2013

Healthcare-Associated Infections in North Carolina

Quarterly Report – January 2013
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 U.S. Centers for Disease Control and Prevention (CDC) estimates that 5 percent of all hospital admissions result in a healthcare-associated infection, culminating in approximately 1.7 million infections and 99,000 deaths each year[1] as well as $28–33 billion in excess costs.[2] In North Carolina, approximately 33,000 individuals contract healthcare-associated infections in acute care hospitals each year, resulting in approximate direct costs to facilities ranging from $281 million to $779 million dollars.[3] These numbers likely underestimate the true burden of healthcare-associated infections because they include only a subset of acute care hospitals and healthcare-associated infections.

The prevention of healthcare-associated infections is a public health priority in North Carolina and is a collaborative effort among the healthcare and public health communities. This January 2013 Healthcare-Associated Infections Quarterly Report is an important product of this collaboration and represents the first public reporting of healthcare-associated infections statewide, as required by North Carolina General Statute 130A-150 and North Carolina Administrative Code Rule 41A .0106. Included in this report is information about infections occurring in North Carolina acute care hospitals during January 1st –June 30th, 2012. Data included in this report are preliminary and subject to change.

While this report only includes data from acute care hospitals, other facility types including rehabilitation, long term acute care, and state psychiatric will be added to future reports. These reports will be released on a quarterly basis during the months of January, April, July, and October. The next quarterly report will provide an annual summary of 2012 healthcare-associated infections in acute care hospitals.

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

This report was prepared by the North Carolina Healthcare-Associated Infections Prevention Team, which is 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;

---

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

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

[3] NC-DHHS. Estimates for Cost of Healthcare-Associated Infections (HAIs) in North Carolina Acute Care Hospitals: Report from the Economic Impact Subgroup of the North Carolina Department of Public Health HAI Advisory Group; 2011.

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 N.C. Furthermore, providers can assess their hospital's healthcare-associated infections burden in conjunction with other acute care hospitals. This may help to identify potential resources and opportunities to strengthen their hospitals' healthcare-associated infections prevention program. 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 N.C Healthcare-Associated Infections Prevention Team, please visit http://epi.publichealth.nc.gov/cd/diseases/hai.

Acknowledgements

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

The Healthcare-Associated Infection Prevention Team would also like to recognize the contributions of the Healthcare-Associated Infections Advisory Group members listed in Appendix A. In particular, the team is grateful to the Subgroup on Reporting and Surveillance for their thoughtful feedback on the presentation and content of the Quarterly Reports.

Finally, the team would like to acknowledge our partners from the North Carolina Hospital Association (NCHA), the North Carolina Statewide Program for Infection Control and Epidemiology (NC SPICE) and the North Carolina Chapter of the Association for Professionals in Infection Control and Epidemiology (APIC) who have been important leaders and strong supporters of surveillance and prevention programs for healthcare-associated infections in North Carolina.

Table of Contents

Definitions

Term	Definition
ASA Class	Anesthesiologist's pre-operative assessment of the patient's physical condition, using the American Society of Anesthesiologists' (ASA) Classification of Physical Status. 1. Normally healthy patient 2. Patient with mild systemic disease 3. Patient with severe systemic disease that is not incapacitating 4. Patient with an incapacitating systemic disease, constant threat to life 5. Patient not expected to survive for 24 hours with or without the operation
Beds	The number of staffed beds in a facility or patient care location. This may be different from the number of licensed beds.
Catheter days	A daily count of the number of patients with an indwelling urinary catheter. For example, one patient with an indwelling catheter in place for two days or two patients with indwelling catheters in place for one day each would both result in two catheter days. This number is used when presenting rates of catheter-associated urinary tract infections.
Catheter-associated urinary tract infection	Urinary tract infection (UTI) that occurs in a patient who had an indwelling urinary catheter in place within the 48-hour period before the onset of the UTI.
Central line	A catheter (tube) that doctors place in a large vein in the neck, chest, or groin 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.
Healthcare-associated infections	Healthcare-associated infections (HAI) are infections caused by a wide variety of common and unusual bacteria, fungi, and viruses during the course of receiving medical care.

Term	Definition
Infant	An individual ≤ 1 year of age.
Intensive care unit	A nursing care area that provides intensive observation, diagnosis, and therapeutic procedures for adults and/or children who are critically ill. Also referred to as critical care unit.
Medical affiliation	Affiliation with a medical school. There are four categories. Major teaching – Hospital is an important part of the teaching program of a medical school and the majority of medical students rotate through multiple clinical services. Graduate – Hospital used by the medical school for graduate training programs only (i.e., residency and/or fellowships). Limited – Hospital used in the medical school's teaching program to a limited extent. No – Hospital not affiliated with a medical school.
Patient days	A daily count of the number of patients in the patient care location during a specified time period.
Rate	Describes the speed with which disease or events occur.
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.
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 in the real world.

Acronyms

APIC	Association for Professionals in Infection Control and Epidemiology
ASA	American Society of Anesthesiologists
CAUTI	Catheter-associated urinary tract infection
CDC	Centers for Disease Control and Prevention
CMS	Centers for Medicare and Medicaid Services
CLABSI	Central line-associated bloodstream infections
CDB	Communicable Disease Branch
CI	Confidence interval
CCU	Critical care unit
DHHS	Department of Health and Human Services
DPH	Division of Public Health
HAI	Healthcare-associated Infections
ICU	Intensive care unit
NCHA	North Carolina Hospital Association
NC SPICE	North Carolina Statewide Program for Infection Control and Epidemiology
NHSN	National Healthcare Safety Network
NICU	Neonatal critical care unit
SIR	Standardized infection ratio
SSI	Surgical site infection

I. Surveillance for Healthcare-Associated Infections in North Carolina

Healthcare-associated infections (HAIs) are infections caused by a variety of bacteria, fungi, and viruses while receiving medical care. Hospitals report specific types of HAIs to the North Carolina Division of Public Health. These infections include central line-associated bloodstream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) occurring after an abdominal hysterectomy or colon surgery. These infections are only reported for patients in the hospital and not for patients in outpatient settings such as clinics, outpatient surgery centers or dialysis facilities.

By North Carolina law, hospital reporting requirements are based on the reporting requirements established by the Centers for Medicare and Medicaid Services (CMS). The first HAI reporting requirement went into effect on January 1, 2012, when acute care hospitals began reporting CLABSIs, CAUTIs, and SSIs. Additional hospital types – long-term acute care hospitals and rehabilitation hospitals – began reporting CLABSIs and CAUTIs in October 2012; this information will be included in future quarterly reports. In January 2013, acute care hospitals will begin reporting laboratory confirmed bloodstream infections caused by methicillin-resistant *Staphylococcus aureus* (MRSA) and infections caused by *Clostridium difficile* (*C. diff*). This information will also be included in future quarterly reports.

HAI information is entered into the Centers for Disease Control and Prevention's (CDC) web-based surveillance system called the National Healthcare Safety Network (NSHN). These data are shared with the N.C. Healthcare-Associated Infections Prevention Program (HAI Program) within N.C. DPH through an agreement with hospitals that satisfies the reporting requirements of the N.C law. Infections should be reported within 30 days following the end of the month in which they are identified. Additionally, the denominator data such as the number of central line days, catheter days, abdominal hysterectomies, and colon surgeries must also be reported. The N.C. HAI Program works with hospitals on a monthly basis to reconcile their data. At the beginning of each month, a reconciliation report is generated and shared with each hospital. Hospitals are given 30 days from the receipt of the reconciliation report to review and update any errors in NHSN. All data in NHSN are entered and modified by hospitals; the N.C. HAI Program cannot change data in NHSN.

To learn more about CLABSIs, CAUTIs, and SSIs, please visit the N.C. Healthcare-Associated Infections – Facts & Figures website at http://epi.publichealth.nc.gov/cd/hai/figures.html. In addition to information about specific infections, there is a link to the October 2012 Quarterly Report, which contains background information on HAI surveillance in N.C. and detailed information on statistics commonly used to describe and summarize HAIs.

II. Overview of the Hospital-Specific Summary Reports

The following pages are the hospital-specific summary reports for healthcare-associated infections that acute care hospitals reported from January to June, 2012. Data in this report were downloaded from NHSN on December 27, 2012; any changes made to the January-June data after this date are not reflected in this report. Before reviewing the hospital-specific summary reports, please read this section which contains helpful information and explanations.

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

Before elaborating on each section, two clarifications about the data need to be made:

1. The data are preliminary. Although efforts were made by hospitals and the N.C. HAI Prevention Program to ensure that the data were accurate and complete, a formal validation of the data has not been performed. Data validation is a process by which data from hospitals are carefully reviewed to ensure that they meet established criteria and standards for reporting. If these criteria and standards are not met, over-reporting or under-reporting of infections, device (i.e., central line, catheter) days, and procedures can occur giving a distorted presentation of what is occurring in the hospital. Until data validation is completed, data are preliminary and should be interpreted with caution. Collaboration with partners is anticipated in the coming year to discuss data validation options.

2. The rates of infections are not included in some places. Approximately 25% of reporting hospitals in N.C. are small hospitals with less than 100 beds. These hospitals are likely to have low numbers of denominator data - central line days, catheter days, and surgeries. Calculating rates with small numbers in the denominator can be misleading. Therefore the N.C. HAI Program chose to present only the actual number of infections for units, hospitals, and/or surgeries that did not meet a minimum threshold value for the reporting period; rates are not presented. The minimum threshold numbers for the reporting period are based on CDC recommendations for reporting healthcare-associated infection data.
    - Central line-associated bloodstream infections: 50 central line days
    - Catheter-associated urinary tract infections: 50 catheter days
    - Surgical site infections: 20 surgeries

Section Overview

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

Section 1 – General Hospital Information

This section contains general information about the hospital and includes a map of where the hospital (blue "H" icon) is located in N.C. Data in this section are from the NSHN 2011 Annual Hospital Survey. The surveys are completed once a year; the 2012 Annual Hospital Survey will be completed by hospitals in 2013.

Section 2 – Central line-associated bloodstream infections (CLABSI)

This section of the report includes a table and figure about CLABSIs. CLABSIs are only reported from adult, pediatric, and neonatal intensive care units (ICU) in acute care hospitals.

Table 1 summarizes the number of infections, central line days, rates, predicted infections, standardized infection ratios (SIR) and corresponding 95% confidence intervals (95% CI) with interpretation by type of ICU. There may be more than one reporting ICU unit for a given classification of ICU. At the bottom of table is the "YTD Total for Reporting ICUs" that summarizes the year-to-date total for the reporting ICUs in the hospital.

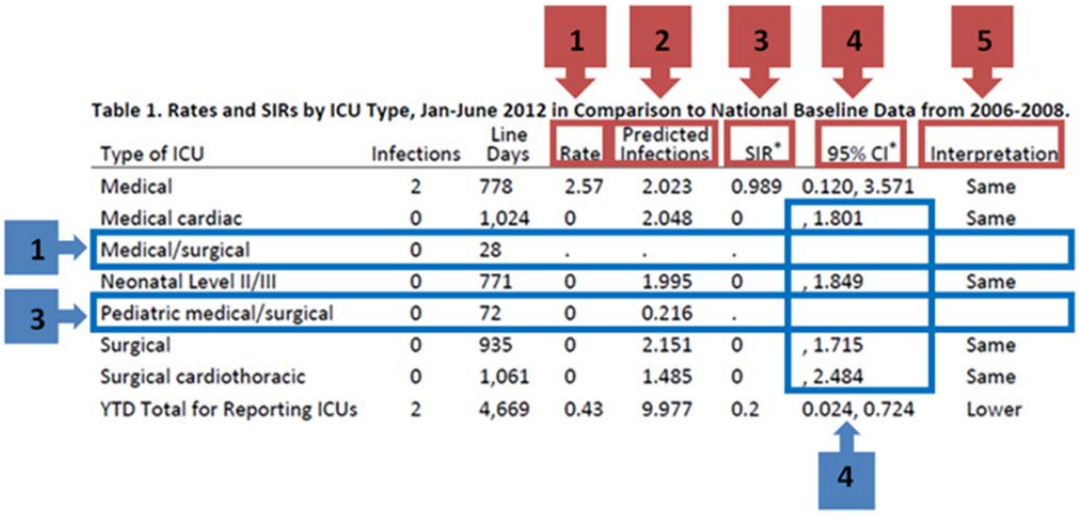


Table 1. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	2	778	2.57	2.023	0.989	0.120, 3.571	Same
Medical cardiac	0	1,024	0	2.048	0	, 1.801	Same
Medical/surgical	0	28	.	.	.		
Neonatal Level II/III	0	771	0	1.995	0	, 1.849	Same
Pediatric medical/surgical	0	72	0	0.216	.		
Surgical	0	935	0	2.151	0	, 1.715	Same
Surgical cardiothoracic	0	1,061	0	1.485	0	, 2.484	Same
YTD Total for Reporting ICUs	2	4,669	0.43	9.977	0.2	0.024, 0.724	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." If the minimum threshold number of 50 central line days is not met then rates and additional statistics are not calculated. In Table 1, the medical/surgical unit at the hospital only has 28 central line days and therefore the rate, predicted infections, SIR, 95% CI and interpretation are not presented.

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. Detailed information on how the predicted number of infections is calculated can be found in the October 2012 Quarterly Report at http://epi.publichealth.nc.gov/cd/hai/figures/hai_oct2012.pdf.

3. The standardized infection ratio (SIR) is calculated by dividing the observed number of infections by the predicted number of infections. An SIR of 1.0 indicates that the number of observed and predicted infections is the same. If the SIR is greater than 1.0, the number of observed infections is greater than the number of predicted infections. If the SIR is less than 1.0, the number of observed infections is less than the number of predicted infections. If the number of predicted infections is less than 1, the SIR is not calculated because the number of central line days is too low to calculate a precise SIR and 95% CI. For example, in Table 1 the predicted

number of infections in the pediatric medical/surgical unit is 0.216; therefore the SIR and corresponding 95% CI with interpretation are not presented.

4. The 95% confidence interval (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. The 95% CI is a measure of precision; a wide confidence interval indicates an imprecise estimate of the SIR. The 95% CI can also be used for hypothesis testing - that there are no differences in the numbers of observed and predicted infections. If the 95% CI includes the value of 1, then there is no statistically significant difference between the numbers of observed and predicted infections. However, if the 95% CI does not include the value of 1, then there is a statistically significant difference in the number of observed and predicted infections.

5. The column "Interpretation" details the results of the hypothesis testing. If the interpretation is the "Same" then there is no statistically significant difference between the numbers of observed and predicted infections in a unit (or hospital). If the interpretation is "Higher" than the observed number of infections in a unit (or hospital) is significantly higher than predicted. Finally, if the interpretation is "Lower" than the observed number of infections in a unit (or hospital) is significantly lower than predicted.

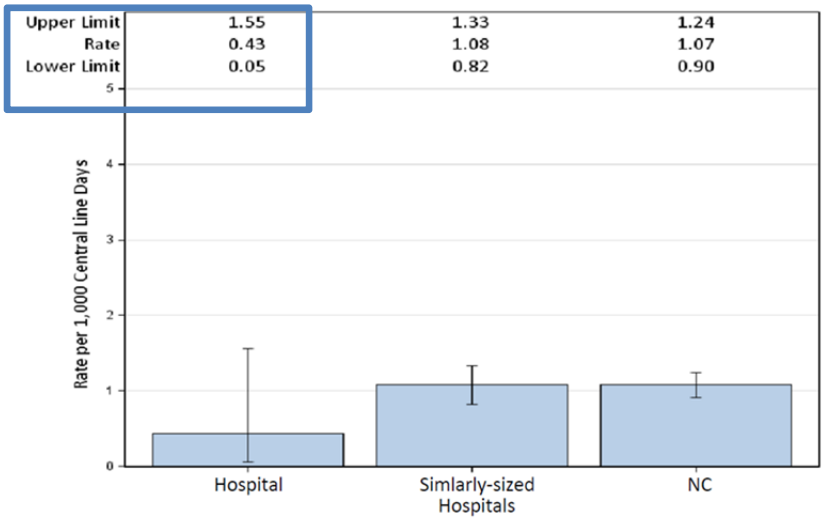


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

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

The CLABSI rate for similarly-sized hospitals was calculated by dividing the sum of all CLABSIs in a category by the sum of all central line days in the same category and multiplying by 1,000. The CLABSI rate for all hospitals in N.C. was calculated by dividing the sum of all CLABSIs in N.C. by the sum of all central line days in N.C and multiplying by 1,000. In addition to the rates, the lower limit and upper limit of the 95% confidence intervals are presented in the figure.

In Figure 1, the CLABSI rate in the hospital appears to be lower than that of similarly-sized hospitals and all hospitals in NC. To test the hypothesis that there are no differences in the hospital rate from

similarly-sized hospitals or all hospitals in N.C., the 95% CIs are examined. If the 95% CIs of two CLABSI rates overlap, then the observed differences in the CLABSI rates are not considered statistically significantly different. However, if the 95% CIs of two CLABSI rates do not overlap, then the CLABSI rates are considered to be statistically significantly different. Note that the 95% CI for the CLABSI rates (Figure 1) are used to test a different hypothesis than the 95% CI for CLABSI SIRs (Table 1).

In the example show in Figure 1, the 95% CI of the hospital CLABSI rate is wide and overlaps with the 95% CIs of both similarly-sized hospitals and all hospitals in NC. Therefore, the conclusion would be that there is no statistically significant difference in the hospital CLABSI rate compared to the CLABSI rate of similarly-sized hospitals or all hospitals in NC.

Section 3 – Catheter associated urinary tract infections (CAUTI)

Like the section on CLABSIs, this section includes a table and figure about catheter-associated urinary tract infections (CAUTI). CAUTIs are only reported from adult and pediatric ICUs in acute care hospitals.

The calculations of the statistics in this section are the same as those presented in "Section 2 - Central line-associated bloodstream infections (CLABSI)"; please refer to that section for more information. The one difference is that the number of predicted CAUTIs is based on the 2009 aggregated NHSN national data.

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	0	481	0	0.962	.		
Medical/surgical	0	1,710	0	2.052	0	, 1.798	Same
Surgical cardiothoracic	0	123	0	0.209	.		
YTD Total for Reporting ICUs	0	2,314	0	3.223	0	, 1.145	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.

In the example above (Table 2), the hospital CAUTI rate was 0 per 1,000 catheter-days. The accompanying Figure 2 below displays that the 95% CI is not presented when the rate is 0.

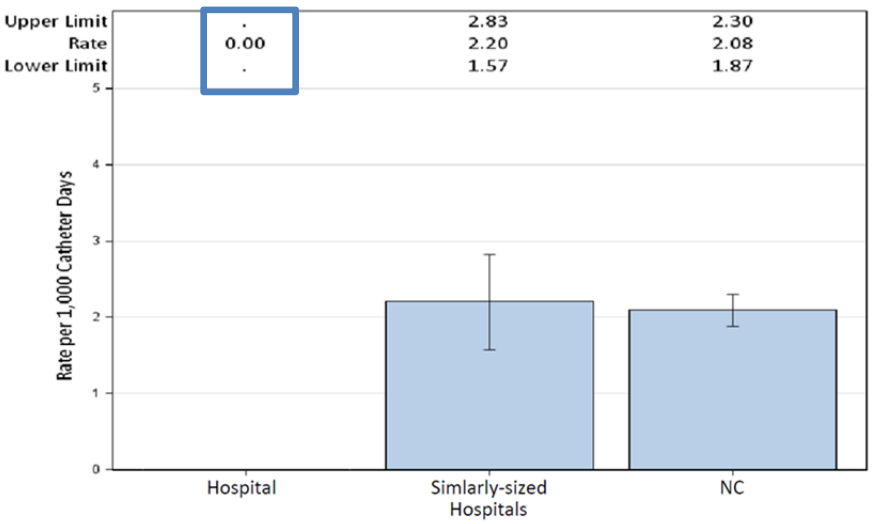


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Section 4 – Surgical site infections (SSI)

This section includes a table and two figures about SSIs. Hospitals are required to report SSIs that occur among adults 18 years or older following inpatient abdominal hysterectomies and colon surgeries. Only SSIs that occur at the primary incision site within 30 days of surgery are included in this report. Infections are not included if they occur later or if they involve only the skin or subcutaneous tissue (the layer of tissue directly under the skin). Finally, if patient age or the American Society of Anesthesiologists (ASA) score are missing for a surgery, it is classified as an "incomplete procedure" and not included in the final count of surgeries.

The predicted number of SSIs and the SSI SIRs are calculated differently from CLABSI and CAUTI. Details on these calculations can be found in the October 2012 Quarterly Report at http://epi.publichealth.nc.gov/cd/hai/figures/hai_oct2012.pdf. Similar to CLABSI, the baseline period for the calculation of predicted SSIs is the 2006-2008 NHSN national data. Finally, the SSI SIRs are adjusted for patient age and ASA score.

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	3
Procedures	1	69
Rate	.	4.35
Predicted Infections	.	2.28
SIR**	.	1.318
95% CI**		0.272, 3.852
Interpretation		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 were performed and SIR not presented.

Recall that if the number of procedures (or central line days for CLABSIs or catheter days for CAUTIs) at a hospital does not meet a minimum threshold number, the number of infections and surgeries would be presented but not the rate. For SSIs, the minimum threshold is 20 surgeries for a reporting period. In the example above (Table 3), there were less than 20 abdominal

hysterectomies performed. Therefore, the SSI rate for abdominal hysterectomy was not included in the table.

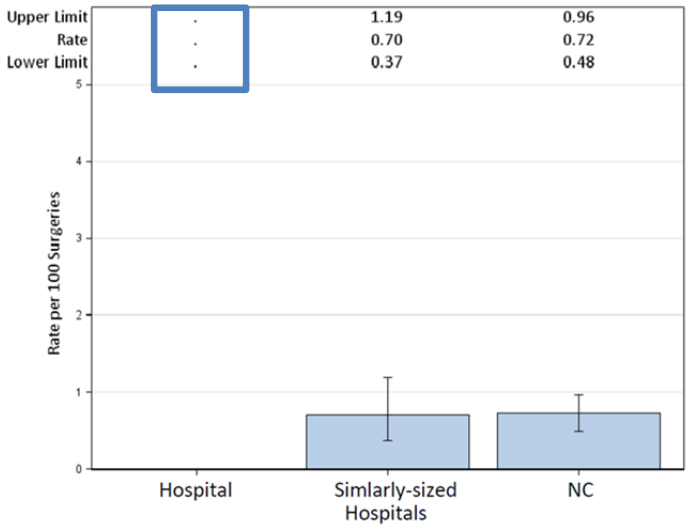


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

In the accompanying Figure 3, the hospital SSI rate and 95% CI are not presented.

Section 5 – Commentary from Hospital

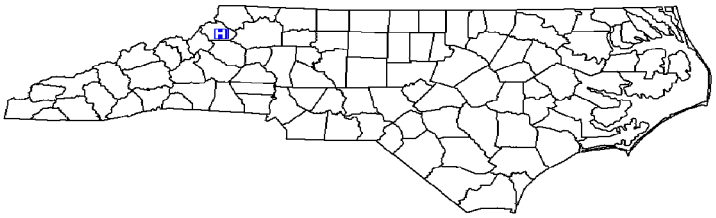
This section is an opportunity for hospitals to comment on HAIs and infection control activities in their hospital. There is a 690 character limit (including spaces) therefore hospitals may have chosen to provide a link to their hospital website to provide lengthier comments.

III. Hospital-Specific Summary Reports

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
ARHS-Watauga Medical Center, Boone, Watauga County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Limited
Profit Status:	Not for Profit
Admissions in 2011:	4,691
Patient Days in 2011:	19,027
Number of Beds:	110
Number of ICU Beds:	10
Infection Preventionists:	1



Central Line-Associated Bloodstream Infections (CLABSI)

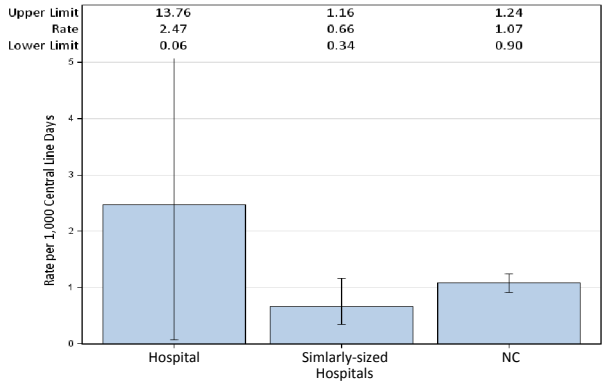


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

Table 1. Rates and SIRs by ICU Type, Jan-June 2012 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	405	2.47	0.608	.		
YTD Total for Reporting ICUs	1	405	2.47	0.608	.		

*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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	687	0	0.893	.		
YTD Total for Reporting ICUs	0	687	0	0.893	.		

*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.

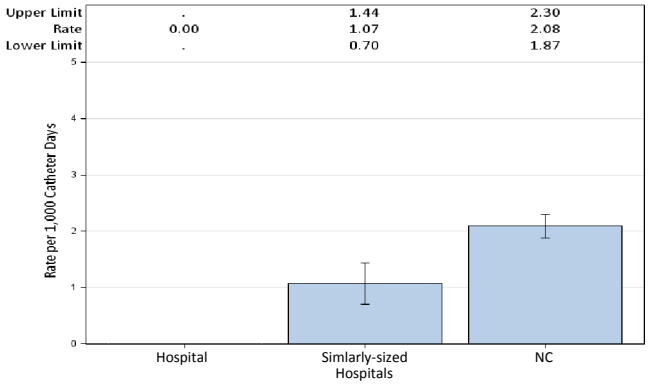


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

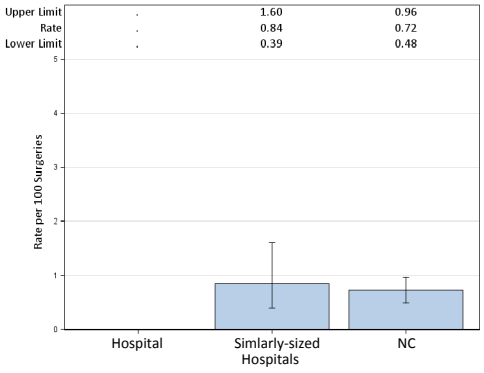


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	5	15
Rate	.	.
Predicted Infections	.	.
SIR**	.	.
95% CI**		
Interpretation		

*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.

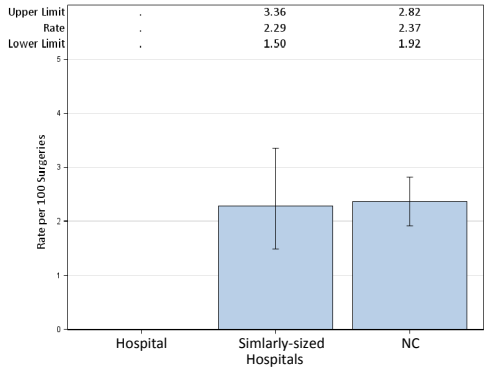


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

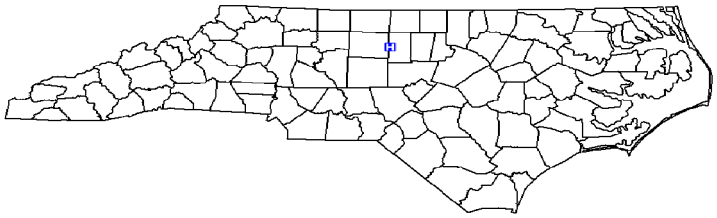
Commentary from Hospitals:
No comments provided.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Alamance Regional Medical Center, Burlington, Alamance County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2011:	2
Patient Days in 2011:	46,125
Number of Beds:	238
Number of ICU Beds:	32
Infection Preventionists:	1



Central Line-Associated Bloodstream Infections (CLABSI)

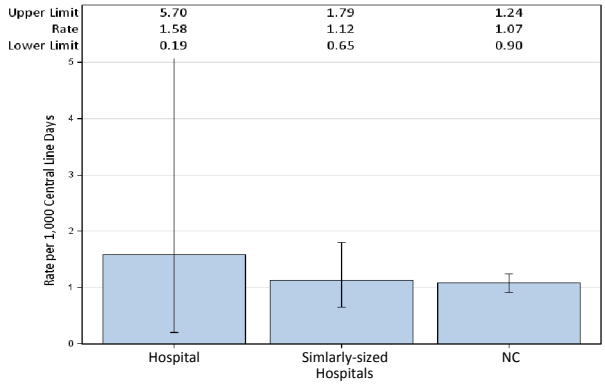


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

Table 1. Rates and SIRs by ICU Type, Jan-June 2012 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	1,260	1.59	1.89	1.058	0.128, 3.823	Same
Neonatal Level II/III	0	8	.	.	.		
YTD Total for Reporting ICUs	2	1,268	1.58	1.9	1.053	0.127, 3.802	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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	6	1,512	3.97	1.814	3.308	1.214, 7.199	Higher
YTD Total for Reporting ICUs	6	1,512	3.97	1.814	3.308	1.214, 7.199	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.

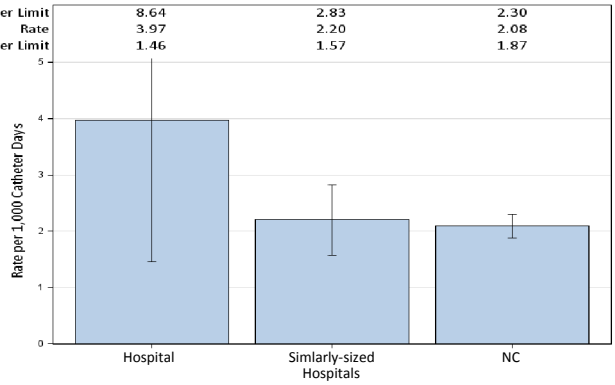


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

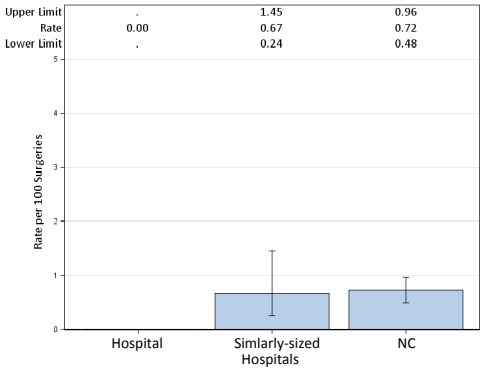


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	98	60
Rate	0	0
Predicted Infections	1.01	1.89
SIR**	0	0
95% CI**	, 3.667	, 1.956
Interpretation	Same	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 were performed and SIR not presented.

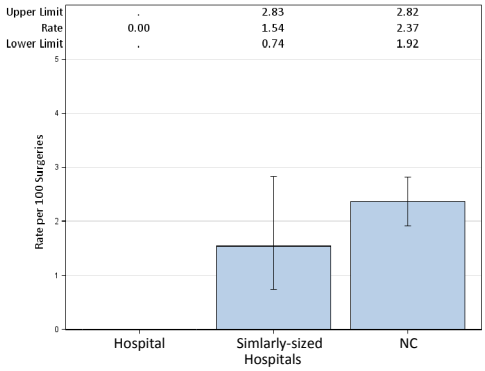


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

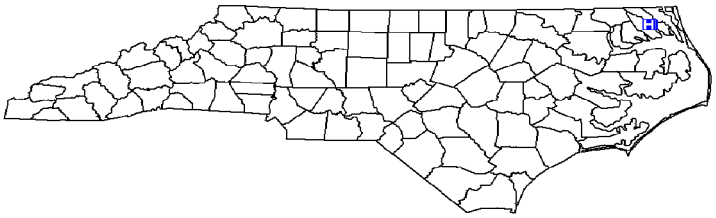
Commentary from Hospitals:
No comments provided.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Albemarle Health Authority, Elizabeth City, Pasquotank County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2011:	5,780
Patient Days in 2011:	22,562
Number of Beds:	134
Number of ICU Beds:	9
Infection Preventionists:	1



Central Line-Associated Bloodstream Infections (CLABSI)

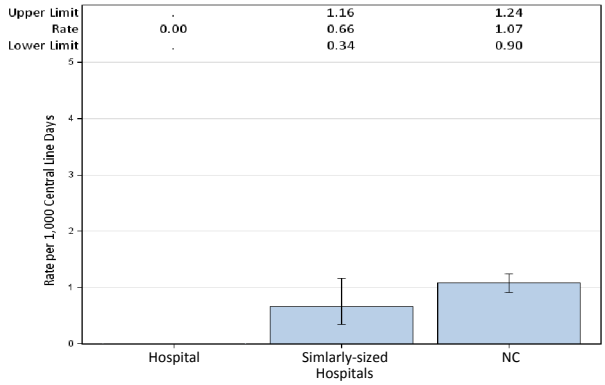


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

Table 1. Rates and SIRs by ICU Type, Jan-June 2012 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	384	0	0.576	.		
YTD Total for Reporting ICUs	0	384	0	0.576	.		

*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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	659	1.52	0.857	.		
YTD Total for Reporting ICUs	1	659	1.52	0.857	.		

*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.

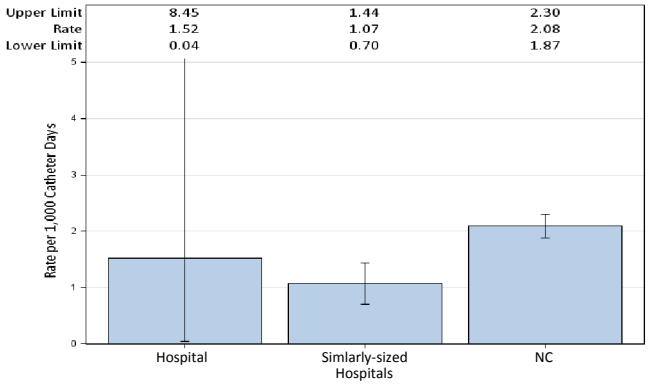


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

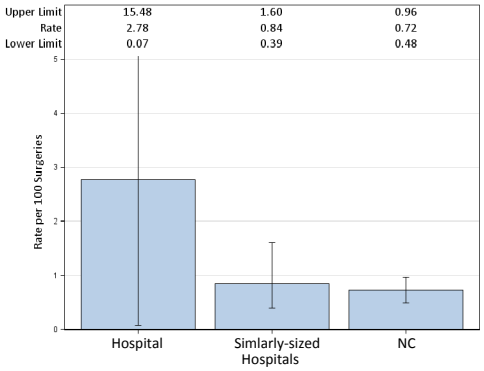


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	1	1
Procedures	36	40
Rate	2.78	2.5
Predicted Infections	0.40	1.34
SIR**	.	0.746
95% CI**		0.019, 4.155
Interpretation		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 were performed and SIR not presented.

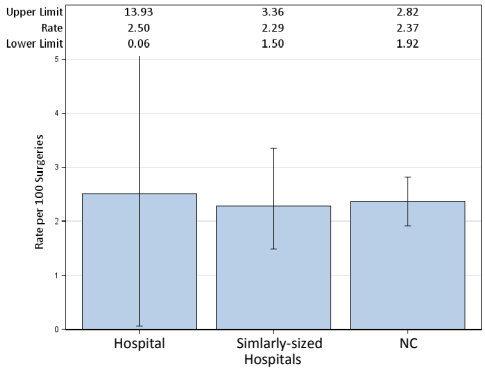


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

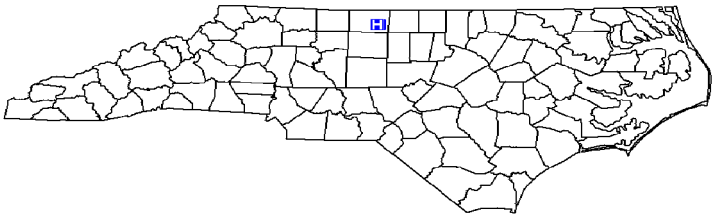
Commentary from Hospitals:
No comments provided.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Annie Penn Hospital, Reidsville, Rockingham County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2011:	3,063
Patient Days in 2011:	13,704
Number of Beds:	78
Number of ICU Beds:	12
Infection Preventionists:	1



Central Line-Associated Bloodstream Infections (CLABSI)

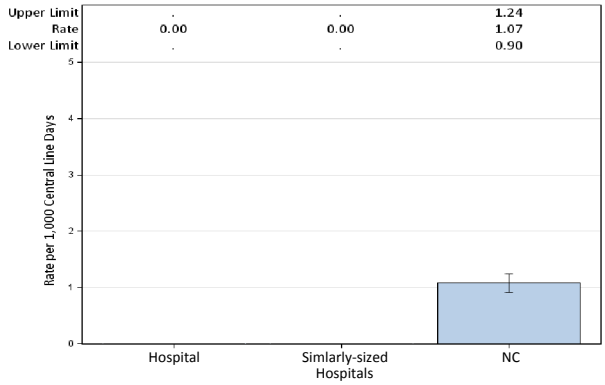


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

Table 1. Rates and SIRs by ICU Type, Jan-June 2012 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	197	0	0.296	.		
YTD Total for Reporting ICUs	0	197	0	0.296	.		

*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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	579	1.73	0.753	.		
YTD Total for Reporting ICUs	1	579	1.73	0.753	.		

*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.

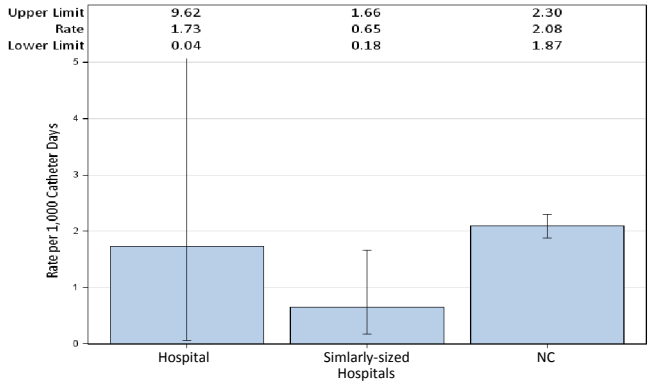


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

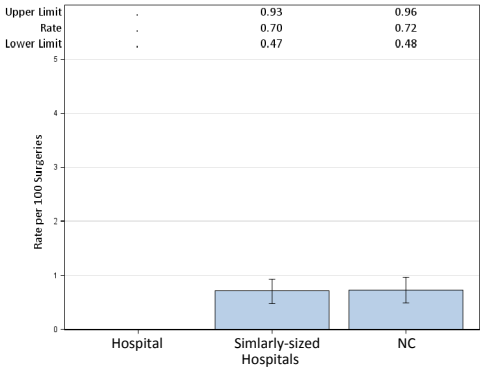


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	1
Procedures	7	16
Rate	.	.
Predicted Infections	.	.
SIR**	.	.
95% CI**		
Interpretation		

*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.

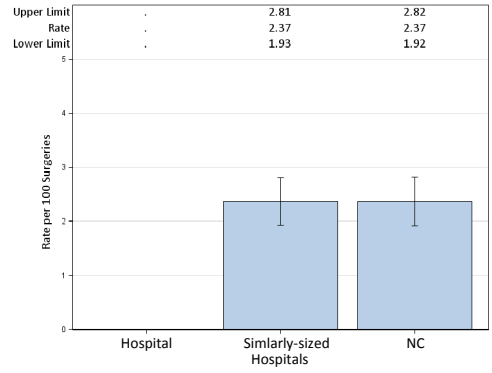


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

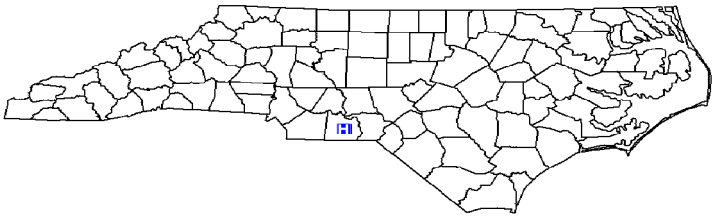
Commentary from Hospitals:
No comments provided.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Anson Community Hospital, Wadesboro, Anson County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2011:	721
Patient Days in 2011:	2,186
Number of Beds:	30
Number of ICU Beds:	0
Infection Preventionists:	1



Central Line-Associated Bloodstream Infections (CLABSI)

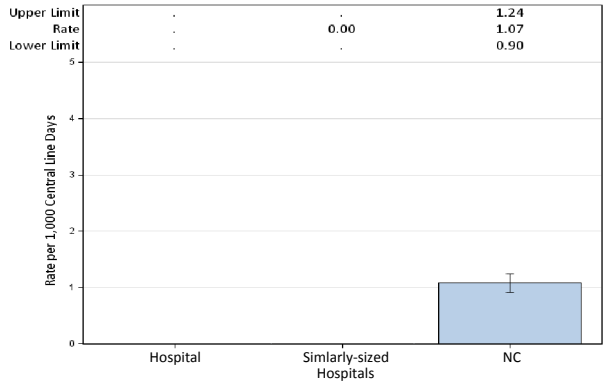


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

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

Catheter-Associated Urinary Tract Infections (CAUTI)

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

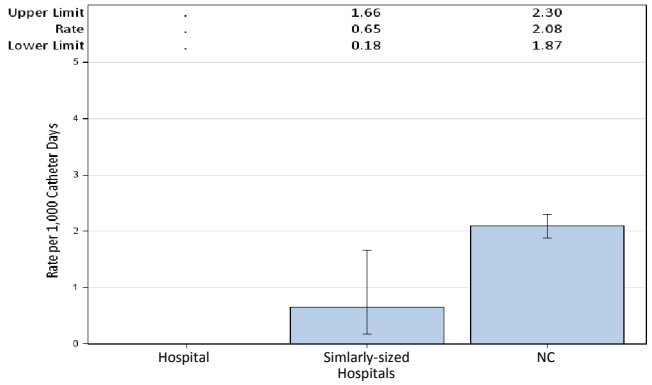


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

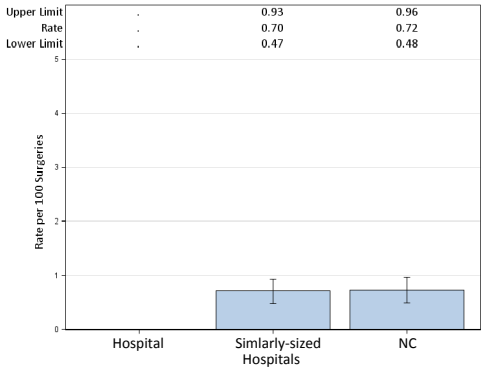


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	0	1
Rate	.	.
Predicted Infections	.	.
SIR**	.	.
95% CI**		
Interpretation		

*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.

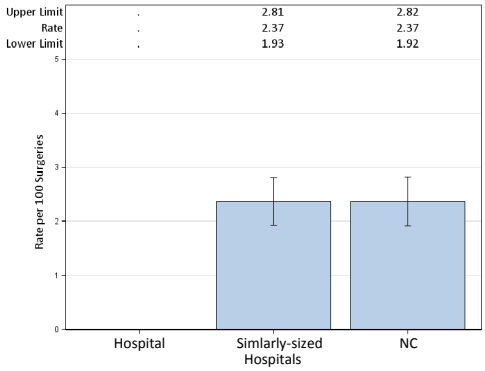


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

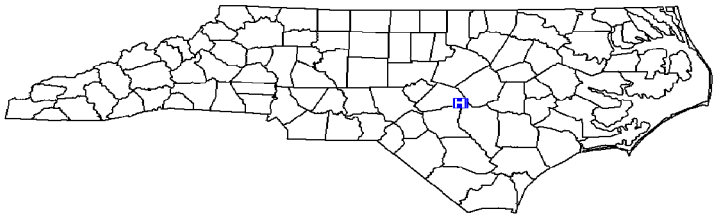
Commentary from Hospitals:
No comments provided.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Betsy Johnson Regional, Dunn, Harnett County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2011:	7,306
Patient Days in 2011:	27,411
Number of Beds:	101
Number of ICU Beds:	6
Infection Preventionists:	1



Central Line-Associated Bloodstream Infections (CLABSI)

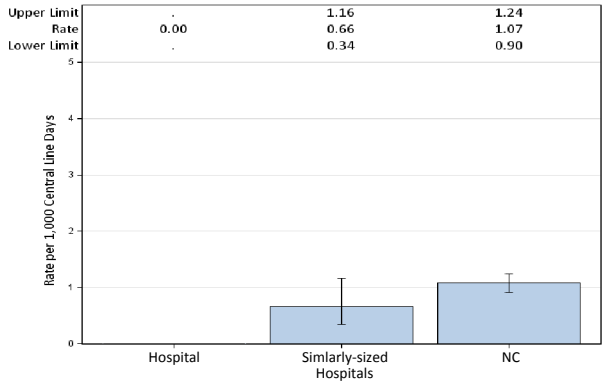


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

Table 1. Rates and SIRs by ICU Type, Jan-June 2012 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	321	0	0.482	.		
YTD Total for Reporting ICUs	0	321	0	0.482	.		

*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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	666	0	0.866	.		
YTD Total for Reporting ICUs	0	666	0	0.866	.		

*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.

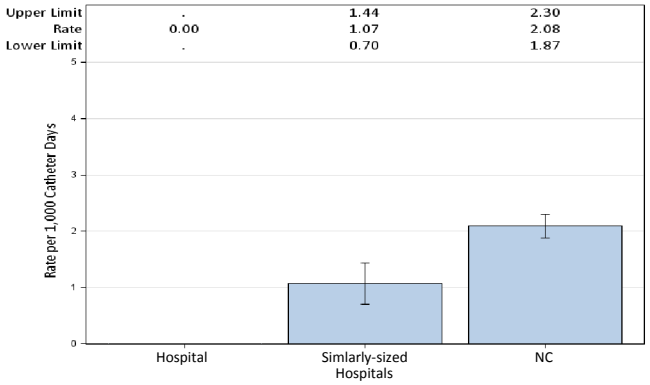


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

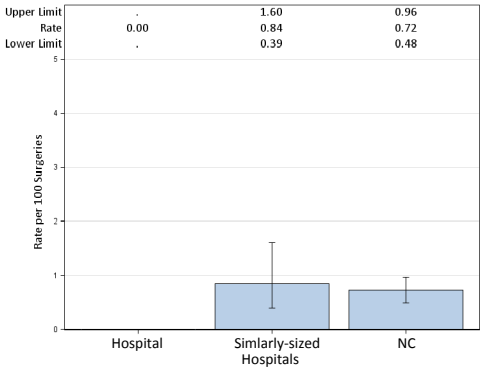


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	29	13
Rate	0	.
Predicted Infections	0.36	.
SIR**	.	.
95% CI**		
Interpretation		

*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.

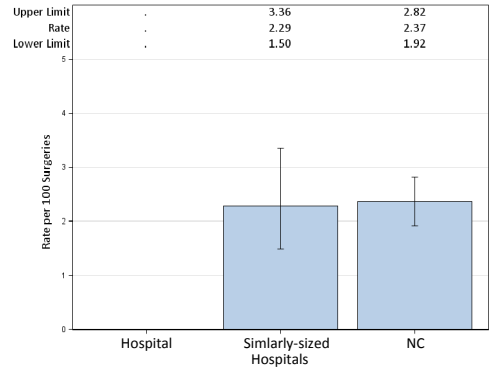


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

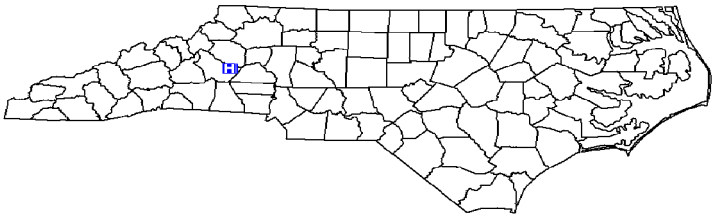
Commentary from Hospitals:
No comments provided.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Blue Ridge Healthcare Hospitals - Valdese Campus, Valdese, Burke County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Profit Status:	Not for Profit
Admissions in 2011:	2,057
Patient Days in 2011:	8,501
Number of Beds:	131
Number of ICU Beds:	10
Infection Preventionists:	1



Central Line-Associated Bloodstream Infections (CLABSI)

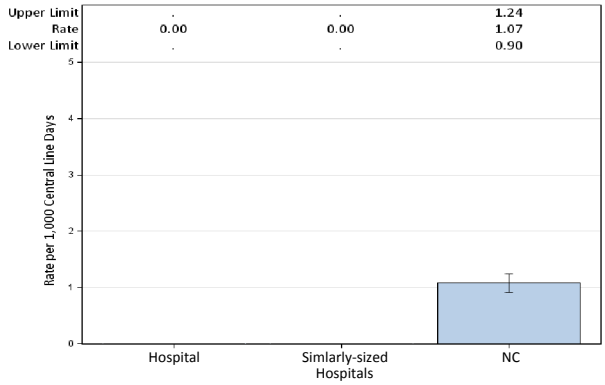


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

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

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	127	0	0.241	.		
YTD Total for Reporting ICUs	0	127	0	0.241	.		

*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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	409	0	0.818	.		
YTD Total for Reporting ICUs	0	409	0	0.818	.		

*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.

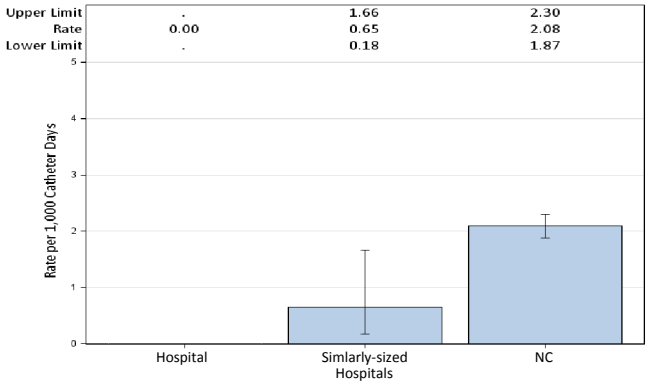


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

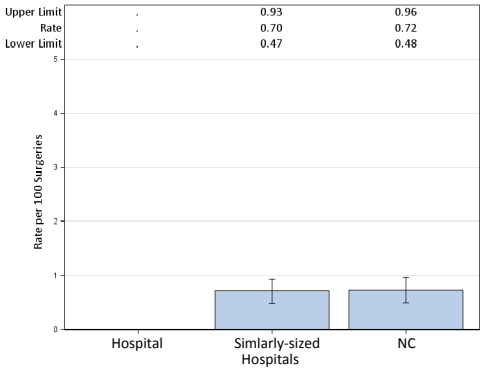


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	0	33
Rate	.	0
Predicted Infections	.	1.00
SIR**	.	.
95% CI**		
Interpretation		

*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.

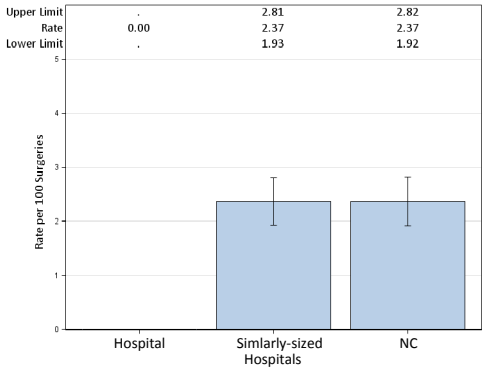


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

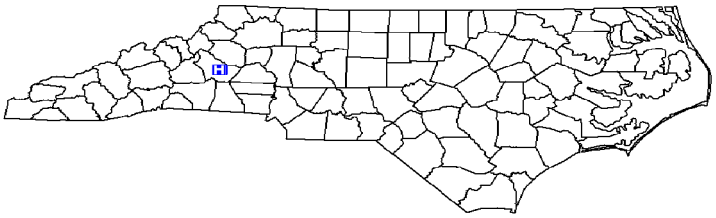
Commentary from Hospitals:
The prevention and reduction of healthcare associated infections is a top priority at Blue Ridge Healthcare Hospitals Valdese. To accomplish this, infection prevention strategies are continually assessed and measures implemented to decrease the risk for infection. These measures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

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Blue Ridge Healthcare Hospitals, Inc. - Morganton Campus, Morganton, Burke County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Profit Status:	Not for Profit
Admissions in 2011:	5,931
Patient Days in 2011:	23,517
Number of Beds:	184
Number of ICU Beds:	10
Infection Preventionists:	1



Central Line-Associated Bloodstream Infections (CLABSI)

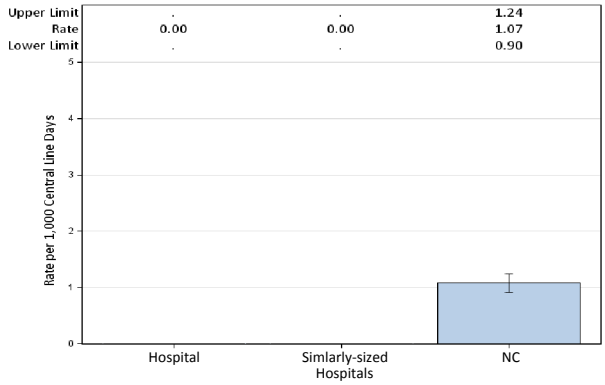


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

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

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	197	0	0.374	.		
YTD Total for Reporting ICUs	0	197	0	0.374	.		

*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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	676	0	1.352	0	, 2.728	Same
YTD Total for Reporting ICUs	0	676	0	1.352	0	, 2.728	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.

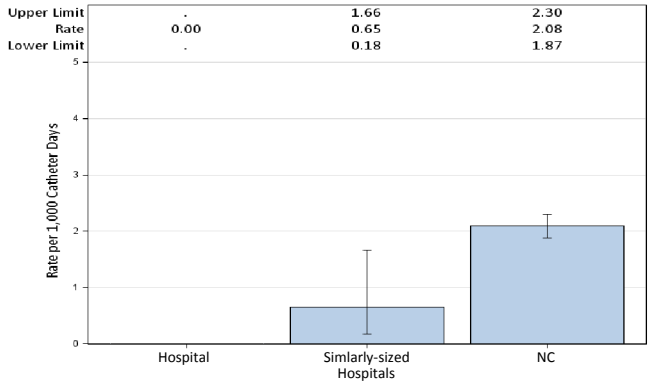


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

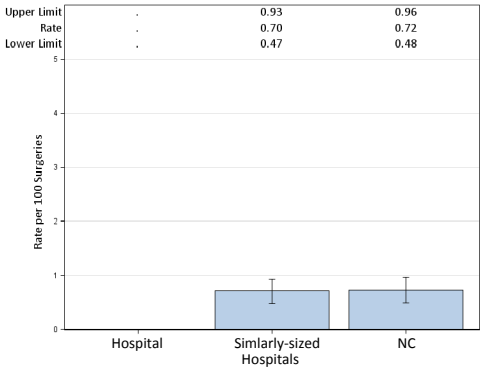


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	10	20
Rate	.	0
Predicted Infections	.	0.60
SIR**	.	.
95% CI**		
Interpretation		

*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.

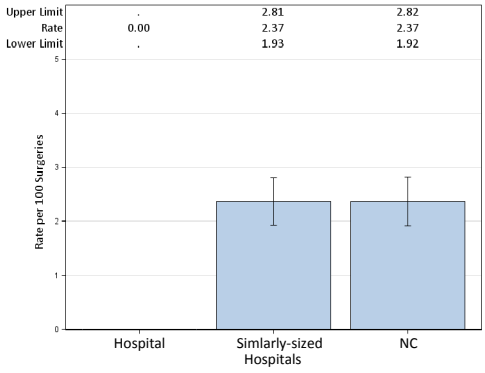


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

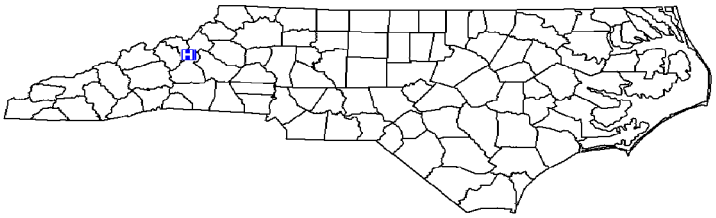
Commentary from Hospitals:
The prevention and reduction of healthcare associated infections is a top priority at Blue Ridge Healthcare Hospitals Morganton. To accomplish this, infection prevention strategies are continually assessed and measures implemented to decrease the risk for infection. These measures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

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Blue Ridge Regional Hospital, Spruce Pine, Mitchell County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2011:	2,183
Patient Days in 2011:	6,661
Number of Beds:	46
Number of ICU Beds:	8
Infection Preventionists:	1



Central Line-Associated Bloodstream Infections (CLABSI)

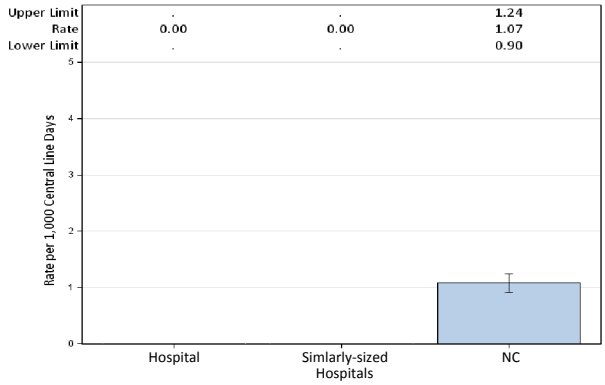


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

Table 1. Rates and SIRs by ICU Type, Jan-June 2012 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	61	0	0.122	.		
YTD Total for Reporting ICUs	0	61	0	0.122	.		

*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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	1	201	4.98	0.402	.		
YTD Total for Reporting ICUs	1	201	4.98	0.402	.		

*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.

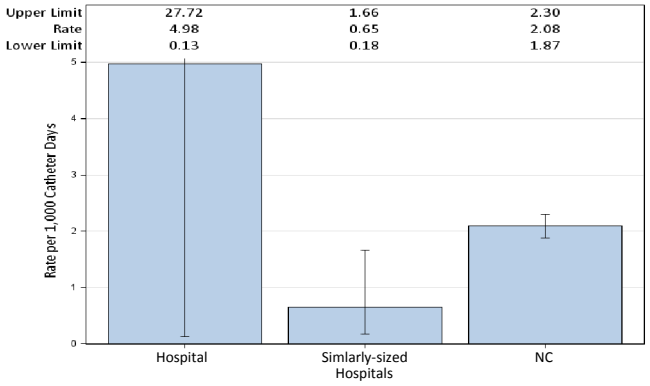


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

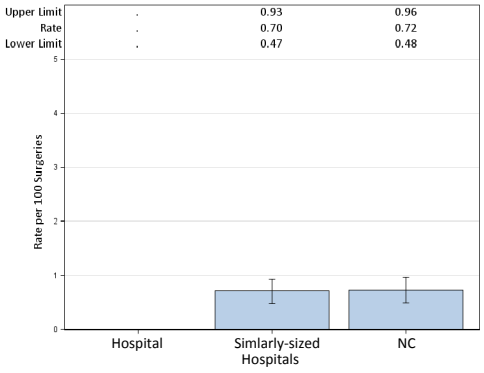


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	2	3
Rate	.	.
Predicted Infections	.	.
SIR**	.	.
95% CI**		
Interpretation		

*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.

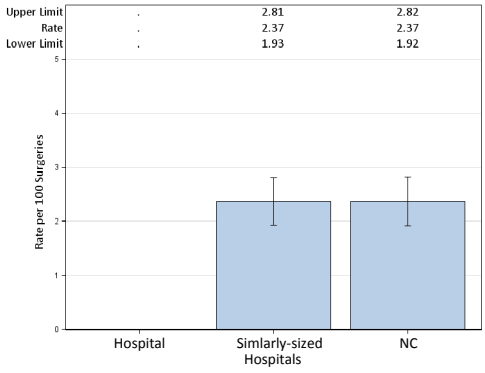


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

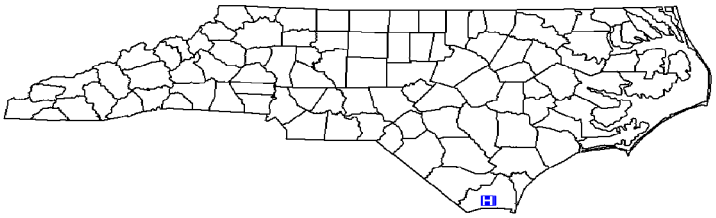
Commentary from Hospitals:
No comments provided.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Brunswick Community Hospital, Supply, Brunswick County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2011:	3,640
Patient Days in 2011:	11,920
Number of Beds:	60
Number of ICU Beds:	5
Infection Preventionists:	1



Central Line-Associated Bloodstream Infections (CLABSI)

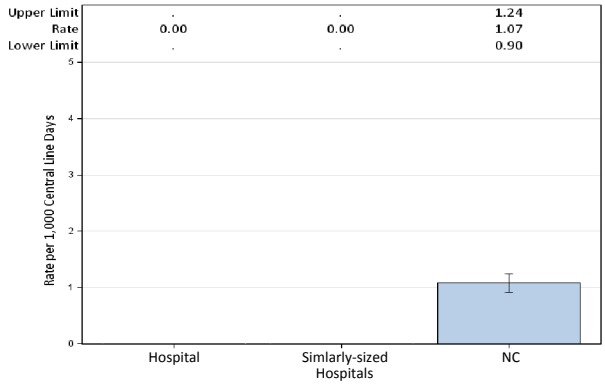


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

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

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	167	0	0.317	.		
YTD Total for Reporting ICUs	0	167	0	0.317	.		

*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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	419	0	0.838	.		
YTD Total for Reporting ICUs	0	419	0	0.838	.		

*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.

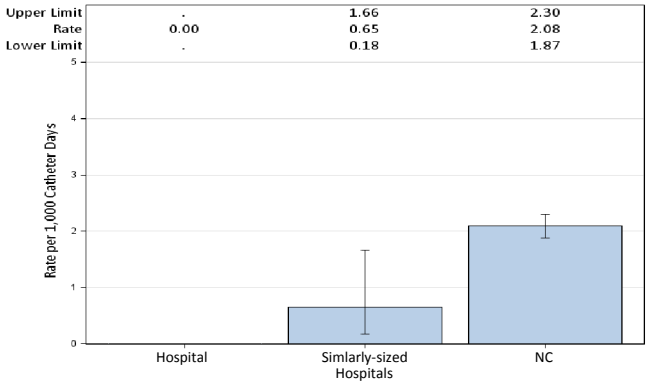


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

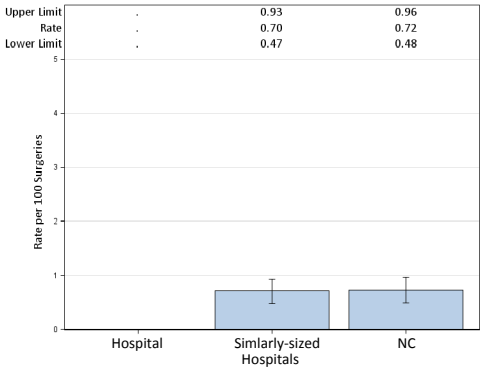


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	2
Procedures	11	33
Rate	.	6.06
Predicted Infections	.	1.00
SIR**	.	1.994
95% CI**		0.241, 7.203
Interpretation		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 were performed and SIR not presented.

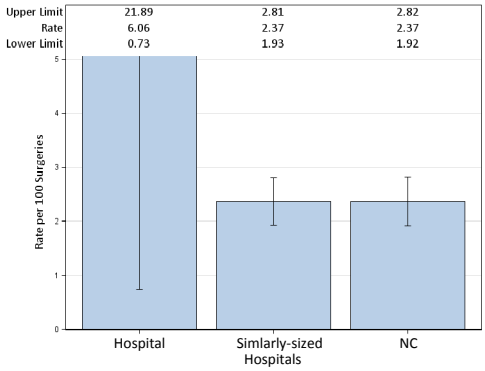


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

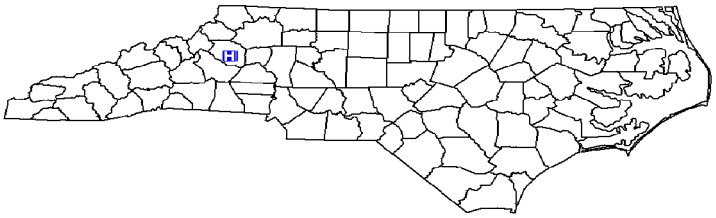
Commentary from Hospitals:
No comments provided.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Caldwell Memorial Hospital, Lenoir, Caldwell County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2011:	4,060
Patient Days in 2011:	18,281
Number of Beds:	110
Number of ICU Beds:	10
Infection Preventionists:	1



Central Line-Associated Bloodstream Infections (CLABSI)

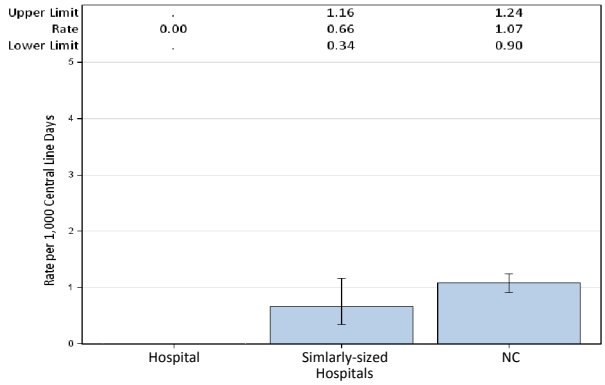


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

Table 1. Rates and SIRs by ICU Type, Jan-June 2012 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	830	0	1.245	0	, 2.963	Same
YTD Total for Reporting ICUs	0	830	0	1.245	0	, 2.963	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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	1,107	0.9	1.439	0.695	0.018, 3.872	Same
YTD Total for Reporting ICUs	1	1,107	0.9	1.439	0.695	0.018, 3.872	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.

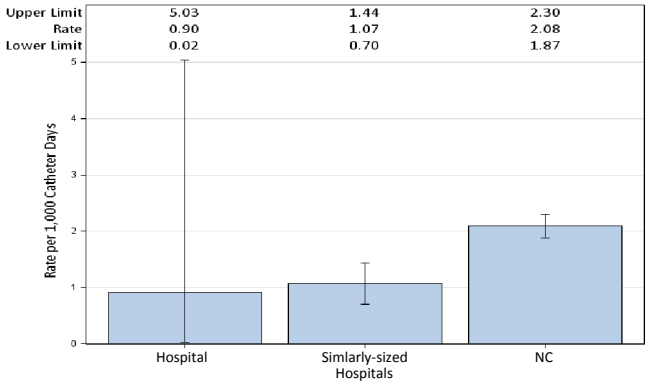


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

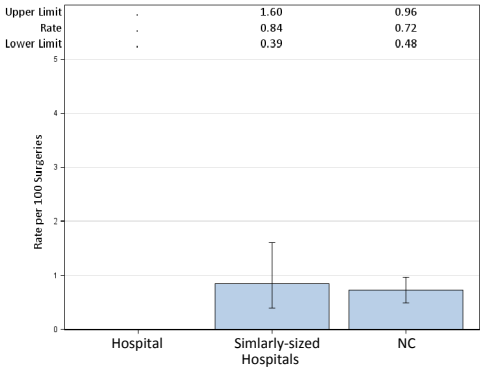


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	1	10
Rate	.	.
Predicted Infections	.	.
SIR**	.	.
95% CI**		
Interpretation		

*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.

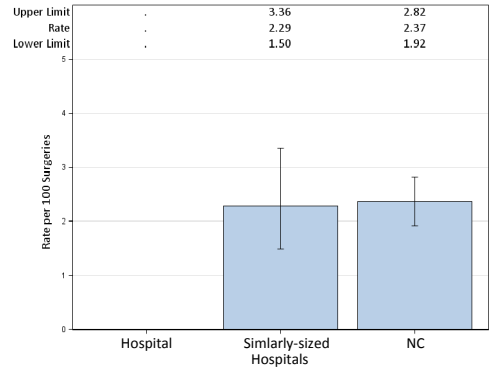


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

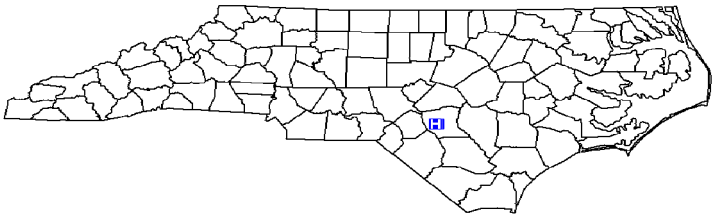
Commentary from Hospitals:
No comments provided.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Cape Fear Valley Health System, Fayetteville, Cumberland County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2011:	29,287
Patient Days in 2011:	155,939
Number of Beds:	535
Number of ICU Beds:	90
Infection Preventionists:	4



Central Line-Associated Bloodstream Infections (CLABSI)

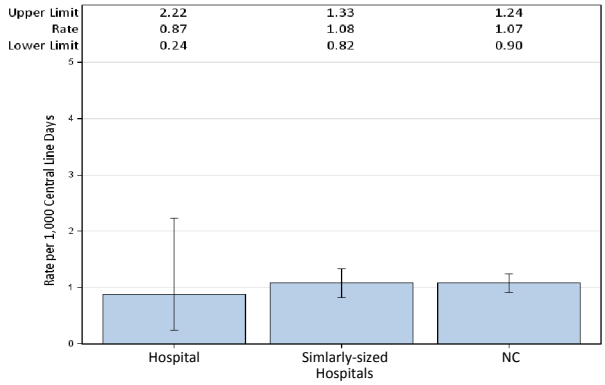


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

Table 1. Rates and SIRs by ICU Type, Jan-June 2012 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	2,752	0.73	4.128	0.484	0.059, 1.750	Same
Neonatal Level II/III	1	522	1.92	1.582	0.632	0.016, 3.522	Same
Pediatric medical/surgical	0	180	0	0.54	.		
Surgical cardiothoracic	1	1,159	0.86	1.623	0.616	0.016, 3.433	Same
YTD Total for Reporting ICUs	4	4,613	0.87	7.873	0.508	0.138, 1.301	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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	6	3,662	1.64	4.761	1.26	0.462, 2.743	Same
Pediatric medical/surgical	0	158	0	0.442	.		
Surgical cardiothoracic	2	1,249	1.6	2.123	0.942	0.114, 3.403	Same
YTD Total for Reporting ICUs	8	5,069	1.58	7.326	1.092	0.471, 2.152	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.

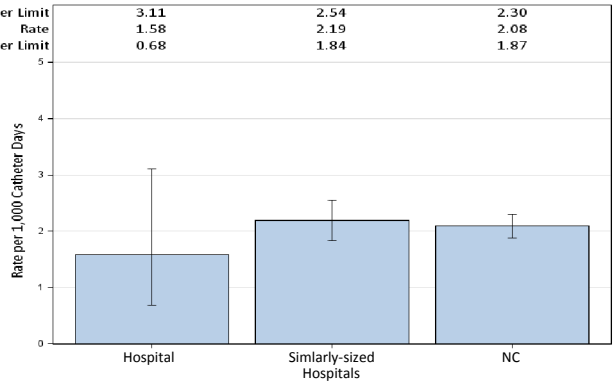


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

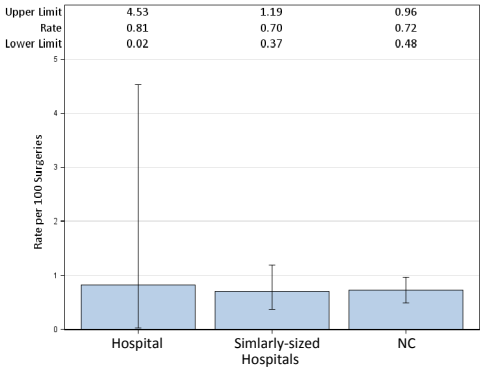


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	1	1
Procedures	123	140
Rate	0.81	0.71
Predicted Infections	1.49	4.82
SIR**	0.673	0.208
95% CI**	0.017, 3.749	0.005, 1.157
Interpretation	Same	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.

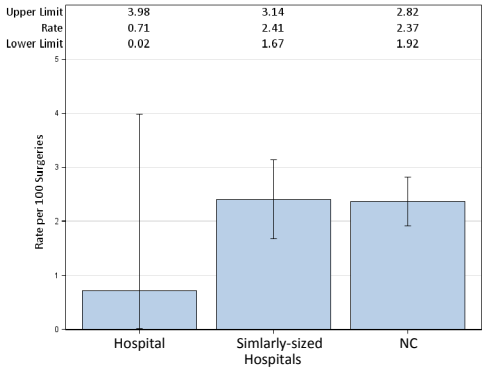


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

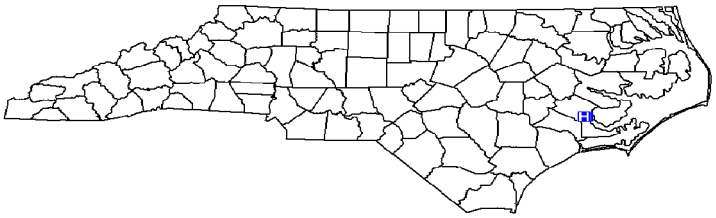
Commentary from Hospitals:
No comments provided.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
CarolinaEast Medical Center, New Bern, Craven County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2011:	15,504
Patient Days in 2011:	66,443
Number of Beds:	350
Number of ICU Beds:	33
Infection Preventionists:	3



Central Line-Associated Bloodstream Infections (CLABSI)

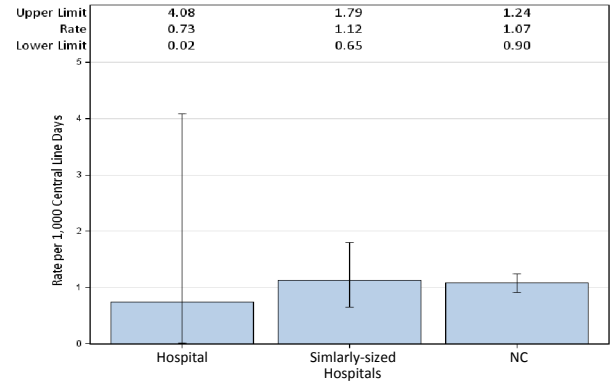


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

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

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	153	0	0.291	.		
Medical/surgical	0	884	0	1.326	0	, 2.782	Same
Surgical cardiothoracic	1	327	3.06	0.458	.		
YTD Total for Reporting ICUs	1	1,364	0.73	2.075	0.482	0.012, 2.685	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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	3	306	9.8	0.612	.		
Medical/surgical	3	1,315	2.28	1.578	1.901	0.392, 5.556	Same
Surgical cardiothoracic	3	326	9.2	0.554	.		
YTD Total for Reporting ICUs	9	1,947	4.62	2.744	3.28	1.500, 6.226	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.

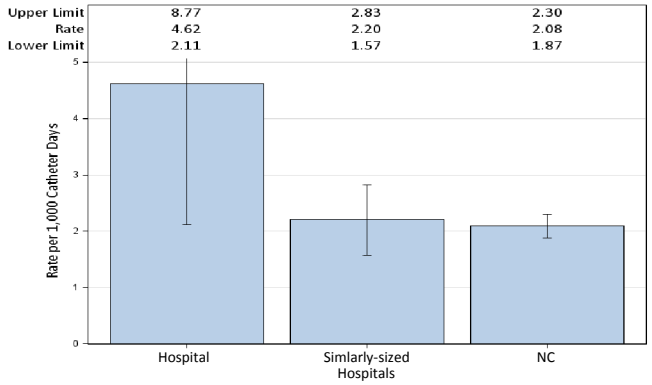


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

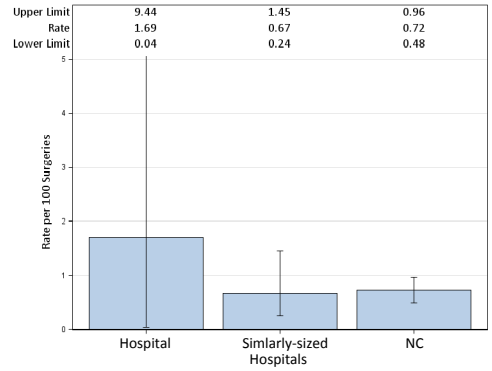


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	1	1
Procedures	59	58
Rate	1.69	1.72
Predicted Infections	0.67	1.82
SIR**	.	0.549
95% CI**		0.014, 3.058
Interpretation		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 were performed and SIR not presented.

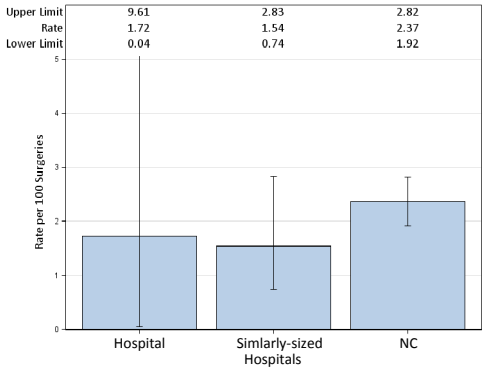


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

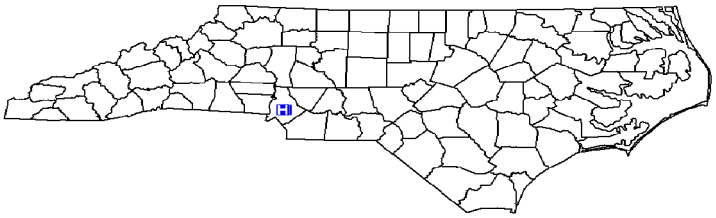
Commentary from Hospitals:
The overall healthcare associated infection rates for CarolinaEast are very low. The data for catheter associated urinary tract infections for this time period is not reflective of the overall Infection Prevention practices for our organization.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Carolinas Medical Center, Charlotte, Mecklenburg County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Profit Status:	Not for Profit
Admissions in 2011:	52,282
Patient Days in 2011:	271,498
Number of Beds:	880
Number of ICU Beds:	290
Infection Preventionists:	5



Central Line-Associated Bloodstream Infections (CLABSI)

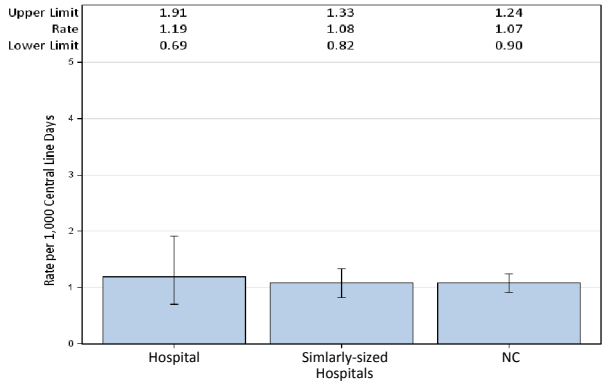


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

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

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	4	2,431	1.65	6.321	0.633	0.172, 1.620	Same
Medical cardiac	3	1,110	2.7	2.22	1.351	0.279, 3.949	Same
Neonatal Level III	2	4,242	0.47	10.329	0.194	0.023, 0.699	Lower
Neurosurgical	4	1,234	3.24	3.085	1.297	0.353, 3.320	Same
Pediatric medical/surgical	1	1,581	0.63	4.743	0.211	0.005, 1.175	Same
Surgical cardiothoracic	0	1,073	0	1.502	0	, 2.456	Same
Trauma	3	2,615	1.15	9.414	0.319	0.066, 0.931	Lower
YTD Total for Reporting ICUs	17	14,286	1.19	37.614	0.452	0.263, 0.724	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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	11	3,498	3.14	8.045	1.367	0.683, 2.446	Same
Medical cardiac	7	1,570	4.46	3.14	2.229	0.896, 4.593	Higher
Neurosurgical	20	2,642	7.57	11.625	1.72	1.050, 2.657	Higher
Pediatric medical/surgical	3	866	3.46	2.425	1.237	0.255, 3.615	Same
Surgical cardiothoracic	2	1,103	1.81	1.875	1.067	0.129, 3.853	Same
Trauma	9	3,934	2.29	13.376	0.673	0.308, 1.277	Same
YTD Total for Reporting ICUs	52	13,613	3.82	40.486	1.284	0.959, 1.684	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.

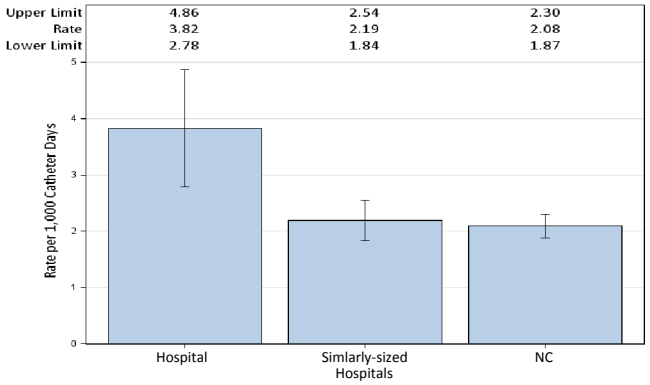


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

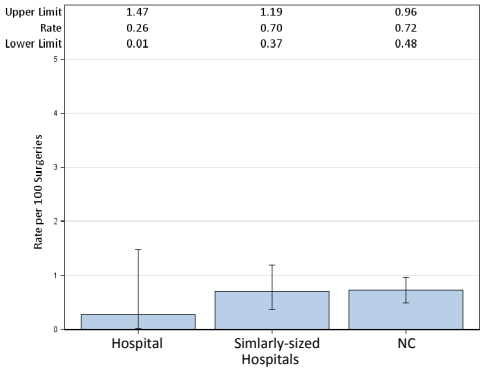


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	1	5
Procedures	378	240
Rate	0.26	2.08
Predicted Infections	3.40	8.28
SIR**	0.294	0.604
95% CI**	0.007, 1.639	0.196, 1.409
Interpretation	Same	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 were performed and SIR not presented.

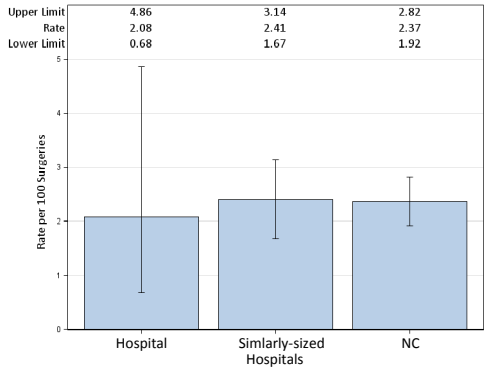


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

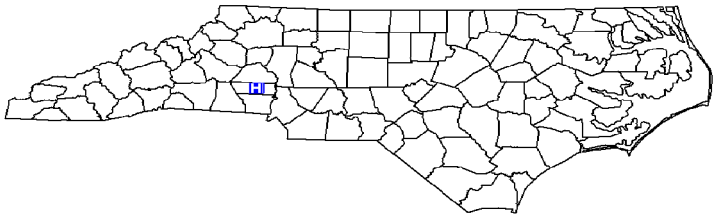
Commentary from Hospitals:
The prevention and reduction of healthcare associated infections is a top priority at Carolinas Healthcare System hospitals. To accomplish this, infection prevention strategies are continually assessed and measures implemented to decrease the risk for infection. These measures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

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Carolinas Medical Center - Lincoln, Lincolnton, Lincoln County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2011:	4,105
Patient Days in 2011:	17,248
Number of Beds:	101
Number of ICU Beds:	10
Infection Preventionists:	1



Central Line-Associated Bloodstream Infections (CLABSI)

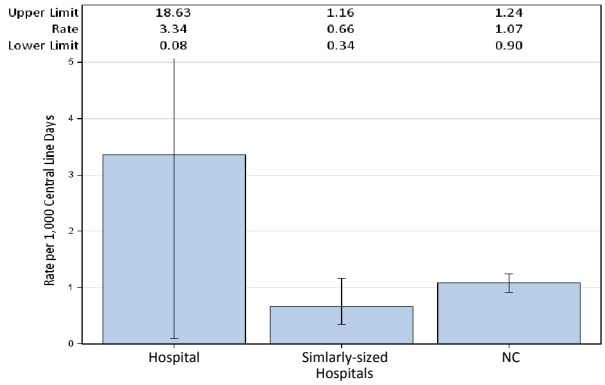


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

Table 1. Rates and SIRs by ICU Type, Jan-June 2012 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	299	3.34	0.449	.		
YTD Total for Reporting ICUs	1	299	3.34	0.449	.		

*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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	778	0	1.011	0	, 3.649	Same
YTD Total for Reporting ICUs	0	778	0	1.011	0	, 3.649	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.

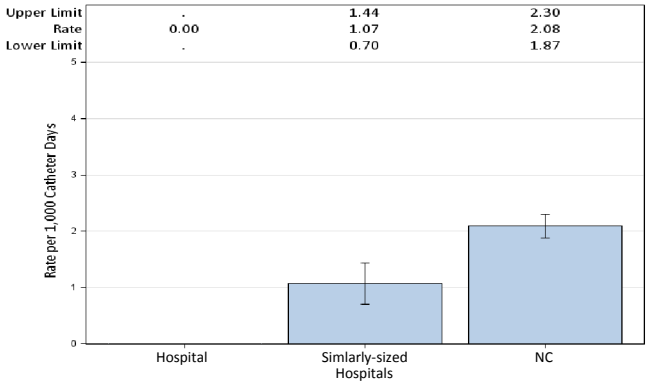


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

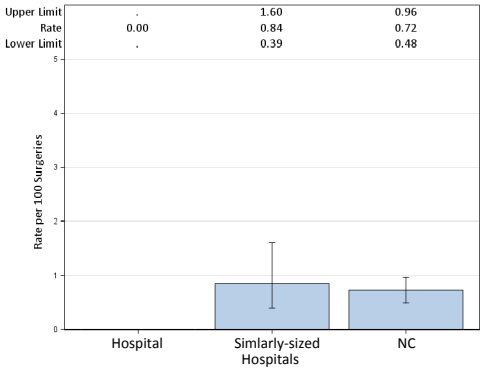


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	1
Procedures	23	6
Rate	0	.
Predicted Infections	0.22	.
SIR**	.	.
95% CI**		
Interpretation		

*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.

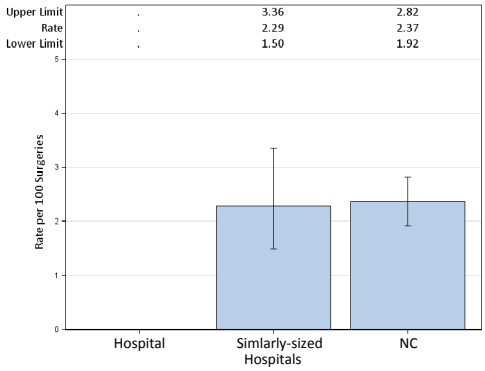


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

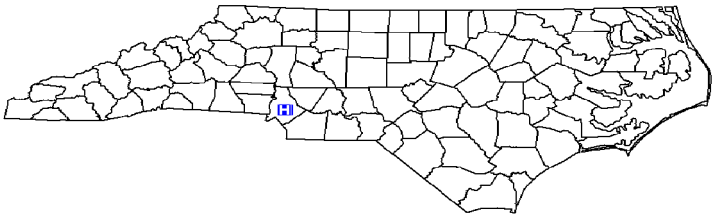
Commentary from Hospitals:
The prevention and reduction of healthcare associated infections is a top priority at Carolinas Healthcare System hospitals. To accomplish this, infection prevention strategies are continually assessed and measures implemented to decrease the risk for infection. These measures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

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Carolinas Medical Center- Mercy, Charlotte, Mecklenburg County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Limited
Profit Status:	Not for Profit
Admissions in 2011:	9,264
Patient Days in 2011:	40,462
Number of Beds:	170
Number of ICU Beds:	30
Infection Preventionists:	1



Central Line-Associated Bloodstream Infections (CLABSI)

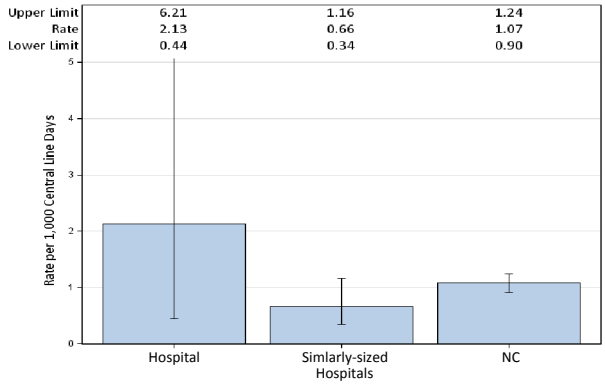


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

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

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	1	546	1.83	1.037	0.964	0.024, 5.373	Same
Medical cardiac	0	293	0	0.586	.		
Surgical	2	572	3.5	1.316	1.52	0.184, 5.490	Same
YTD Total for Reporting ICUs	3	1,411	2.13	2.939	1.021	0.211, 2.983	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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	771	0	1.542	0	, 2.392	Same
Medical cardiac	2	455	4.4	0.91	.		
Surgical	1	655	1.53	1.703	0.587	0.015, 3.272	Same
YTD Total for Reporting ICUs	3	1,881	1.59	4.155	0.722	0.149, 2.110	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.

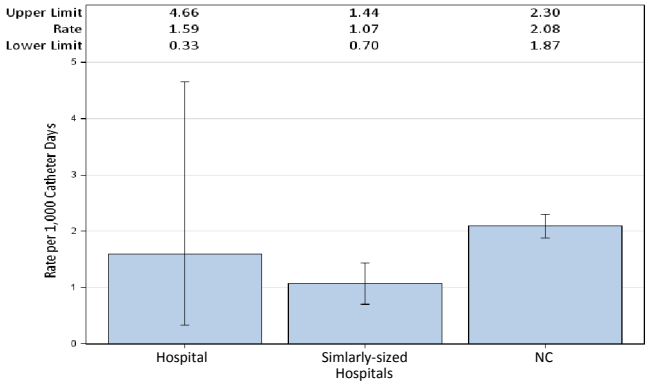


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

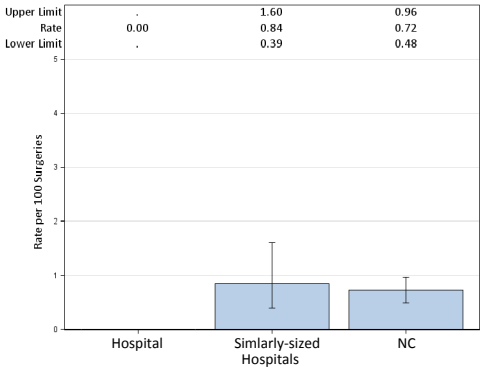


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	2
Procedures	31	57
Rate	0	3.51
Predicted Infections	0.24	1.80
SIR**	.	1.114
95% CI**		0.135, 4.023
Interpretation		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 were performed and SIR not presented.

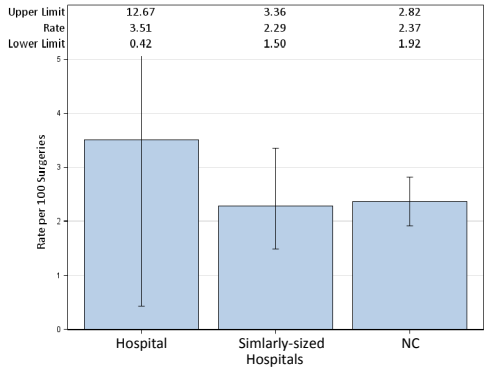


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

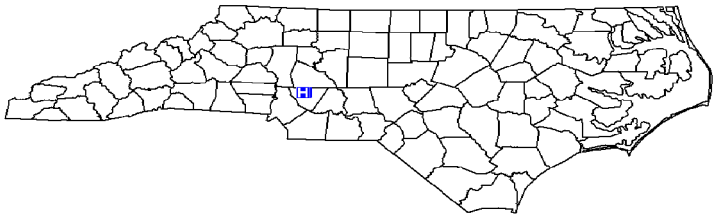
Commentary from Hospitals:
The prevention and reduction of healthcare associated infections is a top priority at Carolinas Healthcare System hospitals. To accomplish this, infection prevention strategies are continually assessed and measures implemented to decrease the risk for infection. These measures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

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Carolinas Medical Center - Northeast, Concord, Cabarrus County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2011:	24,746
Patient Days in 2011:	106,692
Number of Beds:	435
Number of ICU Beds:	54
Infection Preventionists:	3



Central Line-Associated Bloodstream Infections (CLABSI)

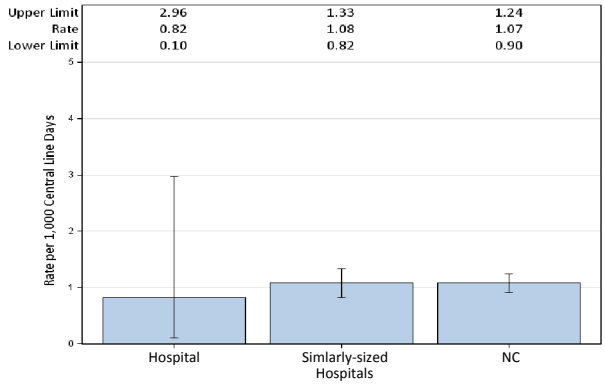


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

Table 1. Rates and SIRs by ICU Type, Jan-June 2012 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	1,346	1.49	2.019	0.991	0.120, 3.578	Same
Neonatal Level III	0	549	0	1.248	0	, 2.956	Same
Pediatric medical/surgical	0	62	0	0.186	.		
Surgical cardiothoracic	0	480	0	0.672	.		
YTD Total for Reporting ICUs	2	2,437	0.82	4.125	0.485	0.059, 1.751	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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	5	1,990	2.51	2.587	1.933	0.628, 4.510	Same
Pediatric medical/surgical	0	53	0	0.148	.		
Surgical cardiothoracic	1	851	1.18	1.447	0.691	0.017, 3.850	Same
YTD Total for Reporting ICUs	6	2,894	2.07	4.182	1.435	0.527, 3.123	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.

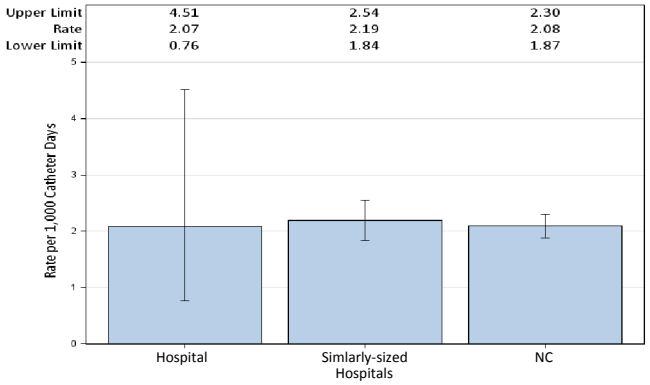


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

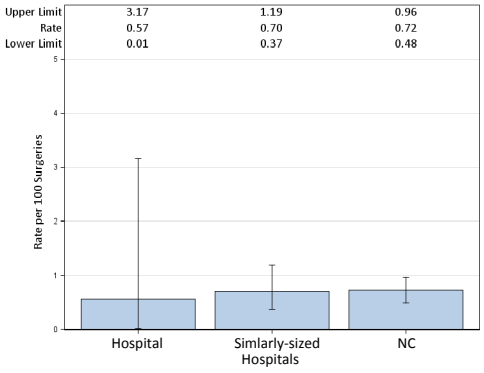


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	1	0
Procedures	176	116
Rate	0.57	0
Predicted Infections	1.67	3.76
SIR**	0.6	0
95% CI**	0.015, 3.340	, 0.980
Interpretation	Same	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.

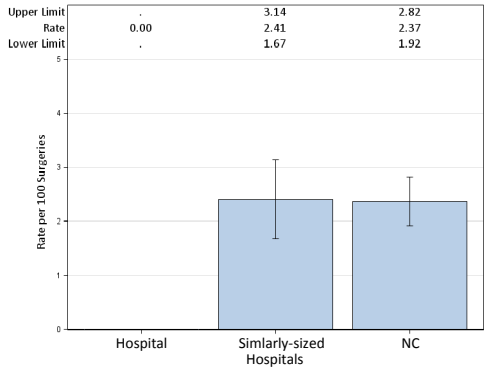


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

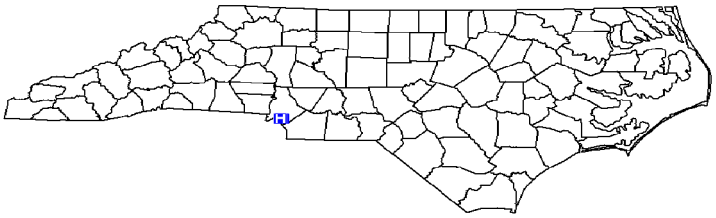
Commentary from Hospitals:
The prevention and reduction of healthcare associated infections is a top priority at Carolinas Healthcare System hospitals. To accomplish this, infection prevention strategies are continually assessed and measures implemented to decrease the risk for infection. These measures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

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Carolinas Medical Center- Pineville, Charlotte, Mecklenburg County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Limited
Profit Status:	Not for Profit
Admissions in 2011:	10,863
Patient Days in 2011:	39,353
Number of Beds:	109
Number of ICU Beds:	8
Infection Preventionists:	1



Central Line-Associated Bloodstream Infections (CLABSI)

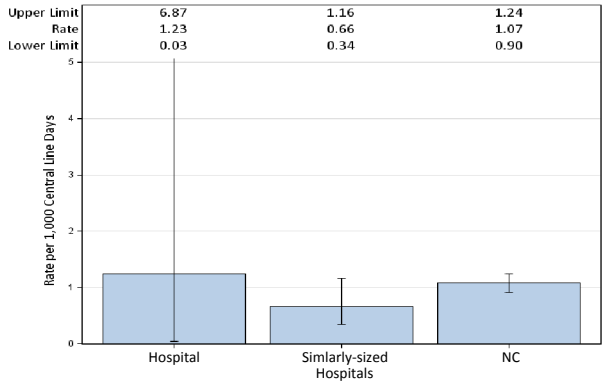


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

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

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	1	638	1.57	1.212	0.825	0.021, 4.597	Same
Neonatal Level II/III	0	71	0	0.112	.		
Surgical	0	102	0	0.235	.		
YTD Total for Reporting ICUs	1	811	1.23	1.559	0.641	0.016, 3.574	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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	2	1,128	1.77	2.256	0.887	0.107, 3.202	Same
Surgical	0	86	0	0.224	.		
YTD Total for Reporting ICUs	2	1,214	1.65	2.48	0.806	0.098, 2.913	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.

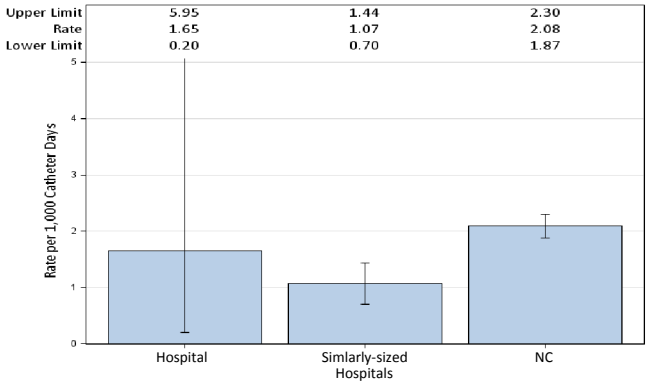


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

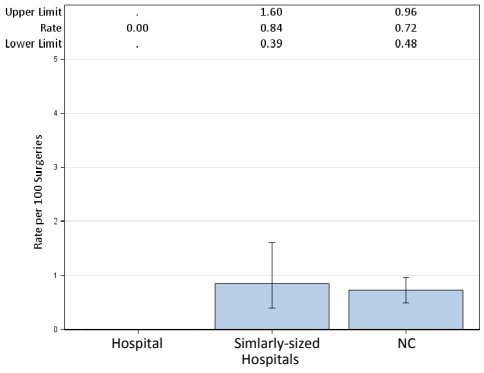


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	3
Procedures	139	58
Rate	0	5.17
Predicted Infections	1.20	1.84
SIR**	0	1.629
95% CI**	, 3.072	0.336, 4.760
Interpretation	Same	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 were performed and SIR not presented.

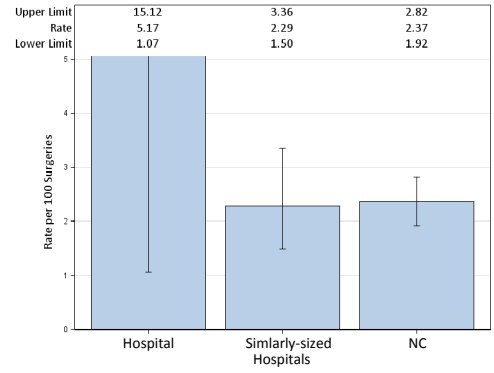


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

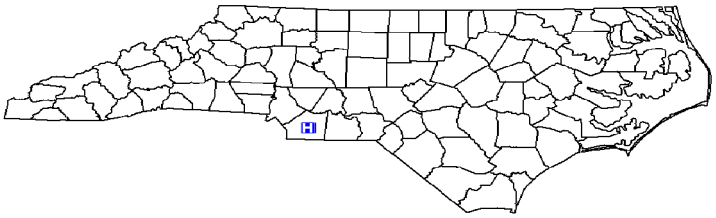
Commentary from Hospitals:
The prevention and reduction of healthcare associated infections is a top priority at Carolinas Healthcare System hospitals. To accomplish this, infection prevention strategies are continually assessed and measures implemented to decrease the risk for infection. These measures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

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Carolinas Medical Center - Union, Monroe, Union County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Limited
Profit Status:	Not for Profit
Admissions in 2011:	9,602
Patient Days in 2011:	40,252
Number of Beds:	165
Number of ICU Beds:	14
Infection Preventionists:	2



Central Line-Associated Bloodstream Infections (CLABSI)

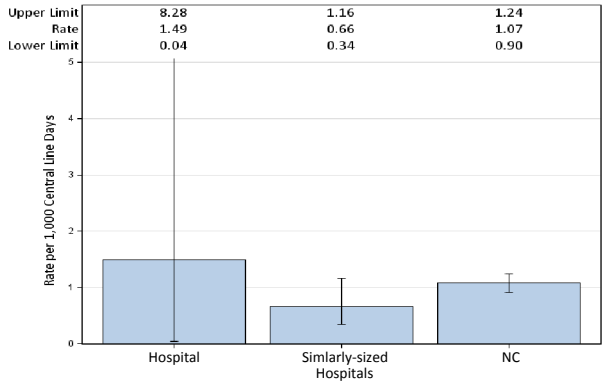


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

Table 1. Rates and SIRs by ICU Type, Jan-June 2012 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	673	1.49	1.01	0.99	0.025, 5.516	Same
YTD Total for Reporting ICUs	1	673	1.49	1.01	0.99	0.025, 5.516	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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	1,165	0	1.515	0	, 2.435	Same
YTD Total for Reporting ICUs	0	1,165	0	1.515	0	, 2.435	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.

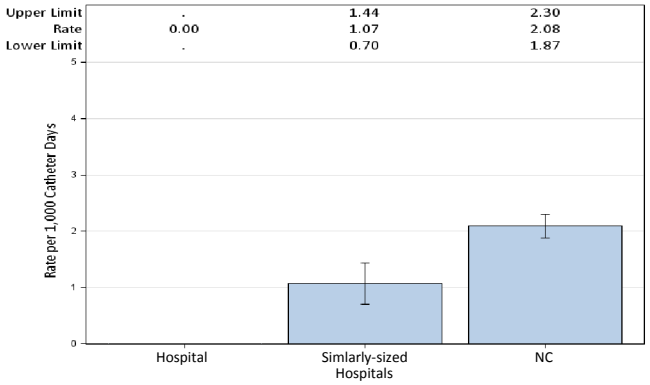


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

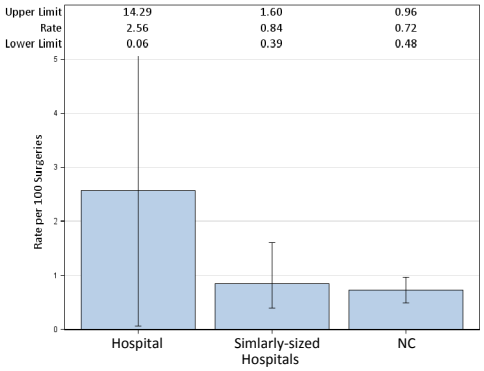


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	1	0
Procedures	39	29
Rate	2.56	0
Predicted Infections	0.35	0.92
SIR**	.	.
95% CI**		
Interpretation		

*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.

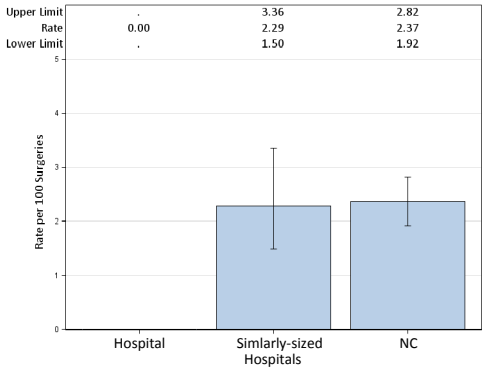


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

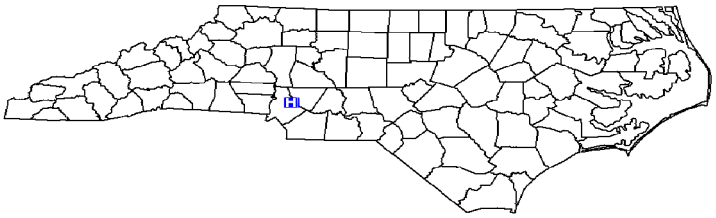
Commentary from Hospitals:
The prevention and reduction of healthcare associated infections is a top priority at Carolinas Healthcare System hospitals. To accomplish this, infection prevention strategies are continually assessed and measures implemented to decrease the risk for infection. These measures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

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Carolinas Medical Center- University, Charlotte, Mecklenburg County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Limited
Profit Status:	Not for Profit
Admissions in 2011:	7,399
Patient Days in 2011:	23,883
Number of Beds:	130
Number of ICU Beds:	8
Infection Preventionists:	1



Central Line-Associated Bloodstream Infections (CLABSI)

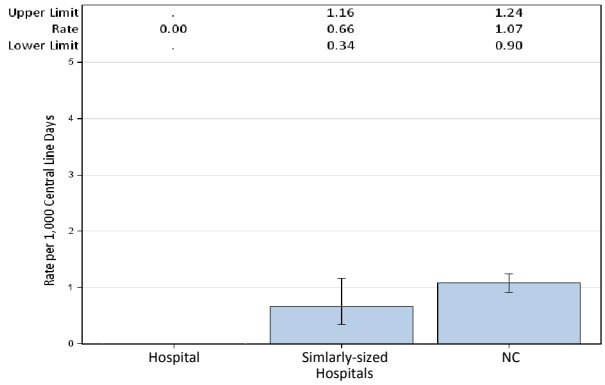


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

Table 1. Rates and SIRs by ICU Type, Jan-June 2012 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	538	0	0.807	.		
Neonatal Level II/III	0	42	.	.	.		
YTD Total for Reporting ICUs	0	580	0	0.88	.		

*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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	4	756	5.29	0.983	.		
YTD Total for Reporting ICUs	4	756	5.29	0.983	.		

*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.

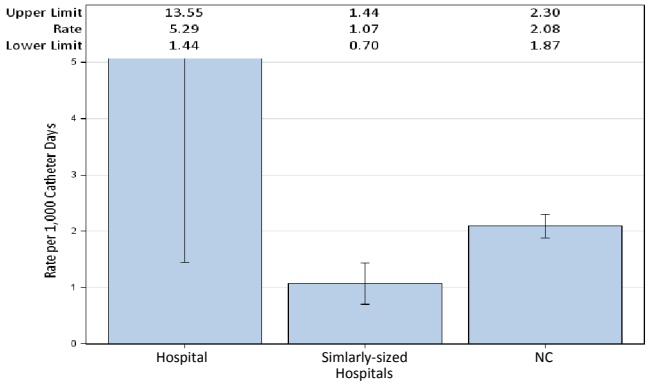


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

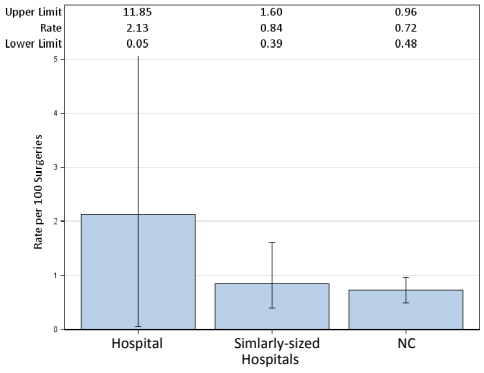


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	1	0
Procedures	47	33
Rate	2.13	0
Predicted Infections	0.40	1.07
SIR**	.	0
95% CI**		, 3.441
Interpretation		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 were performed and SIR not presented.

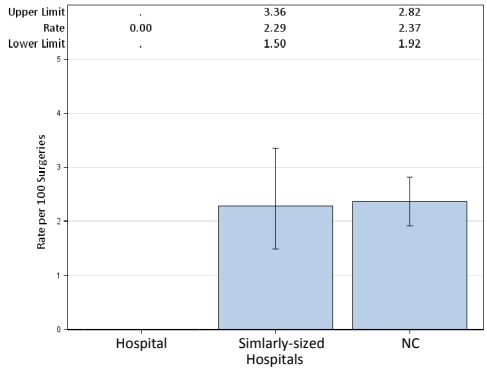


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

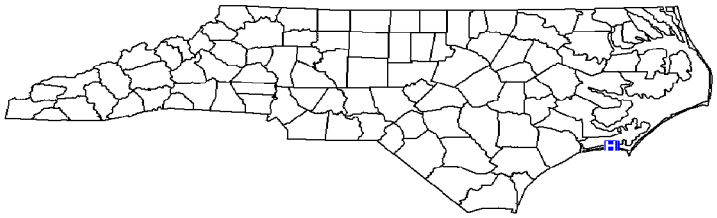
Commentary from Hospitals:
The prevention and reduction of healthcare associated infections is a top priority at Carolinas Healthcare System hospitals. To accomplish this, infection prevention strategies are continually assessed and measures implemented to decrease the risk for infection. These measures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

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Carteret General Hospital, Morehead City, Carteret County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2011:	6,980
Patient Days in 2011:	24,561
Number of Beds:	135
Number of ICU Beds:	8
Infection Preventionists:	2



Central Line-Associated Bloodstream Infections (CLABSI)

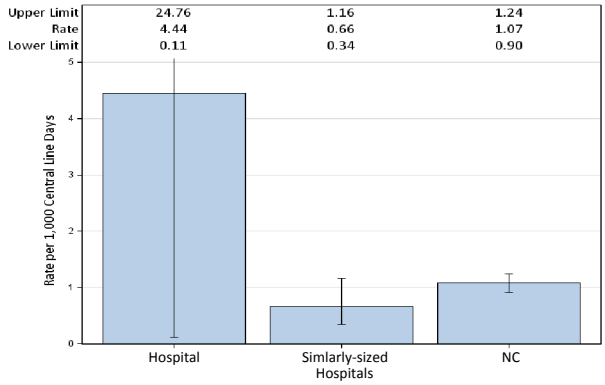


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

Table 1. Rates and SIRs by ICU Type, Jan-June 2012 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	225	4.44	0.338	.		
YTD Total for Reporting ICUs	1	225	4.44	0.338	.		

*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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	601	1.66	0.781	.		
YTD Total for Reporting ICUs	1	601	1.66	0.781	.		

*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.

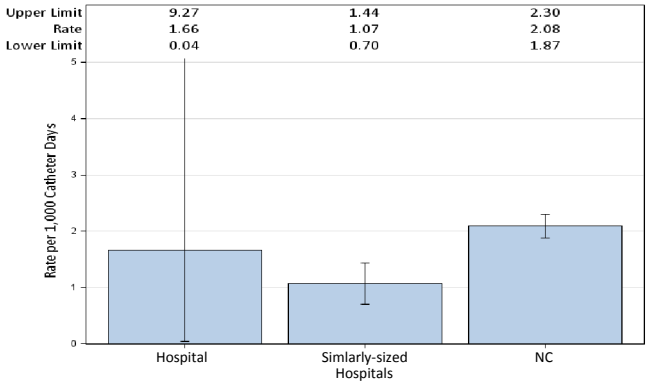


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

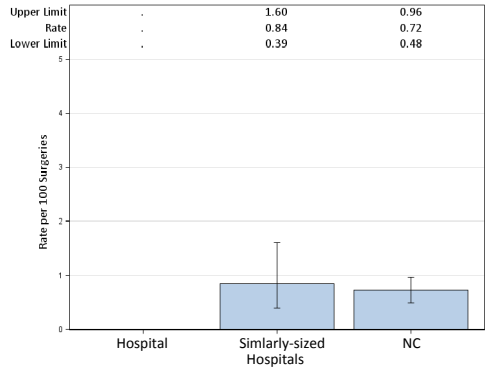


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	1
Procedures	18	36
Rate	.	2.78
Predicted Infections	.	1.16
SIR**	.	0.861
95% CI**		0.022, 4.799
Interpretation		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 were performed and SIR not presented.

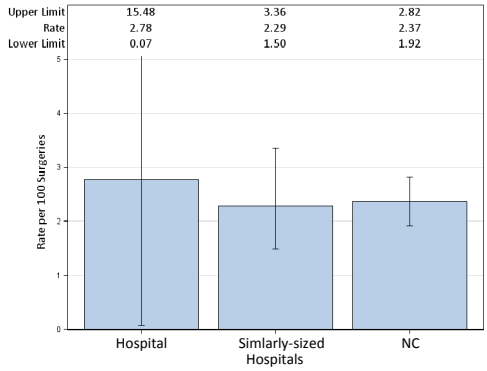


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

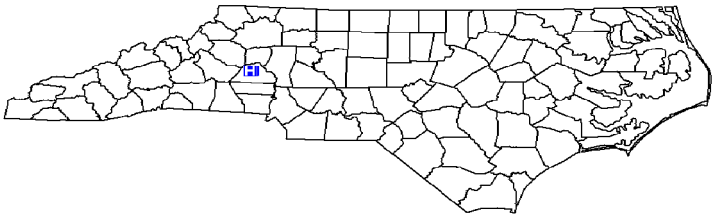
Commentary from Hospitals:
No comments provided.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Catawba Valley Medical Center, Hickory, Catawba County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2011:	11,668
Patient Days in 2011:	48,263
Number of Beds:	200
Number of ICU Beds:	28
Infection Preventionists:	2



Central Line-Associated Bloodstream Infections (CLABSI)

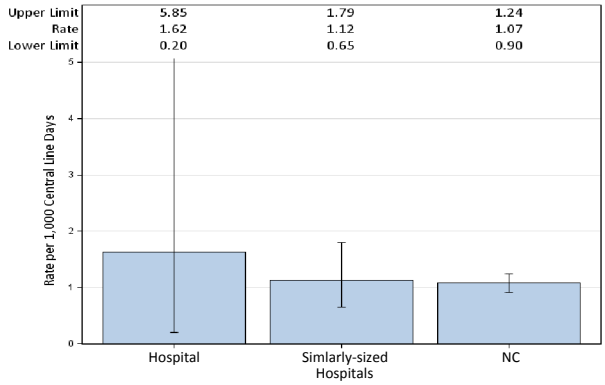


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

Table 1. Rates and SIRs by ICU Type, Jan-June 2012 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	899	1.11	1.349	0.741	0.019, 4.130	Same
Neonatal Level II/III	1	335	2.99	0.899	.		
YTD Total for Reporting ICUs	2	1,234	1.62	2.248	0.89	0.108, 3.214	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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	2	1,412	1.42	1.694	1.181	0.143, 4.265	Same
YTD Total for Reporting ICUs	2	1,412	1.42	1.694	1.181	0.143, 4.265	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.

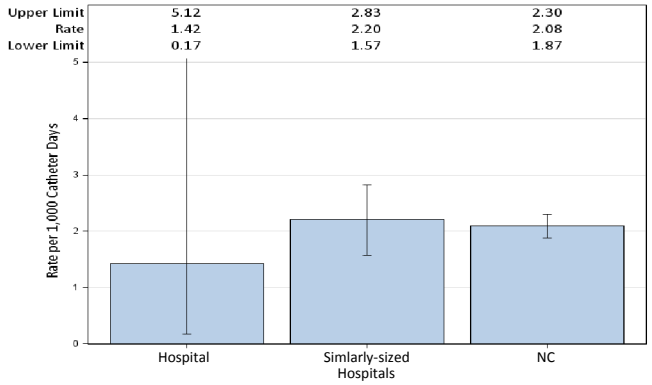


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

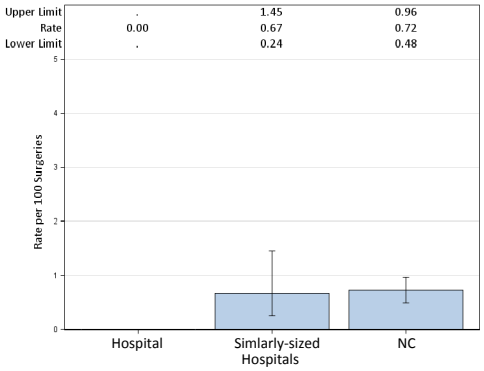


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	2
Procedures	42	53
Rate	0	3.77
Predicted Infections	0.39	1.72
SIR**	.	1.161
95% CI**		0.141, 4.193
Interpretation		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 were performed and SIR not presented.

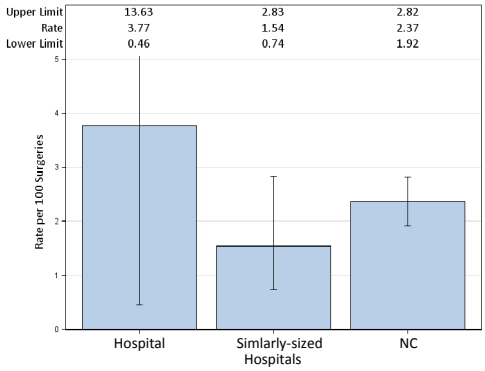


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

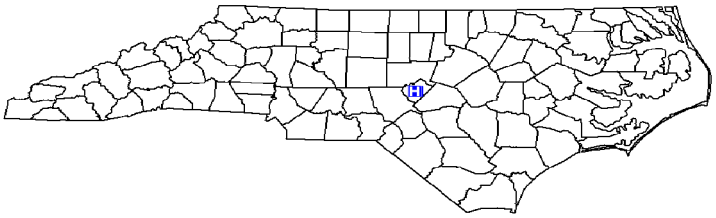
Commentary from Hospitals:
No comments provided.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Central Carolina Hospital, Sanford, Lee County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	For Profit
Admissions in 2011:	465
Patient Days in 2011:	1,654
Number of Beds:	112
Number of ICU Beds:	8
Infection Preventionists:	1



Central Line-Associated Bloodstream Infections (CLABSI)

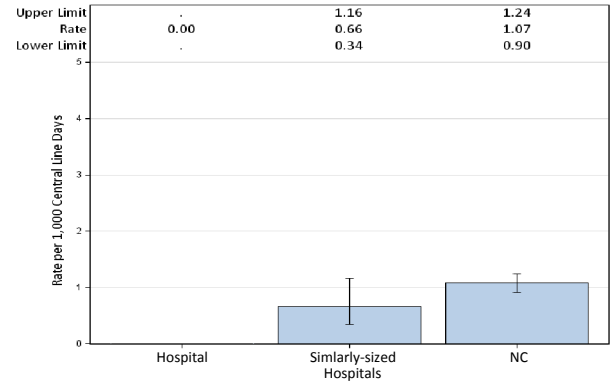


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

Table 1. Rates and SIRs by ICU Type, Jan-June 2012 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	484	0	0.726	.		
YTD Total for Reporting ICUs	0	484	0	0.726	.		

*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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	557	0	0.724	.		
YTD Total for Reporting ICUs	0	557	0	0.724	.		

*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.

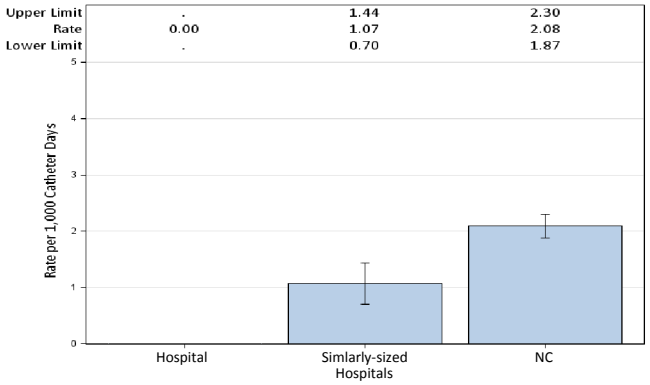


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

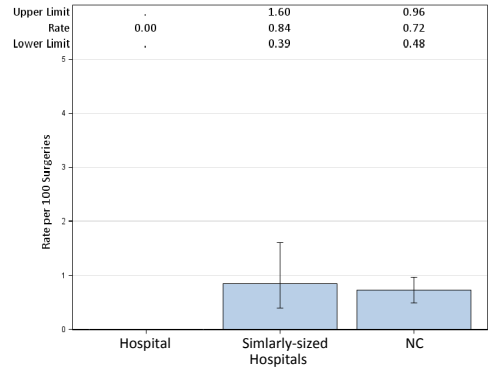


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	24	33
Rate	0	0
Predicted Infections	0.25	1.04
SIR**	.	0
95% CI**		, 3.547
Interpretation		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 were performed and SIR not presented.

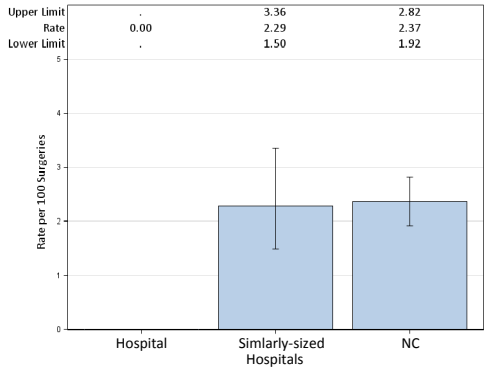


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

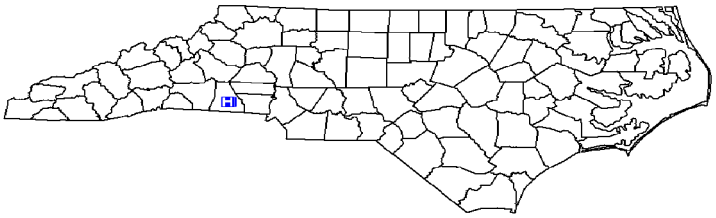
Commentary from Hospitals:
No comments provided.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Cleveland Regional Medical Center, Shelby, Cleveland County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2011:	9,772
Patient Days in 2011:	35,345
Number of Beds:	241
Number of ICU Beds:	18
Infection Preventionists:	1



Central Line-Associated Bloodstream Infections (CLABSI)

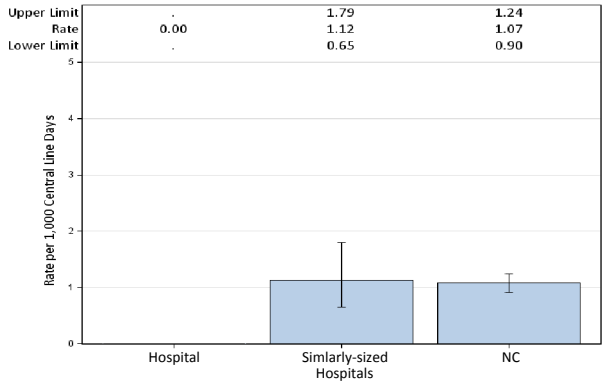


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

Table 1. Rates and SIRs by ICU Type, Jan-June 2012 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	1,064	0	1.596	0	, 2.311	Same
YTD Total for Reporting ICUs	0	1,064	0	1.596	0	, 2.311	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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	2	1,863	1.07	2.236	0.894	0.108, 3.231	Same
YTD Total for Reporting ICUs	2	1,863	1.07	2.236	0.894	0.108, 3.231	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.

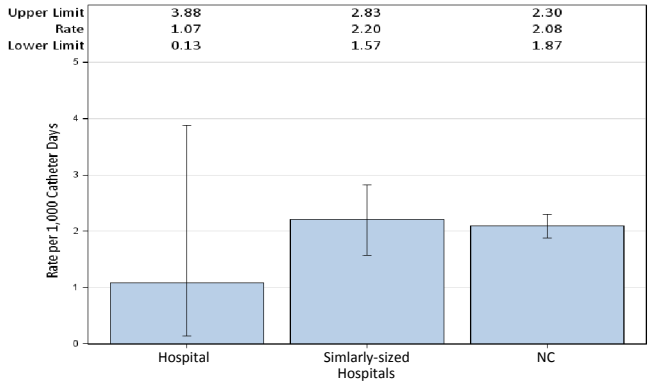


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

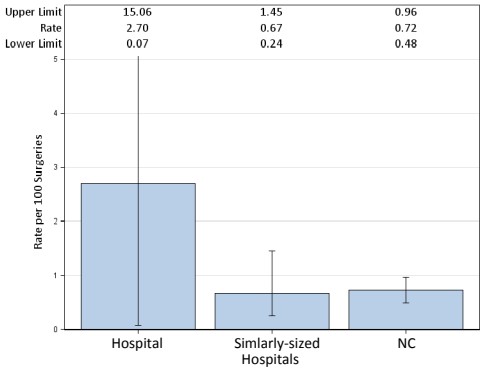


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	1	0
Procedures	37	40
Rate	2.7	0
Predicted Infections	0.48	1.29
SIR**	.	0
95% CI**		, 2.862
Interpretation		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 were performed and SIR not presented.

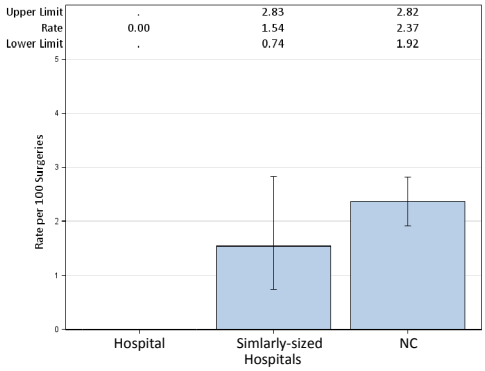


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

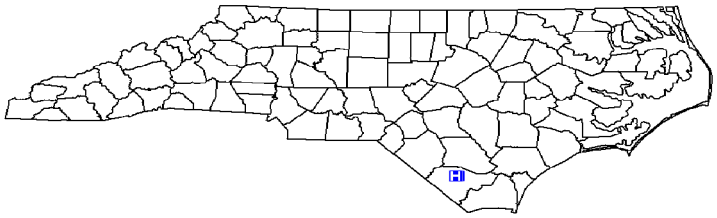
Commentary from Hospitals:
The prevention and reduction of healthcare associated infections is a top priority at Cleveland County Healthcare System hospitals. To accomplish this, infection prevention strategies are continually assessed and measures implemented to decrease the risk for infection. These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

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Columbus Regional Healthcare System, Whiteville, Columbus County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2011:	5,759
Patient Days in 2011:	23,894
Number of Beds:	107
Number of ICU Beds:	10
Infection Preventionists:	1



Central Line-Associated Bloodstream Infections (CLABSI)

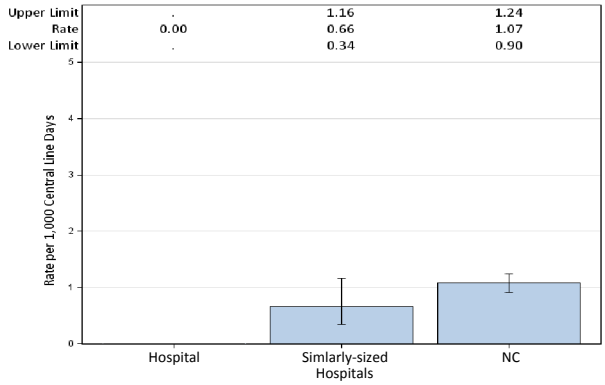


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

Table 1. Rates and SIRs by ICU Type, Jan-June 2012 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	225	0	0.338	.		
YTD Total for Reporting ICUs	0	225	0	0.338	.		

*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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	470	0	0.611	.		
YTD Total for Reporting ICUs	0	470	0	0.611	.		

*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.

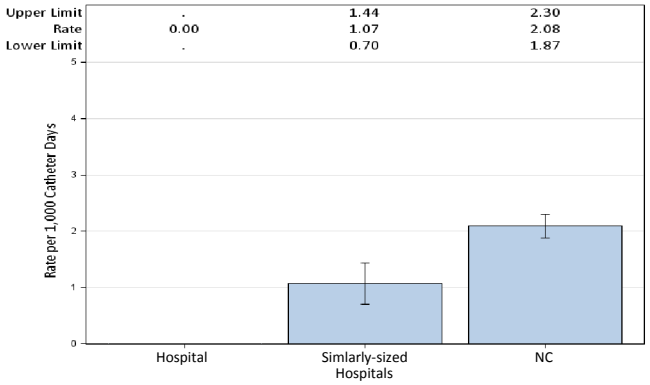


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

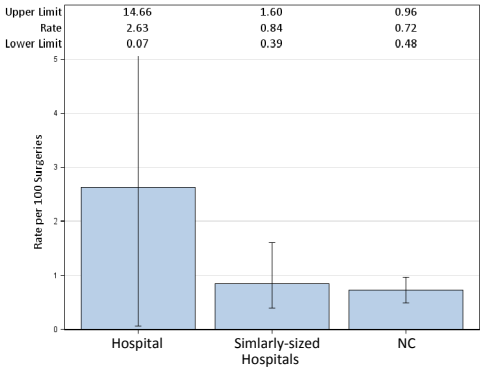


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	1	0
Procedures	38	28
Rate	2.63	0
Predicted Infections	0.37	0.96
SIR**	.	.
95% CI**		
Interpretation		

*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.

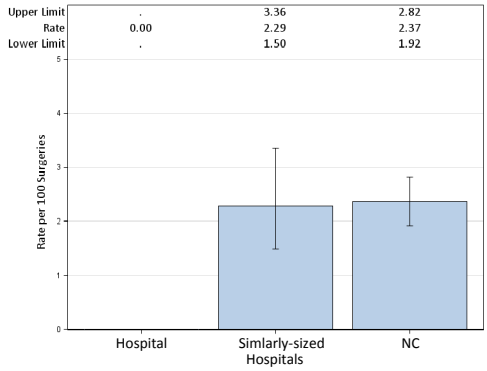


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

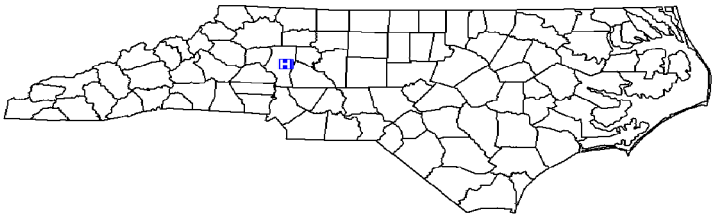
Commentary from Hospitals:
The prevention and reduction of healthcare associated infections is a top priority at Columbus Regional Healthcare System. To accomplish this, infection prevention strategies are continually assessed and measures implemented to decrease the risk for infection. These measures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

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Davis Regional Medical Center, Statesville, Iredell County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	For Profit
Admissions in 2011:	4,453
Patient Days in 2011:	22,936
Number of Beds:	143
Number of ICU Beds:	8
Infection Preventionists:	1



Central Line-Associated Bloodstream Infections (CLABSI)

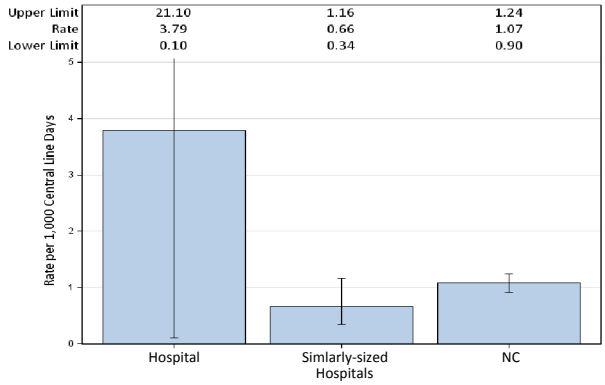


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

Table 1. Rates and SIRs by ICU Type, Jan-June 2012 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	264	3.79	0.528	.		
YTD Total for Reporting ICUs	1	264	3.79	0.528	.		

*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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	1	549	1.82	1.098	0.911	0.023, 5.074	Same
YTD Total for Reporting ICUs	1	549	1.82	1.098	0.911	0.023, 5.074	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.

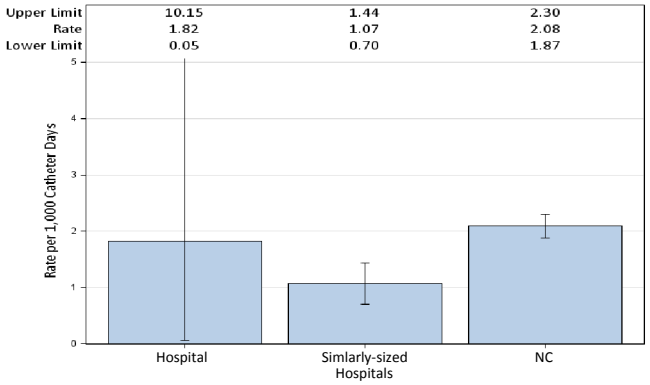


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

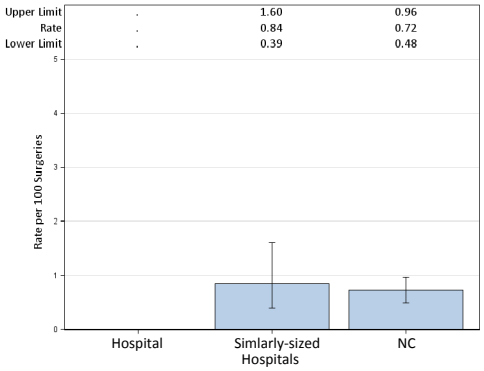


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	1	1
Procedures	4	9
Rate	.	.
Predicted Infections	.	.
SIR**	.	.
95% CI**		
Interpretation		

*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.

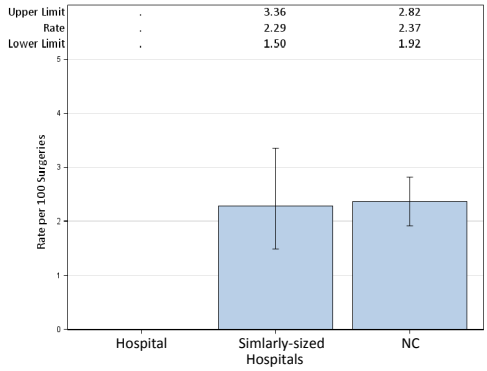


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

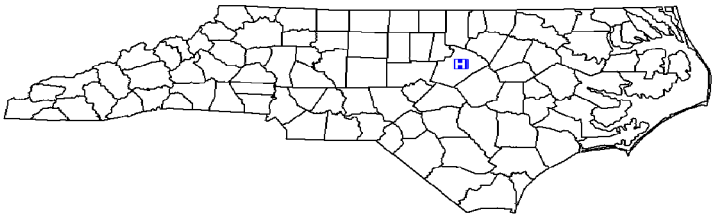
Commentary from Hospitals:
No comments provided.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Duke Raleigh Hospital, Raleigh, Wake County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2011:	7,238
Patient Days in 2011:	36,751
Number of Beds:	148
Number of ICU Beds:	15
Infection Preventionists:	2



Central Line-Associated Bloodstream Infections (CLABSI)

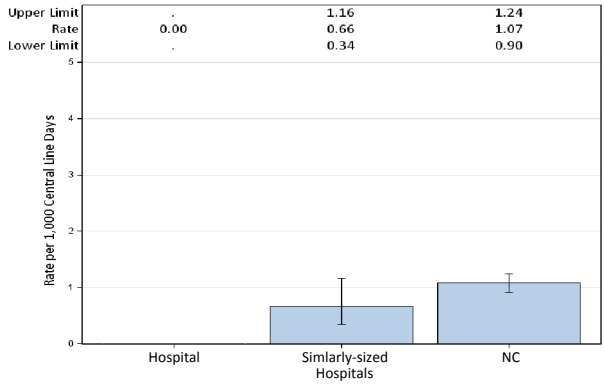


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

Table 1. Rates and SIRs by ICU Type, Jan-June 2012 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	736	0	1.104	0	, 3.341	Same
YTD Total for Reporting ICUs	0	736	0	1.104	0	, 3.341	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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	3	1,237	2.43	1.608	1.866	0.385, 5.452	Same
YTD Total for Reporting ICUs	3	1,237	2.43	1.608	1.866	0.385, 5.452	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.

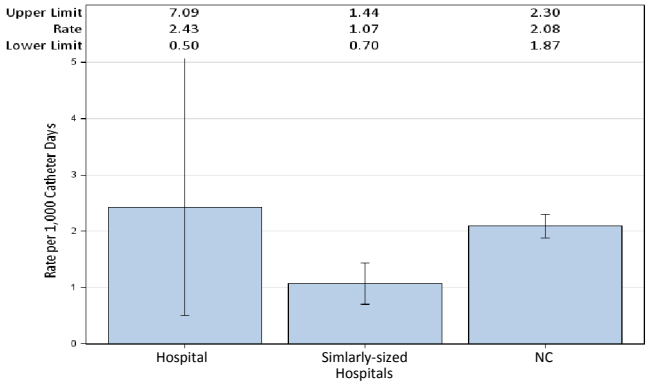


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

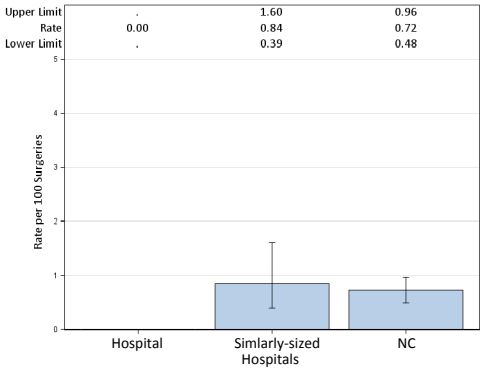


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	2
Procedures	47	77
Rate	0	2.6
Predicted Infections	0.39	2.57
SIR**	.	0.777
95% CI**		0.094, 2.807
Interpretation		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 were performed and SIR not presented.

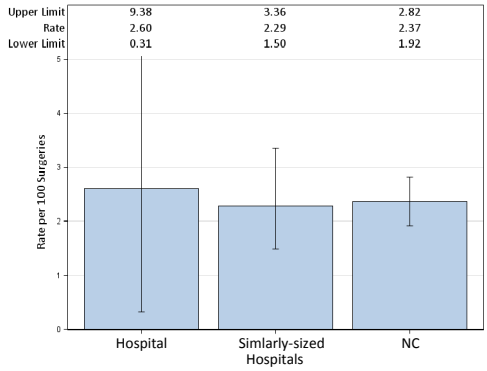


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

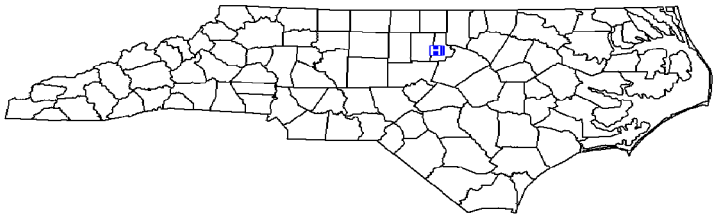
Commentary from Hospitals:
No comments provided.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Duke University Hospital, Durham, Durham County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Profit Status:	Not for Profit
Admissions in 2011:	31,508
Patient Days in 2011:	246,858
Number of Beds:	812
Number of ICU Beds:	196
Infection Preventionists:	6



Central Line-Associated Bloodstream Infections (CLABSI)

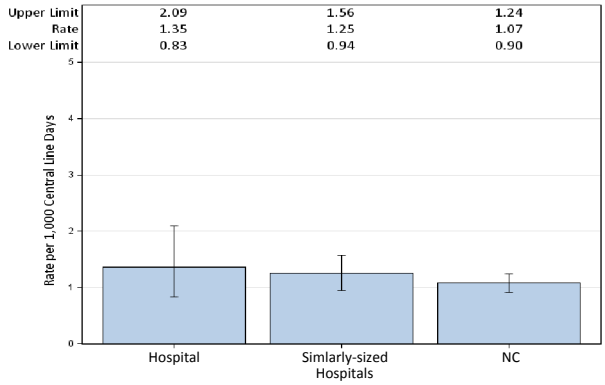


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

Table 1. Rates and SIRs by ICU Type, Jan-June 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	2,090	1.44	5.434	0.552	0.114, 1.613	Same
Medical cardiac	2	1,515	1.32	3.03	0.66	0.080, 2.384	Same
Neonatal Level III	1	3,245	0.31	8.684	0.115	0.003, 0.642	Lower
Neurologic	2	1,333	1.5	1.866	1.072	0.130, 3.872	Same
Pediatric cardiothoracic	1	1,548	0.65	5.108	0.196	0.005, 1.091	Lower
Pediatric medical/surgical	3	1,189	2.52	3.567	0.841	0.173, 2.458	Same
Surgical	1	1,543	0.65	3.549	0.282	0.007, 1.570	Same
Surgical cardiothoracic	7	2,302	3.04	3.223	2.172	0.873, 4.475	Higher
YTD Total for Reporting ICUs	20	14,765	1.35	34.462	0.58	0.354, 0.896	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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	5	2,075	2.41	4.773	1.048	0.340, 2.445	Same
Medical cardiac	5	1,314	3.81	2.628	1.903	0.618, 4.440	Same
Neurologic	8	2,225	3.6	8.455	0.946	0.408, 1.864	Same
Pediatric cardiothoracic	1	481	2.08	1.299	0.77	0.019, 4.289	Same
Pediatric medical/surgical	2	863	2.32	2.416	0.828	0.100, 2.990	Same
Surgical	8	1,758	4.55	4.571	1.75	0.756, 3.449	Same
Surgical cardiothoracic	4	2,015	1.99	3.426	1.168	0.318, 2.989	Same
YTD Total for Reporting ICUs	33	10,731	3.08	27.567	1.197	0.824, 1.681	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.

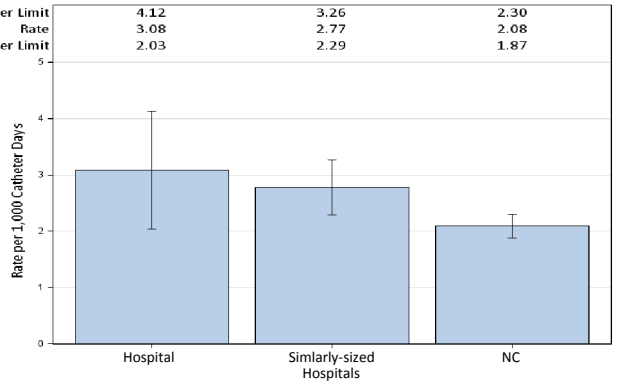


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

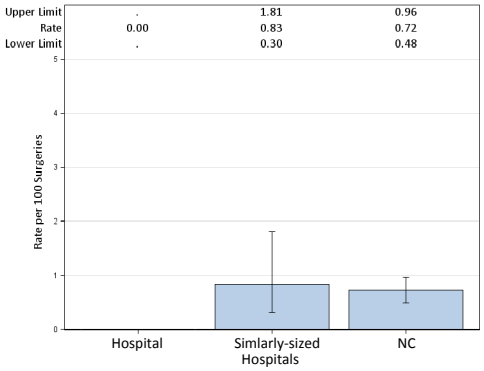


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	2
Procedures	179	120
Rate	0	1.67
Predicted Infections	1.66	3.97
SIR**	0	0.504
95% CI**	, 2.229	0.061, 1.820
Interpretation	Same	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 were performed and SIR not presented.

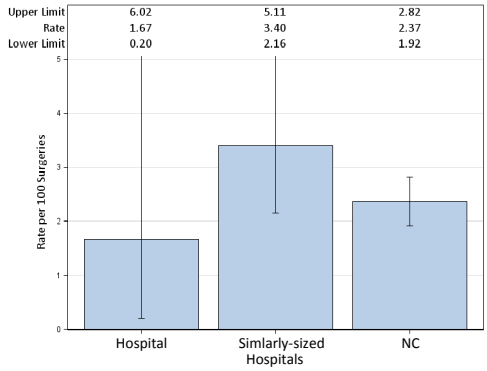


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

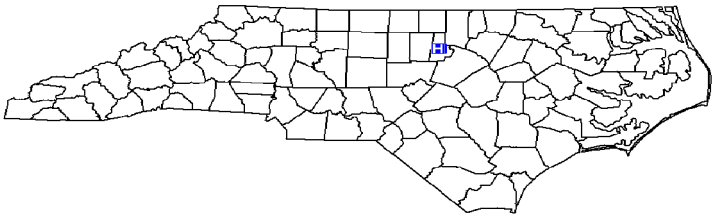
Commentary from Hospitals:
No comments provided.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Durham Regional Hospital, Durham, Durham County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Profit Status:	Not for Profit
Admissions in 2011:	13,891
Patient Days in 2011:	73,575
Number of Beds:	202
Number of ICU Beds:	23
Infection Preventionists:	3



Central Line-Associated Bloodstream Infections (CLABSI)

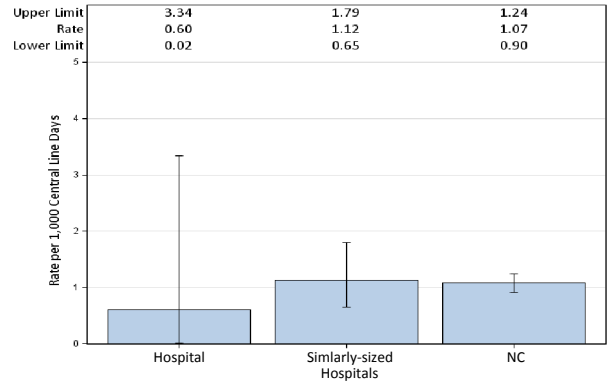


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

Table 1. Rates and SIRs by ICU Type, Jan-June 2012 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	1,667	0.6	3.501	0.286	0.007, 1.591	Same
YTD Total for Reporting ICUs	1	1,667	0.6	3.501	0.286	0.007, 1.591	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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	8	1,843	4.34	4.239	1.887	0.815, 3.719	Same
YTD Total for Reporting ICUs	8	1,843	4.34	4.239	1.887	0.815, 3.719	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.

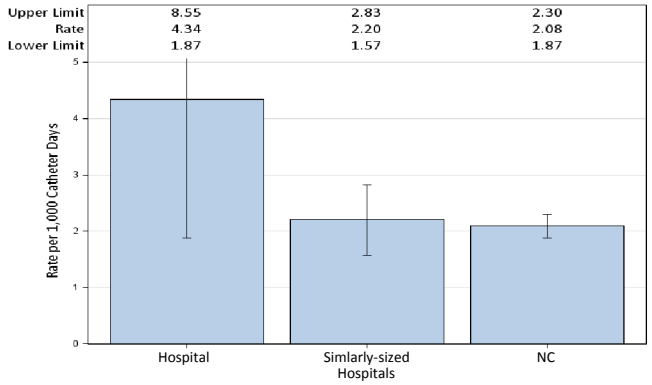


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

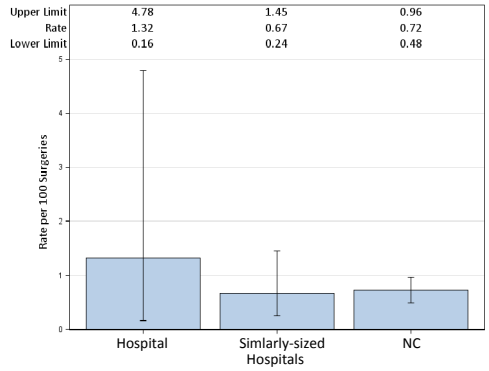


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	2	1
Procedures	151	61
Rate	1.32	1.64
Predicted Infections	1.28	1.90
SIR**	1.566	0.525
95% CI**	0.190, 5.658	0.013, 2.928
Interpretation	Same	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 were performed and SIR not presented.

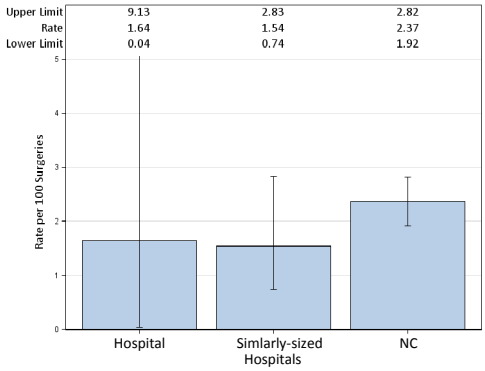


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

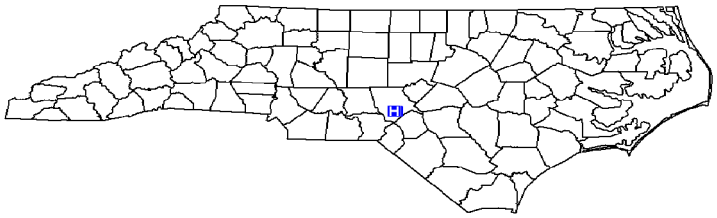
Commentary from Hospitals:
No comments provided.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
FirstHealth Moore Regional Hospital, Pinehurst, Moore County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2011:	26,995
Patient Days in 2011:	108,631
Number of Beds:	528
Number of ICU Beds:	69
Infection Preventionists:	4



Central Line-Associated Bloodstream Infections (CLABSI)

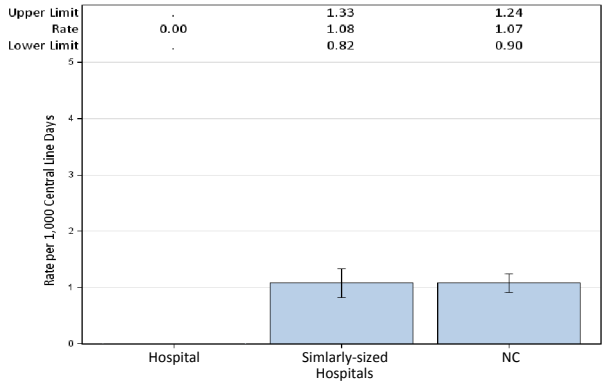


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

Table 1. Rates and SIRs by ICU Type, Jan-June 2012 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	450	0	0.9	.		
Medical/surgical	0	1,182	0	1.773	0	, 2.081	Same
Neonatal Level III	0	110	0	0.193	.		
Surgical cardiothoracic	0	625	0	0.875	.		
YTD Total for Reporting ICUs	0	2,367	0	3.741	0	, 0.986	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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	1	720	1.39	1.44	0.694	0.018, 3.869	Same
Medical/surgical	2	1,853	1.08	2.231	0.896	0.109, 3.238	Same
Surgical cardiothoracic	1	764	1.31	1.299	0.77	0.019, 4.289	Same
YTD Total for Reporting ICUs	4	3,337	1.2	4.97	0.805	0.219, 2.061	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.

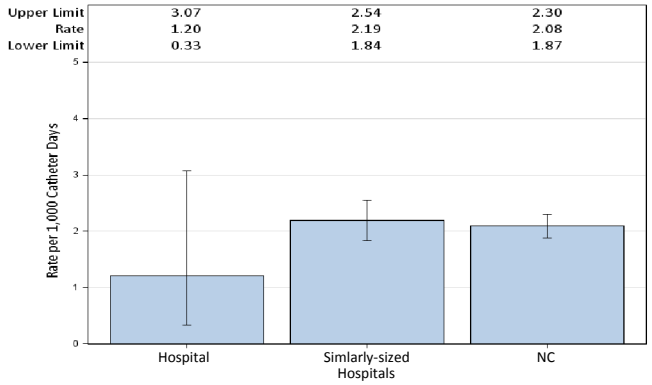


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

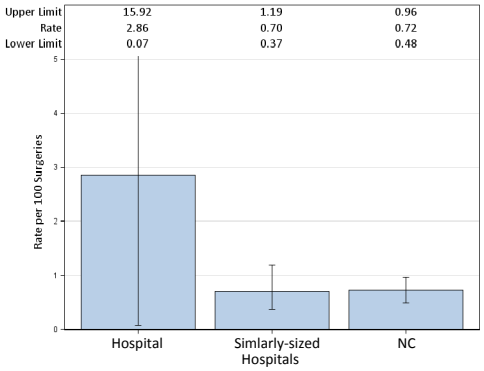


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	1	1
Procedures	35	75
Rate	2.86	1.33
Predicted Infections	0.26	2.20
SIR**	.	0.455
95% CI**		0.012, 2.535
Interpretation		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 were performed and SIR not presented.

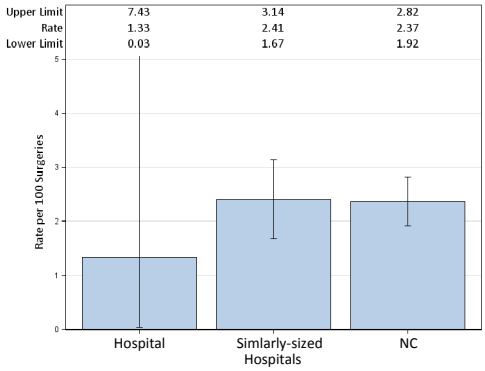


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

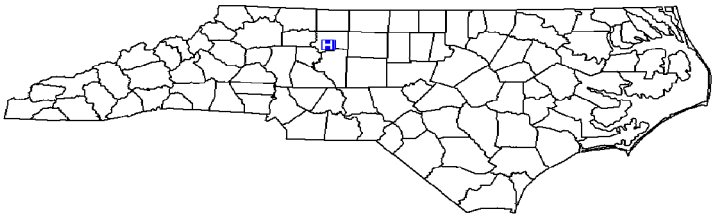
Commentary from Hospitals:
Over the past year, FirstHealth has strived to continue to reduce our infections by continuing to educate staff on infection prevention, emphasizing hand hygiene, and following all evidence based practices to reduce infections. We have worked to decrease use of urinary catheters and worked with our operating room to assure all measures are taken to prevent surgical site infections such as appropriate use of antibiotics.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Forsyth Medical Center, Winston Salem, Forsyth County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2011:	45,261
Patient Days in 2011:	232,937
Number of Beds:	906
Number of ICU Beds:	130
Infection Preventionists:	6



Central Line-Associated Bloodstream Infections (CLABSI)

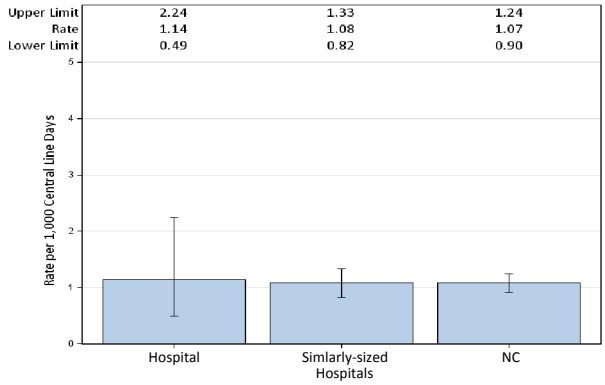


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

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

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	53	0	0.101	.		
Medical cardiac	0	1,160	0	2.32	0	, 1.590	Same
Medical/surgical	5	3,471	1.44	5.207	0.96	0.312, 2.241	Same
Neonatal Level II/III	2	1,187	1.68	3.467	0.577	0.070, 2.084	Same
Neurosurgical	0	478	0	1.195	0	, 3.087	Same
Surgical cardiothoracic	1	686	1.46	0.96	.		
YTD Total for Reporting ICUs	8	7,035	1.14	13.25	0.604	0.261, 1.190	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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	107	0	0.214	.		
Medical cardiac	1	1,546	0.65	3.092	0.323	0.008, 1.802	Same
Medical/surgical	9	3,764	2.39	4.517	1.992	0.911, 3.782	Higher
Neurosurgical	5	1,028	4.86	4.523	1.105	0.359, 2.580	Same
Surgical cardiothoracic	0	783	0	1.331	0	, 2.772	Same
YTD Total for Reporting ICUs	15	7,228	2.08	13.677	1.097	0.613, 1.809	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.

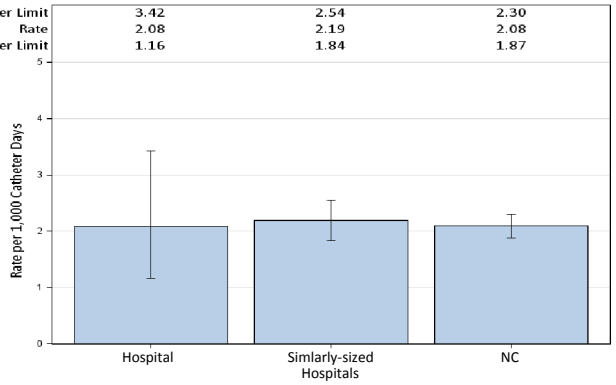


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

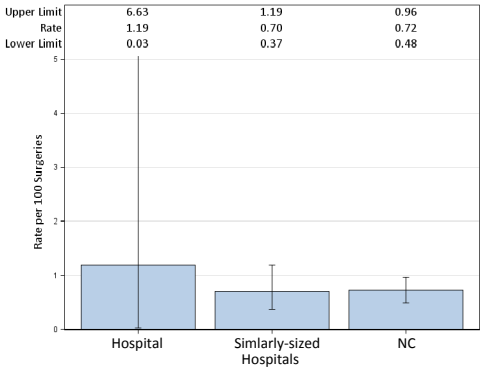


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	1	4
Procedures	84	127
Rate	1.19	3.15
Predicted Infections	0.88	4.17
SIR**	.	0.959
95% CI**		0.261, 2.454
Interpretation		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 were performed and SIR not presented.

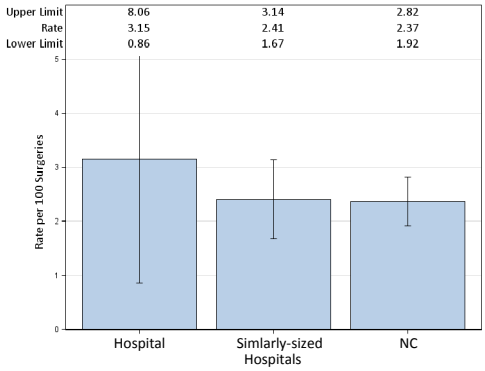


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

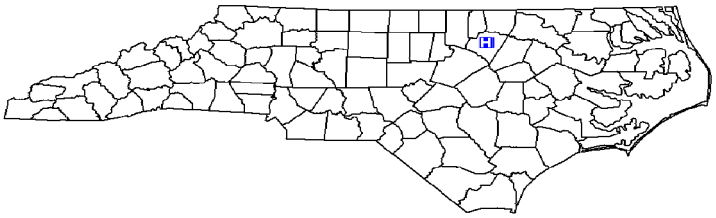
Commentary from Hospitals:
No comments provided.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Franklin Regional Medical Center, Louisburg, Franklin County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2011:	1,198
Patient Days in 2011:	3,786
Number of Beds:	70
Number of ICU Beds:	6
Infection Preventionists:	1



Central Line-Associated Bloodstream Infections (CLABSI)

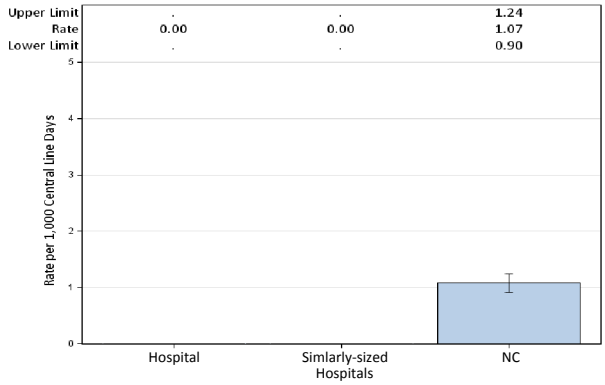


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

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

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	74	0	0.141	.		
YTD Total for Reporting ICUs	0	74	0	0.141	.		

*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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	168	0	0.336	.		
YTD Total for Reporting ICUs	0	168	0	0.336	.		

*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.

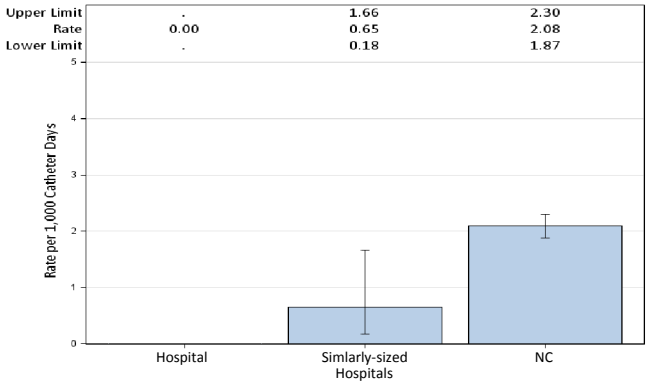


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

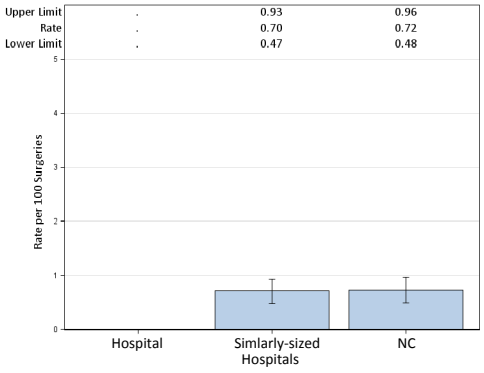


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	0	0
Rate	.	.
Predicted Infections	.	.
SIR**	.	.
95% CI**		
Interpretation		

*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.

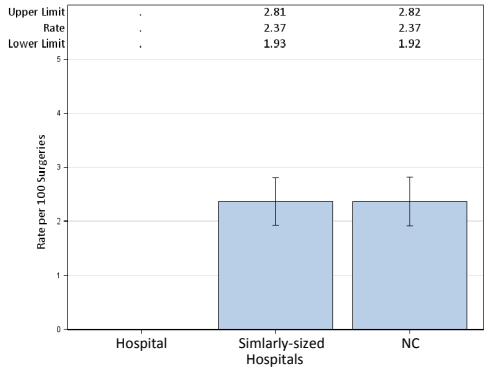


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

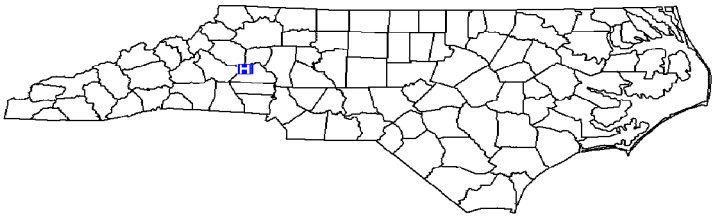
Commentary from Hospitals:
No comments provided.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Frye Regional Medical Center, Hickory, Catawba County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	For Profit
Admissions in 2011:	10,103
Patient Days in 2011:	39,037
Number of Beds:	355
Number of ICU Beds:	30
Infection Preventionists:	2



Central Line-Associated Bloodstream Infections (CLABSI)

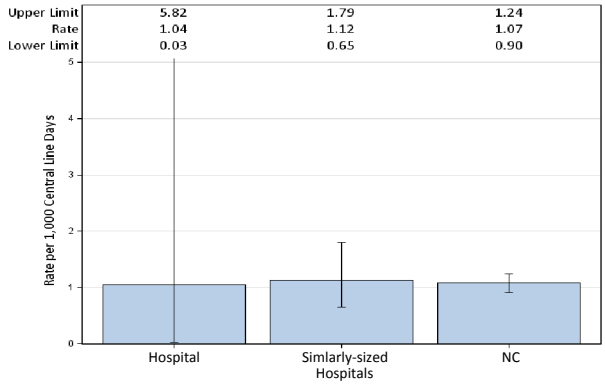


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

Table 1. Rates and SIRs by ICU Type, Jan-June 2012 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	211	4.74	0.422	.		
Neonatal Level III	0	14	.	.	.		
Neurologic	0	293	0	0.41	.		
Surgical cardiothoracic	0	440	0	0.616	.		
YTD Total for Reporting ICUs	1	958	1.04	1.47	0.68	0.017, 3.790	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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	3	469	6.4	0.938	.		
Neurologic	2	424	4.72	1.611	1.241	0.150, 4.485	Same
Surgical cardiothoracic	2	779	2.57	1.324	1.511	0.183, 5.457	Same
YTD Total for Reporting ICUs	7	1,672	4.19	3.874	1.807	0.726, 3.723	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.

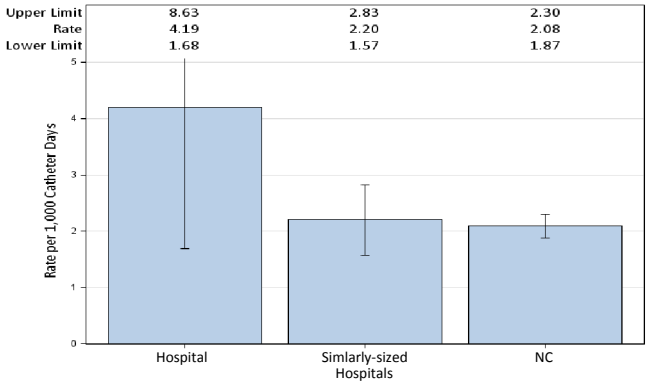


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

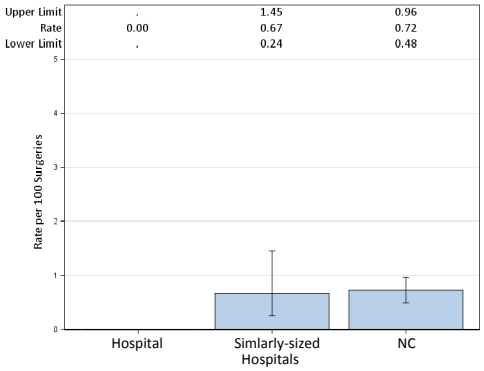


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	33	61
Rate	0	0
Predicted Infections	0.28	1.96
SIR**	.	0
95% CI**		, 1.885
Interpretation		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 were performed and SIR not presented.

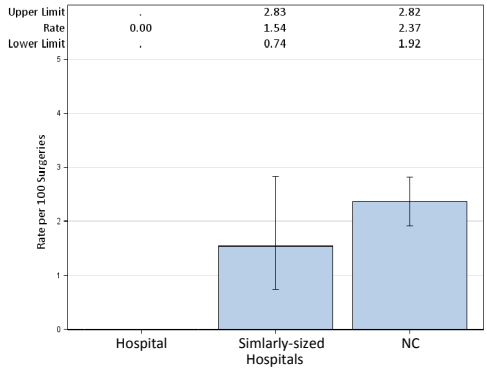


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

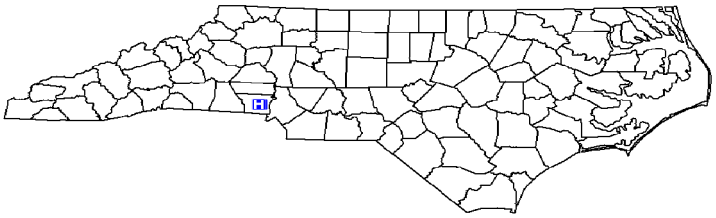
Commentary from Hospitals:
No comments provided.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Gaston Memorial Hospital, Gastonia, Gaston County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2011:	22,730
Patient Days in 2011:	97,533
Number of Beds:	435
Number of ICU Beds:	44
Infection Preventionists:	4



Central Line-Associated Bloodstream Infections (CLABSI)

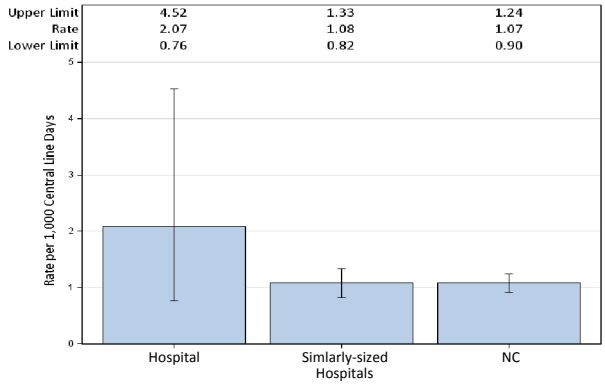


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

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

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	4	925	4.32	1.758	2.275	0.620, 5.826	Same
Medical cardiac	0	697	0	1.394	0	, 2.646	Same
Neonatal Level II/III	0	191	0	0.354	.		
Surgical	2	676	2.96	1.555	1.286	0.156, 4.646	Same
Surgical cardiothoracic	0	403	0	0.564	.		
YTD Total for Reporting ICUs	6	2,892	2.07	5.624	1.067	0.392, 2.322	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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	1	1,054	0.95	2.108	0.474	0.012, 2.643	Same
Medical cardiac	2	805	2.48	1.61	1.242	0.150, 4.487	Same
Surgical	1	819	1.22	2.129	0.47	0.012, 2.617	Same
Surgical cardiothoracic	2	495	4.04	0.842	.		
YTD Total for Reporting ICUs	6	3,173	1.89	6.689	0.897	0.329, 1.952	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.

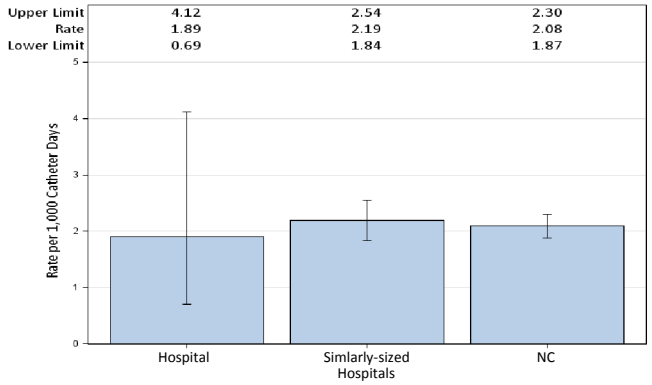


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

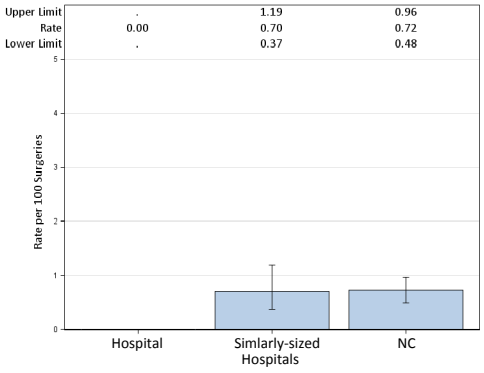


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	1
Procedures	76	94
Rate	0	1.06
Predicted Infections	0.79	3.03
SIR**	.	0.33
95% CI**		0.008, 1.841
Interpretation		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 were performed and SIR not presented.

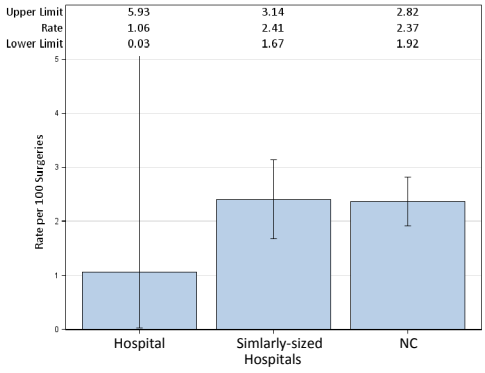


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

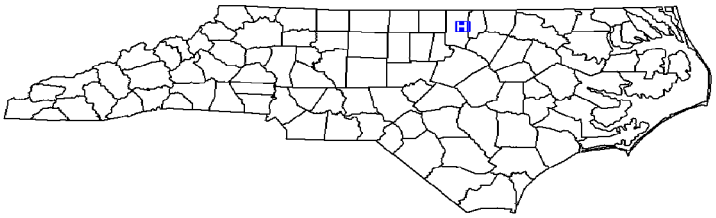
Commentary from Hospitals:
No comments provided.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Granville Medical Center, Oxford, Granville County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Government
Admissions in 2011:	2,724
Patient Days in 2011:	10,182
Number of Beds:	62
Number of ICU Beds:	6
Infection Preventionists:	1



Central Line-Associated Bloodstream Infections (CLABSI)

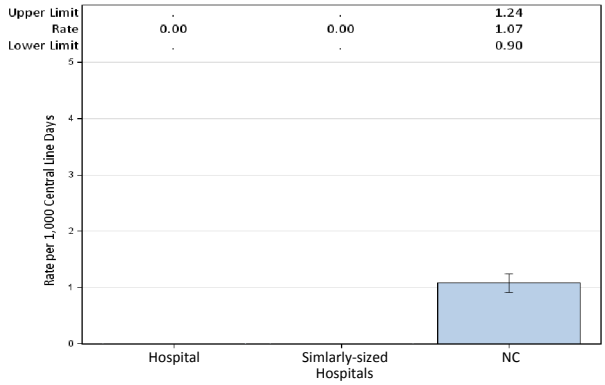


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

Table 1. Rates and SIRs by ICU Type, Jan-June 2012 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	252	0	0.378	.		
YTD Total for Reporting ICUs	0	252	0	0.378	.		

*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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	524	0	0.681	.		
YTD Total for Reporting ICUs	0	524	0	0.681	.		

*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.

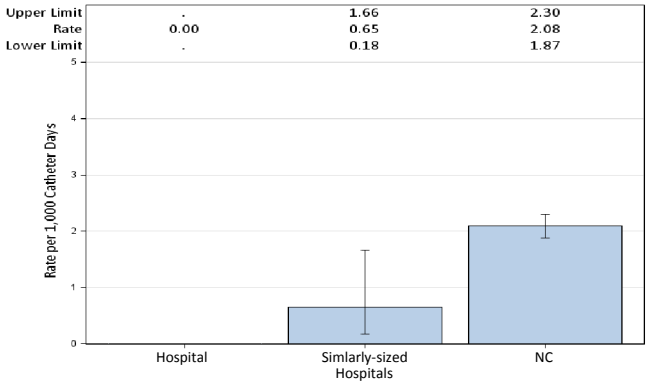


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

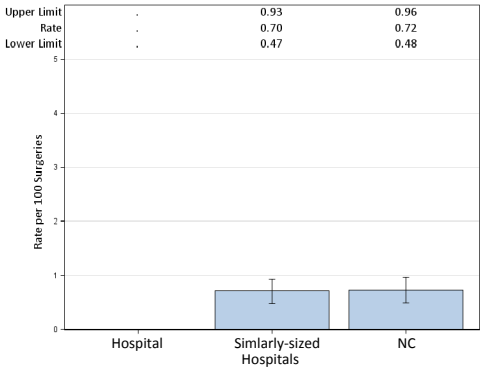


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	15	11
Rate	.	.
Predicted Infections	.	.
SIR**	.	.
95% CI**		
Interpretation		

*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.

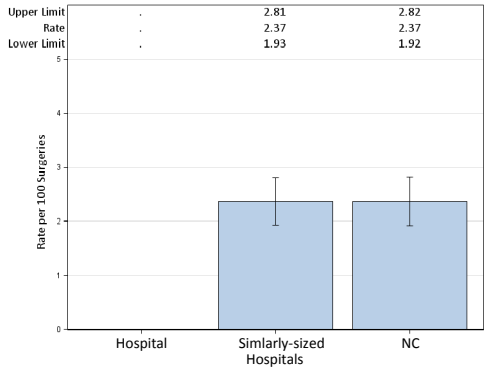


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

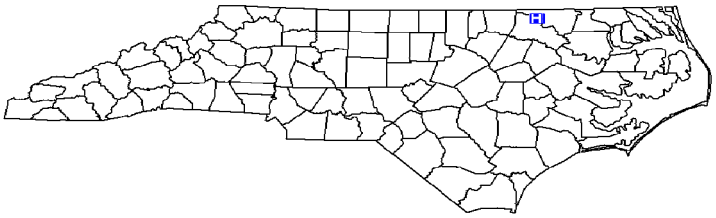
Commentary from Hospitals:
No comments provided.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Halifax Regional Medical Center, Roanoke Rapids, Halifax County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2011:	6,108
Patient Days in 2011:	27,527
Number of Beds:	128
Number of ICU Beds:	12
Infection Preventionists:	1



Central Line-Associated Bloodstream Infections (CLABSI)

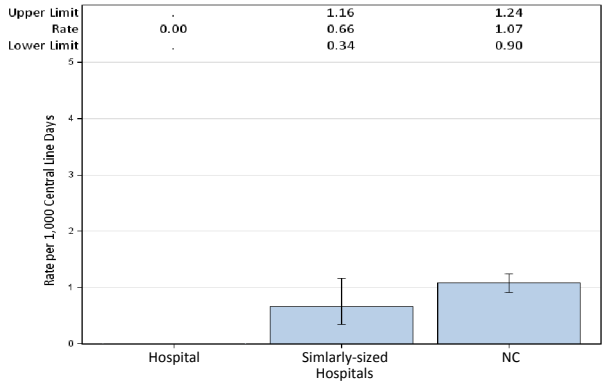


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

Table 1. Rates and SIRs by ICU Type, Jan-June 2012 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	305	0	0.458	.		
YTD Total for Reporting ICUs	0	305	0	0.458	.		

*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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	791	1.26	1.028	0.973	0.025, 5.420	Same
YTD Total for Reporting ICUs	1	791	1.26	1.028	0.973	0.025, 5.420	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.

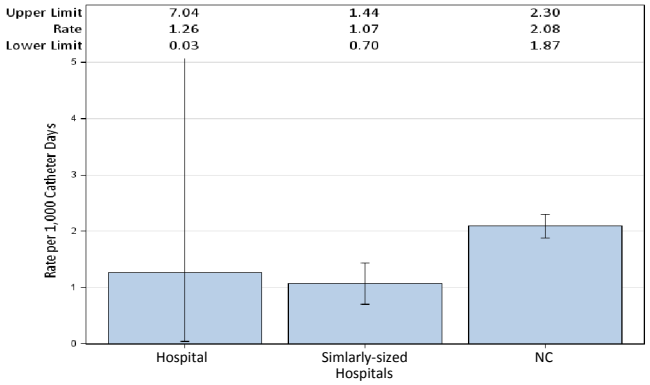


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

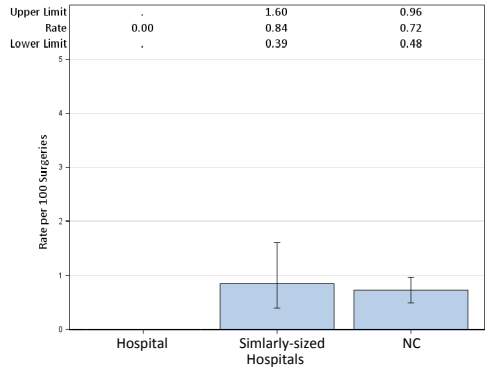


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	4
Procedures	22	17
Rate	0	.
Predicted Infections	0.21	.
SIR**	.	.
95% CI**		
Interpretation		

*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.

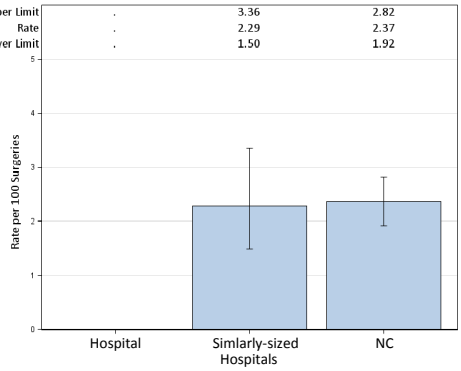


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

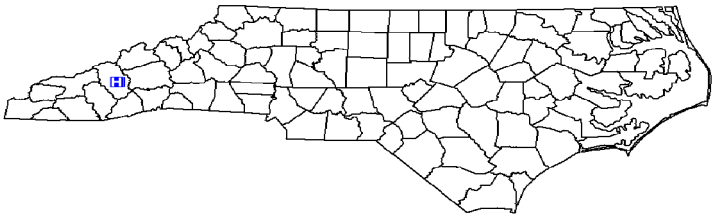
Commentary from Hospitals:
No comments provided.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Haywood Regional Medical Center, Clyde, Haywood County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2011:	6,030
Patient Days in 2011:	18,568
Number of Beds:	100
Number of ICU Beds:	12
Infection Preventionists:	1



Central Line-Associated Bloodstream Infections (CLABSI)

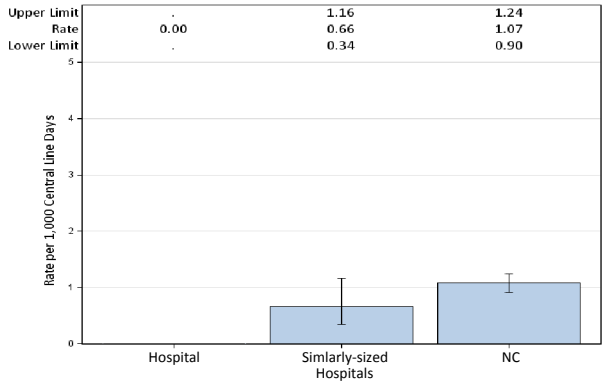


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

Table 1. Rates and SIRs by ICU Type, Jan-June 2012 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	93	0	0.14	.		
YTD Total for Reporting ICUs	0	93	0	0.14	.		

*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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	302	3.31	0.393	.		
YTD Total for Reporting ICUs	1	302	3.31	0.393	.		

*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.

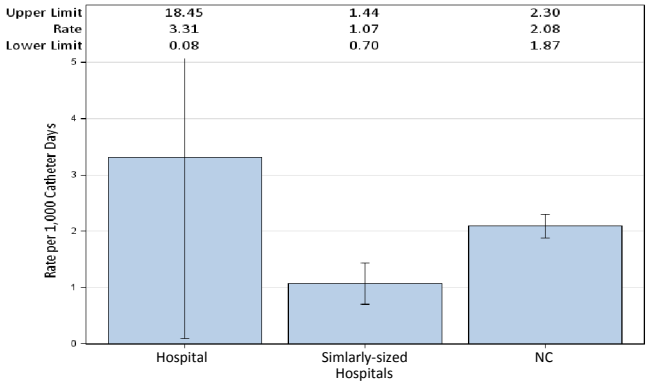


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

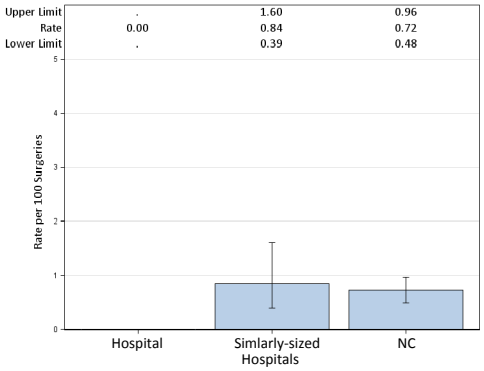


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	29	17
Rate	0	.
Predicted Infections	0.29	.
SIR**	.	.
95% CI**		
Interpretation		

*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.

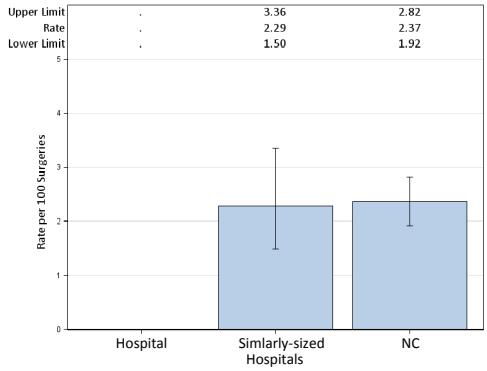


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

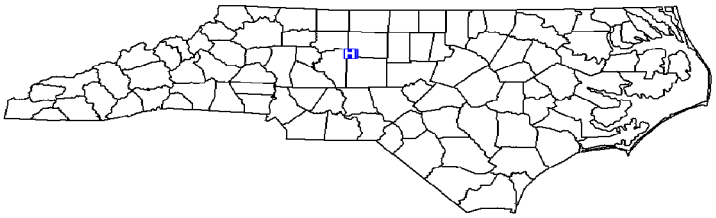
Commentary from Hospitals:
The prevention and reduction of healthcare associated infections is a top priority at MedWest-Haywood, an affiliation of Carolinas Healthcare System. To accomplish this, infection prevention strategies are continually assessed and measures implemented to decrease the risk for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

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
High Point Regional Health System, High Point, Guilford County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2011:	18,059
Patient Days in 2011:	72,679
Number of Beds:	363
Number of ICU Beds:	32
Infection Preventionists:	2



Central Line-Associated Bloodstream Infections (CLABSI)

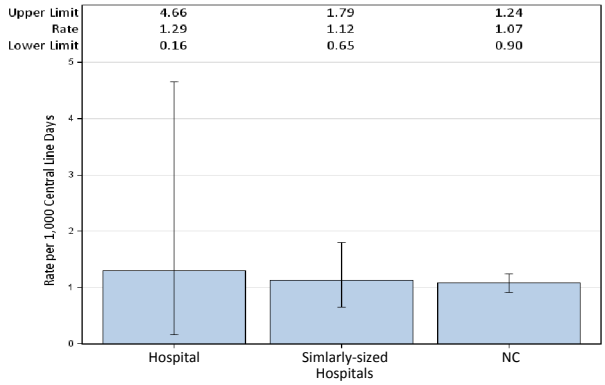


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

Table 1. Rates and SIRs by ICU Type, Jan-June 2012 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	337	0	0.674	.		
Medical/surgical	2	1,069	1.87	1.604	1.247	0.151, 4.504	Same
Surgical cardiothoracic	0	145	0	0.203	.		
YTD Total for Reporting ICUs	2	1,551	1.29	2.481	0.806	0.098, 2.912	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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	0	481	0	0.962	.		
Medical/surgical	0	1,710	0	2.052	0	, 1.798	Same
Surgical cardiothoracic	0	123	0	0.209	.		
YTD Total for Reporting ICUs	0	2,314	0	3.223	0	, 1.145	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.

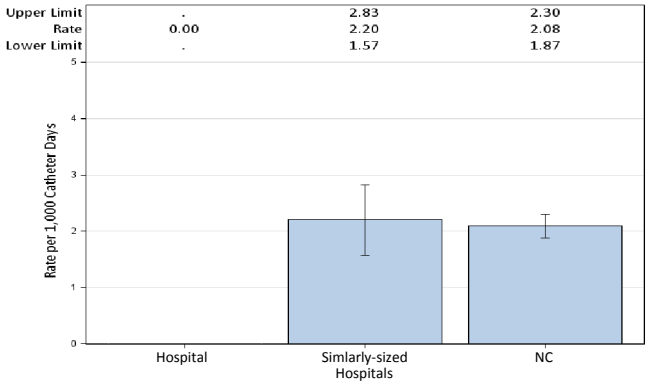


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

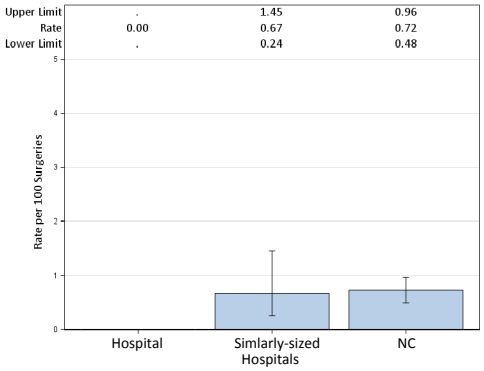


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	64	64
Rate	0	0
Predicted Infections	0.71	2.14
SIR**	.	0
95% CI**		, 1.723
Interpretation		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 were performed and SIR not presented.

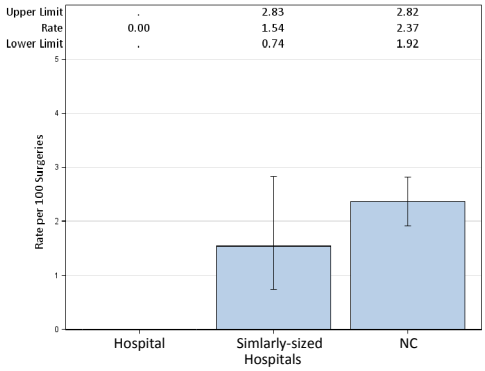


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

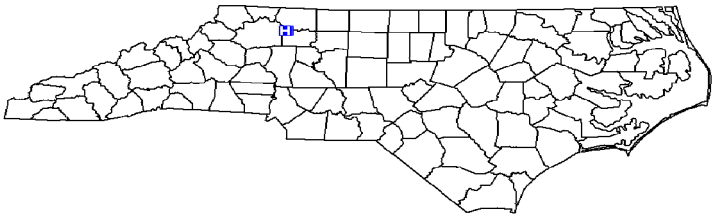
Commentary from Hospitals:
No comments provided.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

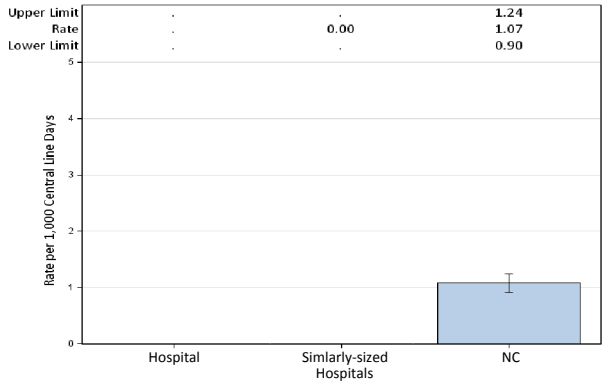
North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Hugh Chatham Memorial Hospital, Elkin, Surry County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2011:	4,136
Patient Days in 2011:	15,145
Number of Beds:	81
Number of ICU Beds:	8
Infection Preventionists:	1



Central Line-Associated Bloodstream Infections (CLABSI)



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

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

Catheter-Associated Urinary Tract Infections (CAUTI)

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

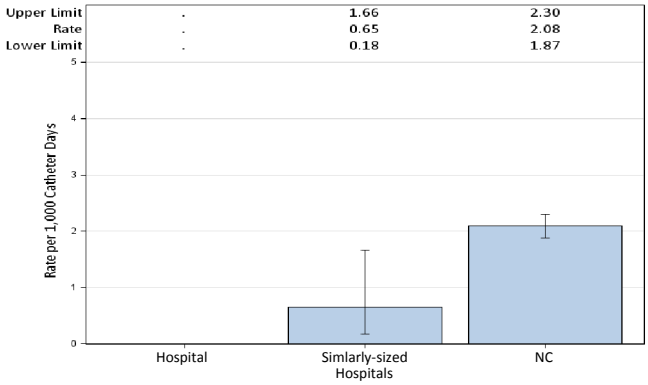


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

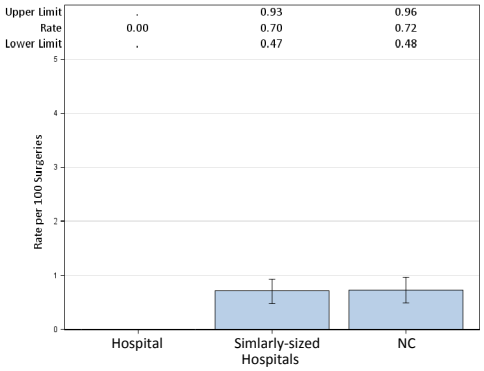


Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	43	18
Rate	0	.
Predicted Infections	0.35	.
SIR**	.	.
95% CI**		
Interpretation		

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

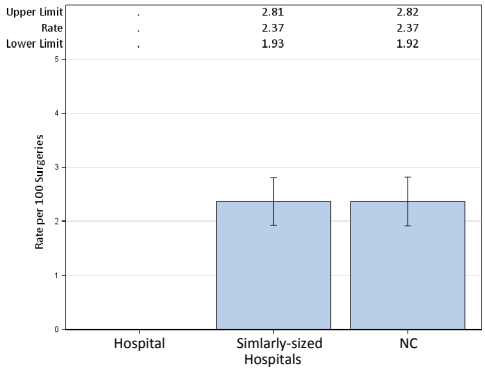


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

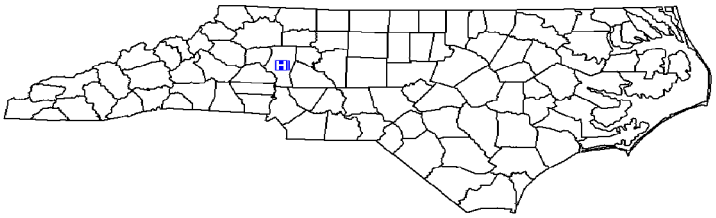
Commentary from Hospitals:
No comments provided.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Iredell Memorial Hospital, Statesville, Iredell County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2011:	9,513
Patient Days in 2011:	44,214
Number of Beds:	199
Number of ICU Beds:	16
Infection Preventionists:	1



Central Line-Associated Bloodstream Infections (CLABSI)

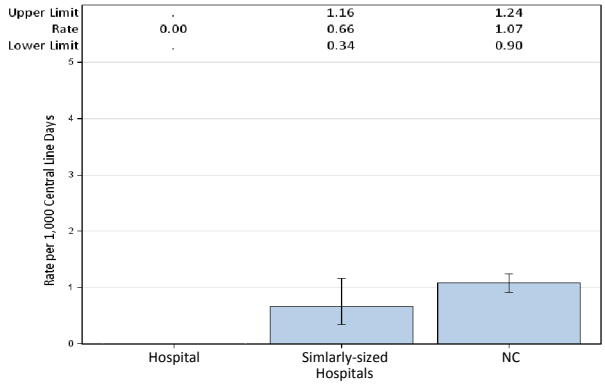


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

Table 1. Rates and SIRs by ICU Type, Jan-June 2012 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	696	0	1.044	0	, 3.533	Same
YTD Total for Reporting ICUs	0	696	0	1.044	0	, 3.533	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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	1,398	0	1.678	0	, 2.198	Same
YTD Total for Reporting ICUs	0	1,398	0	1.678	0	, 2.198	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.

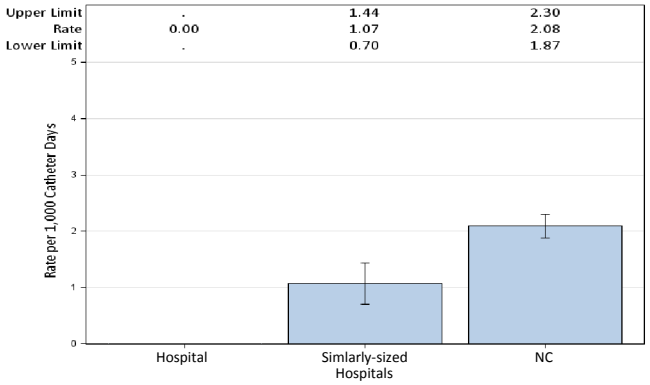


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

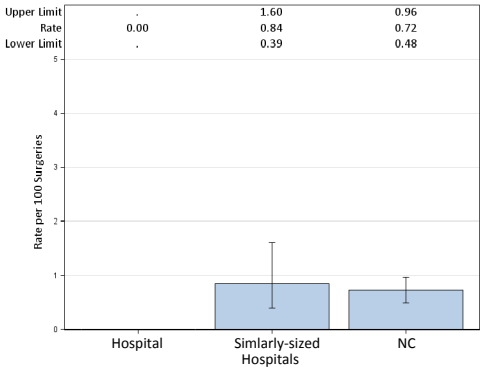


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	1
Procedures	41	40
Rate	0	2.5
Predicted Infections	0.38	1.19
SIR**	.	0.838
95% CI**		0.021, 4.670
Interpretation		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 were performed and SIR not presented.

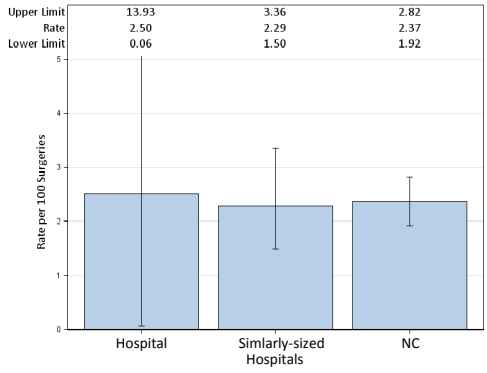


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

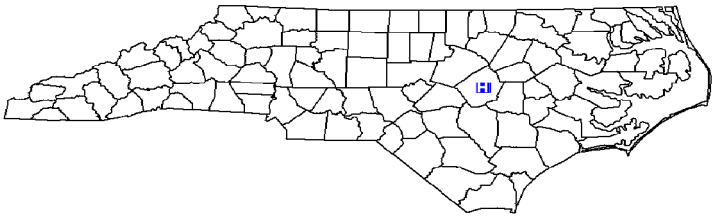
Commentary from Hospitals:
No comments provided.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Johnston Health, Smithfield, Johnston County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2011:	19,806
Patient Days in 2011:	47,930
Number of Beds:	199
Number of ICU Beds:	16
Infection Preventionists:	1



Central Line-Associated Bloodstream Infections (CLABSI)

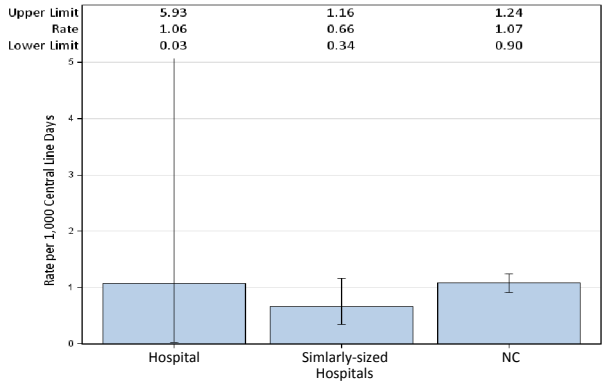


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

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

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	1	940	1.06	1.786	0.56	0.014, 3.120	Same
YTD Total for Reporting ICUs	1	940	1.06	1.786	0.56	0.014, 3.120	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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	1,144	0	2.288	0	, 1.612	Same
YTD Total for Reporting ICUs	0	1,144	0	2.288	0	, 1.612	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.

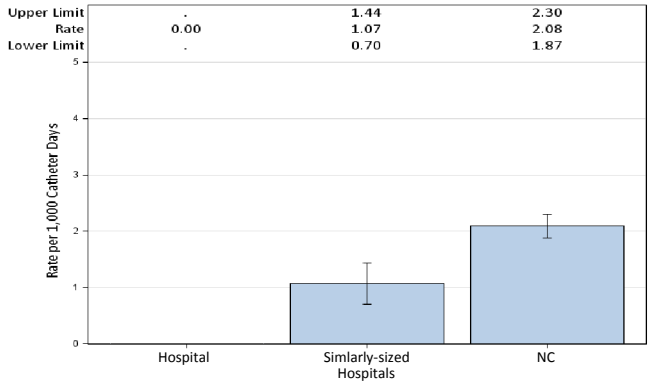


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

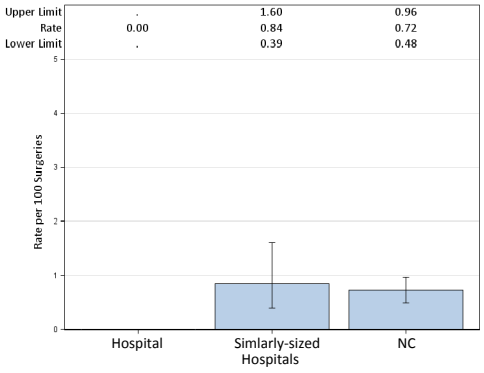


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	33	28
Rate	0	0
Predicted Infections	0.25	0.70
SIR**	.	.
95% CI**		
Interpretation		

*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.

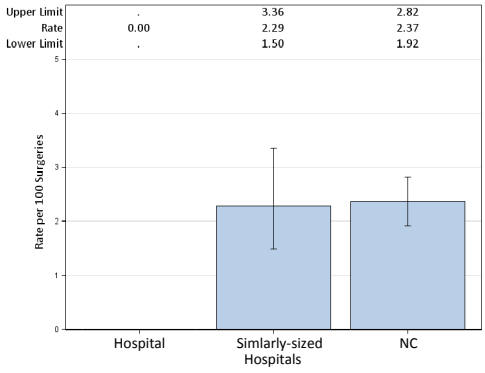


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

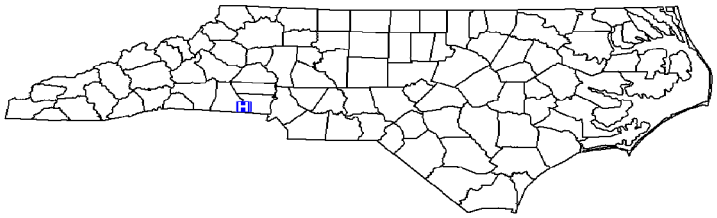
Commentary from Hospitals:
No comments provided.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Kings Mountain Hospital, Kings Mountain, Cleveland County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2011:	2,786
Patient Days in 2011:	14,380
Number of Beds:	102
Number of ICU Beds:	6
Infection Preventionists:	1



Central Line-Associated Bloodstream Infections (CLABSI)

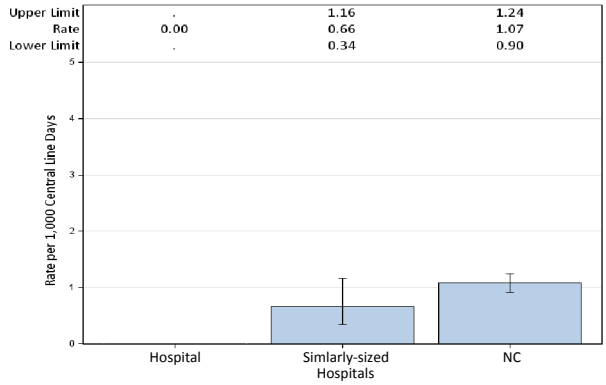


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

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

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	78	0	0.148	.		
YTD Total for Reporting ICUs	0	78	0	0.148	.		

*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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	1	387	2.58	0.774	.		
YTD Total for Reporting ICUs	1	387	2.58	0.774	.		

*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.

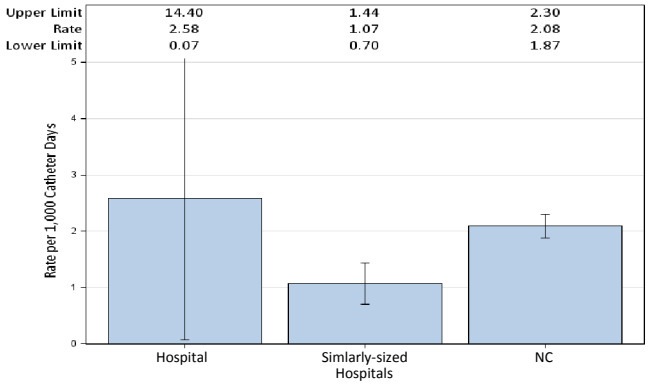


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

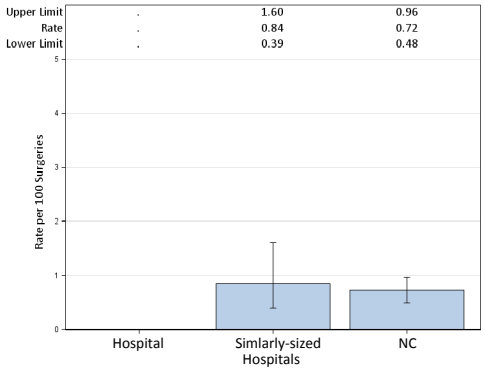


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	0	8
Rate	.	.
Predicted Infections	.	.
SIR**	.	.
95% CI**		
Interpretation		

*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.

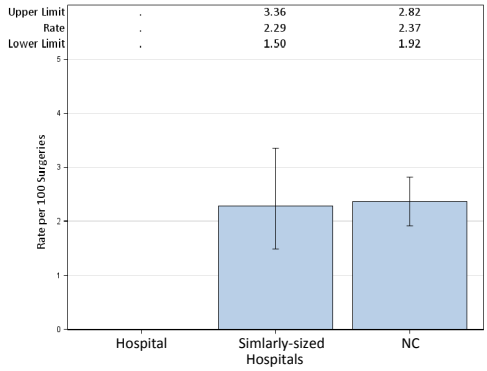


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

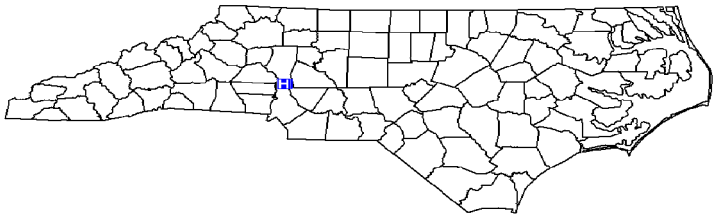
Commentary from Hospitals:
The prevention and reduction of healthcare associated infections is a top priority at Cleveland County Healthcare System hospitals. To accomplish this, infection prevention strategies are continually assessed and measures implemented to decrease the risk for infection. These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

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Lake Norman Regional Medical Center, Mooresville, Iredell County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	For Profit
Admissions in 2011:	5,567
Patient Days in 2011:	21,917
Number of Beds:	123
Number of ICU Beds:	12
Infection Preventionists:	1



Central Line-Associated Bloodstream Infections (CLABSI)

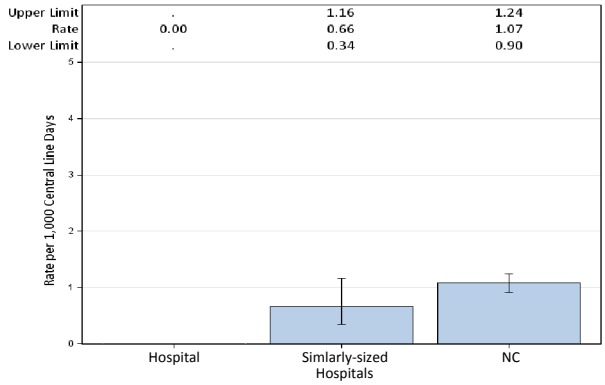


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

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

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	456	0	0.866	.		
YTD Total for Reporting ICUs	0	456	0	0.866	.		

*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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	651	0	1.302	0	, 2.833	Same
YTD Total for Reporting ICUs	0	651	0	1.302	0	, 2.833	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.

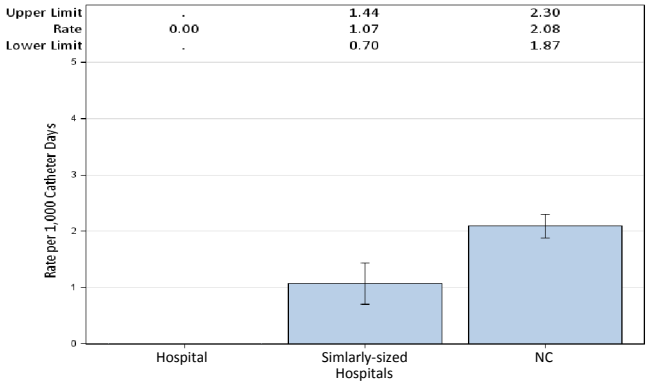


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

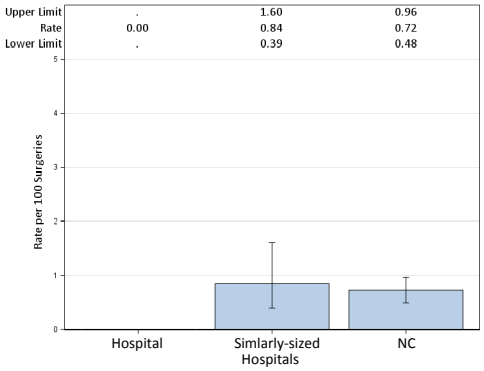


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	21	17
Rate	0	.
Predicted Infections	0.16	.
SIR**	.	.
95% CI**		
Interpretation		

*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.

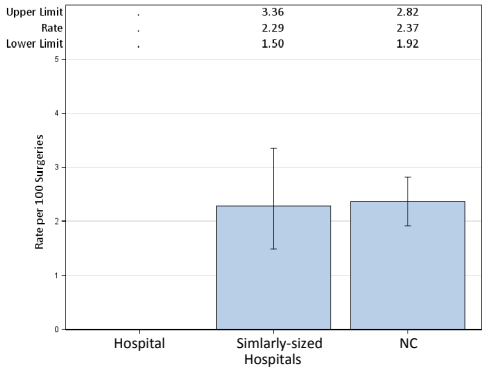


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

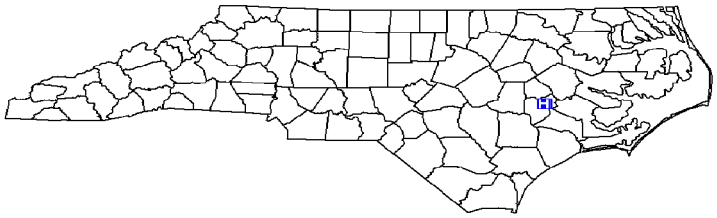
Commentary from Hospitals:
No comments provided.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Lenoir Memorial Hospital, Inc, Kinston, Lenoir County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2011:	8,311
Patient Days in 2011:	44,349
Number of Beds:	216
Number of ICU Beds:	14
Infection Preventionists:	1



Central Line-Associated Bloodstream Infections (CLABSI)

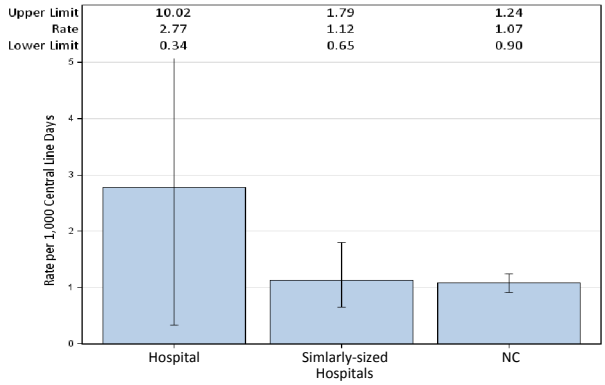


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

Table 1. Rates and SIRs by ICU Type, Jan-June 2012 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	721	2.77	1.082	1.848	0.224, 6.677	Same
YTD Total for Reporting ICUs	2	721	2.77	1.082	1.848	0.224, 6.677	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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	1,216	0	1.581	0	, 2.333	Same
YTD Total for Reporting ICUs	0	1,216	0	1.581	0	, 2.333	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.

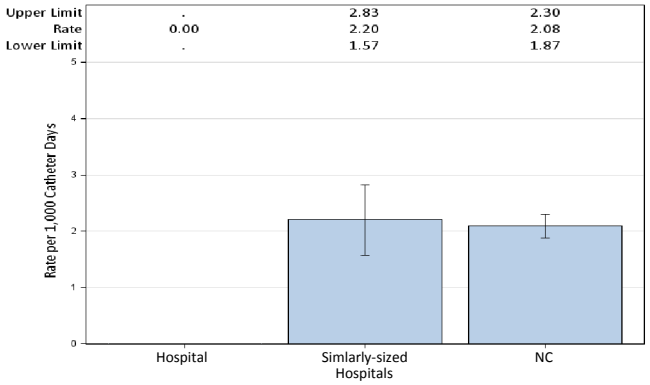


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

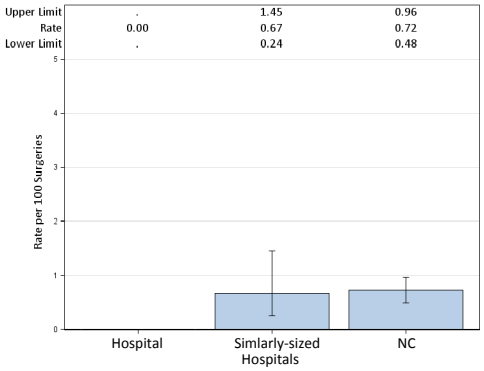


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	1
Procedures	34	32
Rate	0	3.13
Predicted Infections	0.41	1.06
SIR**	.	0.947
95% CI**		0.024, 5.276
Interpretation		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 were performed and SIR not presented.

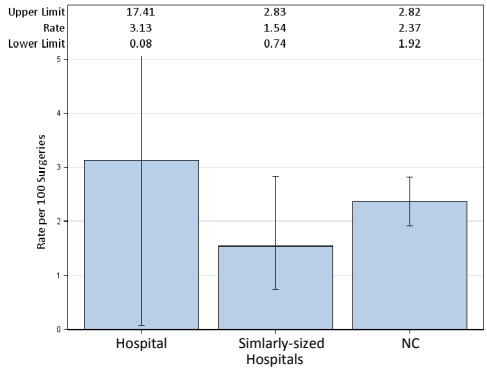


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

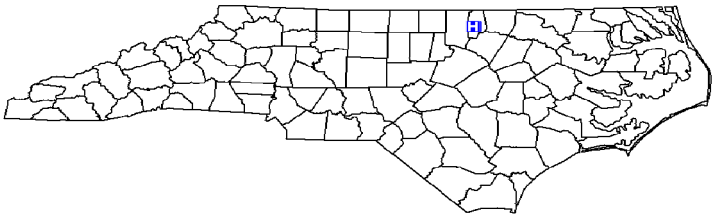
Commentary from Hospitals:
No comments provided.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Maria Parham Medical Center, Henderson, Vance County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	For Profit
Admissions in 2011:	5,340
Patient Days in 2011:	19,576
Number of Beds:	102
Number of ICU Beds:	8
Infection Preventionists:	1



Central Line-Associated Bloodstream Infections (CLABSI)

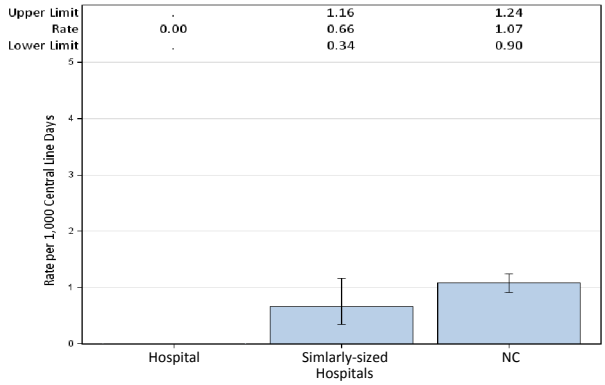


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

Table 1. Rates and SIRs by ICU Type, Jan-June 2012 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	776	0	1.164	0	, 3.169	Same
YTD Total for Reporting ICUs	0	776	0	1.164	0	, 3.169	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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	904	0	1.175	0	, 3.139	Same
YTD Total for Reporting ICUs	0	904	0	1.175	0	, 3.139	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.

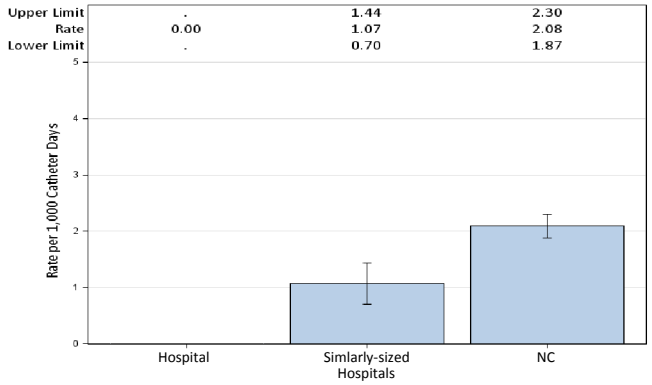


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

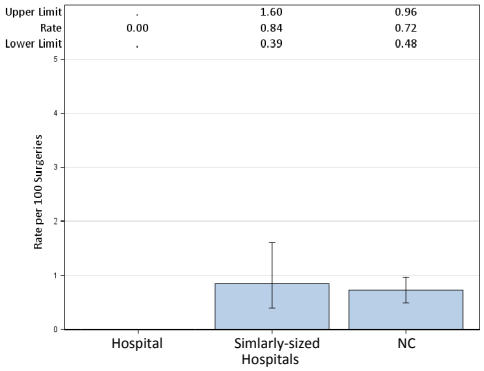


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	1
Procedures	31	22
Rate	0	4.55
Predicted Infections	0.32	0.75
SIR**	.	.
95% CI**		
Interpretation		

*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.

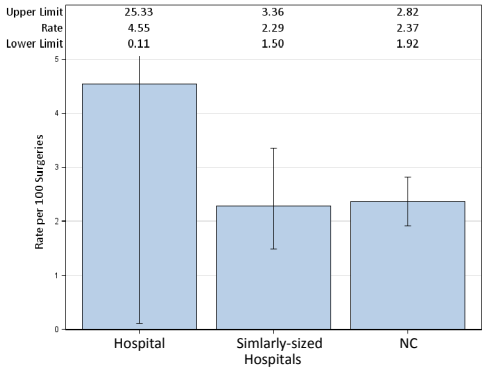


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

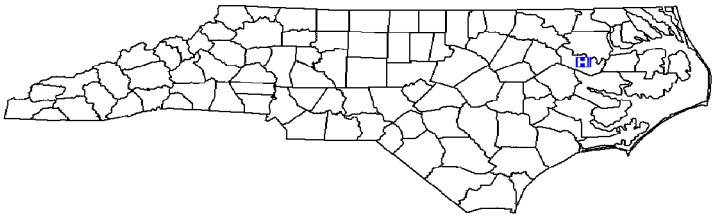
Commentary from Hospitals:
No comments provided.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Martin General Hospital, Williamston, Martin County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	For Profit
Admissions in 2011:	2,222
Patient Days in 2011:	7,343
Number of Beds:	49
Number of ICU Beds:	6
Infection Preventionists:	1



Central Line-Associated Bloodstream Infections (CLABSI)

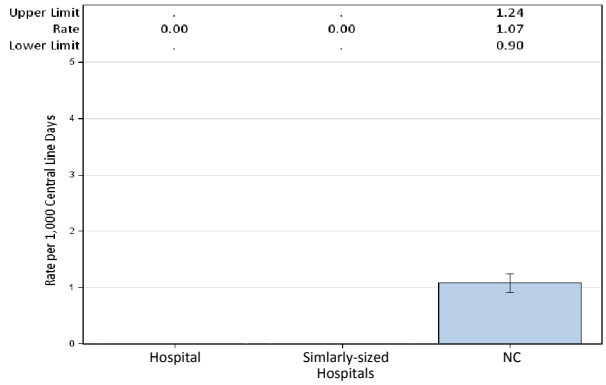


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

Table 1. Rates and SIRs by ICU Type, Jan-June 2012 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	158	0	0.237	.		
YTD Total for Reporting ICUs	0	158	0	0.237	.		

*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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	444	2.25	0.577	.		
YTD Total for Reporting ICUs	1	444	2.25	0.577	.		

*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.

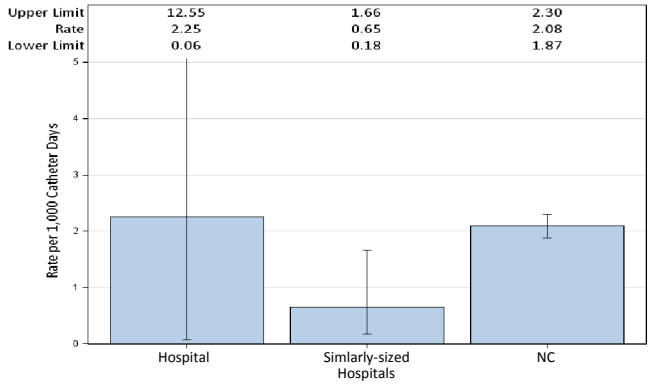


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

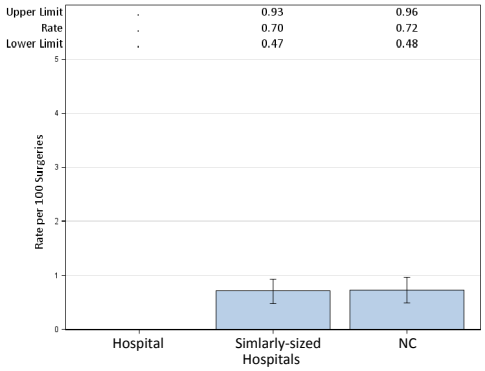


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	1
Procedures	5	2
Rate	.	.
Predicted Infections	.	.
SIR**	.	.
95% CI**		
Interpretation		

*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.

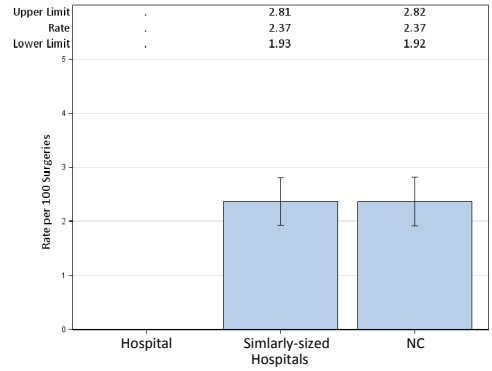


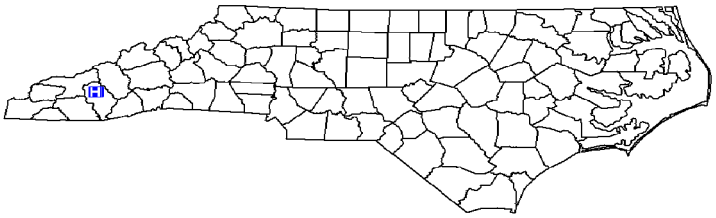
Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

Commentary from Hospitals:
No comments provided.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
MedWest - Harris Regional Hospital, Sylva, Jackson County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Limited
Profit Status:	Not for Profit
Admissions in 2011:	4,426
Patient Days in 2011:	13,977
Number of Beds:	94
Number of ICU Beds:	8
Infection Preventionists:	1



Central Line-Associated Bloodstream Infections (CLABSI)

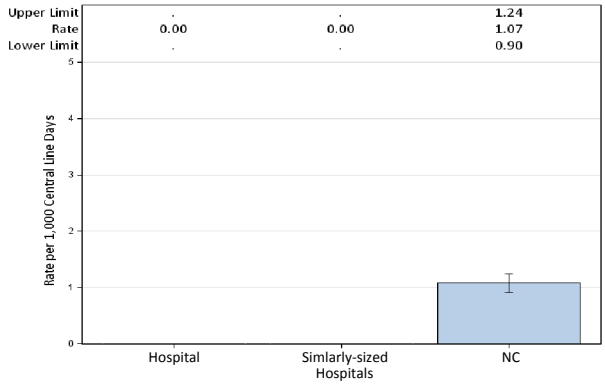


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

Table 1. Rates and SIRs by ICU Type, Jan-June 2012 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	0.293	.		
YTD Total for Reporting ICUs	0	195	0	0.293	.		

*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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	515	1.94	0.67	.		
YTD Total for Reporting ICUs	1	515	1.94	0.67	.		

*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.

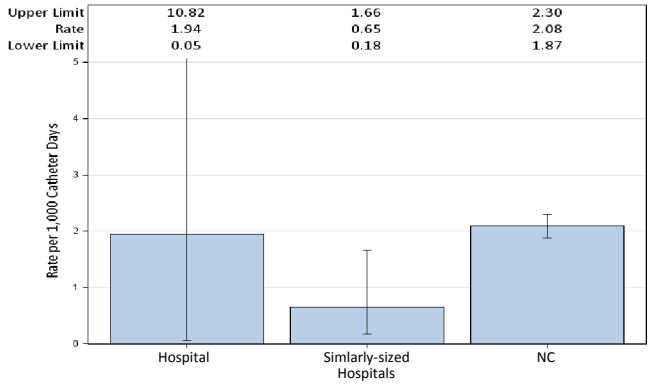


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

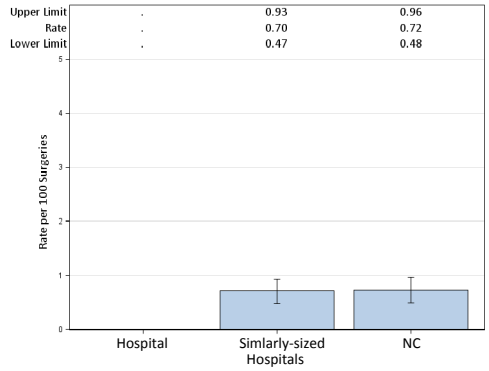


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	13	1
Rate	.	.
Predicted Infections	.	.
SIR**	.	.
95% CI**		
Interpretation		

*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.

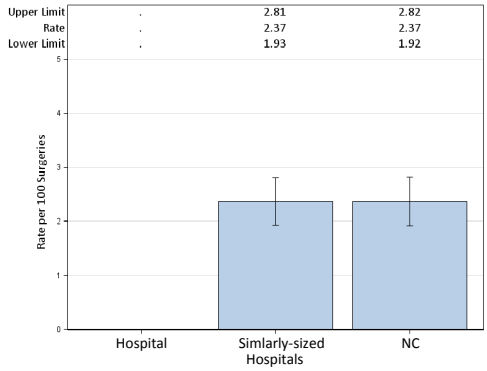


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

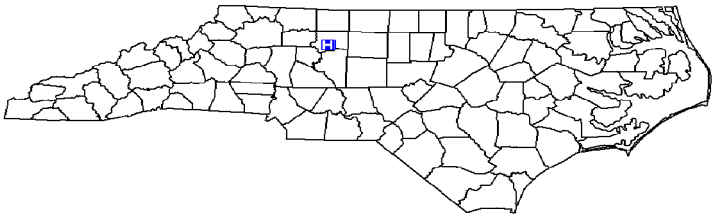
Commentary from Hospitals:
No comments provided.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Medical Park Hospital, Winston Salem, Forsyth County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2011:	773
Patient Days in 2011:	2,853
Number of Beds:	50
Number of ICU Beds:	0
Infection Preventionists:	1



Central Line-Associated Bloodstream Infections (CLABSI)

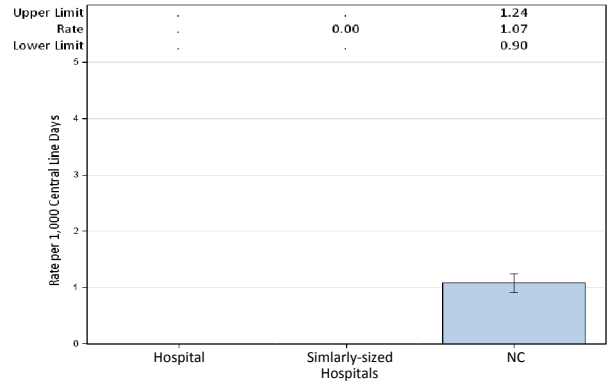


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

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

Catheter-Associated Urinary Tract Infections (CAUTI)

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

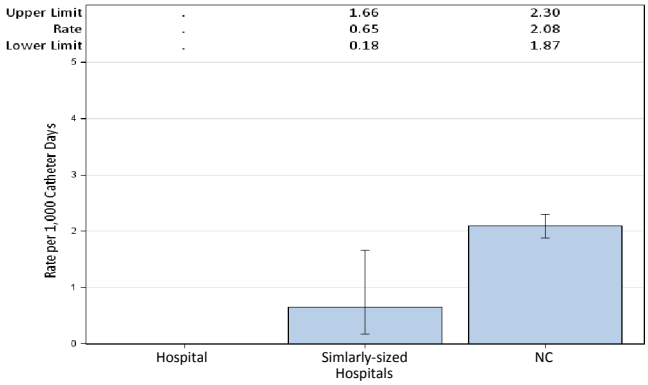


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

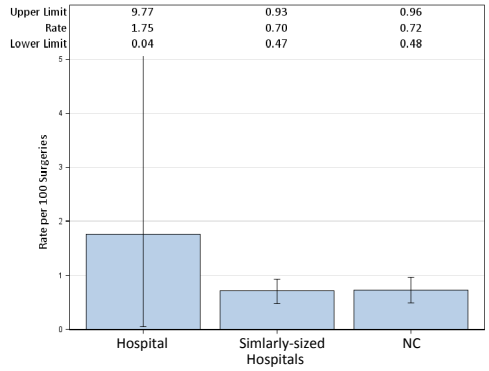


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	1	1
Procedures	57	95
Rate	1.75	1.05
Predicted Infections	0.50	2.78
SIR**	.	0.36
95% CI**		0.009, 2.003
Interpretation		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 were performed and SIR not presented.

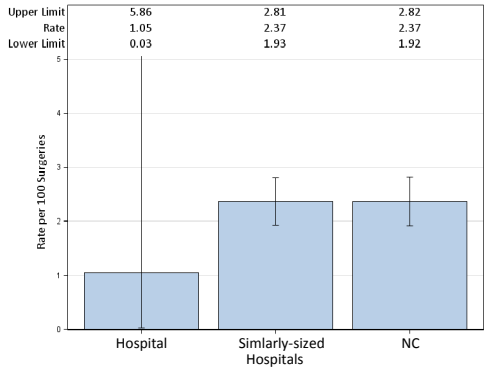


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

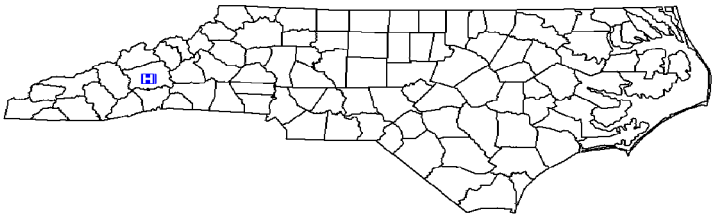
Commentary from Hospitals:
No comments provided.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Mission Hospitals, Inc, Asheville, Buncombe County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Limited
Profit Status:	Not for Profit
Admissions in 2011:	43,652
Patient Days in 2011:	212,503
Number of Beds:	739
Number of ICU Beds:	131
Infection Preventionists:	5



Central Line-Associated Bloodstream Infections (CLABSI)

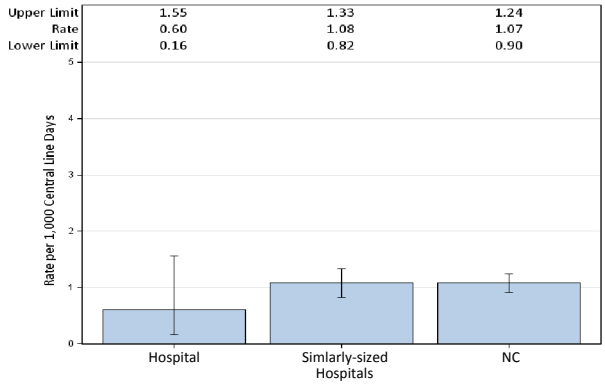


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

Table 1. Rates and SIRs by ICU Type, Jan-June 2012 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	397	2.52	0.794	.		
Medical/surgical	2	2,258	0.89	3.387	0.59	0.072, 2.133	Same
Neonatal Level II/III	1	1,435	0.7	3.977	0.251	0.006, 1.401	Same
Neurosurgical	0	1,064	0	2.66	0	, 1.387	Same
Pediatric medical/surgical	0	216	0	0.648	.		
Surgical cardiothoracic	0	1,246	0	1.744	0	, 2.115	Same
YTD Total for Reporting ICUs	4	6,616	0.6	13.211	0.303	0.082, 0.775	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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	4	794	5.04	1.588	2.519	0.686, 6.449	Same
Medical/surgical	6	3,489	1.72	4.536	1.323	0.485, 2.879	Same
Neurosurgical	2	1,988	1.01	8.747	0.229	0.028, 0.826	Lower
Pediatric medical/surgical	0	60	0	0.168	.		
Surgical cardiothoracic	1	1,098	0.91	1.867	0.536	0.014, 2.984	Same
YTD Total for Reporting ICUs	13	7,429	1.75	16.906	0.769	0.409, 1.315	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.

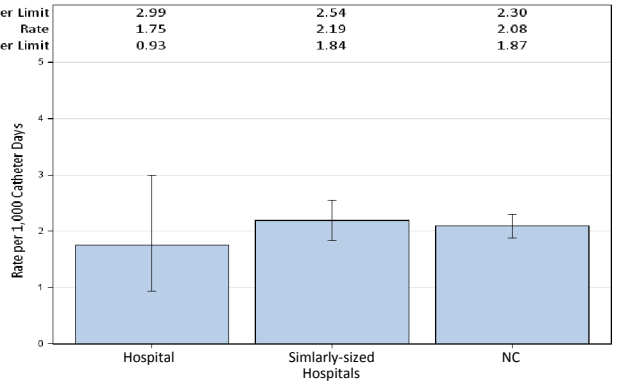


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

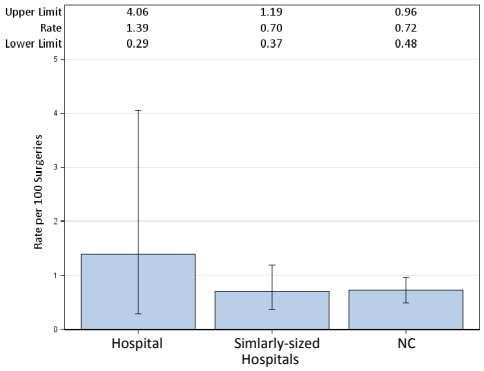


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	3	6
Procedures	216	192
Rate	1.39	3.13
Predicted Infections	2.10	5.98
SIR**	1.43	1.003
95% CI**	0.295, 4.179	0.368, 2.182
Interpretation	Same	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 were performed and SIR not presented.

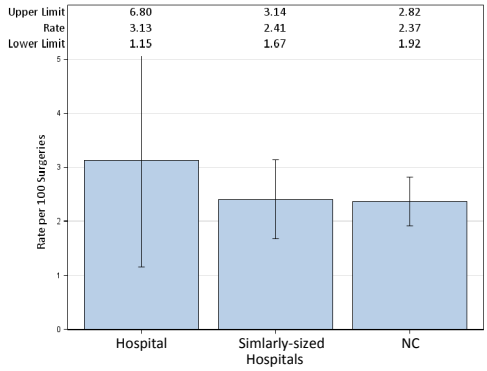


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

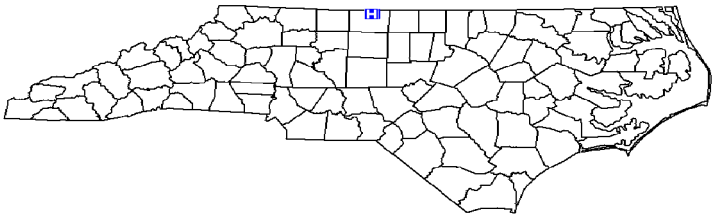
Commentary from Hospitals:
No comments provided.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Morehead Memorial Hospital, Eden, Rockingham County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2011:	6,228
Patient Days in 2011:	22,583
Number of Beds:	108
Number of ICU Beds:	9
Infection Preventionists:	1



Central Line-Associated Bloodstream Infections (CLABSI)

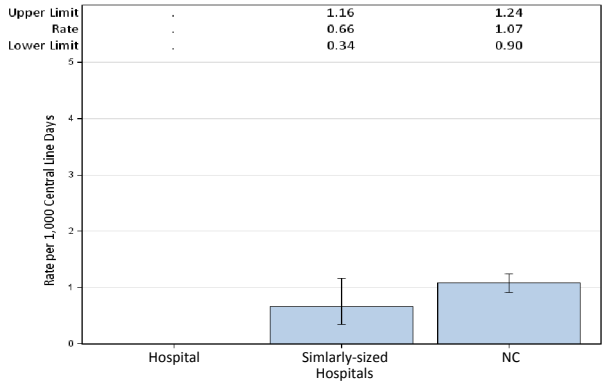


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

Table 1. Rates and SIRs by ICU Type, Jan-June 2012 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	49	.	.	.		
YTD Total for Reporting ICUs	0	49	.	.	.		

*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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	543	0	0.706	.		
YTD Total for Reporting ICUs	0	543	0	0.706	.		

*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.

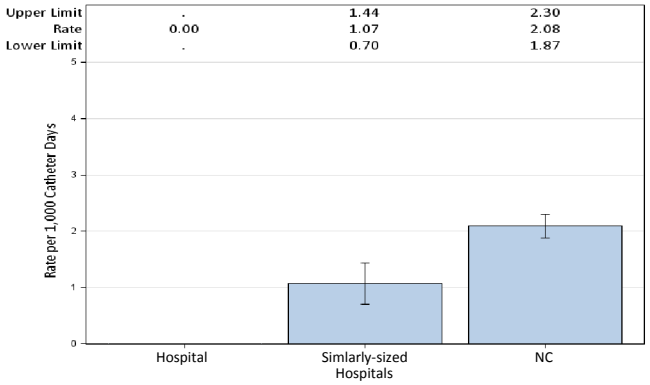


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

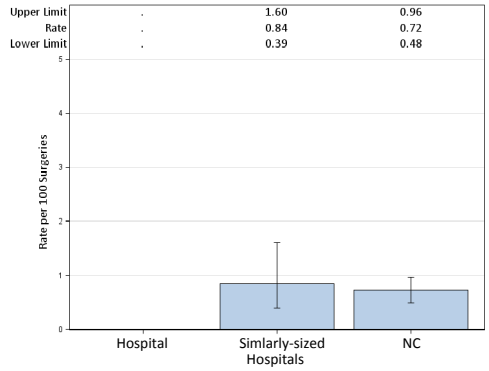


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	15	16
Rate	.	.
Predicted Infections	.	.
SIR**	.	.
95% CI**		
Interpretation		

*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.

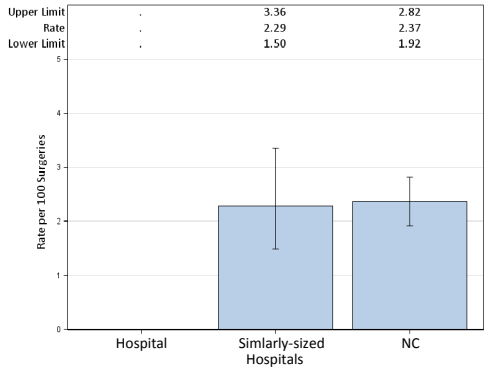


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

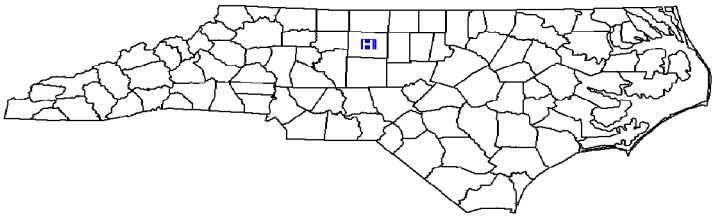
Commentary from Hospitals:
No comments provided.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Moses Cone Hospital, Greensboro, Guilford County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2011:	25,172
Patient Days in 2011:	124,066
Number of Beds:	534
Number of ICU Beds:	66
Infection Preventionists:	3



Central Line-Associated Bloodstream Infections (CLABSI)

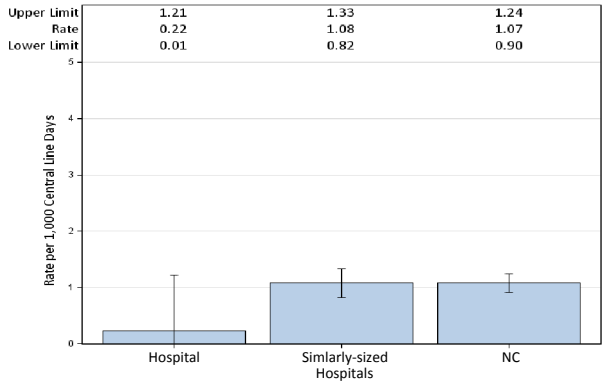


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

Table 1. Rates and SIRs by ICU Type, Jan-June 2012 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	1,023	0.98	2.046	0.489	0.012, 2.723	Same
Medical/surgical	0	1,307	0	1.961	0	, 1.881	Same
Neurosurgical	0	652	0	1.63	0	, 2.263	Same
Pediatric medical/surgical	0	14	.	.	.		
Surgical cardiothoracic	0	1,622	0	2.271	0	, 1.624	Same
YTD Total for Reporting ICUs	1	4,618	0.22	7.949	0.126	0.003, 0.701	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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	1	1,196	0.84	2.392	0.418	0.011, 2.329	Same
Medical/surgical	2	1,441	1.39	1.729	1.157	0.140, 4.179	Same
Neurosurgical	4	1,249	3.2	5.496	0.728	0.198, 1.863	Same
Pediatric medical/surgical	0	6	.	.	.		
Surgical cardiothoracic	3	1,593	1.88	2.708	1.108	0.228, 3.238	Same
YTD Total for Reporting ICUs	10	5,485	1.82	12.342	0.81	0.389, 1.490	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.

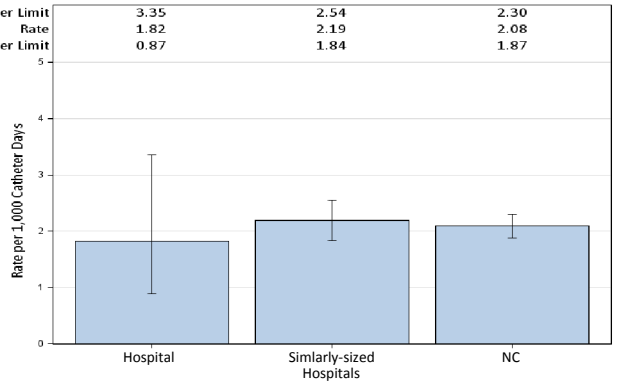


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

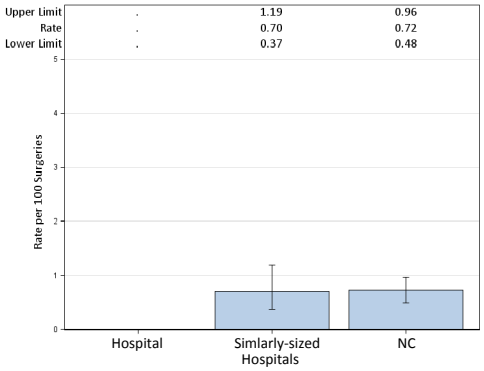


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	3
Procedures	1	69
Rate	.	4.35
Predicted Infections	.	2.28
SIR**	.	1.318
95% CI**		0.272, 3.852
Interpretation		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 were performed and SIR not presented.

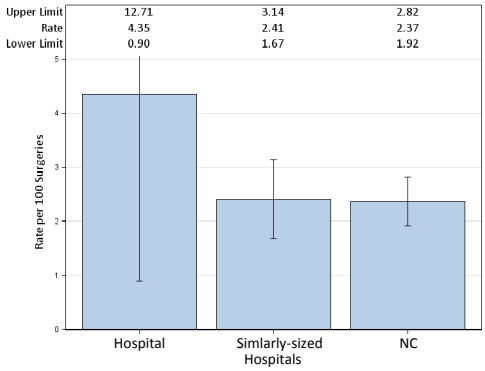


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

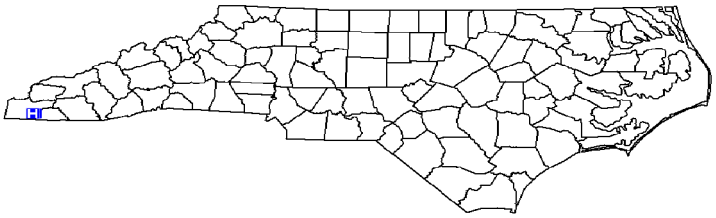
Commentary from Hospitals:
No comments provided.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Murphy Medical Center, Murphy, Cherokee County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2011:	2,475
Patient Days in 2011:	9,271
Number of Beds:	57
Number of ICU Beds:	6
Infection Preventionists:	1



Central Line-Associated Bloodstream Infections (CLABSI)

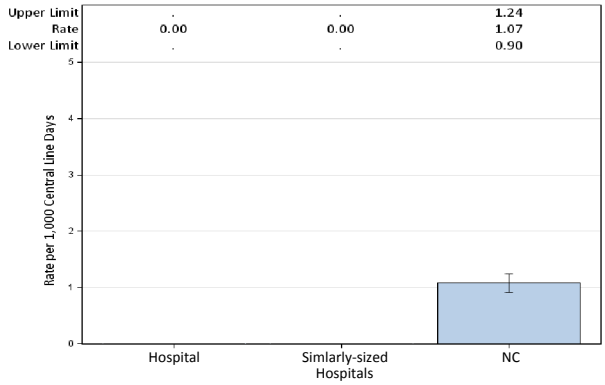


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

Table 1. Rates and SIRs by ICU Type, Jan-June 2012 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	72	0	0.108	.		
YTD Total for Reporting ICUs	0	72	0	0.108	.		

*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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	373	0	0.485	.		
YTD Total for Reporting ICUs	0	373	0	0.485	.		

*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.

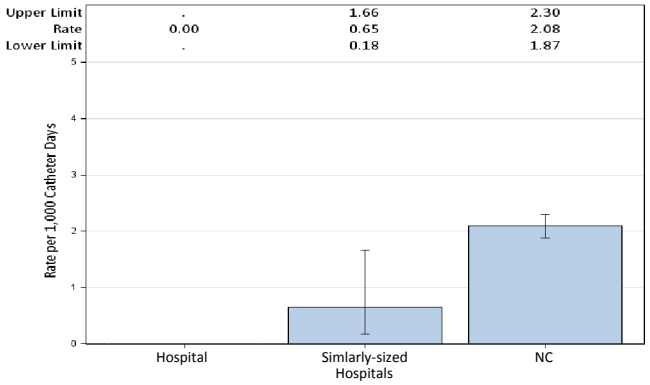


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

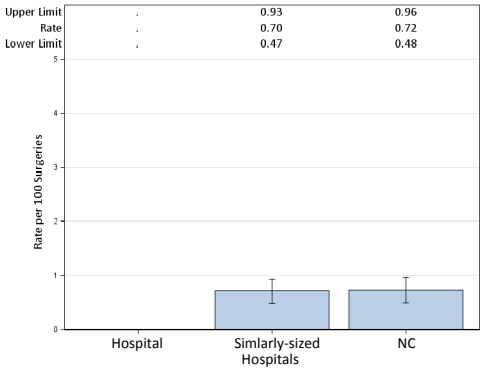


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	5	3
Rate	.	.
Predicted Infections	.	.
SIR**	.	.
95% CI**		
Interpretation		

*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.

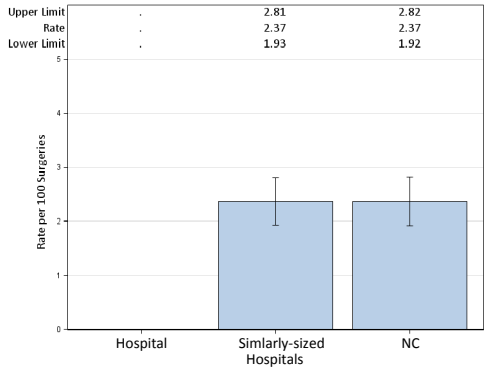


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

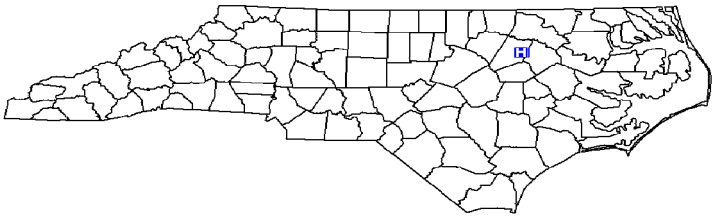
Commentary from Hospitals:
No comments provided.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Nash Health Care Systems, Rocky Mount, Nash County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2011:	12,013
Patient Days in 2011:	49,385
Number of Beds:	286
Number of ICU Beds:	25
Infection Preventionists:	2



Central Line-Associated Bloodstream Infections (CLABSI)

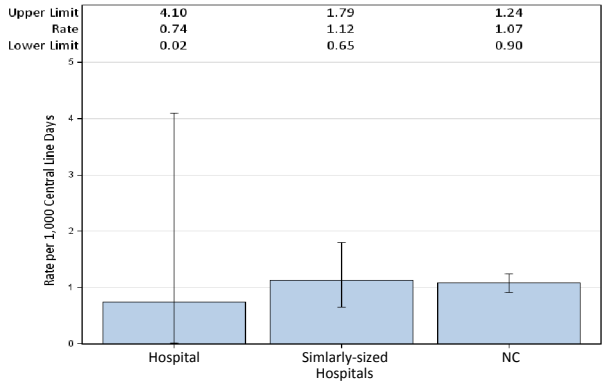


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

Table 1. Rates and SIRs by ICU Type, Jan-June 2012 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	1,360	0.74	2.04	0.49	0.012, 2.731	Same
YTD Total for Reporting ICUs	1	1,360	0.74	2.04	0.49	0.012, 2.731	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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	3	1,860	1.61	2.232	1.344	0.277, 3.928	Same
YTD Total for Reporting ICUs	3	1,860	1.61	2.232	1.344	0.277, 3.928	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.

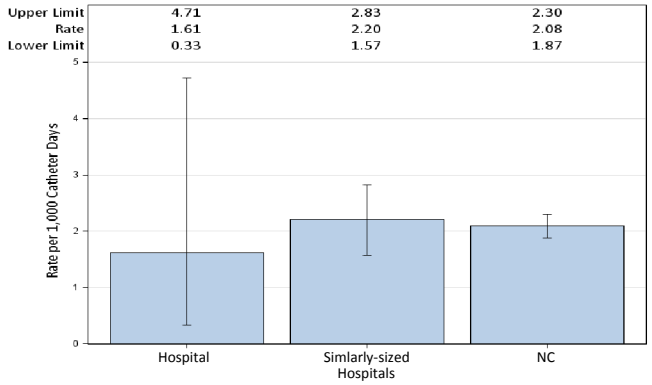


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

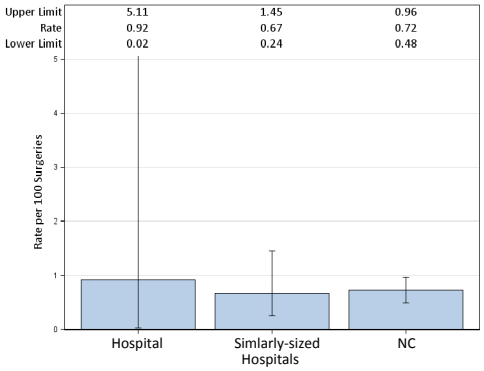


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	1	2
Procedures	109	50
Rate	0.92	4
Predicted Infections	1.17	1.65
SIR**	0.857	1.211
95% CI**	0.022, 4.774	0.147, 4.373
Interpretation	Same	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 were performed and SIR not presented.

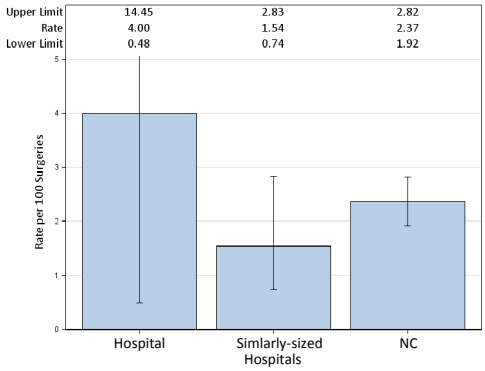


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

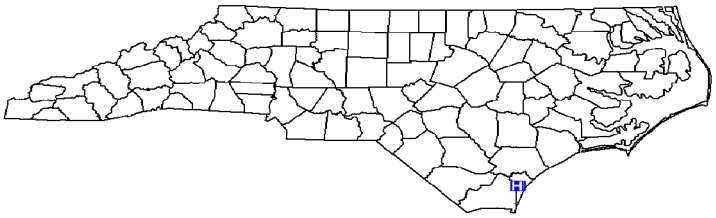
Commentary from Hospitals:
No comments provided.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
New Hanover Regional Medical Center, Wilmington, New Hanover County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Profit Status:	Not for Profit
Admissions in 2011:	36,026
Patient Days in 2011:	176,832
Number of Beds:	588
Number of ICU Beds:	112
Infection Preventionists:	4



Central Line-Associated Bloodstream Infections (CLABSI)

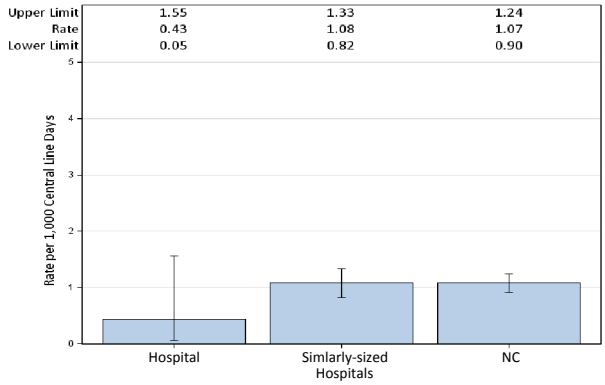


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

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

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	2	778	2.57	2.023	0.989	0.120, 3.571	Same
Medical cardiac	0	1,024	0	2.048	0	, 1.801	Same
Medical/surgical	0	28	.	.	.		
Neonatal Level II/III	0	771	0	1.995	0	, 1.849	Same
Pediatric medical/surgical	0	72	0	0.216	.		
Surgical	0	935	0	2.151	0	, 1.715	Same
Surgical cardiothoracic	0	1,061	0	1.485	0	, 2.484	Same
YTD Total for Reporting ICUs	2	4,669	0.43	9.977	0.2	0.024, 0.724	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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	1	1,011	0.99	2.325	0.43	0.011, 2.396	Same
Medical cardiac	1	1,541	0.65	3.082	0.324	0.008, 1.808	Same
Medical/surgical	0	160	0	0.368	.		
Pediatric medical/surgical	0	33	.	.	.		
Surgical	0	1,749	0	4.547	0	, 0.811	Lower
Surgical cardiothoracic	0	932	0	1.584	0	, 2.329	Same
YTD Total for Reporting ICUs	2	5,426	0.37	12	0.167	0.020, 0.602	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.

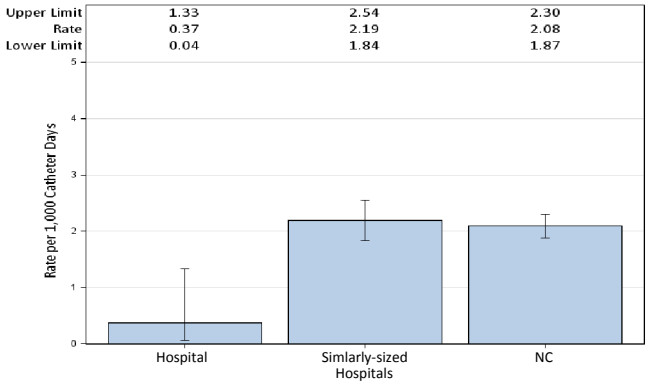


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

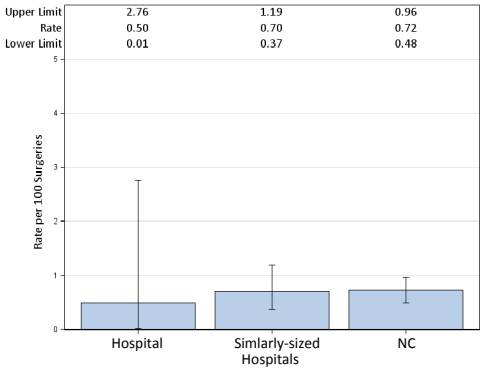


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	1	3
Procedures	202	200
Rate	0.5	1.5
Predicted Infections	1.83	6.31
SIR**	0.546	0.475
95% CI**	0.014, 3.043	0.098, 1.389
Interpretation	Same	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 were performed and SIR not presented.

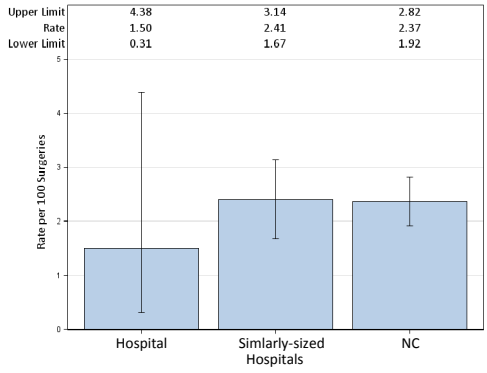


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

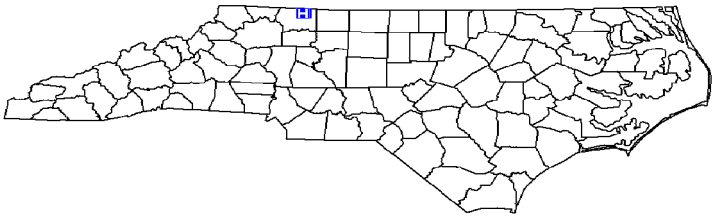
Commentary from Hospitals:
At New Hanover Regional Medical Center we take patient safety and quality care extremely seriously. We implement the latest science-based protocols to prevent hospital-acquired infection. We study and adopt best practices, evidence-based medicine and recommendations from national agencies to deliver the best possible outcomes for our patients. We encourage patients and their families to take an active role in helping prevent infections. Our team of infection preventionists works with all staff to ensure they are focused on delivering the highest quality of care possible. We are proud of our success and our ongoing quest to keep preventable infections to an absolute minimum.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Northern Hospital Of Surry County, Mount Airy, Surry County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2011:	4,677
Patient Days in 2011:	15,898
Number of Beds:	100
Number of ICU Beds:	10
Infection Preventionists:	1



Central Line-Associated Bloodstream Infections (CLABSI)

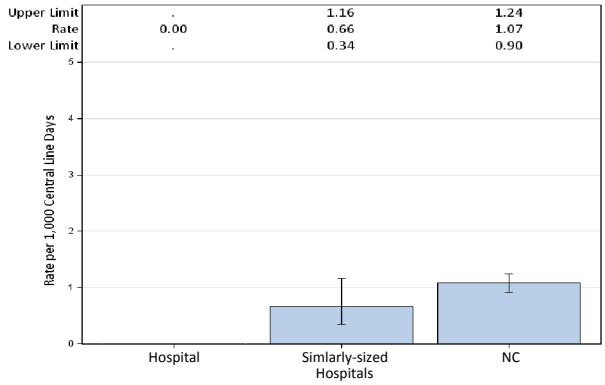


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

Table 1. Rates and SIRs by ICU Type, Jan-June 2012 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	150	0	0.225	.		
YTD Total for Reporting ICUs	0	150	0	0.225	.		

*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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	615	1.63	0.8	.		
YTD Total for Reporting ICUs	1	615	1.63	0.8	.		

*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.

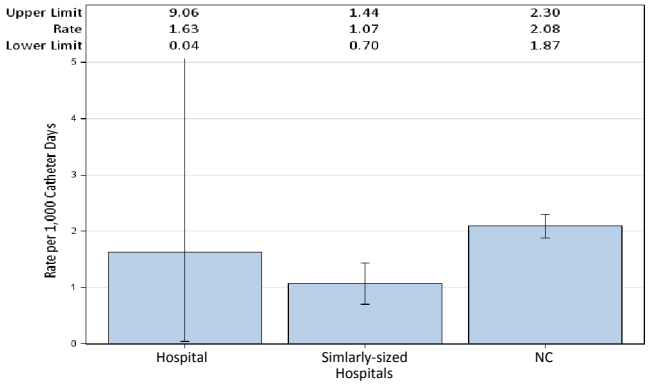


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

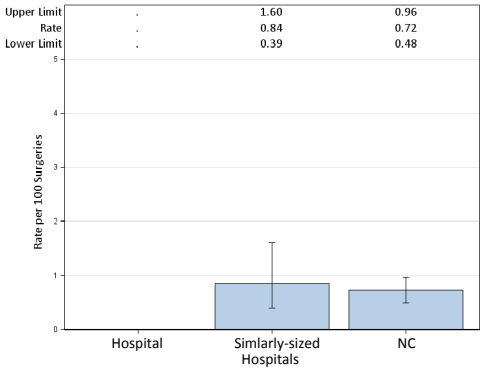


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	1	0
Procedures	6	21
Rate	.	0
Predicted Infections	.	0.58
SIR**	.	.
95% CI**		
Interpretation		

*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.

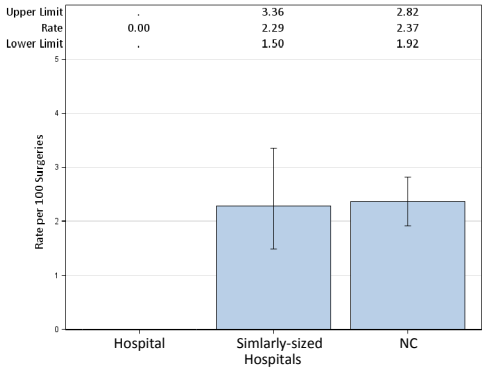


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

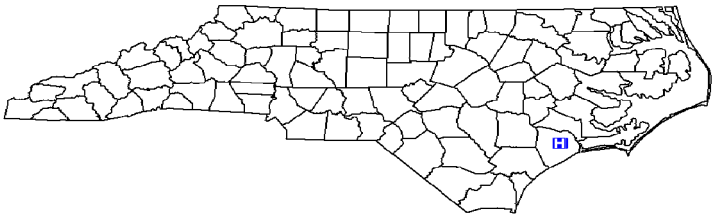
Commentary from Hospitals:
No comments provided.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Onslow Memorial Hospital, Jacksonville, Onslow County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2011:	10,466
Patient Days in 2011:	38,741
Number of Beds:	162
Number of ICU Beds:	30
Infection Preventionists:	1



Central Line-Associated Bloodstream Infections (CLABSI)

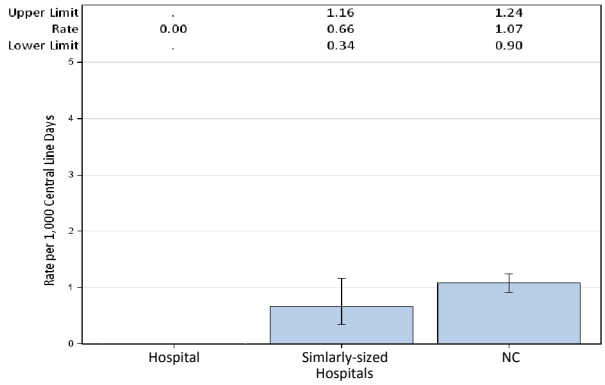


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

Table 1. Rates and SIRs by ICU Type, Jan-June 2012 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	575	0	0.863	.		
Neonatal Level III	0	4	.	.	.		
YTD Total for Reporting ICUs	0	579	0	0.868	.		

*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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	1,433	0.7	1.863	0.537	0.014, 2.991	Same
YTD Total for Reporting ICUs	1	1,433	0.7	1.863	0.537	0.014, 2.991	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.

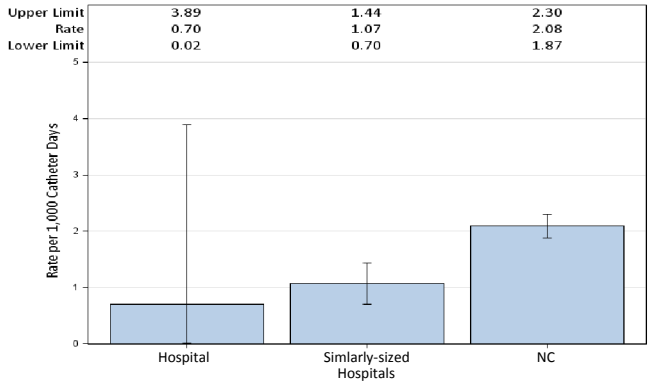


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

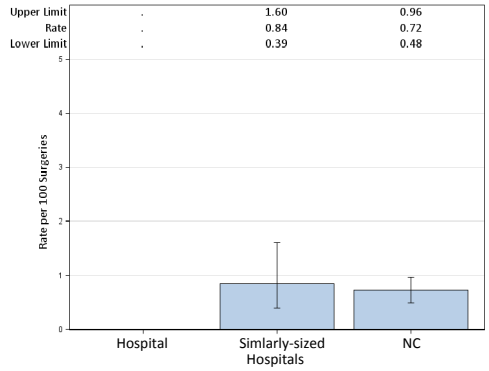


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	1
Procedures	17	30
Rate	.	3.33
Predicted Infections	.	0.85
SIR**	.	.
95% CI**		
Interpretation		

*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.

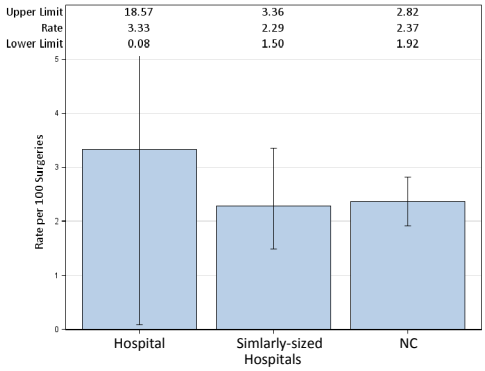


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

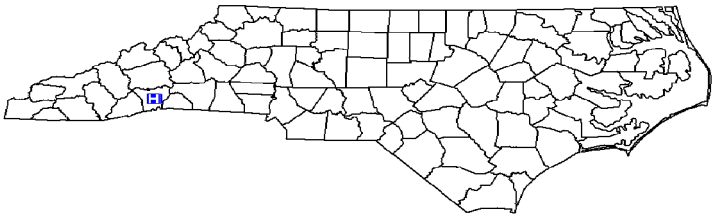
Commentary from Hospitals:
No comments provided.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Pardee Hospital, Hendersonville, Henderson County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Profit Status:	Not for Profit
Admissions in 2011:	7,331
Patient Days in 2011:	31,319
Number of Beds:	145
Number of ICU Beds:	8
Infection Preventionists:	1



Central Line-Associated Bloodstream Infections (CLABSI)

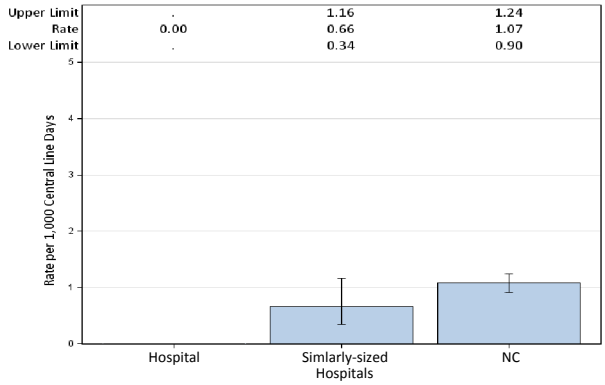


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

Table 1. Rates and SIRs by ICU Type, Jan-June 2012 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	256	0	0.384	.		
YTD Total for Reporting ICUs	0	256	0	0.384	.		

*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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	650	0	0.845	.		
YTD Total for Reporting ICUs	0	650	0	0.845	.		

*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.

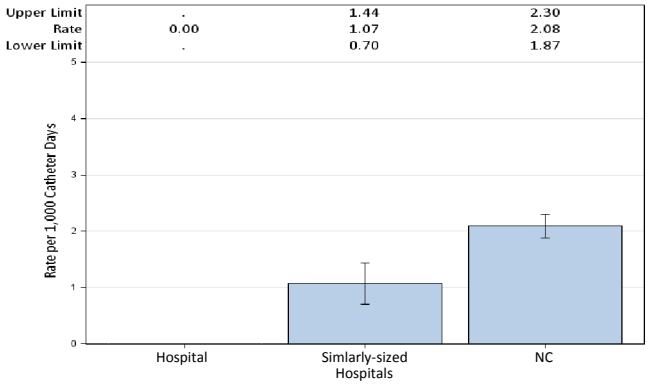


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

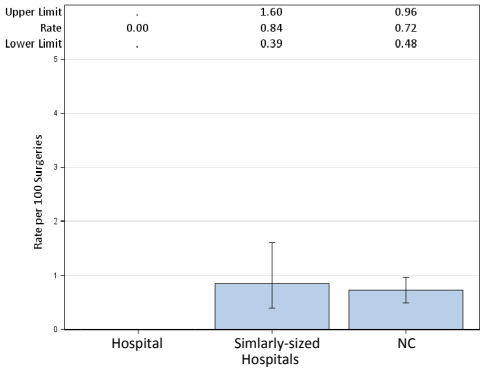


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	26	31
Rate	0	0
Predicted Infections	0.35	0.99
SIR**	.	.
95% CI**		
Interpretation		

*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.

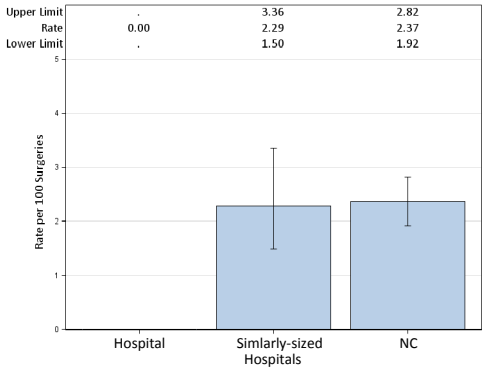


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

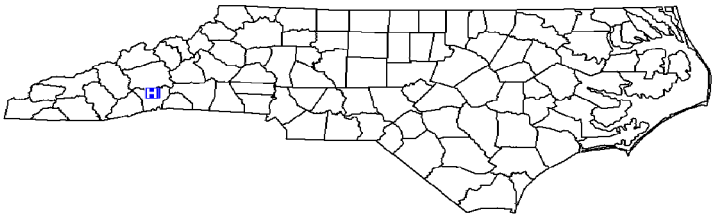
Commentary from Hospitals:
No comments provided.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Park Ridge Health, Hendersonville, Henderson County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2011:	5,275
Patient Days in 2011:	26,662
Number of Beds:	103
Number of ICU Beds:	6
Infection Preventionists:	1



Central Line-Associated Bloodstream Infections (CLABSI)

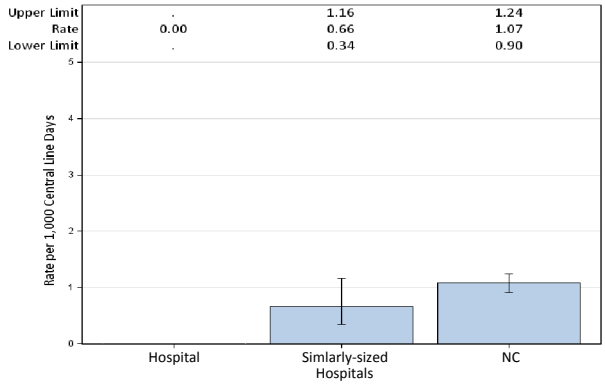


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

Table 1. Rates and SIRs by ICU Type, Jan-June 2012 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	0.209	.		
YTD Total for Reporting ICUs	0	110	0	0.209	.		

*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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	276	0	0.552	.		
YTD Total for Reporting ICUs	0	276	0	0.552	.		

*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.

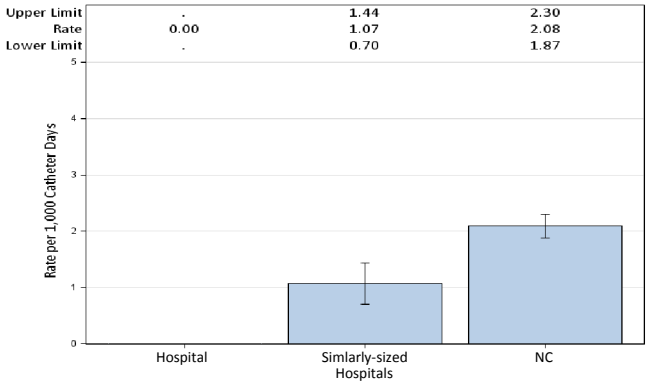


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

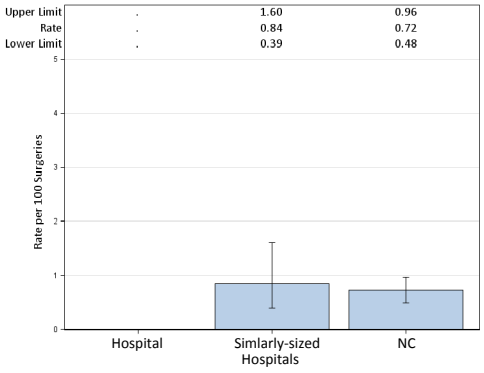


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	1
Procedures	12	18
Rate	.	.
Predicted Infections	.	.
SIR**	.	.
95% CI**		
Interpretation		

*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.

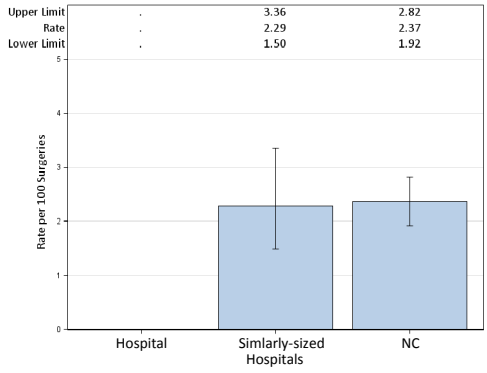


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

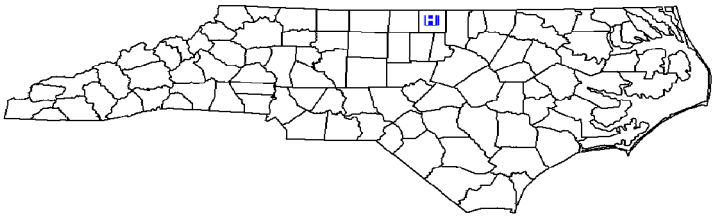
Commentary from Hospitals:
No comments provided.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Person Memorial Hospital, Roxboro, Person County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	For Profit
Admissions in 2011:	1,842
Patient Days in 2011:	6,158
Number of Beds:	110
Number of ICU Beds:	6
Infection Preventionists:	1



Central Line-Associated Bloodstream Infections (CLABSI)

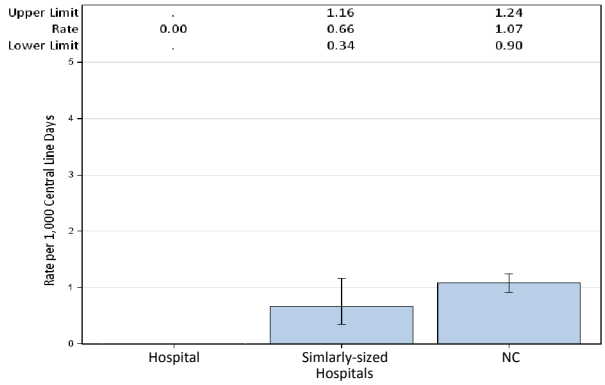


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

Table 1. Rates and SIRs by ICU Type, Jan-June 2012 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	101	0	0.152	.		
YTD Total for Reporting ICUs	0	101	0	0.152	.		

*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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	354	2.82	0.46	.		
YTD Total for Reporting ICUs	1	354	2.82	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.

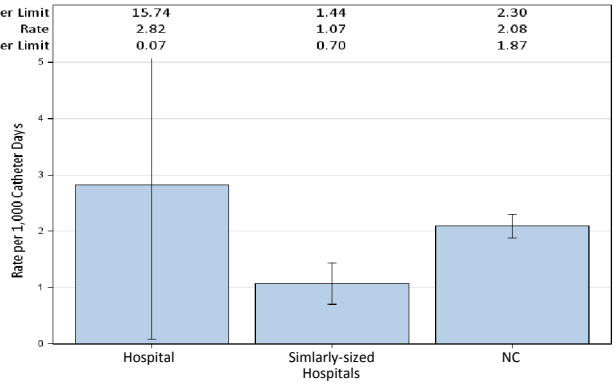


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

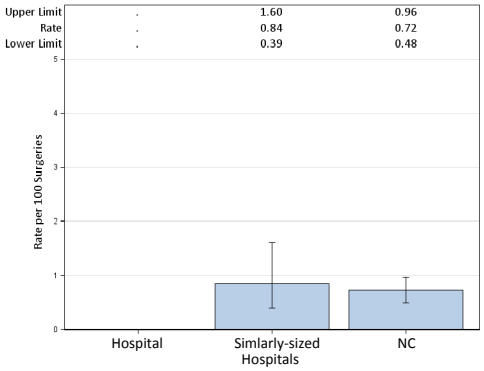


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	0	10
Rate	.	.
Predicted Infections	.	.
SIR**	.	.
95% CI**		
Interpretation		

*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.

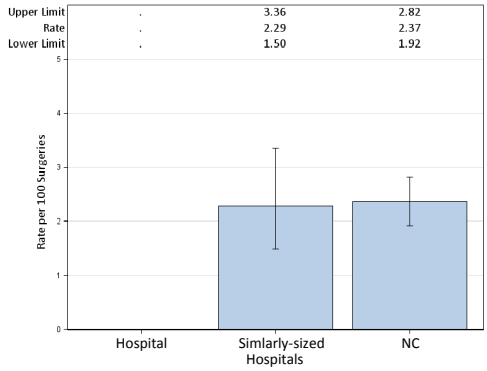


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

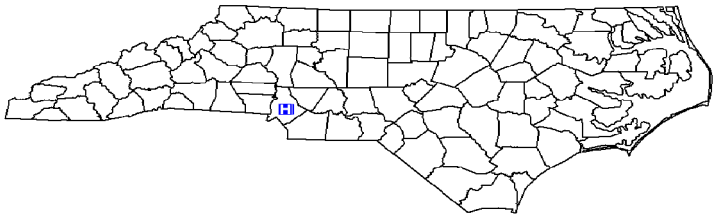
Commentary from Hospitals:
No comments provided.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Presbyterian Hospital Charlotte, Charlotte, Mecklenburg County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2011:	30,399
Patient Days in 2011:	169,031
Number of Beds:	531
Number of ICU Beds:	81
Infection Preventionists:	6



Central Line-Associated Bloodstream Infections (CLABSI)

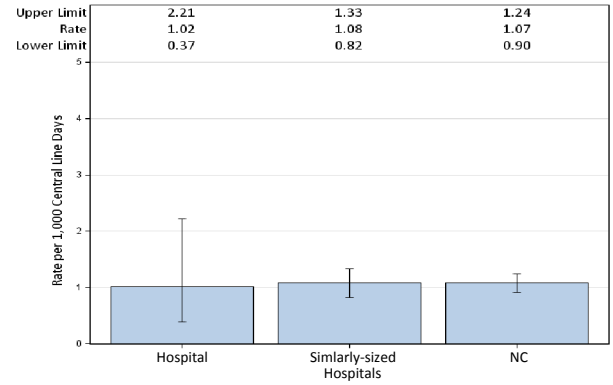


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

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

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	2	1,133	1.77	2.266	0.883	0.107, 3.188	Same
Medical/surgical	0	1,364	0	2.046	0	, 1.803	Same
Neonatal Level III	3	1,983	1.51	5.378	0.558	0.115, 1.630	Same
Neurosurgical	0	607	0	1.518	0	, 2.430	Same
Pediatric medical/surgical	1	395	2.53	1.185	0.844	0.021, 4.702	Same
Surgical cardiothoracic	0	417	0	0.584	.		
YTD Total for Reporting ICUs	6	5,899	1.02	12.977	0.462	0.170, 1.006	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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	0	1,257	0	2.514	0	, 1.467	Same
Medical/surgical	1	1,413	0.71	1.837	0.544	0.014, 3.033	Same
Neurosurgical	0	845	0	3.718	0	, 0.992	Lower
Pediatric medical/surgical	0	244	0	0.683	.		
Surgical cardiothoracic	0	395	0	0.672	.		
YTD Total for Reporting ICUs	1	4,154	0.24	9.424	0.106	0.003, 0.591	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.

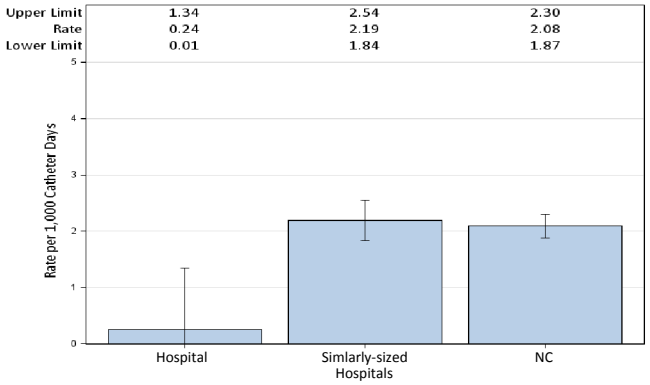


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

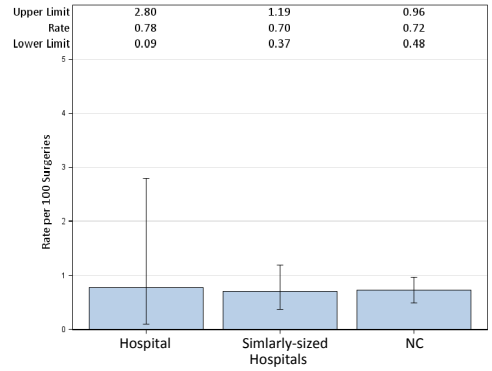


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	2	8
Procedures	258	126
Rate	0.78	6.35
Predicted Infections	2.46	3.91
SIR**	0.813	2.045
95% CI**	0.098, 2.937	0.883, 4.029
Interpretation	Same	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 were performed and SIR not presented.

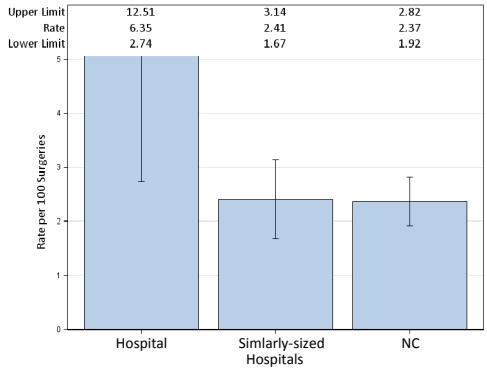


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

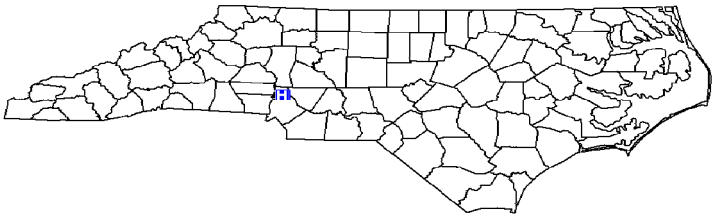
Commentary from Hospitals:
No comments provided.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Presbyterian Hospital Huntersville, Huntersville, Mecklenburg County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2011:	5,297
Patient Days in 2011:	20,193
Number of Beds:	60
Number of ICU Beds:	4
Infection Preventionists:	1



Central Line-Associated Bloodstream Infections (CLABSI)

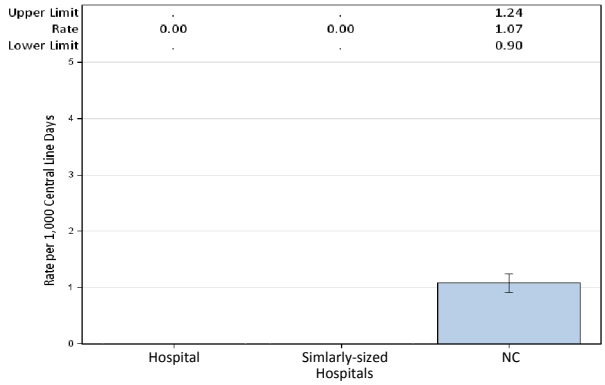


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

Table 1. Rates and SIRs by ICU Type, Jan-June 2012 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	208	0	0.312	.		
Neonatal Level II/III	0	14	.	.	.		
YTD Total for Reporting ICUs	0	222	0	0.331	.		

*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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	452	0	0.588	.		
YTD Total for Reporting ICUs	0	452	0	0.588	.		

*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.

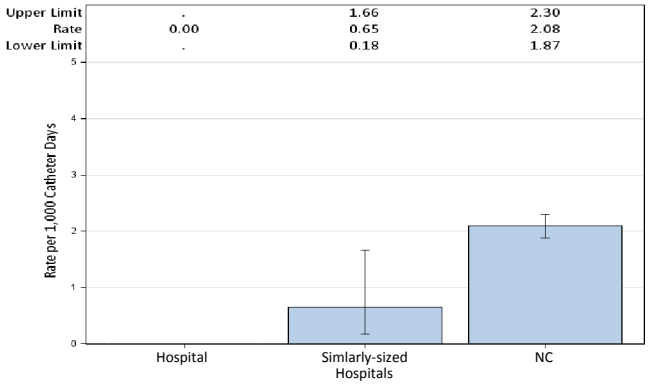


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

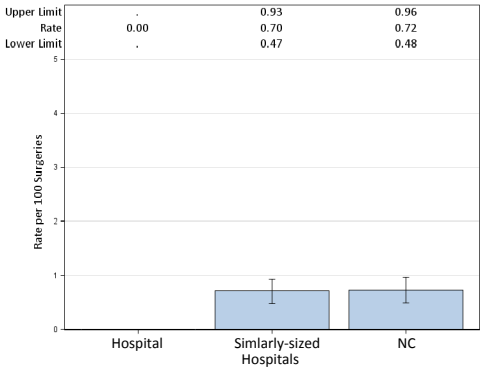


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	26	27
Rate	0	0
Predicted Infections	0.20	0.81
SIR**	.	.
95% CI**		
Interpretation		

*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.

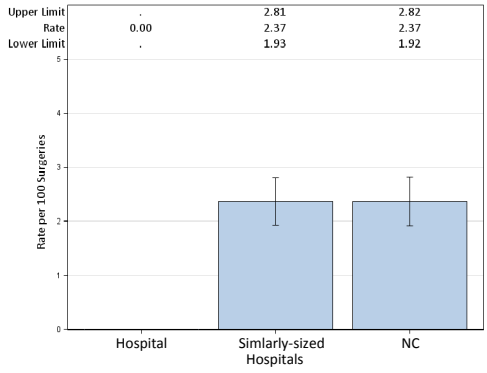


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

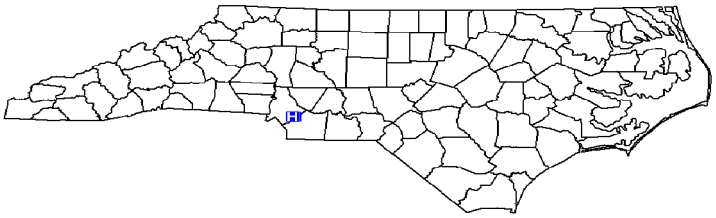
Commentary from Hospitals:
No comments provided.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Presbyterian Hospital Matthews, Matthews, Mecklenburg County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2011:	8,142
Patient Days in 2011:	33,028
Number of Beds:	114
Number of ICU Beds:	14
Infection Preventionists:	1



Central Line-Associated Bloodstream Infections (CLABSI)

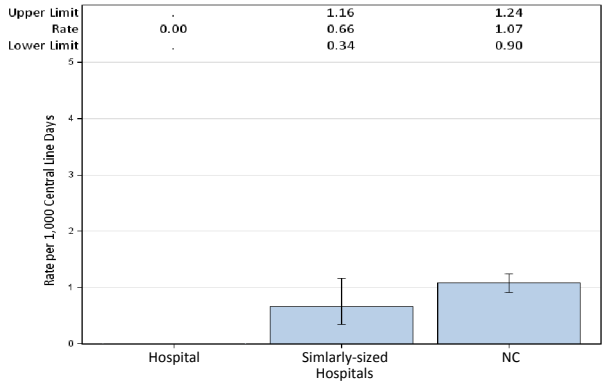


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

Table 1. Rates and SIRs by ICU Type, Jan-June 2012 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	403	0	0.605	.		
Neonatal Level II/III	0	66	0	0.097	.		
YTD Total for Reporting ICUs	0	469	0	0.702	.		

*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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	360	0	0.468	.		
YTD Total for Reporting ICUs	0	360	0	0.468	.		

*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.

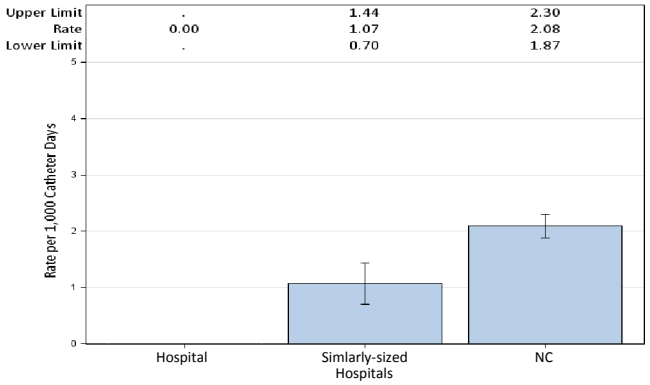


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

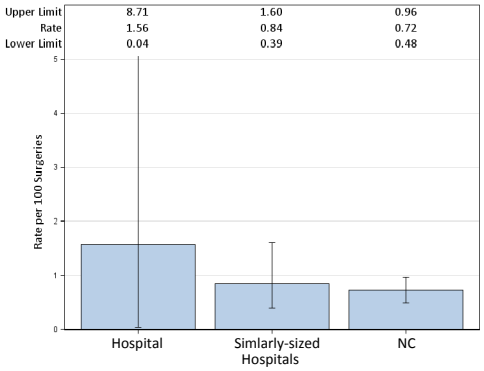


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	1	1
Procedures	64	19
Rate	1.56	.
Predicted Infections	0.53	.
SIR**	.	.
95% CI**		
Interpretation		

*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.

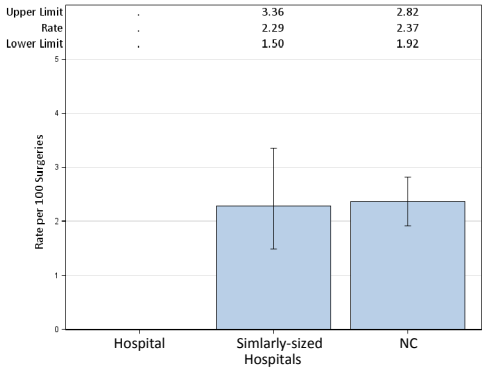


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

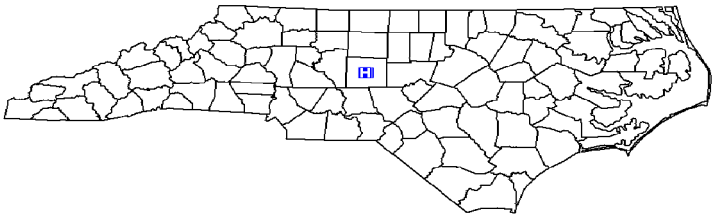
Commentary from Hospitals:
No comments provided.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Randolph Hospital, Asheboro, Randolph County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2011:	7,004
Patient Days in 2011:	26,195
Number of Beds:	119
Number of ICU Beds:	7
Infection Preventionists:	1



Central Line-Associated Bloodstream Infections (CLABSI)

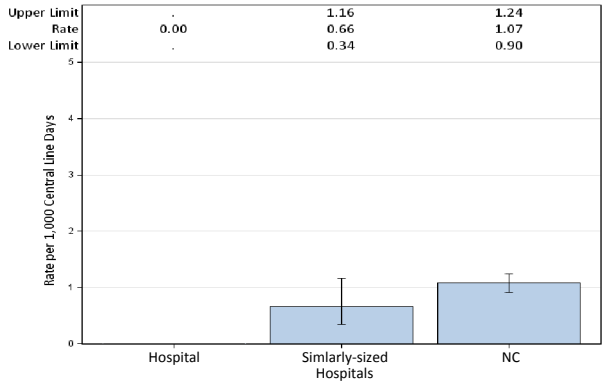


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

Table 1. Rates and SIRs by ICU Type, Jan-June 2012 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	416	0	0.624	.		
YTD Total for Reporting ICUs	0	416	0	0.624	.		

*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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	772	1.3	1.004	0.996	0.025, 5.549	Same
YTD Total for Reporting ICUs	1	772	1.3	1.004	0.996	0.025, 5.549	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.

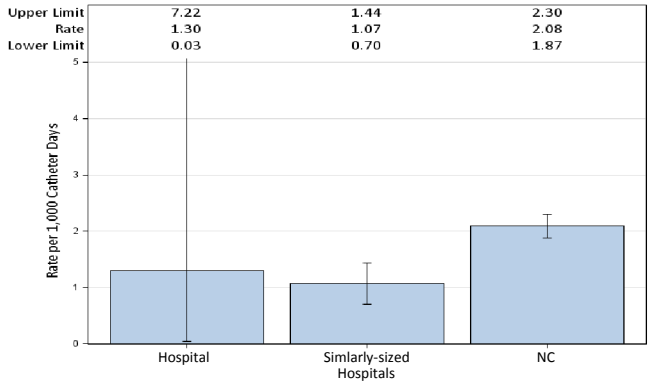


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

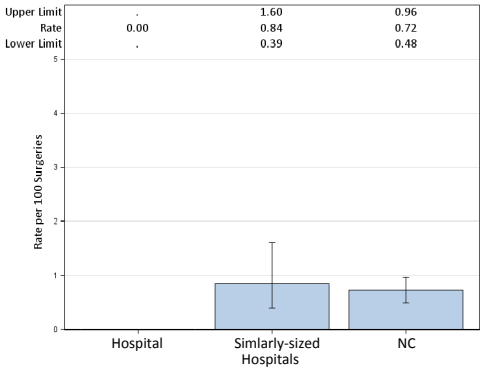


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	32	48
Rate	0	0
Predicted Infections	0.35	1.63
SIR**	.	0
95% CI**		, 2.260
Interpretation		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 were performed and SIR not presented.

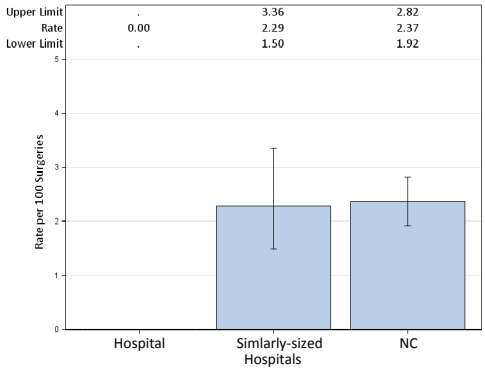


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

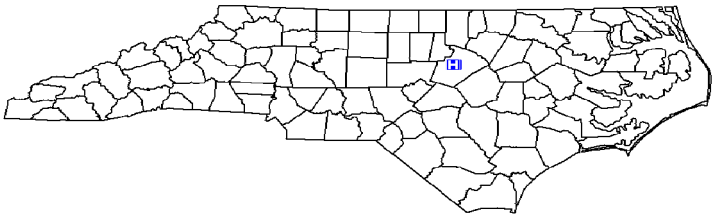
Commentary from Hospitals:
No comments provided.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Rex Healthcare, Raleigh, Wake County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2011:	31,046
Patient Days in 2011:	115,374
Number of Beds:	433
Number of ICU Beds:	38
Infection Preventionists:	4



Central Line-Associated Bloodstream Infections (CLABSI)

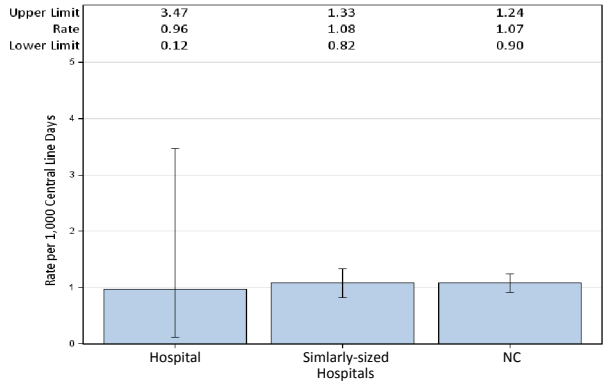


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

Table 1. Rates and SIRs by ICU Type, Jan-June 2012 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	388	0	0.776	.		
Medical/surgical	2	1,534	1.3	2.301	0.869	0.105, 3.140	Same
Surgical cardiothoracic	0	160	0	0.224	.		
YTD Total for Reporting ICUs	2	2,082	0.96	3.301	0.606	0.073, 2.189	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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	2	714	2.8	1.428	1.401	0.170, 5.059	Same
Medical/surgical	2	1,930	1.04	2.316	0.864	0.105, 3.119	Same
Surgical cardiothoracic	1	524	1.91	0.891	.		
YTD Total for Reporting ICUs	5	3,168	1.58	4.635	1.079	0.350, 2.517	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.

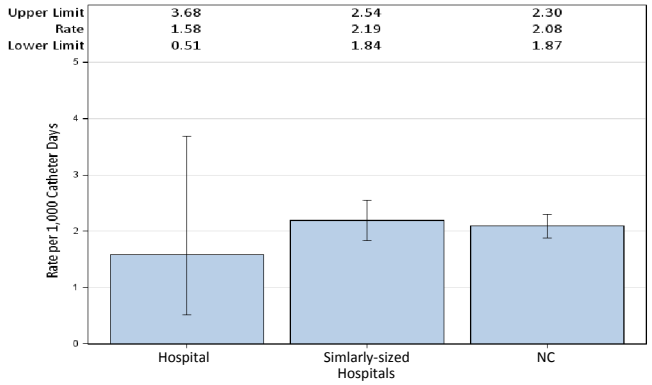


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

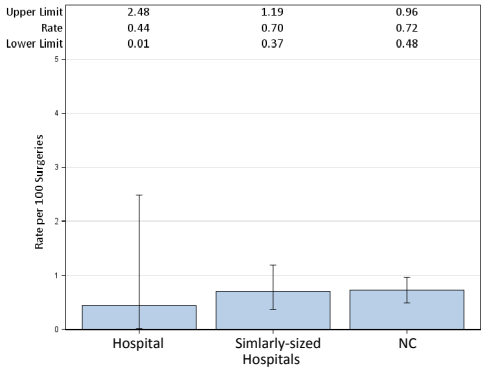


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	1	7
Procedures	225	231
Rate	0.44	3.03
Predicted Infections	2.18	7.60
SIR**	0.459	0.921
95% CI**	0.012, 2.555	0.370, 1.897
Interpretation	Same	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 were performed and SIR not presented.

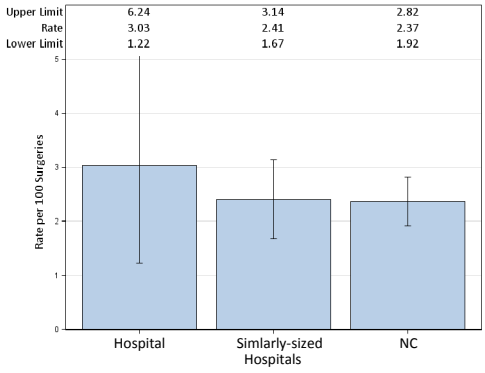


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

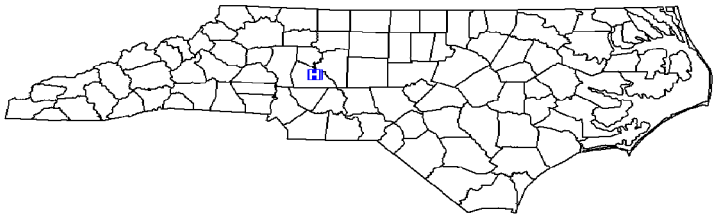
Commentary from Hospitals:
Our current colon surgery rates are well below national benchmarks.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Rowan Regional Medical Center, Salisbury, Rowan County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2011:	9,137
Patient Days in 2011:	41,401
Number of Beds:	268
Number of ICU Beds:	20
Infection Preventionists:	2



Central Line-Associated Bloodstream Infections (CLABSI)

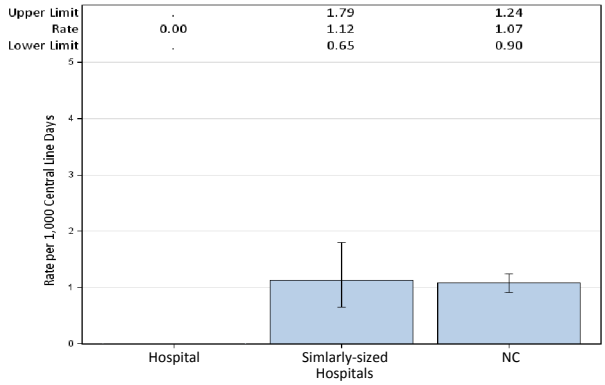


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

Table 1. Rates and SIRs by ICU Type, Jan-June 2012 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	193	0	0.386	.		
Medical/surgical	0	742	0	1.113	0	, 3.314	Same
YTD Total for Reporting ICUs	0	935	0	1.499	0	, 2.461	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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	1	515	1.94	1.03	0.971	0.025, 5.409	Same
Medical/surgical	3	1,486	2.02	1.932	1.553	0.320, 4.538	Same
YTD Total for Reporting ICUs	4	2,001	2	2.962	1.35	0.368, 3.458	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.

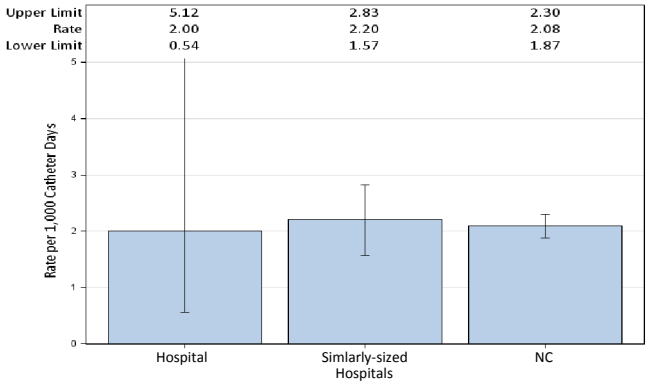


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

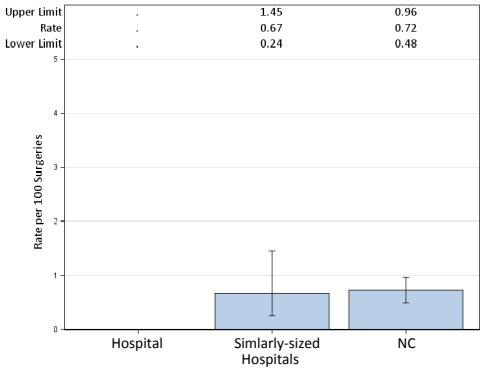


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	13	29
Rate	.	0
Predicted Infections	.	0.98
SIR**	.	.
95% CI**		
Interpretation		

*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.

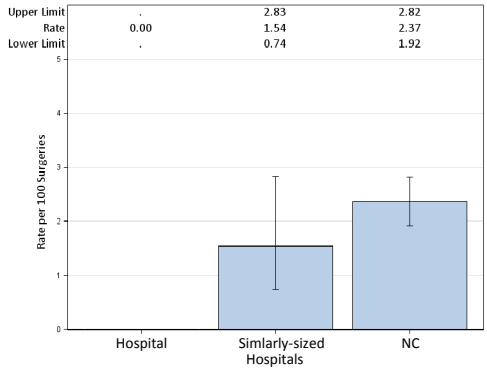


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

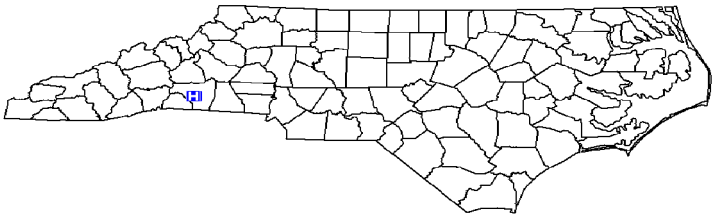
Commentary from Hospitals:
No comments provided.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Rutherford Regional Medical Center, Rutherfordton, Rutherford County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2011:	5,977
Patient Days in 2011:	22,450
Number of Beds:	130
Number of ICU Beds:	10
Infection Preventionists:	1



Central Line-Associated Bloodstream Infections (CLABSI)

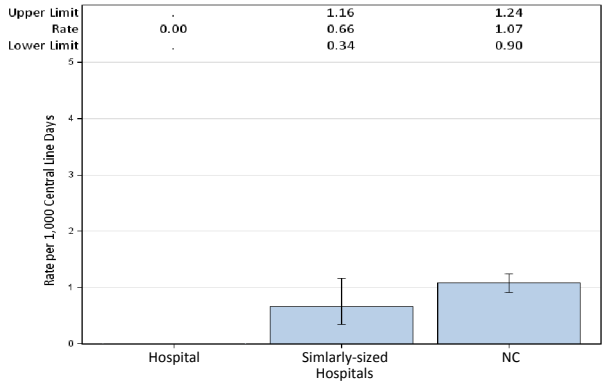


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

Table 1. Rates and SIRs by ICU Type, Jan-June 2012 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	153	0	0.23	.		
YTD Total for Reporting ICUs	0	153	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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	2	393	5.09	0.511	.		
YTD Total for Reporting ICUs	2	393	5.09	0.511	.		

*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.

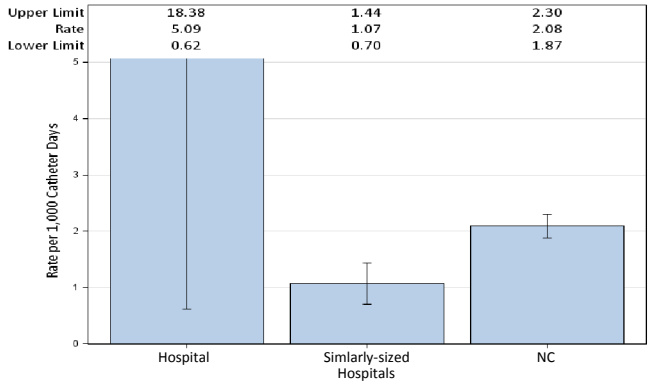


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

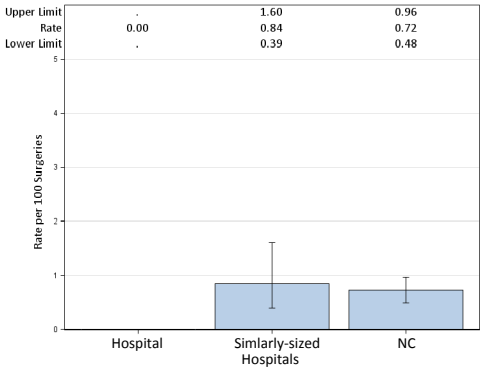


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	3
Procedures	25	37
Rate	0	8.11
Predicted Infections	0.31	1.21
SIR**	.	2.483
95% CI**		0.512, 7.258
Interpretation		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 were performed and SIR not presented.

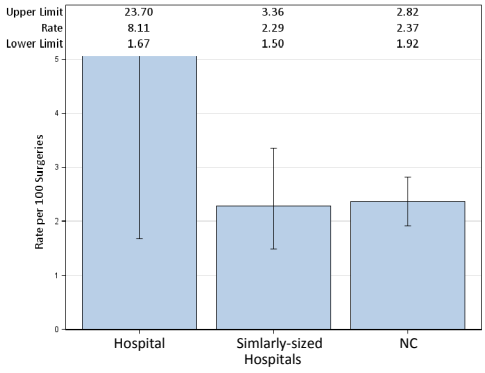


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

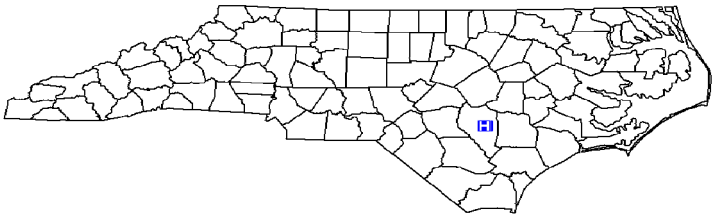
Commentary from Hospitals:
No comments provided.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Sampson Regional Medical Center, Clinton, Sampson County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2011:	3,361
Patient Days in 2011:	13,569
Number of Beds:	68
Number of ICU Beds:	8
Infection Preventionists:	1



Central Line-Associated Bloodstream Infections (CLABSI)

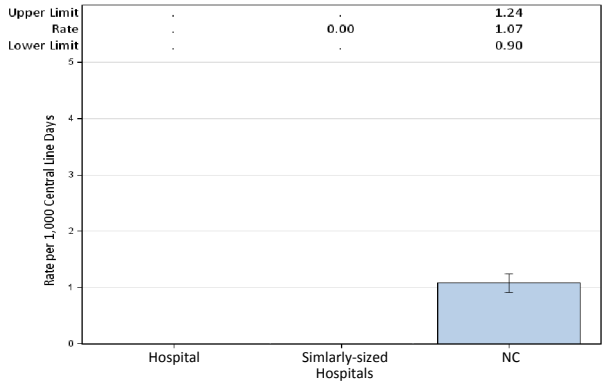


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

Table 1. Rates and SIRs by ICU Type, Jan-June 2012 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	37	.	.	.		
YTD Total for Reporting ICUs	0	37	.	.	.		

*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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	356	0	0.463	.		
YTD Total for Reporting ICUs	0	356	0	0.463	.		

*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.

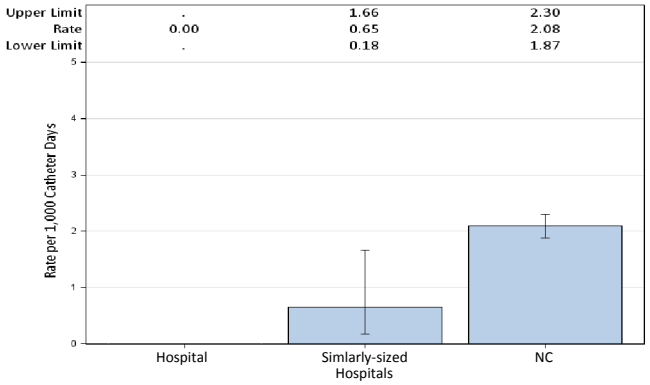


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

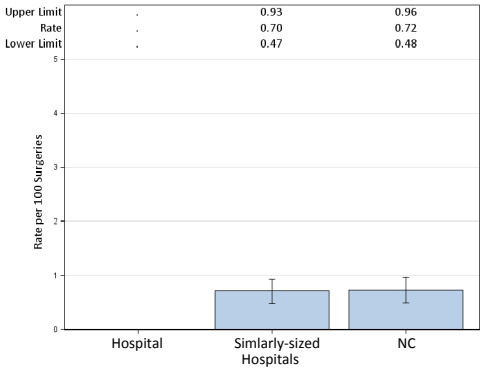


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	5	10
Rate	.	.
Predicted Infections	.	.
SIR**	.	.
95% CI**		
Interpretation		

*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.

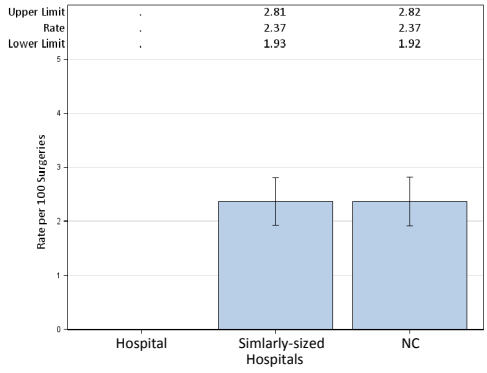


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

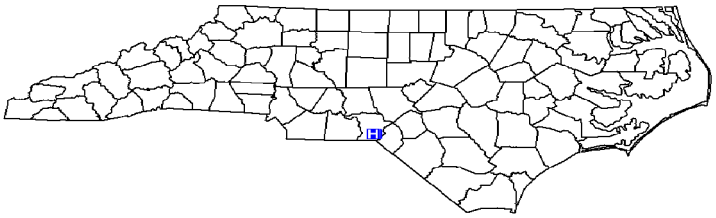
Commentary from Hospitals:
No comments provided.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Sandhills Regional Medical Center, Hamlet, Richmond County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	For Profit
Admissions in 2011:	3,277
Patient Days in 2011:	13,449
Number of Beds:	64
Number of ICU Beds:	6
Infection Preventionists:	1



Central Line-Associated Bloodstream Infections (CLABSI)

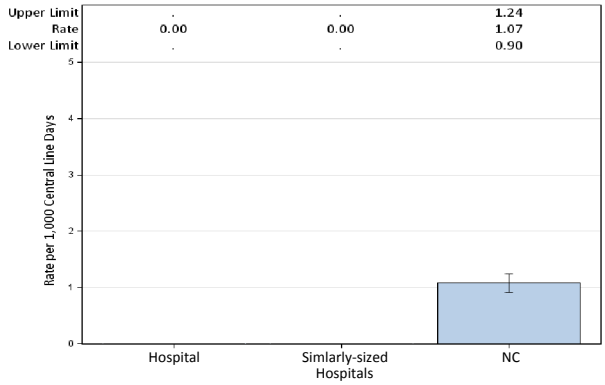


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

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

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	148	0	0.281	.		
YTD Total for Reporting ICUs	0	148	0	0.281	.		

*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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	288	0	0.576	.		
YTD Total for Reporting ICUs	0	288	0	0.576	.		

*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.

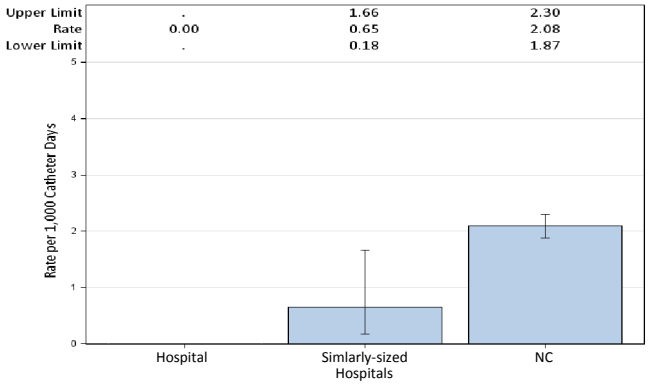


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

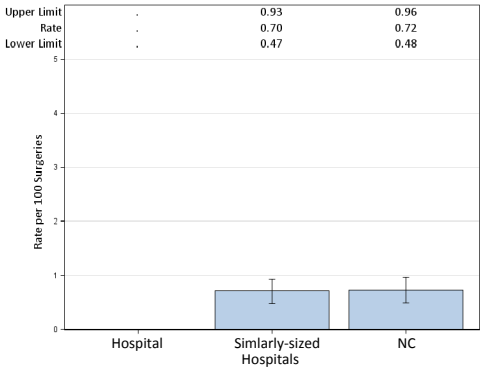


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	16	1
Rate	.	.
Predicted Infections	.	.
SIR**	.	.
95% CI**		
Interpretation		

*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.

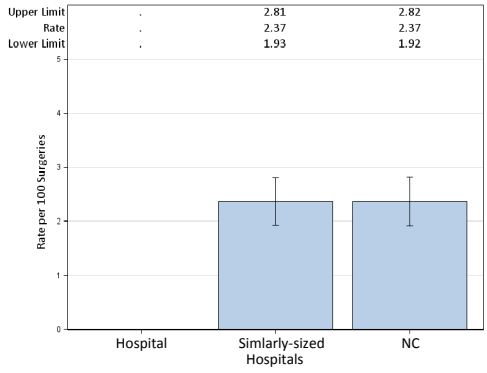


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

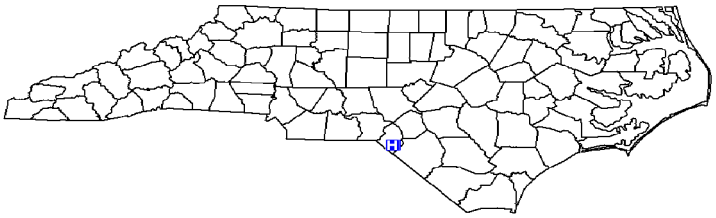
Commentary from Hospitals:
No comments provided.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Scotland Memorial Hospital, Laurinburg, Scotland County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2011:	6,682
Patient Days in 2011:	23,045
Number of Beds:	104
Number of ICU Beds:	7
Infection Preventionists:	1



Central Line-Associated Bloodstream Infections (CLABSI)

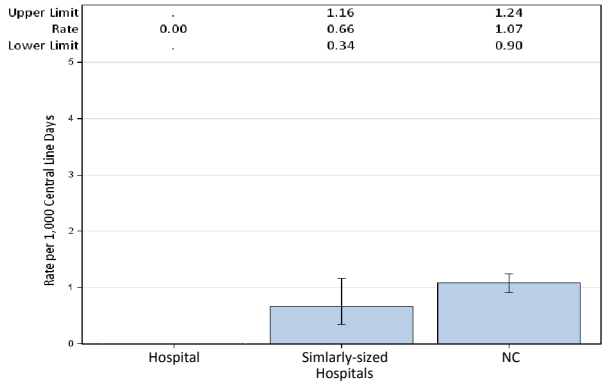


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

Table 1. Rates and SIRs by ICU Type, Jan-June 2012 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	313	0	0.47	.		
YTD Total for Reporting ICUs	0	313	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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	2	515	3.88	0.67	.		
YTD Total for Reporting ICUs	2	515	3.88	0.67	.		

*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.

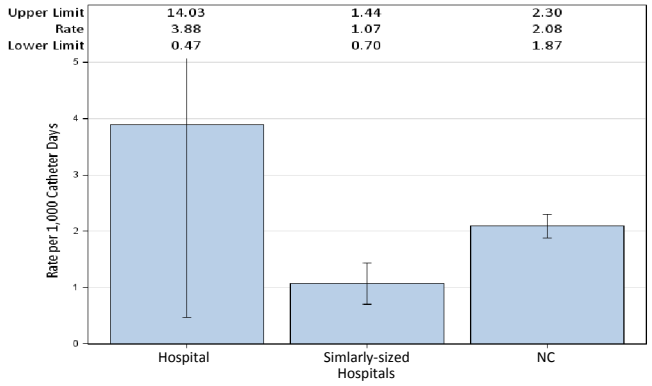


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

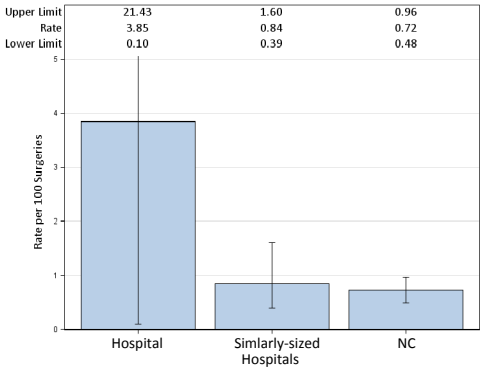


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	1	0
Procedures	26	12
Rate	3.85	.
Predicted Infections	0.25	.
SIR**	.	.
95% CI**		
Interpretation		

*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.

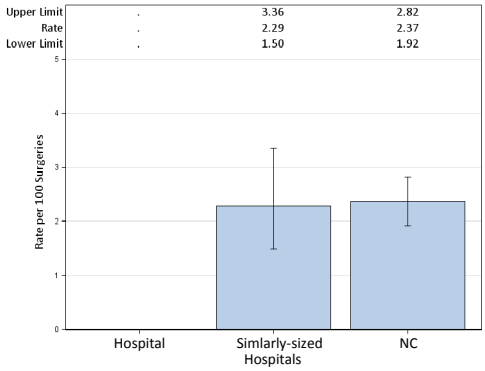


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

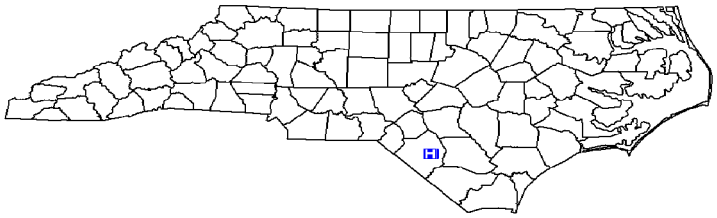
Commentary from Hospitals:
No comments provided.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Southeastern Regional Medical Center, Lumberton, Robeson County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2011:	15,556
Patient Days in 2011:	62,985
Number of Beds:	299
Number of ICU Beds:	19
Infection Preventionists:	2



Central Line-Associated Bloodstream Infections (CLABSI)

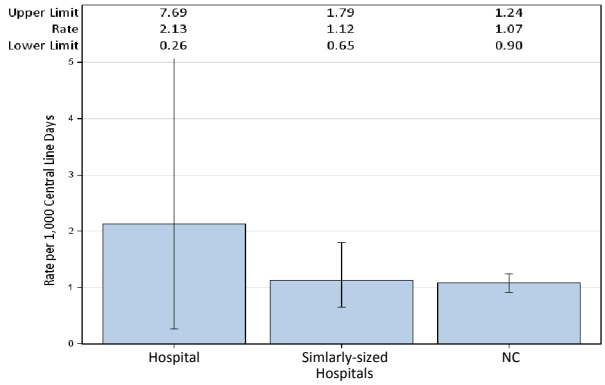


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

Table 1. Rates and SIRs by ICU Type, Jan-June 2012 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	905	2.21	1.358	1.473	0.178, 5.320	Same
Surgical cardiothoracic	0	35	.	.	.		
YTD Total for Reporting ICUs	2	940	2.13	1.407	1.421	0.172, 5.135	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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	1,215	0.82	1.58	0.633	0.016, 3.526	Same
Surgical cardiothoracic	0	107	0	0.182	.		
YTD Total for Reporting ICUs	1	1,322	0.76	1.761	0.568	0.014, 3.164	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.

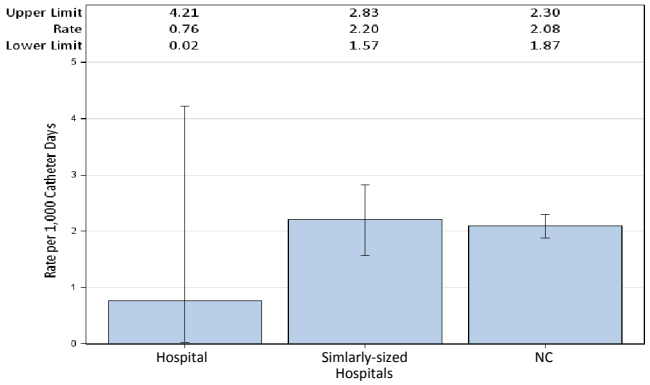


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

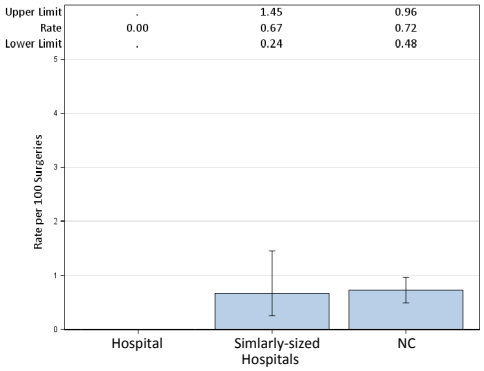


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	2
Procedures	114	51
Rate	0	3.92
Predicted Infections	1.29	1.82
SIR**	0	1.102
95% CI**	, 2.866	0.133, 3.981
Interpretation	Same	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 were performed and SIR not presented.

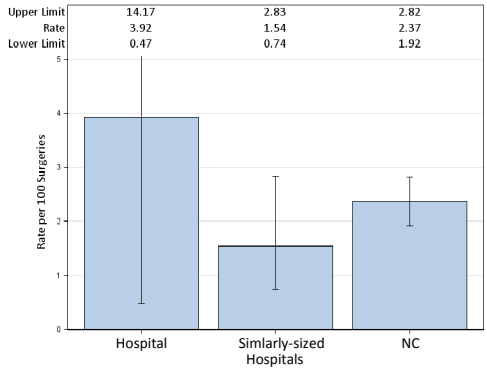


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

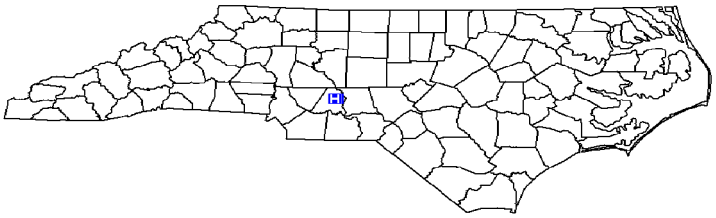
Commentary from Hospitals:
No comments provided.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Stanly Regional Medical Center, Albemarle, Stanly County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2011:	5,676
Patient Days in 2011:	20,909
Number of Beds:	119
Number of ICU Beds:	10
Infection Preventionists:	1



Central Line-Associated Bloodstream Infections (CLABSI)

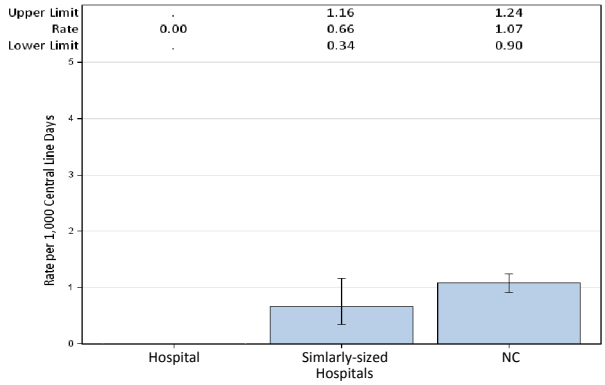


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

Table 1. Rates and SIRs by ICU Type, Jan-June 2012 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	169	0	0.338	.		
YTD Total for Reporting ICUs	0	169	0	0.338	.		

*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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	0	602	0	1.204	0	, 3.064	Same
YTD Total for Reporting ICUs	0	602	0	1.204	0	, 3.064	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.

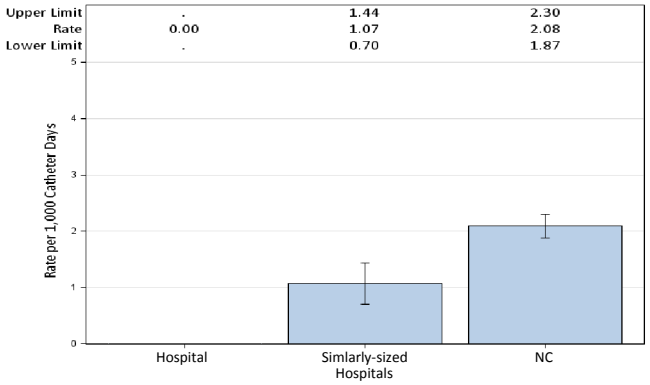


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

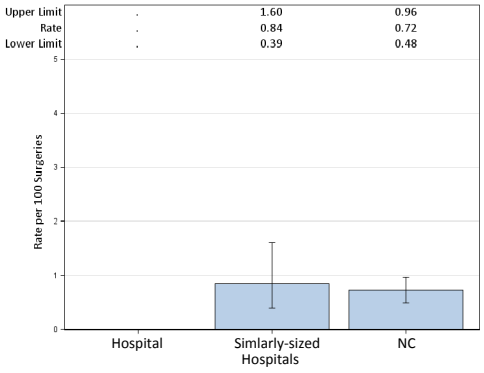


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	4	11
Rate	.	.
Predicted Infections	.	.
SIR**	.	.
95% CI**		
Interpretation		

*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.

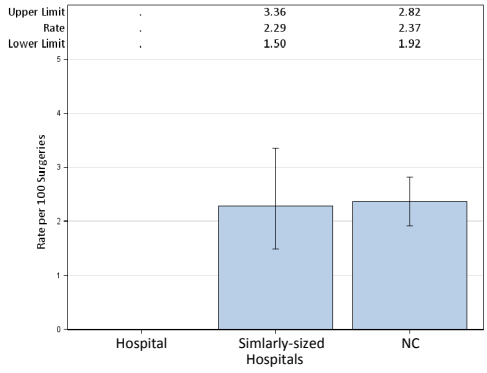


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

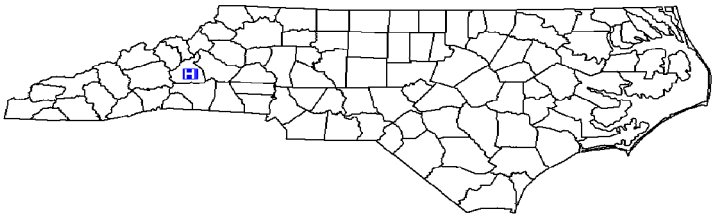
Commentary from Hospitals:
The prevention and reduction of healthcare associated infections is a top priority at Stanly Regional Medical Center. To accomplish this, infection prevention strategies are continually assessed and measures implemented to decrease the risk for infection. These measures are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

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
The McDowell Hospital, Marion, McDowell County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2011:	1,884
Patient Days in 2011:	6,685
Number of Beds:	37
Number of ICU Beds:	9
Infection Preventionists:	1



Central Line-Associated Bloodstream Infections (CLABSI)

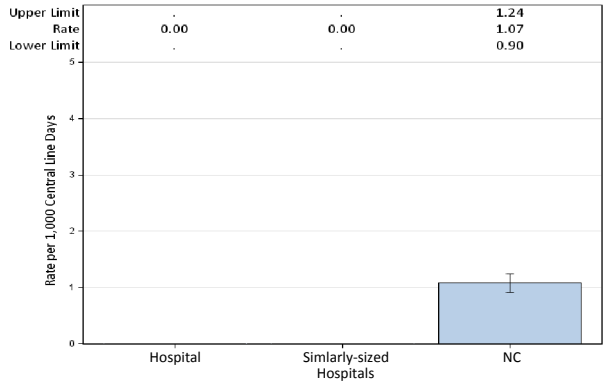


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

Table 1. Rates and SIRs by ICU Type, Jan-June 2012 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	96	0	0.144	.		
YTD Total for Reporting ICUs	0	96	0	0.144	.		

*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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 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	0.642	.		
YTD Total for Reporting ICUs	0	494	0	0.642	.		

*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.

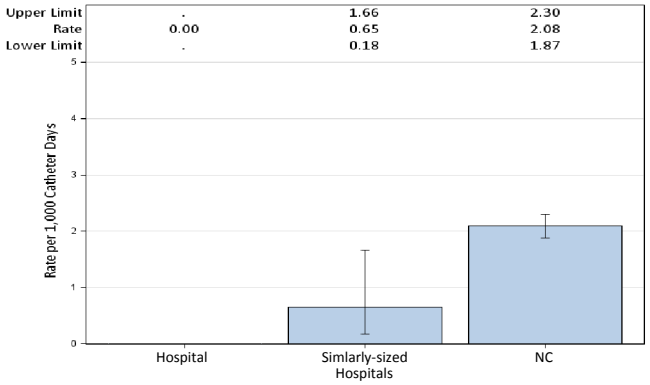


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

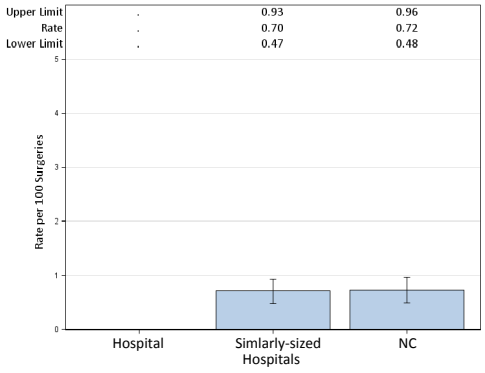


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	1
Procedures	0	13
Rate	.	.
Predicted Infections	.	.
SIR**	.	.
95% CI**		
Interpretation		

*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.

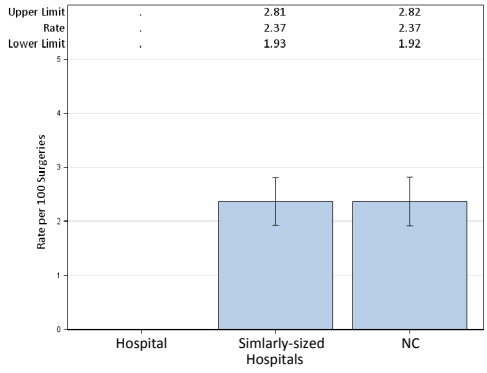


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

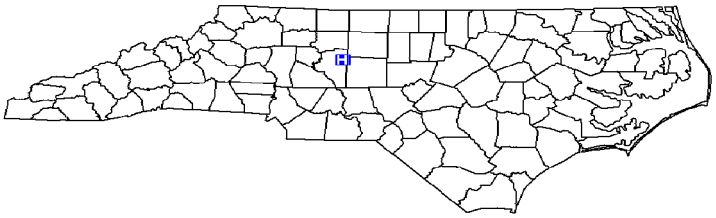
Commentary from Hospitals:
No comments provided.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Thomasville Medical Center, Thomasville, Davidson County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2011:	4,137
Patient Days in 2011:	21,592
Number of Beds:	149
Number of ICU Beds:	11
Infection Preventionists:	1



Central Line-Associated Bloodstream Infections (CLABSI)

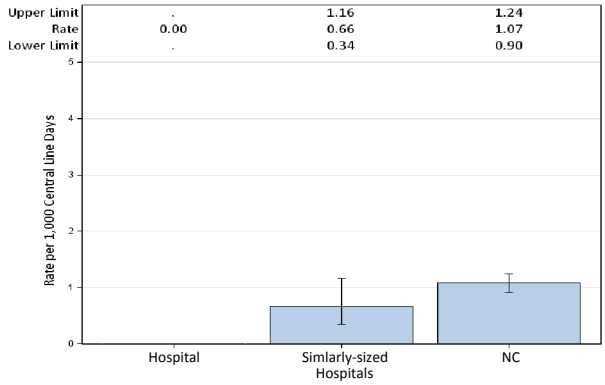


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

Table 1. Rates and SIRs by ICU Type, Jan-June 2012 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	0.221	.		
YTD Total for Reporting ICUs	0	147	0	0.221	.		

*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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	512	0	0.666	.		
YTD Total for Reporting ICUs	0	512	0	0.666	.		

*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.

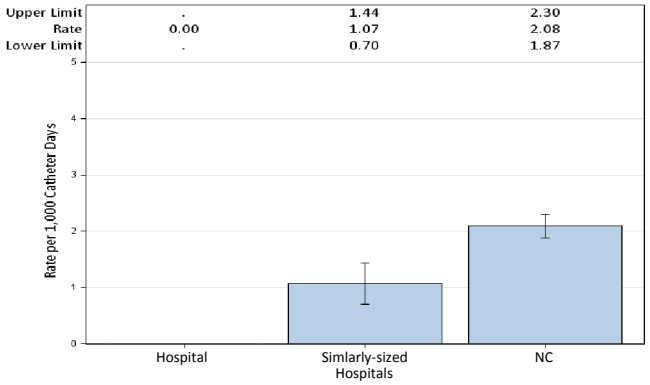


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

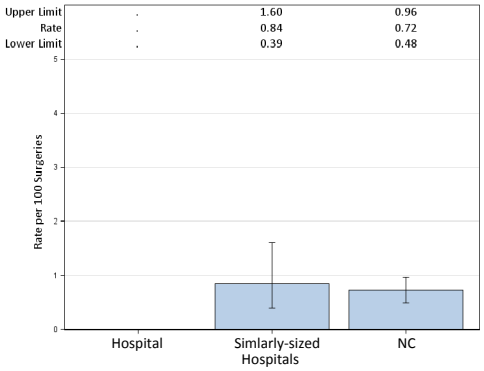


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	14	35
Rate	.	0
Predicted Infections	.	1.06
SIR**	.	0
95% CI**		, 3.490
Interpretation		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 were performed and SIR not presented.

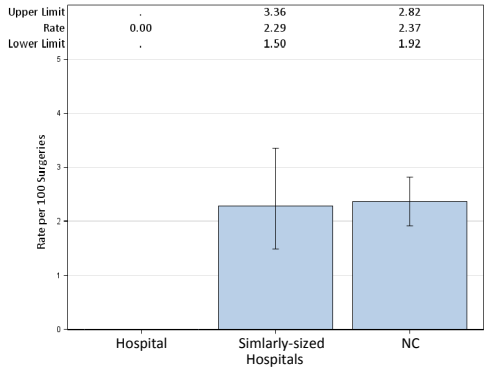


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

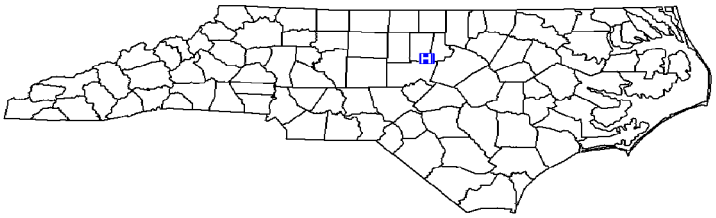
Commentary from Hospitals:
No comments provided.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
UNC Health Care, Chapel Hill, Orange County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Profit Status:	Government
Admissions in 2011:	43,666
Patient Days in 2011:	244,308
Number of Beds:	838
Number of ICU Beds:	171
Infection Preventionists:	6



Central Line-Associated Bloodstream Infections (CLABSI)

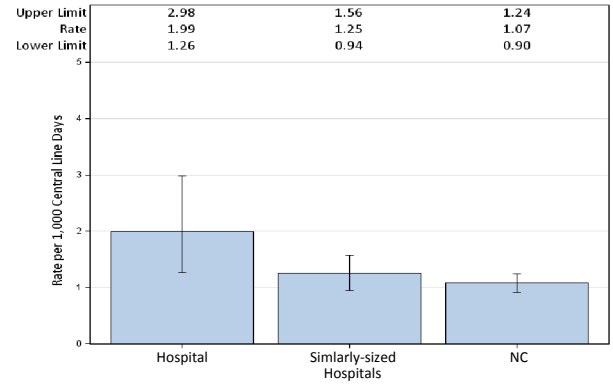


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

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

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Burn	4	1,994	2.01	10.967	0.365	0.099, 0.934	Lower
Medical	9	2,847	3.16	7.402	1.216	0.556, 2.308	Same
Medical cardiac	4	1,689	2.37	3.378	1.184	0.323, 3.032	Same
Neonatal Level III	3	1,867	1.61	4.474	0.671	0.138, 1.960	Same
Pediatric medical/surgical	1	1,782	0.56	5.346	0.187	0.005, 1.042	Lower
Surgical cardiothoracic	2	1,388	1.44	1.943	1.029	0.125, 3.718	Same
YTD Total for Reporting ICUs	23	11,567	1.99	33.51	0.686	0.435, 1.030	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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Burn	3	2,602	1.15	11.449	0.262	0.054, 0.766	Lower
Medical	5	2,864	1.75	6.587	0.759	0.246, 1.771	Same
Medical cardiac	1	1,051	0.95	2.102	0.476	0.012, 2.651	Same
Pediatric medical/surgical	4	852	4.69	2.386	1.676	0.457, 4.292	Same
Surgical cardiothoracic	5	1,459	3.43	2.48	2.016	0.655, 4.705	Same
YTD Total for Reporting ICUs	18	8,828	2.04	25.004	0.72	0.426, 1.138	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.

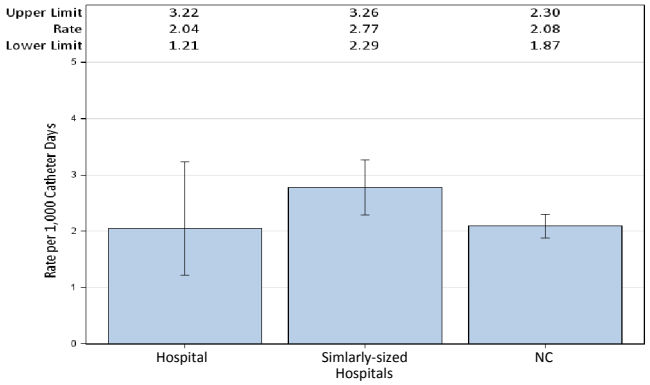


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

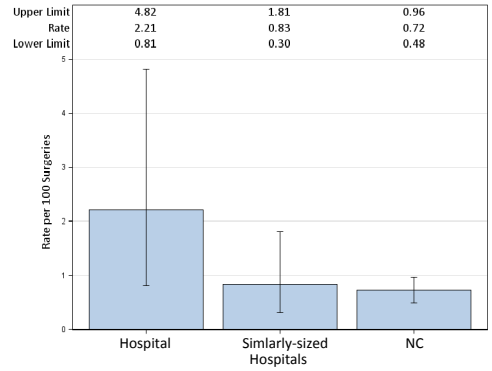


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	6	11
Procedures	271	173
Rate	2.21	6.36
Predicted Infections	2.99	6.36
SIR**	2.004	1.73
95% CI**	0.735, 4.362	0.864, 3.096
Interpretation	Same	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 were performed and SIR not presented.

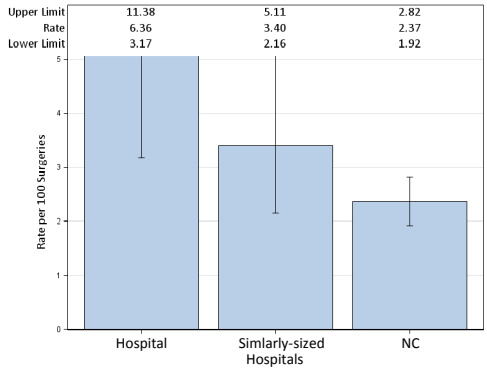


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

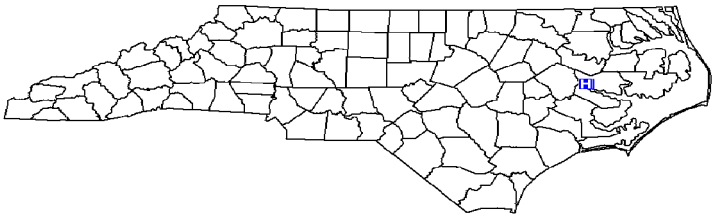
Commentary from Hospitals:
UNC Health Care is pleased that our rates of all reported healthcare-associated infections are statistically similar to similarly-sized hospitals and NC hospitals despite care in a tertiary referral hospital for highly vulnerable populations (e.g., organ transplant, HIV infected, cancer, severely burned, and very premature infants). NC residents should be aware that the reported information is NOT corrected for the severity of illness of the hospital's patients. UNC Health Care supports the need for the data presented in this report to be validated (i.e., demonstration by independent monitors that the submitted data is correct).

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Vidant Beaufort Hospital, Washington, Beaufort County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2011:	1,251
Patient Days in 2011:	4,621
Number of Beds:	99
Number of ICU Beds:	8
Infection Preventionists:	1



Central Line-Associated Bloodstream Infections (CLABSI)

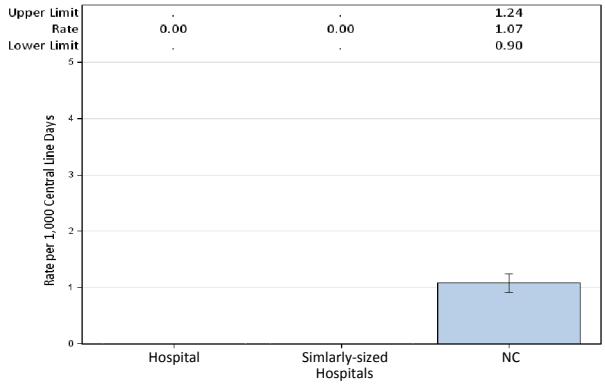


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

Table 1. Rates and SIRs by ICU Type, Jan-June 2012 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	52	0	0.078	.		
YTD Total for Reporting ICUs	0	52	0	0.078	.		

*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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	207	0	0.269	.		
YTD Total for Reporting ICUs	0	207	0	0.269	.		

*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.

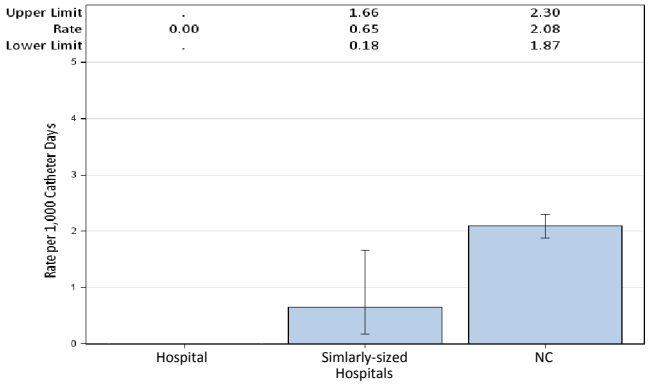


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

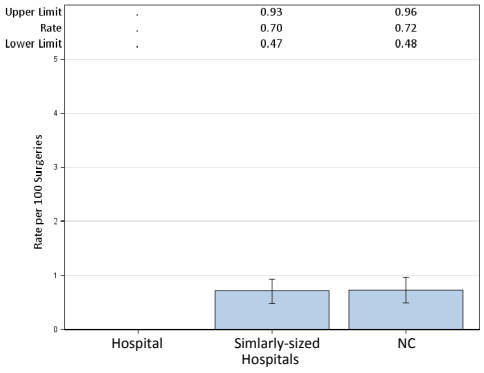


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	9	9
Rate	.	.
Predicted Infections	.	.
SIR**	.	.
95% CI**		
Interpretation		

*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.

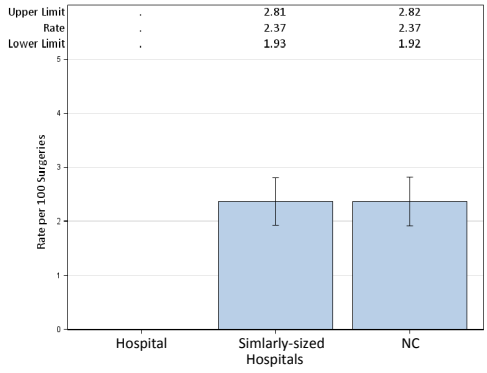


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

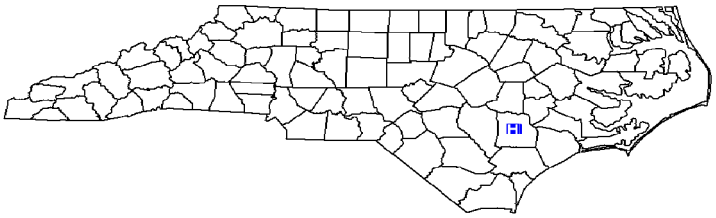
Commentary from Hospitals:
No comments provided.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Vidant Duplin Hospital, Kenansville, Duplin County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2011:	3,321
Patient Days in 2011:	16,537
Number of Beds:	79
Number of ICU Beds:	9
Infection Preventionists:	1



Central Line-Associated Bloodstream Infections (CLABSI)

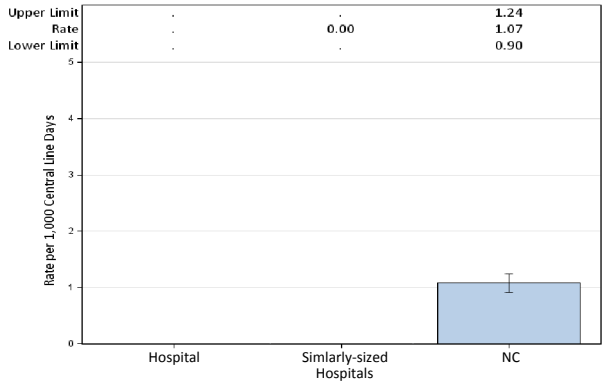


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

Table 1. Rates and SIRs by ICU Type, Jan-June 2012 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	31	.	.	.		
YTD Total for Reporting ICUs	0	31	.	.	.		

*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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	225	0	0.293	.		
YTD Total for Reporting ICUs	0	225	0	0.293	.		

*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.

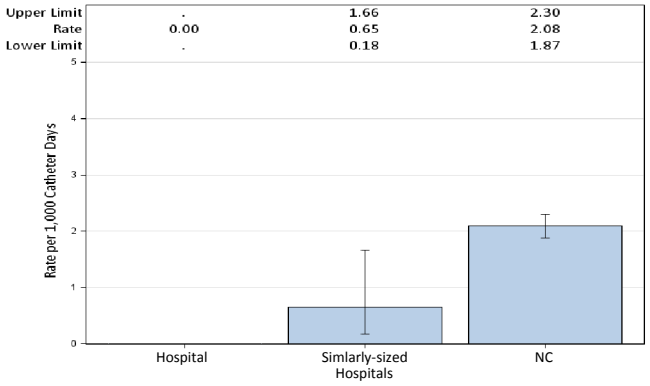


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

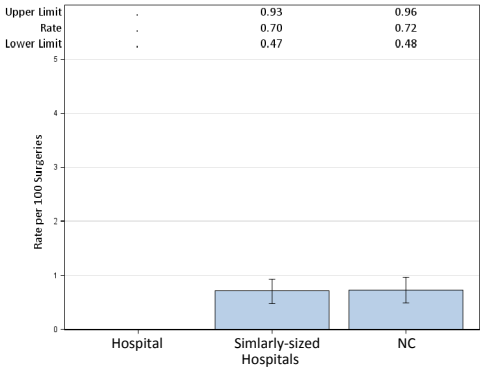


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	17	3
Rate	.	.
Predicted Infections	.	.
SIR**	.	.
95% CI**		
Interpretation		

*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.

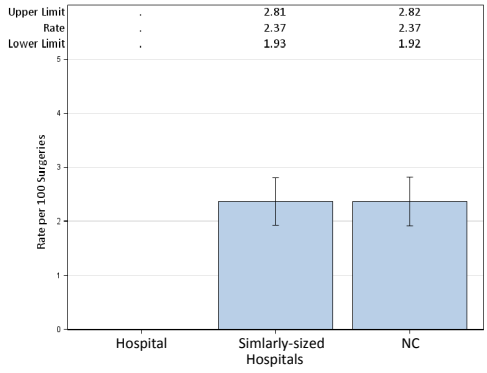


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

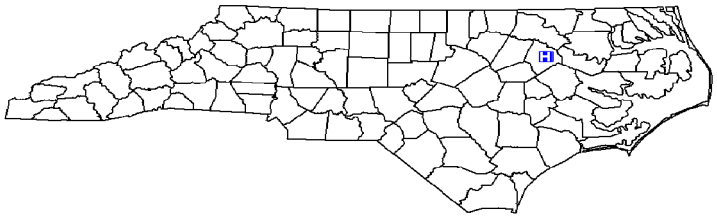
Commentary from Hospitals:
No comments provided.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Vidant Edgecombe Hospital, Tarboro, Edgecombe County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Profit Status:	Not for Profit
Admissions in 2011:	5,033
Patient Days in 2011:	18,064
Number of Beds:	117
Number of ICU Beds:	8
Infection Preventionists:	1



Central Line-Associated Bloodstream Infections (CLABSI)

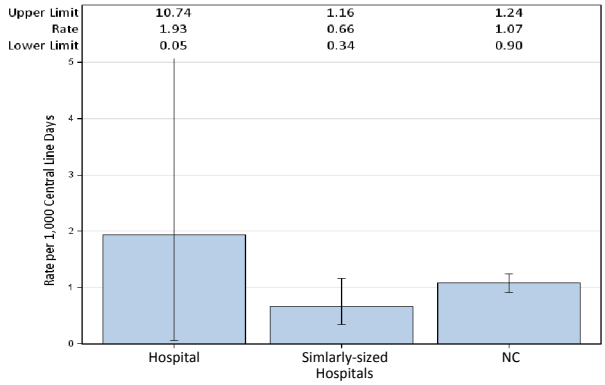


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

Table 1. Rates and SIRs by ICU Type, Jan-June 2012 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	519	1.93	1.09	0.917	0.023, 5.112	Same
YTD Total for Reporting ICUs	1	519	1.93	1.09	0.917	0.023, 5.112	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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	2	631	3.17	1.451	1.378	0.167, 4.979	Same
YTD Total for Reporting ICUs	2	631	3.17	1.451	1.378	0.167, 4.979	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.

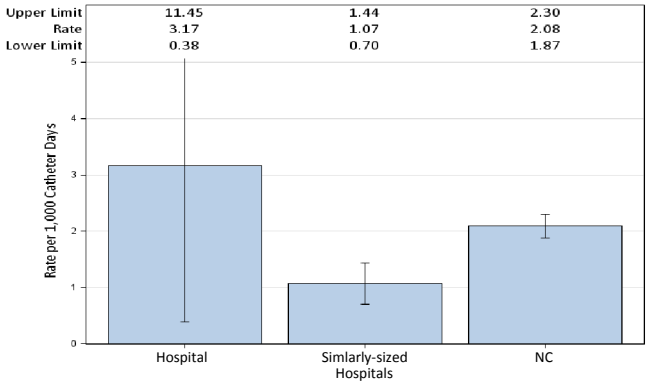


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

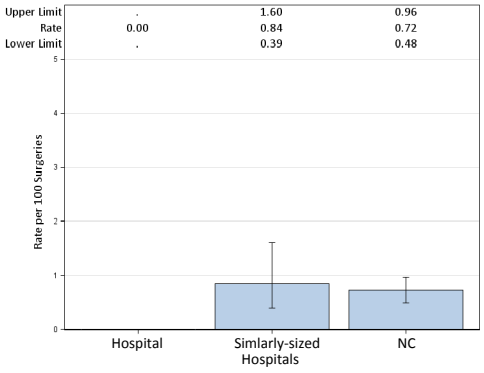


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	22	13
Rate	0	.
Predicted Infections	0.22	.
SIR**	.	.
95% CI**		
Interpretation		

*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.

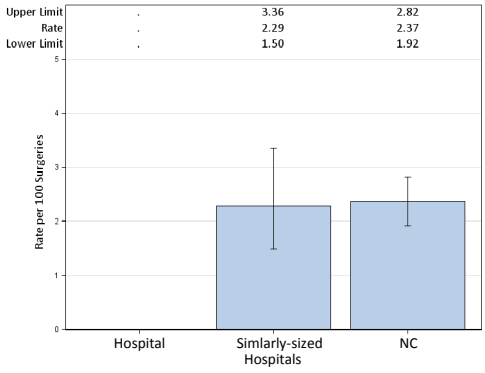


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

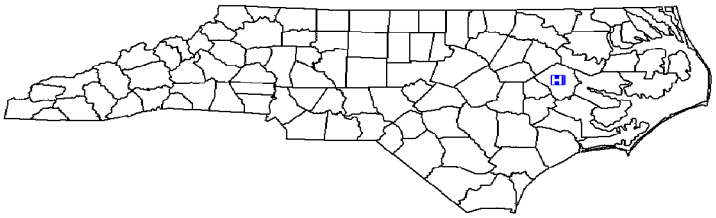
Commentary from Hospitals:
No comments provided.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Vidant Medical Center, Greenville, Pitt County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Profit Status:	Not for Profit
Admissions in 2011:	57,661
Patient Days in 2011:	310,339
Number of Beds:	861
Number of ICU Beds:	162
Infection Preventionists:	8



Central Line-Associated Bloodstream Infections (CLABSI)

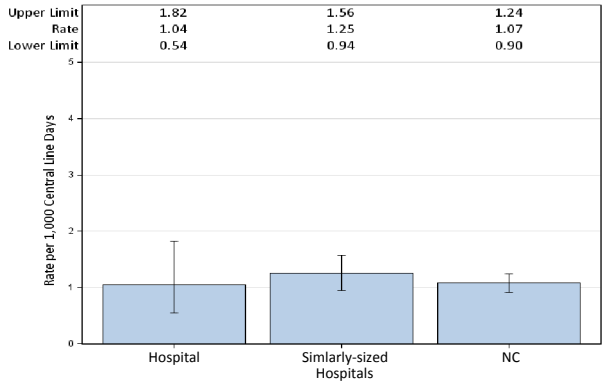


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

Table 1. Rates and SIRs by ICU Type, Jan-June 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	2,943	1.02	7.652	0.392	0.081, 1.146	Same
Medical cardiac	2	1,696	1.18	3.392	0.59	0.071, 2.130	Same
Neonatal Level III	4	1,443	2.77	3.635	1.1	0.300, 2.817	Same
Neurosurgical	1	500	2	1.25	0.8	0.020, 4.457	Same
Pediatric medical/surgical	1	582	1.72	1.746	0.573	0.015, 3.191	Same
Surgical	1	2,174	0.46	5	0.2	0.005, 1.114	Lower
Surgical cardiothoracic	0	2,197	0	3.076	0	, 1.199	Lower
YTD Total for Reporting ICUs	12	11,535	1.04	25.751	0.466	0.241, 0.814	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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	21	3,391	6.19	7.799	2.693	1.666, 4.116	Higher
Medical cardiac	5	1,920	2.6	3.84	1.302	0.423, 3.039	Same
Neurosurgical	5	748	6.68	3.291	1.519	0.493, 3.546	Same
Pediatric medical/surgical	1	472	2.12	1.322	0.756	0.019, 4.215	Same
Surgical	11	2,900	3.79	7.54	1.459	0.728, 2.610	Same
Surgical cardiothoracic	5	1,555	3.22	2.644	1.891	0.614, 4.413	Same
YTD Total for Reporting ICUs	48	10,986	4.37	26.436	1.816	1.339, 2.407	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.

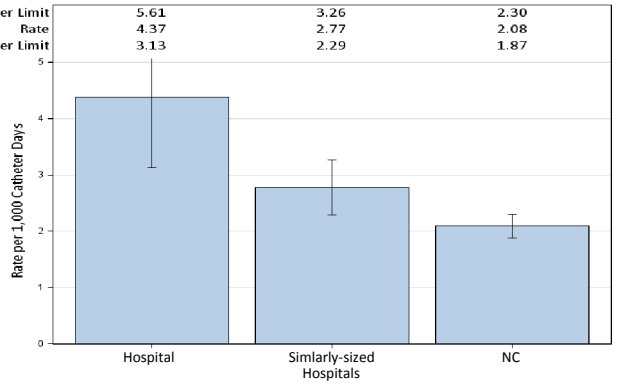


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

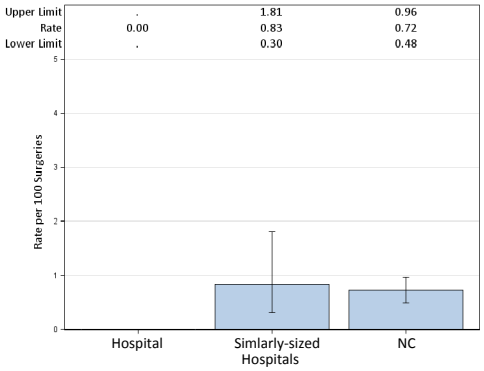


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	6
Procedures	152	216
Rate	0	2.78
Predicted Infections	1.50	7.24
SIR**	0	0.829
95% CI**	, 2.456	0.304, 1.804
Interpretation	Same	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 were performed and SIR not presented.

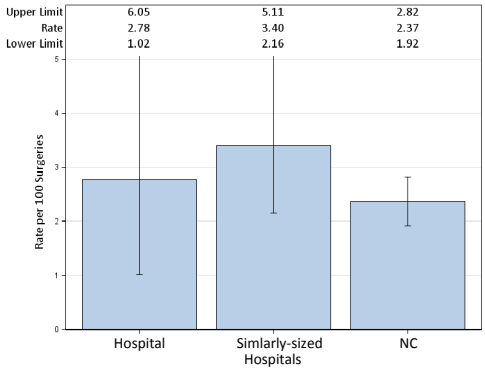


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

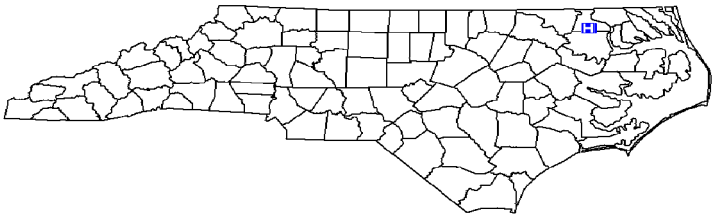
Commentary from Hospitals:
No comments provided.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Vidant Roanoke Chowan Hospital, Ahoskie, Hertford County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2011:	245
Patient Days in 2011:	1,257
Number of Beds:	144
Number of ICU Beds:	10
Infection Preventionists:	1



Central Line-Associated Bloodstream Infections (CLABSI)

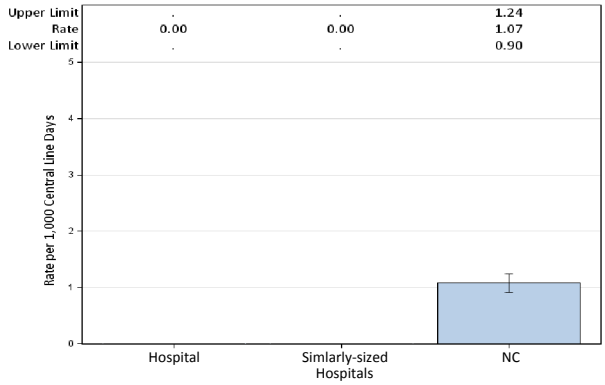


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

Table 1. Rates and SIRs by ICU Type, Jan-June 2012 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	548	0	0.822	.		
YTD Total for Reporting ICUs	0	548	0	0.822	.		

*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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	344	0	0.447	.		
YTD Total for Reporting ICUs	0	344	0	0.447	.		

*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.

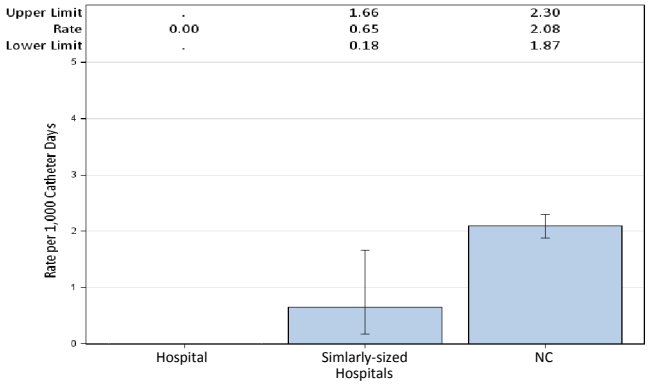


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

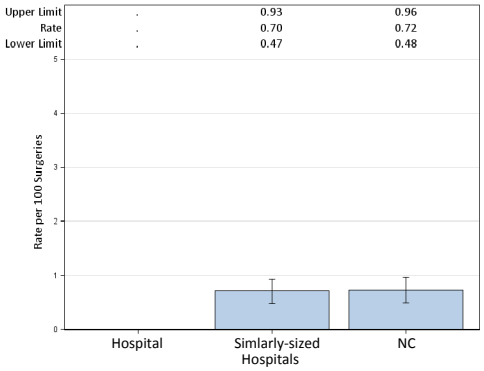


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	15	14
Rate	.	.
Predicted Infections	.	.
SIR**	.	.
95% CI**		
Interpretation		

*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.

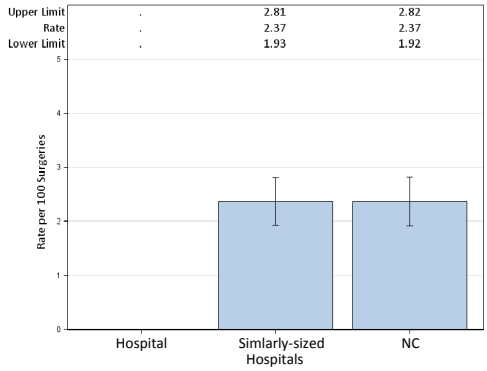


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

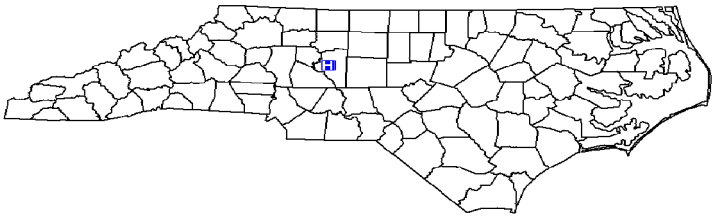
Commentary from Hospitals:
Physician and staff engagement has been the critical factor for our success.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Wake Forest Baptist Health-Lexington Medical Center, Lexington, Davidson County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Limited
Profit Status:	Not for Profit
Admissions in 2011:	4,121
Patient Days in 2011:	10,939
Number of Beds:	85
Number of ICU Beds:	21
Infection Preventionists:	1



Central Line-Associated Bloodstream Infections (CLABSI)

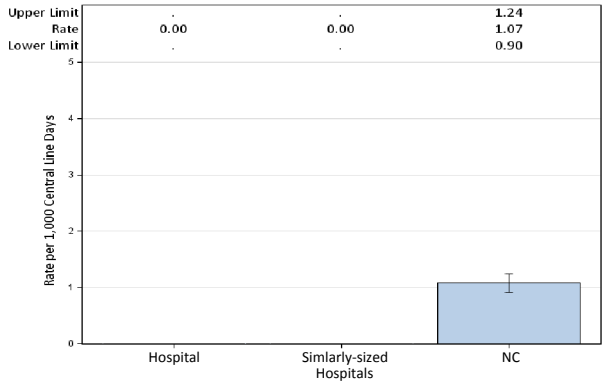


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

Table 1. Rates and SIRs by ICU Type, Jan-June 2012 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	208	0	0.312	.		
YTD Total for Reporting ICUs	0	208	0	0.312	.		

*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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	912	0	1.094	0	, 3.372	Same
YTD Total for Reporting ICUs	0	912	0	1.094	0	, 3.372	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.

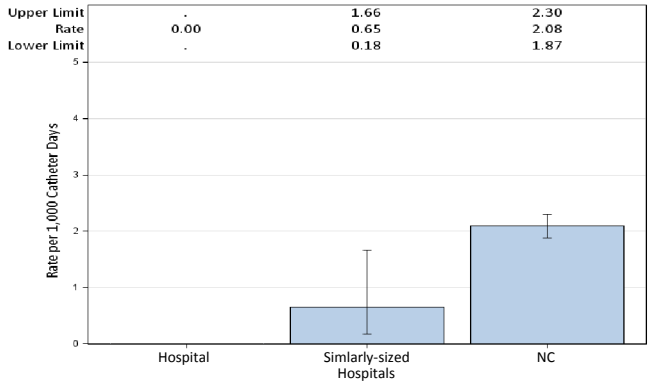


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

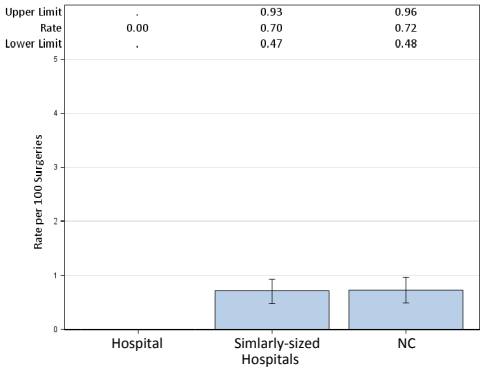


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	40	19
Rate	0	.
Predicted Infections	0.31	.
SIR**	.	.
95% CI**		
Interpretation		

*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.

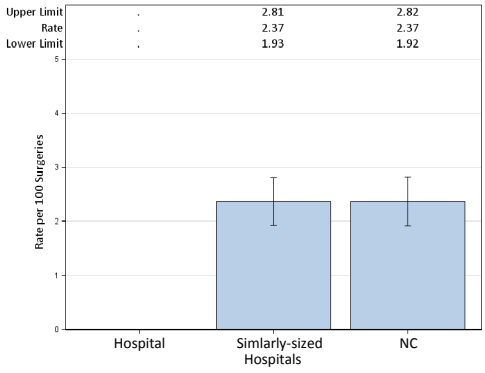


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

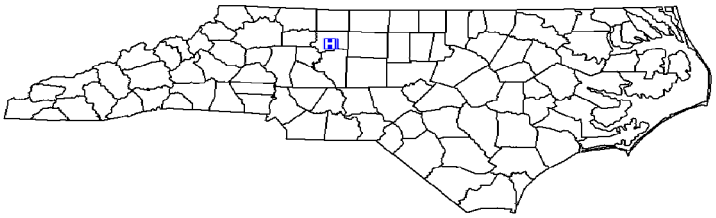
Commentary from Hospitals:
No comments provided.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Wake Forest University Baptist Medical Center, Winston-Salem, Forsyth County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Profit Status:	Not for Profit
Admissions in 2011:	38,762
Patient Days in 2011:	240,880
Number of Beds:	885
Number of ICU Beds:	176
Infection Preventionists:	6



Central Line-Associated Bloodstream Infections (CLABSI)

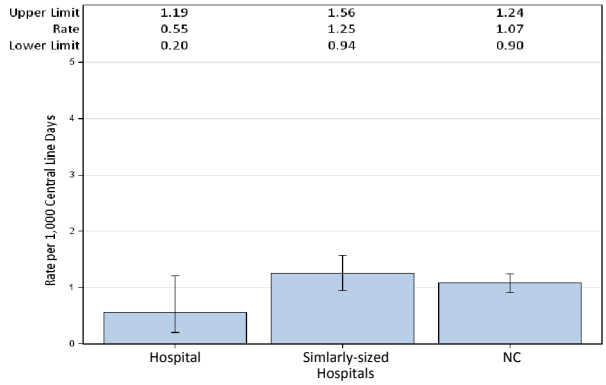


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

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

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Burn	0	191	0	1.051	0	, 3.510	Same
Medical	0	2,569	0	6.679	0	, 0.552	Lower
Medical cardiac	1	581	1.72	1.162	0.861	0.022, 4.795	Same
Medical/surgical	0	644	0	1.352	0	, 2.728	Same
Neonatal Level II/III	1	3,096	0.32	8.497	0.118	0.003, 0.656	Lower
Neurosurgical	1	751	1.33	1.878	0.532	0.013, 2.967	Same
Pediatric medical/surgical	0	1,183	0	3.549	0	, 1.039	Lower
Surgical	1	436	2.29	1.003	0.997	0.025, 5.555	Same
Surgical cardiothoracic	1	1,103	0.91	1.544	0.648	0.016, 3.609	Same
Trauma	1	383	2.61	1.379	0.725	0.018, 4.040	Same
YTD Total for Reporting ICUs	6	10,937	0.55	28.093	0.214	0.078, 0.465	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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Burn	1	821	1.22	3.612	0.277	0.007, 1.543	Same
Medical	7	4,420	1.58	10.166	0.689	0.277, 1.419	Same
Medical cardiac	3	731	4.1	1.462	2.052	0.423, 5.997	Same
Medical/surgical	1	1,545	0.65	3.554	0.281	0.007, 1.568	Same
Neurosurgical	6	1,653	3.63	7.273	0.825	0.303, 1.796	Same
Pediatric medical/surgical	1	568	1.76	1.59	0.629	0.016, 3.504	Same
Surgical	2	1,370	1.46	3.562	0.561	0.068, 2.028	Same
Surgical cardiothoracic	2	1,474	1.36	2.506	0.798	0.097, 2.883	Same
Trauma	2	1,578	1.27	5.365	0.373	0.045, 1.347	Same
YTD Total for Reporting ICUs	25	14,160	1.77	39.091	0.64	0.414, 0.944	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.

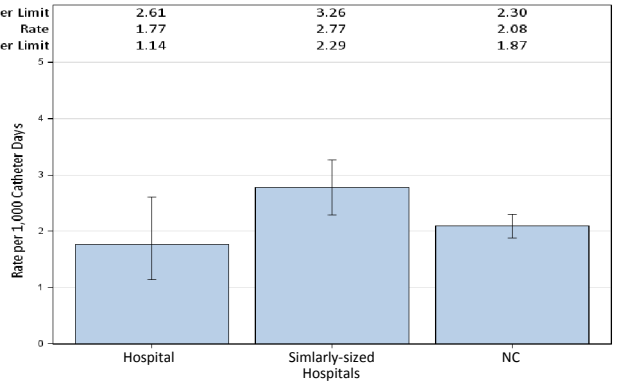


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

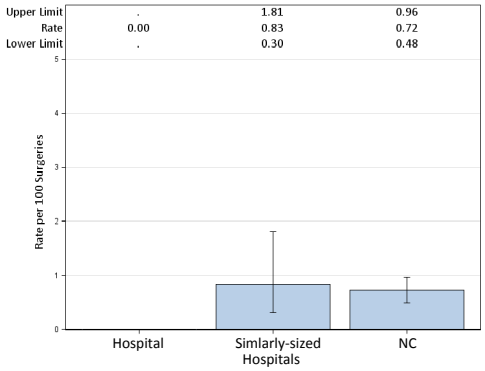


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	4
Procedures	121	167
Rate	0	2.4
Predicted Infections	1.56	6.07
SIR**	0	0.659
95% CI**	, 2.368	0.179, 1.687
Interpretation	Same	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 were performed and SIR not presented.

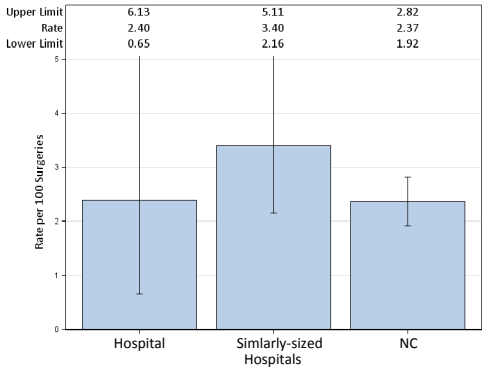


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

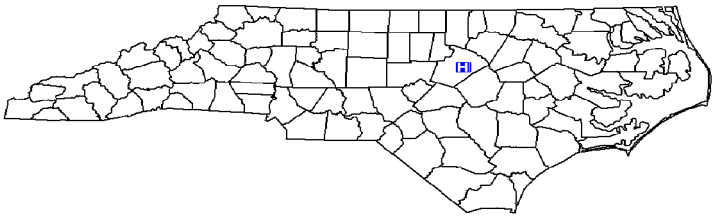
Commentary from Hospitals:
No comments provided.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
WakeMed, Raleigh, Wake County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Profit Status:	Not for Profit
Admissions in 2011:	38,571
Patient Days in 2011:	177,111
Number of Beds:	589
Number of ICU Beds:	120
Infection Preventionists:	7



Central Line-Associated Bloodstream Infections (CLABSI)

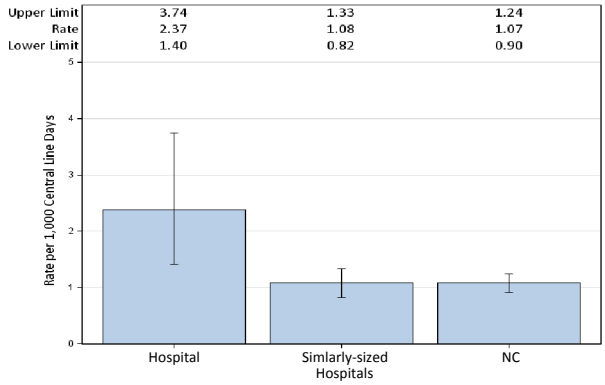


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

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

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	4	1,027	3.89	1.951	2.05	0.559, 5.249	Same
Medical cardiac	2	1,671	1.2	3.342	0.598	0.072, 2.162	Same
Neonatal Level II/III	3	1,162	2.58	2.613	1.148	0.237, 3.355	Same
Pediatric medical/surgical	0	402	0	1.206	0	, 3.059	Same
Surgical cardiothoracic	1	1,358	0.74	1.901	0.526	0.013, 2.931	Same
Trauma	8	1,981	4.04	7.132	1.122	0.484, 2.210	Same
YTD Total for Reporting ICUs	18	7,601	2.37	18.145	0.992	0.588, 1.568	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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	2	1,201	1.67	2.402	0.833	0.101, 3.008	Same
Medical cardiac	8	1,811	4.42	3.622	2.209	0.954, 4.352	Higher
Pediatric medical/surgical	1	245	4.08	0.686	.		
Surgical cardiothoracic	1	1,460	0.68	2.482	0.403	0.010, 2.245	Same
Trauma	15	2,421	6.2	8.231	1.822	1.019, 3.006	Higher
YTD Total for Reporting ICUs	27	7,138	3.78	17.423	1.55	1.021, 2.255	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.

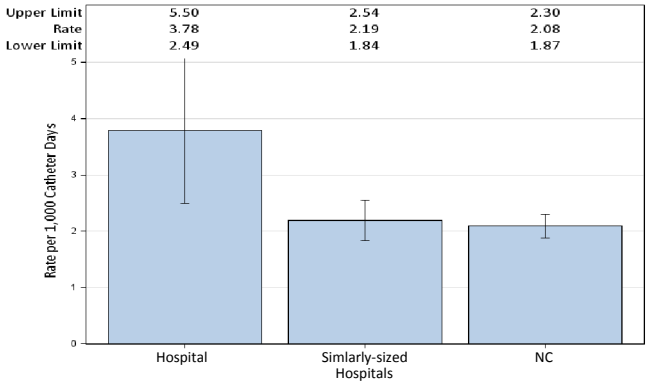


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

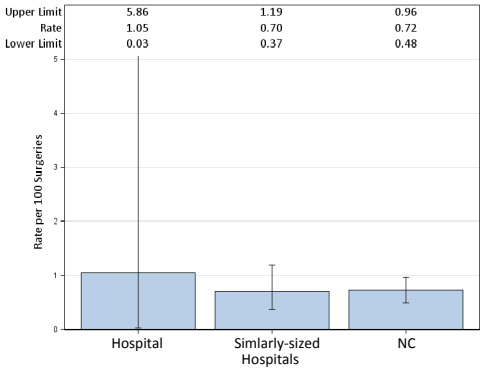


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	1	2
Procedures	95	94
Rate	1.05	2.13
Predicted Infections	0.87	3.08
SIR**	.	0.649
95% CI**		0.079, 2.343
Interpretation		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 were performed and SIR not presented.

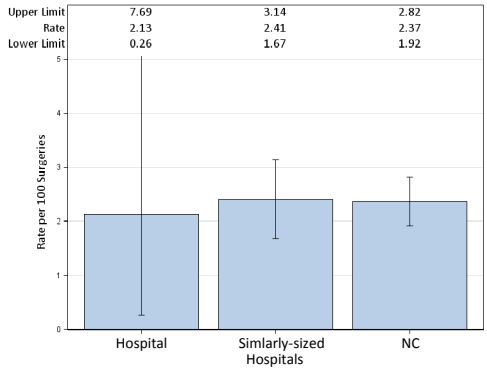


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

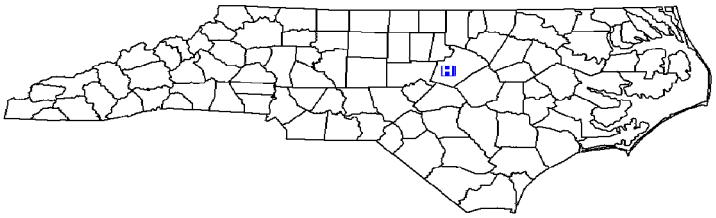
Commentary from Hospitals:
No comments provided.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
WakeMed Cary Hospital, Cary, Wake County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2011:	12,855
Patient Days in 2011:	47,475
Number of Beds:	172
Number of ICU Beds:	12
Infection Preventionists:	1



Central Line-Associated Bloodstream Infections (CLABSI)

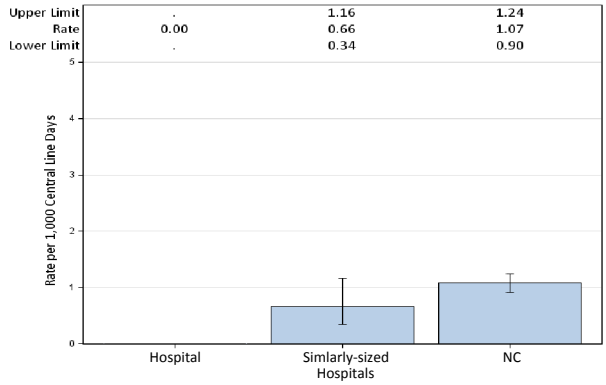


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

Table 1. Rates and SIRs by ICU Type, Jan-June 2012 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	564	0	0.846	.		
YTD Total for Reporting ICUs	0	564	0	0.846	.		

*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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	885	1.13	1.151	0.869	0.022, 4.841	Same
YTD Total for Reporting ICUs	1	885	1.13	1.151	0.869	0.022, 4.841	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.

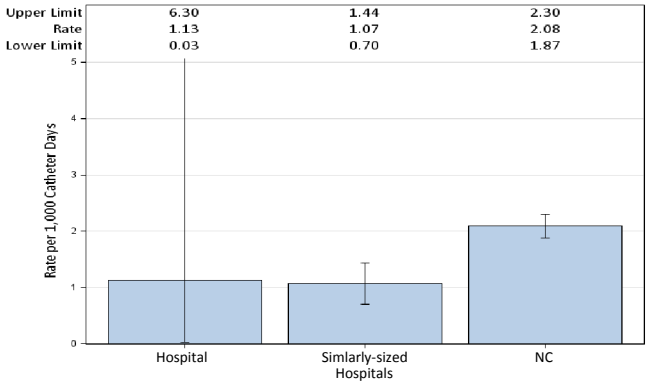


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

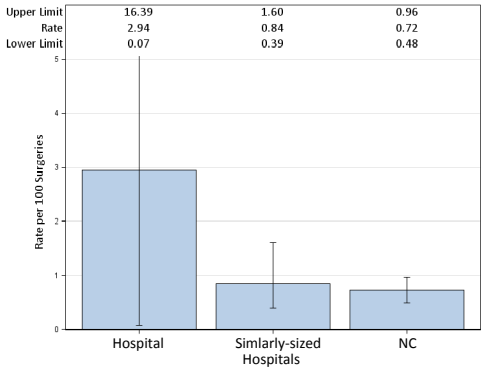


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	1	3
Procedures	34	89
Rate	2.94	3.37
Predicted Infections	0.32	2.69
SIR**	.	1.117
95% CI**		0.230, 3.264
Interpretation		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 were performed and SIR not presented.

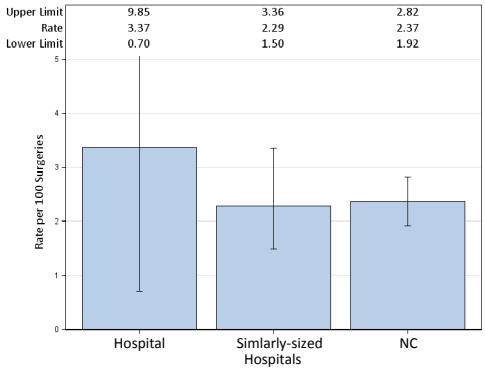


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

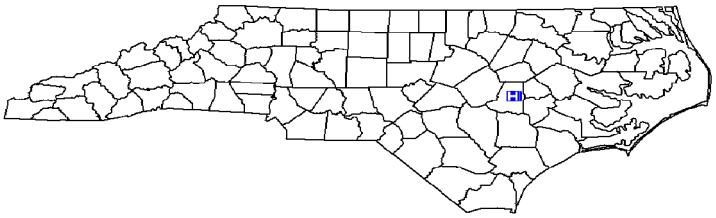
Commentary from Hospitals:
No comments provided.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Wayne Memorial Hospital, Goldsboro, Wayne County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2011:	14,278
Patient Days in 2011:	63,295
Number of Beds:	316
Number of ICU Beds:	16
Infection Preventionists:	2



Central Line-Associated Bloodstream Infections (CLABSI)

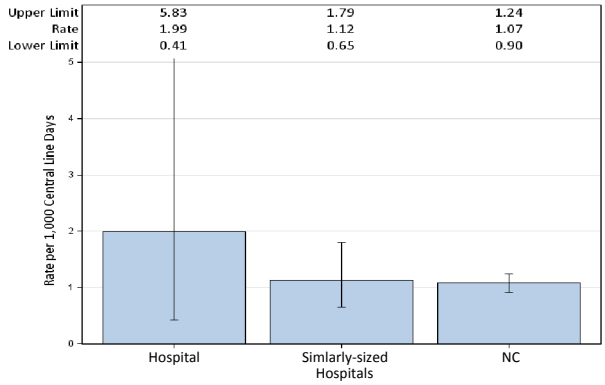


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

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

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	3	1,504	1.99	2.256	1.33	0.274, 3.886	Same
YTD Total for Reporting ICUs	3	1,504	1.99	2.256	1.33	0.274, 3.886	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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	4	1,601	2.5	2.081	1.922	0.524, 4.921	Same
YTD Total for Reporting ICUs	4	1,601	2.5	2.081	1.922	0.524, 4.921	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.

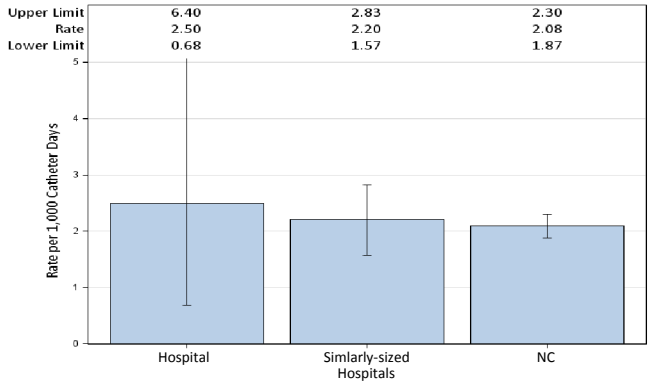


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

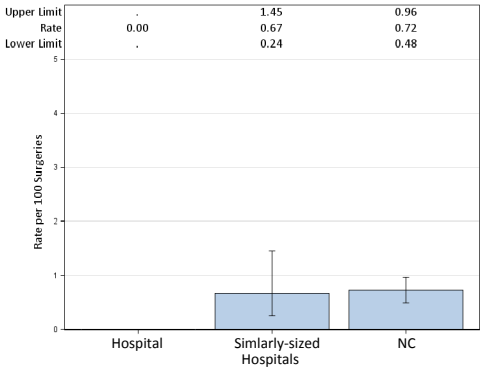


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	79	55
Rate	0	0
Predicted Infections	0.74	1.88
SIR**	.	0
95% CI**		, 1.959
Interpretation		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 were performed and SIR not presented.

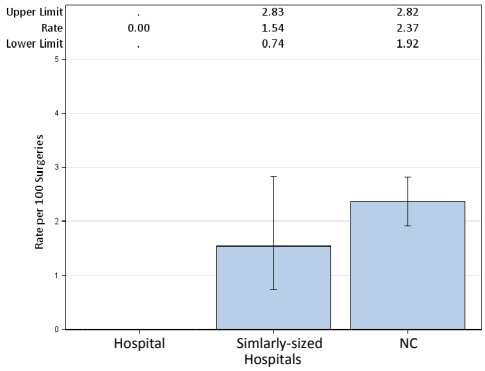


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

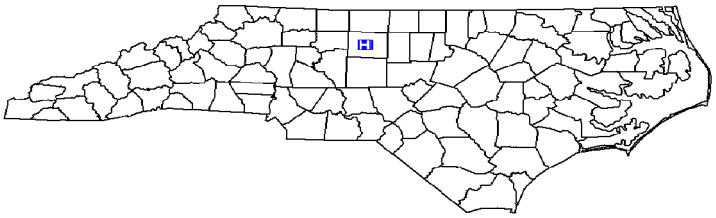
Commentary from Hospitals:
No comments provided.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Wesley Long Hospital, Greensboro, Guilford County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2011:	9,458
Patient Days in 2011:	46,816
Number of Beds:	195
Number of ICU Beds:	20
Infection Preventionists:	1



Central Line-Associated Bloodstream Infections (CLABSI)

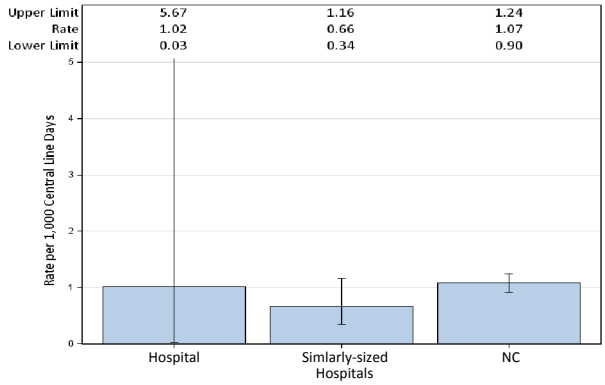


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

Table 1. Rates and SIRs by ICU Type, Jan-June 2012 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	982	1.02	1.473	0.679	0.017, 3.783	Same
YTD Total for Reporting ICUs	1	982	1.02	1.473	0.679	0.017, 3.783	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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	2	1,564	1.28	1.877	1.066	0.129, 3.849	Same
YTD Total for Reporting ICUs	2	1,564	1.28	1.877	1.066	0.129, 3.849	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.

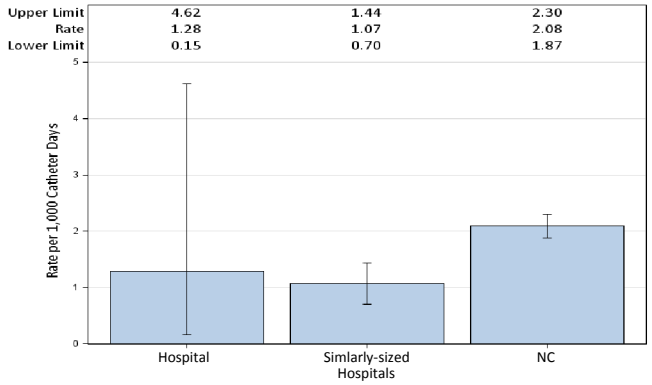


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

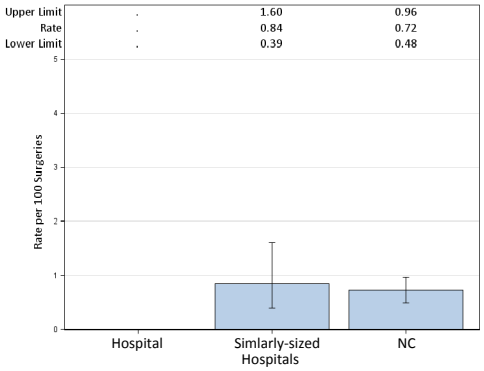


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	18	74
Rate	.	0
Predicted Infections	.	2.29
SIR**	.	0
95% CI**		, 1.611
Interpretation		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 were performed and SIR not presented.

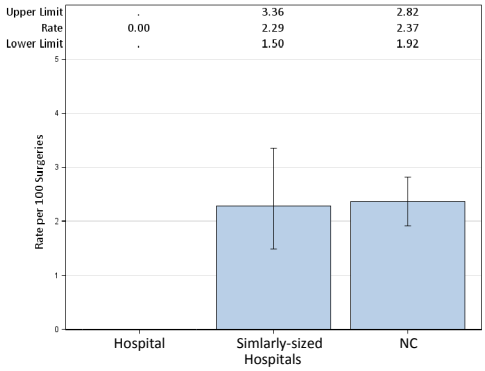


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

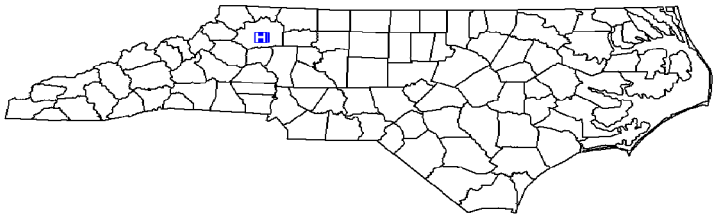
Commentary from Hospitals:
No comments provided.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Wilkes Regional Medical Center, North Wilkesboro, Wilkes County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2011:	4,266
Patient Days in 2011:	13,730
Number of Beds:	130
Number of ICU Beds:	8
Infection Preventionists:	1



Central Line-Associated Bloodstream Infections (CLABSI)

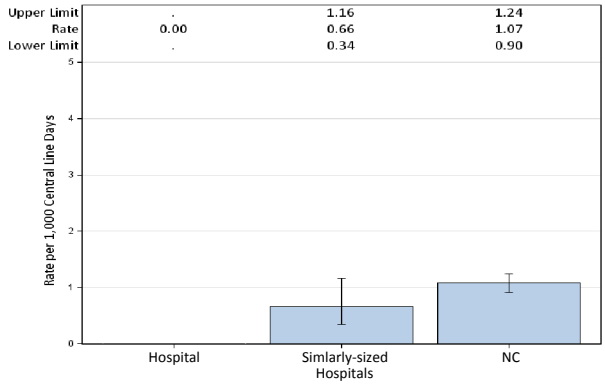


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

Table 1. Rates and SIRs by ICU Type, Jan-June 2012 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	151	0	0.227	.		
YTD Total for Reporting ICUs	0	151	0	0.227	.		

*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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	497	0	0.646	.		
YTD Total for Reporting ICUs	0	497	0	0.646	.		

*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.

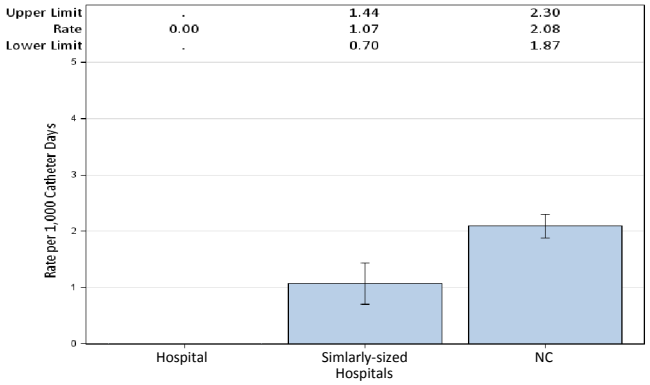


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

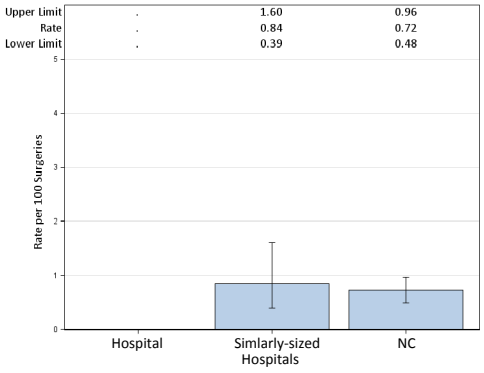


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	3	11
Rate	.	.
Predicted Infections	.	.
SIR**	.	.
95% CI**		
Interpretation		

*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.

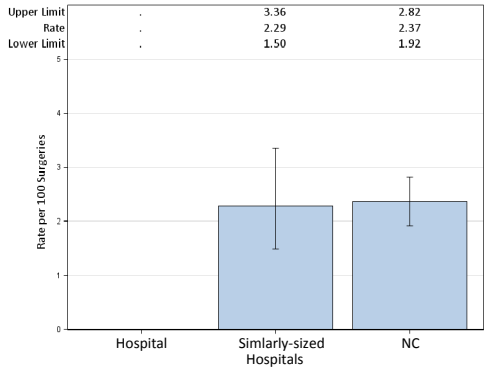


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

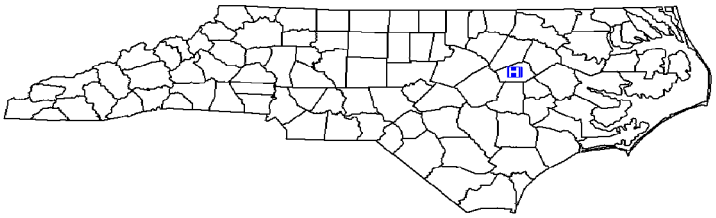
Commentary from Hospitals:
The prevention and reduction of healthcare associated infections is a top priority at Wilkes Regional Medical Center. To accomplish this, infection prevention strategies are continually assessed and measures implemented to decrease the risk for infection. These measures are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

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Wilson Medical Center, Wilson, Wilson County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2011:	8,528
Patient Days in 2011:	35,549
Number of Beds:	220
Number of ICU Beds:	14
Infection Preventionists:	2



Central Line-Associated Bloodstream Infections (CLABSI)

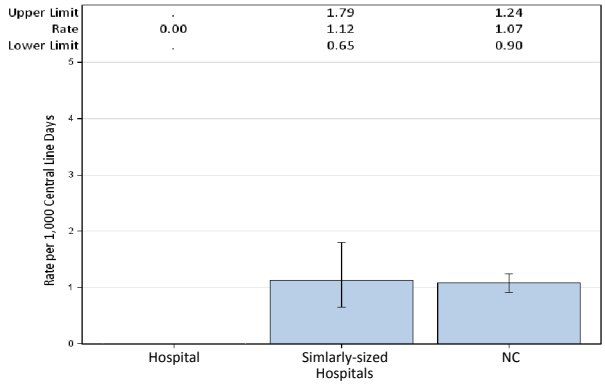


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

Table 1. Rates and SIRs by ICU Type, Jan-June 2012 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	621	0	0.932	.		
YTD Total for Reporting ICUs	0	621	0	0.932	.		

*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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	827	1.21	1.075	0.93	0.024, 5.183	Same
YTD Total for Reporting ICUs	1	827	1.21	1.075	0.93	0.024, 5.183	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.

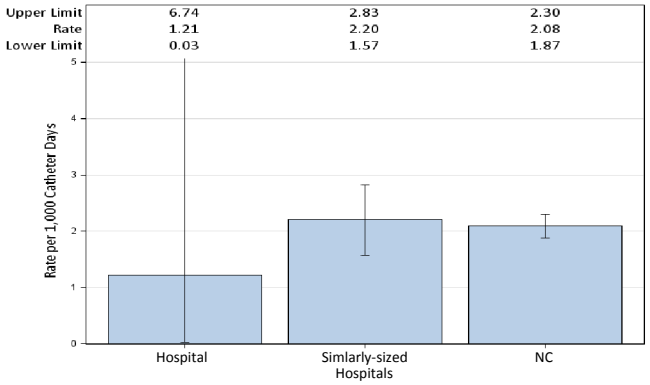


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

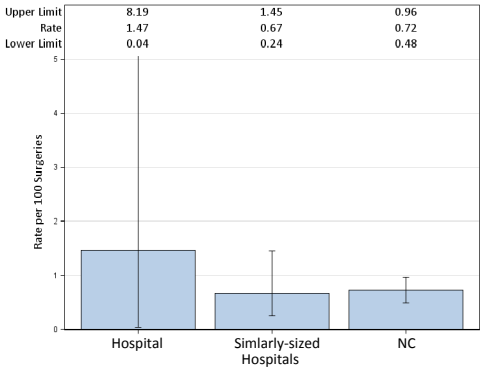


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	1	1
Procedures	68	35
Rate	1.47	2.86
Predicted Infections	0.55	1.11
SIR**	.	0.902
95% CI**		0.023, 5.024
Interpretation		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 were performed and SIR not presented.

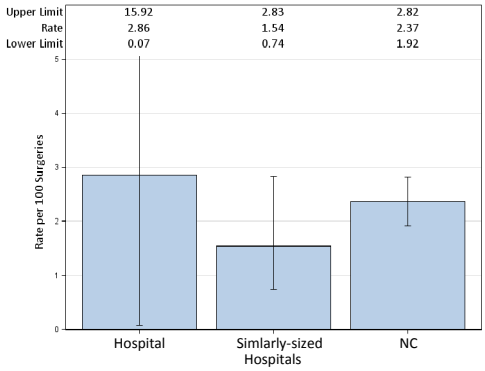


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

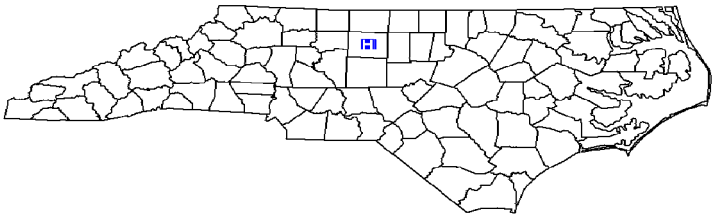
Commentary from Hospitals:
No comments provided.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2012
Women's Hospital, Greensboro, Guilford County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2011:	7,561
Patient Days in 2011:	30,567
Number of Beds:	134
Number of ICU Beds:	40
Infection Preventionists:	1



Central Line-Associated Bloodstream Infections (CLABSI)

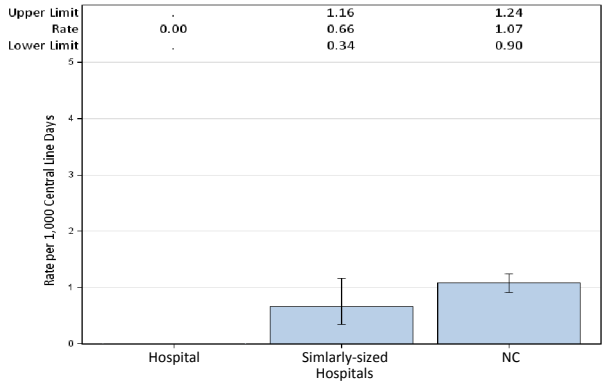


Figure 1. Rates and 95% Confidence Intervals, Jan-June 2012

Table 1. Rates and SIRs by ICU Type, Jan-June 2012 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	12	.	.	.		
Neonatal Level II/III	0	1,128	0	2.714	0	, 1.359	Same
YTD Total for Reporting ICUs	0	1,140	0	2.732	0	, 1.350	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.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates and SIRs by ICU Type, Jan-June 2012 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	88	0	0.114	.		
YTD Total for Reporting ICUs	0	88	0	0.114	.		

*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.

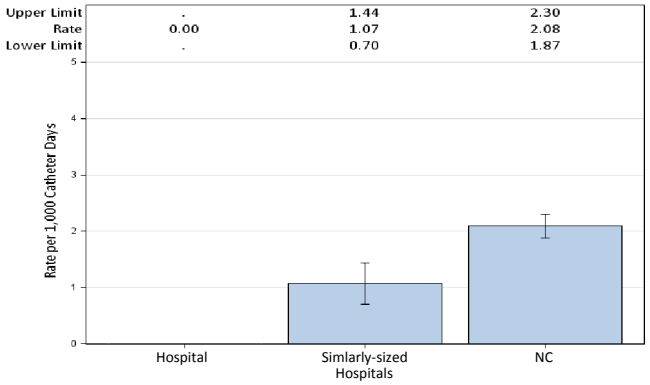


Figure 2. Rates and 95% Confidence Intervals, Jan-June 2012

Surgical Site Infections (SSI)

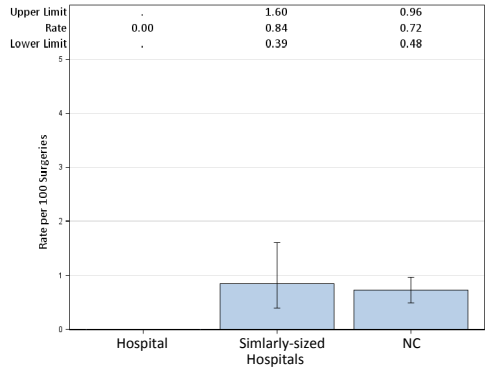


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-June 2012

Table 3. Rates and SIRs by Surgery, Jan-June 2012 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	65	0
Rate	0	.
Predicted Infections	0.67	.
SIR**	.	.
95% CI**		
Interpretation		

*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.

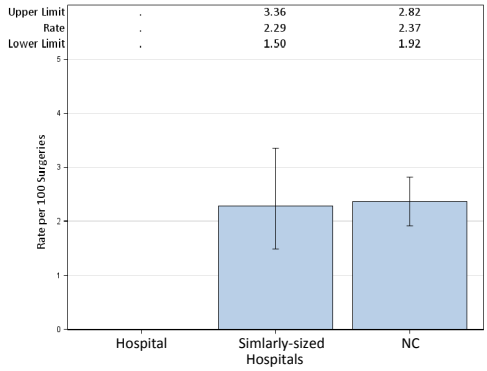


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-June 2012

Commentary from Hospitals:
No comments provided.

Refer to Section IV of the NC HAI Prevention Program - Quarterly Report October 2012 for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of December 27, 2012.

APPENDICES

APPENDIX A. N.C. Healthcare-Associated Infections Advisory Group

Representative Martha B. Alexander
N.C. House of Representatives

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
N.C. Division of Public Health

Chris DeRienzo, MD, MPP
Durham-Orange County Medical Society

Evelyn Foust, MPH
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
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
N.C. House of Representatives

Constance (Connie) D. Jones, RN, CIC
N.C. Division of Public Health

Carol Koeble, MD, MS, CPE
N.C. Center for Hospital Quality and Patient Safety

James Lederer, MD
Novant Health

Jennifer MacFarquhar, RN, MPH, CIC
N.C. Division of Public Health

Jean-Marie Maillard, M.D.
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

John Morrow, MD
NC 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

Senator William R. Purcell
N.C. Senate

APPENDIX A. N.C. Healthcare-Associated Infections Advisory Group (continued)

Charles Riddick, CEO The Carolinas Center for Medical Excellence

William A. Rutala, Ph.D., M.P.H.
N.C. Statewide Program in Infection Control and Epidemiology

Robert L. Sautter, Ph.D., HCLD (ABB)
N.C. Laboratory Response Forum
Carolinas Medical Center

Daniel J. Sexton, MD
Duke Infection Control Outreach Network (DICON**)**
Duke University Health System

Cindi Snider, PhD
N.C. Division of Public Health

Kristin M. Sullivan, MPH
N.C. Division of Public Health

Michael E. Toedt, MD, FAAFP
Cherokee Indian Hospital

Christopher W. Woods, MD, MPH Duke University Medical Center Durham VAMC

APPENDIX B. Similarly-Sized Hospitals in North Carolina, 2011 National Healthcare Safety Network Annual Hospital Survey

Hospital Groups	Hospital Name	Number of Beds
1-99 Beds	Annie Penn Hospital	78
	Anson Community Hospital	30
	Blue Ridge Regional Hospital	46
	Brunswick Community Hospital	60
	Franklin Regional Medical Center	70
	Granville Medical Center	62
	Hugh Chatham Memorial Hospital	81
	Martin General Hospital	49
	MedWest - Harris Regional Hospital	94
	Medical Park Hospital	50
	Murphy Medical Center	57
	Presbyterian Hospital Huntersville	60
	Sampson Regional Medical Center	68
	Sandhills Regional Medical Center	64
	The McDowell Hospital	37
	Vidant Beaufort Hospital	99
	Vidant Duplin Hospital	79
	Wake Forest Baptist Health-Lexington Medical Center	85
100-199 Beds	ARHS-Watauga Medical Center	110
	Albemarle Health Authority	134
	Betsy Johnson Regional	101
	Blue Ridge Healthcare Hospitals - Valdese Campus	131
	Blue Ridge Healthcare Hospitals, Inc. - Morganton Campus	184
	Caldwell Memorial Hospital	110
	Carolinas Medical Center - Lincoln	101
	Carolinas Medical Center - Union	165
	Carolinas Medical Center- Mercy	170
	Carolinas Medical Center- Pineville	109
	Carolinas Medical Center- University	130
	Carteret General Hospital	135
	Central Carolina Hospital	112
	Columbus Regional Healthcare System	107
	Davis Regional Medical Center	143
	Duke Raleigh Hospital	148
	Halifax Regional Medical Center	128
	Haywood Regional Medical Center	100
	Iredell Memorial Hospital	199
	Johnston Health	199
	Kings Mountain Hospital	102
	Lake Norman Regional Medical Center	123
	Maria Parham Medical Center	102
	Morehead Memorial Hospital	108
	Northern Hospital Of Surry County	100
	Onslow Memorial Hospital	162
	Pardee Hospital	145
	Park Ridge Health	103
	Person Memorial Hospital	110
	Presbyterian Hospital Matthews	114
	Randolph Hospital	119
	Rutherford Regional Medical Center	130
	Scotland Memorial Hospital	104

APPENDIX B. Similarly-Sized Hospitals in North Carolina, 2011 National Healthcare Safety Network Annual Hospital Survey

Hospital Groups	Hospital Name	Number of Beds
	Stanly Regional Medical Center	119
	Thomasville Medical Center	149
	Vidant Edgecombe Hospital	117
	Vidant Roanoke Chowan Hospital	144
	WakeMed Cary Hospital	172
	Wesley Long Hospital	195
	Wilkes Regional Medical Center	130
	Women's Hospital	134
200-399 Beds	Alamance Regional Medical Center	238
	CarolinaEast Medical Center	350
	Catawba Valley Medical Center	200
	Cleveland Regional Medical Center	241
	Durham Regional Hospital	202
	Frye Regional Medical Center	355
	High Point Regional Health System	363
	Lenoir Memorial Hospital, Inc	216
	Nash Health Care Systems	286
	Rowan Regional Medical Center	268
	Southeastern Regional Medical Center	299
	Wayne Memorial Hospital	316
	Wilson Medical Center	220
400+ Beds	Cape Fear Valley Health System	535
	Carolinas Medical Center	880
	Carolinas Medical Center - Northeast	435
	FirstHealth Moore Regional Hospital	528
	Forsyth Medical Center	906
	Gaston Memorial Hospital	435
	Mission Hospitals, Inc	739
	Moses Cone Hospital	534
	New Hanover Regional Medical Center	588
	Presbyterian Hospital Charlotte	531
	Rex Healthcare	433
	WakeMed	589
Primary Medical School Affiliation	Duke University Hospital	812
	UNC Health Care	838
	Vidant Medical Center	861
	Wake Forest University Baptist Medical Center	885