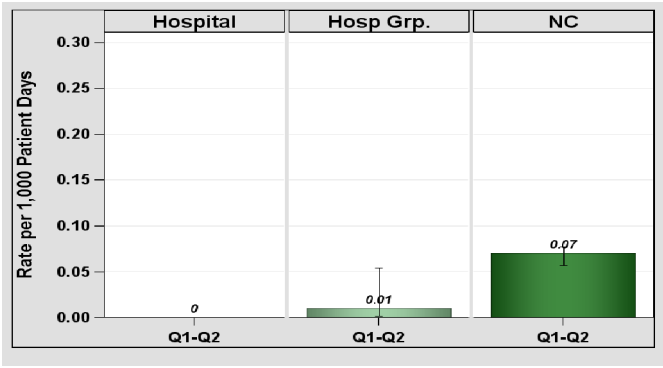


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

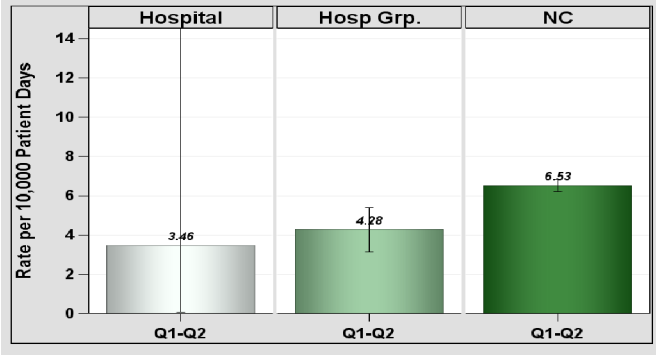


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	2,893	3.46	1.26	0.793	0.040, 3.909	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Franklin Regional Medical Center, Louisburg, Franklin County

Catheter-Associated Urinary Tract Infections (CAUTI)

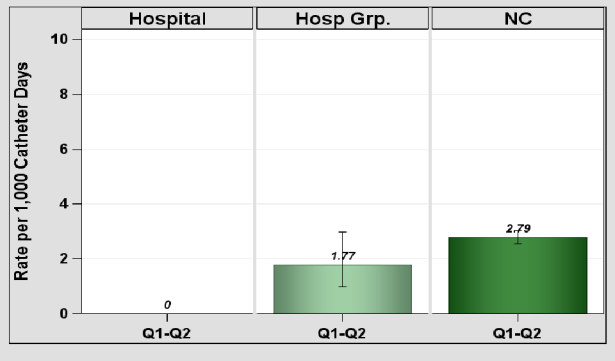


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	171	0	0.34	.		
YTD Total for Reporting ICUs	0	171	0	0.34	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	0	.	0	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

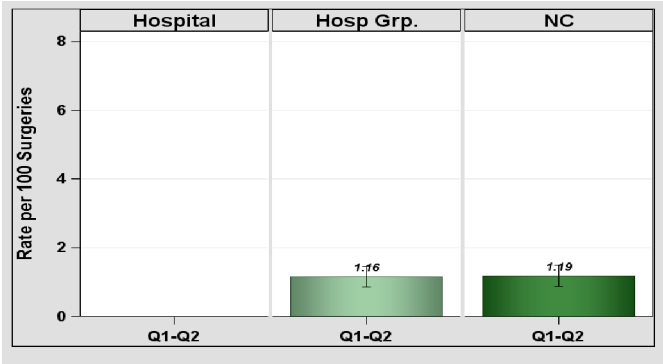


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

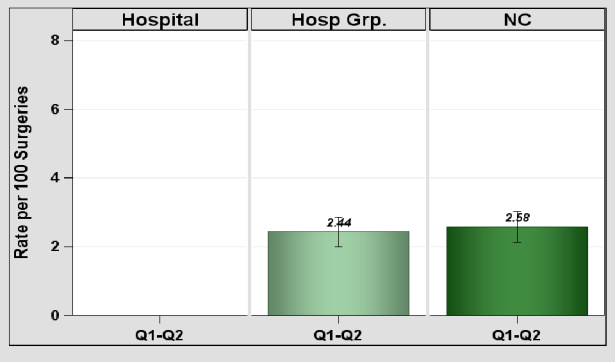


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	0	.	0	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

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.

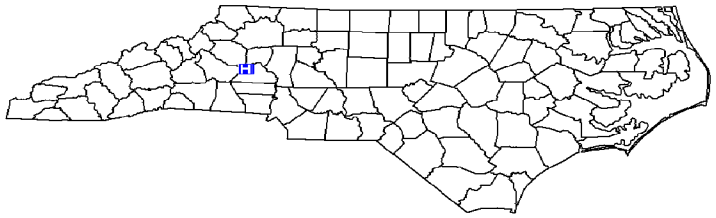
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Frye Regional Medical Center, Hickory, Catawba County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	For Profit
Admissions in 2013:	9,096
Patient Days in 2013:	36,658
Total Number of Beds:	355
Number of ICU Beds:	24
FTE* Infection Preventionists:	1.90
Number of FTEs* per 100 beds:	0.54

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

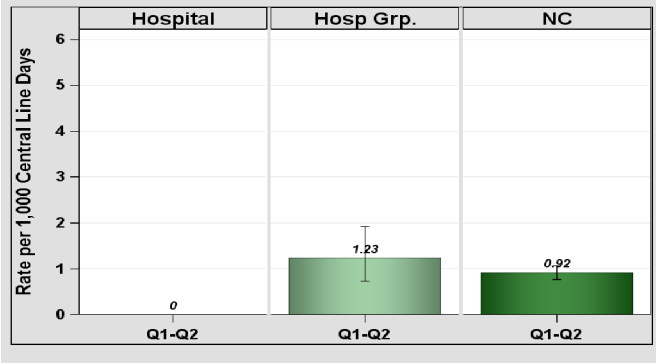


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	0	424	0	0.85	.		
Neurologic	0	424	0	0.59	.		
Surgical cardiothoracic	0	654	0	0.92	.		
YTD Total for Reporting ICUs	0	1,502	0	2.36	0	, 1.271	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	19,436	0	1.15	0	, 2.606	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

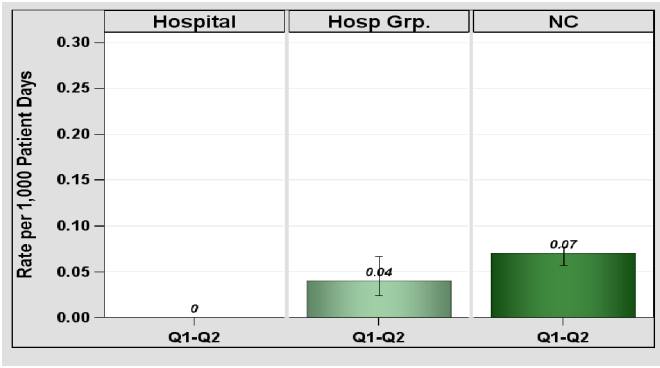


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

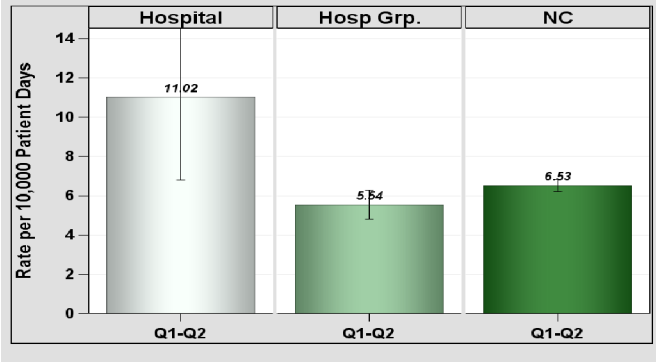


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	21	19,054	11	16.16	1.299	0.826, 1.952	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Frye Regional Medical Center, Hickory, Catawba County

Catheter-Associated Urinary Tract Infections (CAUTI)

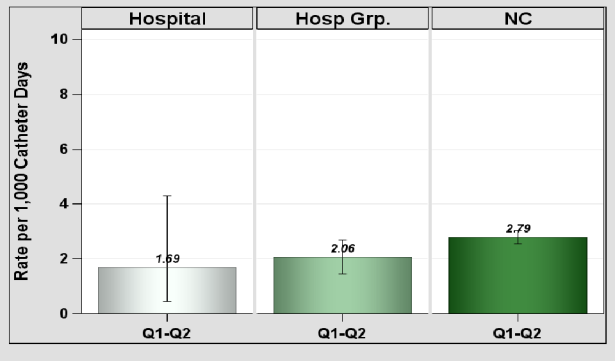


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	0	678	0	1.36	0	, 2.209	Same
Neurologic	1	608	1.64	2.31	0.433	0.022, 2.135	Same
Rehabiliation	1	218	4.59	0.83	.		
Surgical cardiothoracic	2	869	2.3	1.48	1.354	0.227, 4.473	Same
YTD Total for Reporting ICUs	4	2,373	1.69	5.97	0.67	0.213, 1.616	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	31	0	0.24	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

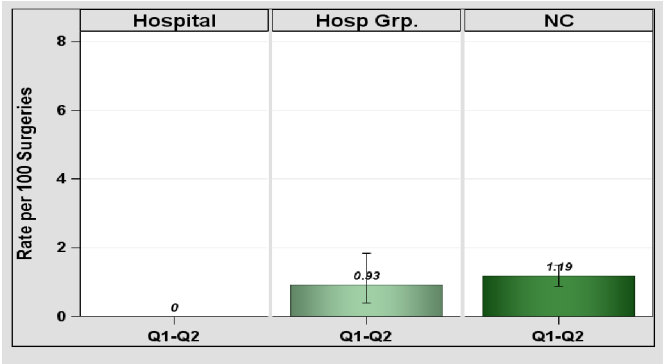


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

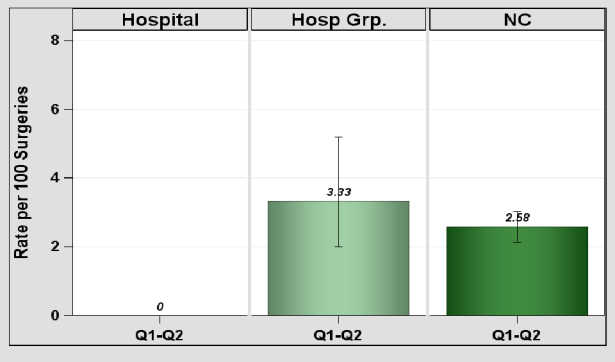


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	56	0	1.69	0	, 1.770	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
FRMC has zero central line blood stream infections. We implemented an alcohol impregnated port protector that guards against infection by keeping the needleless valves of central lines protected and clean. Foley catheter related urinary tract infection is a challenge and we continue to work on removing the catheter when not necessary. Our commitment to the prevention of infections is a goal we take very seriously. Our commitment to our community to make certain our processes and policies are in line with achieving zero infections.

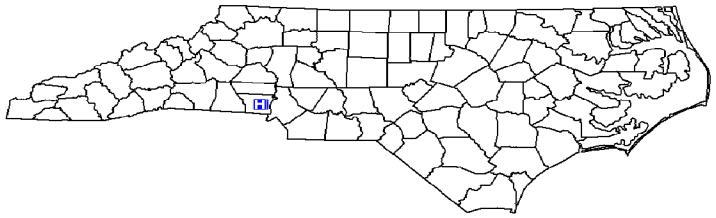
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Gaston Memorial Hospital, Gastonia, Gaston County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	20,495
Patient Days in 2013:	101,051
Total Number of Beds:	402
Number of ICU Beds:	44
FTE* Infection Preventionists:	4.00
Number of FTEs* per 100 beds:	1.00

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

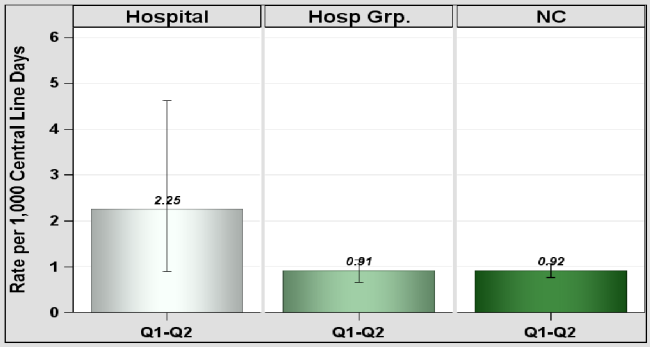


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	2	986	2.03	1.87	1.068	0.179, 3.527	Same
Medical cardiac	3	775	3.87	1.55	1.935	0.492, 5.268	Same
Neonatal Level II/III	0	200	0	0.28	.		
Surgical	2	653	3.06	1.5	1.332	0.223, 4.400	Same
Surgical cardiothoracic	0	499	0	0.7	.		
YTD Total for Reporting ICUs	7	3,113	2.25	5.9	1.187	0.519, 2.347	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	3	47,057	0.06	2.66	1.128	0.287, 3.070	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

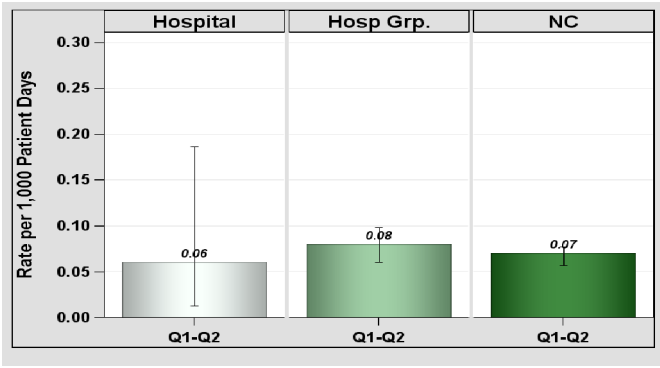


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

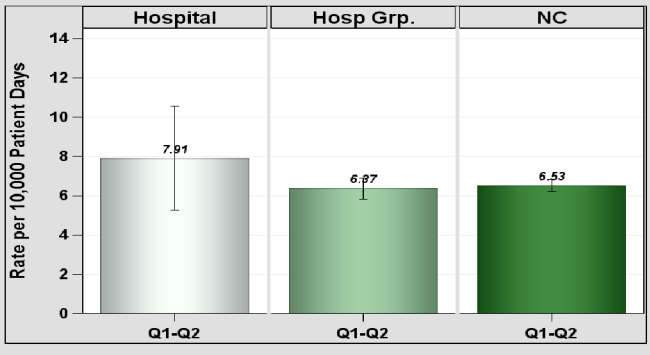


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	34	42,990	7.91	23.55	1.444	1.016, 1.995	Higher

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Gaston Memorial Hospital, Gastonia, Gaston County

Catheter-Associated Urinary Tract Infections (CAUTI)

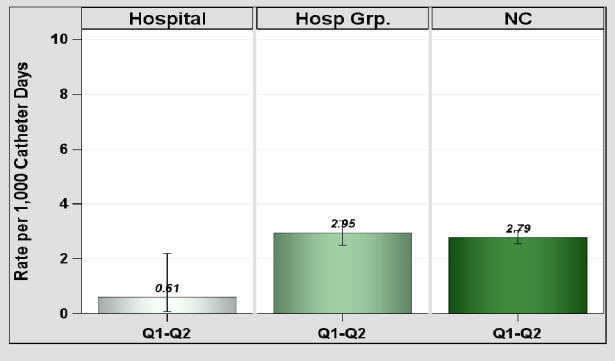


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	1	1,088	0.92	2.18	0.46	0.023, 2.267	Same
Medical cardiac	1	864	1.16	1.73	0.579	0.029, 2.854	Same
Surgical	0	762	0	1.98	0	, 1.512	Same
Surgical cardiothoracic	0	561	0	0.95	.		
YTD Total for Reporting ICUs	2	3,275	0.61	6.84	0.292	0.049, 0.966	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	68	0	0.75	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

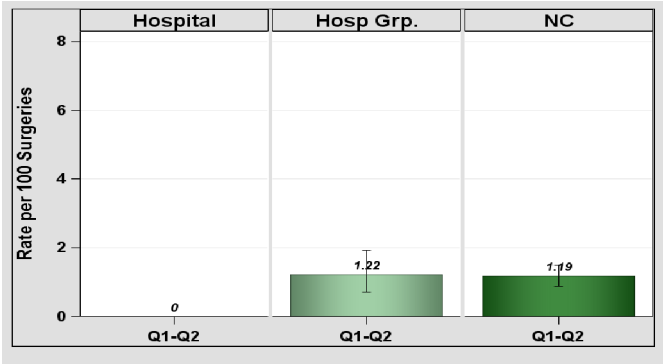


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

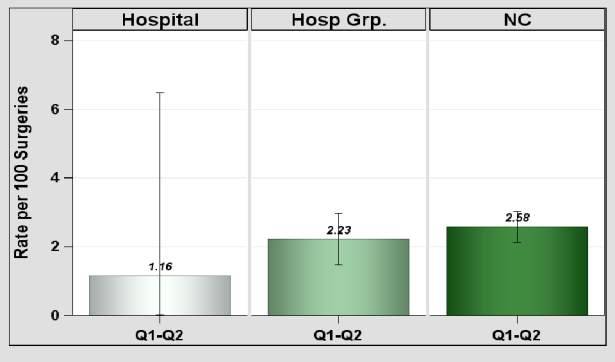


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	1	86	1.16	2.79	0.359	0.018, 1.768	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

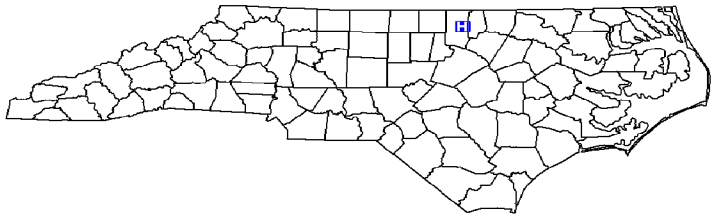
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Granville Medical Center, Oxford, Granville County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Government
Admissions in 2013:	4,210
Patient Days in 2013:	12,345
Total Number of Beds:	62
Number of ICU Beds:	6
FTE* Infection Preventionists:	0.50
Number of FTEs* per 100 beds:	0.81

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

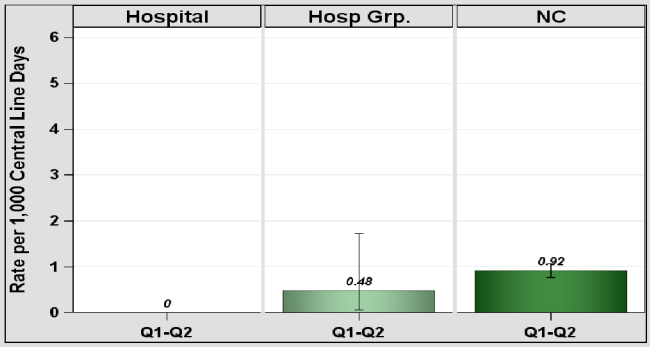


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	298	0	0.45	.		
YTD Total for Reporting ICUs	0	298	0	0.45	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	4,533	0	0.16	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

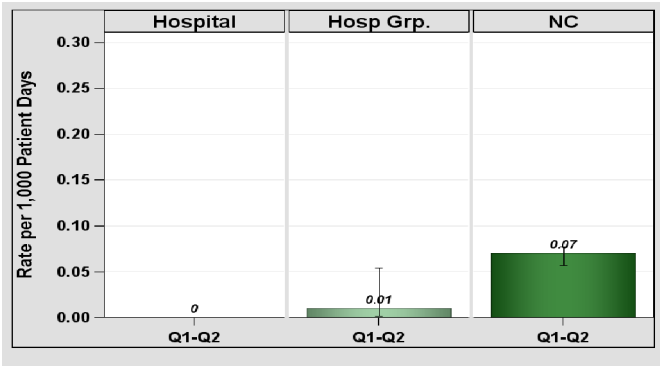


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

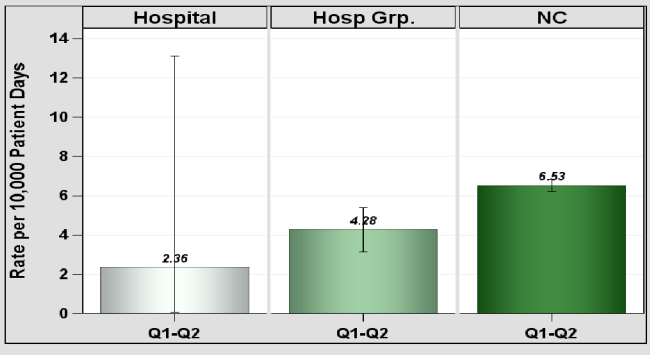


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	4,244	2.36	1.91	0.525	0.026, 2.588	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Granville Medical Center, Oxford, Granville County

Catheter-Associated Urinary Tract Infections (CAUTI)

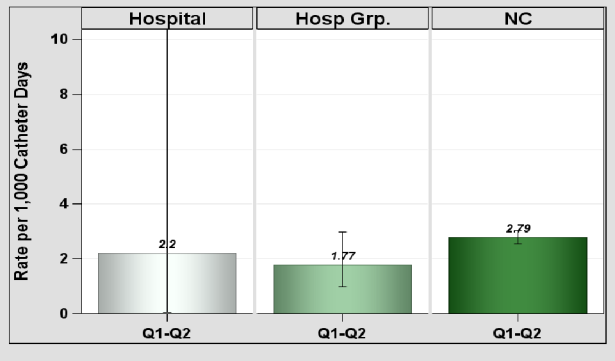


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	454	2.2	0.59	.		
YTD Total for Reporting ICUs	1	454	2.2	0.59	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	7	.	0.05	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

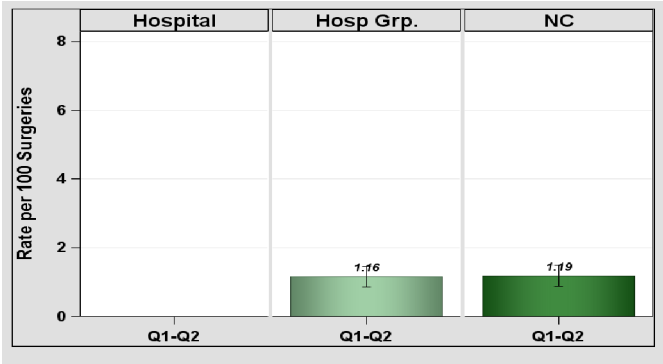


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

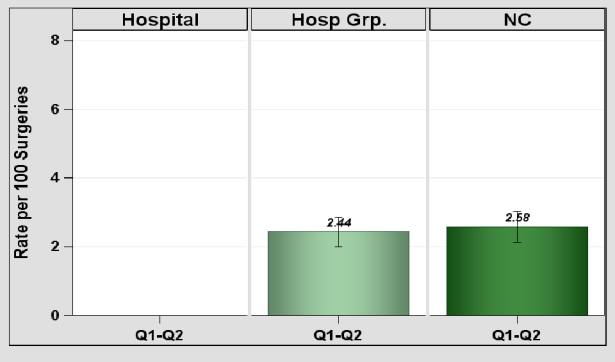


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	13	.	0.42	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

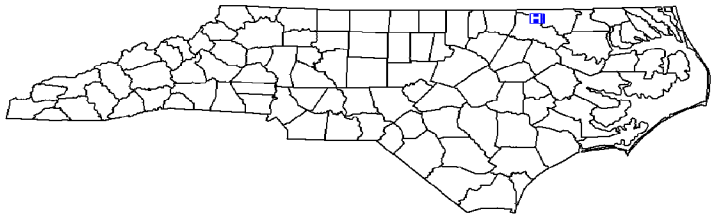
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Halifax Regional Medical Center, Roanoke Rapids, Halifax County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	5,414
Patient Days in 2013:	26,620
Total Number of Beds:	114
Number of ICU Beds:	10
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.88

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

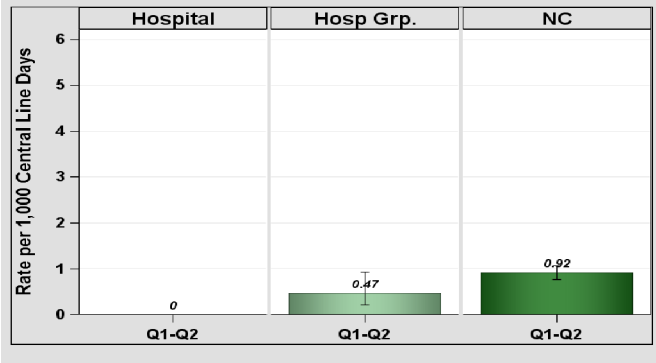


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	235	0	0.35	.		
YTD Total for Reporting ICUs	0	235	0	0.35	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	10,465	0	0.63	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

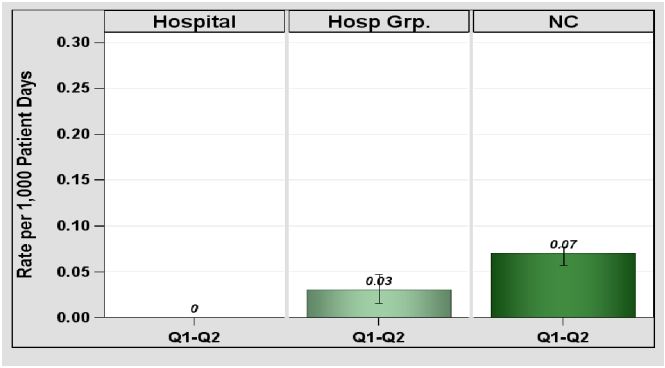


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

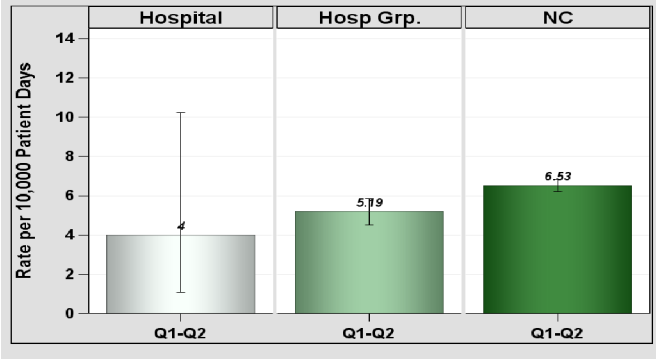


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	4	10,002	4	5.3	0.755	0.240, 1.821	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Halifax Regional Medical Center, Roanoke Rapids, Halifax County

Catheter-Associated Urinary Tract Infections (CAUTI)

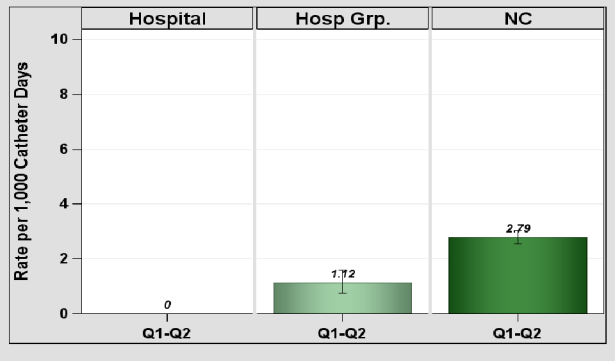


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	494	0	0.64	.		
YTD Total for Reporting ICUs	0	494	0	0.64	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	1	27	3.7	0.25	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

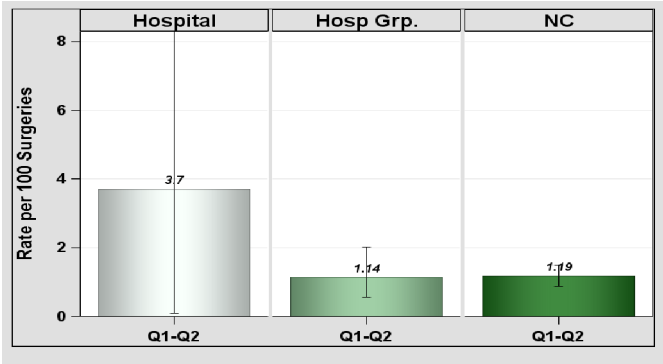


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

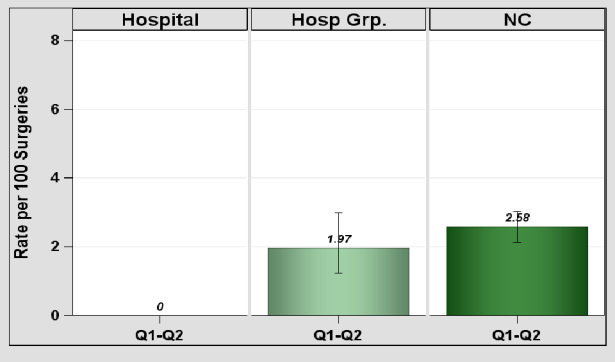


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	23	0	0.66	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

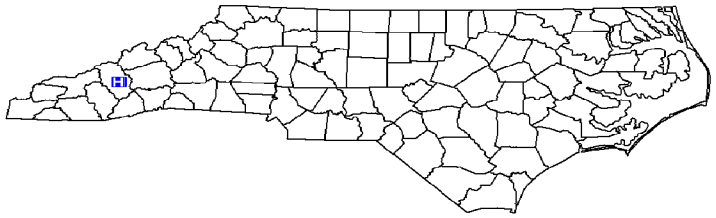
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Haywood Regional Medical Center, Clyde, Haywood County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	5,936
Patient Days in 2013:	21,523
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)

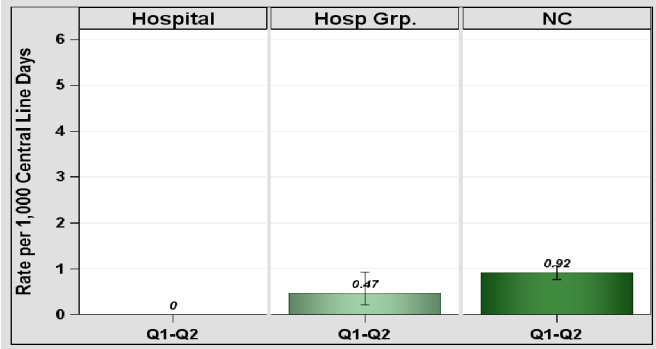


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	195	0	0.29	.		
YTD Total for Reporting ICUs	0	195	0	0.29	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	10,871	0	0.43	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

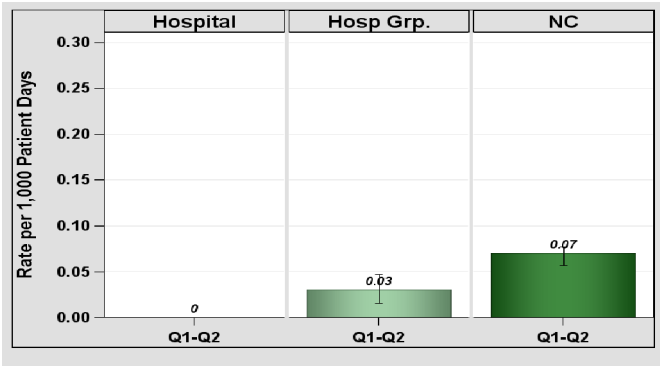


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

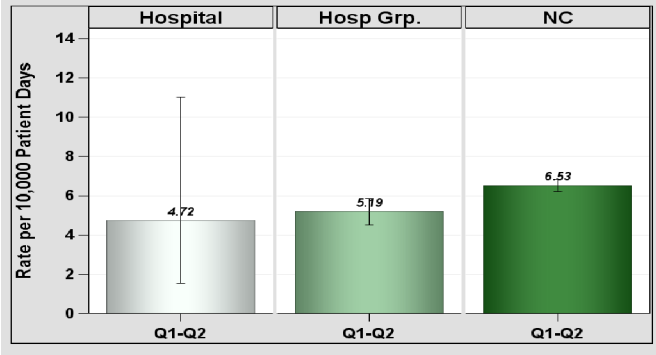


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	5	10,584	4.72	4.45	1.124	0.412, 2.491	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Haywood Regional Medical Center, Clyde, Haywood County

Catheter-Associated Urinary Tract Infections (CAUTI)

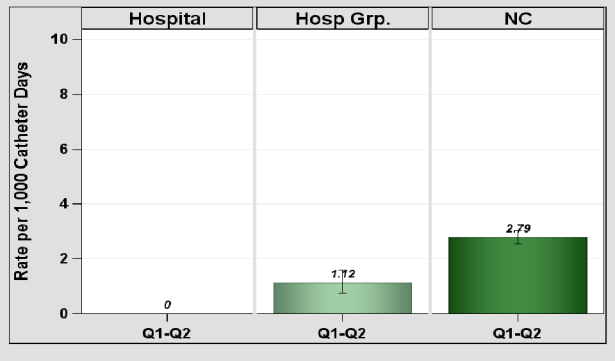


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	423	0	0.55	.		
YTD Total for Reporting ICUs	0	423	0	0.55	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	1	12	.	0.13	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

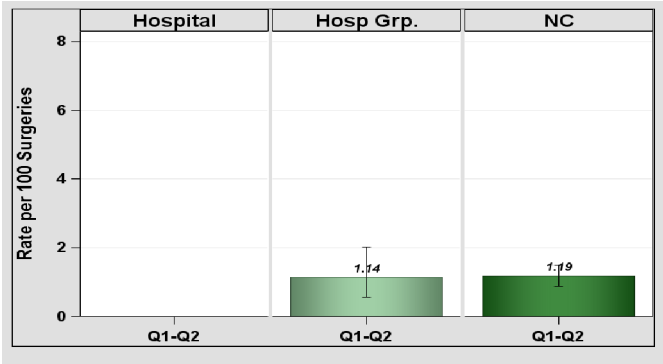


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

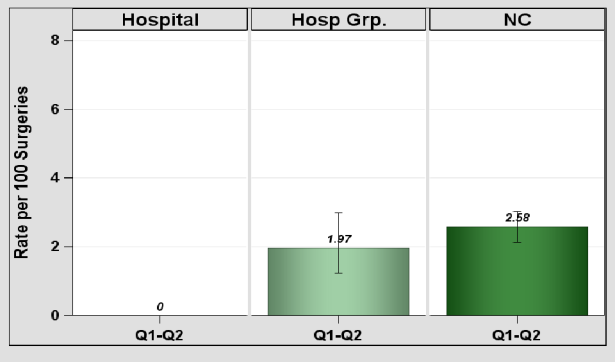


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	29	0	0.91	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
The prevention and reduction of healthcare associated infections is a top priority at Haywood Regional Medical Center. To accomplish this, infection prevention strategies are continually ass 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.

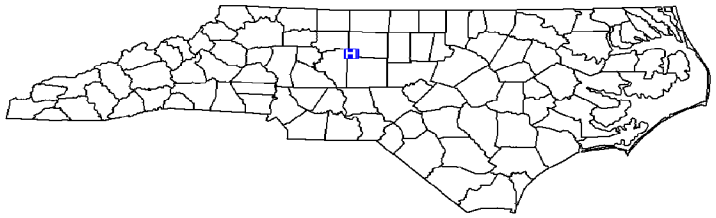
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
High Point Regional Health System, High Point, Guilford County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	17,129
Patient Days in 2013:	69,091
Total Number of Beds:	355
Number of ICU Beds:	20
FTE* Infection Preventionists:	2.00
Number of FTEs* per 100 beds:	0.56

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

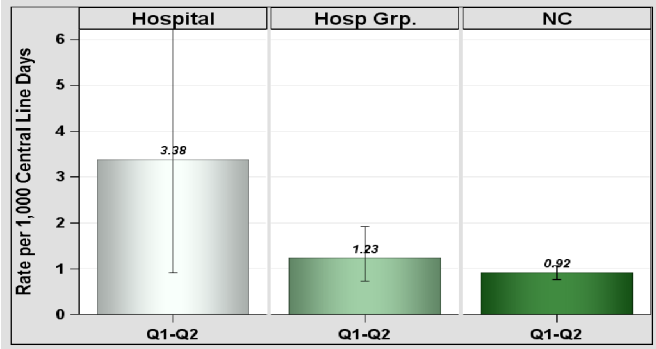


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	1	391	2.56	0.78	.		
Medical/surgical	3	791	3.79	1.19	2.528	0.643, 6.881	Same
Surgical cardiothoracic	0	0	.	.	.		
YTD Total for Reporting ICUs	4	1,182	3.38	1.97	2.032	0.646, 4.901	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	2	36,500	0.05	2.05	0.973	0.163, 3.216	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

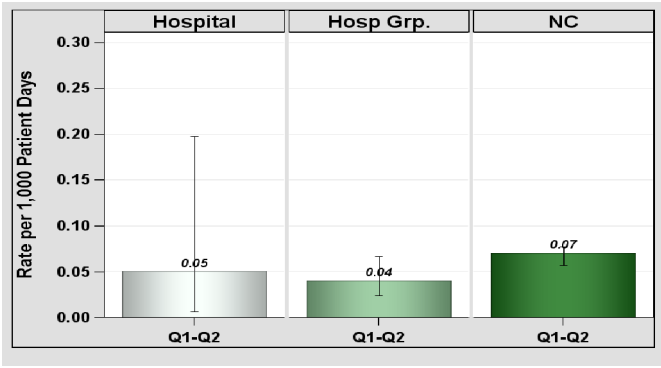


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

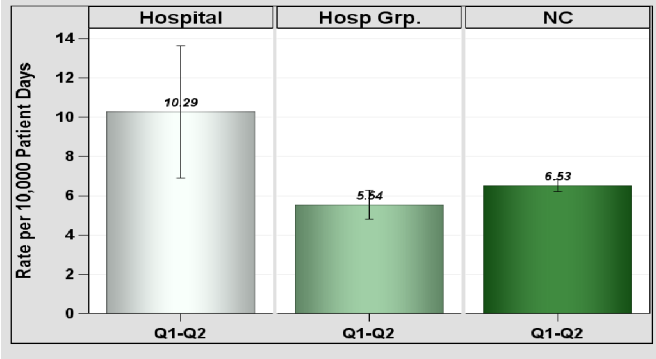


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	36	34,985	10.3	27.93	1.289	0.916, 1.765	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
High Point Regional Health System, High Point, Guilford County

Catheter-Associated Urinary Tract Infections (CAUTI)

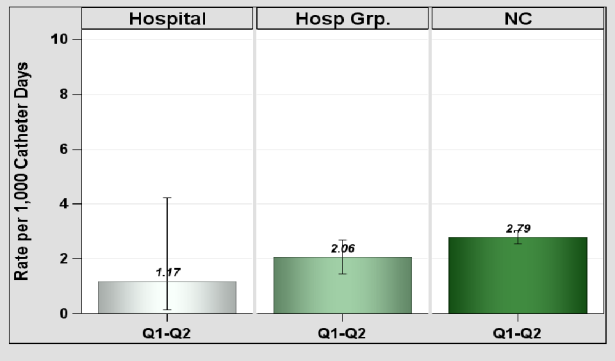


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	0	537	0	1.07	0	, 2.789	Same
Medical/surgical	2	1,028	1.95	1.34	1.497	0.251, 4.944	Same
Rehabiliation	0	138	0	0.52	.		
Surgical cardiothoracic	0	4	.	.	.		
YTD Total for Reporting ICUs	2	1,707	1.17	2.94	0.68	0.114, 2.246	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	83	0	0.96	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

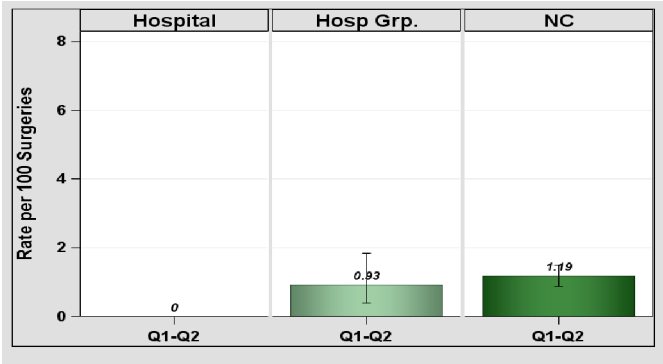


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

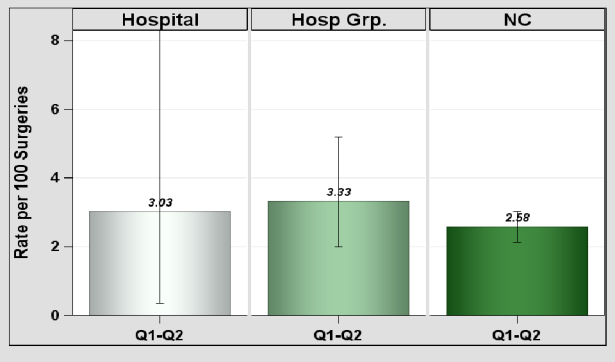


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	2	66	3.03	2.21	0.907	0.152, 2.995	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

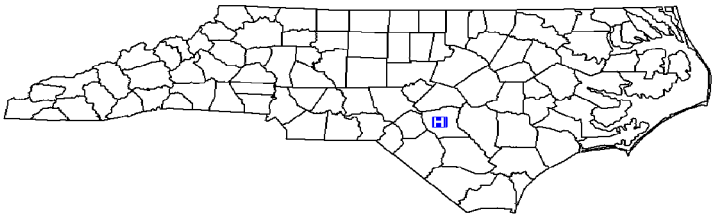
Commentary from Hospitals:
No comments provided.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Highsmith Rainey Specialty Hospital, Fayetteville, Cumberland County

2013 Hospital Survey Information

Hospital Type:	Long-term Acute Care Hospital
Profit Status:	Not for Profit
Admissions in 2013:	336
Patient Days in 2013:	20,373
Total Number of Beds:	66
FTE* Infection Preventionists:	0.50
Number of FTEs* per 100 beds:	0.76



*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

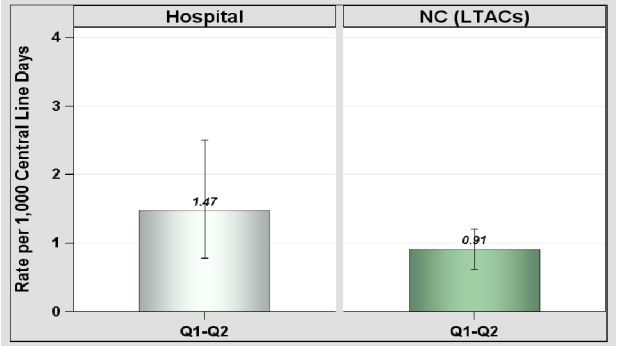


Table 1. Rates by Location, Jan-Jun 2014.

Type of Unit	Infections	Line Days	Rate
Adult intensive care unit	0	1,242	0.00
Adult ward	13	7,628	1.7
YTD Total for Reporting Units	13	8,870	1.47

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

Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates by Location, Jan-Jun 2014

Type of Unit	Infections	Catheter Days	Rate
Adult intensive care unit	6	1,020	5.88
Adult ward	27	2,716	9.94
YTD Total for Reporting Units	33	3,736	8.83

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

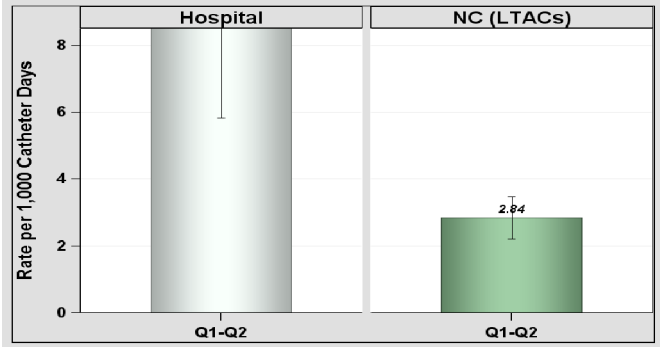


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Other Healthcare-Associated Infections (HAIs)

Long-term acute care hospitals (LTACs) do not report C. difficile LabID, MRSA Bacteremia LabID or SSIs to the N.C. Division of Public Health.

Commentary from Hospitals:
No comments provided.

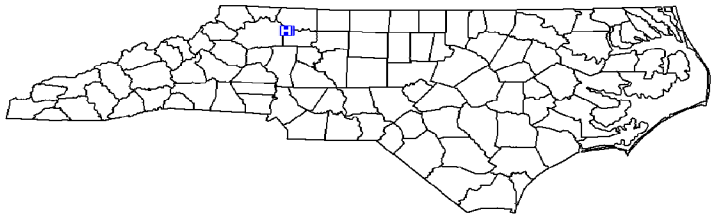
Refer to the HAI in N.C. Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Hugh Chatham Memorial Hospital, Elkin, Surry County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	4,329
Patient Days in 2013:	13,405
Total Number of Beds:	81
Number of ICU Beds:	8
FTE* Infection Preventionists:	0.75
Number of FTEs* per 100 beds:	0.93

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

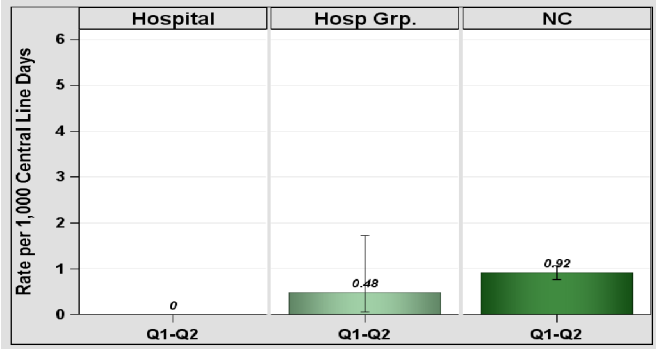


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	133	0	0.2	.		
YTD Total for Reporting ICUs	0	133	0	0.2	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	7,431	0	.	.	.	

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

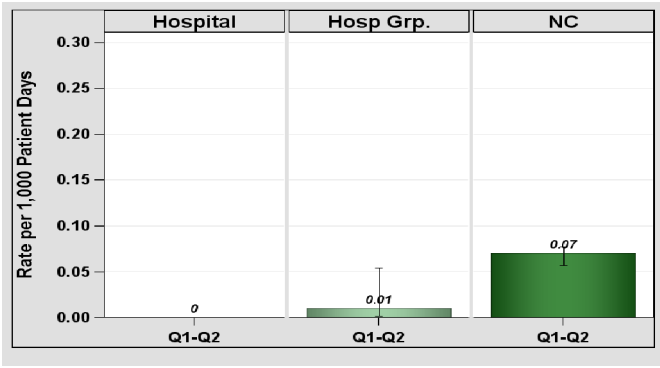


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

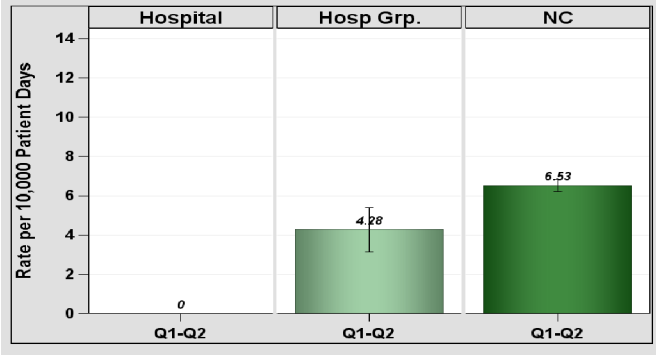


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	6,380	0	2.37	0	, 1.264	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Hugh Chatham Memorial Hospital, Elkin, Surry County

Catheter-Associated Urinary Tract Infections (CAUTI)

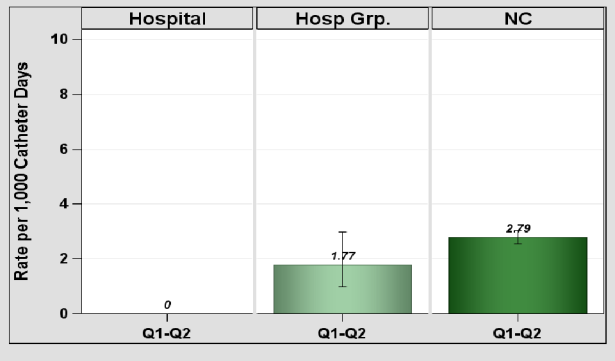


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	320	0	0.42	.		
YTD Total for Reporting ICUs	0	320	0	0.42	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	30	0	0.32	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

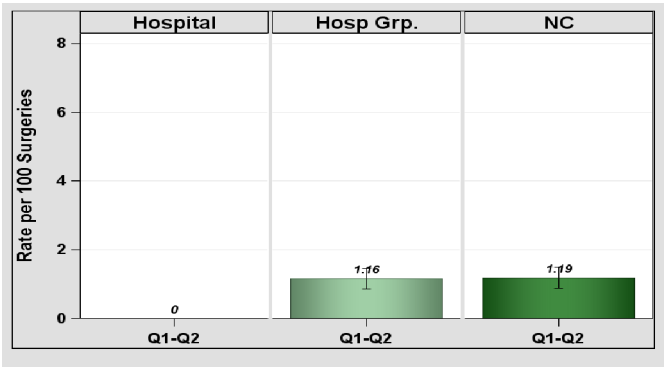


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

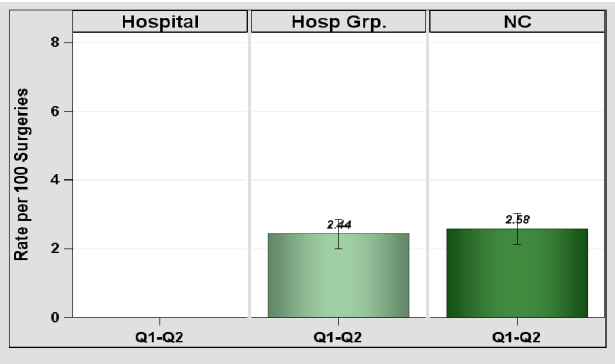


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	17	.	0.53	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

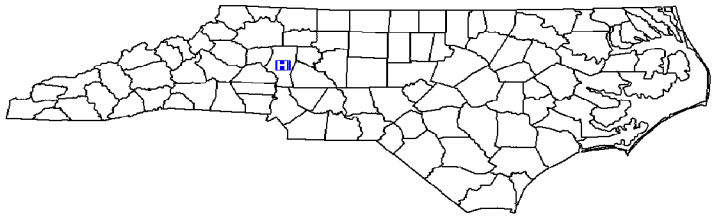
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Iredell Memorial Hospital, Statesville, Iredell County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	11,050
Patient Days in 2013:	41,539
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)

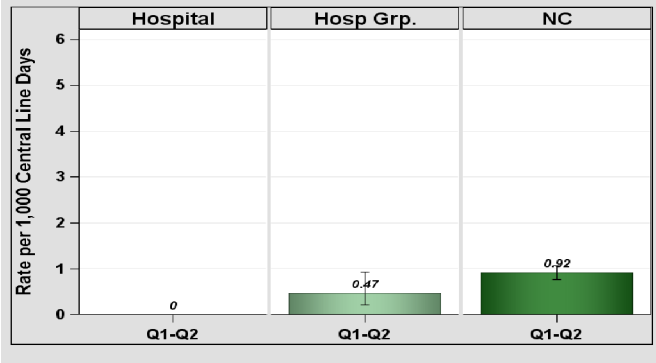


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	668	0	1	0	, 2.990	Same
YTD Total for Reporting ICUs	0	668	0	1	0	, 2.990	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	19,996	0	0.97	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

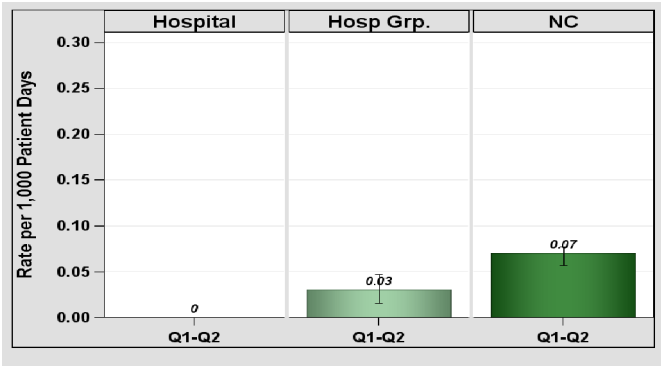


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

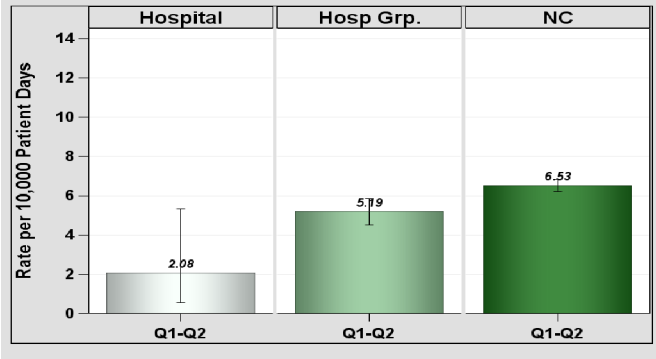


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	4	19,189	2.08	9.64	0.415	0.132, 1.001	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Iredell Memorial Hospital, Statesville, Iredell County

Catheter-Associated Urinary Tract Infections (CAUTI)

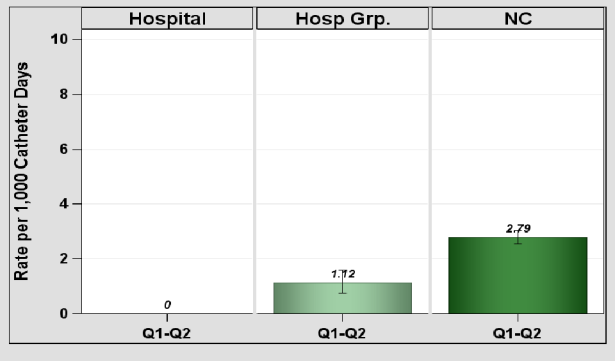


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	1,168	0	1.4	0	, 2.137	Same
YTD Total for Reporting ICUs	0	1,168	0	1.4	0	, 2.137	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	56	0	0.6	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

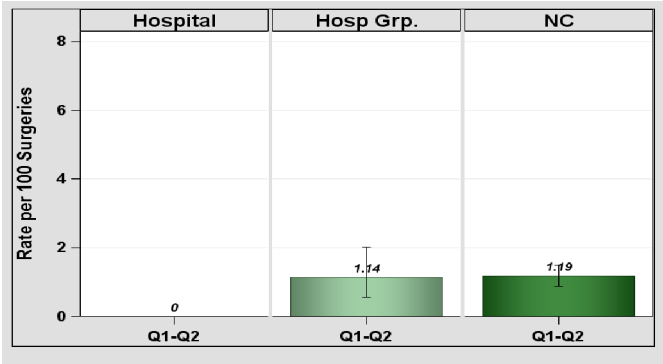


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

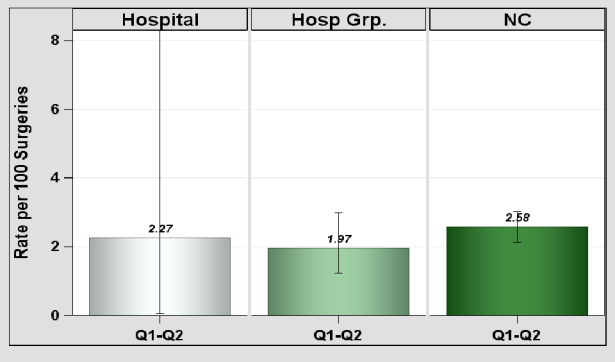


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	1	44	2.27	1.4	0.717	0.036, 3.535	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

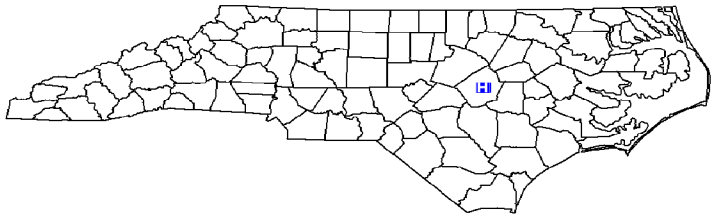
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Johnston Health, Smithfield, Johnston County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	9,843
Patient Days in 2013:	36,794
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)

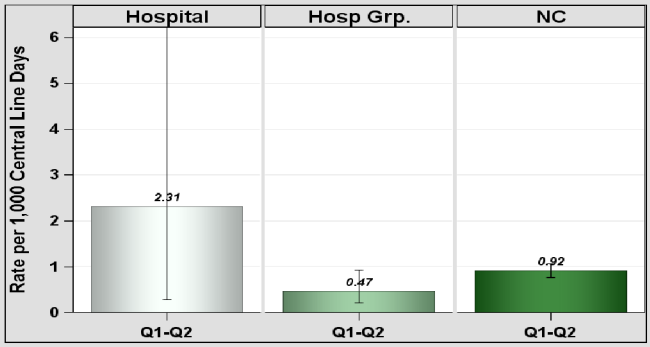


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	2	867	2.31	1.65	1.214	0.204, 4.011	Same
YTD Total for Reporting ICUs	2	867	2.31	1.65	1.214	0.204, 4.011	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	19,845	0.05	1.07	0.931	0.047, 4.593	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

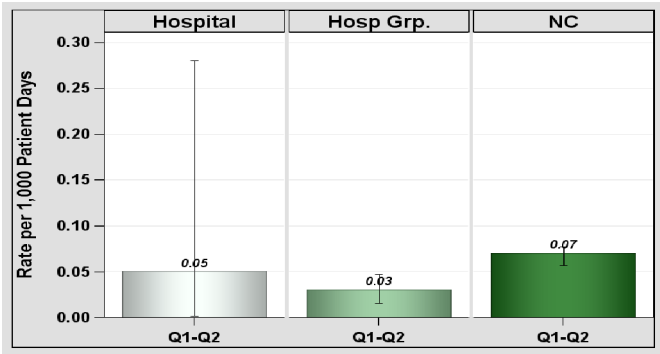


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

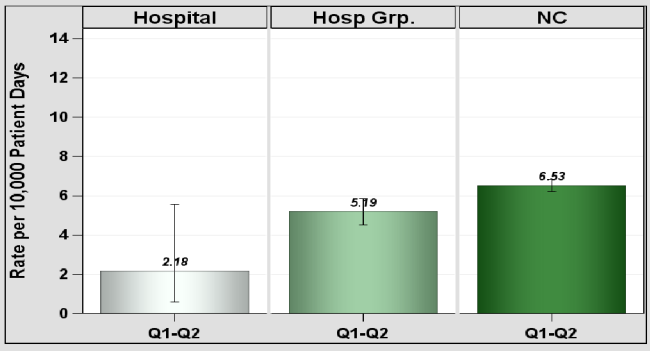


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	4	18,351	2.18	9.06	0.441	0.140, 1.064	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Johnston Health, Smithfield, Johnston County

Catheter-Associated Urinary Tract Infections (CAUTI)

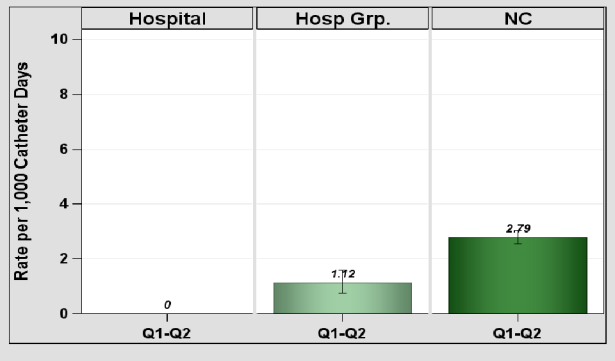


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	1,311	0	2.62	0	, 1.143	Same
YTD Total for Reporting ICUs	0	1,311	0	2.62	0	, 1.143	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	1	43	2.33	0.34	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

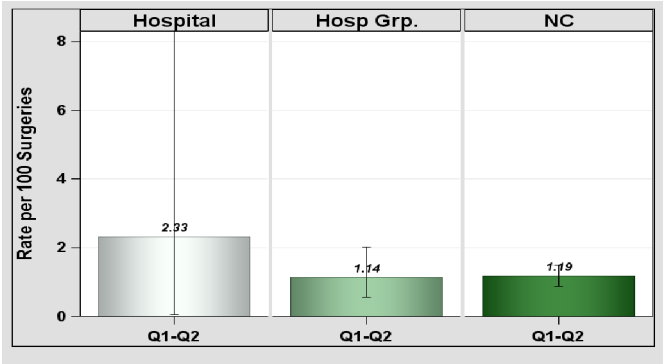


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

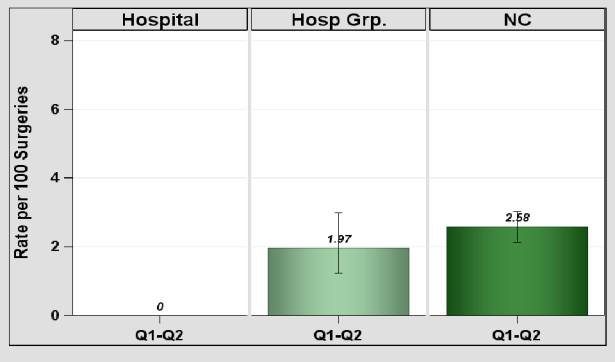


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	45	0	1.09	0	, 2.754	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

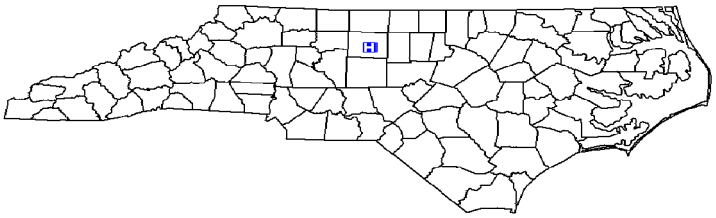
Commentary from Hospitals:
No comments provided.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Kindred Hospital-Greensboro, Greensboro, Guilford County

2013 Hospital Survey Information

Hospital Type:	Long-term Acute Care Hospital
Profit Status:	For Profit
Admissions in 2013:	521
Patient Days in 2013:	17,637
Total Number of Beds:	101
FTE* Infection Preventionists:	0.50
Number of FTEs* per 100 beds:	0.50



*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

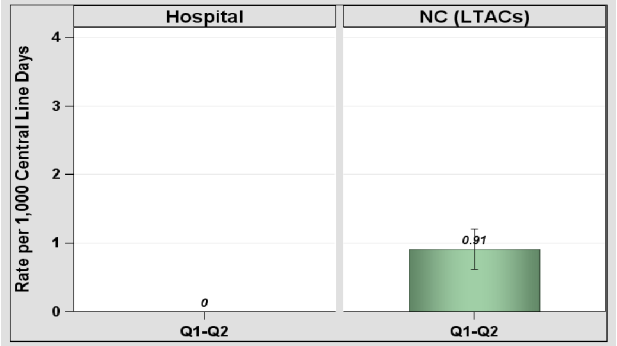


Table 1. Rates by Location, Jan-Jun 2014.

Type of Unit	Infections	Line Days	Rate
Adult ward	0	7,021	0.00
YTD Total for Reporting Units	0	7,021	0.00

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

Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates by Location, Jan-Jun 2014

Type of Unit	Infections	Catheter Days	Rate
Adult ward	2	5,195	0.38
YTD Total for Reporting Units	2	5,195	0.38

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

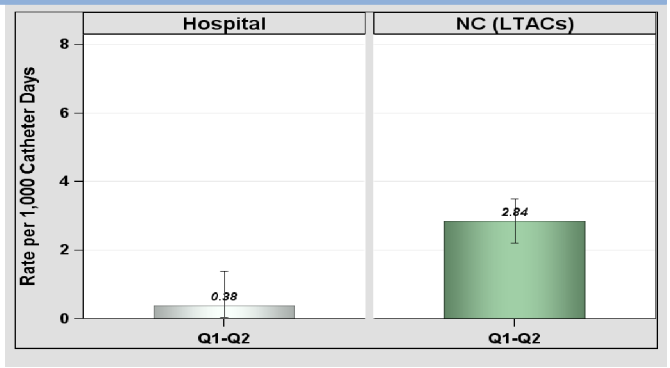


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Other Healthcare-Associated Infections (HAIs)

Long-term acute care hospitals (LTACs) do not report C. difficile LabID, MRSA Bacteremia LabID or SSIs to the N.C. Division of Public Health.

Commentary from Hospitals:
No comments provided.

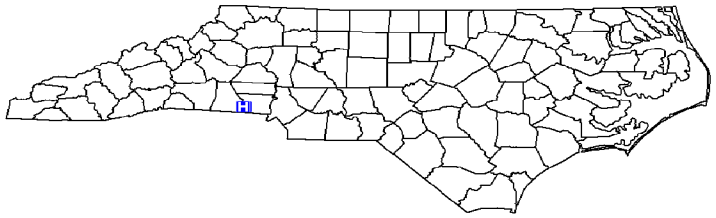
Refer to the HAI in N.C. Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Kings Mountain Hospital, Kings Mountain, Cleveland County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	2,640
Patient Days in 2013:	13,305
Total Number of Beds:	59
Number of ICU Beds:	6
FTE* Infection Preventionists:	0.50
Number of FTEs* per 100 beds:	0.85

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

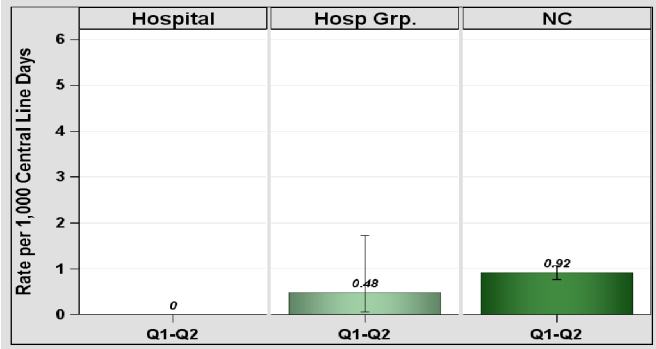


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	138	0	0.26	.		
YTD Total for Reporting ICUs	0	138	0	0.26	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	6,913	0	0.3	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

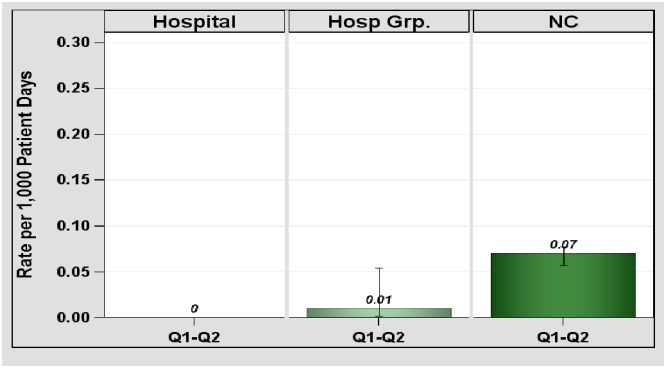


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

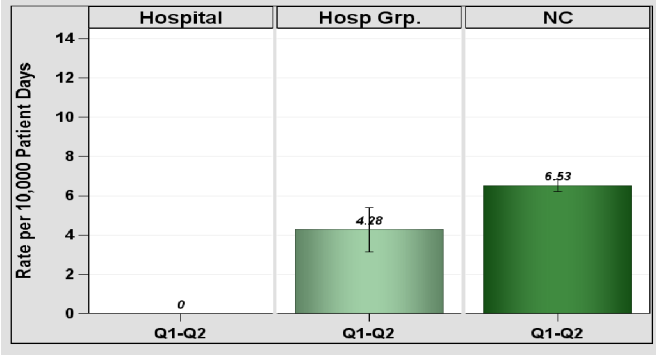


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	6,913	0	3.77	0	, 0.794	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Kings Mountain Hospital, Kings Mountain, Cleveland County

Catheter-Associated Urinary Tract Infections (CAUTI)

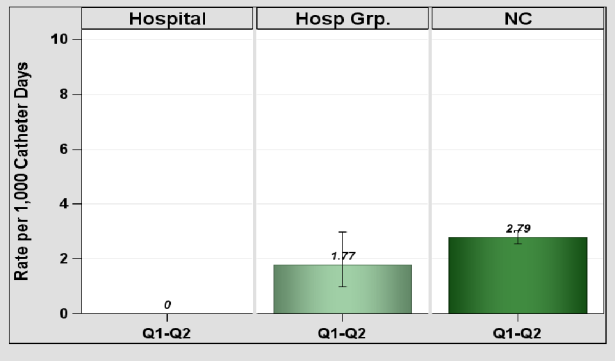


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	396	0	0.79	.		
YTD Total for Reporting ICUs	0	396	0	0.79	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	0	.	0	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

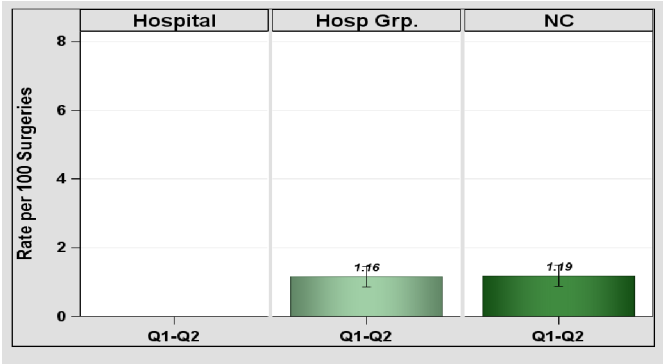


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

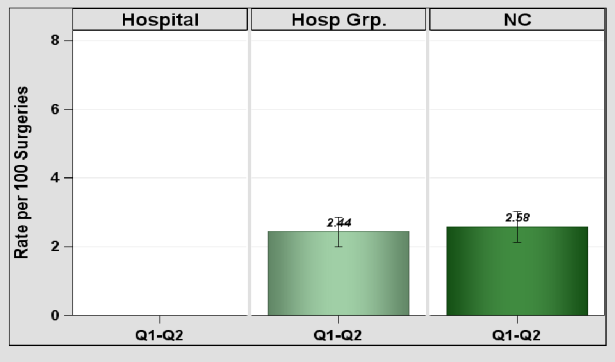


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	1	12	.	0.38	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

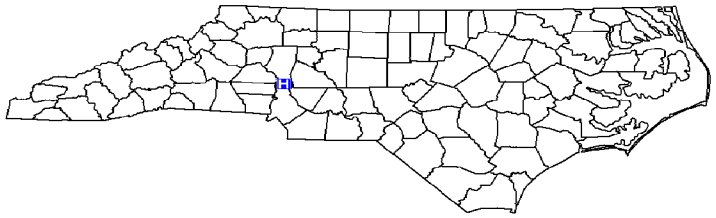
Commentary from Hospitals:
The prevention and reduction of healthcare associated infections is a top priority at Cleveland County Healthcare System hospitals. To accomplish this, infection prevention strategies are continually assessed and measures implemented to decrease the risk for infection. These 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 – June 30, 2014
Lake Norman Regional Medical Center, Mooresville, Iredell County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	For Profit
Admissions in 2013:	4,136
Patient Days in 2013:	15,015
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)

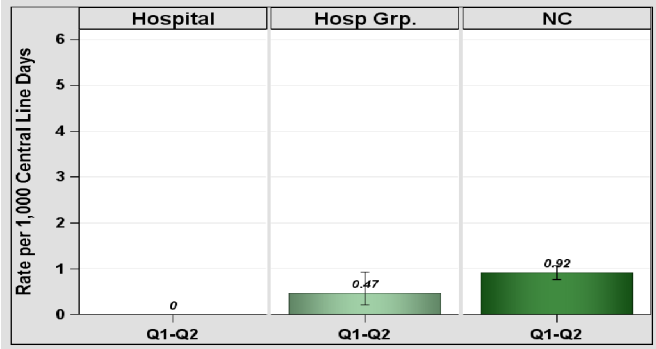


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	421	0	0.8	.		
Neonatal Level II/III	0	0	.	.	.		
YTD Total for Reporting ICUs	0	421	0	0.8	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	8,178	0	0.44	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

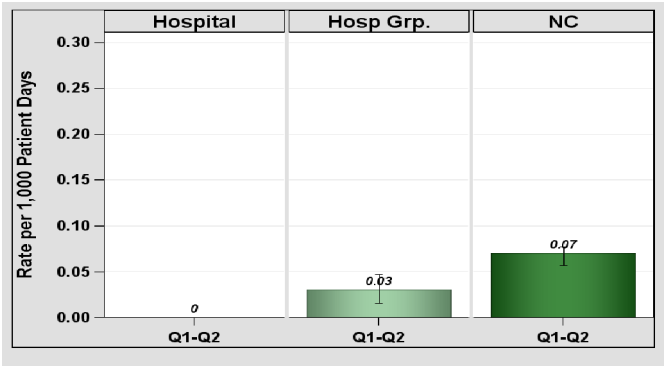


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

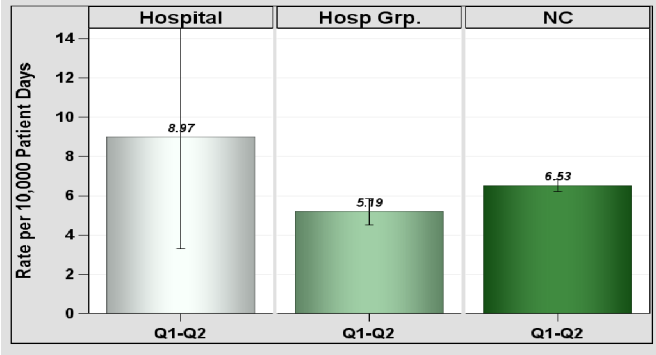


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	6	6,689	8.97	3.74	1.606	0.651, 3.341	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Lake Norman Regional Medical Center, Mooresville, Iredell County

Catheter-Associated Urinary Tract Infections (CAUTI)

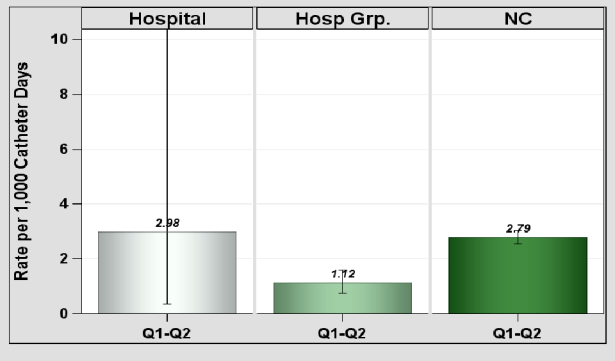


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	2	671	2.98	1.34	1.49	0.250, 4.924	Same
YTD Total for Reporting ICUs	2	671	2.98	1.34	1.49	0.250, 4.924	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	50	0	0.38	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

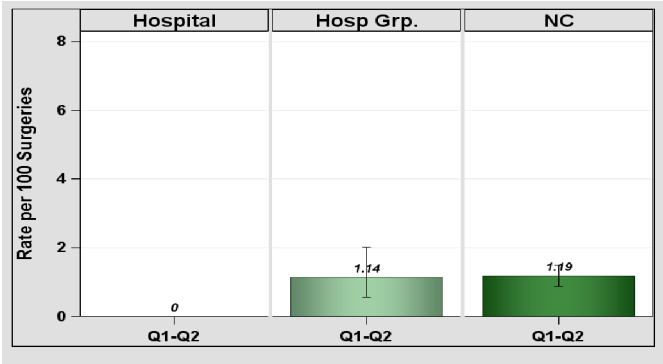


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

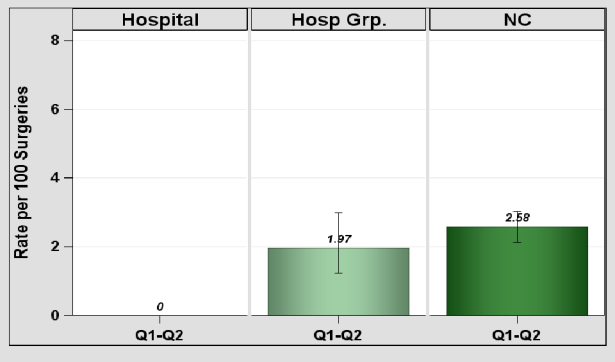


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	35	0	1.09	0	, 2.741	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

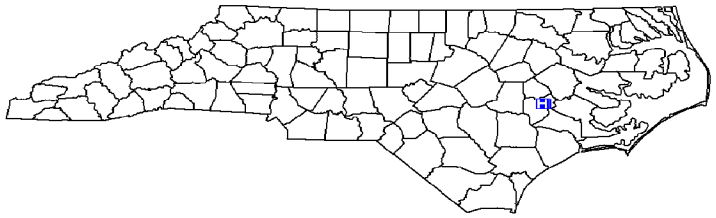
Commentary from Hospitals:
No comments provided.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Lenoir Memorial Hospital, Kinston, Lenoir County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	6,610
Patient Days in 2013:	32,111
Total Number of Beds:	235
Number of ICU Beds:	14
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.43

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

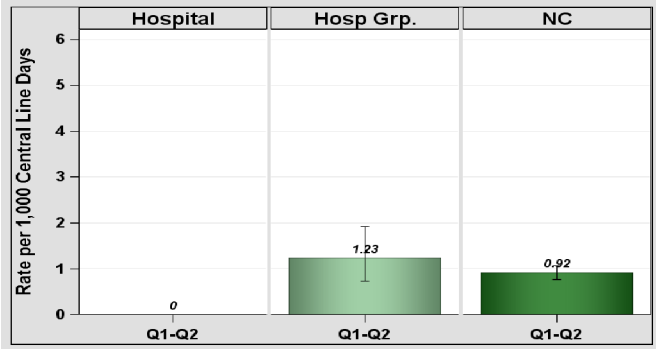


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	539	0	0.81	.		
YTD Total for Reporting ICUs	0	539	0	0.81	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	14,593	0	1.25	0	, 2.394	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

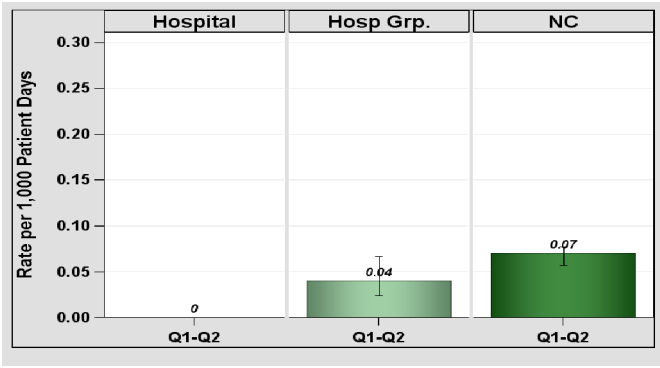


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

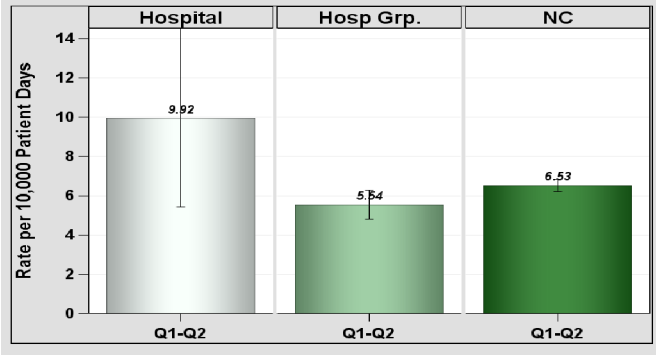


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	14	14,110	9.92	9.52	1.471	0.837, 2.410	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Lenoir Memorial Hospital, Kinston, Lenoir County

Catheter-Associated Urinary Tract Infections (CAUTI)

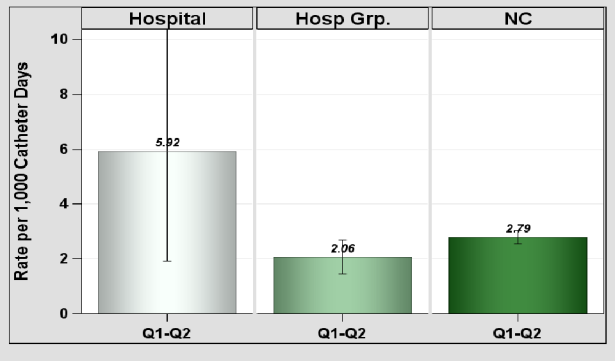


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	5	835	5.99	1.09	4.606	1.688, 10.210	Higher
Rehabiliation	0	10	.	.	.		
YTD Total for Reporting ICUs	5	845	5.92	1.12	4.45	1.631, 9.864	Higher

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	17	.	0.22	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

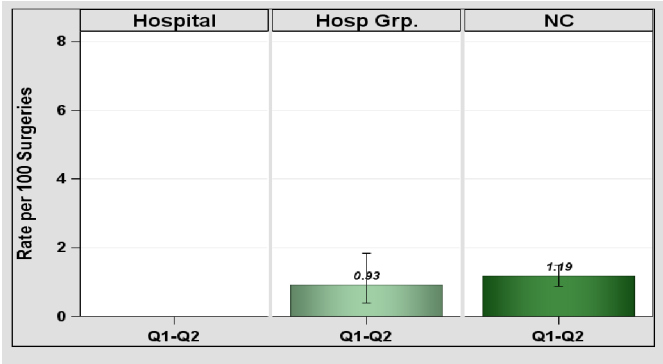


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

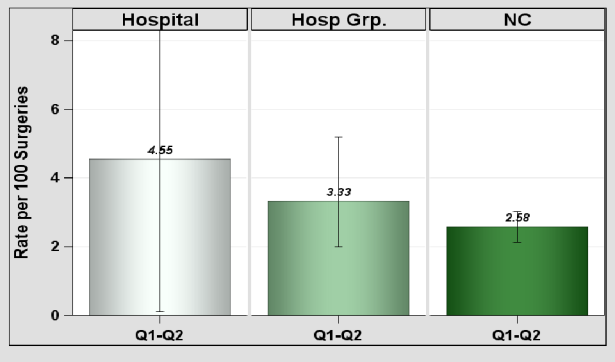


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	1	22	4.55	0.72	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

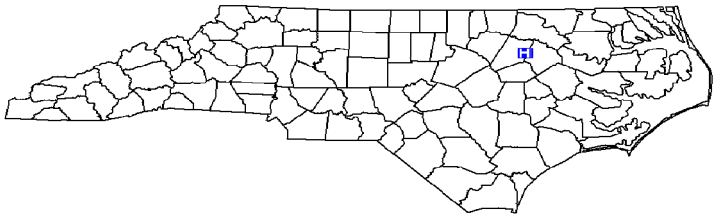
Commentary from Hospitals:
No comments provided.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Lifecare Hospitals Of North Carolina, Rocky Mount, Nash County

2013 Hospital Survey Information

Hospital Type:	Long-term Acute Care Hospital
Profit Status:	For Profit
Admissions in 2013:	505
Patient Days in 2013:	14,040
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)

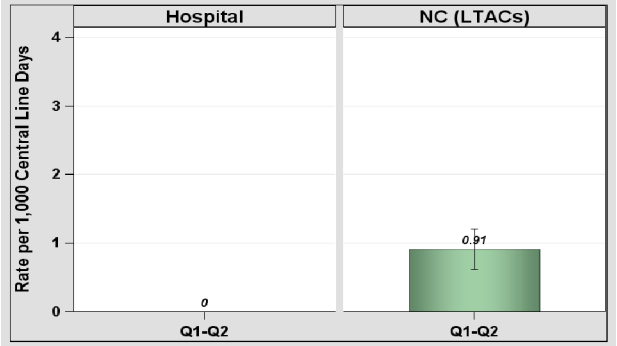


Table 1. Rates by Location, Jan-Jun 2014.

Type of Unit	Infections	Line Days	Rate
Adult ward	0	5,352	0.00
YTD Total for Reporting Units	0	5,352	0.00

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

Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates by Location, Jan-Jun 2014

Type of Unit	Infections	Catheter Days	Rate
Adult ward	5	4,264	1.17
YTD Total for Reporting Units	5	4,264	1.17

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

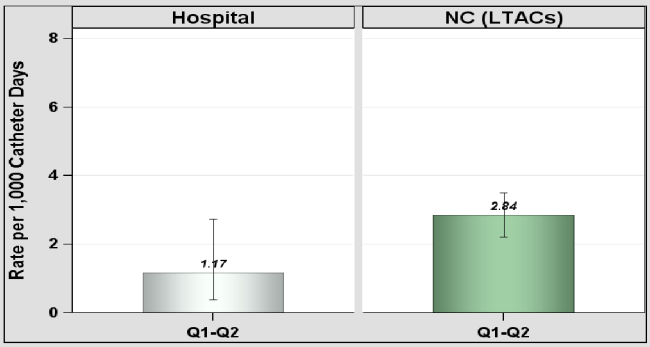


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Other Healthcare-Associated Infections (HAIs)

Long-term acute care hospitals (LTACs) do not report C. difficile LabID, MRSA Bacteremia LabID or SSIs to the N.C. Division of Public Health.

Commentary from Hospitals:
No comments provided.

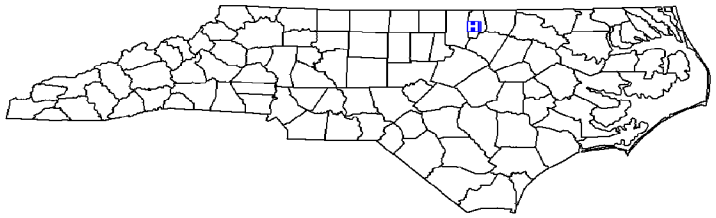
Refer to the HAI in N.C. Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Maria Parham Medical Center, Henderson, Vance County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	For Profit
Admissions in 2013:	5,839
Patient Days in 2013:	24,552
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)

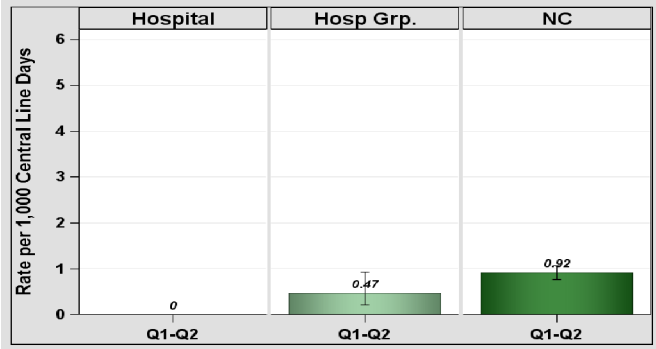


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	786	0	1.18	0	, 2.541	Same
YTD Total for Reporting ICUs	0	786	0	1.18	0	, 2.541	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	12,351	0.08	0.56	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

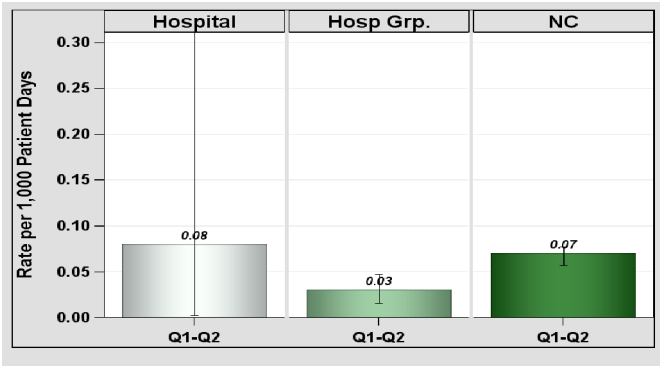


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

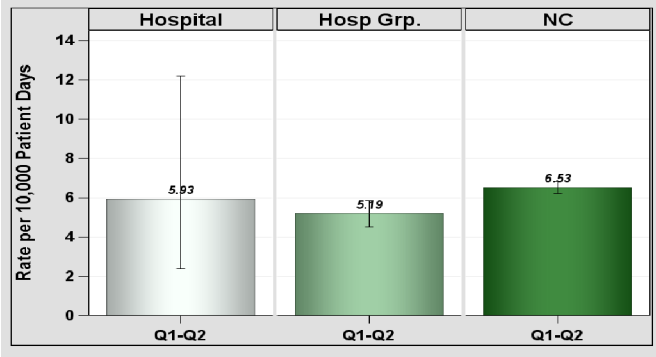


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	7	11,811	5.93	6.63	1.056	0.462, 2.088	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Maria Parham Medical Center, Henderson, Vance County

Catheter-Associated Urinary Tract Infections (CAUTI)

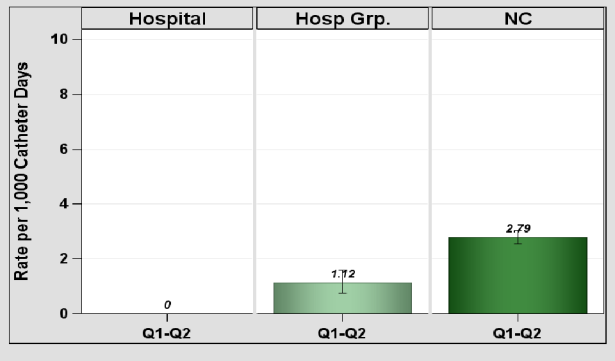


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	920	0	1.2	0	, 2.505	Same
Rehabiliation	0	45	.	.	.		
YTD Total for Reporting ICUs	0	965	0	1.37	0	, 2.191	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	16	.	0.18	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

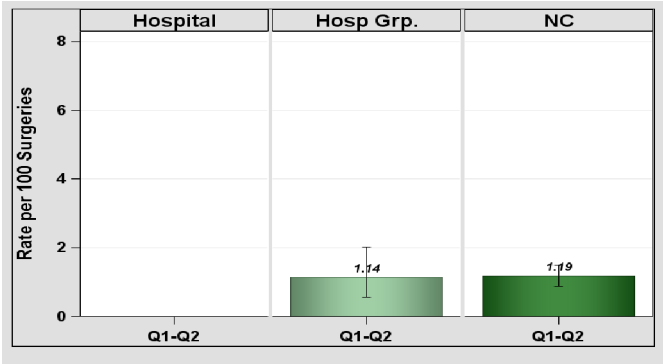


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

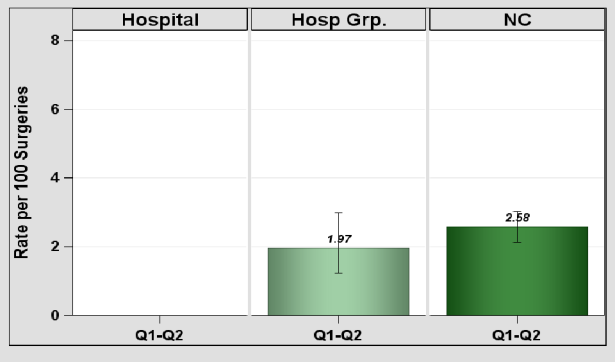


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	1	18	.	0.62	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

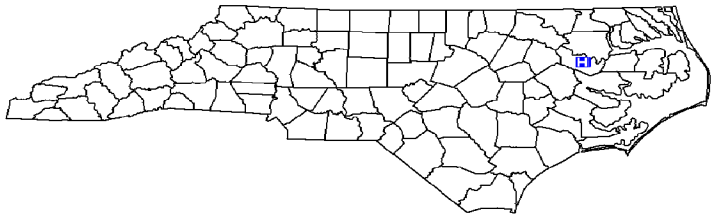
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Martin General Hospital, Williamston, Martin County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Profit Status:	For Profit
Admissions in 2013:	4,476
Patient Days in 2013:	6,262
Total Number of Beds:	45
Number of ICU Beds:	6
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	2.22

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

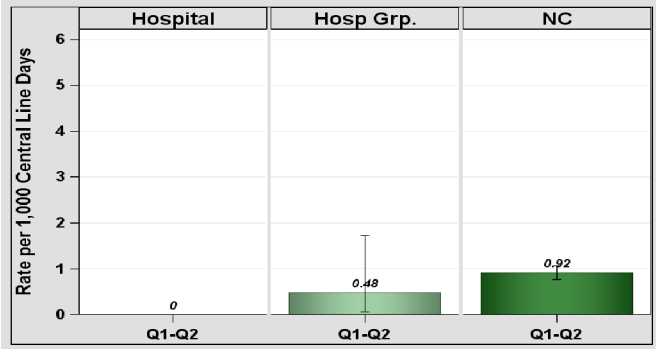


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	74	0	0.11	.		
YTD Total for Reporting ICUs	0	74	0	0.11	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	4,762	0	0.24	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

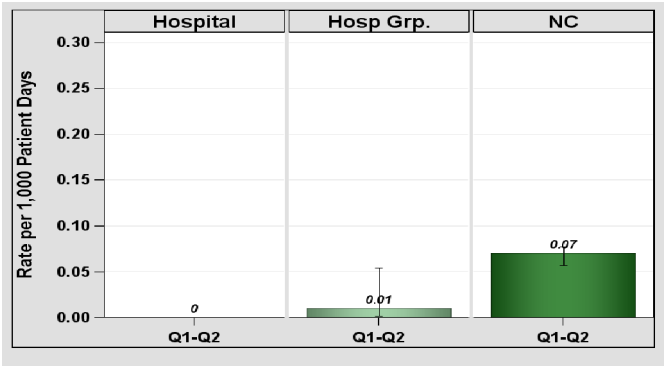


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

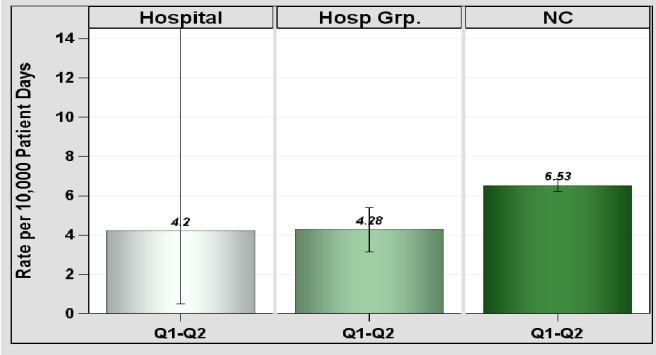


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	2	4,762	4.2	2.35	0.851	0.143, 2.811	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Martin General Hospital, Williamston, Martin County

Catheter-Associated Urinary Tract Infections (CAUTI)

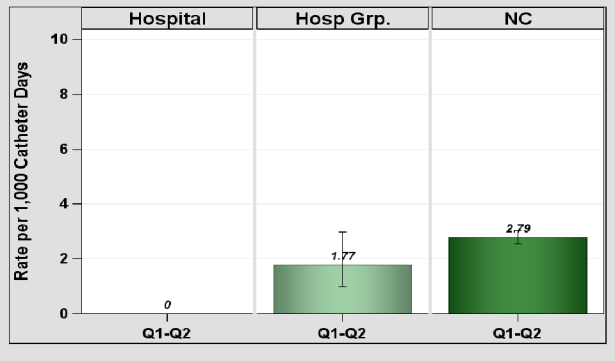


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	231	0	0.3	.		
YTD Total for Reporting ICUs	0	231	0	0.3	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	2	.	0.01	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

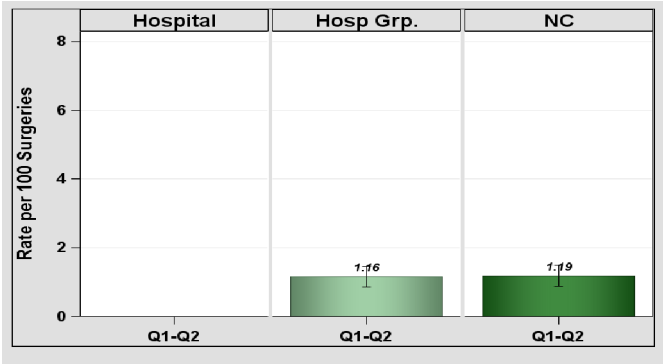


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

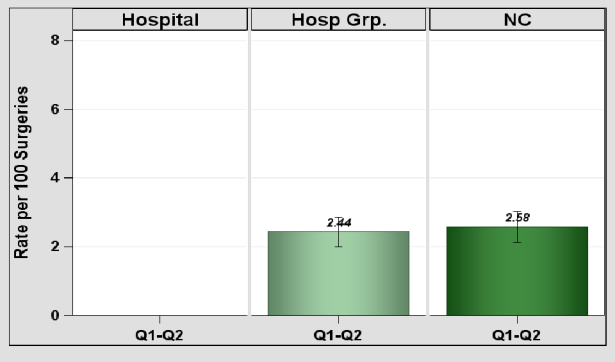


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	2	.	0.05	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

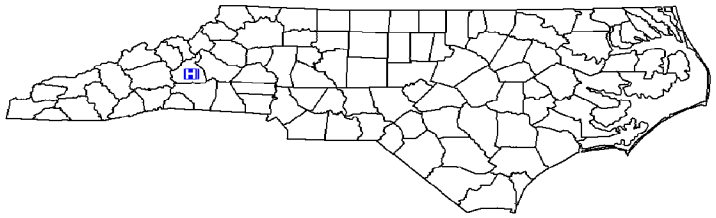
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
McDowell Hospital, Marion, McDowell County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	2,947
Patient Days in 2013:	7,688
Total Number of Beds:	49
Number of ICU Beds:	10
FTE* Infection Preventionists:	0.38
Number of FTEs* per 100 beds:	0.77

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

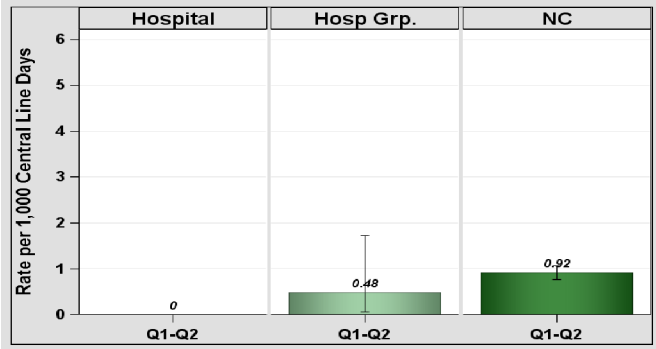


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	125	0	0.19	.		
YTD Total for Reporting ICUs	0	125	0	0.19	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	3,818	0	0.14	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

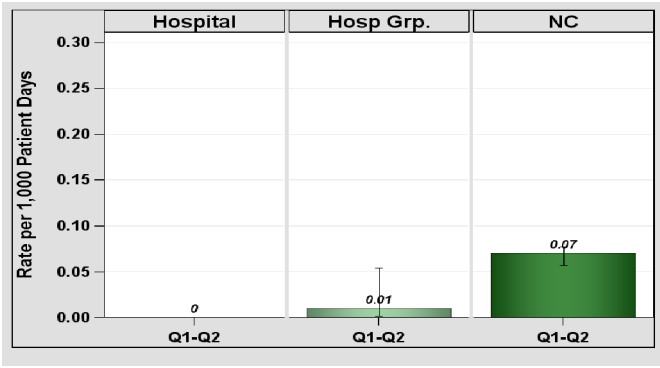


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

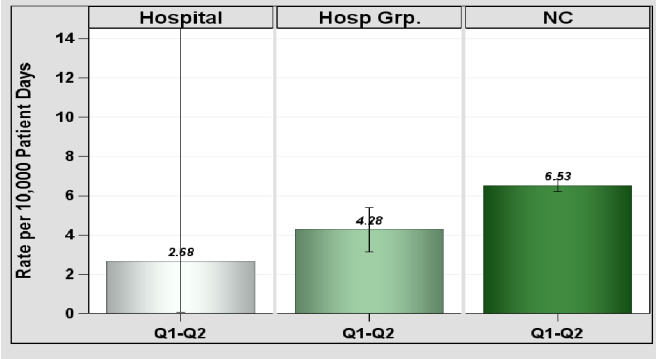


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	3,736	2.68	1.64	0.609	0.030, 3.003	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
McDowell Hospital, Marion, McDowell County

Catheter-Associated Urinary Tract Infections (CAUTI)

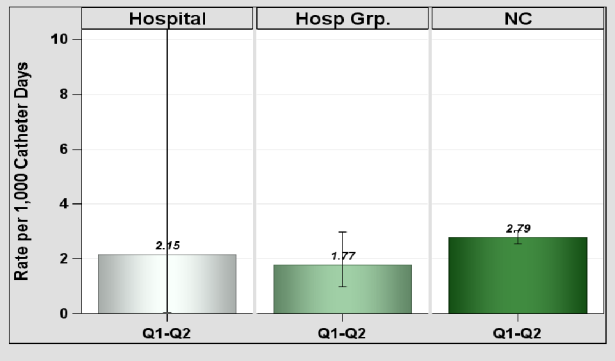


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	465	2.15	0.6	.		
YTD Total for Reporting ICUs	1	465	2.15	0.6	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	15	.	0.13	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

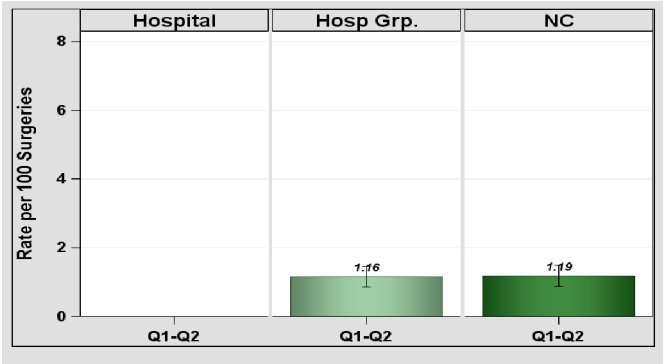


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

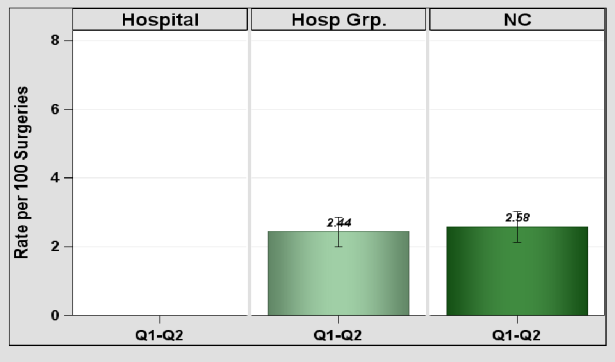


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	7	.	0.22	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

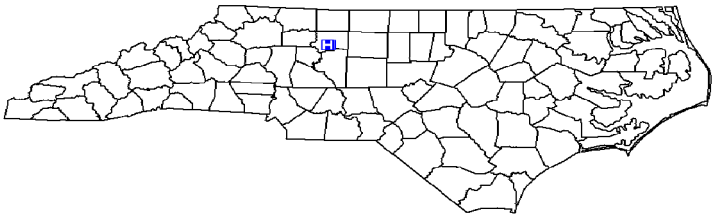
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Medical Park Hospital, Winston Salem, Forsyth County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	782
Patient Days in 2013:	2,766
Total Number of Beds:	22
Number of ICU Beds:	0 - Does not report CLABSIs or CAUTIs
FTE* Infection Preventionists:	0.50
Number of FTEs* per 100 beds:	2.27

*FTE = Full-time equivalent



Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

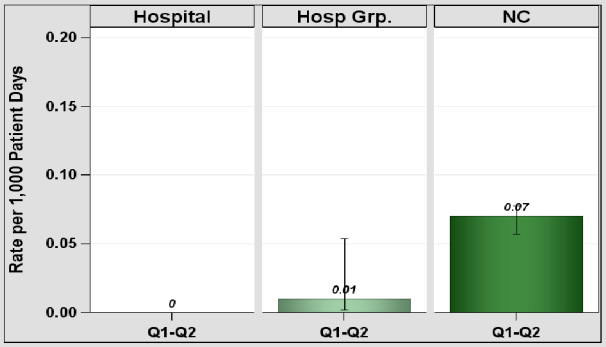


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	1,269	0	0.05	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	1,269	0	0.69	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

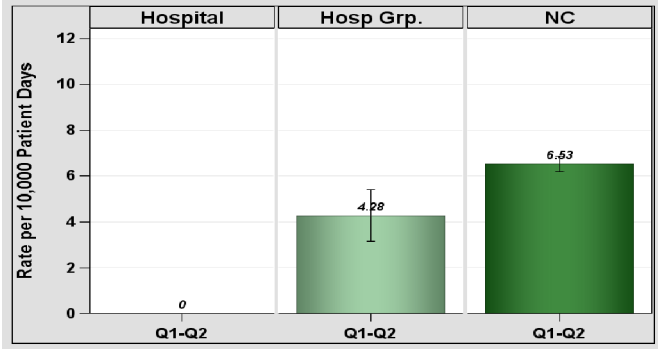


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI)

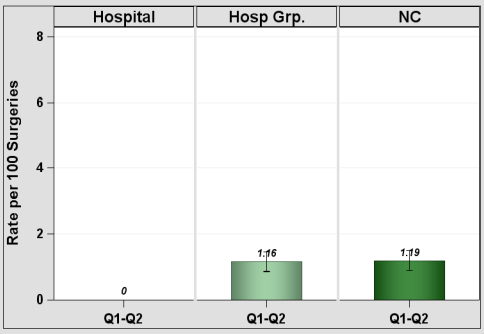


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2014.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	43	105
Rate	0	0
	0.37	3.21
SIR**	.	0
95% CI**		, 0.933
Interpretation		Lower

*Infections from deep incisional and/or organ space.
**SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries were performed and SIR not presented.

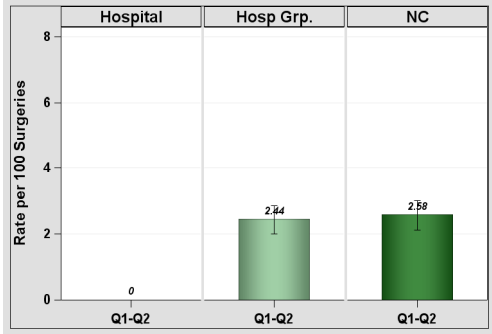


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

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.

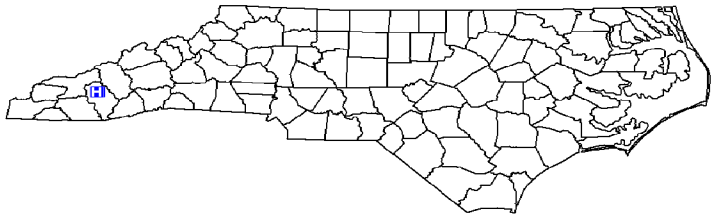
Refer to the HAI in N.C. Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 25, 2014

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Westcare - Harris Regional Hospital, Sylva, Jackson County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	3,975
Patient Days in 2013:	13,842
Total Number of Beds:	86
Number of ICU Beds:	9
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	1.16

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

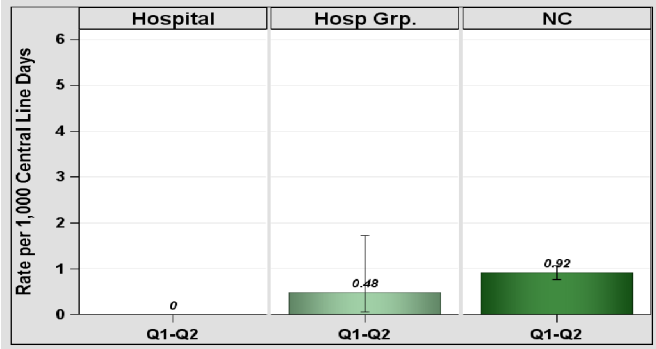


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	333	0	0.5	.		
YTD Total for Reporting ICUs	0	333	0	0.5	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	7,224	0	.	.	.	

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

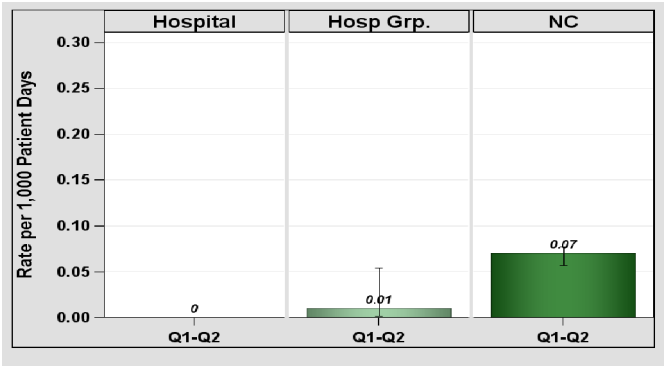


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

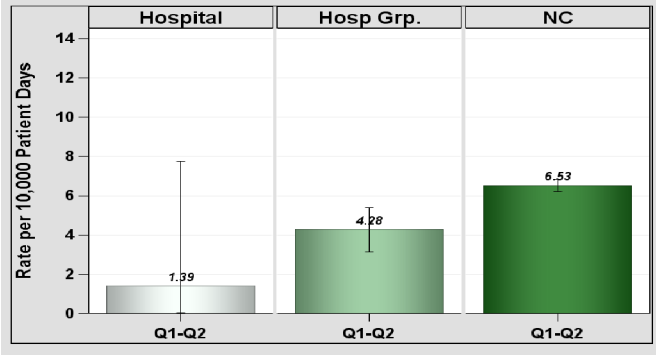


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	7,196	1.39	3.62	0.276	0.014, 1.361	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Westcare - Harris Regional Hospital, Sylva, Jackson County

Catheter-Associated Urinary Tract Infections (CAUTI)

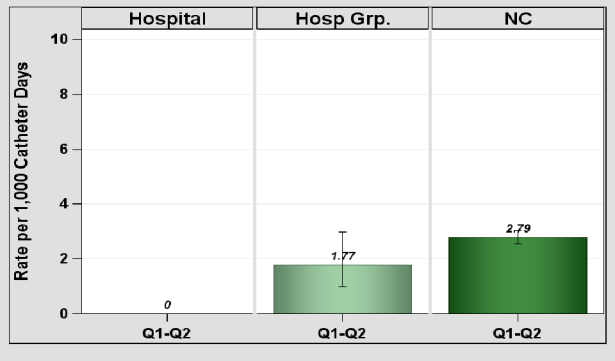


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	664	0	0.86	.		
YTD Total for Reporting ICUs	0	664	0	0.86	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	1	6	.	0.1	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

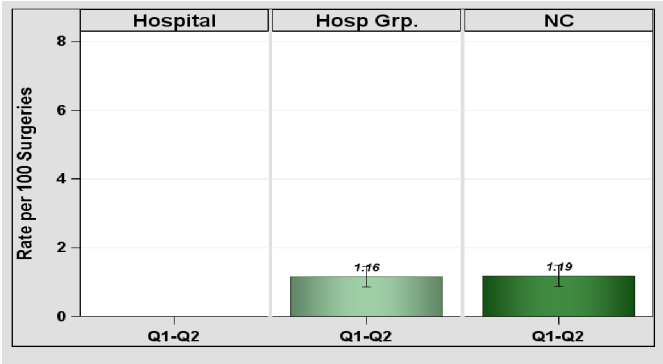


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

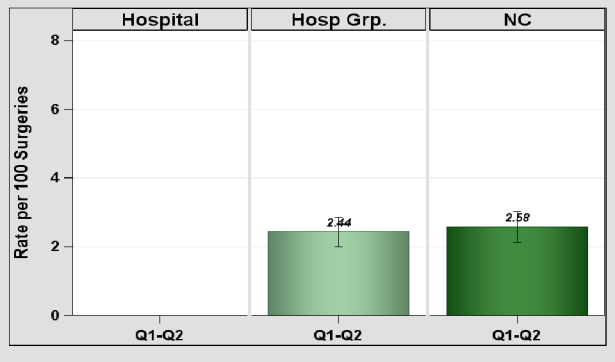


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	10	.	0.36	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

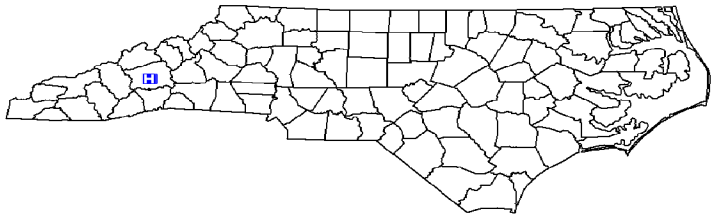
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Mission Hospital, Asheville, Buncombe County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Profit Status:	Not for Profit
Admissions in 2013:	27,483
Patient Days in 2013:	209,622
Total Number of Beds:	739
Number of ICU Beds:	131
FTE* Infection Preventionists:	6.80
Number of FTEs* per 100 beds:	0.92

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

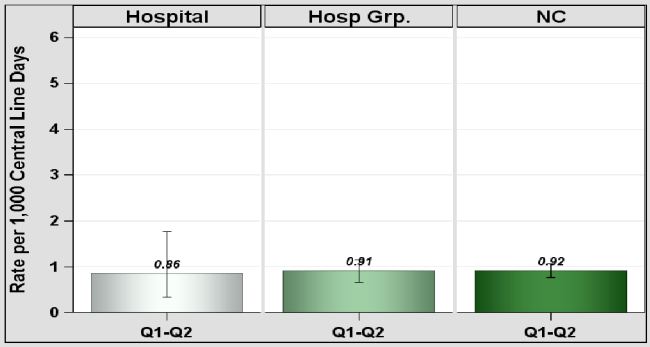


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	0	596	0	1.19	0	, 2.513	Same
Medical/surgical	5	2,849	1.76	4.27	1.17	0.429, 2.593	Same
Neonatal Level II/III	2	1,535	1.3	3.8	0.526	0.088, 1.739	Same
Neurosurgical	0	1,382	0	3.45	0	, 0.867	Lower
Pediatric medical/surgical	0	359	0	1.08	0	, 2.782	Same
Surgical cardiothoracic	0	1,397	0	1.96	0	, 1.532	Same
YTD Total for Reporting ICUs	7	8,118	0.86	15.75	0.444	0.194, 0.879	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	4	102,788	0.04	8.14	0.492	0.156, 1.186	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

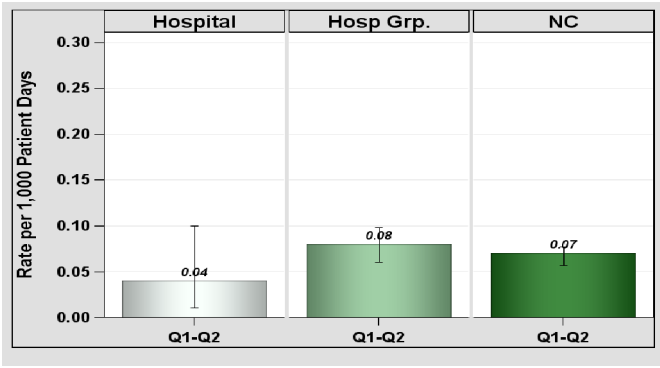


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

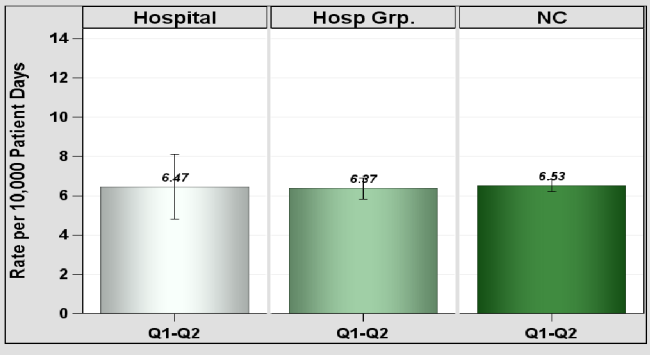


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	59	91,211	6.47	78.5	0.752	0.577, 0.963	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Mission Hospital, Asheville, Buncombe County

Catheter-Associated Urinary Tract Infections (CAUTI)

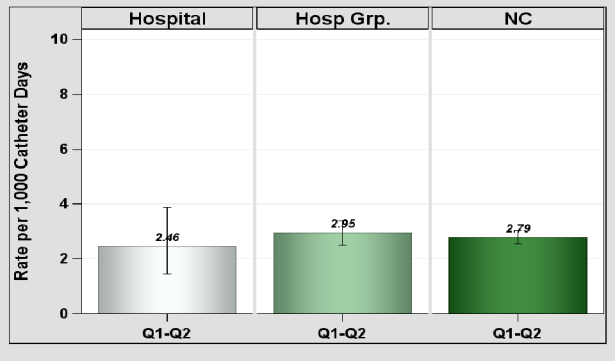


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	3	653	4.59	1.31	2.297	0.584, 6.252	Same
Medical/surgical	9	3,309	2.72	4.3	2.092	1.020, 3.839	Higher
Neurosurgical	6	1,875	3.2	8.25	0.727	0.295, 1.513	Same
Pediatric medical/surgical	0	55	0	0.15	.		
Surgical cardiothoracic	0	1,412	0	2.4	0	, 1.248	Same
YTD Total for Reporting ICUs	18	7,304	2.46	16.41	1.097	0.670, 1.700	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	3	217	1.38	2.15	1.396	0.355, 3.799	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

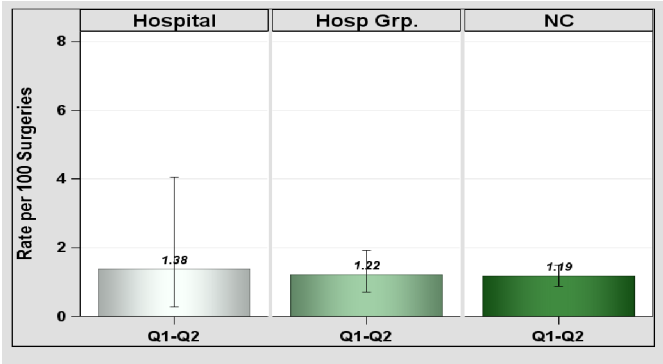


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

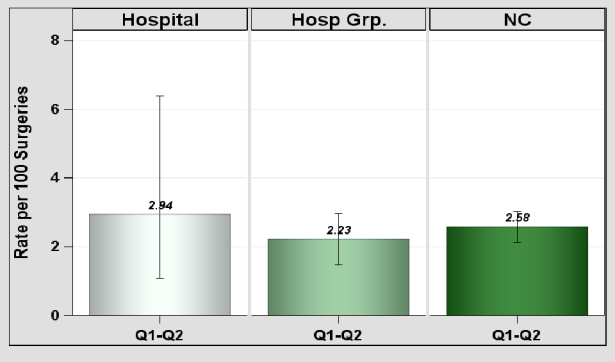


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	6	204	2.94	6.55	0.916	0.371, 1.905	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

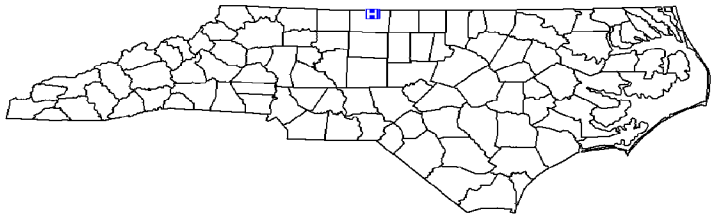
Commentary from Hospitals:
Mission Health strives to improve the quality and safety of the care we give our patients each and every day. The prevention of infections is one of our highest priorities. By continuously and thoughtfully reviewing processes, procedures and events, we identify opportunities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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Morehead Memorial Hospital, Eden, Rockingham County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	4,380
Patient Days in 2013:	17,153
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)

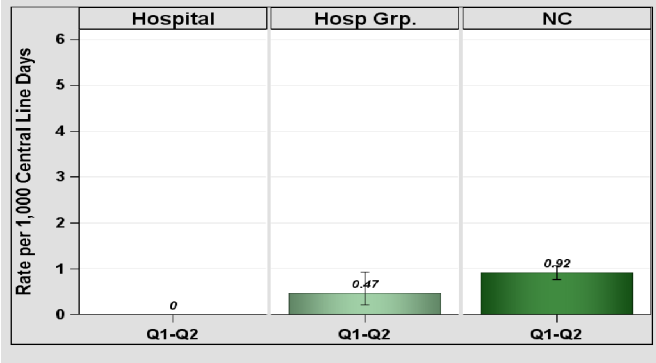


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	79	0	0.12	.		
YTD Total for Reporting ICUs	0	79	0	0.12	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	8,301	0	1.17	0	, 2.566	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

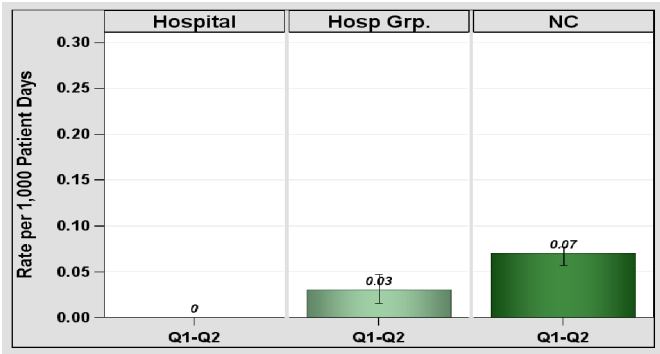


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

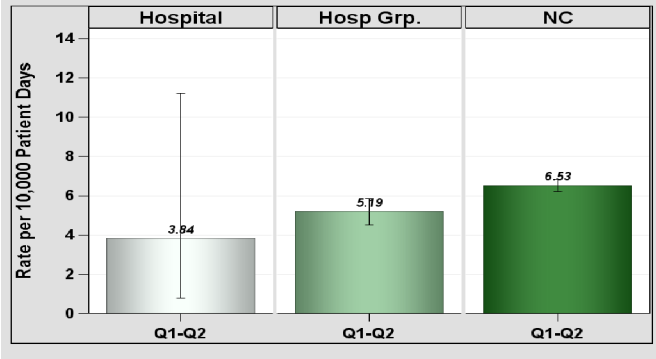


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	3	7,803	3.84	5.34	0.562	0.143, 1.530	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Morehead Memorial Hospital, Eden, Rockingham County

Catheter-Associated Urinary Tract Infections (CAUTI)

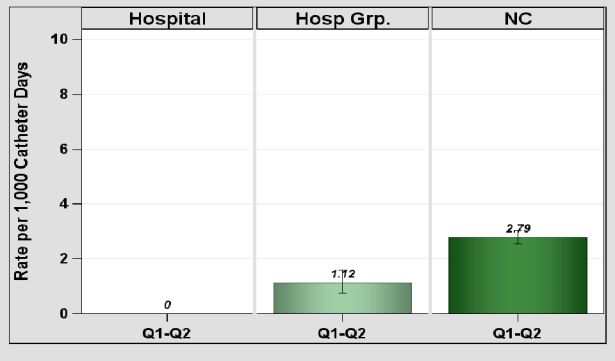


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	410	0	0.53	.		
YTD Total for Reporting ICUs	0	410	0	0.53	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	6	.	0.07	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

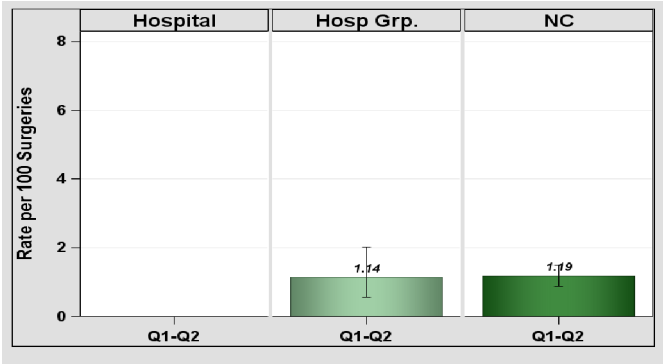


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

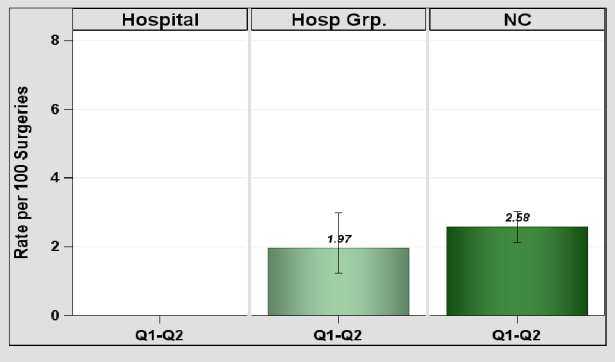


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	13	.	0.44	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

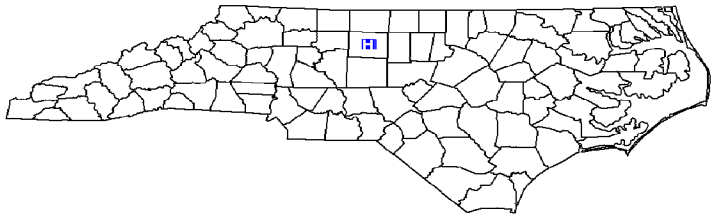
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Moses Cone Hospital, Greensboro, Guilford County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	24,700
Patient Days in 2013:	109,525
Total Number of Beds:	536
Number of ICU Beds:	66
FTE* Infection Preventionists:	2.00
Number of FTEs* per 100 beds:	0.37

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

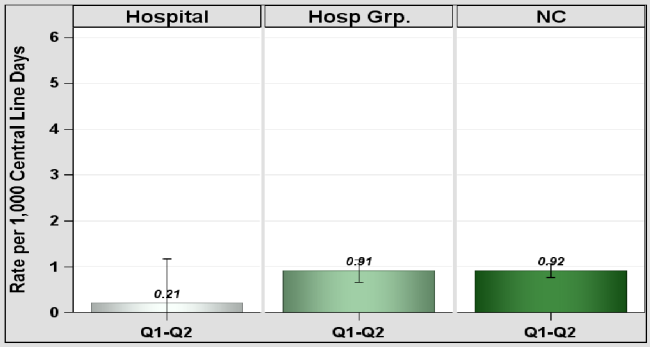


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	0	1,399	0	2.8	0	, 1.071	Same
Medical/surgical	0	1,388	0	2.08	0	, 1.439	Same
Neurosurgical	1	561	1.78	1.4	0.713	0.036, 3.517	Same
Pediatric medical/surgical	0	17	.	.	.		
Surgical cardiothoracic	0	1,408	0	1.97	0	, 1.520	Same
YTD Total for Reporting ICUs	1	4,773	0.21	8.3	0.12	0.006, 0.594	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	60,688	0.02	4.39	0.228	0.011, 1.123	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

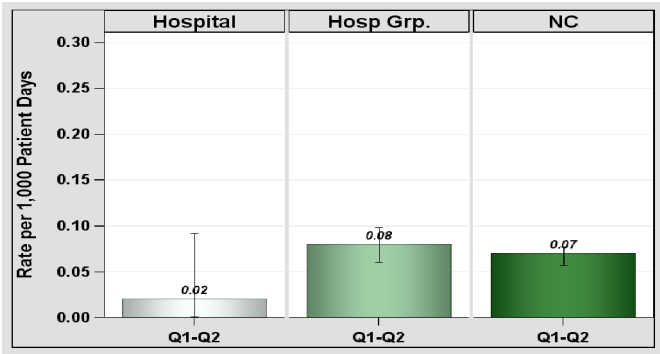


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

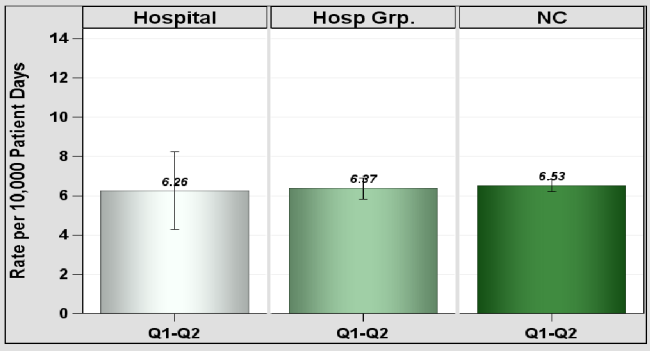


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	38	60,688	6.26	47	0.808	0.580, 1.098	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Moses Cone Hospital, Greensboro, Guilford County

Catheter-Associated Urinary Tract Infections (CAUTI)

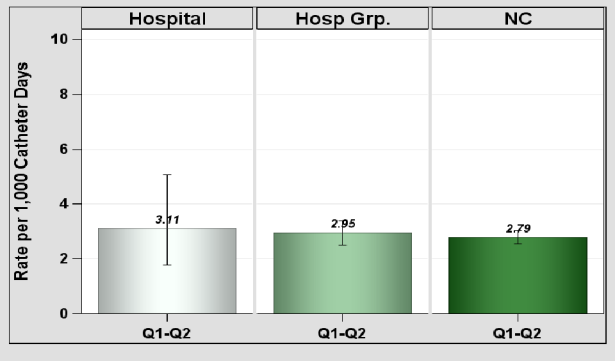


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	5	1,219	4.1	2.44	2.051	0.751, 4.546	Same
Medical/surgical	3	1,335	2.25	1.6	1.873	0.476, 5.097	Same
Neurosurgical	6	1,004	5.98	4.42	1.358	0.550, 2.825	Same
Pediatric medical/surgical	0	17	.	.	.		
Rehabiliation	1	250	4	0.95	.		
Surgical cardiothoracic	1	1,316	0.76	2.24	0.447	0.022, 2.205	Same
YTD Total for Reporting ICUs	16	5,141	3.11	11.69	1.368	0.810, 2.175	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	2	.	0.02	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

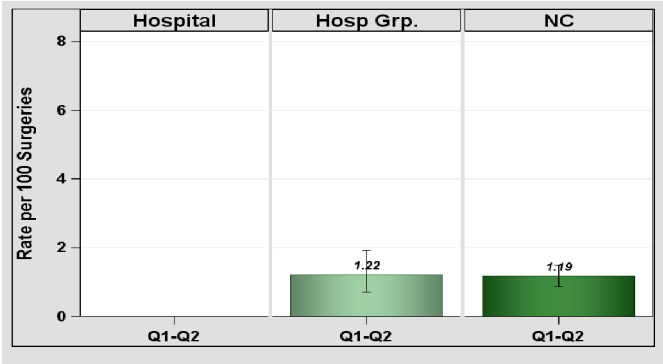


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

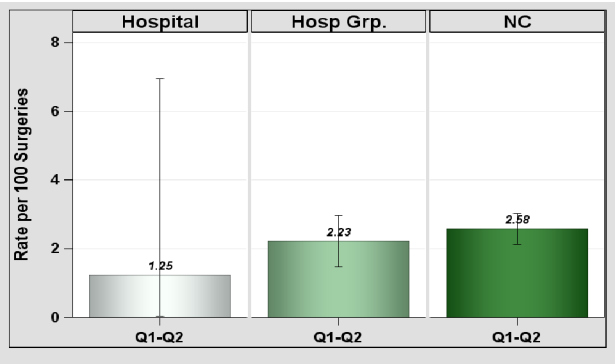


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	1	80	1.25	2.72	0.367	0.018, 1.810	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

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.

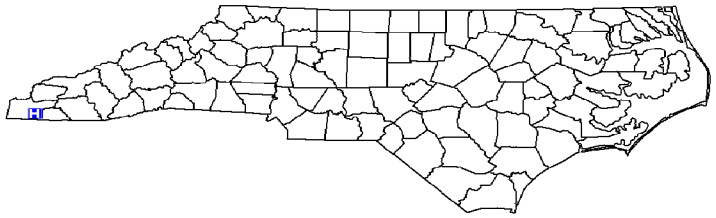
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Murphy Medical Center, Murphy, Cherokee County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	2,179
Patient Days in 2013:	7,563
Total Number of Beds:	43
Number of ICU Beds:	6
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	2.33

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

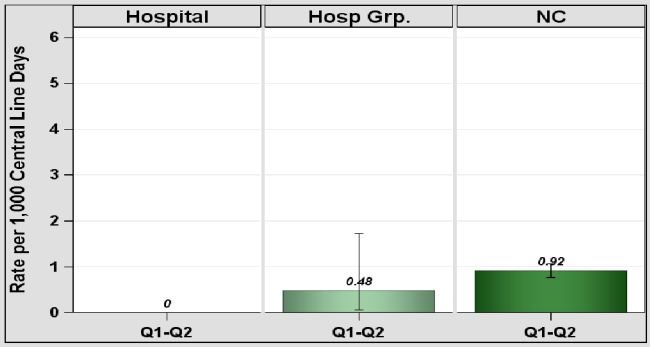


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	87	0	0.13	.		
YTD Total for Reporting ICUs	0	87	0	0.13	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	3,505	0	.	.	.	

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

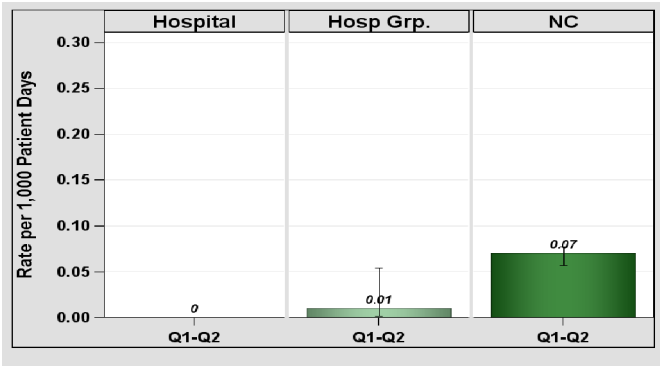


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

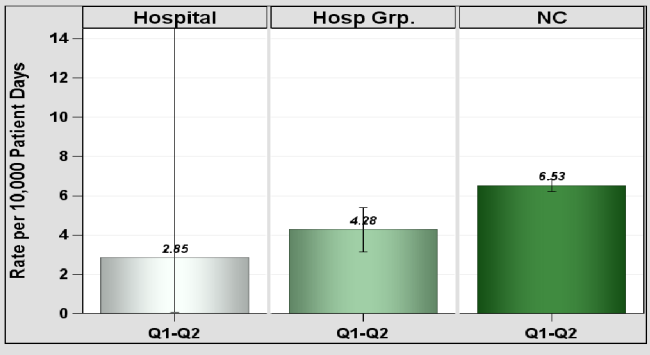


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	3,505	2.85	1.53	0.654	0.033, 3.227	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Murphy Medical Center, Murphy, Cherokee County

Catheter-Associated Urinary Tract Infections (CAUTI)

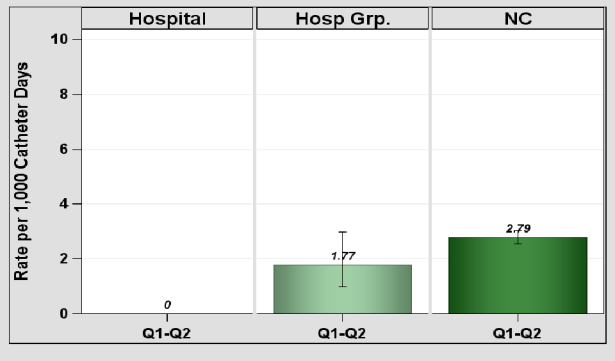


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	274	0	0.36	.		
YTD Total for Reporting ICUs	0	274	0	0.36	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	6	.	0.07	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

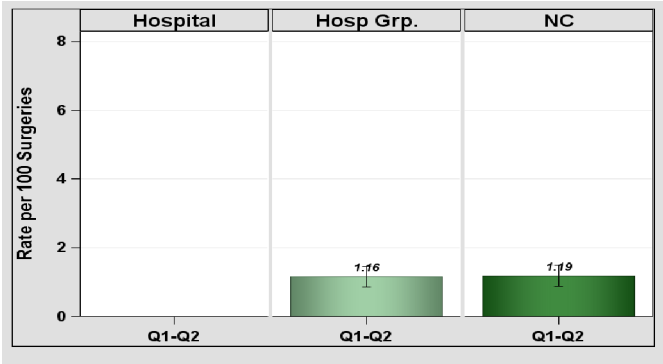


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

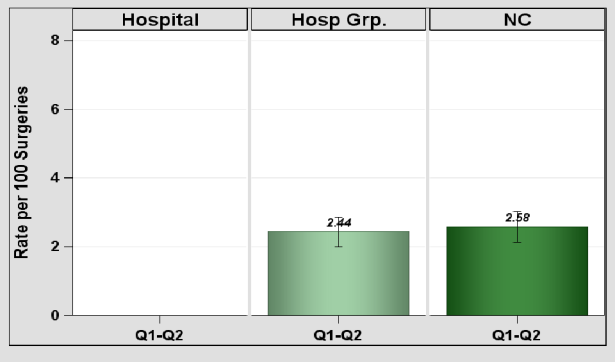


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	6	.	0.2	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

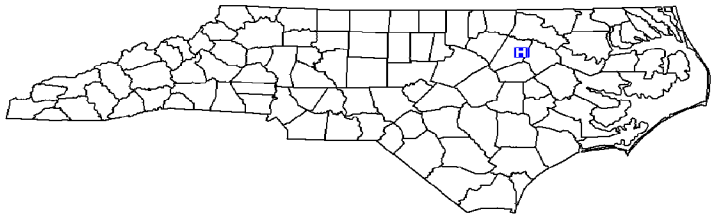
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Nash Health Care Systems, Rocky Mount, Nash County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	11,657
Patient Days in 2013:	52,810
Total Number of Beds:	237
Number of ICU Beds:	30
FTE* Infection Preventionists:	2.00
Number of FTEs* per 100 beds:	0.84

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

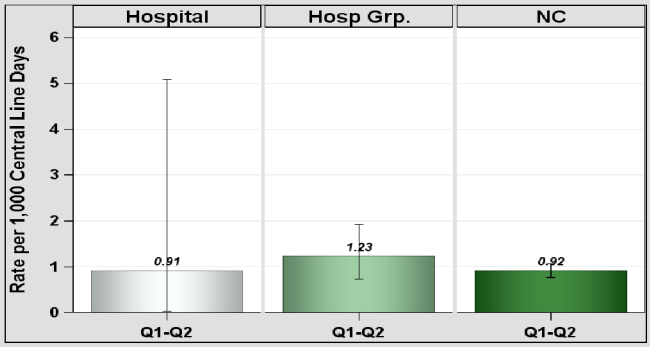


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	1,086	0.92	1.63	0.614	0.031, 3.028	Same
Neonatal Level II/III	0	9	.	.	.		
YTD Total for Reporting ICUs	1	1,095	0.91	1.64	0.61	0.031, 3.010	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	25,520	0	1.94	0	, 1.543	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

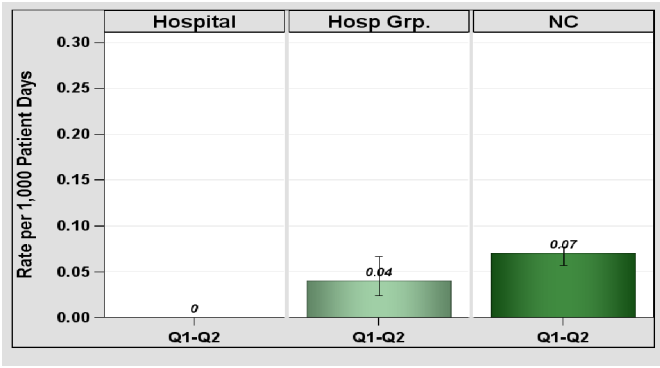


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

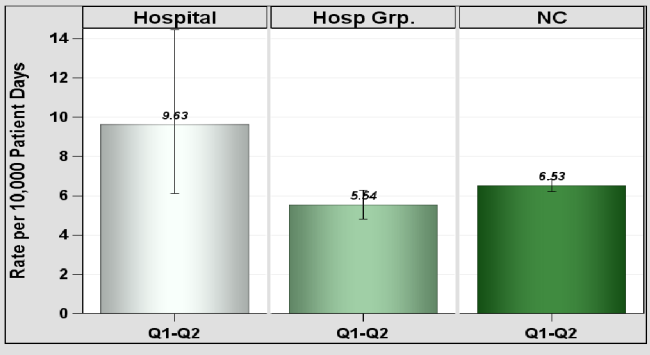


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	23	23,895	9.63	12.27	1.875	1.218, 2.769	Higher

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Nash Health Care Systems, Rocky Mount, Nash County

Catheter-Associated Urinary Tract Infections (CAUTI)

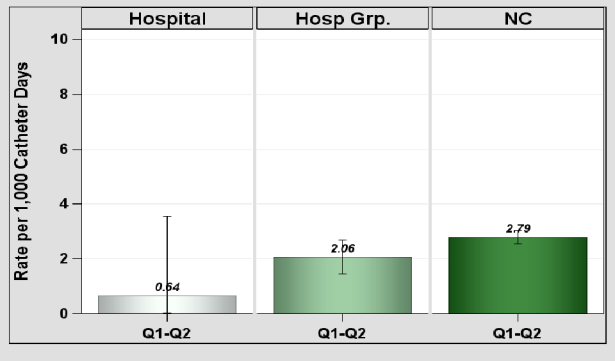


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	1,307	0	1.57	0	, 1.910	Same
Rehabiliation	1	257	3.89	0.98	.		
YTD Total for Reporting ICUs	1	1,564	0.64	2.55	0.393	0.020, 1.938	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	3	82	3.66	0.82	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

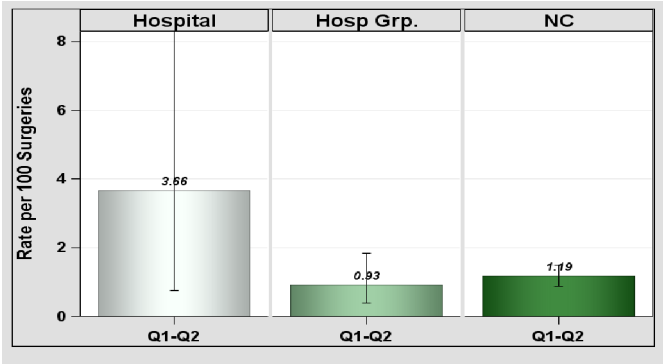


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

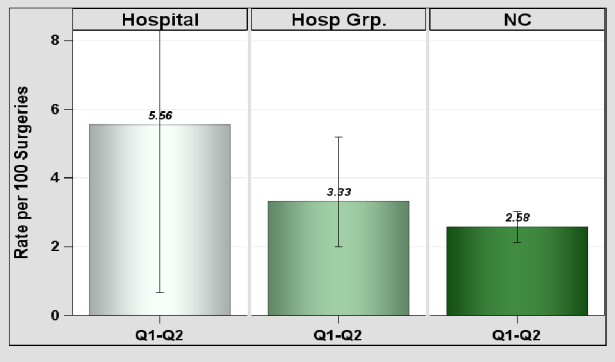


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	2	36	5.56	1.22	1.637	0.274, 5.408	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

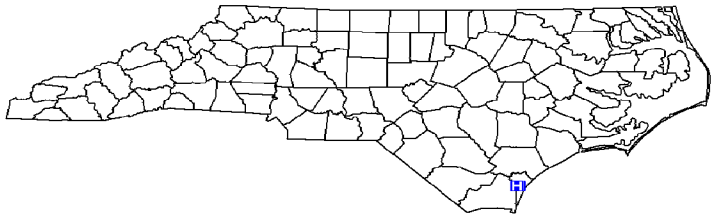
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
New Hanover Regional Medical Center, Wilmington, New Hanover County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Profit Status:	Not for Profit
Admissions in 2013:	36,520
Patient Days in 2013:	175,142
Total Number of Beds:	579
Number of ICU Beds:	112
FTE* Infection Preventionists:	4.00
Number of FTEs* per 100 beds:	0.69

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

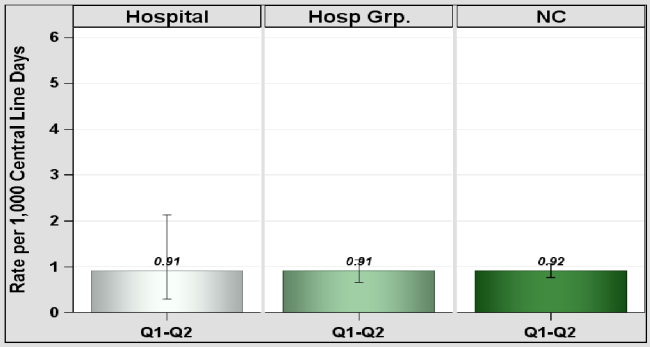


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	935	0	2.43	0	, 1.232	Same
Medical cardiac	2	1,185	1.69	2.37	0.844	0.141, 2.788	Same
Medical/surgical	0	62	0	0.13	.		
Neonatal Level II/III	0	975	0	1.95	0	, 1.533	Same
Pediatric medical/surgical	0	89	0	0.27	.		
Surgical	3	1,231	2.44	2.83	1.06	0.270, 2.884	Same
Surgical cardiothoracic	0	1,000	0	1.4	0	, 2.140	Same
YTD Total for Reporting ICUs	5	5,477	0.91	11.38	0.439	0.161, 0.974	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	8	87,662	0.09	10.66	0.75	0.349, 1.425	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

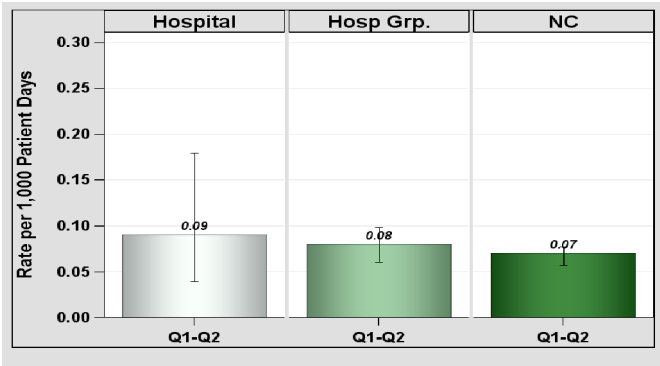


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

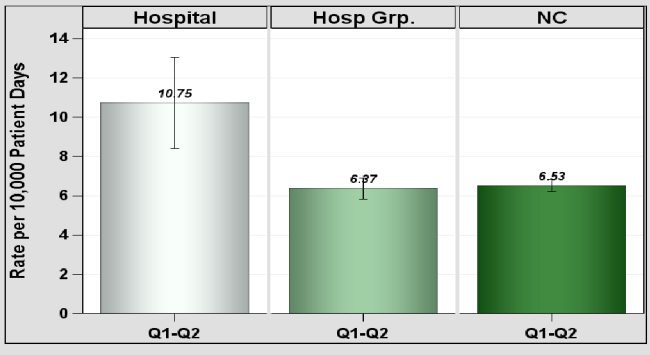


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	83	77,222	10.7	73.78	1.125	0.902, 1.387	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
New Hanover Regional Medical Center, Wilmington, New Hanover County

Catheter-Associated Urinary Tract Infections (CAUTI)

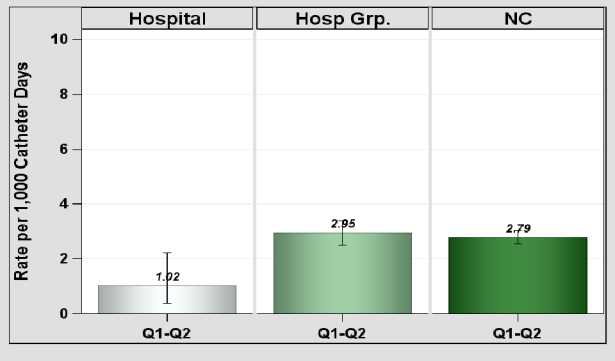


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	2	1,086	1.84	2.5	0.801	0.134, 2.645	Same
Medical cardiac	3	1,717	1.75	3.43	0.874	0.222, 2.378	Same
Medical/surgical	0	120	0	0.28	.		
Pediatric medical/surgical	0	34	.	.	.		
Rehabiliation	0	192	0	0.73	.		
Surgical	1	1,810	0.55	4.71	0.212	0.011, 1.048	Same
Surgical cardiothoracic	0	915	0	1.56	0	, 1.926	Same
YTD Total for Reporting ICUs	6	5,874	1.02	13.29	0.451	0.183, 0.939	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	2	249	0.8	2.32	0.861	0.144, 2.844	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

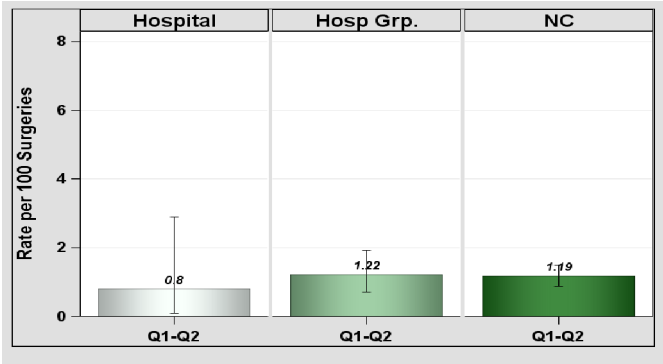


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

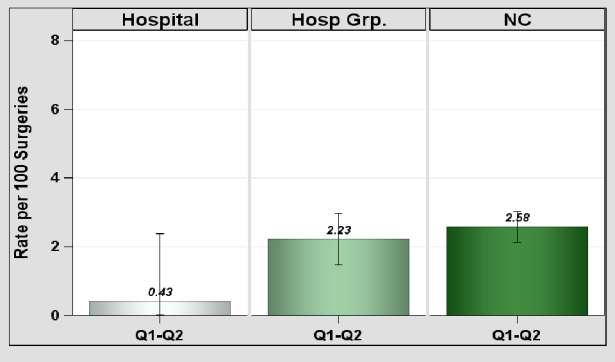


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	1	234	0.43	7.6	0.132	0.007, 0.649	Lower

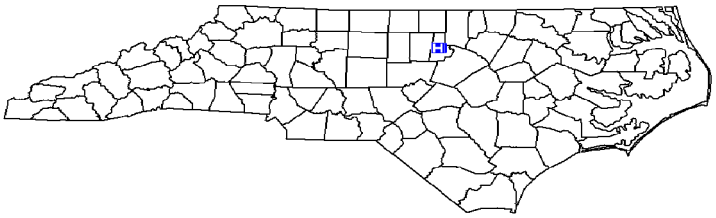
Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

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.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
North Carolina Specialty Hospital, Durham, Durham County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Profit Status:	Physician-owned
Admissions in 2013:	2,041
Patient Days in 2013:	3,573
Total Number of Beds:	18
FTE* Infection Preventionists:	0.70
Number of FTEs* per 100 beds:	3.89



*FTE = Full-time equivalent

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID Bacteremia)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

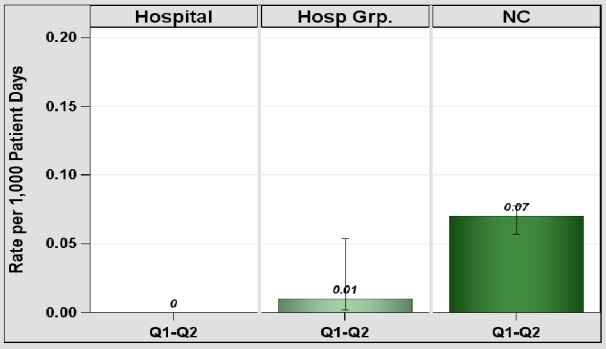


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	1,905	0	.	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	1,905	5.25	.	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

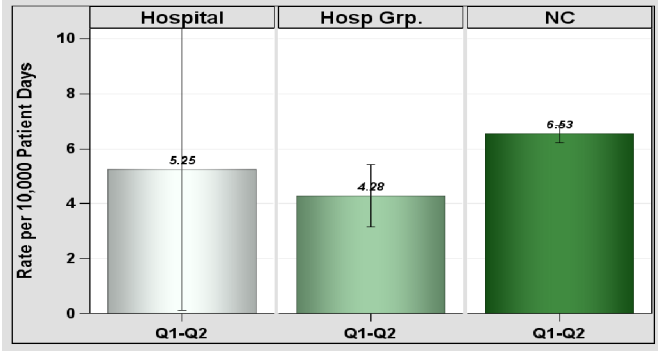


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Other Healthcare-Associated Infections (HAIs)

Specialty acute care hospitals do not report CLABSIs, CAUTIs, or SSIs to the N.C. Division of Public Health.

Commentary from Hospitals:
No comments provided.

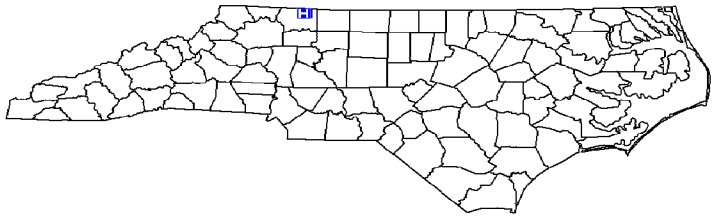
Refer to the HAI in N.C. Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Northern Hospital Of Surry County, Mount Airy, Surry County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	4,138
Patient Days in 2013:	13,398
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)

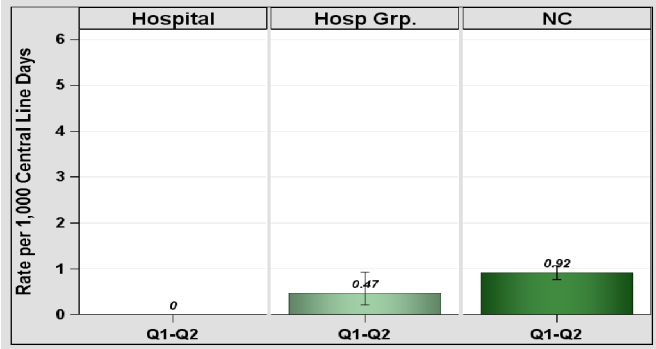


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	155	0	0.23	.		
YTD Total for Reporting ICUs	0	155	0	0.23	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	7,553	0	0.46	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

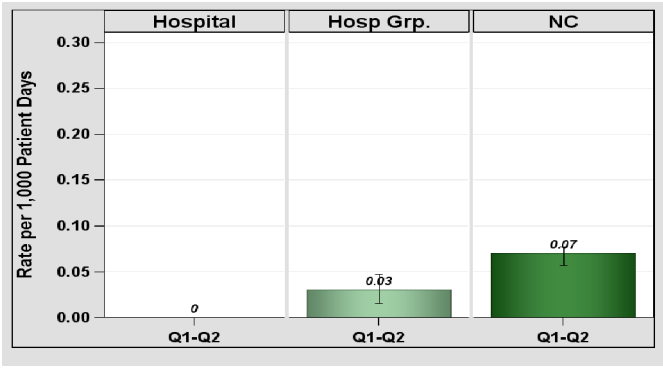


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

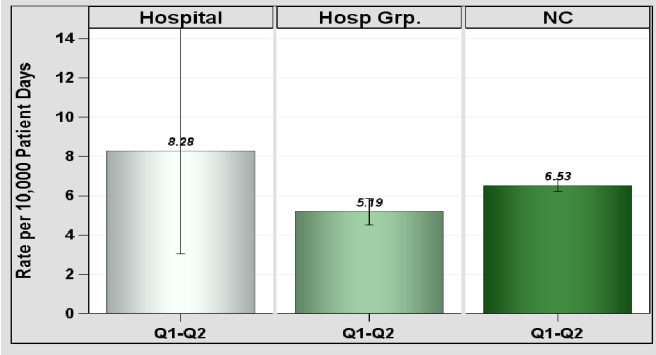


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	6	7,243	8.28	3.74	1.605	0.651, 3.338	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Northern Hospital Of Surry County, Mount Airy, Surry County

Catheter-Associated Urinary Tract Infections (CAUTI)

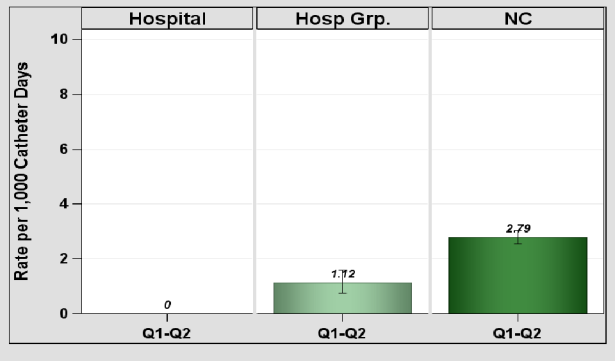


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	393	0	0.51	.		
YTD Total for Reporting ICUs	0	393	0	0.51	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	1	33	3.03	0.32	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

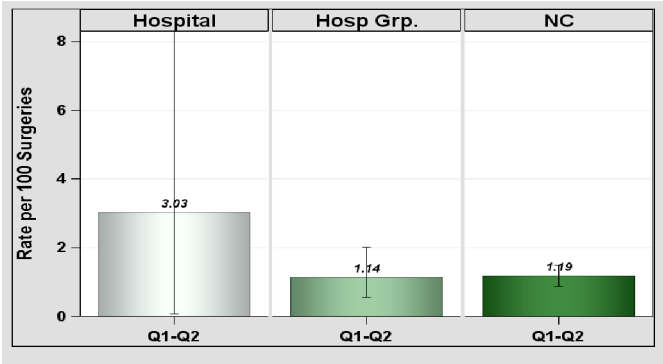


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

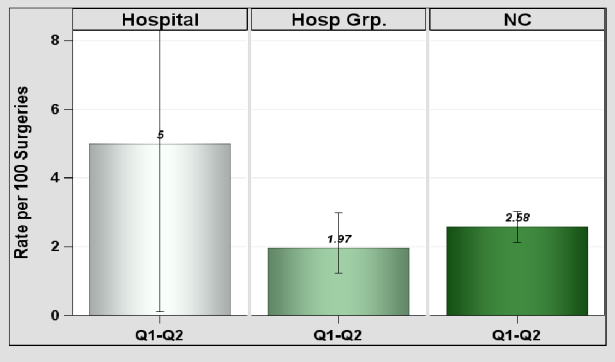


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	1	20	5	0.61	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

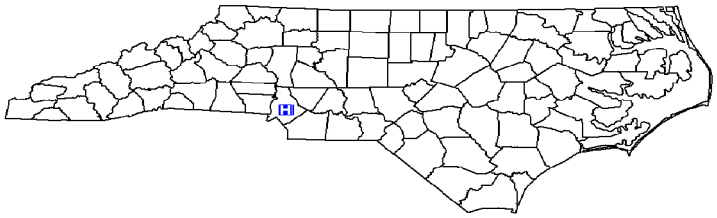
Commentary from Hospitals:
No comments provided.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Novant Health Charlotte Orthopedic Hospital, Charlotte, Mecklenburg County

2013 Hospital Survey Information

Hospital Type:	Specialty Acute Care Hospital
Profit Status:	Not for Profit
Admissions in 2013:	3,731
Patient Days in 2013:	14,269
Total Number of Beds:	80
FTE* Infection Preventionists:	0.50
Number of FTEs* per 100 beds:	0.63



*FTE = Full-time equivalent

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID Bacteremia)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

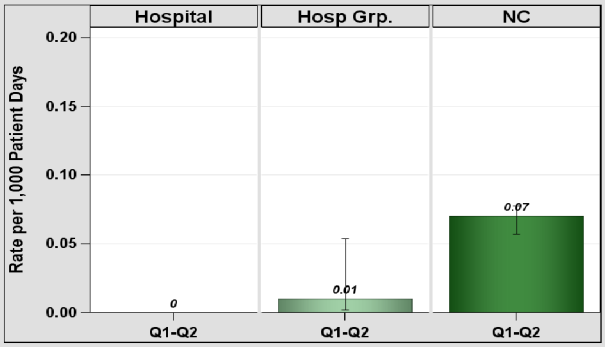


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	5,961	0	.	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	5,961	0	.	0	, 0.921	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

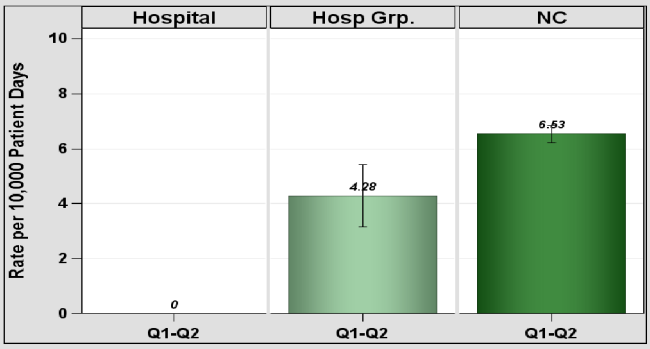


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Other Healthcare-Associated Infections (HAIs)

Specialty acute care hospitals do not report CLABSIs, CAUTIs, or SSIs to the N.C. Division of Public Health.

Commentary from Hospitals:
No comments provided.

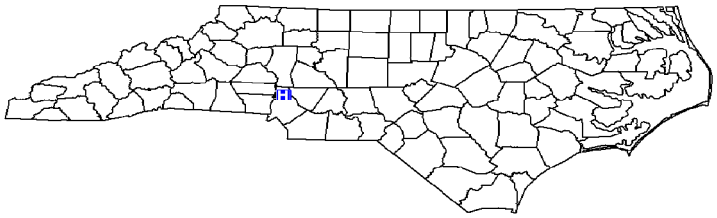
Refer to the HAI in N.C. Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Novant Health Huntersville Medical Center, Huntersville, Mecklenburg County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	6,035
Patient Days in 2013:	21,139
Total Number of Beds:	75
Number of ICU Beds:	8
FTE* Infection Preventionists:	0.80
Number of FTEs* per 100 beds:	1.07

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

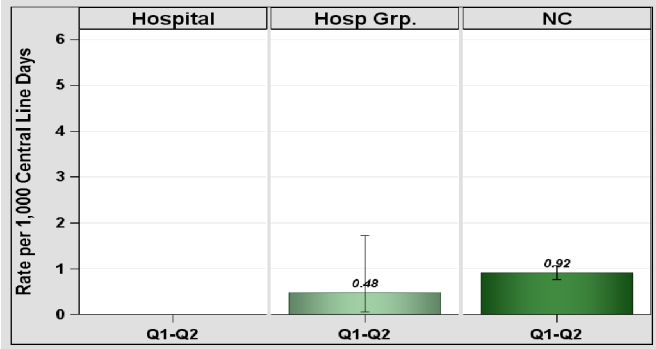


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Neonatal Level II/III	0	6	.	.	.		
YTD Total for Reporting ICUs	0	6	.	.	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	11,464	0	0.51	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

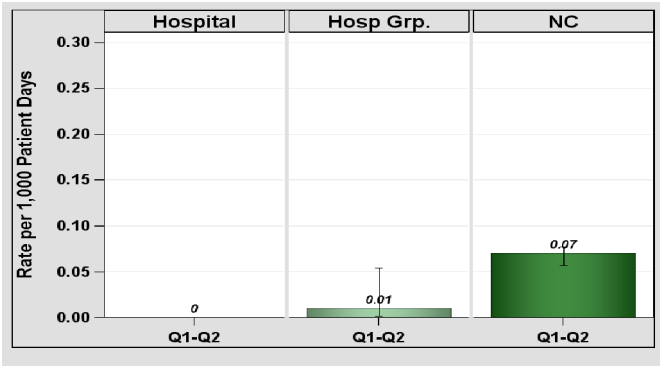


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

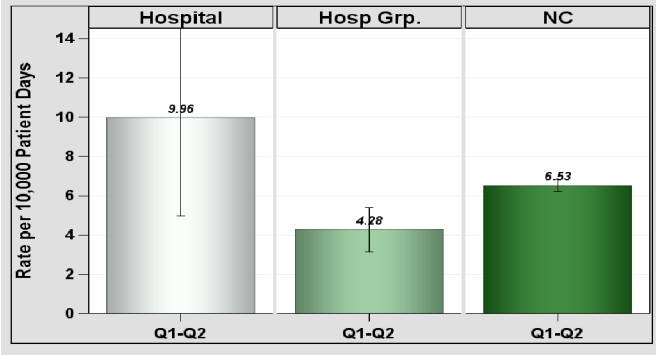


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	11	11,043	9.96	7.95	1.383	0.727, 2.404	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Novant Health Huntersville Medical Center, Huntersville, Mecklenburg County

Catheter-Associated Urinary Tract Infections (CAUTI)

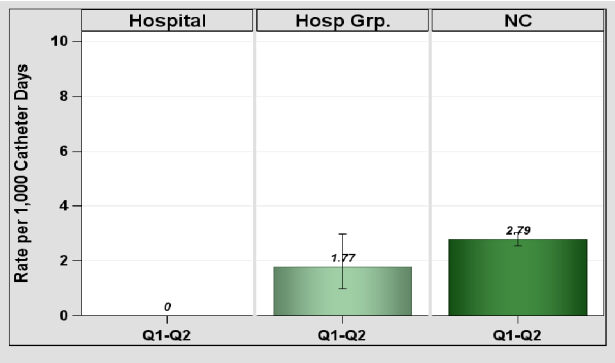


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	489	0	0.64	.		
YTD Total for Reporting ICUs	0	489	0	0.64	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	16	.	0.15	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

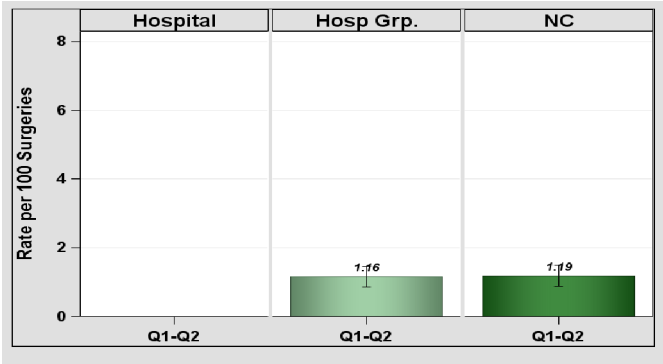


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

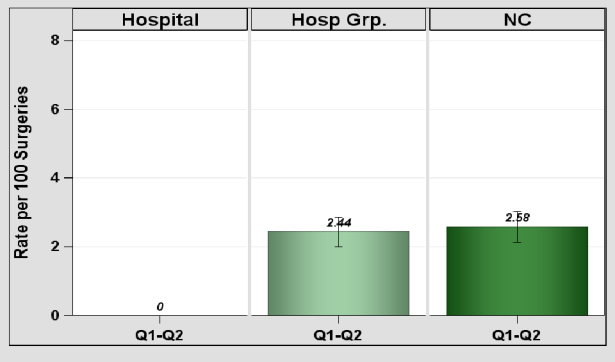


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	34	0	1.04	0	, 2.879	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

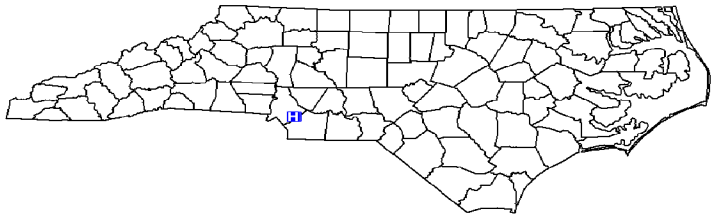
Commentary from Hospitals:
At Novant Health, the safety of our patients comes first. Our goal is to have the lowest possible infection rates and we continually monitor infection prevention tactics for improvement opportunities. We support transparency in reporting infection rates and make common infection 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 – June 30, 2014
Novant Health Matthews Medical Center, Matthews, Mecklenburg County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	7,733
Patient Days in 2013:	29,476
Total Number of Beds:	137
Number of ICU Beds:	18
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.73

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

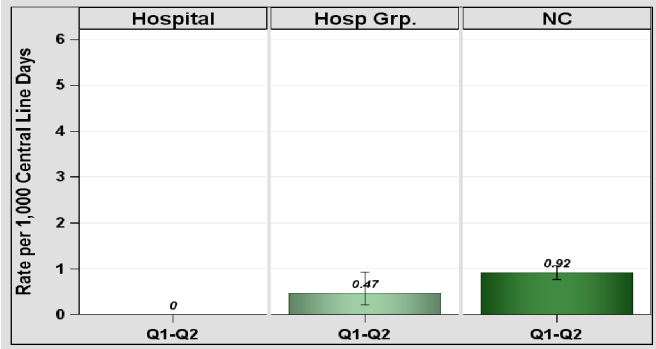


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	461	0	0.69	.		
Neonatal Level II/III	0	22	.	.	.		
YTD Total for Reporting ICUs	0	483	0	0.72	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	15,941	0	0.77	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

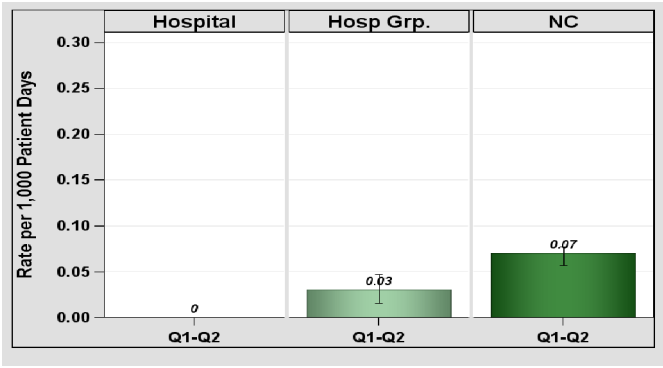


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

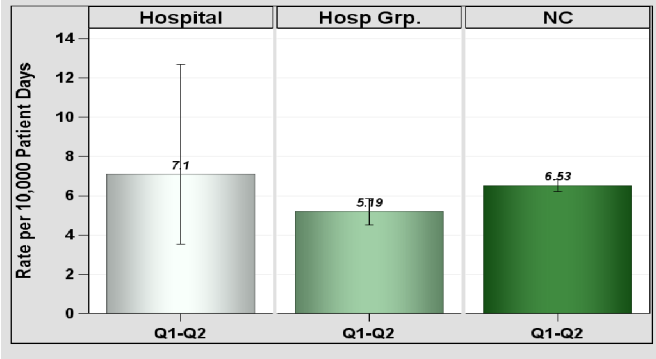


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	11	15,488	7.1	11.87	0.927	0.488, 1.611	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Novant Health Matthews Medical Center, Matthews, Mecklenburg County

Catheter-Associated Urinary Tract Infections (CAUTI)

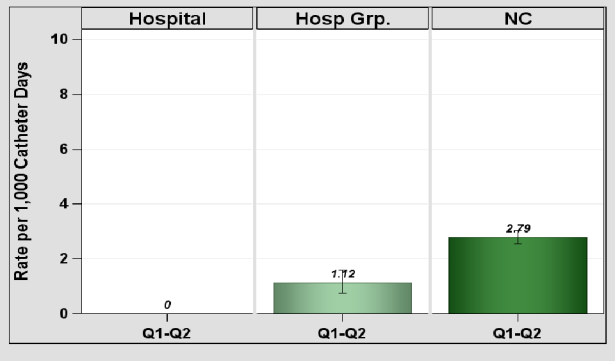


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	510	0	0.66	.		
YTD Total for Reporting ICUs	0	510	0	0.66	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	1	23	4.35	0.21	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

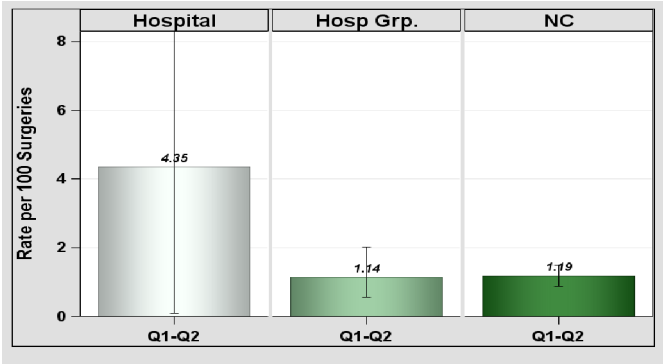


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

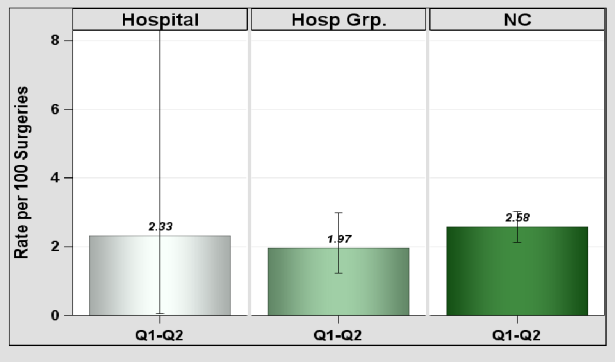


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	1	43	2.33	1.32	0.758	0.038, 3.740	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

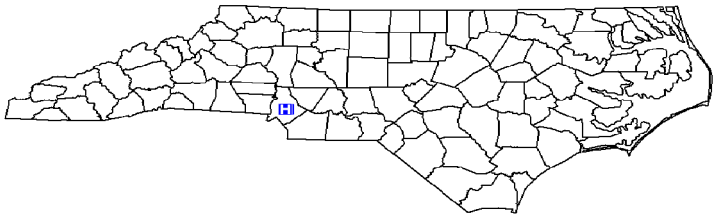
Commentary from Hospitals:
At Novant Health, the safety of our patients comes first. Our goal is to have the lowest possible infection rates and we continually monitor infection prevention tactics for improvement opportunities. We support transparency in reporting infection rates and make common infection 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 – June 30, 2014
Novant Health Presbyterian Medical Center, Charlotte, Mecklenburg County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	26,818
Patient Days in 2013:	152,525
Total Number of Beds:	609
Number of ICU Beds:	86
FTE* Infection Preventionists:	4.50
Number of FTEs* per 100 beds:	0.74

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

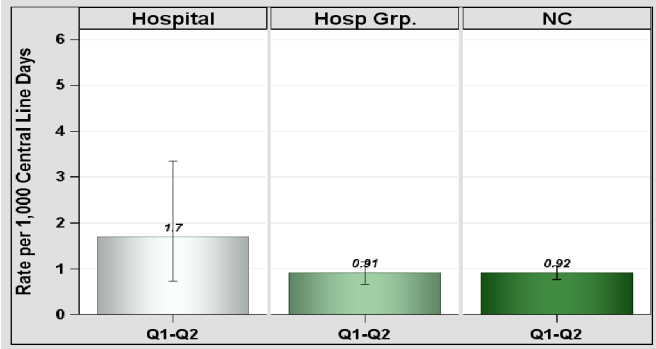


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	1	1,169	0.86	2.34	0.428	0.021, 2.109	Same
Medical/surgical	2	1,545	1.29	2.32	0.863	0.145, 2.851	Same
Neonatal Level III	5	1,184	4.22	2.84	1.76	0.645, 3.902	Same
Neurosurgical	0	369	0	0.92	.		
Pediatric medical/surgical	0	172	0	0.52	.		
Surgical cardiothoracic	0	261	0	0.37	.		
YTD Total for Reporting ICUs	8	4,700	1.7	9.3	0.86	0.400, 1.634	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	5	72,704	0.07	3.94	1.27	0.465, 2.816	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

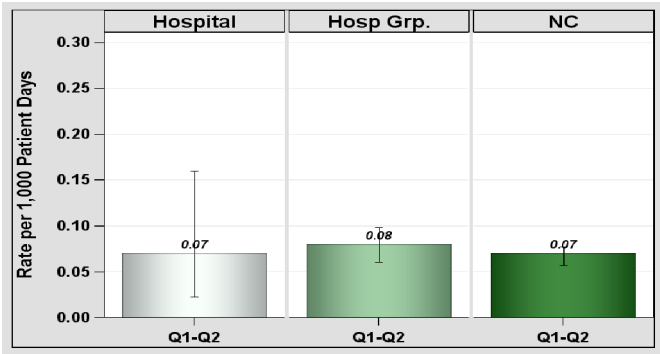


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

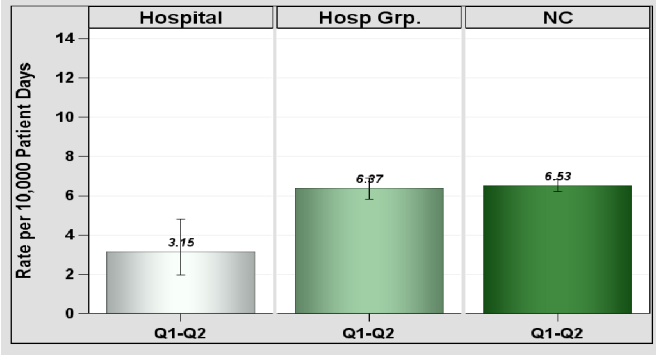


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	21	66,644	3.15	46.35	0.453	0.288, 0.681	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Novant Health Presbyterian Medical Center, Charlotte, Mecklenburg County

Catheter-Associated Urinary Tract Infections (CAUTI)

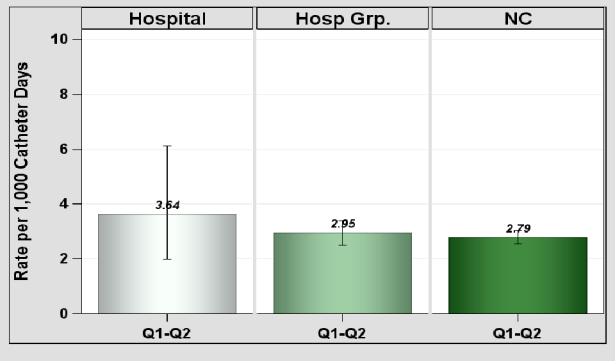


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	3	1,256	2.39	2.51	1.194	0.304, 3.250	Same
Medical/surgical	8	1,524	5.25	1.98	4.038	1.875, 7.668	Higher
Neurosurgical	2	622	3.22	2.74	0.731	0.123, 2.414	Same
Pediatric medical/surgical	0	92	0	0.26	.		
Surgical cardiothoracic	1	349	2.87	0.59	.		
YTD Total for Reporting ICUs	14	3,843	3.64	8.08	1.732	0.986, 2.838	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	3	170	1.76	1.71	1.754	0.446, 4.774	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

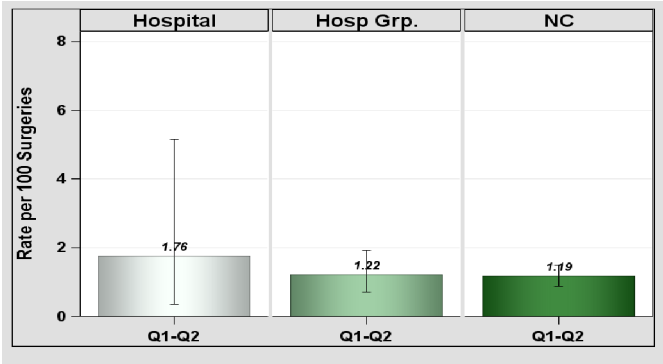


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

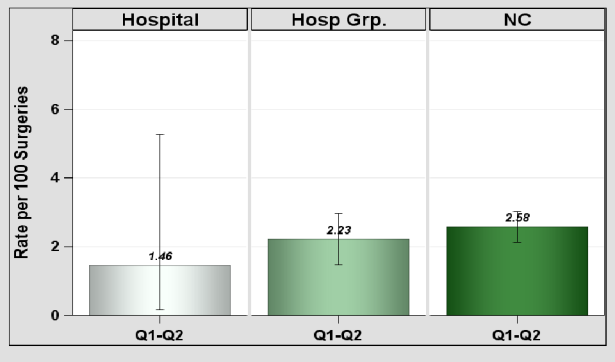


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	2	137	1.46	4.43	0.451	0.076, 1.491	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

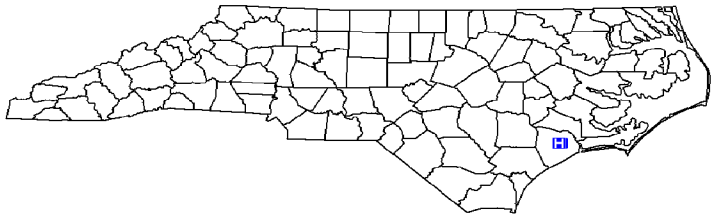
Commentary from Hospitals:
At Novant Health, the safety of our patients comes first. Our goal is to have the lowest possible infection rates and we continually monitor infection prevention tactics for improvement opportunities. We support transparency in reporting infection rates and make common infection 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 – June 30, 2014
Onslow Memorial Hospital, Jacksonville, Onslow County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	9,351
Patient Days in 2013:	34,322
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)

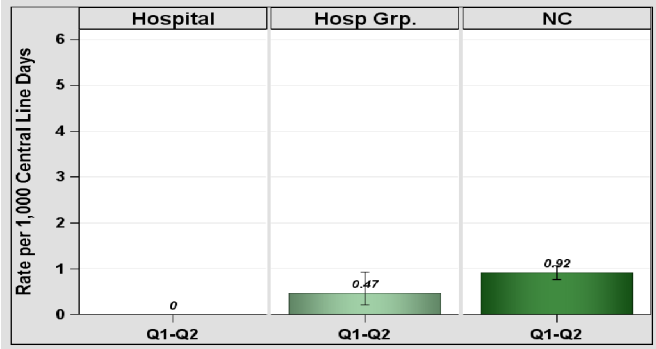


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	526	0	0.79	.		
Neonatal Level III	0	0	.	.	.		
YTD Total for Reporting ICUs	0	526	0	0.79	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	16,238	0	0.95	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

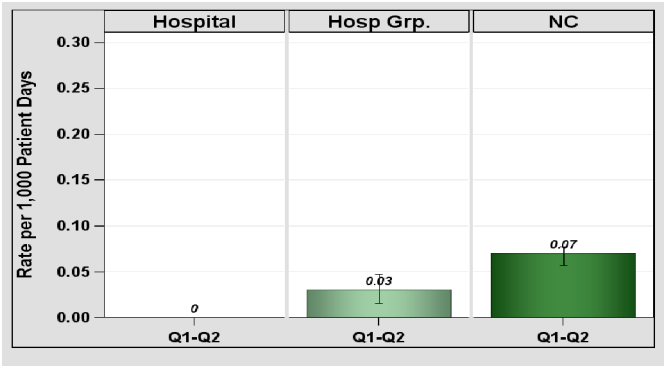


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

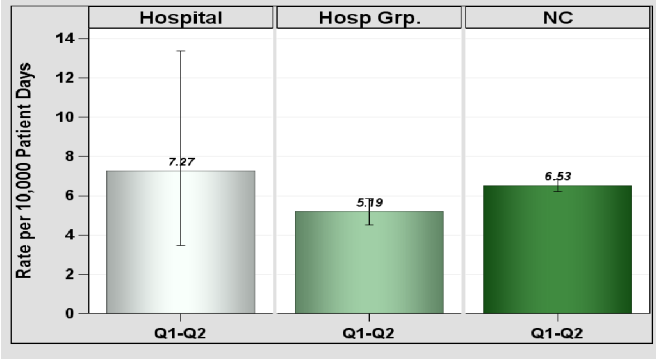


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	10	13,752	7.27	11.23	0.891	0.452, 1.588	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Onslow Memorial Hospital, Jacksonville, Onslow County

Catheter-Associated Urinary Tract Infections (CAUTI)

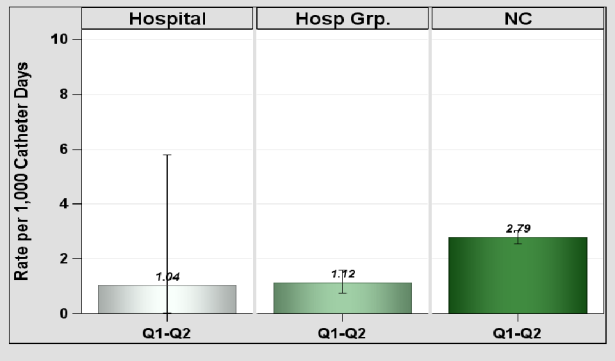


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	963	1.04	1.25	0.799	0.040, 3.940	Same
YTD Total for Reporting ICUs	1	963	1.04	1.25	0.799	0.040, 3.940	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	7	.	0.07	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

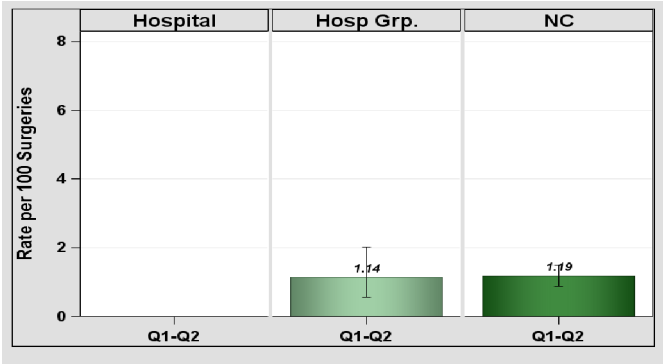


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

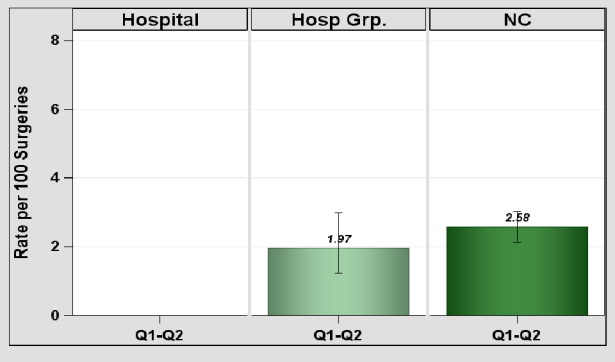


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	11	.	0.31	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

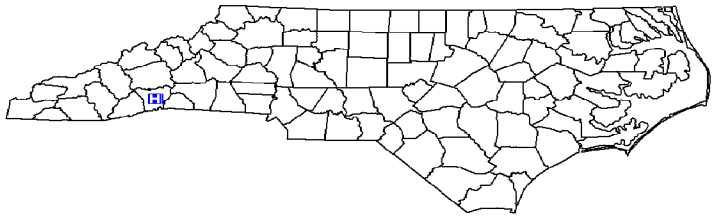
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Pardee Hospital, Hendersonville, Henderson County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Profit Status:	Not for Profit
Admissions in 2013:	7,242
Patient Days in 2013:	30,116
Total Number of Beds:	138
Number of ICU Beds:	8
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.72

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

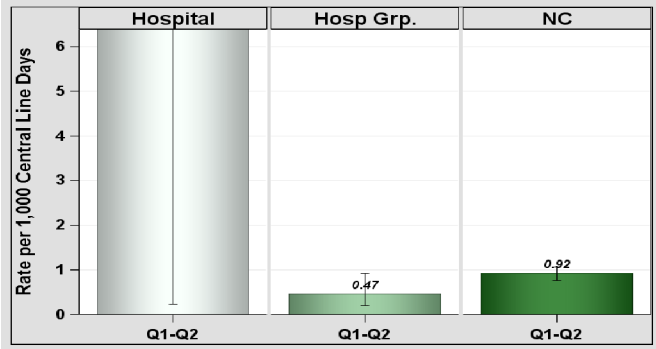


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	113	8.85	0.17	.		
YTD Total for Reporting ICUs	1	113	8.85	0.17	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	14,349	0	0.67	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

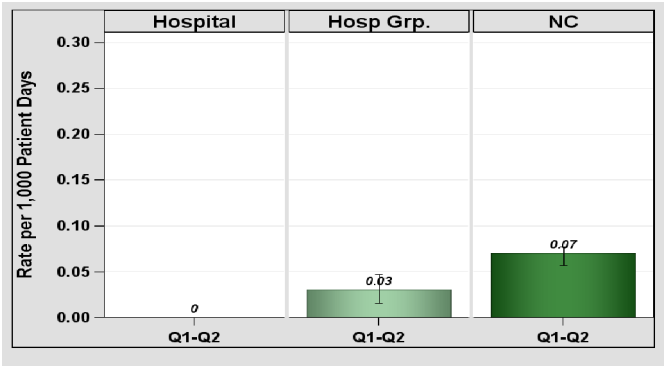


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

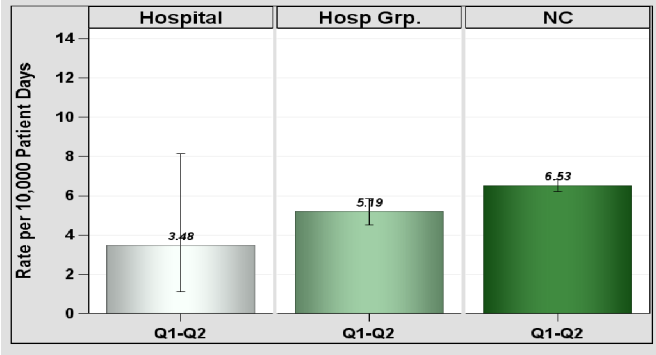


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	5	14,349	3.48	7.73	0.647	0.237, 1.434	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Pardee Hospital, Hendersonville, Henderson County

Catheter-Associated Urinary Tract Infections (CAUTI)

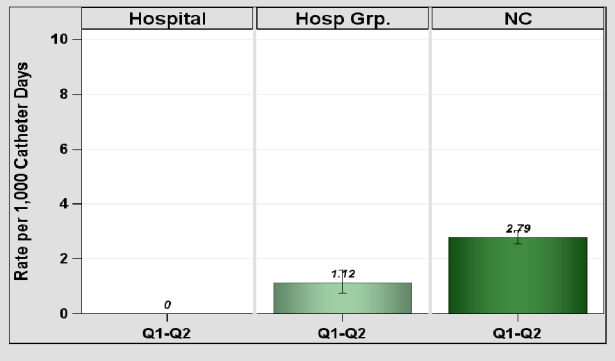


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	664	0	0.86	.		
YTD Total for Reporting ICUs	0	664	0	0.86	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	17	.	0.21	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

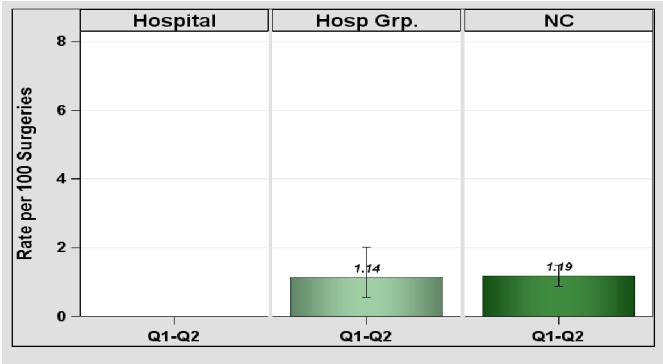


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

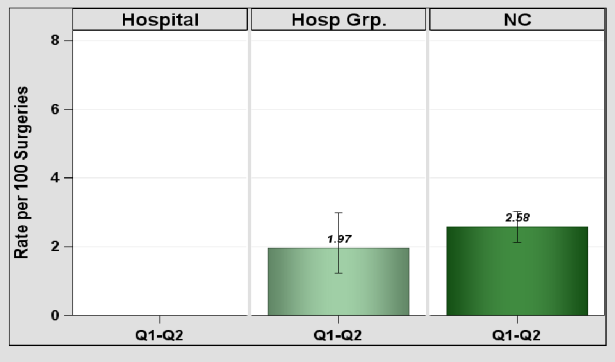


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	2	.	0.05	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

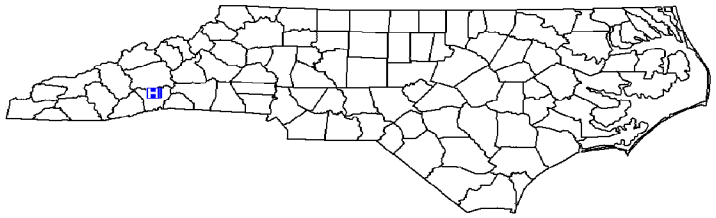
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Park Ridge Health, Hendersonville, Henderson County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	8,345
Patient Days in 2013:	22,934
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)

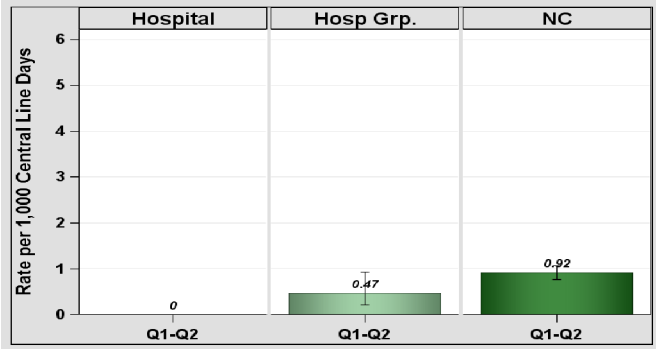


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	224	0	0.43	.		
YTD Total for Reporting ICUs	0	224	0	0.43	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	10,766	0	0.39	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

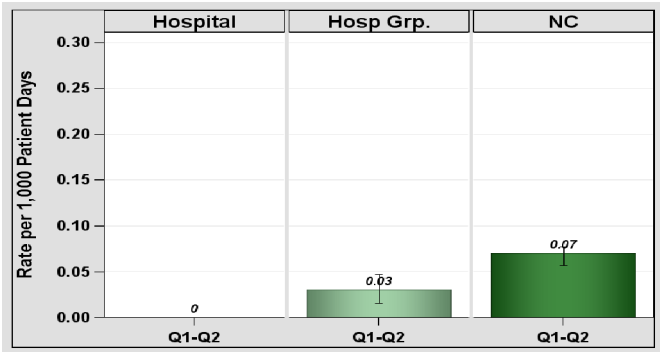


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

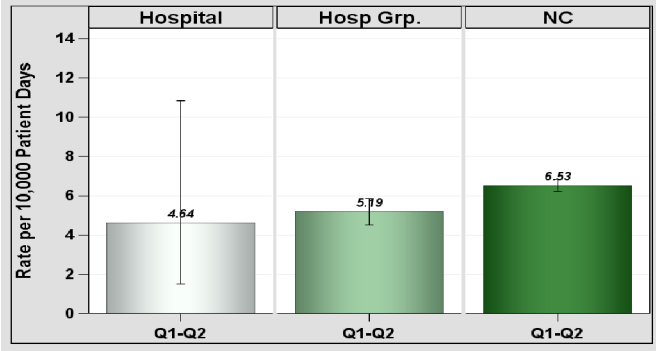


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	5	10,766	4.64	5.77	0.866	0.317, 1.920	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Park Ridge Health, Hendersonville, Henderson County

Catheter-Associated Urinary Tract Infections (CAUTI)

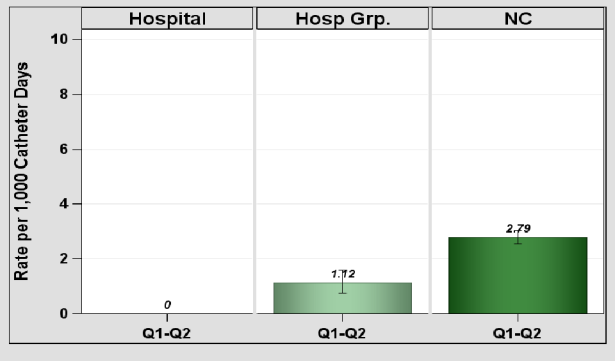


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	443	0	0.89	.		
YTD Total for Reporting ICUs	0	443	0	0.89	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	45	0	0.47	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

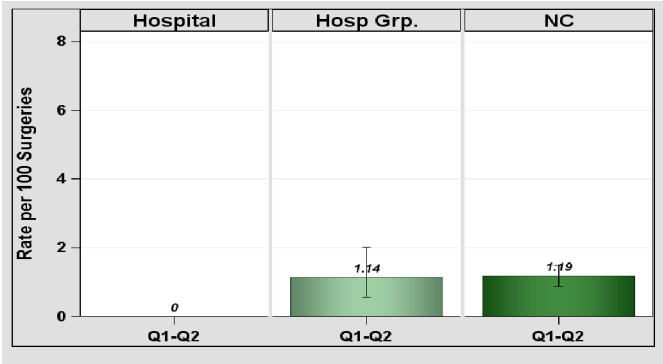


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

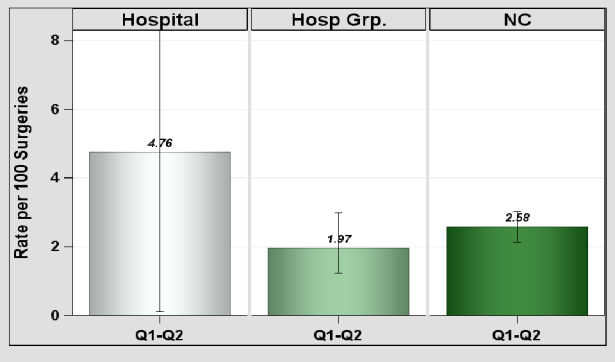


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	1	21	4.76	0.71	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

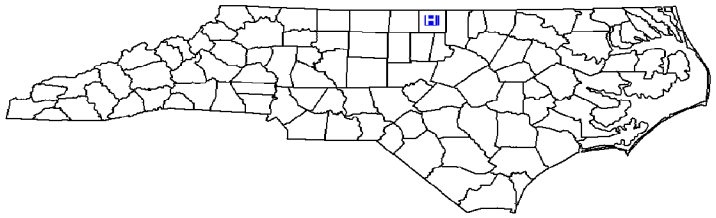
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Person Memorial Hospital, Roxboro, Person County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	For Profit
Admissions in 2013:	1,645
Patient Days in 2013:	6,010
Total Number of Beds:	38
Number of ICU Beds:	6
FTE* Infection Preventionists:	0.40
Number of FTEs* per 100 beds:	1.05

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

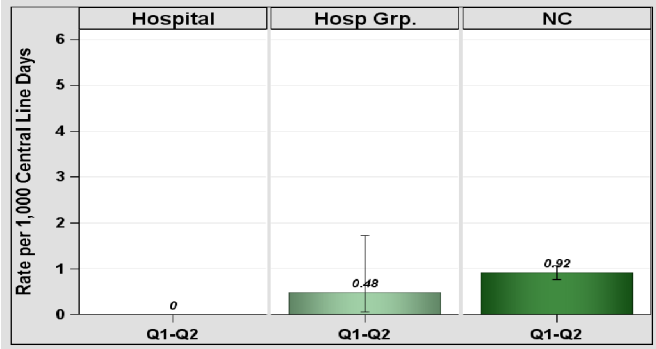


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	105	0	0.16	.		
YTD Total for Reporting ICUs	0	105	0	0.16	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	2,912	0	0.19	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

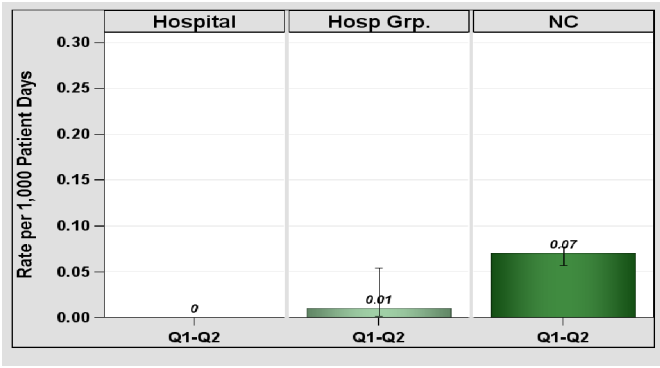


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

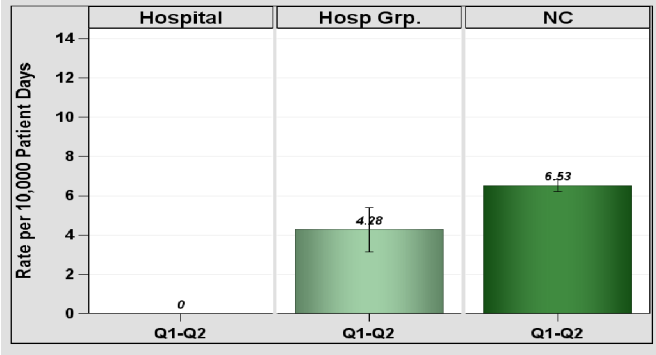


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	2,912	0	1.54	0	, 1.951	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Person Memorial Hospital, Roxboro, Person County

Catheter-Associated Urinary Tract Infections (CAUTI)

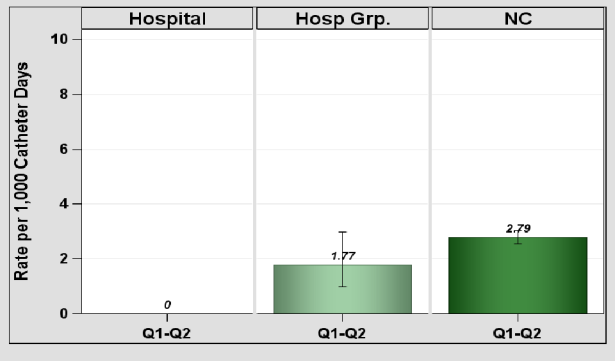


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	329	0	0.43	.		
YTD Total for Reporting ICUs	0	329	0	0.43	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	0	.	0	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

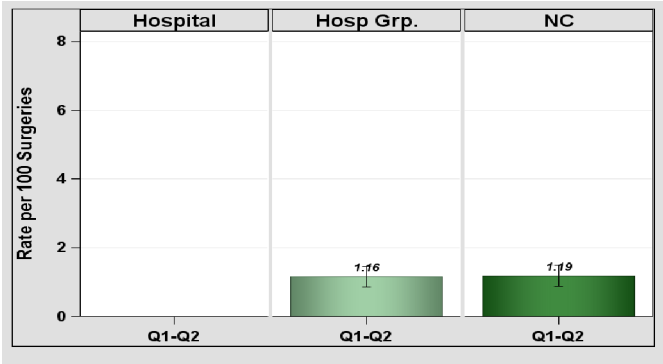


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

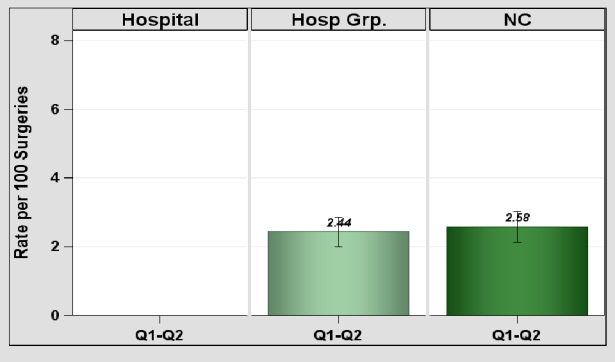


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	10	.	0.36	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

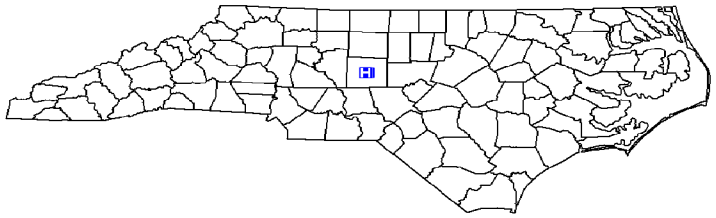
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Randolph Hospital, Asheboro, Randolph County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	5,433
Patient Days in 2013:	21,208
Total Number of Beds:	102
Number of ICU Beds:	9
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.98

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

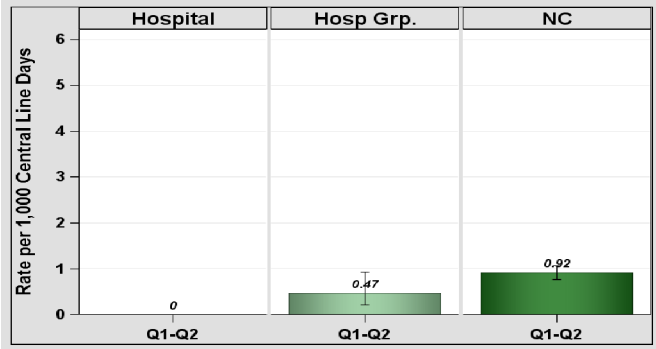


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	502	0	0.75	.		
YTD Total for Reporting ICUs	0	502	0	0.75	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	10,399	0	0.68	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

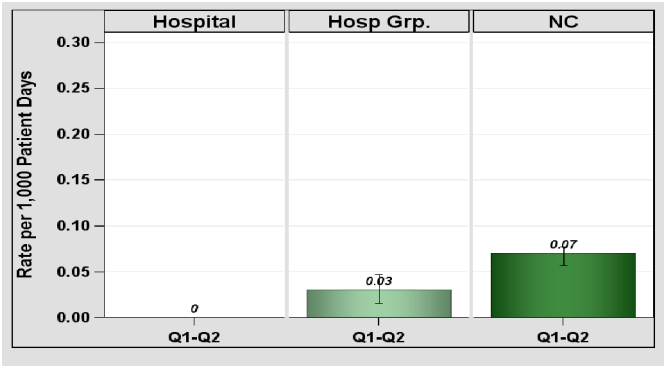


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

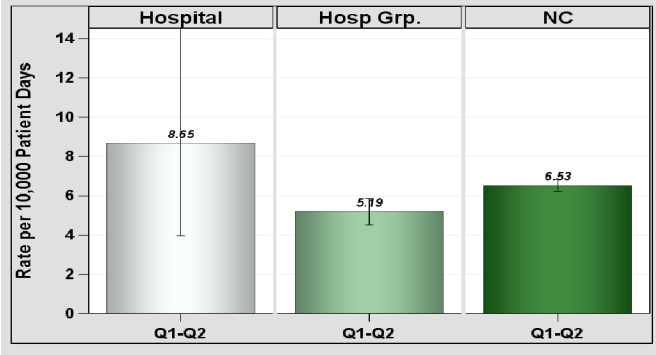


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	9	10,399	8.65	8.7	1.035	0.505, 1.899	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Randolph Hospital, Asheboro, Randolph County

Catheter-Associated Urinary Tract Infections (CAUTI)

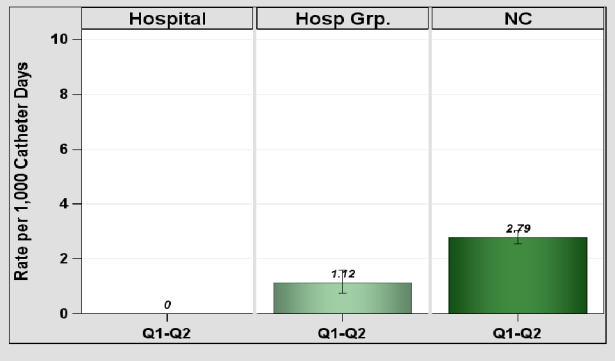


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	575	0	0.75	.		
YTD Total for Reporting ICUs	0	575	0	0.75	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	1	39	2.56	0.45	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

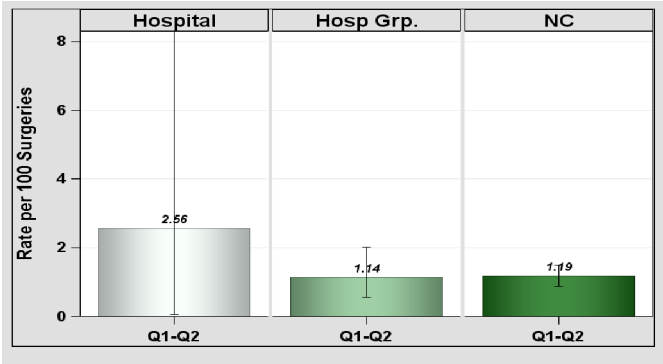


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

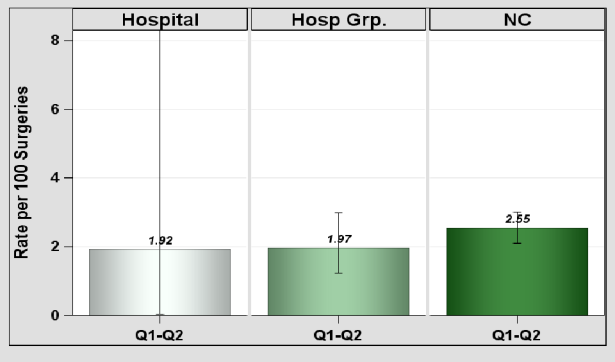


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	1	52	1.92	1.73	0.579	0.029, 2.854	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

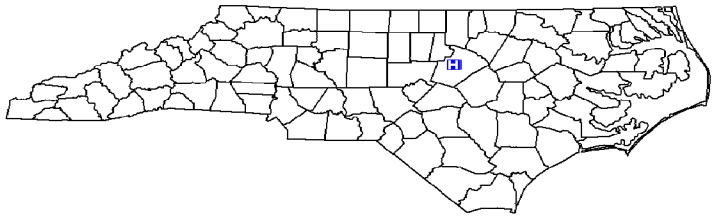
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 16, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Rex Healthcare, Raleigh, Wake County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	31,134
Patient Days in 2013:	121,583
Total Number of Beds:	479
Number of ICU Beds:	38
FTE* Infection Preventionists:	4.00
Number of FTEs* per 100 beds:	0.84

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

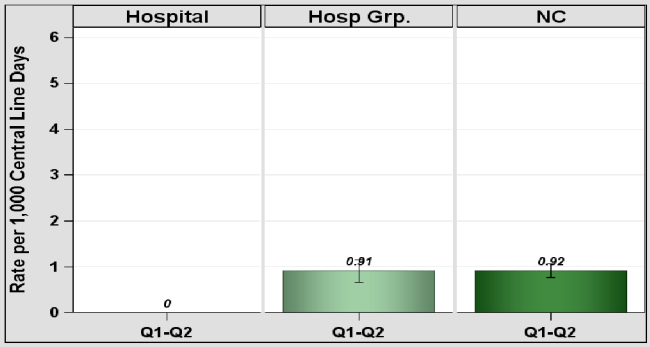


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	0	472	0	0.94	.		
Medical/surgical	0	1,332	0	2	0	, 1.499	Same
Surgical cardiothoracic	0	511	0	0.72	.		
YTD Total for Reporting ICUs	0	2,315	0	3.66	0	, 0.819	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	4	61,563	0.06	4.24	0.944	0.300, 2.278	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

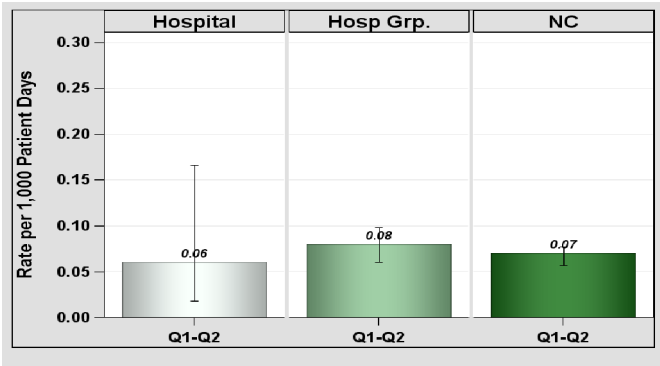


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

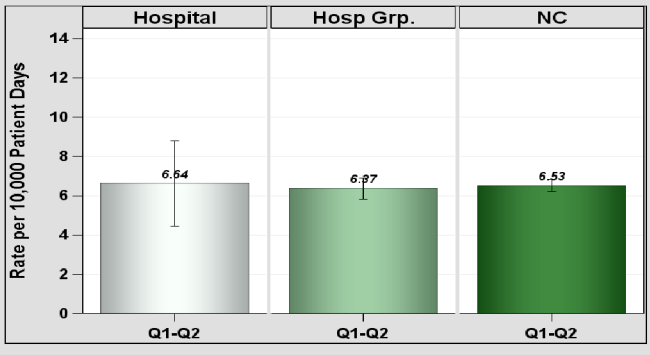


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	36	54,214	6.64	44.32	0.812	0.577, 1.112	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Rex Healthcare, Raleigh, Wake County

Catheter-Associated Urinary Tract Infections (CAUTI)

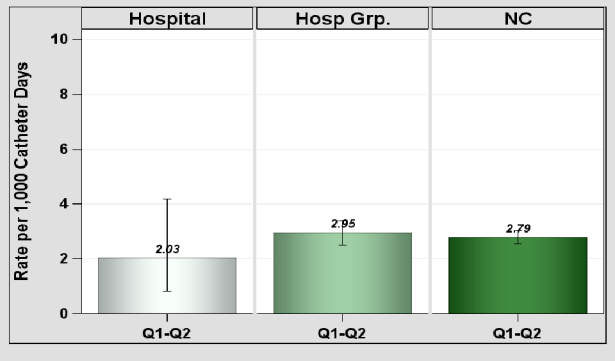


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	1	735	1.36	1.47	0.68	0.034, 3.355	Same
Medical/surgical	5	1,969	2.54	2.36	2.116	0.775, 4.690	Same
Surgical cardiothoracic	1	738	1.36	1.25	0.797	0.040, 3.931	Same
YTD Total for Reporting ICUs	7	3,442	2.03	5.09	1.376	0.602, 2.722	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	3	210	1.43	2.01	1.495	0.380, 4.069	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

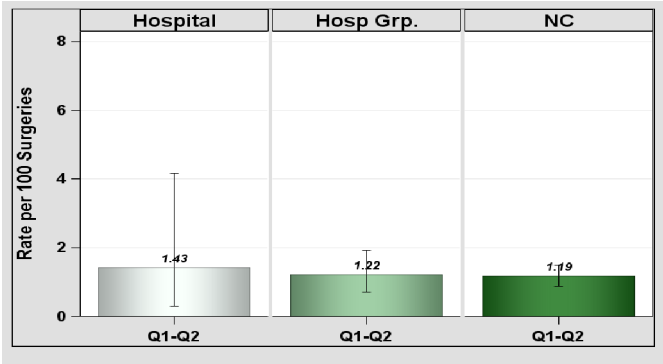


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

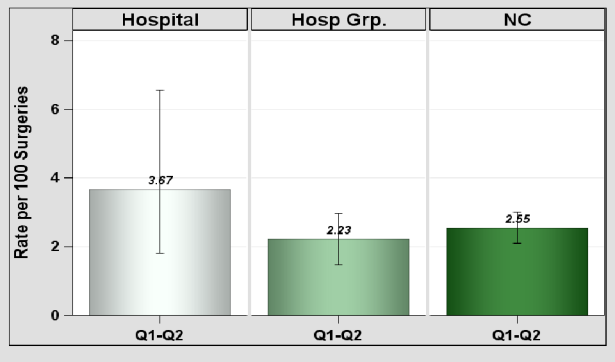


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	11	300	3.67	9.74	1.13	0.594, 1.964	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

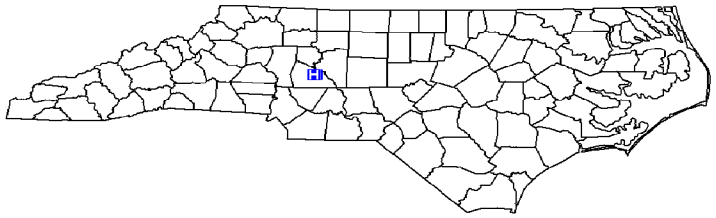
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 16, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Rowan Regional Medical Center, Salisbury, Rowan County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	9,724
Patient Days in 2013:	47,499
Total Number of Beds:	268
Number of ICU Beds:	12
FTE* Infection Preventionists:	0.75
Number of FTEs* per 100 beds:	0.28

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

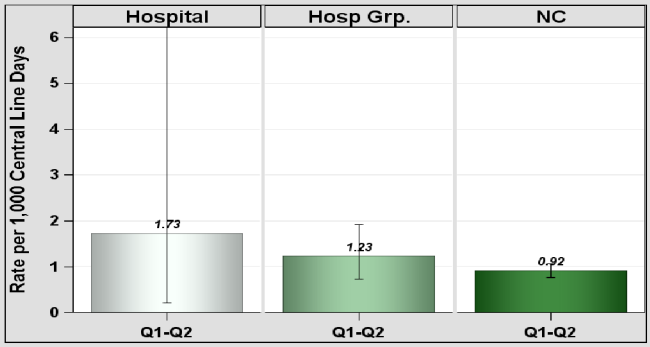


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	2	1,154	1.73	1.73	1.155	0.194, 3.817	Same
YTD Total for Reporting ICUs	2	1,154	1.73	1.73	1.155	0.194, 3.817	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	4	24,577	0.16	1.17	3.404	1.082, 8.212	Higher

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

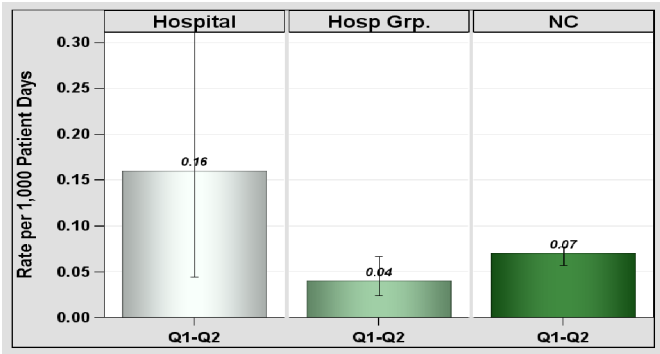


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

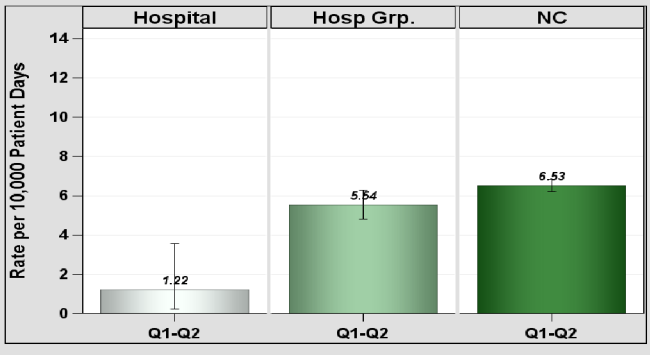


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	3	24,577	1.22	13.78	0.218	0.055, 0.592	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Rowan Regional Medical Center, Salisbury, Rowan County

Catheter-Associated Urinary Tract Infections (CAUTI)

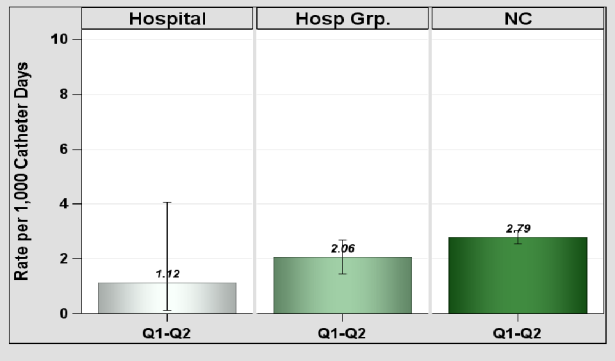


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	2	1,595	1.25	2.07	0.965	0.162, 3.187	Same
Rehabiliation	0	183	0	0.7	.		
YTD Total for Reporting ICUs	2	1,778	1.12	2.77	0.722	0.121, 2.386	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	1	11	.	0.13	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

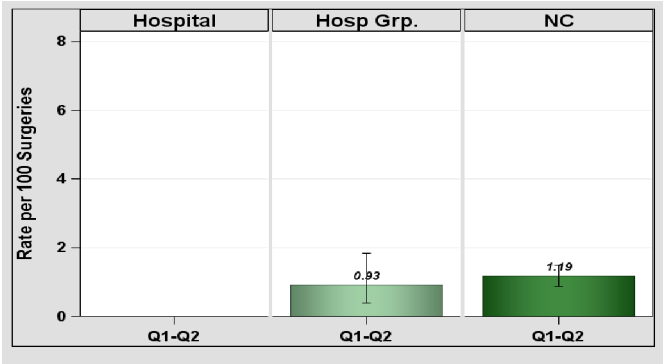


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

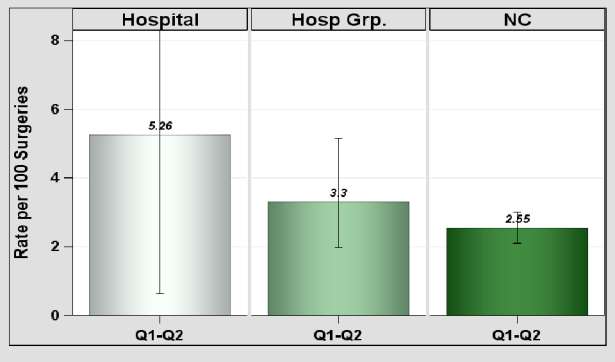


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	2	38	5.26	1.29	1.545	0.259, 5.105	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

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.

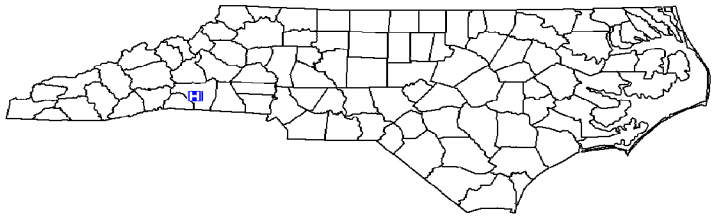
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 16, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Rutherford Regional Medical Center, Rutherfordton, Rutherford County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	6,599
Patient Days in 2013:	24,343
Total Number of Beds:	120
Number of ICU Beds:	10
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.83

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

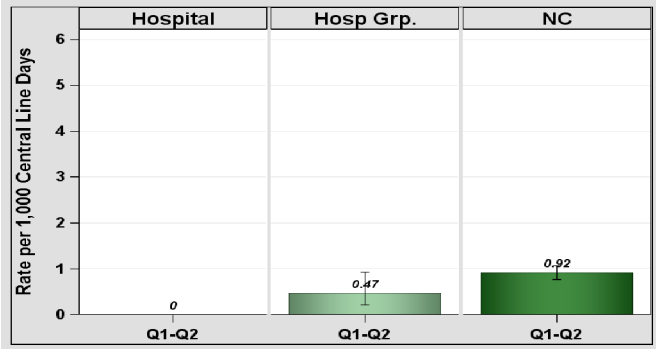


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	120	0	0.18	.		
YTD Total for Reporting ICUs	0	120	0	0.18	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	2	9,111	0.22	0.52	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

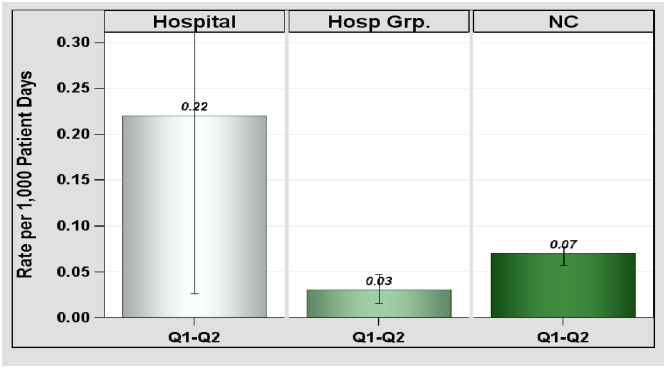


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

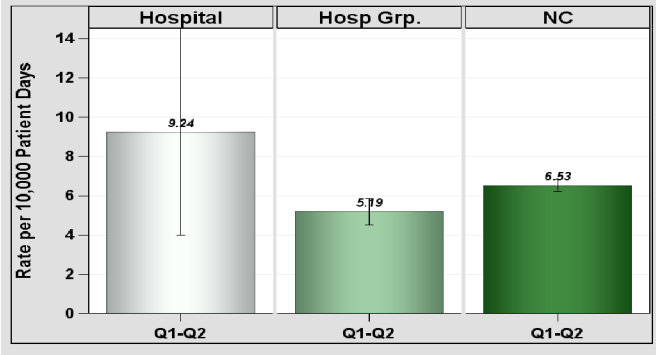


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	8	8,659	9.24	6.33	1.263	0.587, 2.399	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Rutherford Regional Medical Center, Rutherfordton, Rutherford County

Catheter-Associated Urinary Tract Infections (CAUTI)

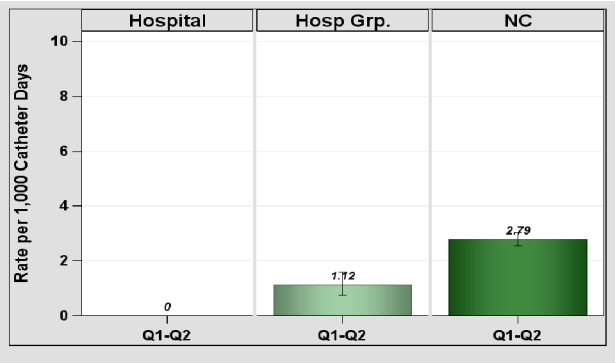


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	565	0	0.73	.		
YTD Total for Reporting ICUs	0	565	0	0.73	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	2	22	9.09	0.22	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

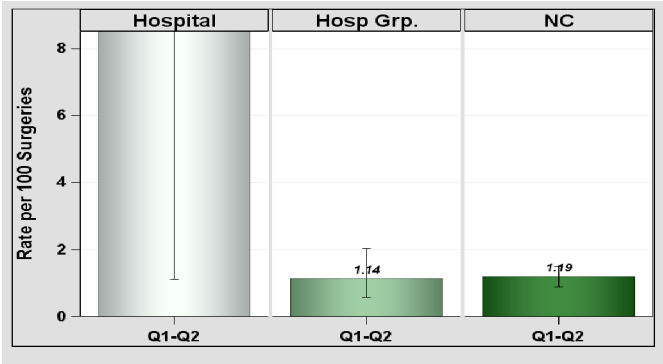


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

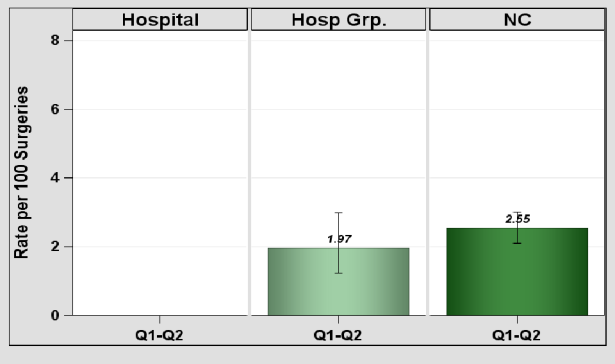


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	1	14	.	0.45	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

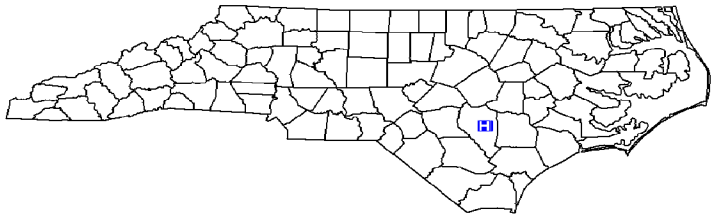
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 16, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Sampson Regional Medical Center, Clinton, Sampson County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	4,464
Patient Days in 2013:	15,521
Total Number of Beds:	116
Number of ICU Beds:	8
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.86

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

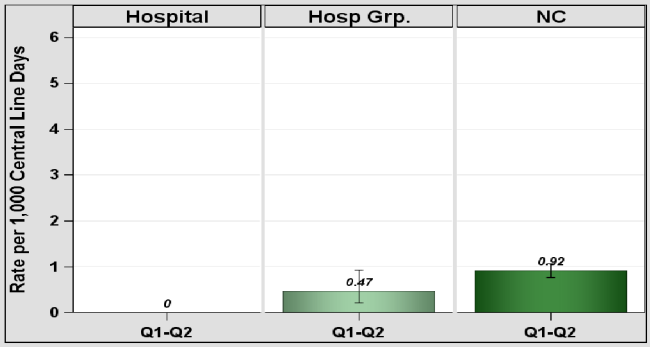


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	59	0	0.09	.		
YTD Total for Reporting ICUs	0	59	0	0.09	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	5,508	0	0.28	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

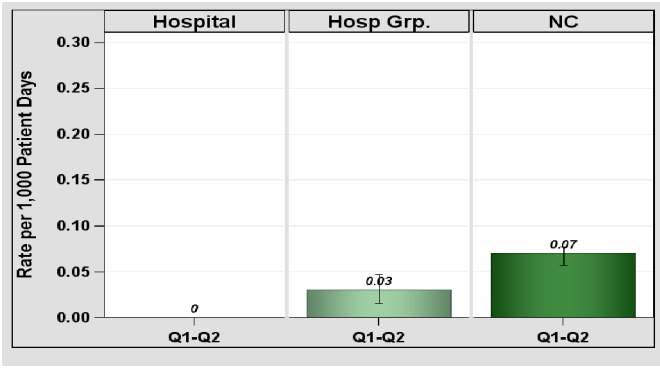


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

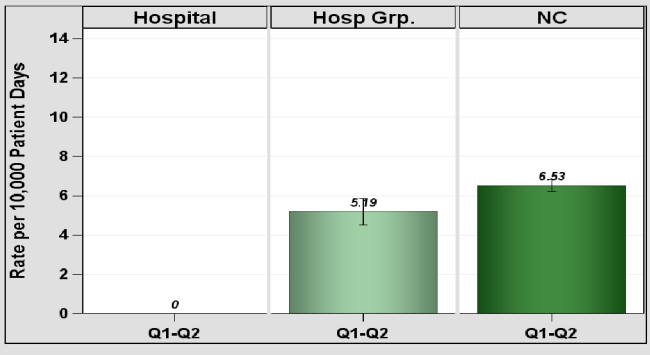


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	6,559	0	3.14	0	, 0.954	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Sampson Regional Medical Center, Clinton, Sampson County

Catheter-Associated Urinary Tract Infections (CAUTI)

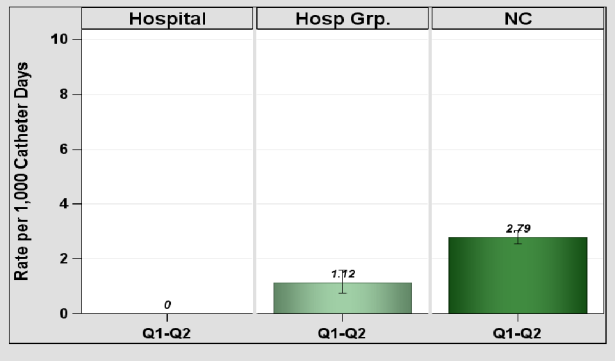


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	414	0	0.54	.		
YTD Total for Reporting ICUs	0	414	0	0.54	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	4	.	0.05	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

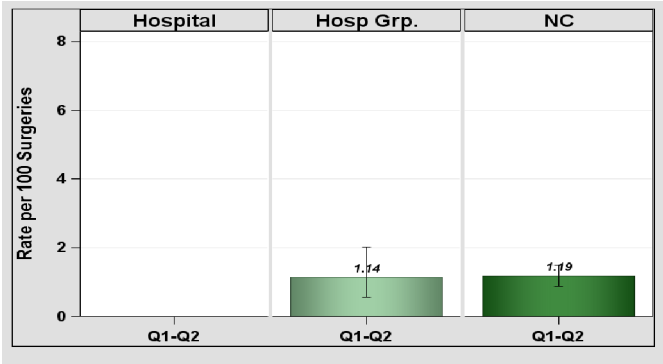


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

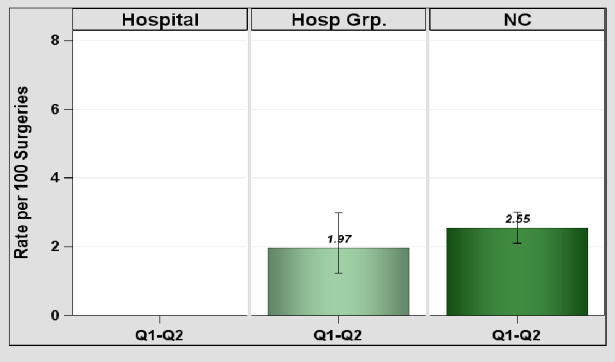


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	9	.	0.29	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

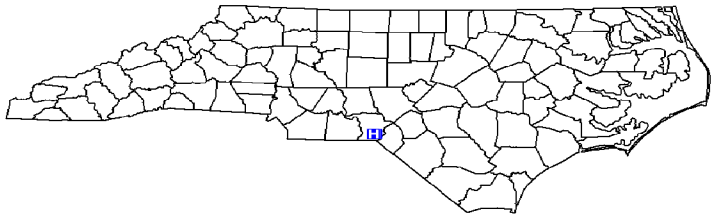
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 16, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Sandhills Regional Medical Center, Hamlet, Richmond County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	For Profit
Admissions in 2013:	2,332
Patient Days in 2013:	9,469
Total Number of Beds:	66
Number of ICU Beds:	6
FTE* Infection Preventionists:	0.85
Number of FTEs* per 100 beds:	1.29

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

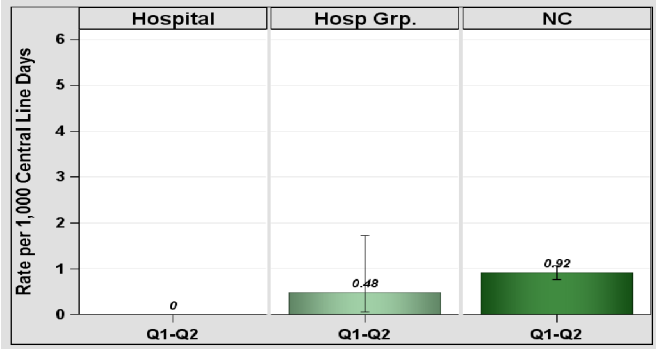


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	85	0	0.16	.		
YTD Total for Reporting ICUs	0	85	0	0.16	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	4,483	0	0.2	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

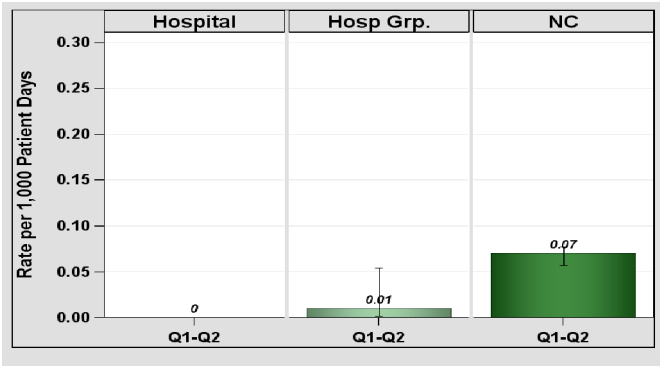


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

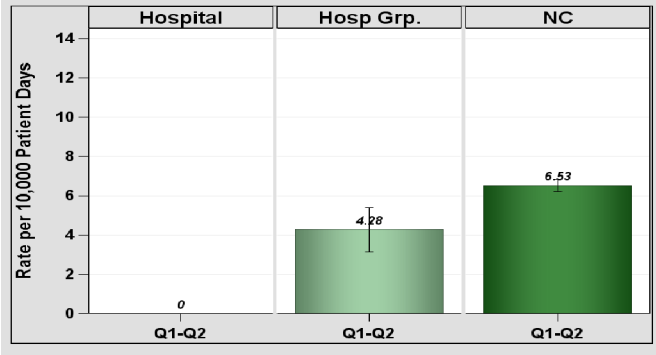


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	4,483	0	1.95	0	, 1.532	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Sandhills Regional Medical Center, Hamlet, Richmond County

Catheter-Associated Urinary Tract Infections (CAUTI)

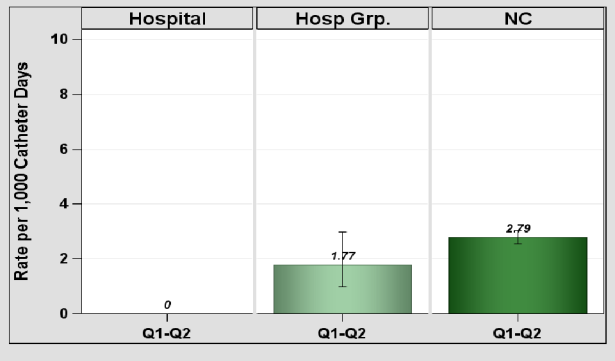


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	261	0	0.52	.		
YTD Total for Reporting ICUs	0	261	0	0.52	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	18	.	0.16	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

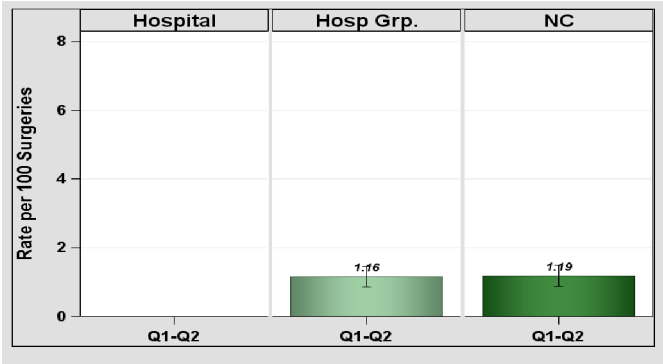


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

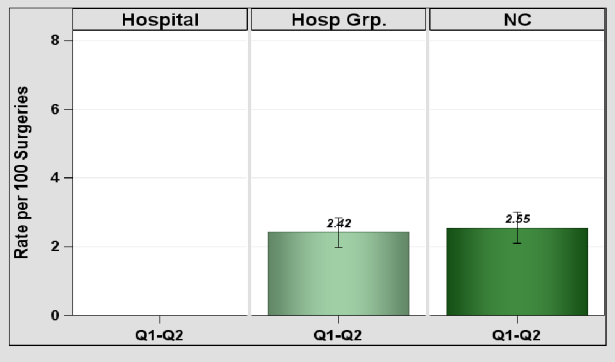


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	0	.	0	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

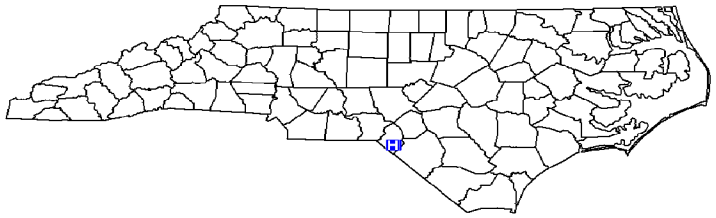
Commentary from Hospitals:
No comments provided.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Scotland Memorial Hospital, Laurinburg, Scotland County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	6,074
Patient Days in 2013:	21,154
Total Number of Beds:	104
Number of ICU Beds:	0
FTE* Infection Preventionists:	0.90
Number of FTEs* per 100 beds:	0.87

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

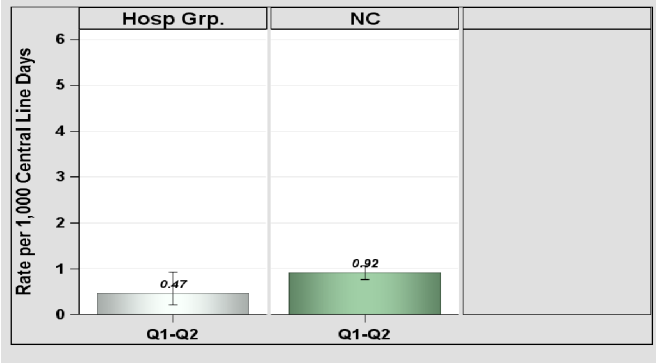


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	10,181	0	0.66	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

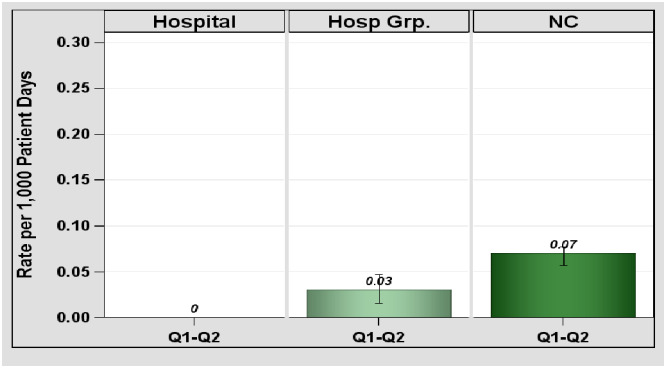


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

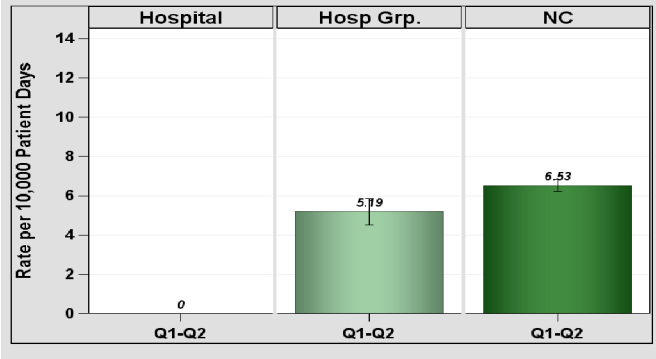


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	9,375	0	4.68	0	, 0.641	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Scotland Memorial Hospital, Laurinburg, Scotland County

Catheter-Associated Urinary Tract Infections (CAUTI)

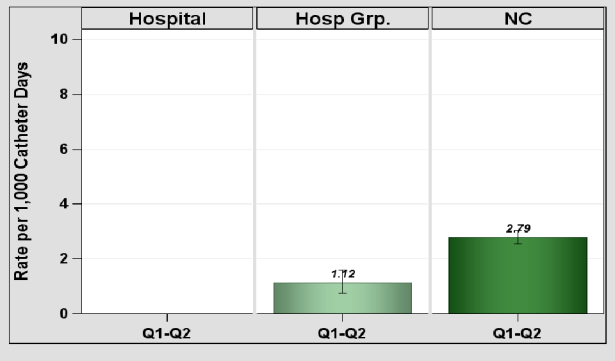


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Rehabiliation	0	47	.	.	.		
YTD Total for Reporting ICUs	0	47	.	.	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	17	.	0.14	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

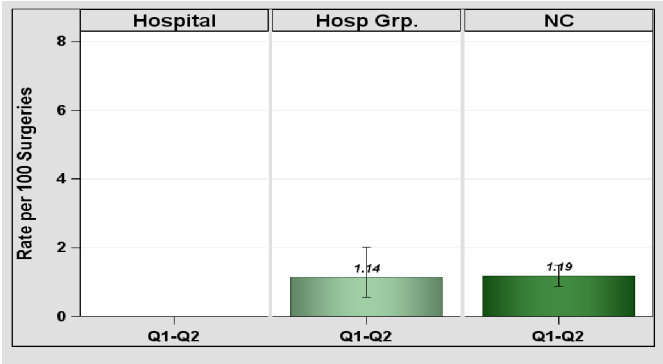


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

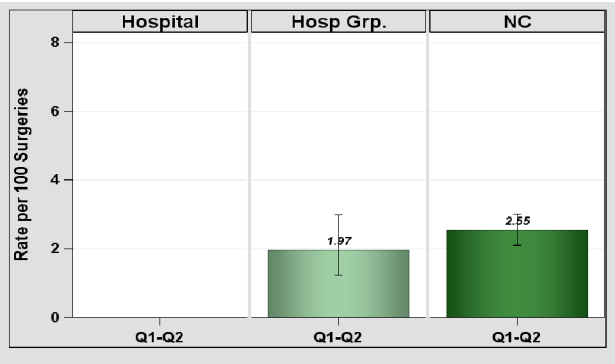


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	1	18	.	0.57	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

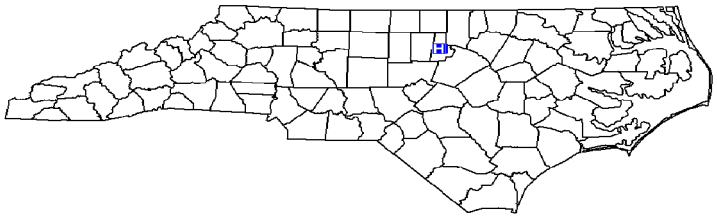
Commentary from Hospitals:
No comments provided.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 16, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Select Specialty Hospital-Durham, Durham, Durham County

2013 Hospital Survey Information

Hospital Type:	Long-term Acute Care Hospital
Profit Status:	For Profit
Admissions in 2013:	307
Patient Days in 2013:	8,732
Total Number of Beds:	30
FTE* Infection Preventionists:	0.25
Number of FTEs* per 100 beds:	0.83



*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

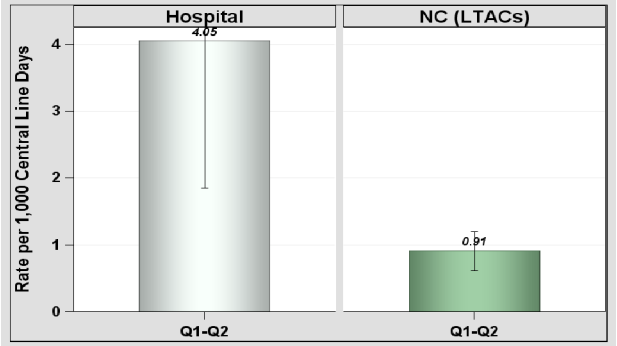


Table 1. Rates by Location, Jan-Jun 2014.

Type of Unit	Infections	Line Days	Rate
Adult ward	9	2,220	4.05
YTD Total for Reporting Units	9	2,220	4.05

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

Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates by Location, Jan-Jun 2014

Type of Unit	Infections	Catheter Days	Rate
Adult ward	7	1,503	4.66
YTD Total for Reporting Units	7	1,503	4.66

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

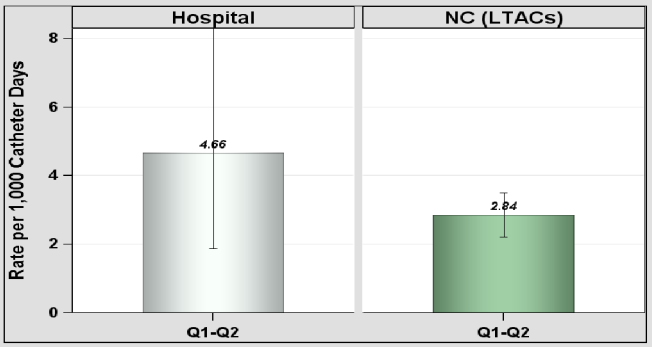


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Other Healthcare-Associated Infections (HAIs)

Long-term acute care hospitals (LTACs) do not report C. difficile LabID, MRSA Bacteremia LabID or SSIs to the N.C. Division of Public Health.

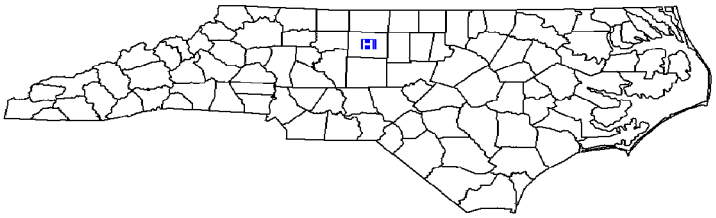
Commentary from Hospitals:
No comments provided.

Refer to the HAI in N.C. Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Select Specialty Hospital-Greensboro, Greensboro, Guilford County

2013 Hospital Survey Information

Hospital Type:	Long-term Acute Care Hospital
Profit Status:	For Profit
Admissions in 2013:	345
Patient Days in 2013:	9,146
Total Number of Beds:	30
FTE* Infection Preventionists:	0.45
Number of FTEs* per 100 beds:	1.50



*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

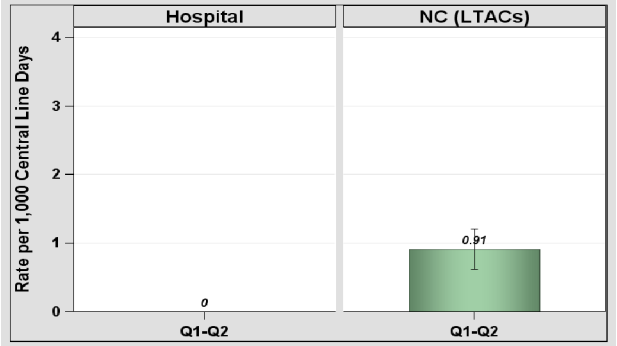


Table 1. Rates by Location, Jan-Jun 2014.

Type of Unit	Infections	Line Days	Rate
Adult ward	0	2,835	0.00
YTD Total for Reporting Units	0	2,835	0.00

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

Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates by Location, Jan-Jun 2014

Type of Unit	Infections	Catheter Days	Rate
Adult ward	0	2,480	0.00
YTD Total for Reporting Units	0	2,480	0.00

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

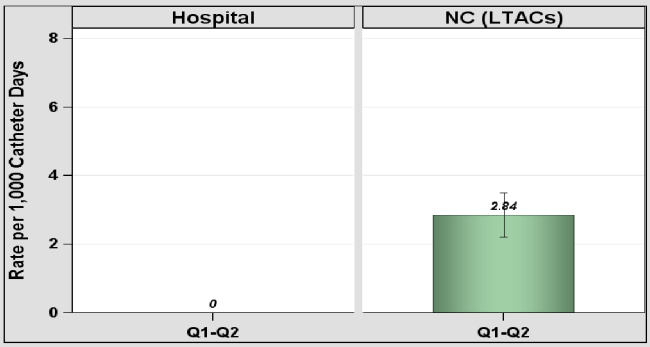


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Other Healthcare-Associated Infections (HAIs)

Long-term acute care hospitals (LTACs) do not report C. difficile LabID, MRSA Bacteremia LabID or SSIs to the N.C. Division of Public Health.

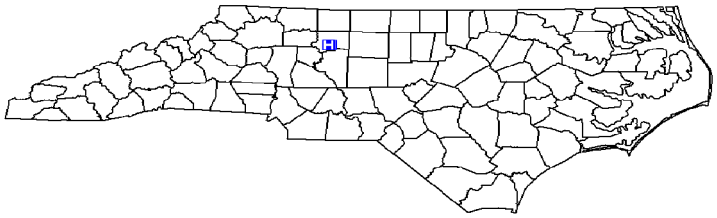
Commentary from Hospitals:
No comments provided.

Refer to the HAI in N.C. Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Select Specialty Hospital-Winston Salem, Winston Salem, Forsyth County

2013 Hospital Survey Information

Hospital Type:	Long-term Acute Care Hospital
Profit Status:	For Profit
Admissions in 2013:	410
Patient Days in 2013:	10,529
Total Number of Beds:	42
FTE* Infection Preventionists:	0.35
Number of FTEs* per 100 beds:	0.83



*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

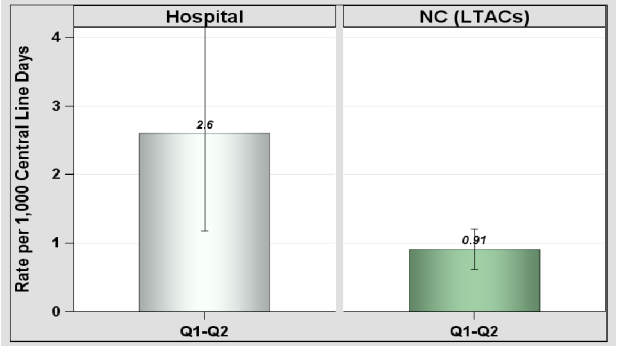


Table 1. Rates by Location, Jan-Jun 2014.

Type of Unit	Infections	Line Days	Rate
Adult ward	9	3,467	2.6
YTD Total for Reporting Units	9	3,467	2.6

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

Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates by Location, Jan-Jun 2014

Type of Unit	Infections	Catheter Days	Rate
Adult ward	21	3,568	5.89
YTD Total for Reporting Units	21	3,568	5.89

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

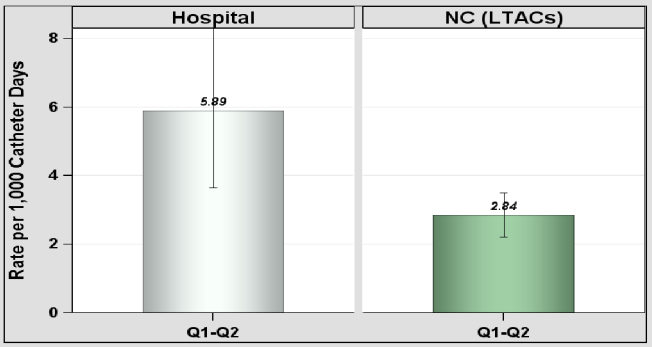


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Other Healthcare-Associated Infections (HAIs)

Long-term acute care hospitals (LTACs) do not report C. difficile LabID, MRSA Bacteremia LabID or SSIs to the N.C. Division of Public Health.

Commentary from Hospitals:
No comments provided.

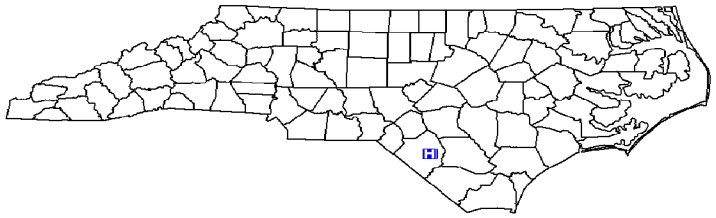
Refer to the HAI in N.C. Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Southeastern Regional Medical Center, Lumberton, Robeson County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	16,793
Patient Days in 2013:	77,437
Total Number of Beds:	319
Number of ICU Beds:	18
FTE* Infection Preventionists:	2.00
Number of FTEs* per 100 beds:	0.63

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

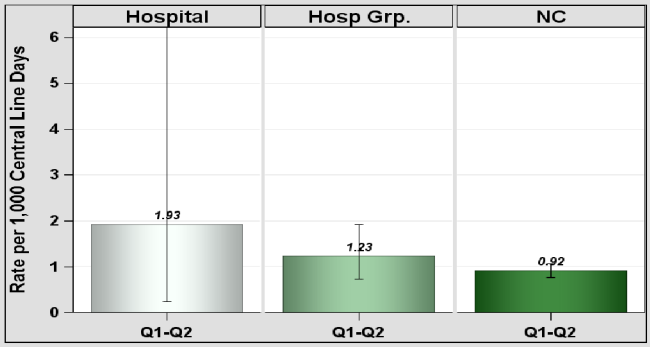


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	2	964	2.07	1.45	1.383	0.232, 4.570	Same
Surgical cardiothoracic	0	73	0	0.1	.		
YTD Total for Reporting ICUs	2	1,037	1.93	1.55	1.292	0.217, 4.268	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	37,023	0.03	1.36	0.734	0.037, 3.618	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

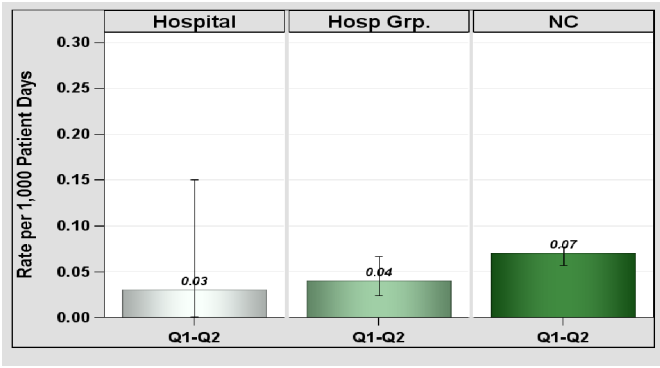


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

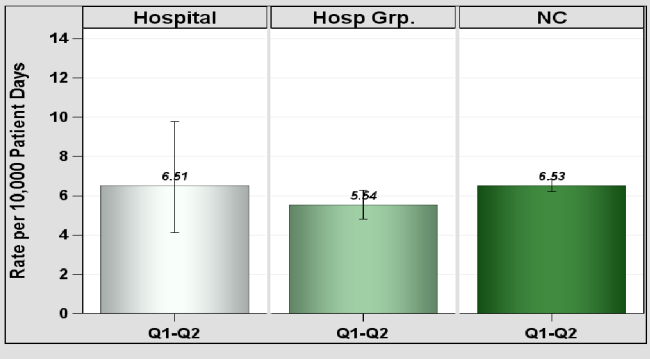


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	23	35,306	6.51	27.35	0.841	0.546, 1.242	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Southeastern Regional Medical Center, Lumberton, Robeson County

Catheter-Associated Urinary Tract Infections (CAUTI)

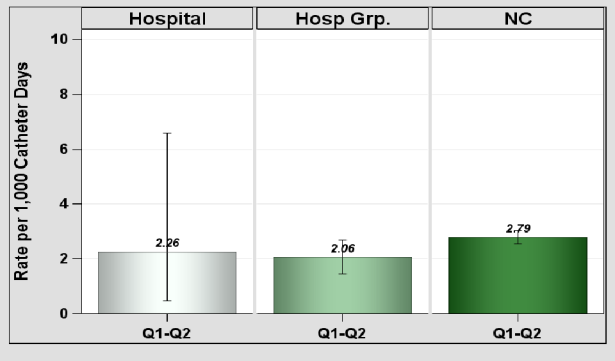


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	3	1,206	2.49	1.57	1.914	0.487, 5.208	Same
Surgical cardiothoracic	0	123	0	0.21	.		
YTD Total for Reporting ICUs	3	1,329	2.26	1.78	1.688	0.429, 4.595	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	83	0	0.93	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

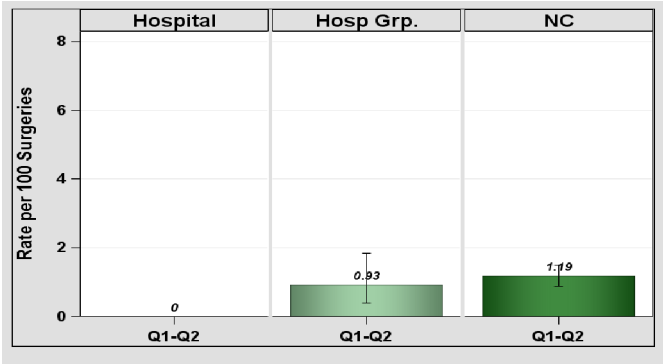


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

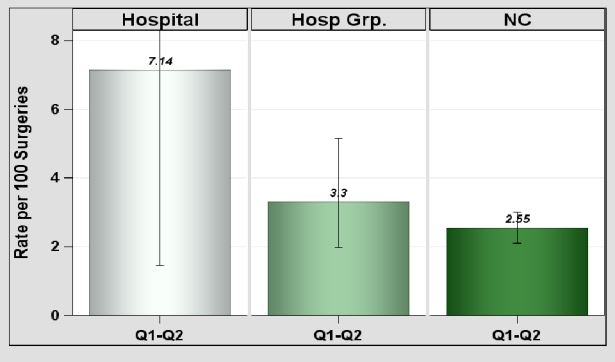


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	3	42	7.14	1.46	2.049	0.521, 5.576	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

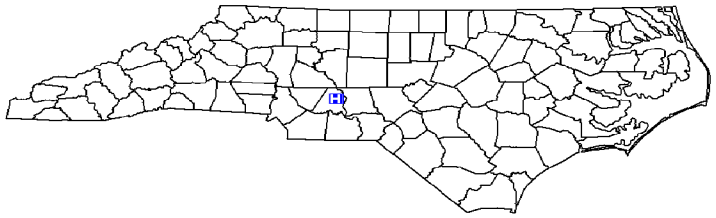
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 16, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Stanly Regional Medical Center, Albemarle, Stanly County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	4,568
Patient Days in 2013:	16,001
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)

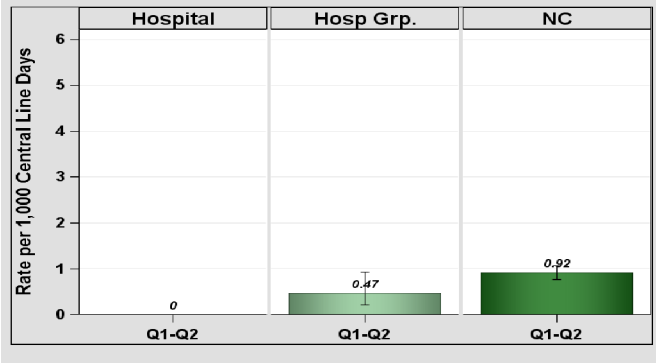


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	0	371	0	0.74	.		
YTD Total for Reporting ICUs	0	371	0	0.74	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	7,364	0	0.37	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

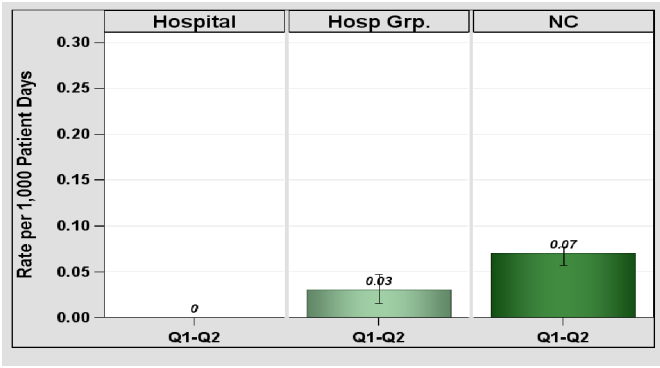


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

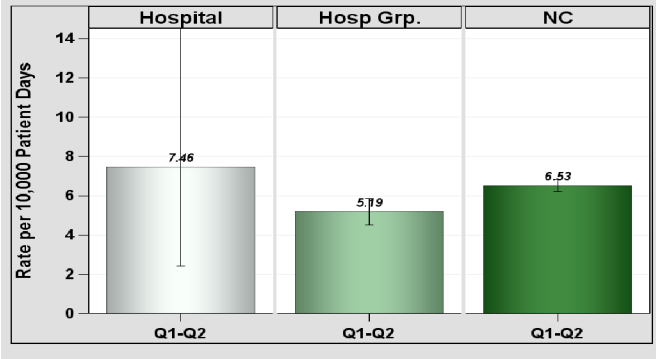


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	5	6,698	7.46	3.59	1.392	0.510, 3.086	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Stanly Regional Medical Center, Albemarle, Stanly County

Catheter-Associated Urinary Tract Infections (CAUTI)

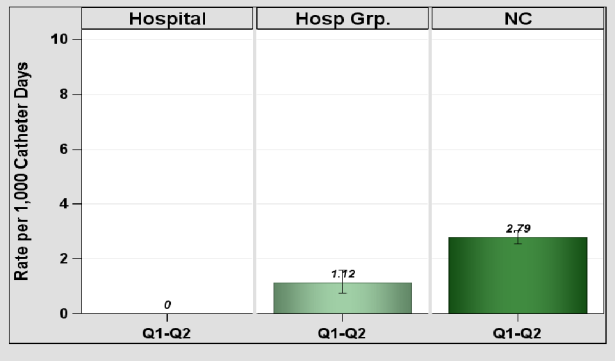


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	0	726	0	1.45	0	, 2.063	Same
YTD Total for Reporting ICUs	0	726	0	1.45	0	, 2.063	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	6	.	0.04	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

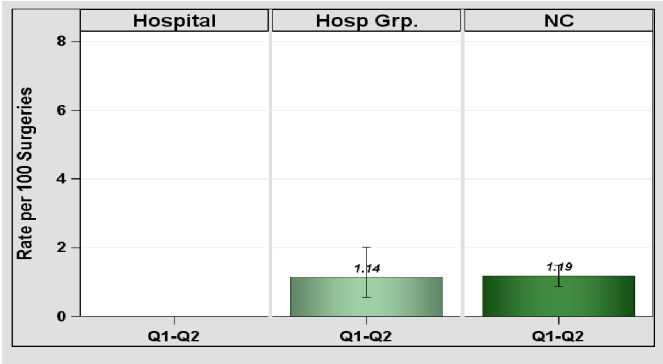


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

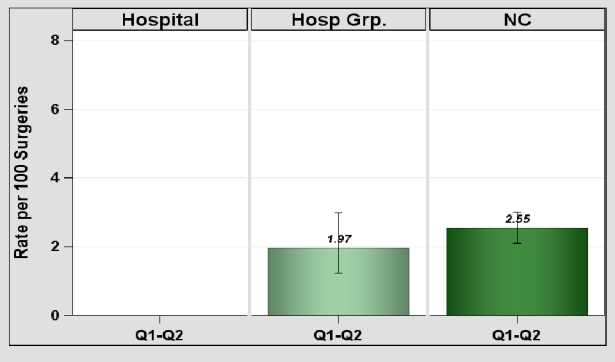


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	1	8	.	0.22	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

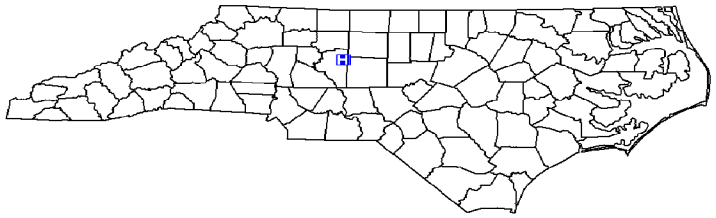
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 16, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Thomasville Medical Center, Thomasville, Davidson County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	4,209
Patient Days in 2013:	24,331
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)

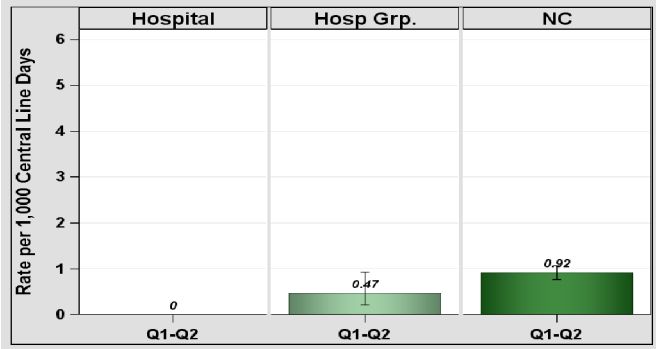


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	176	0	0.26	.		
YTD Total for Reporting ICUs	0	176	0	0.26	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	12,326	0.08	0.98	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

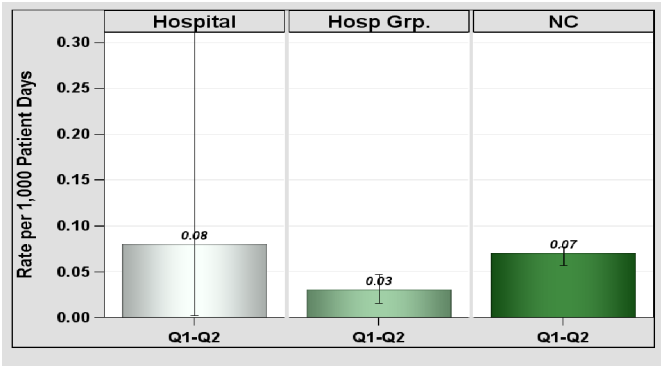


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

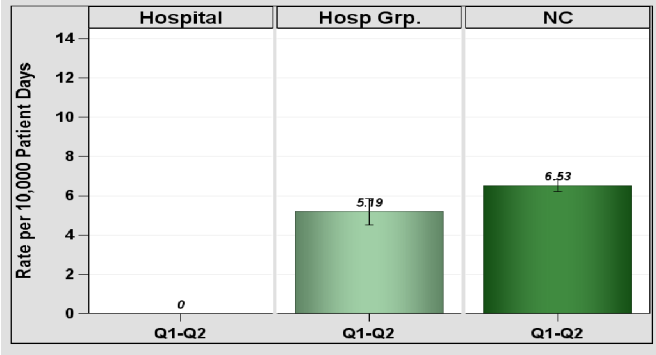


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	12,326	0	6.33	0	, 0.473	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Thomasville Medical Center, Thomasville, Davidson County

Catheter-Associated Urinary Tract Infections (CAUTI)

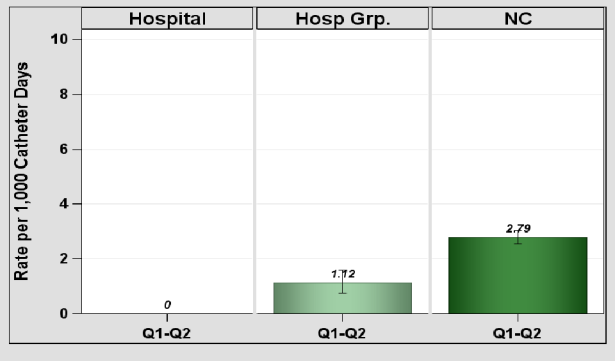


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	625	0	0.81	.		
YTD Total for Reporting ICUs	0	625	0	0.81	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	7	.	0.05	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

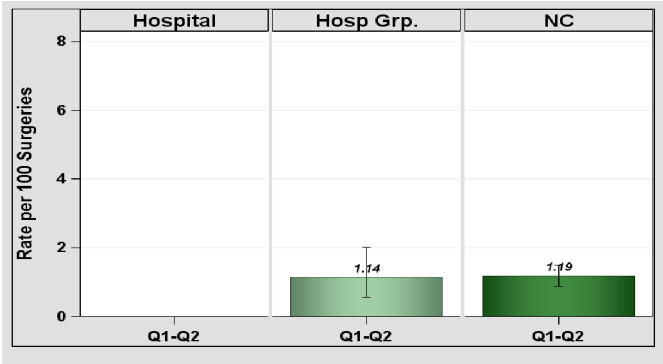


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

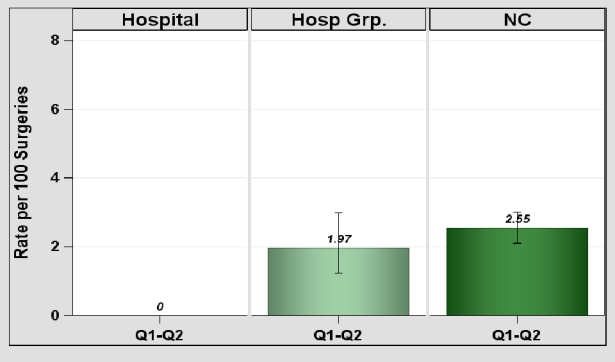


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	25	0	0.81	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

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.

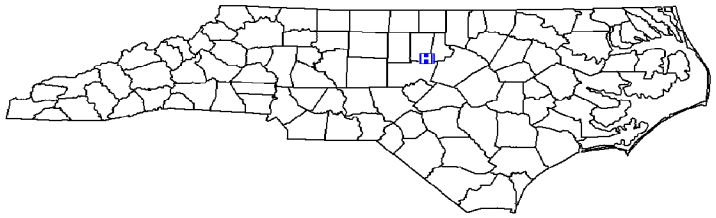
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 16, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
UNC Health Care, Chapel Hill, Orange County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Profit Status:	Government
Admissions in 2013:	40,872
Patient Days in 2013:	254,256
Total Number of Beds:	848
Number of ICU Beds:	171
FTE* Infection Preventionists:	5.50
Number of FTEs* per 100 beds:	0.65

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

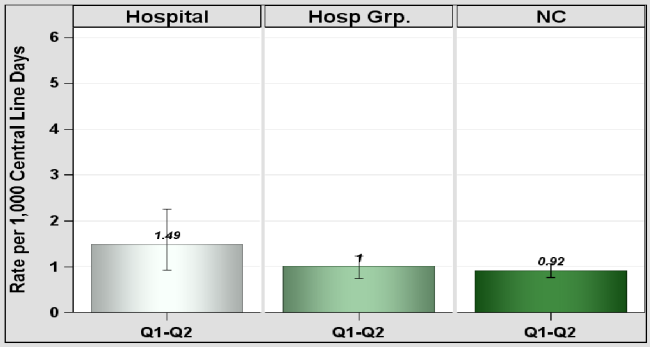


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Burn	2	1,687	1.19	9.28	0.216	0.036, 0.712	Lower
Medical	6	2,622	2.29	6.82	0.88	0.357, 1.831	Same
Medical cardiac	3	1,669	1.8	3.34	0.899	0.229, 2.446	Same
Neonatal Level III	2	2,648	0.76	6.46	0.31	0.052, 1.023	Same
Neurosurgical	2	1,374	1.46	3.43	0.582	0.098, 1.924	Same
Pediatric medical/surgical	4	1,687	2.37	5.06	0.79	0.251, 1.906	Same
Surgical	3	1,543	1.94	3.55	0.845	0.215, 2.301	Same
Surgical cardiothoracic	0	1,539	0	2.15	0	, 1.390	Same
YTD Total for Reporting ICUs	22	14,769	1.49	40.09	0.549	0.353, 0.817	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	13	131,867	0.1	11.43	1.138	0.633, 1.897	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

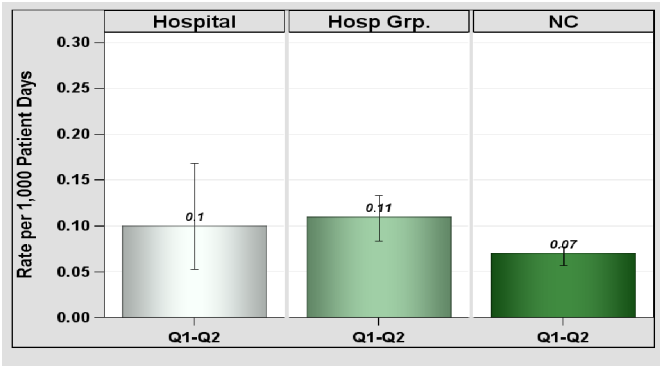


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

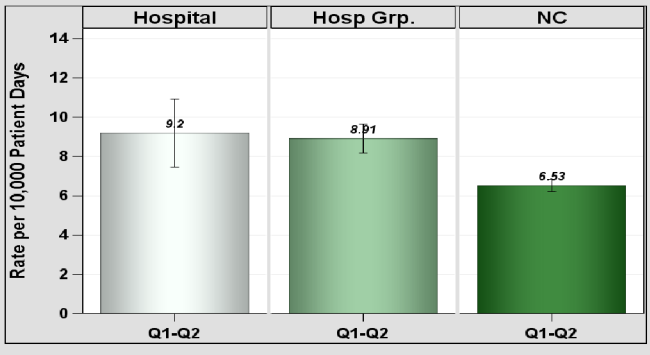


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	111	120,630	9.2	111.6	0.995	0.822, 1.193	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
UNC Health Care, Chapel Hill, Orange County

Catheter-Associated Urinary Tract Infections (CAUTI)

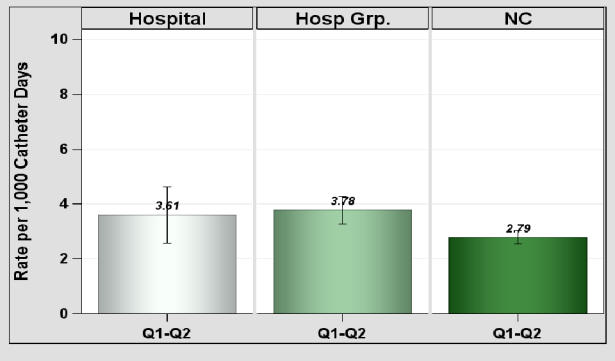


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Burn	12	2,497	4.81	10.99	1.092	0.592, 1.857	Same
Medical	10	2,498	4	5.75	1.741	0.884, 3.102	Same
Medical cardiac	4	1,191	3.36	2.38	1.679	0.534, 4.051	Same
Neurosurgical	10	2,009	4.98	8.84	1.131	0.575, 2.016	Same
Pediatric medical/surgical	2	713	2.81	2	1.002	0.168, 3.310	Same
Rehabiliation	1	318	3.14	1.21	0.828	0.041, 4.081	Same
Surgical	4	2,262	1.77	5.88	0.68	0.216, 1.641	Same
Surgical cardiothoracic	4	1,543	2.59	2.62	1.525	0.485, 3.678	Same
YTD Total for Reporting ICUs	47	13,031	3.61	39.66	1.185	0.881, 1.562	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	6	300	2	3.48	1.726	0.700, 3.590	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

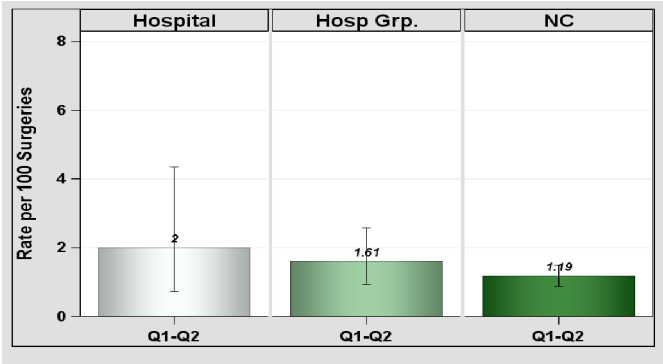


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

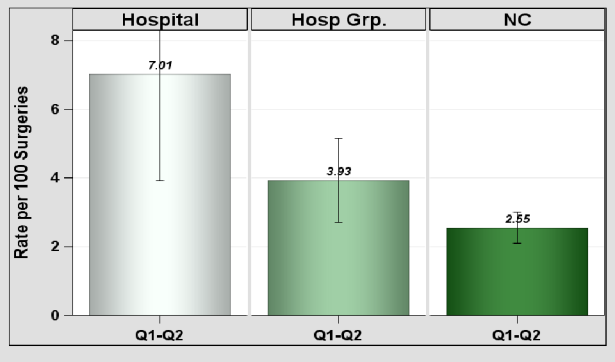


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	15	214	7.01	7.95	1.886	1.096, 3.040	Higher

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

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 hospitals' 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).

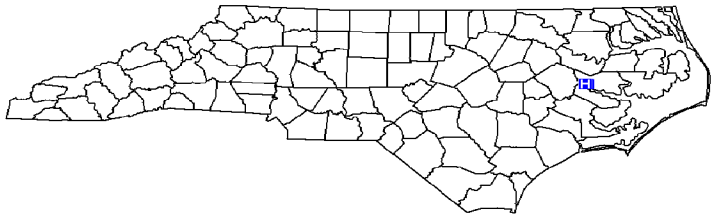
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 16, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Vidant Beaufort Hospital, Washington, Beaufort County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	3,387
Patient Days in 2013:	15,957
Total Number of Beds:	83
Number of ICU Beds:	8
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	1.20

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

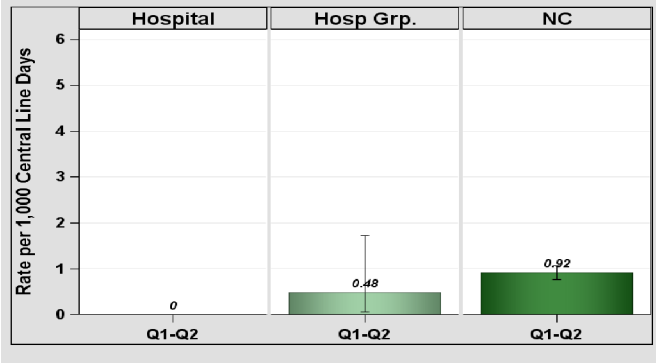


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	155	0	0.23	.		
YTD Total for Reporting ICUs	0	155	0	0.23	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	7,433	0	0.35	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

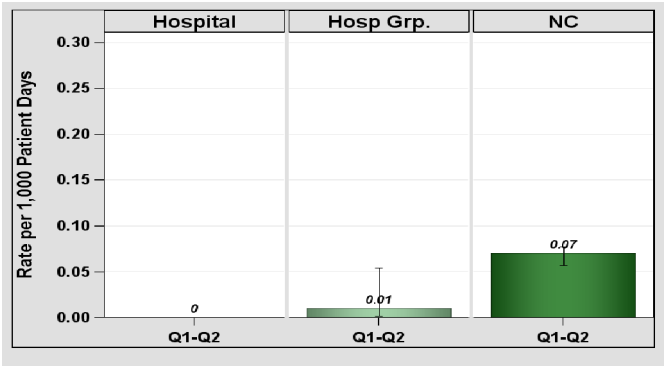


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

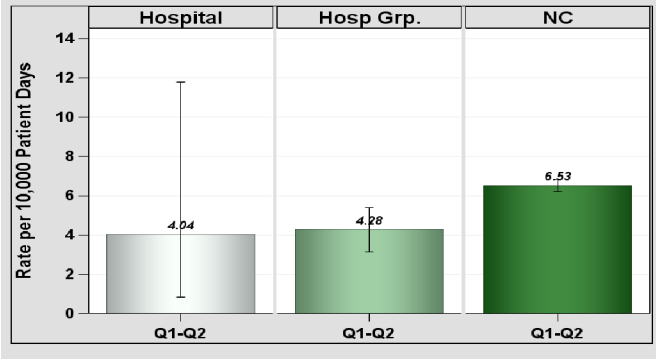


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	3	7,432	4.04	3.31	0.908	0.231, 2.470	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Vidant Beaufort Hospital, Washington, Beaufort County

Catheter-Associated Urinary Tract Infections (CAUTI)

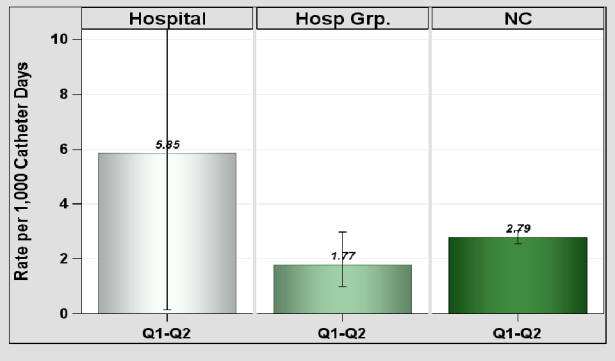


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	171	5.85	0.22	.		
YTD Total for Reporting ICUs	1	171	5.85	0.22	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	8	.	0.12	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

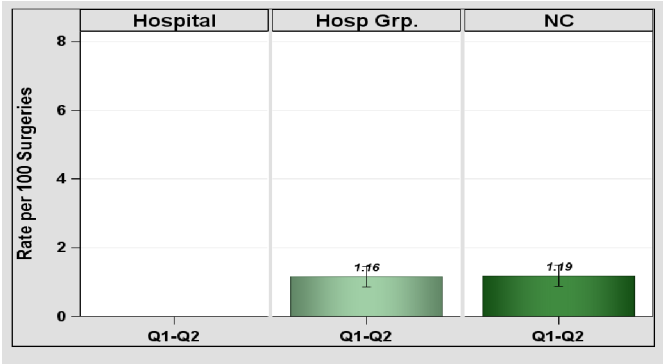


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

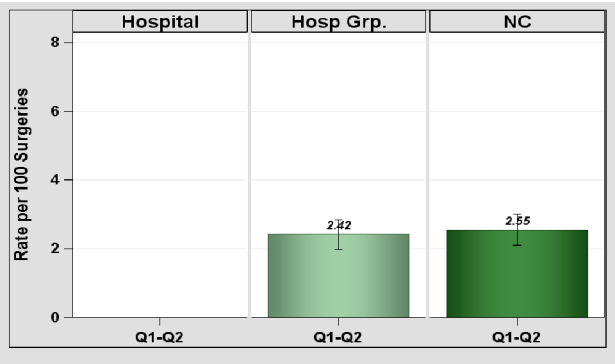


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	1	16	.	0.49	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

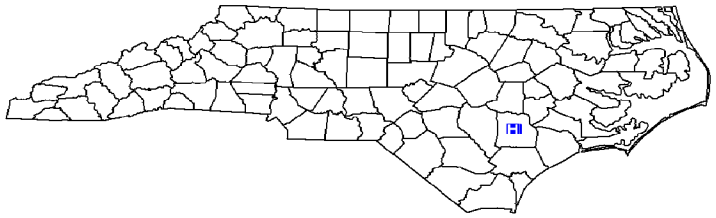
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 16, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Vidant Duplin Hospital, Kenansville, Duplin County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	2,975
Patient Days in 2013:	15,950
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)

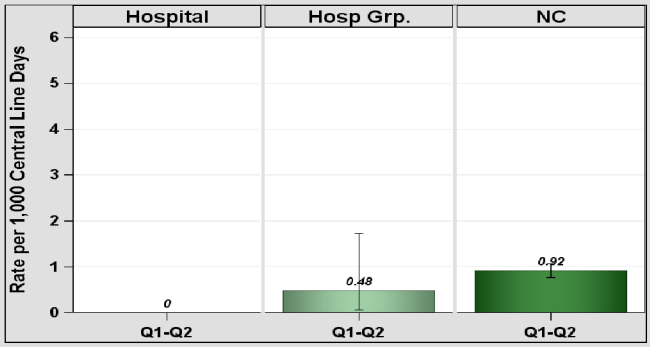


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	128	0	0.19	.		
YTD Total for Reporting ICUs	0	128	0	0.19	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	8,191	0	0.38	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

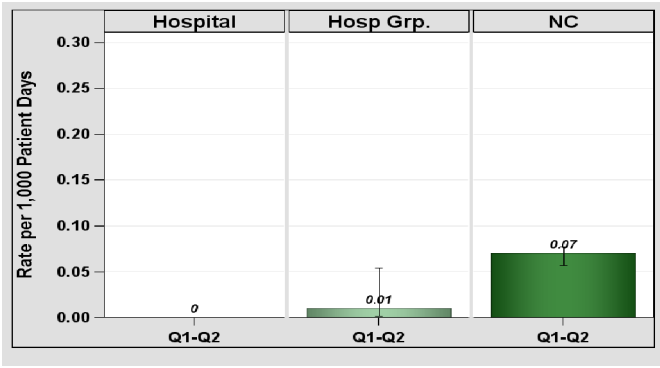


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

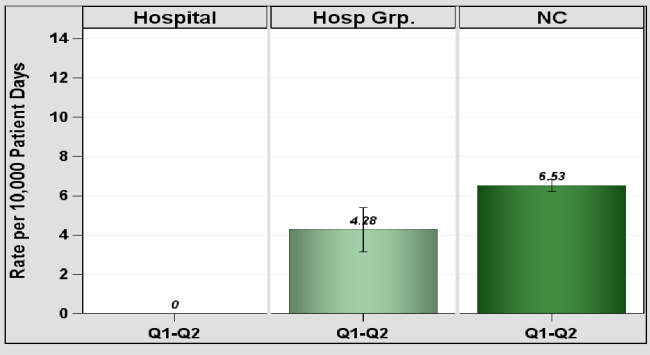


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	8,028	0	4.66	0	, 0.643	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Vidant Duplin Hospital, Kenansville, Duplin County

Catheter-Associated Urinary Tract Infections (CAUTI)

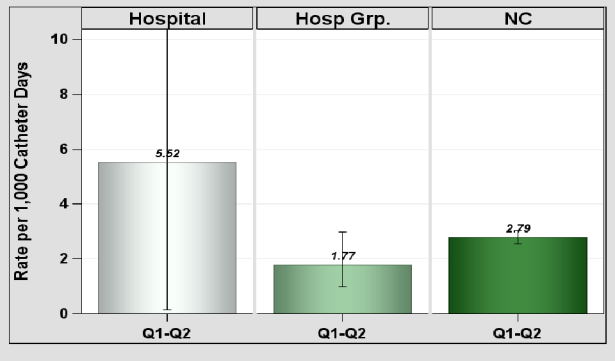


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	181	5.52	0.24	.		
YTD Total for Reporting ICUs	1	181	5.52	0.24	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	8	.	0.09	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

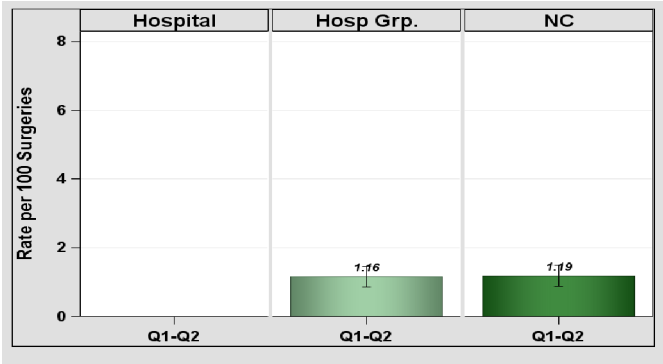


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

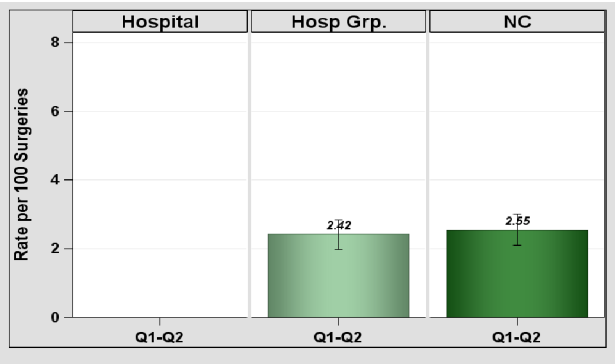


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	2	.	0.06	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

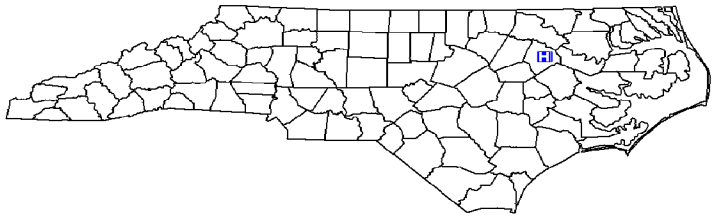
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 16, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Vidant Edgecombe Hospital, Tarboro, Edgecombe County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Profit Status:	Not for Profit
Admissions in 2013:	4,240
Patient Days in 2013:	17,071
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)

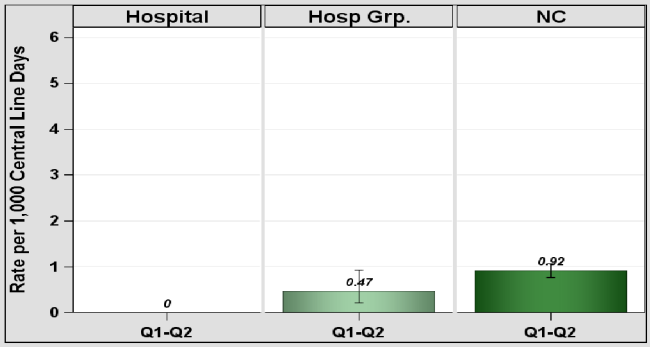


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	705	0	1.48	0	, 2.023	Same
YTD Total for Reporting ICUs	0	705	0	1.48	0	, 2.023	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	8,329	0.12	0.41	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

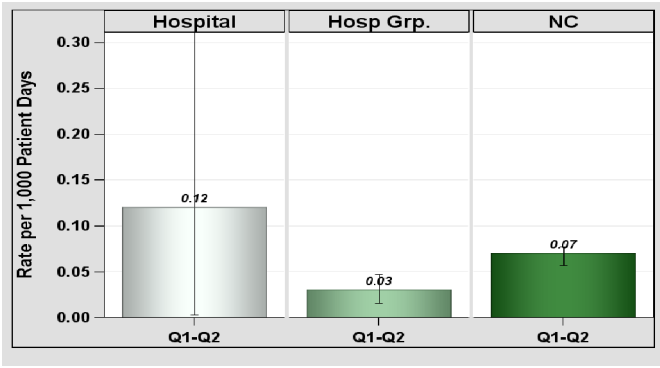


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

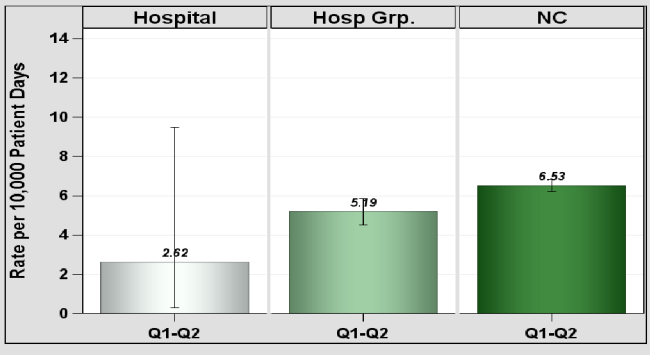


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	2	7,627	2.62	5.41	0.369	0.062, 1.221	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Vidant Edgecombe Hospital, Tarboro, Edgecombe County

Catheter-Associated Urinary Tract Infections (CAUTI)

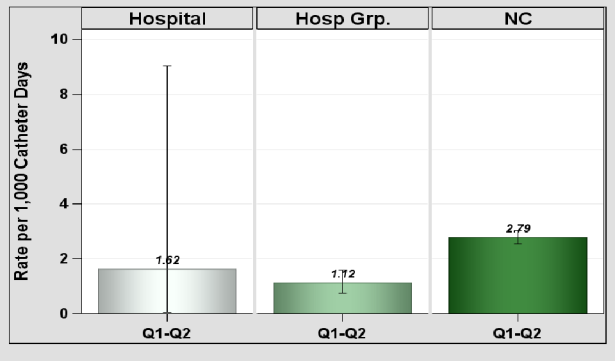


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	583	1.72	1.34	0.746	0.037, 3.678	Same
Rehabiliation	0	33	.	.	.		
YTD Total for Reporting ICUs	1	616	1.62	1.47	0.682	0.034, 3.364	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	11	.	0.14	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

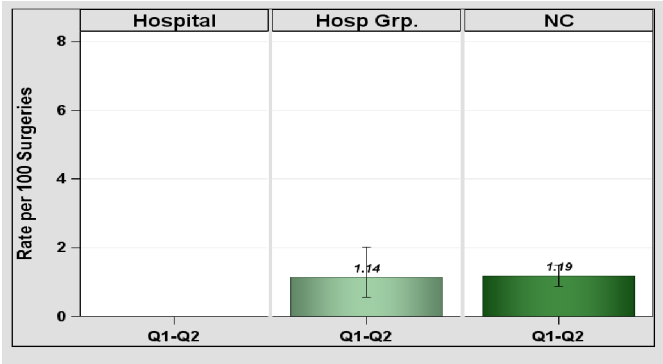


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

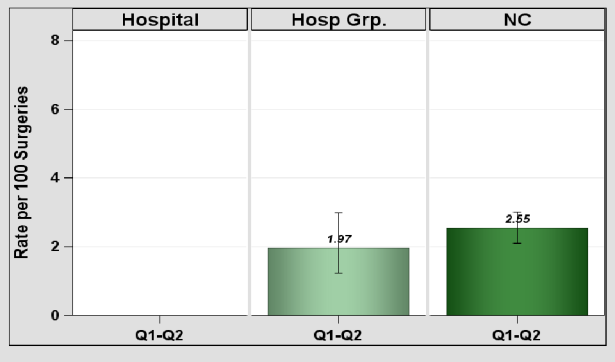


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	1	19	.	0.6	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

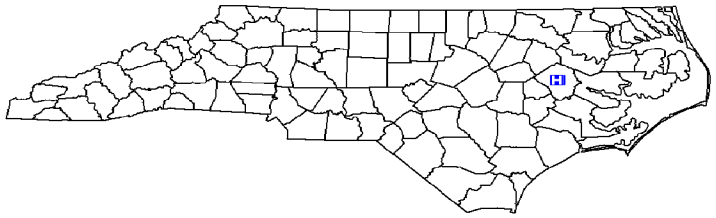
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 16, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Vidant Medical Center, Greenville, Pitt County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Profit Status:	Not for Profit
Admissions in 2013:	46,203
Patient Days in 2013:	266,285
Total Number of Beds:	909
Number of ICU Beds:	164
FTE* Infection Preventionists:	8.00
Number of FTEs* per 100 beds:	0.88

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

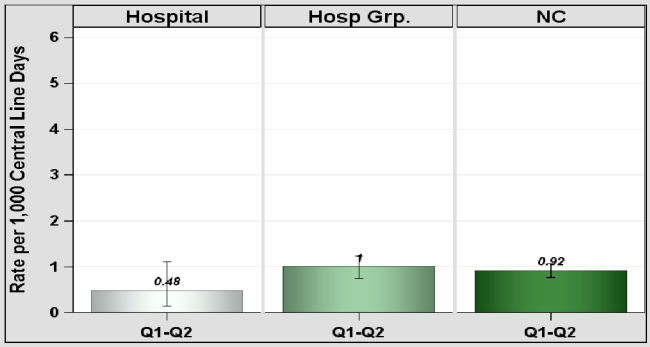


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	2,368	0	6.16	0	, 0.487	Lower
Medical cardiac	1	1,659	0.6	3.32	0.301	0.015, 1.486	Same
Neonatal Level III	2	1,312	1.52	3.25	0.615	0.103, 2.031	Same
Neurosurgical	0	335	0	0.84	.		
Pediatric medical/surgical	2	761	2.63	2.28	0.876	0.147, 2.894	Same
Surgical	0	1,586	0	3.65	0	, 0.821	Lower
Surgical cardiothoracic	0	2,426	0	3.4	0	, 0.882	Lower
YTD Total for Reporting ICUs	5	10,447	0.48	22.89	0.218	0.080, 0.484	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	10	132,296	0.08	12.48	0.801	0.407, 1.428	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

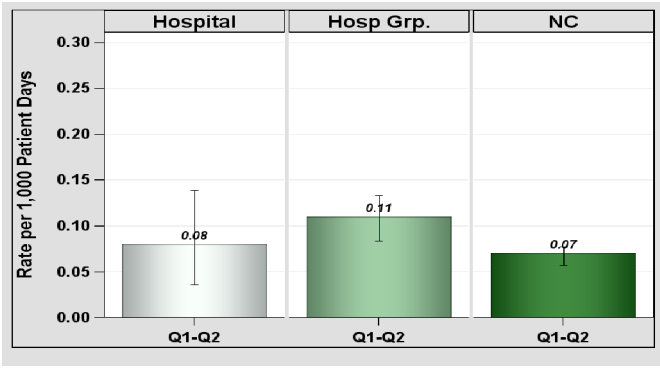


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

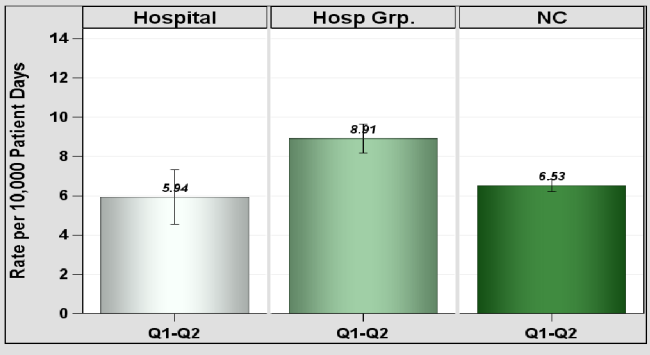


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	71	119,466	5.94	82.34	0.862	0.679, 1.081	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Vidant Medical Center, Greenville, Pitt County

Catheter-Associated Urinary Tract Infections (CAUTI)

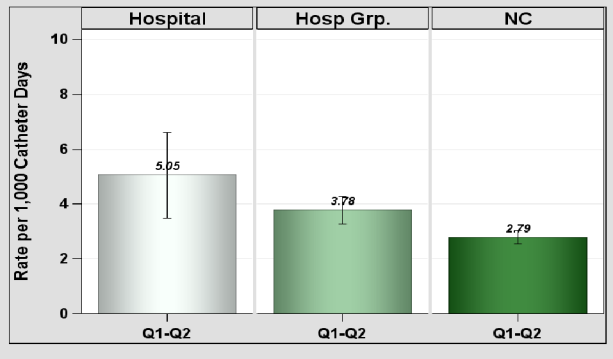


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	15	2,286	6.56	5.26	2.853	1.658, 4.600	Higher
Medical cardiac	5	1,629	3.07	3.26	1.535	0.562, 3.402	Same
Neurosurgical	5	321	15.6	1.41	3.54	1.297, 7.847	Higher
Pediatric medical/surgical	1	310	3.23	0.87	.		
Rehabiliation	2	410	4.88	1.56	1.284	0.215, 4.241	Same
Surgical	11	1,667	6.6	4.33	2.538	1.335, 4.411	Higher
Surgical cardiothoracic	1	1,298	0.77	2.21	0.453	0.023, 2.235	Same
YTD Total for Reporting ICUs	40	7,921	5.05	18.9	2.117	1.533, 2.854	Higher

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	3	140	2.14	1.4	2.14	0.544, 5.823	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

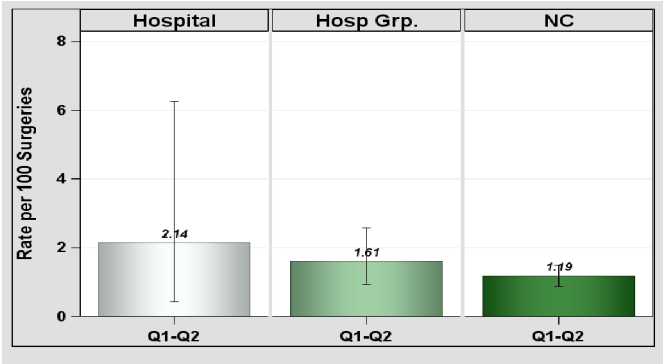


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

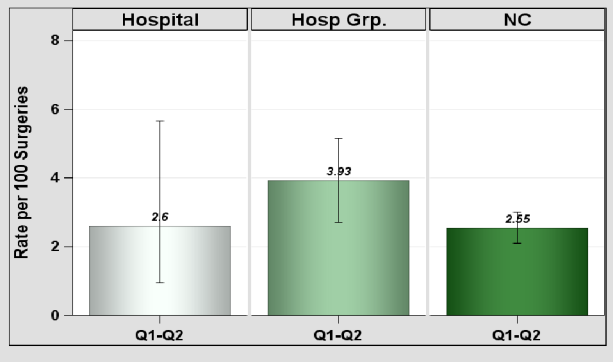


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	6	231	2.6	7.61	0.788	0.320, 1.640	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

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.

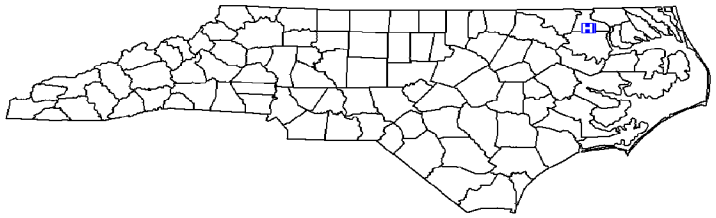
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 16, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Vidant Roanoke Chowan Hospital, Ahoskie, Hertford County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	4,595
Patient Days in 2013:	20,596
Total Number of Beds:	144
Number of ICU Beds:	10
FTE* Infection Preventionists:	0.75
Number of FTEs* per 100 beds:	0.52

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

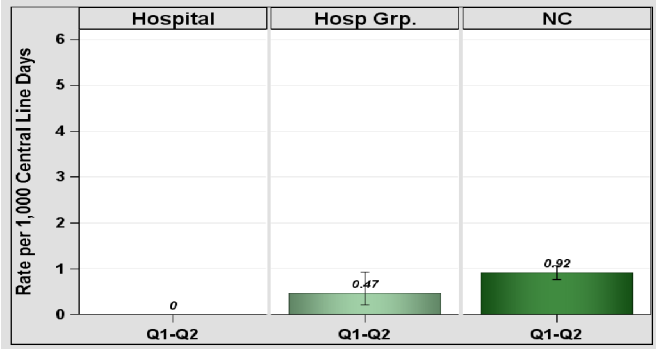


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	311	0	0.47	.		
YTD Total for Reporting ICUs	0	311	0	0.47	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	9,649	0	.	.	.	

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

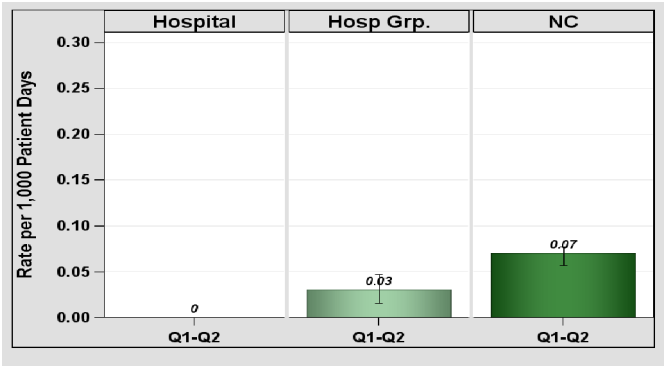


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

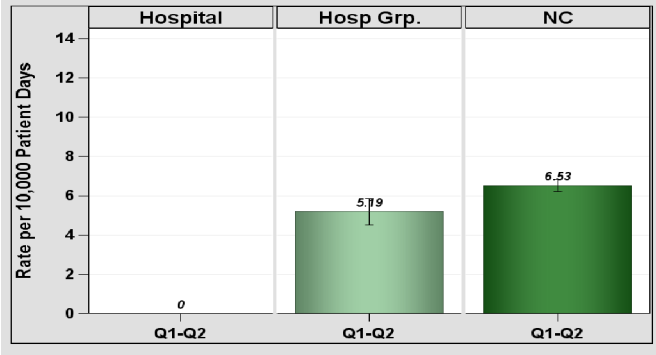


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	9,258	0	4.66	0	, 0.642	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Vidant Roanoke Chowan Hospital, Ahoskie, Hertford County

Catheter-Associated Urinary Tract Infections (CAUTI)

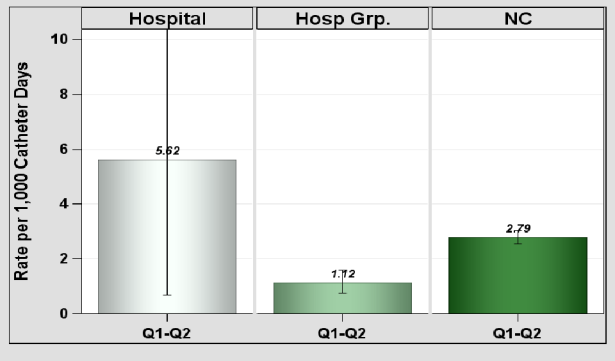


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	2	356	5.62	0.46	.		
YTD Total for Reporting ICUs	2	356	5.62	0.46	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	12	.	0.14	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

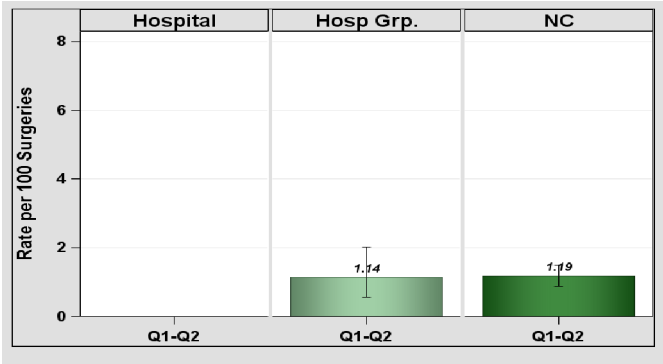


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

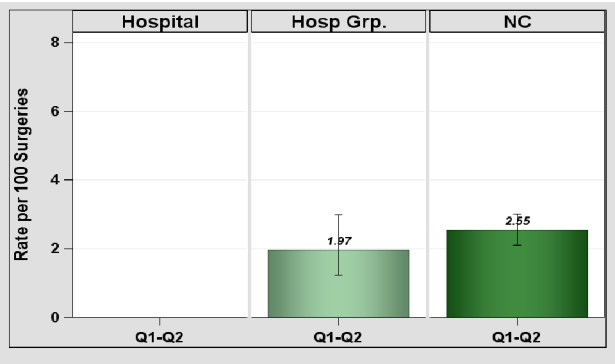


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	1	13	.	0.41	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

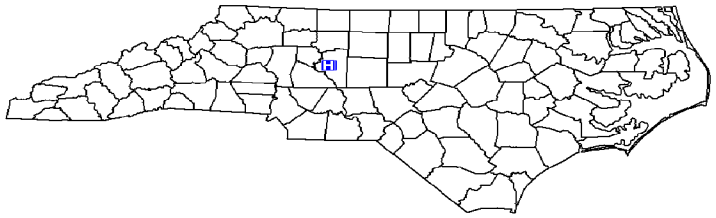
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 16, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Wake Forest Baptist Health-Lexington Medical Center, Lexington, Davidson County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	3,820
Patient Days in 2013:	10,692
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)

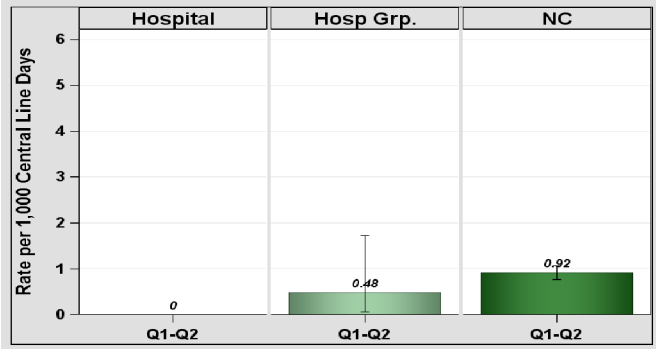


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	231	0	0.35	.		
YTD Total for Reporting ICUs	0	231	0	0.35	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	5,633	0.18	0.26	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

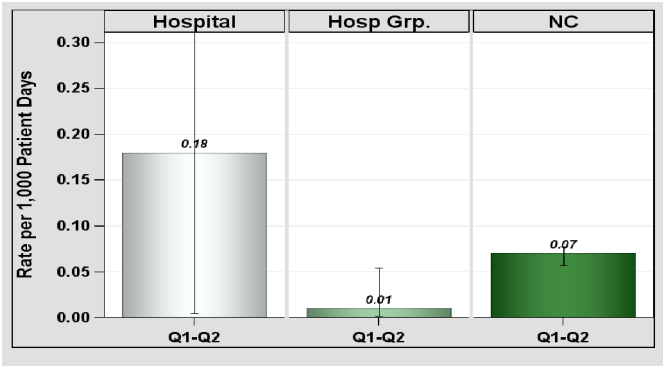


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

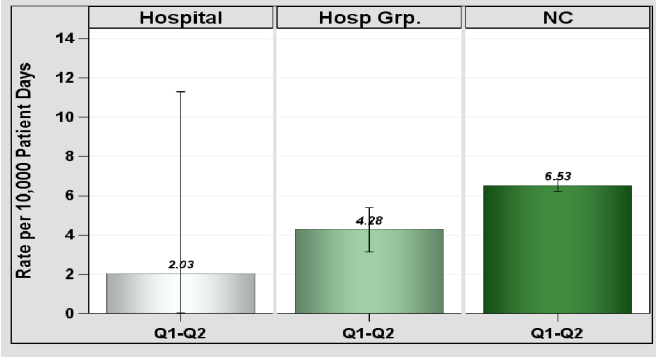


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	4,936	2.03	2.1	0.477	0.024, 2.353	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Wake Forest Baptist Health-Lexington Medical Center, Lexington, Davidson County

Catheter-Associated Urinary Tract Infections (CAUTI)

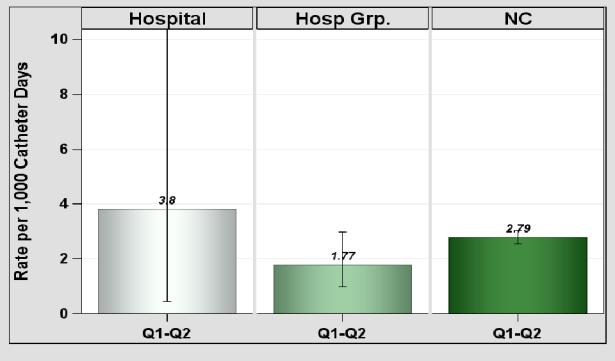


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	2	526	3.8	0.63	.		
YTD Total for Reporting ICUs	2	526	3.8	0.63	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	13	.	0.1	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

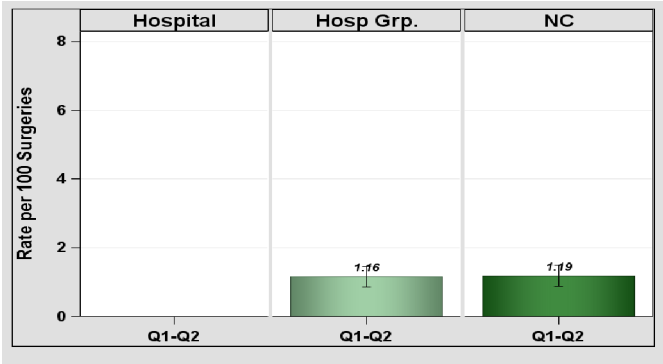


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

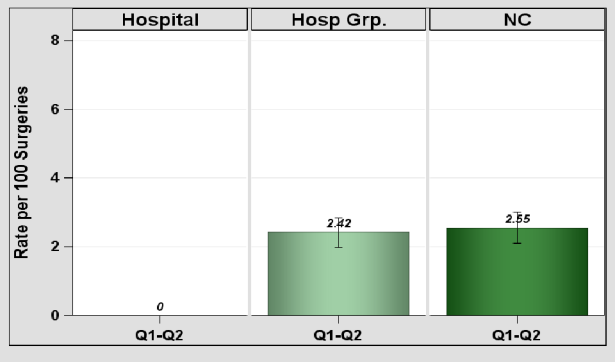


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	20	0	0.61	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

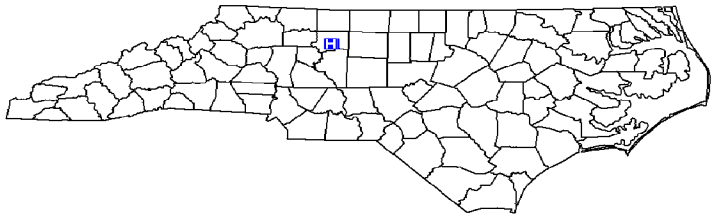
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 16, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Wake Forest University Baptist Medical Center, Winston-Salem, Forsyth County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Profit Status:	Not for Profit
Admissions in 2013:	37,505
Patient Days in 2013:	230,320
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)

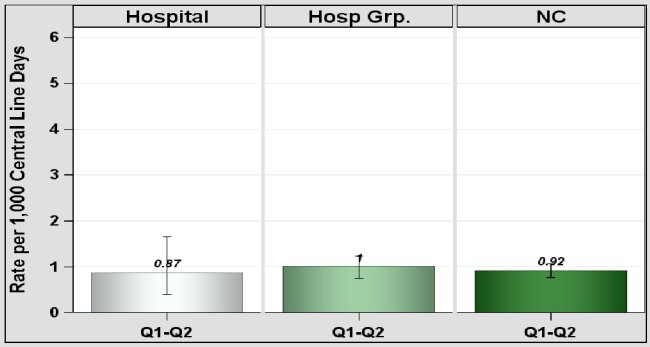


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Burn	2	257	7.78	1.41	1.415	0.237, 4.675	Same
Medical	1	2,711	0.37	7.05	0.142	0.007, 0.700	Lower
Medical cardiac	1	841	1.19	1.68	0.595	0.030, 2.932	Same
Medical/surgical	2	1,072	1.87	2.25	0.888	0.149, 2.935	Same
Neonatal Level II/III	1	1,925	0.52	5.23	0.191	0.010, 0.943	Lower
Neurosurgical	0	774	0	1.93	0	, 1.548	Same
Pediatric medical/surgical	0	612	0	1.84	0	, 1.632	Same
Surgical	0	525	0	1.21	0	, 2.481	Same
Surgical cardiothoracic	1	1,278	0.78	1.79	0.559	0.028, 2.756	Same
Trauma	1	372	2.69	1.34	0.747	0.037, 3.683	Same
YTD Total for Reporting ICUs	9	10,367	0.87	25.73	0.35	0.171, 0.642	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	12	114,177	0.11	19.45	0.617	0.334, 1.049	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

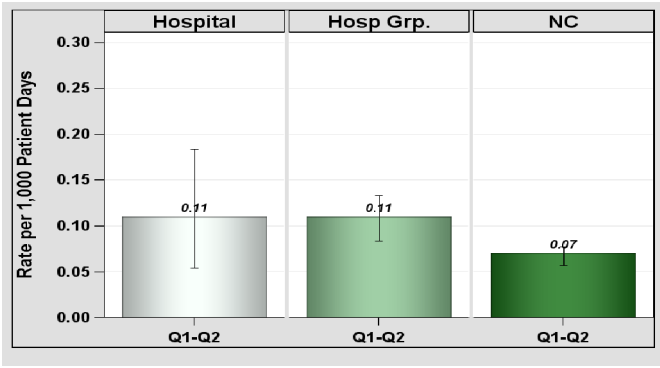


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

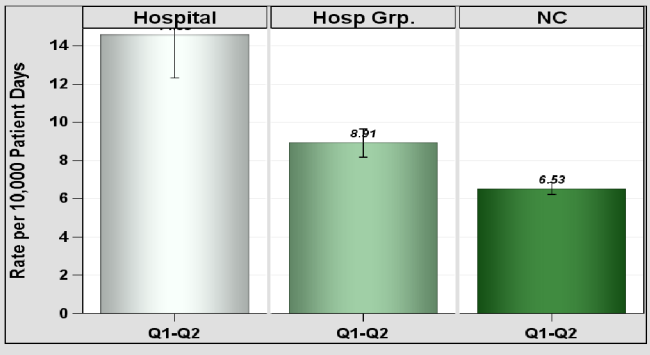


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	160	109,959	14.6	125.74	1.272	1.086, 1.481	Higher

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Wake Forest University Baptist Medical Center, Winston-Salem, Forsyth County

Catheter-Associated Urinary Tract Infections (CAUTI)

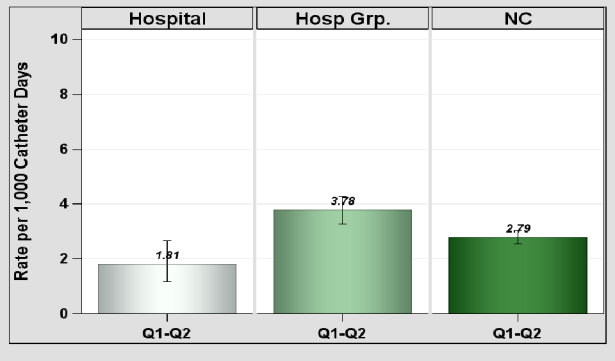


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Burn	1	675	1.48	2.97	0.337	0.017, 1.661	Same
Medical	3	4,642	0.65	10.68	0.281	0.071, 0.765	Lower
Medical cardiac	2	1,037	1.93	2.07	0.964	0.162, 3.186	Same
Medical/surgical	0	1,484	0	3.41	0	, 0.878	Lower
Neurosurgical	7	1,640	4.27	7.22	0.97	0.424, 1.919	Same
Pediatric medical/surgical	4	394	10.2	1.1	3.626	1.152, 8.746	Higher
Rehabiliation	4	538	7.43	2.04	1.957	0.622, 4.719	Same
Surgical	0	1,123	0	2.92	0	, 1.026	Same
Surgical cardiothoracic	4	1,301	3.07	2.21	1.809	0.575, 4.362	Same
Trauma	1	1,531	0.65	5.21	0.192	0.010, 0.947	Lower
YTD Total for Reporting ICUs	26	14,365	1.81	39.83	0.653	0.435, 0.943	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	1	94	1.06	1.11	0.905	0.045, 4.462	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

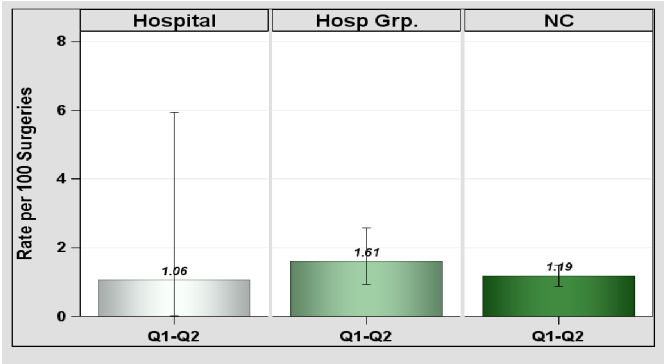


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

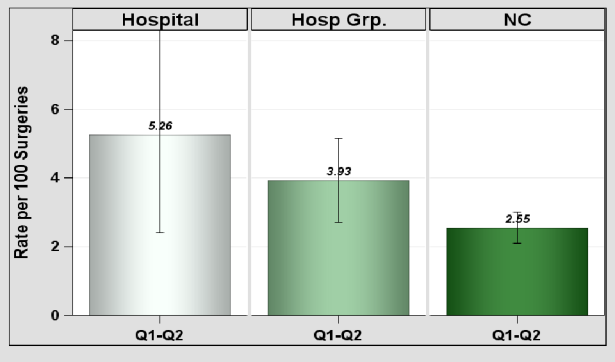


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	9	171	5.26	6.24	1.443	0.704, 2.648	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
Wake Forest Baptist Health continually strives to provide a safe environment for patients, their families and our community. In response to the C. difficile rate (CDI LabID), Wake Forest Baptist Health is reinforcing appropriate infection prevention measures to help decrease the numbers (e.g., proper hand hygiene, environmental cleaning, and appropriate isolation of patients).

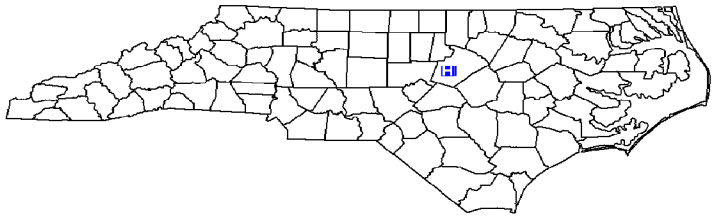
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 16, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
WakeMed Cary Hospital, Cary, Wake County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	17,522
Patient Days in 2013:	53,188
Total Number of Beds:	182
Number of ICU Beds:	12
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.55

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

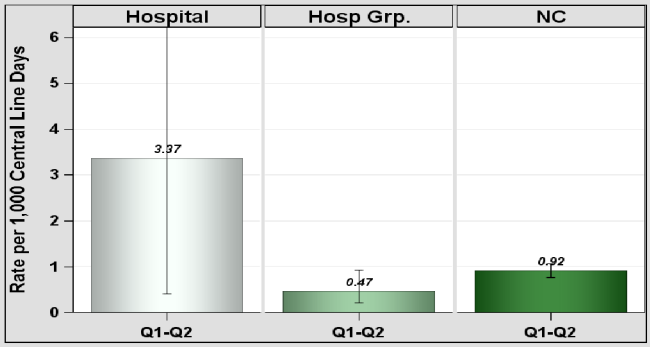


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	2	593	3.37	0.89	.		
YTD Total for Reporting ICUs	2	593	3.37	0.89	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	22,710	0.04	0.92	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

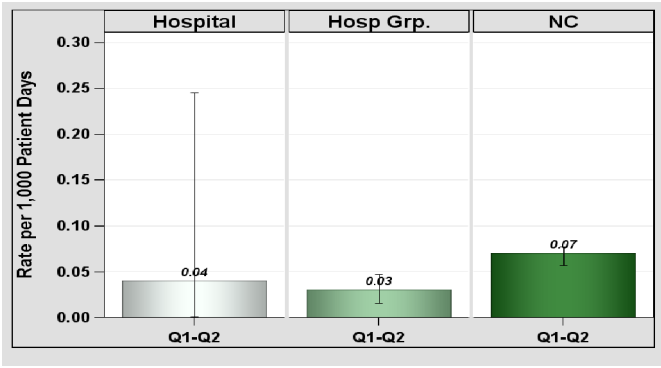


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

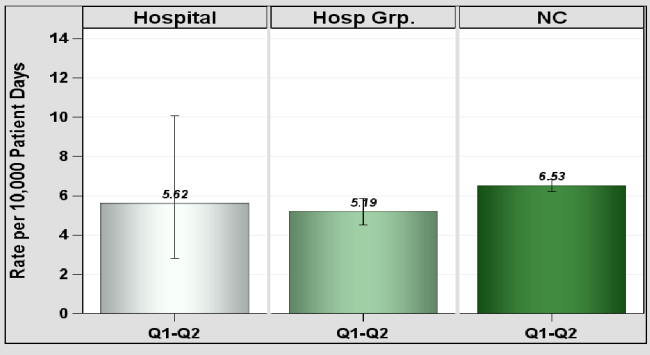


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	11	19,557	5.62	14.51	0.758	0.399, 1.317	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
WakeMed Cary Hospital, Cary, Wake County

Catheter-Associated Urinary Tract Infections (CAUTI)

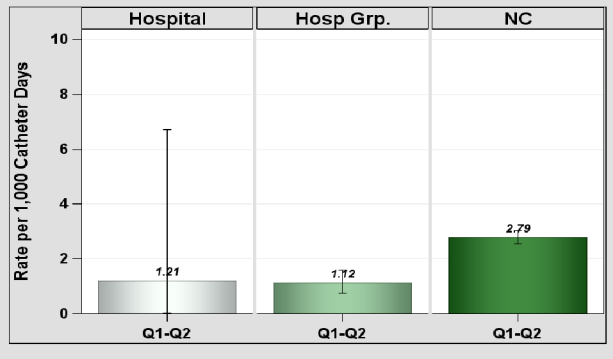


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	829	1.21	1.08	0.928	0.046, 4.576	Same
YTD Total for Reporting ICUs	1	829	1.21	1.08	0.928	0.046, 4.576	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	64	0	0.59	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

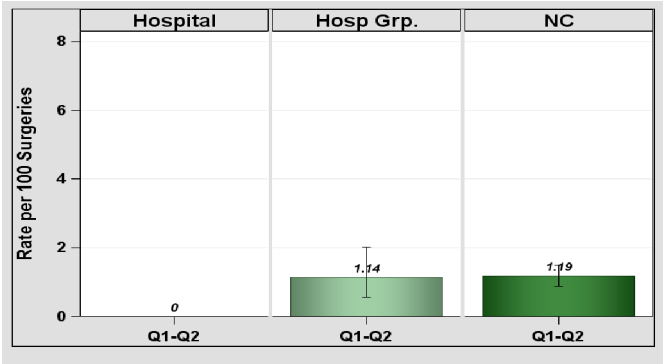


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

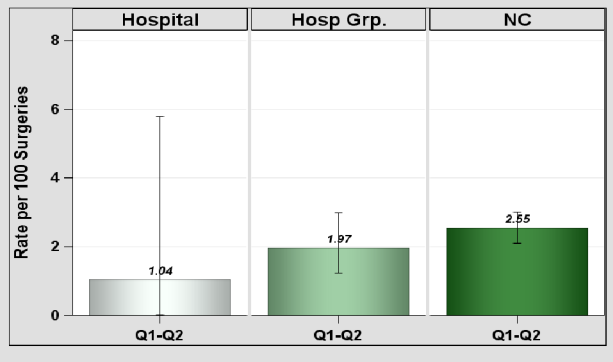


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	1	96	1.04	2.98	0.336	0.017, 1.658	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

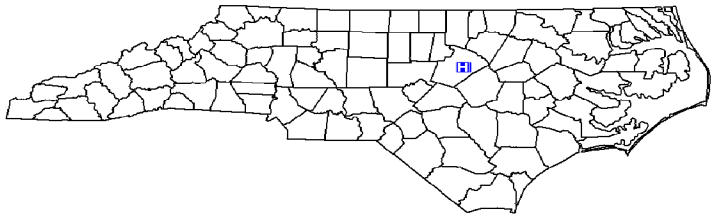
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 16, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
WakeMed, Raleigh, Wake County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Profit Status:	Not for Profit
Admissions in 2013:	58,791
Patient Days in 2013:	210,639
Total Number of Beds:	614
Number of ICU Beds:	122
FTE* Infection Preventionists:	7.50
Number of FTEs* per 100 beds:	1.22

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

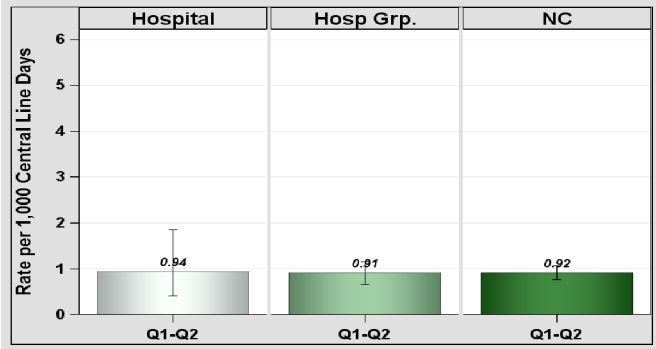


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	1	974	1.03	2.53	0.395	0.020, 1.948	Same
Medical cardiac	2	2,785	0.72	5.57	0.359	0.060, 1.186	Same
Neonatal Level II/III	2	1,466	1.36	3.26	0.613	0.103, 2.025	Same
Pediatric medical/surgical	1	310	3.23	0.93	.		
Surgical cardiothoracic	1	1,168	0.86	1.64	0.612	0.031, 3.016	Same
Trauma	1	1,816	0.55	6.54	0.153	0.008, 0.754	Lower
YTD Total for Reporting ICUs	8	8,519	0.94	20.47	0.391	0.182, 0.742	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	5	85,702	0.06	7.25	0.689	0.253, 1.528	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

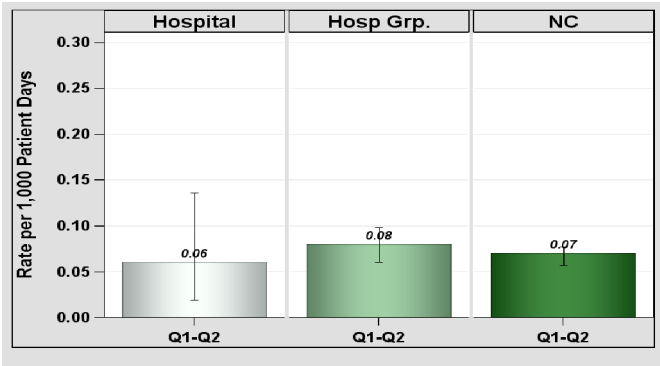


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

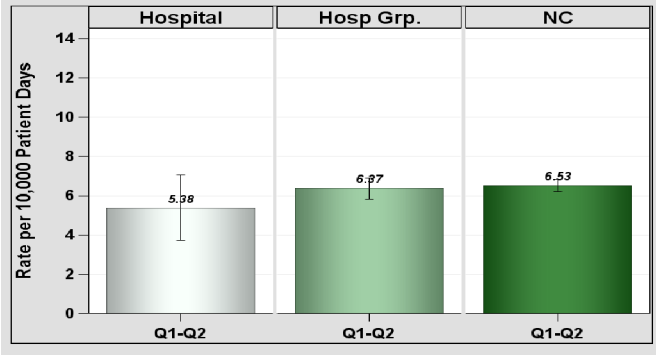


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	40	74,288	5.38	65.94	0.607	0.439, 0.818	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
WakeMed, Raleigh, Wake County

Catheter-Associated Urinary Tract Infections (CAUTI)

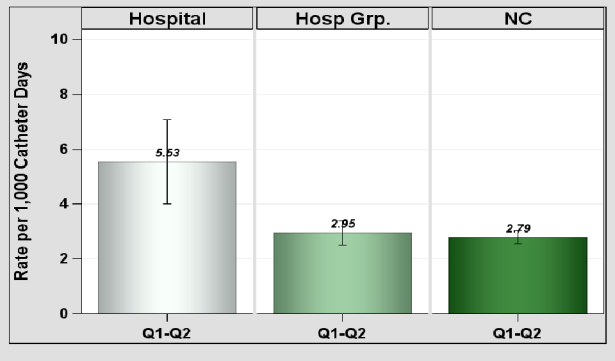


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	4	1,079	3.71	2.48	1.612	0.512, 3.888	Same
Medical cardiac	27	3,240	8.33	6.48	4.167	2.802, 5.979	Higher
Pediatric medical/surgical	0	208	0	0.58	.		
Rehabiliation	6	1,281	4.68	4.87	1.233	0.500, 2.564	Same
Surgical cardiothoracic	4	1,225	3.27	2.08	1.921	0.610, 4.633	Same
Trauma	9	2,007	4.48	6.82	1.319	0.643, 2.420	Same
YTD Total for Reporting ICUs	50	9,040	5.53	23.32	2.144	1.609, 2.804	Higher

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	1	144	0.69	1.46	0.688	0.034, 3.391	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

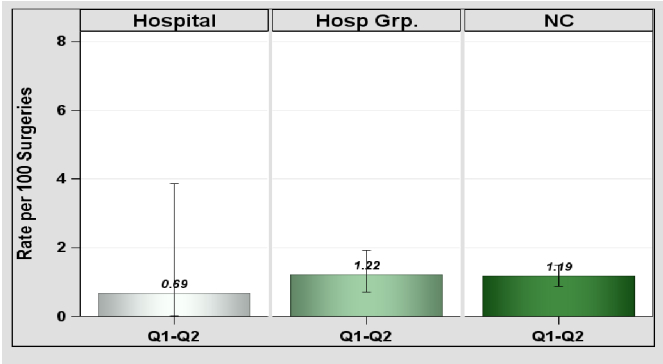


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

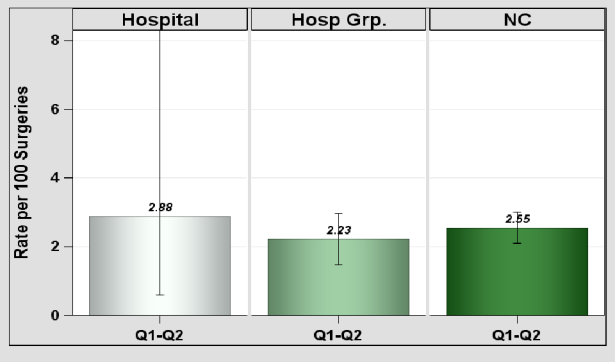


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	3	104	2.88	3.64	0.825	0.210, 2.246	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

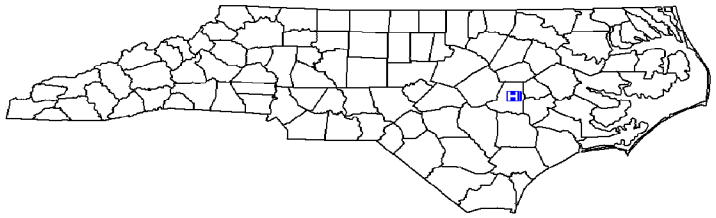
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 16, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Wayne Memorial Hospital, Goldsboro, Wayne County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	12,083
Patient Days in 2013:	53,049
Total Number of Beds:	284
Number of ICU Beds:	16
FTE* Infection Preventionists:	2.13
Number of FTEs* per 100 beds:	0.75

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

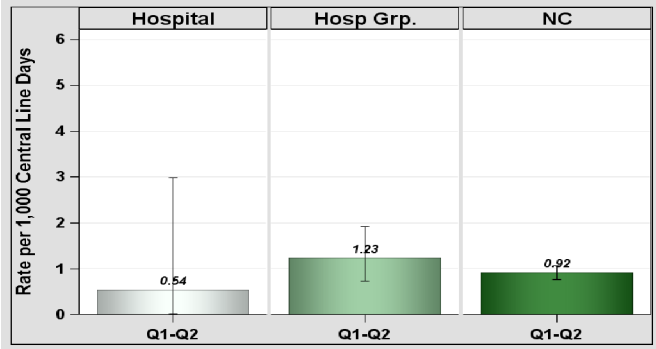


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	1,866	0.54	2.8	0.357	0.018, 1.762	Same
YTD Total for Reporting ICUs	1	1,866	0.54	2.8	0.357	0.018, 1.762	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	3	27,324	0.11	1.56	1.917	0.488, 5.218	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

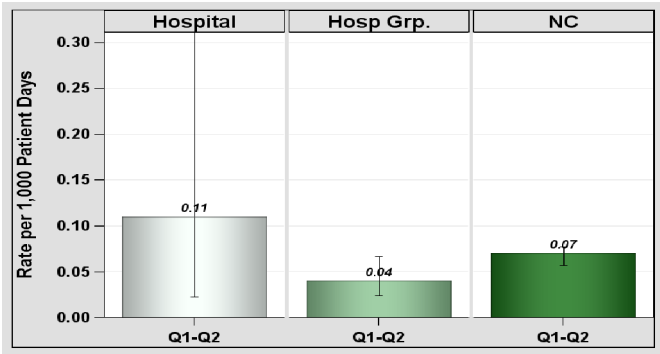


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

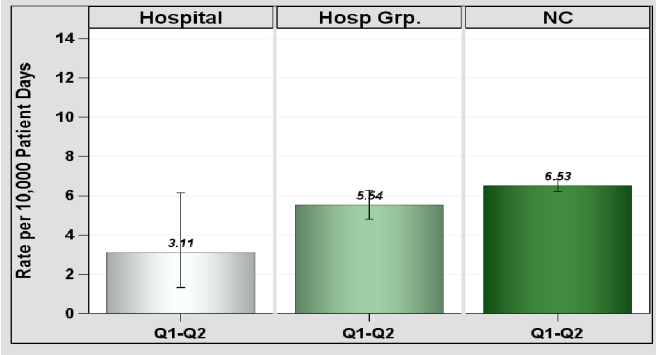


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	8	25,701	3.11	16.85	0.475	0.220, 0.901	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Wayne Memorial Hospital, Goldsboro, Wayne County

Catheter-Associated Urinary Tract Infections (CAUTI)

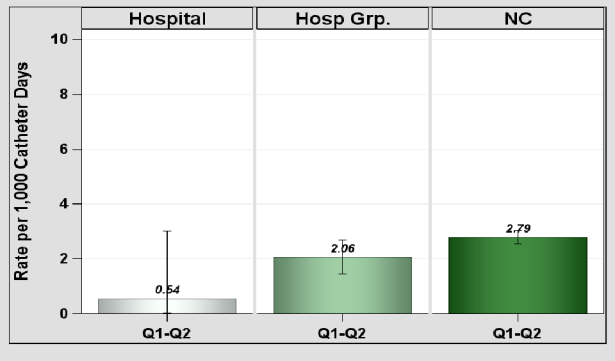


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	1,853	0.54	2.22	0.45	0.023, 2.218	Same
YTD Total for Reporting ICUs	1	1,853	0.54	2.22	0.45	0.023, 2.218	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	68	0	0.72	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

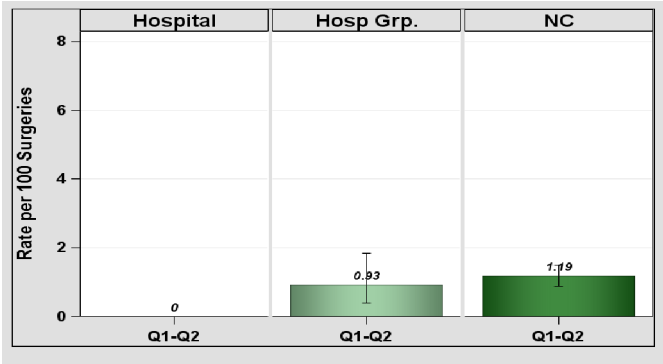


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

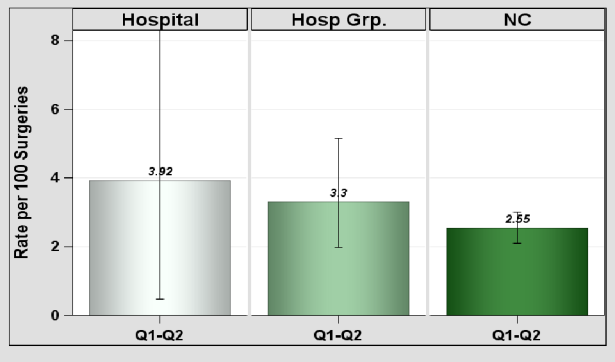


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	2	51	3.92	1.66	1.203	0.202, 3.973	Same

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

Commentary from Hospitals:
No comments provided.

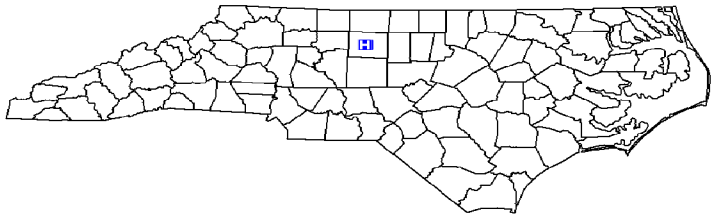
Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 16, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Wesley Long Hospital, Greensboro, Guilford County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	10,319
Patient Days in 2013:	45,242
Total Number of Beds:	175
Number of ICU Beds:	20
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.57

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

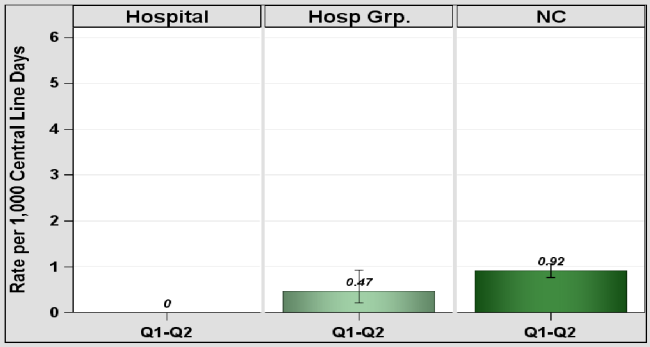


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	875	0	1.31	0	, 2.282	Same
YTD Total for Reporting ICUs	0	875	0	1.31	0	, 2.282	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	1	21,074	0.05	1.22	0.823	0.041, 4.059	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

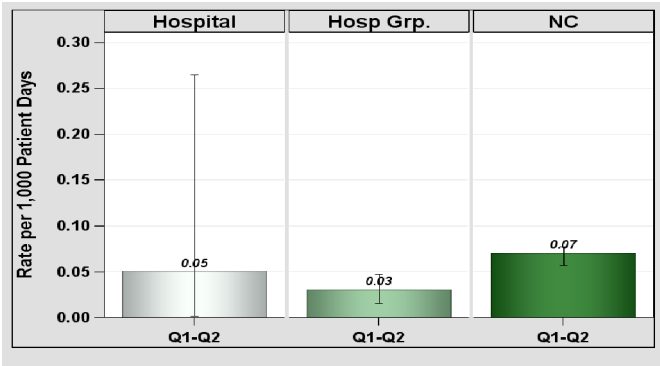


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

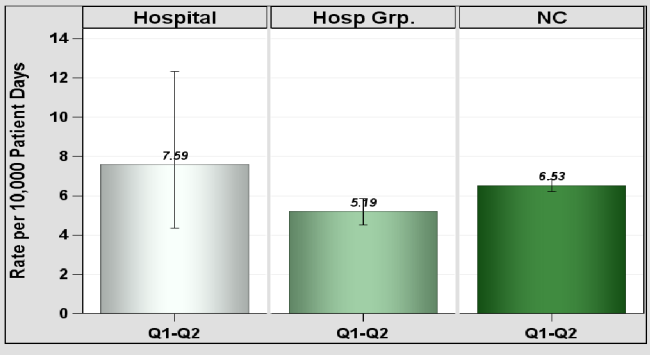


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	16	21,074	7.59	16.19	0.988	0.585, 1.570	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Wesley Long Hospital, Greensboro, Guilford County

Catheter-Associated Urinary Tract Infections (CAUTI)

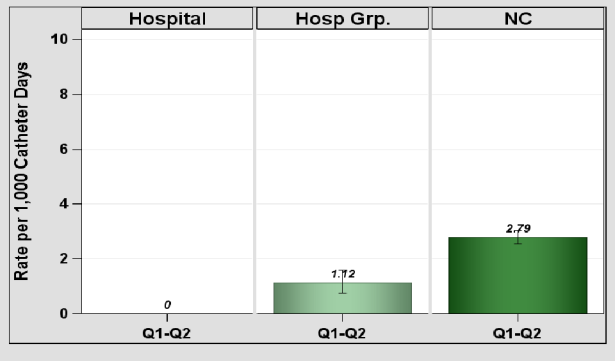


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	1,201	0	1.44	0	, 2.079	Same
YTD Total for Reporting ICUs	0	1,201	0	1.44	0	, 2.079	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	1	29	3.45	0.25	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

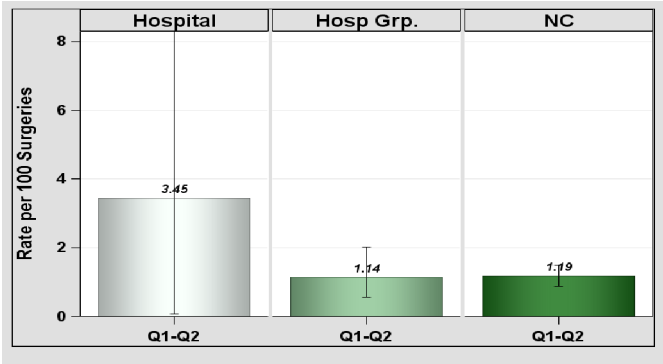


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

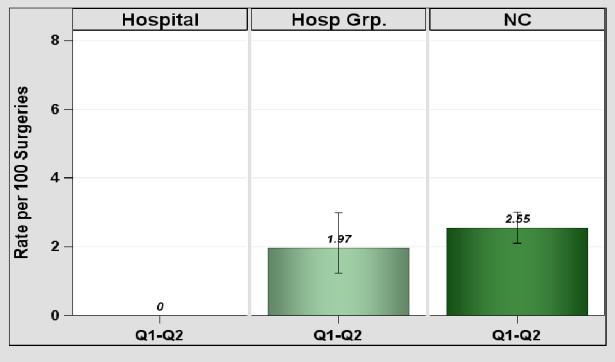


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	104	0	3.14	0	, 0.955	Lower

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

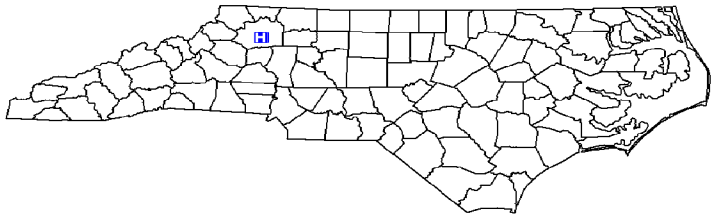
Commentary from Hospitals:
Cone Health is committed to preventing Healthcare Associated Infections. We have dedicated teams of experts focused on process improvements to improve our patient outcomes. Please contact Cone Health Infection Prevention if you would like further information.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Wilkes Regional Medical Center, North Wilkesboro, Wilkes County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	4,744
Patient Days in 2013:	20,845
Total Number of Beds:	130
Number of ICU Beds:	8
FTE* Infection Preventionists:	0.38
Number of FTEs* per 100 beds:	0.29

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

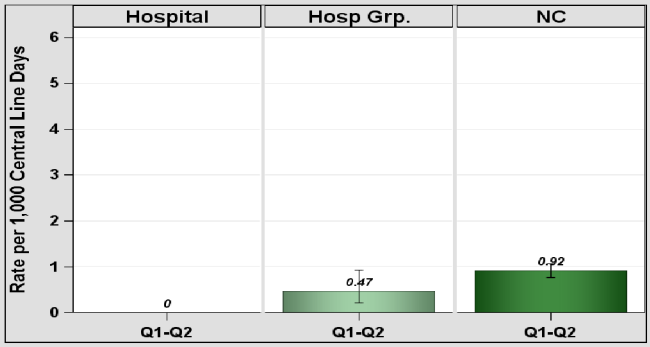


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	152	0	0.23	.		
YTD Total for Reporting ICUs	0	152	0	0.23	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	10,035	0	0.59	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

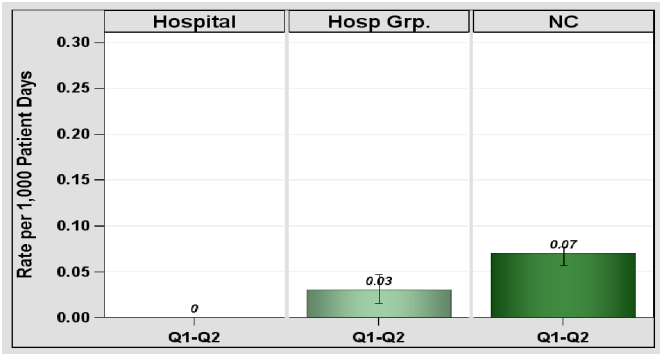


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

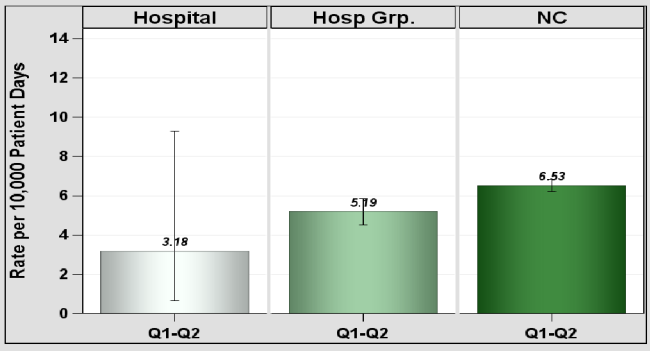


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	3	9,434	3.18	4.88	0.614	0.156, 1.671	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Wilkes Regional Medical Center, North Wilkesboro, Wilkes County

Catheter-Associated Urinary Tract Infections (CAUTI)

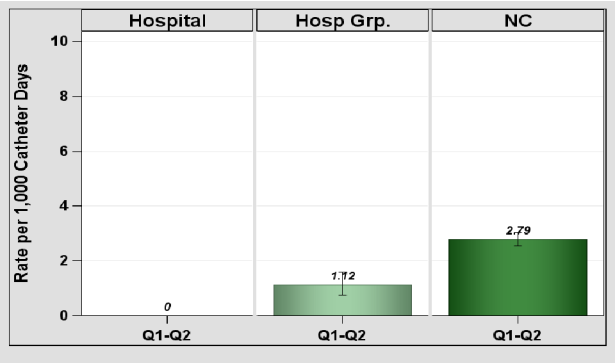


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	493	0	0.64	.		
YTD Total for Reporting ICUs	0	493	0	0.64	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	0	0	.	0	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

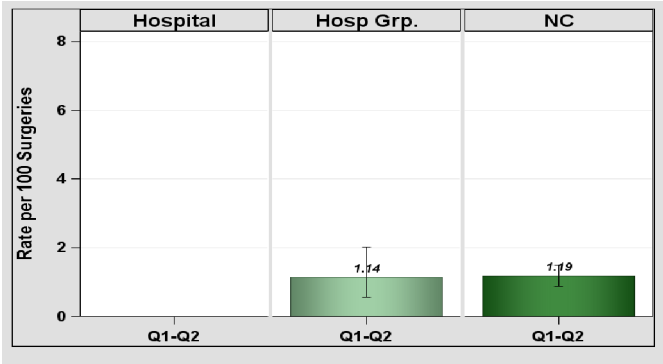


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

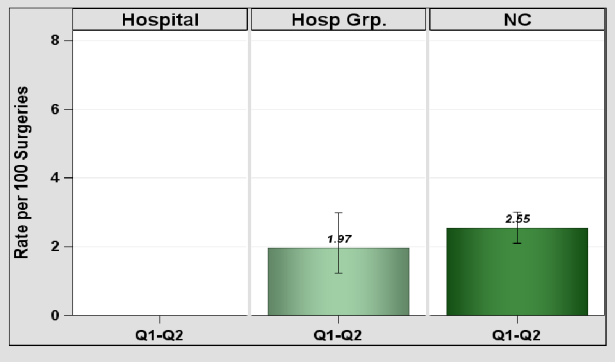


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	4	.	0.12	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

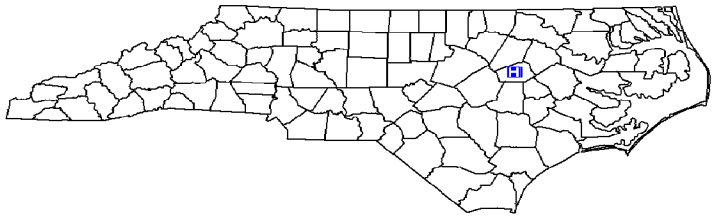
Commentary from Hospitals:
The prevention and reduction of healthcare associated infections is a top priority at Wilkes Regional Medical Center. To accomplish this, infection prevention strategies are continually assessed and measures implemented to decrease the risk for infection. These measures are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

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Wilson Medical Center, Wilson, Wilson County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	7,755
Patient Days in 2013:	33,194
Total Number of Beds:	193
Number of ICU Beds:	14
FTE* Infection Preventionists:	1.50
Number of FTEs* per 100 beds:	0.78

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

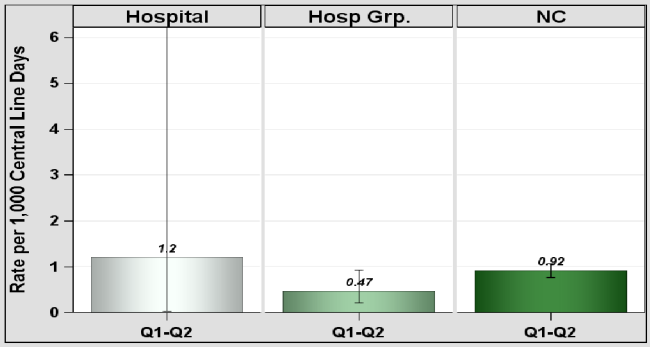


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	832	1.2	1.25	0.801	0.040, 3.952	Same
YTD Total for Reporting ICUs	1	832	1.2	1.25	0.801	0.040, 3.952	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	16,885	0	1.01	0	, 2.976	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

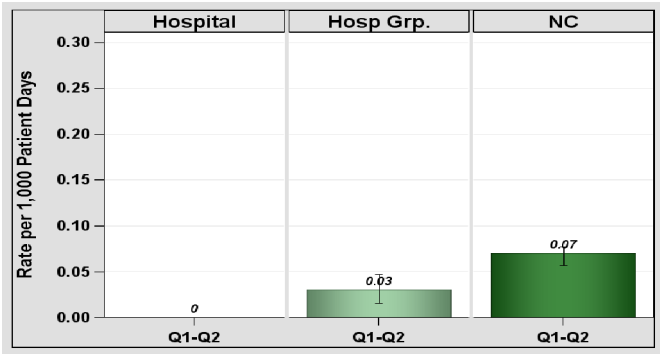


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

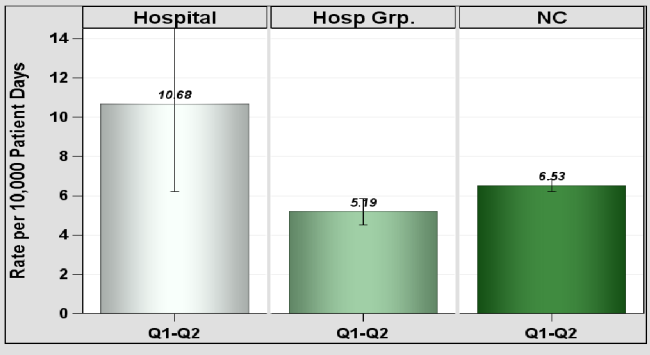


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	17	15,911	10.7	10.25	1.658	0.998, 2.601	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Wilson Medical Center, Wilson, Wilson County

Catheter-Associated Urinary Tract Infections (CAUTI)

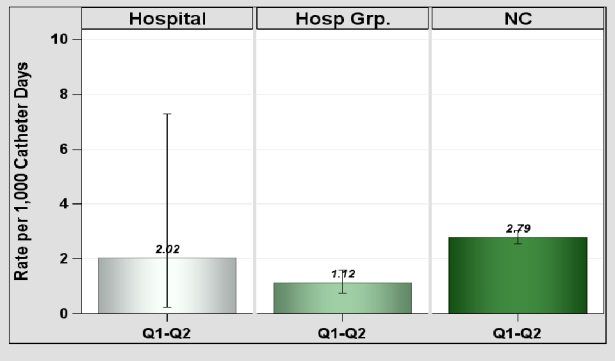


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	2	990	2.02	1.29	1.554	0.261, 5.134	Same
YTD Total for Reporting ICUs	2	990	2.02	1.29	1.554	0.261, 5.134	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	1	55	1.82	0.47	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

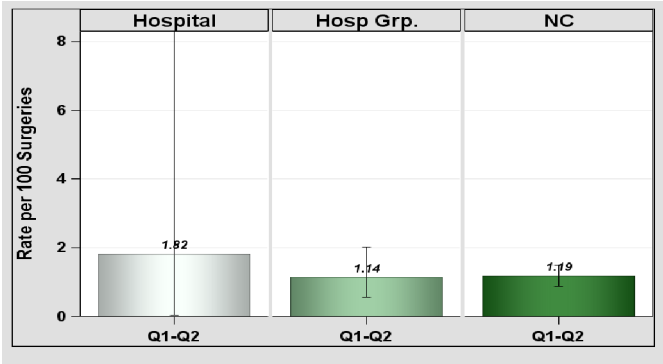


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

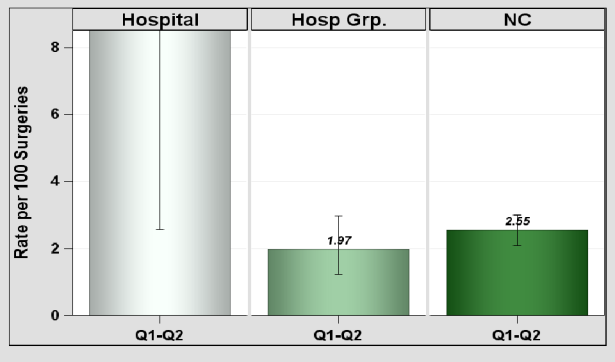


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	3	24	12.5	0.73	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

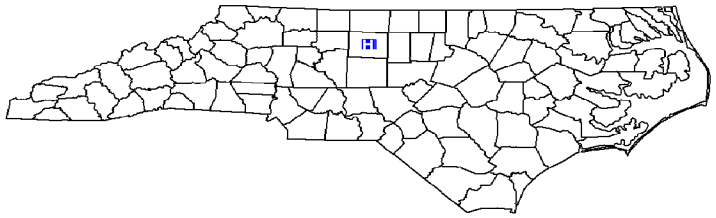
Commentary from Hospitals:
In 2013, Wilson Medical Center changed the laboratory method for testing C. difficile to a more sensitive molecular test. As expected, the increase in sensitivity of this test resulted in more positive C. difficile reported in 2013. Not all hospitals have converted to this advanced testing method.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Women's Hospital, Greensboro, Guilford County

2013 Hospital Survey Information

Hospital Type:	Acute Care Hospital - Women's
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2013:	7,818
Patient Days in 2013:	42,248
Total Number of Beds:	134
Number of ICU Beds:	40
FTE* Infection Preventionists:	0.50
Number of FTEs* per 100 beds:	0.37

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

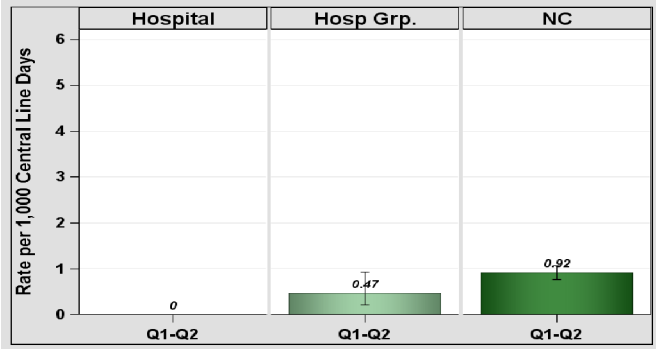


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	0	.	.	.		
Neonatal Level II/III	0	792	0	1.67	0	, 1.796	Same
YTD Total for Reporting ICUs	0	792	0	1.67	0	, 1.796	Same

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 central line days. Rate was not calculated if less than 50 central line days and SIR not presented.

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

Table 2. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	20,533	0	0.74	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 patient days.

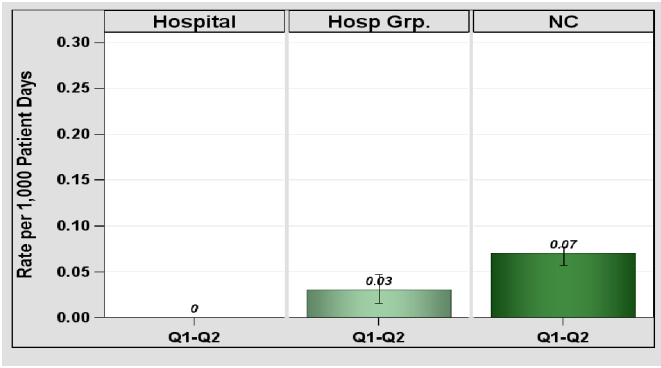


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

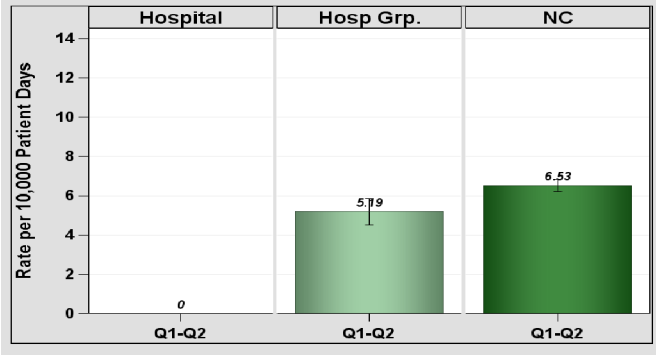


Figure 3. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 3. Rate and SIR, Jan-Jun 2014 in Comparison to National Baseline Data from 2010-2011.

Location	Infections	Patient Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Facility-wide inpatient	0	9,992	0	5.99	0	, 0.500	Lower

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 10,000 patient days.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 25, 2014.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2014
Women's Hospital, Greensboro, Guilford County

Catheter-Associated Urinary Tract Infections (CAUTI)

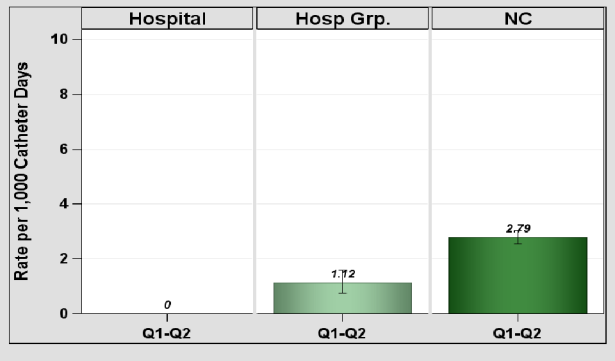


Figure 4. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Table 4. Rates and SIRs by ICU Type, Jan-Jun 2014 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	98	0	0.13	.		
YTD Total for Reporting ICUs	0	98	0	0.13	.		

*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 1,000 catheter days. Rate was not calculated if less than 50 catheter days and SIR not presented.

Surgical Site Infections (SSI) after Abdominal Hysterectomies

Table 5. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Abdominal hysterectomy	1	69	1.45	0.78	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate was not calculated if less than 20 inpatient surgeries and SIR not presented.

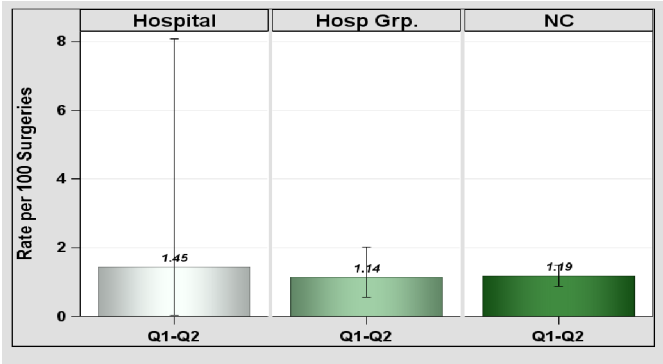


Figure 5. Rates and 95% Confidence Intervals, Jan-Jun 2014.

Surgical Site Infections (SSI) after Colon Surgeries

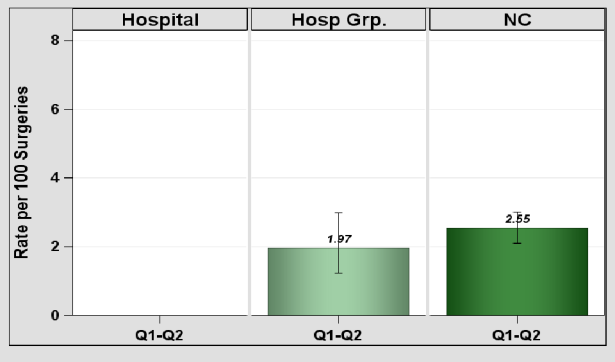


Figure 6. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2014.

Table 6. Rates and SIRs, Jan-Jun 2014 in Comparison to National Baseline Data from 2006-2008.

Procedure Type	Infections	Procedures	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Colon surgery	0	1	.	0.05	.		

Infections from deep incisional and/or organ space.
*SIR, 95%CI = Standardized Infection Ratio and corresponding 95% Confidence Interval.
Note: Rate per 100 inpatient surgeries. Rate not calculated if less than 20 inpatient surgeries and SIR not presented.

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.

Refer to HAI in N.C. Reference Report - October 2012 (rev July 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures/hai_jul2013_reference.pdf).
Data as of September 16, 2014.

APPENDICES

APPENDIX A. Definitions

Term	Definition
Acute care hospital	A hospital that provides acute medical care due to illness, injury or following surgery to patients hospitalized for a brief period of time.
ASA Class	Anesthesiologist's pre-operative assessment of the patient's physical condition, using the American Society of Anesthesiologists' (ASA) Classification of Physical Status. 1. Normally healthy patient 2. Patient with mild systemic disease 3. Patient with severe systemic disease that is not incapacitating 4. Patient with an incapacitating systemic disease, constant threat to life 5. Patient not expected to survive for 24 hours with or without the operation
Bacteremia	Bloodstream infection (BSI).
Beds	The number of staffed beds in a facility or patient care location. This may be different from 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. *Routine hand washing* is the use of clean water and non-antimicrobial soap to remove germs, soil and other debris from the hands. *Antiseptic hand washing* is the use of water and antimicrobial soap to remove or kill germs on the hands.
Hand hygiene (cont)	*Antiseptic hand rub* is the use of alcohol-based hand rubs to remove or destroy susceptible

Term	Definition
	germs from the hands. Antiseptic hand rubs are less effective when hands are visibly dirty and against some viruses. *Surgical hand antisepsis* is the use of water, antimicrobial soap, and a brush 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 that occur during the course of receiving medical care.
Inpatient rehabilitation facility	A facility that provides rehabilitation services after injury, illness, or surgery. These may be free-standing facilities or specialized units within a hospital.
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.
Laboratory-identified *Clostridium difficile*	A positive laboratory test result for *Clostridium difficile.*
Laboratory-identified Methicillin-resistant *Staphylococcus aureus* (MRSA) bacteremia	*Staphylococcus aureus* cultured from blood specimens that is oxacillin-resistant, cefoxitin-resistant, or methicillin-resistant by standard susceptibility testing methods, or by a laboratory test that is FDA-approved for MRSA detection from isolated colonies.
Long term acute care hospital	A hospital that provides acute medical care due to illness, injury or following surgery but the average length of patient stay is greater than 25 days.
Medical affiliation	Affiliation with a medical school. There are four categories: *Major* - Facility has a program for medical students and post-graduate medical training. *Graduate* - Facility has a program for post-graduate medical training (i.e., residency and/or fellowships). *Undergraduate* - Facility has a program for medical students only. *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)
ASA	American Society of Anesthesiologists
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
CDI, *C. diff*	*Clostridium difficile*
CI	Confidence interval
CMS	Centers for Medicare and Medicaid Services
CLABSI	Central line-associated bloodstream infection
CRE	Carbapenem-resistant Enterobacteriaceae
DHHS	Department of Health and Human Services
DPH	Division of Public Health
HAI	Healthcare-associated Infections
ICU	Intensive care unit
IPs	Infection preventionists
IRF	Inpatient rehabilitation facility
LTAC	Long-term acute care hospital
MRSA	Methicillin resistant *Staphylococcus aureus*
NCHA	North Carolina Hospital Association
NHSN	National Healthcare Safety Network
NICU	Neonatal intensive (critical) care unit
SIR	Standardized infection ratio
SSI	Surgical site infection
VRE	Vancomycin-resistant *Enterococcus*

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
Appendix C4. Methicillin Resistant *Staphylococcus aureus*
Appendix C5. *Clostridium difficile*

FAQs
(frequently asked questions)

about

"Catheter-Associated Bloodstream Infections"

(also known as "Central Line-Associated Bloodstream Infections")

What is a catheter-associated bloodstream infection?

A "central line" or "central catheter" is a tube that is placed into a patient's large vein, usually in the neck, chest, arm, or groin. The catheter is often used to draw blood, or give fluids or medications. It may be left in place for several weeks. A bloodstream infection can occur when bacteria or other germs travel down a "central line" and enter the blood. If you develop a catheter-associated bloodstream infection you may become ill with fevers and chills or the skin around the catheter may become sore and red.

Can a catheter-related bloodstream infection be treated?

A catheter-associated bloodstream infection is serious, but often can be successfully treated with antibiotics. The catheter might need to be removed if you develop an infection.

What are some of the things that hospitals are doing to prevent catheter-associated bloodstream infections?

To prevent catheter-associated bloodstream infections doctors and nurses will:

- Choose a vein where the catheter can be safely inserted and where the risk for infection is small.
- Clean their hands with soap and water or an alcohol-based hand rub before putting in the catheter.
- Wear a mask, cap, sterile gown, and sterile gloves when putting in the catheter to keep it sterile. The patient will be covered with a sterile sheet.
- Clean the patient's skin with an antiseptic cleanser before putting in the catheter.
- Clean their hands, wear gloves, and clean the catheter opening with an antiseptic solution before using the catheter to draw blood or give medications. Healthcare providers also clean their hands and wear gloves when changing the bandage that covers the area where the catheter enters the skin.
- Decide every day if the patient still needs to have the catheter. The catheter will be removed as soon as it is no longer needed.
- Carefully handle medications and fluids that are given through the catheter.

What can I do to help prevent a catheter-associated bloodstream infection?

- Ask your doctors and nurses to explain why you need the catheter and how long you will have it.
- Ask your doctors and nurses if they will be using all of the prevention methods discussed above.
- Make sure that all doctors and nurses caring for you clean their hands with soap and water or an alcohol-based hand rub before and after caring for you.

If you do not see your providers clean their hands, please ask them to do so.

- If the bandage comes off or becomes wet or dirty, tell your nurse or doctor immediately.
- Inform your nurse or doctor if the area around your catheter is sore or red.
- Do not let family and friends who visit touch the catheter or the tubing.
- Make sure family and friends clean their hands with soap and water or an alcohol-based hand rub before and after visiting you.

What do I need to do when I go home from the hospital?

Some patients are sent home from the hospital with a catheter in order to continue their treatment. If you go home with a catheter, your doctors and nurses will explain everything you need to know about taking care of your catheter.

- Make sure you understand how to care for the catheter before leaving the hospital. For example, ask for instructions on showering or bathing with the catheter and how to change the catheter dressing.
- Make sure you know who to contact if you have questions or problems after you get home.
- Make sure you wash your hands with soap and water or an alcohol-based hand rub before handling your catheter.
- Watch for the signs and symptoms of catheter-associated bloodstream infection, such as soreness or redness at the catheter site or fever, and call your healthcare provider immediately if any occur.

If you have additional questions, please ask your doctor or nurse.

Co-sponsored by:

SHEA The Society for Healthcare Epidemiology of America

IDSA

American Hospital Association

APIC Spreading knowledge. Preventing infection.

CDC Centers for Disease Control and Prevention

The Joint Commission

FAQs
(frequently asked questions)

about
"Catheter-Associated Urinary Tract Infection"

What is "catheter-associated urinary tract infection"?

A urinary tract infection (also called "UTI") is an infection in the urinary system, which includes the bladder (which stores the urine) and the kidneys (which filter the blood to make urine). Germs (for example, bacteria or yeasts) do not normally live in these areas; but if germs are introduced, an infection can occur.

If you have a urinary catheter, germs can travel along the catheter and cause an infection in your bladder or your kidney; in that case it is called a catheter-associated urinary tract infection (or "CA-UTI").

What is a urinary catheter?

A urinary catheter is a thin tube placed in the bladder to drain urine. Urine drains through the tube into a bag that collects the urine. A urinary catheter may be used:

- If you are not able to urinate on your own
- To measure the amount of urine that you make, for example, during intensive care
- During and after some types of surgery
- During some tests of the kidneys and bladder

People with urinary catheters have a much higher chance of getting a urinary tract infection than people who don't have a catheter.

How do I get a catheter-associated urinary tract infection (CA-UTI)?

If germs enter the urinary tract, they may cause an infection. Many of the germs that cause a catheter-associated urinary tract infection are common germs found in your intestines that do not usually cause an infection there. Germs can enter the urinary tract when the catheter is being put in or while the catheter remains in the bladder.

What are the symptoms of a urinary tract infection?

Some of the common symptoms of a urinary tract infection are:

- Burning or pain in the lower abdomen (that is, below the stomach)
- Fever
- Bloody urine may be a sign of infection, but is also caused by other problems
- Burning during urination or an increase in the frequency of urination after the catheter is removed.

Sometimes people with catheter-associated urinary tract infections do not have these symptoms of infection.

Can catheter-associated urinary tract infections be treated?

Yes, most catheter-associated urinary tract infections can be treated with antibiotics and removal or change of the catheter. Your doctor will determine which antibiotic is best for you.

What are some of the things that hospitals are doing to prevent catheter-associated urinary tract infections?

To prevent urinary tract infections, doctors and nurses take the following actions.

Catheter insertion

- o Catheters are put in only when necessary and they are removed as soon as possible.
- o Only properly trained persons insert catheters using sterile ("clean") technique.
- o The skin in the area where the catheter will be inserted is cleaned before inserting the catheter.
- o Other methods to drain the urine are sometimes used, such as
- External catheters in men (these look like condoms and are placed over the penis rather than into the penis)
- Putting a temporary catheter in to drain the urine and removing it right away. This is called intermittent urethral catheterization.

Catheter care

- o Healthcare providers clean their hands by washing them with soap and water or using an alcohol-based hand rub before and after touching your catheter.

  If you do not see your providers clean their hands, please ask them to do so.
- o Avoid disconnecting the catheter and drain tube. This helps to prevent germs from getting into the catheter tube.
- o The catheter is secured to the leg to prevent pulling on the catheter.
- o Avoid twisting or kinking the catheter.
- o Keep the bag lower than the bladder to prevent urine from backflowing to the bladder.
- o Empty the bag regularly. The drainage spout should not touch anything while emptying the bag.

What can I do to help prevent catheter-associated urinary tract infections if I have a catheter?

- Always clean your hands before and after doing catheter care.
- Always keep your urine bag below the level of your bladder.
- Do not tug or pull on the tubing.
- Do not twist or kink the catheter tubing.
- Ask your healthcare provider each day if you still need the catheter.

What do I need to do when I go home from the hospital?

- If you will be going home with a catheter, your doctor or nurse should explain everything you need to know about taking care of the catheter. Make sure you understand how to care for it before you leave the hospital.
- If you develop any of the symptoms of a urinary tract infection, such as burning or pain in the lower abdomen, fever, or an increase in the frequency of urination, contact your doctor or nurse immediately.
- Before you go home, make sure you know who to contact if you have questions or problems after you get home.

If you have questions, please ask your doctor or nurse.

Co-sponsored by: SHEA The Society for Healthcare Epidemiology of America · IDSA · American Hospital Association · APIC Spreading knowledge. Preventing infection. · CDC Centers for Disease Control and Prevention · The Joint Commission

FAQs
(frequently asked questions)

about
"Surgical Site Infections"

What is a Surgical Site Infection (SSI)?

A surgical site infection is an infection that occurs after surgery in the part of the body where the surgery took place. Most patients who have surgery do not develop an infection. However, infections develop in about 1 to 3 out of every 100 patients who have surgery.

Some of the common symptoms of a surgical site infection are:

- Redness and pain around the area where you had surgery
- Drainage of cloudy fluid from your surgical wound
- Fever

Can SSIs be treated?

Yes. Most surgical site infections can be treated with antibiotics. The antibiotic given to you depends on the bacteria (germs) causing the infection. Sometimes patients with SSIs also need another surgery to treat the infection.

What are some of the things that hospitals are doing to prevent SSIs?

To prevent SSIs, doctors, nurses, and other healthcare providers:

- Clean their hands and arms up to their elbows with an antiseptic agent just before the surgery.
- Clean their hands with soap and water or an alcohol-based hand rub before and after caring for each patient.
- May remove some of your hair immediately before your surgery using electric clippers if the hair is in the same area where the procedure will occur. They should not shave you with a razor.
- Wear special hair covers, masks, gowns, and gloves during surgery to keep the surgery area clean.
- Give you antibiotics before your surgery starts. In most cases, you should get antibiotics within 60 minutes before the surgery starts and the antibiotics should be stopped within 24 hours after surgery.
- Clean the skin at the site of your surgery with a special soap that kills germs.

What can I do to help prevent SSIs?

Before your surgery:

- Tell your doctor about other medical problems you may have. Health problems such as allergies, diabetes, and obesity could affect your surgery and your treatment.
- Quit smoking. Patients who smoke get more infections. Talk to your doctor about how you can quit before your surgery.
- Do not shave near where you will have surgery. Shaving with a razor can irritate your skin and make it easier to develop an infection.

At the time of your surgery:

- Speak up if someone tries to shave you with a razor before surgery. Ask why you need to be shaved and talk with your surgeon if you have any concerns.
- Ask if you will get antibiotics before surgery.

After your surgery:

- Make sure that your healthcare providers clean their hands before examining you, either with soap and water or an alcohol-based hand rub.

  If you do not see your providers clean their hands, please ask them to do so.

- Family and friends who visit you should not touch the surgical wound or dressings.
- Family and friends should clean their hands with soap and water or an alcohol-based hand rub before and after visiting you. If you do not see them clean their hands, ask them to clean their hands.

What do I need to do when I go home from the hospital?

- Before you go home, your doctor or nurse should explain everything you need to know about taking care of your wound. Make sure you understand how to care for your wound before you leave the hospital.
- Always clean your hands before and after caring for your wound.
- Before you go home, make sure you know who to contact if you have questions or problems after you get home.
- If you have any symptoms of an infection, such as redness and pain at the surgery site, drainage, or fever, call your doctor immediately.

If you have additional questions, please ask your doctor or nurse.

Co-sponsored by:

SHEA The Society for Healthcare Epidemiology of America
IDSA
American Hospital Association
APIC Spreading knowledge. Preventing infection.
CDC Centers for Disease Control and Prevention
The Joint Commission

FAQs
(frequently asked questions)

about

"MRSA"
(Methicillin-Resistant *Staphylococcus aureus*)

What is MRSA?

Staphylococcus aureus (pronounced staff-ill-oh-KOK-us AW-ree-us), or *"Staph"* is a very common germ that about 1 out of every 3 people have on their skin or in their nose. This germ does not cause any problems for most people who have it on their skin. But sometimes it can cause serious infections such as skin or wound infections, pneumonia, or infections of the blood.

Antibiotics are given to kill Staph germs when they cause infections. Some *Staph* are resistant, meaning they cannot be killed by some antibiotics. *"Methicillin-resistant Staphylococcus aureus"* or "MRSA" is a type of *Staph* that is resistant to some of the antibiotics that are often used to treat *Staph* infections.

Who is most likely to get an MRSA infection?

In the hospital, people who are more likely to get an MRSA infection are people who:

- have other health conditions making them sick
- have been in the hospital or a nursing home
- have been treated with antibiotics.

People who are healthy and who have not been in the hospital or a nursing home can also get MRSA infections. These infections usually involve the skin. More information about this type of MRSA infection, known as "community-associated MRSA" infection, is available from the Centers for Disease Control and Prevention (CDC). http://www.cdc.gov/mrsa

How do I get an MRSA infection?

People who have MRSA germs on their skin or who are infected with MRSA may be able to spread the germ to other people. MRSA can be passed on to bed linens, bed rails, bathroom fixtures, and medical equipment. It can spread to other people on contaminated equipment and on the hands of doctors, nurses, other healthcare providers and visitors.

Can MRSA infections be treated?

Yes, there are antibiotics that can kill MRSA germs. Some patients with MRSA abscesses may need surgery to drain the infection. Your healthcare provider will determine which treatments are best for you.

What are some of the things that hospitals are doing to prevent MRSA infections?

To prevent MRSA infections, doctors, nurses, and other healthcare providers:

- **Clean their hands** with soap and water or an alcohol-based hand rub before and after caring for every patient.
- Carefully **clean hospital rooms and medical equipment**.
- Use **Contact Precautions** when caring for patients with MRSA. Contact Precautions mean:
  - Whenever possible, patients with MRSA will have a single room or will share a room only with someone else who also has MRSA.
  - Healthcare providers will put on gloves and wear a gown over their clothing while taking care of patients with MRSA.
  - Visitors may also be asked to wear a gown and gloves.
  - When leaving the room, hospital providers and visitors remove their gown and gloves and clean their hands.
  - Patients on Contact Precautions are asked to stay in their hospital rooms as much as possible. They should not go to common areas, such as the gift shop or cafeteria. They may go to other areas of the hospital for treatments and tests.
- **May test** some patients to see if they have MRSA on their skin. This test involves rubbing a cotton-tipped swab in the patient's nostrils or on the skin.

What can I do to help prevent MRSA infections?

In the hospital

- Make sure that all doctors, nurses, and other healthcare providers clean their hands with soap and water or an alcohol-based hand rub before and after caring for you.

> If you do not see your providers clean their hands, please ask them to do so.

When you go home

- If you have wounds or an intravascular device (such as a catheter or dialysis port) make sure that you know how to take care of them.

Can my friends and family get MRSA when they visit me?

The chance of getting MRSA while visiting a person who has MRSA is very low. To decrease the chance of getting MRSA your family and friends should:

- Clean their hands before they enter your room and when they leave.
- Ask a healthcare provider if they need to wear protective gowns and gloves when they visit you.

What do I need to do when I go home from the hospital?

To prevent another MRSA infection and to prevent spreading MRSA to others:

- Keep taking any antibiotics prescribed by your doctor. Don't take half-doses or stop before you complete your prescribed course.
- Clean your hands often, especially before and after changing your wound dressing or bandage.
- People who live with you should clean their hands often as well.
- Keep any wounds clean and change bandages as instructed until healed.
- Avoid sharing personal items such as towels or razors.
- Wash and dry your clothes and bed linens in the warmest temperatures recommended on the labels.
- Tell your healthcare providers that you have MRSA. This includes home health nurses and aides, therapists, and personnel in doctors' offices.
- Your doctor may have more instructions for you.

If you have questions, please ask your doctor or nurse.

Co-sponsored by: SHEA The Society for Healthcare Epidemiology of America, IDSA, American Hospital Association, APIC Spreading knowledge. Preventing infection., CDC Centers for Disease Control and Prevention, The Joint Commission

FAQs
(frequently asked questions)

about
"Clostridium Difficile"

What is Clostridium difficile infection?

Clostridium difficile [pronounced Klo-STRID-ee-um dif-uh-SEEL], also known as "*C. diff*" [See-dif], is a germ that can cause diarrhea. Most cases of *C. diff* infection occur in patients taking antibiotics. The most common symptoms of a *C. diff* infection include:

- Watery diarrhea
- Fever
- Loss of appetite
- Nausea
- Belly pain and tenderness

Who is most likely to get C. diff infection?

The elderly and people with certain medical problems have the greatest chance of getting *C. diff. C. diff* spores can live outside the human body for a very long time and may be found on things in the environment such as bed linens, bed rails, bathroom fixtures, and medical equipment. *C. diff* infection can spread from person-to-person on contaminated equipment and on the hands of doctors, nurses, other healthcare providers and visitors.

Can C. diff infection be treated?

Yes, there are antibiotics that can be used to treat *C. diff.* In some severe cases, a person might have to have surgery to remove the infected part of the intestines. This surgery is needed in only 1 or 2 out of every 100 persons with *C. diff.*

What are some of the things that hospitals are doing to prevent C. diff infections?

To prevent *C. diff.* infections, doctors, nurses, and other healthcare providers:

- Clean their hands with soap and water or an alcohol-based hand rub before and after caring for every patient. This can prevent *C. diff* and other germs from being passed from one patient to another on their hands.
- Carefully clean hospital rooms and medical equipment that have been used for patients with *C. diff*.
- Use Contact Precautions to prevent *C. diff* from spreading to other patients. Contact Precautions mean:
  - Whenever possible, patients with *C. diff* will have a single room or share a room only with someone else who also has *C. diff*.
  - Healthcare providers will put on gloves and wear a gown over their clothing while taking care of patients with *C. diff*.
  - Visitors may also be asked to wear a gown and gloves.
  - When leaving the room, hospital providers and visitors remove their gown and gloves and clean their hands.
  - Patients on Contact Precautions are asked to stay in their hospital rooms as much as possible. They should not go to common areas, such as the gift shop or cafeteria. They can go to other areas of the hospital for treatments and tests.
- Only give patients antibiotics when it is necessary.

What can I do to help prevent C. diff infections?

- Make sure that all doctors, nurses, and other healthcare providers clean their hands with soap and water or an alcohol-based hand rub before and after caring for you.

If you do not see your providers clean their hands, please ask them to do so.

- Only take antibiotics as prescribed by your doctor.
- Be sure to clean your own hands often, especially after using the bathroom and before eating.

Can my friends and family get C. diff when they visit me?

C. diff infection usually does not occur in persons who are not taking antibiotics. Visitors are not likely to get *C. diff*. Still, to make it safer for visitors, they should:

- Clean their hands before they enter your room and as they leave your room
- Ask the nurse if they need to wear protective gowns and gloves when they visit you.

What do I need to do when I go home from the hospital?

Once you are back at home, you can return to your normal routine. Often, the diarrhea will be better or completely gone before you go home. This makes giving *C. diff* to other people much less likely. There are a few things you should do, however, to lower the chances of developing *C. diff* infection again or of spreading it to others.

- If you are given a prescription to treat *C. diff,* take the medicine exactly as prescribed by your doctor and pharmacist. Do not take half-doses or stop before you run out.
- Wash your hands often, especially after going to the bathroom and before preparing food.
- People who live with you should wash their hands often as well.
- If you develop more diarrhea after you get home, tell your doctor immediately.
- Your doctor may give you additional instructions.

If you have questions, please ask your doctor or nurse.

Co-sponsored by:
SHEA The Society for Healthcare Epidemiology of America
IDSA
American Hospital Association
APIC Spreading knowledge. Preventing infection.
CDC Centers for Disease Control and Prevention
The Joint Commission

APPENDIX D. Healthcare-Associated Infections (HAI) Advisory Group, October 2013

Deverick Anderson, MD, MPH
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
Duke University Medical Center
Durham-Orange County Medical Society

Evelyn Foust, MPH, CPM
N.C. Division of Public Health

Robert M. Gabel, MD, MSc, FACOEM
Womack Army Medical Center

Teresa M. Gilbert, MT (AMT), CIC
Womack Army Medical Center

Dorothea Handron, APRN, EdD
Consumer/patient advocate

Millie R. Harding, CPA
North Carolina Hospital Association

Debbie S. Holloman, CSSBB
Consumer/patient advocate

G. Mark Holmes, PhD
UNC Gillings School of Global Public Health

Kirk Huslage, RN, BSN, MSPH, CIC
N.C. Statewide Program for Infection Control and Epidemiology

Representative Verla Insko (Orange County)
N.C. House of Representatives

Carol Koeble, MD, MS, CPE
N.C. Center for Hospital Quality and Patient Safety

James Lederer, MD
Novant Health Systems

Jennifer MacFarquhar, RN, MPH, CIC
N.C. Division of Public Health

Jean-Marie Maillard, MD, MSc
N.C. Division of Public Health

MJ McCaffrey, MD, CAPT USN (Ret)
Perinatal Quality Collaborative of North Carolina
UNC School of Medicine

Catherine Moore, RN, MSN
North Carolina Nurses Association

Zack Moore, MD, MPH
N.C. Division of Public Health

Tammra Morrison, RN BSN
N.C. Division of Public Health

John Morrow, MD
N.C. Association of Local Health Directors
Pitt County Health Department

Vivek Nanda
Blue Cross and Blue Shield of North Carolina

Katie Passaretti, MD
Carolinas Metro Facilities

Sylvia I. Pegg, RN, BSN, CIC
Wake Forest Baptist Health

Charles Riddick, CEO
The Carolinas Center for Medical Excellence

William A. Rutala, PhD, MPH
N.C. Statewide Program in Infection Control and Epidemiology
UNC Health Care System

Megan Sanza, MPH
N.C. Division of Public Health

Robert L. Sautter, PhD, HCLD (ABB)
N.C. Laboratory Response Forum
Carolinas Pathology Group

Daniel J. Sexton, MD
Duke Infection Control Outreach Network
Duke University Health System

Michael E. Toedt, MD, FAAFP
Cherokee Indian Hospital

Christopher W. Woods, MD, MPH
Duke University Health System
Durham VAMC

APPENDIX E. Healthcare Facility Groupings, 2013 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	Anson Community Hospital	30
	Blue Ridge Regional Hospital	46
	Brunswick Novant Medical Center	74
	Caldwell Memorial Hospital	82
	Carolinas Medical Center-University	94
	Columbus Regional Healthcare System	86
	Franklin Regional Medical Center	70
	Granville Medical Center	62
	Hugh Chatham Memorial Hospital	81
	Kings Mountain Hospital	59
	Martin General Hospital	45
	Mcdowell Hospital	49
	Medical Park Hospital	22
	Murphy Medical Center	43
	North Carolina Specialty Hospital	18
	Novant Health Charlotte Orthopedic Hospital	80
	Novant Health Huntersville Medical Center	75
	Person Memorial Hospital	38
	Sandhills Regional Medical Center	66
	Vidant Beaufort Hospital	83
	Vidant Duplin Hospital	79
	Wake Forest Baptist Health-Lexington Medical Center	85
	Westcare - Harris Regional Hospital	86
100-199 beds	ARHS-Watauga Medical Center	110
	Annie Penn Hospital	110
	Betsy Johnson Regional	135
	Blue Ridge Healthcare Hospitals-Morganton	184
	Blue Ridge Healthcare Hospitals-Valdese	131
	Carolinas Medical Center-Lincoln	101
	Carolinas Medical Center-Mercy	162
	Carolinas Medical Center-Union	157
	Carteret General Hospital	135
	Catawba Valley Medical Center	190
	Central Carolina Hospital	116
	Davis Regional Medical Center	131
	Duke Raleigh Hospital	148
	Halifax Regional Medical Center	114
	Haywood Regional Medical Center	100
	Iredell Memorial Hospital	199
	Johnston Health	199
	Lake Norman Regional Medical Center	123
	Maria Parham Medical Center	102
	Morehead Memorial Hospital	108
	Northern Hospital Of Surry County	100
	Novant Health Matthews Medical Center	137

APPENDIX E. Healthcare Facility Groupings, 2013 National Healthcare Safety Network Annual Hospital Survey

Appendix E1. Healthcare Facility Group: Short-term Acute Care Hospitals

Hospital Groups	Hospital Name	Number of Beds
	Onslow Memorial Hospital	162
	Pardee Hospital	138
	Park Ridge Health	103
	Randolph Hospital	102
	Rutherford Regional Medical Center	120
	Sampson Regional Medical Center	116
	Scotland Memorial Hospital	104
	Sentara Albemarle Medical Center	135
	Stanly Regional Medical Center	119
	Thomasville Medical Center	149
	Vidant Edgecombe Hospital	117
	Vidant Roanoke Chowan Hospital	144
	WakeMed Cary Hospital	182
	Wesley Long Hospital	175
	Wilkes Regional Medical Center	130
	Wilson Medical Center	193
	Women's Hospital	134
200-399 beds	Alamance Regional Medical Center	238
	Broughton Hospital	278
	CarolinaEast Medical Center	350
	Carolinas Medical Center-Pineville	206
	Cherry Hospital	241
	Cleveland Regional Medical Center	241
	Duke Regional Hospital	204
	Frye Regional Medical Center	355
	High Point Regional Health System	355
	Lenoir Memorial Hospital	235
	Nash Health Care Systems	237
	Rowan Regional Medical Center	268
	Southeastern Regional Medical Center	319
	Wayne Memorial Hospital	284
400+ beds	Cape Fear Valley Health System	602
	Carolinas Medical Center- Northeast	457
	Central Regional Hospital	405
	FirstHealth Moore Regional Hospital	470
	Forsyth Medical Center	913
	Gaston Memorial Hospital	402
	Mission Hospital	739
	Moses Cone Hospital	536
	New Hanover Regional Medical Center	579
	Novant Health Presbyterian Medical Center	609
	Rex Healthcare	479
	WakeMed	614
Primary Medical School Affiliation	Carolinas Medical Center	880
	Duke University Hospital	915
	UNC Health Care	848

APPENDIX E. Healthcare Facility Groupings, 2013 National Healthcare Safety Network Annual Hospital Survey

Appendix E1. Healthcare Facility Group: Short-term Acute Care Hospitals

Hospital Groups	Hospital Name	Number of Beds
	Vidant Medical Center	909
	Wake Forest University Baptist Medical Center	885

APPENDIX E. Healthcare Facility Groupings, 2013 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, 2013 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 Medical Center-Pineville	Adult rehabilitation ward
Carolinas Rehabilitation	Inpatient Rehabilitation Facility
Catawba Valley Medical Center	Adult rehabilitation ward
Duke 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	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
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