Issued October 2013

2013

Healthcare-Associated Infections in North Carolina

Reporting Period: January 1 – June 30, 2013

Healthcare Consumer Version
(Revised November 2013)

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

Introduction

The prevention of healthcare-associated infections is a public health priority in North Carolina and is a collaborative effort among the healthcare and public health communities. This October 2013 Healthcare-Associated Infections report is an important product of this collaboration. Included in this report is information about infections occurring in North Carolina short-term acute care hospitals, long-term acute care hospitals, and inpatient rehabilitation facilities from January 1 through June 30, 2013. Data included in this report are preliminary and therefore subject to change.

This report focuses on three important types of healthcare-associated infections that may occur while patients are hospitalized: central line-associated bloodstream infections, catheter-associated urinary tract infections, and surgical site infections (specifically those following abdominal hysterectomies or colon surgeries). These three infections account for a large proportion of infections and deaths attributed to healthcare, but they do not represent the full spectrum of healthcare-associated infections.

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

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

We hope that the information in this report will be useful to healthcare consumers. Data are intended to provide an understanding of the burden of healthcare-associated infections in North Carolina and an opportunity to evaluate infection rates across the state. Prevention tips are also provided so readers can take steps to minimize their risk of acquiring a healthcare-associated infection (Appendix C). A separate, more technical healthcare provider version of this report 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 Program, please visit http://epi.publichealth.nc.gov/cd/diseases/hai.

Note to Readers on November 2013 Version:

In the October 2013 Quarterly Report, the data used to compare each hospital to similarly sized hospitals were based on the 2011 Hospital Survey. In this revised version, the rates and confidence intervals for similarly sized hospitals have been updated based on the 2012 Hospital Survey. This resulted in changes to the bar graphs for the following hospitals:

- Annie Penn Hospital, Reidsville, Rockingham County
- Caldwell Memorial Hospital, Lenoir, Caldwell County
- Carolinas Medical Center, Charlotte, Mecklenburg County
- Carolinas Medical Center-Pineville, Charlotte, Mecklenburg County
- Carolinas Medical Center-University, Charlotte, Mecklenburg County
- Catawba Valley Medical Center, Hickory, Catawba County
- Blue Ridge Healthcare Hospitals, Inc. - Morganton Campus, Morganton, Burke County
- Person Memorial Hospital, Roxboro, Person County
- Sampson Regional Medical Center, Clinton, Sampson County*
- Blue Ridge Healthcare Hospitals - Valdese Campus, Valdese, Burke County
- Vidant Roanoke Chowan Hospital, Ahoskie, Hertford County
- Wilson Medical Center, Wilson, Wilson County

*Additional updates were made to the Sampson Regional report to include all data entered as of Q2 2013 (Mar-Jun); Q1 2013 (Jan-Mar) data were still unavailable.

Acknowledgements

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

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

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

Table of Contents

I. Surveillance for Healthcare-Associated Infections in North Carolina

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

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

HAI information is entered into the National Healthcare Safety Network (NHSN), a web-based surveillance system administered by the Centers for Disease Control and Prevention. The N.C. HAI Program works with hospitals on a monthly basis to ensure their data are accurate and timely. All data in NHSN are entered and modified by hospitals; the N.C. HAI Program cannot change data in NHSN.

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

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

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

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

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

[1] Centers for Medicare and Medicaid Services. Acute Inpatient Prospective Payment System. www.cms.gov/AcuteInpatientPPS/FR2012/list.asp. Accessed September 25, 2012.

II. Hospital-Specific Summary Reports

A. Explanation of the Hospital-Specific Summary Reports

Each hospital-specific summary report contains up to 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) after abdominal hysterectomies and colon surgeries, and 5) commentary from the hospital. These sections are described below. Note: Data on LabID events will be published at a later date.

These reports cover the first six months of 2013 and data were downloaded from NHSN on September 12, 2013; any changes made to the data after this date are not reflected in this report. Before reviewing this report, a few clarifications about the data need to be made:

1. The data are preliminary. Although efforts were made by hospitals and the N.C. HAI Program to ensure that the data were accurate and complete, a formal validation of the data has not yet been performed. Until data validation is completed, data should be interpreted with caution.

2. The data were self-reported. Although efforts were made through education and training to improve understanding of NHSN surveillance guidelines, definitions, and criteria, there can be variability in interpretation and application, leading to differences in reporting practices among hospitals. This issue will be addressed by data validation.

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

1. 2012 Hospital Survey Information

This section contains general information about the hospital and includes a map of where the hospital (blue "H" icon) is located in North Carolina. Data in this section are from the NHSN 2012 Annual Hospital Survey.

2. Central Line-Associated Bloodstream Infections (CLABSI)

Short-term acute care hospitals

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

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

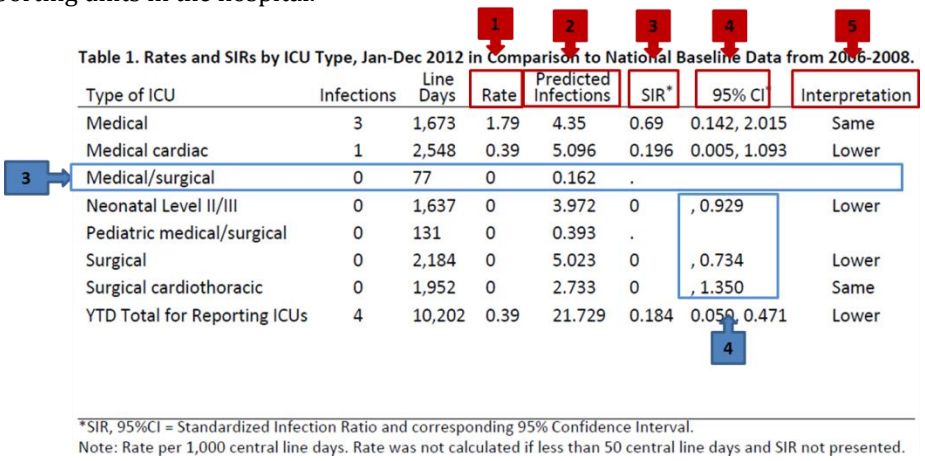


Table 1. Rates and SIRs by ICU Type, Jan-Dec 2012 in Comparison to National Baseline Data from 2006-2008.

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

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

1. The rate is the number of CLABSIs divided by the number of central line days multiplied by 1,000 to get "per 1,000 central line days."

2. The predicted number of infections is calculated using CLABSI rates from a standard population during a baseline time period. For CLABSI, the predicted number of infections is based on 2006-2008 NHSN national data.
3. The SIR is calculated by dividing the observed number of infections by the predicted number of infections. If the number of predicted infections is less than 1, the SIR is not calculated.
4. The 95% CI corresponds to the SIR presented in the table. When the number of infections is 0, the lower bound of the 95% CI is not calculated.
5. The column "Interpretation" details the results of hypothesis testing.
    a. Same: no statistically significant difference between the numbers of observed and predicted infections in a unit (or hospital).
    b. Higher: observed number of infections in a unit (or hospital) was significantly higher than predicted.
    c. Lower: observed number of infections in a unit (or hospital) was significantly lower than predicted.

Long-term acute care hospitals

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

3. Catheter-Associated Urinary Tract Infections (CAUTI)

Short-term acute care hospitals

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

Long-term acute care hospitals

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

Inpatient rehabilitation facilities

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

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

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

Abdominal Hysterectomies

Short-term acute care hospitals

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

Colon Surgeries

Short-term acute care hospitals

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

5. Commentary from Hospital

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

Statistics

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

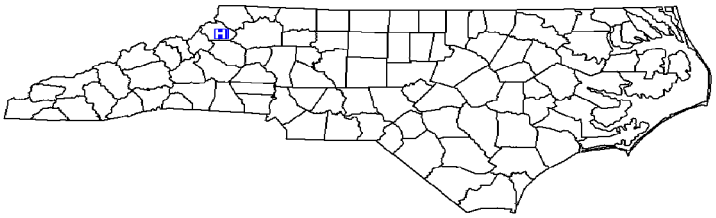
For further explanation of the HAI tables and graphs presented for each hospital, consult Chapter II of the January 2013 N.C. HAI report for Healthcare Providers, pages 2-7 (http://epi.publichealth.nc.gov/cd/hai/figures.html).

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
ARHS-Watauga Medical Center, Boone, Watauga County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Profit Status:	Not for Profit
Admissions in 2012:	5,016
Patient Days in 2012:	19,424
Total Number of Beds:	110
Number of ICU Beds:	10
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.91

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

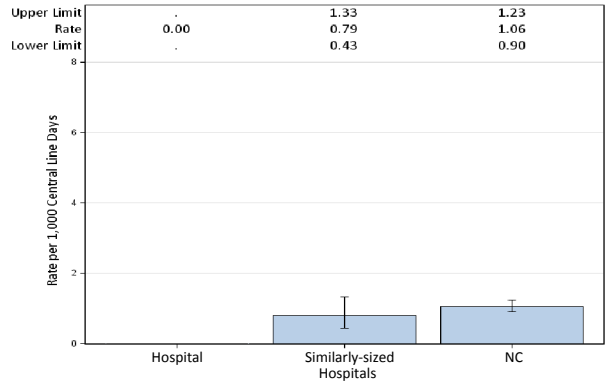


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 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	351	0	0.527	.		
YTD Total for Reporting ICUs	0	351	0	0.527	.		

*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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	674	1.48	0.876	.		
YTD Total for Reporting ICUs	1	674	1.48	0.876	.		

*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.

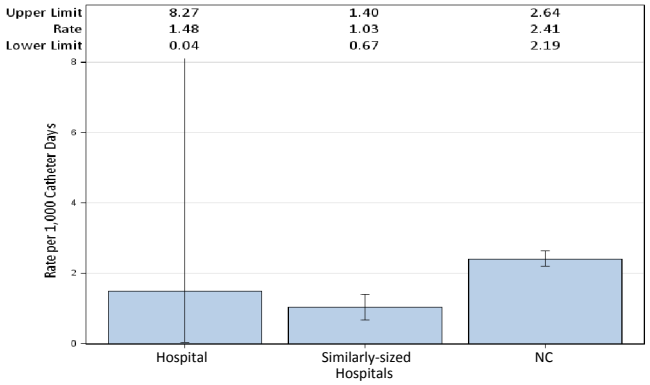


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

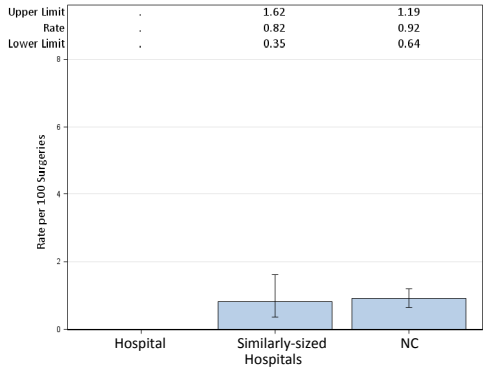


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	10	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.

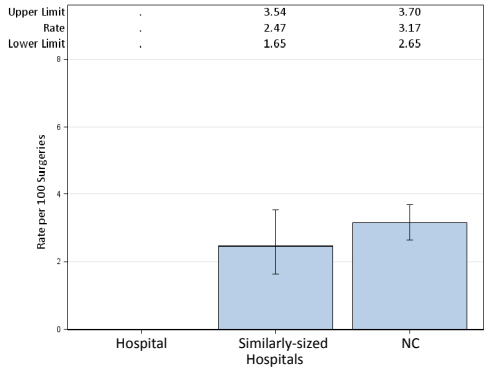


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

Commentary from Hospitals:
No comments provided.

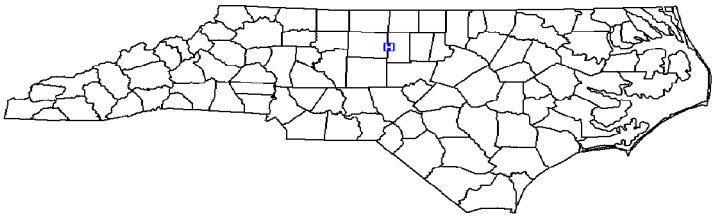
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Alamance Regional Medical Center, Burlington, Alamance County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	11,708
Patient Days in 2012:	43,684
Total Number of Beds:	202
Number of ICU Beds:	32
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.50

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

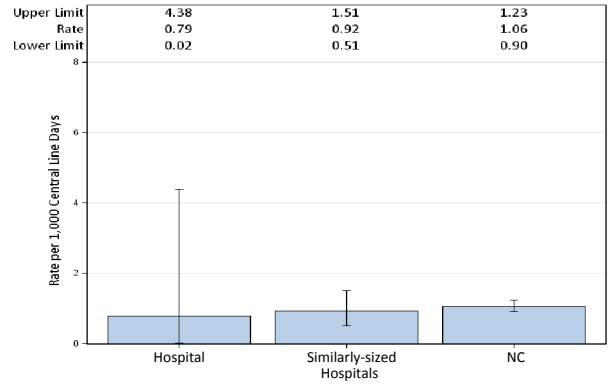


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 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	1,247	0.8	1.871	0.534	0.014, 2.978	Same
Neonatal Level II/III	0	25	.	.	.		
YTD Total for Reporting ICUs	1	1,272	0.79	1.902	0.526	0.013, 2.929	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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	10	1,626	6.15	1.951	5.126	2.458, 9.426	Higher
YTD Total for Reporting ICUs	10	1,626	6.15	1.951	5.126	2.458, 9.426	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.

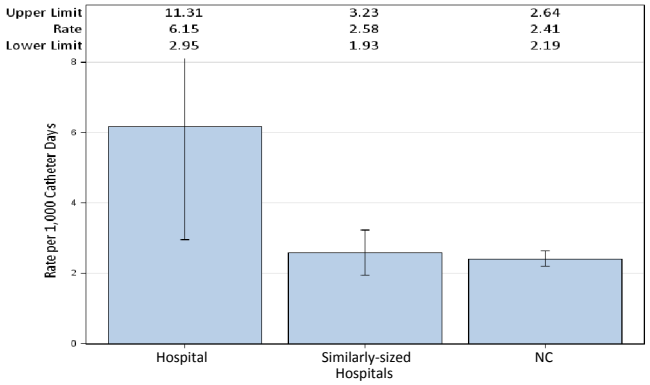


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

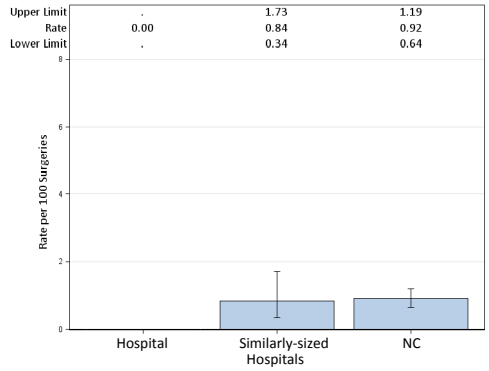


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	2
Procedures	74	61
Rate	0	3.28
Predicted Infections	0.70	2.01
SIR**	.	0.996
95% CI**		0.121, 3.596
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.

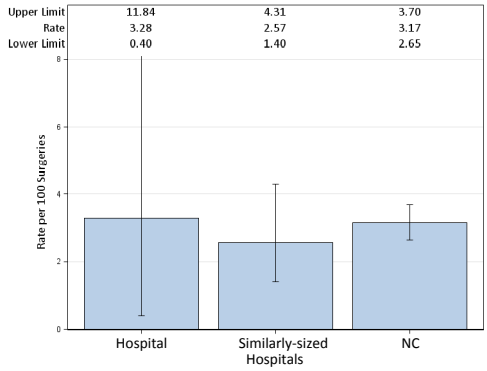


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

Commentary from Hospitals:
No comments provided.

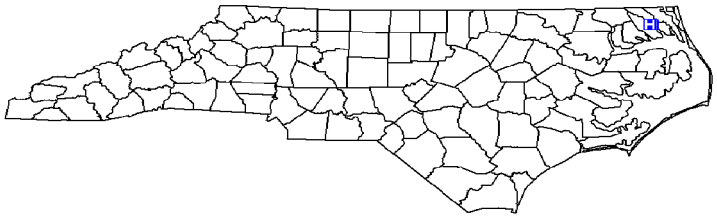
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Albemarle Health Authority, Elizabeth City, Pasquotank County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	5,969
Patient Days in 2012:	20,641
Total Number of Beds:	135
Number of ICU Beds:	10
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.74

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

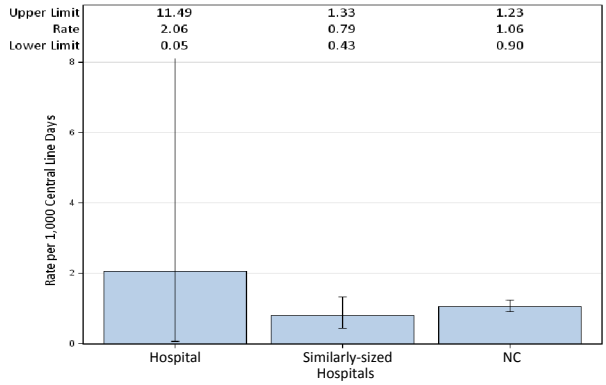


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 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	485	2.06	0.728	.		
YTD Total for Reporting ICUs	1	485	2.06	0.728	.		

*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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	2	795	2.52	1.034	1.934	0.234, 6.987	Same
YTD Total for Reporting ICUs	2	795	2.52	1.034	1.934	0.234, 6.987	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.

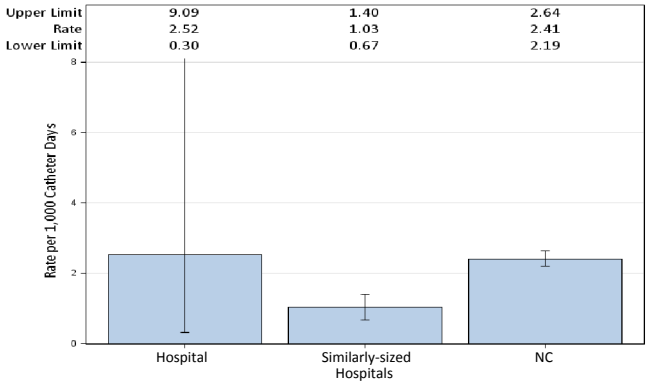


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

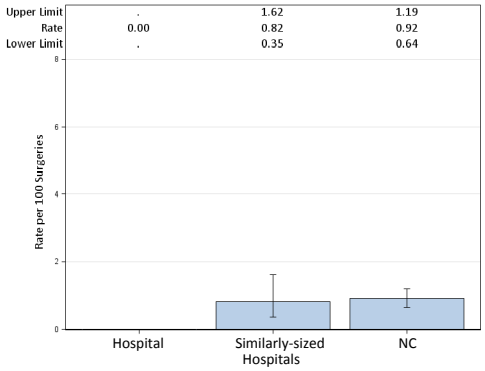


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	42	34
Rate	0	0
Predicted Infections	0.39	1.19
SIR**	.	0
95% CI**		, 3.100
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.

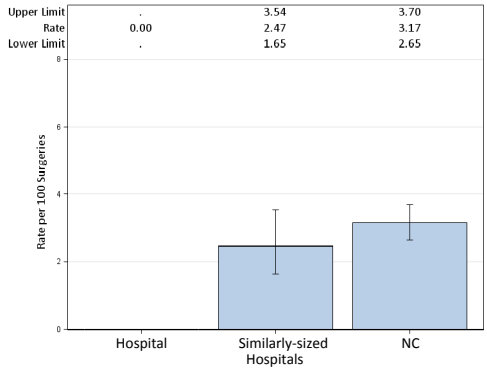


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

Commentary from Hospitals:
No comments provided.

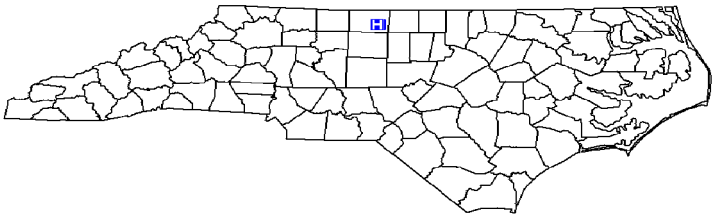
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Annie Penn Hospital, Reidsville, Rockingham County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	3,528
Patient Days in 2012:	14,348
Total Number of Beds:	110
Number of ICU Beds:	8
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.91

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

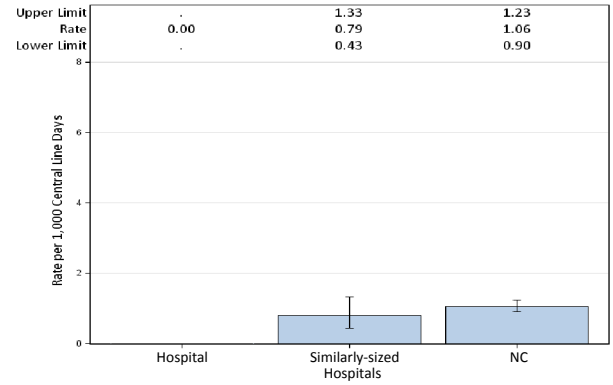


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 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	344	0	0.516	.		
YTD Total for Reporting ICUs	0	344	0	0.516	.		

*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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	631	0	0.82	.		
YTD Total for Reporting ICUs	0	631	0	0.82	.		

*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.

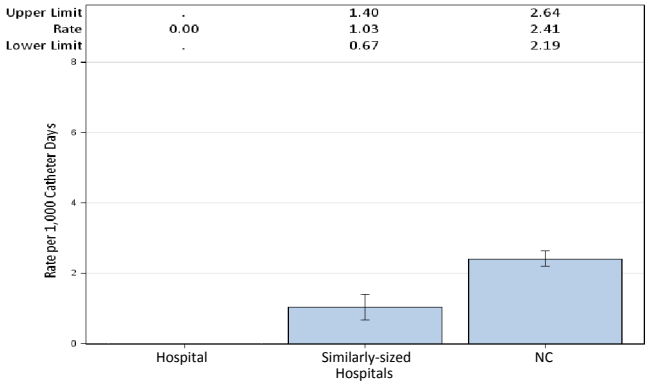


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

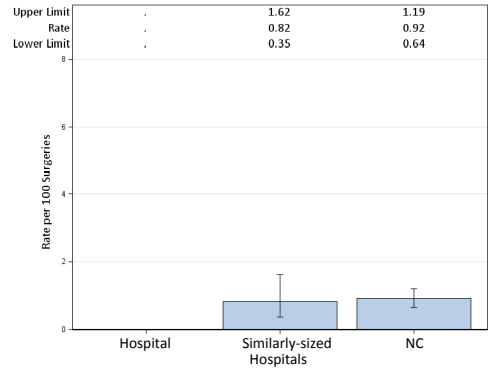


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	17	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.

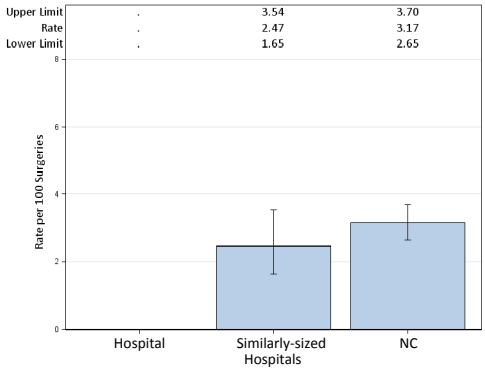


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

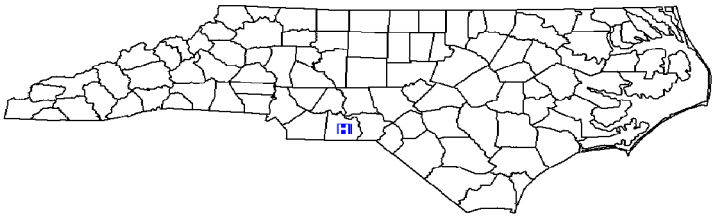
Commentary from Hospitals:
Cone Health is committed to preventing Healthcare Associated Infections. We have dedicated teams of experts focused on process improvements to improve our patient outcomes. Please contact Cone Health Infection Prevention if you would like further information.

Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

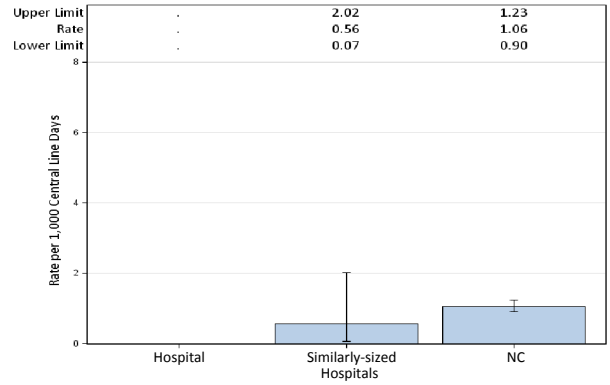
North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Anson Community Hospital, Wadesboro, Anson County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	558
Patient Days in 2012:	1,778
Total Number of Beds:	30
Number of ICU Beds:	0
FTE* Infection Preventionists:	0.38
Number of FTEs* per 100 beds:	1.25



Central Line-Associated Bloodstream Infections (CLABSI)



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

Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Catheter-Associated Urinary Tract Infections (CAUTI)

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

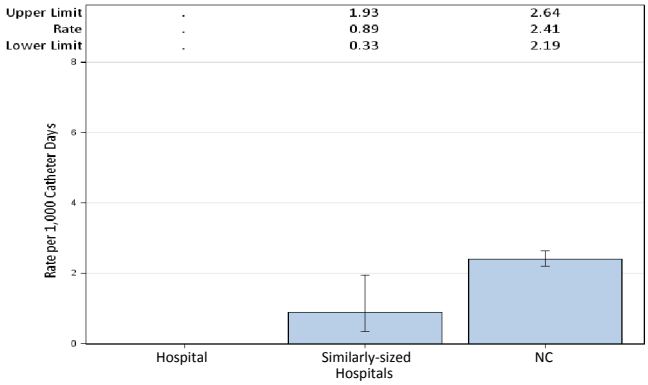
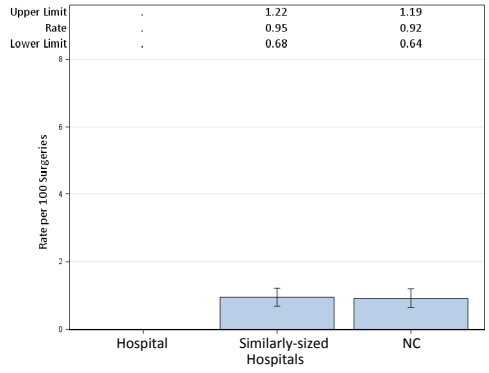


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)



This hospital performs few surgeries and has requested reporting exemption from CMS.

Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

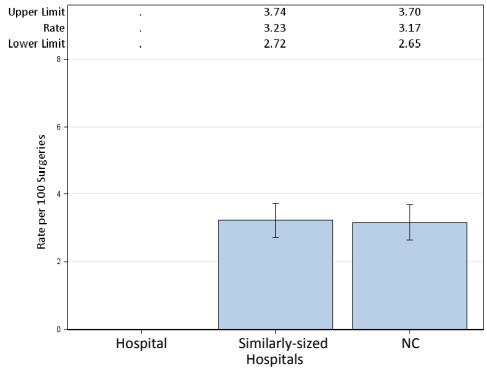


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

Commentary from Hospitals:
No comments provided.

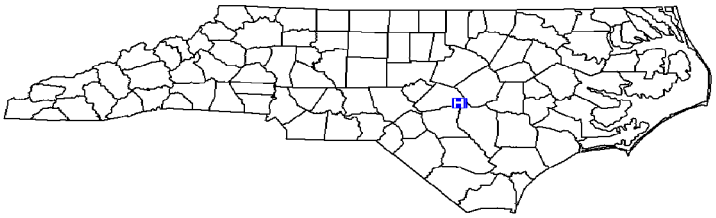
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Betsy Johnson Regional, Dunn, Harnett County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	6,936
Patient Days in 2012:	27,243
Total Number of Beds:	101
Number of ICU Beds:	6
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.99

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

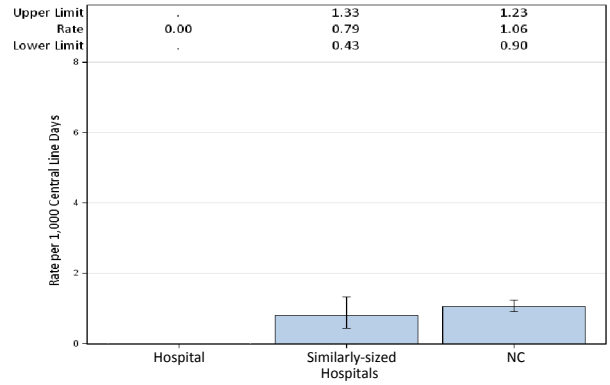


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 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	171	0	0.257	.		
YTD Total for Reporting ICUs	0	171	0	0.257	.		

*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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	472	0	0.614	.		
YTD Total for Reporting ICUs	0	472	0	0.614	.		

*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.

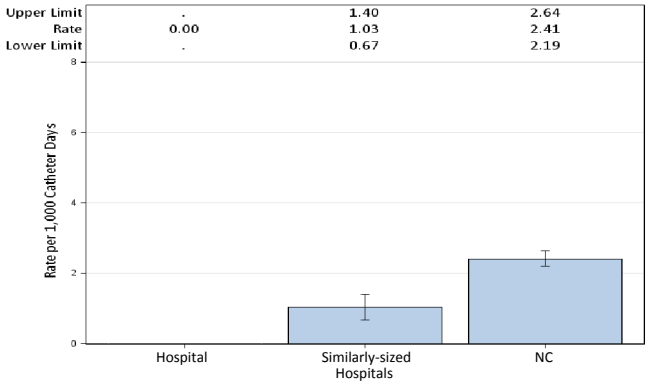


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

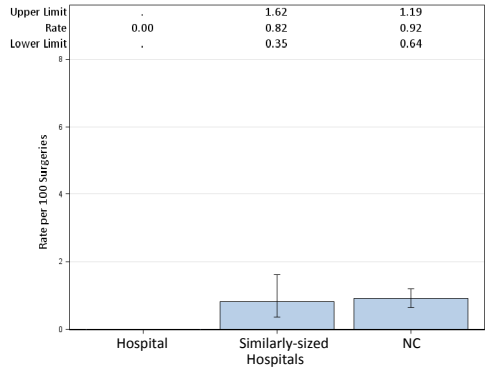


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	1
Procedures	23	18
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.

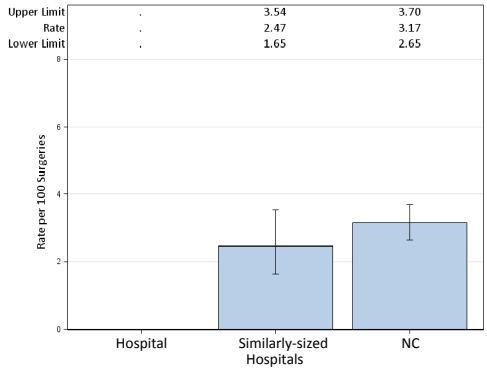


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

Commentary from Hospitals:
No comments provided.

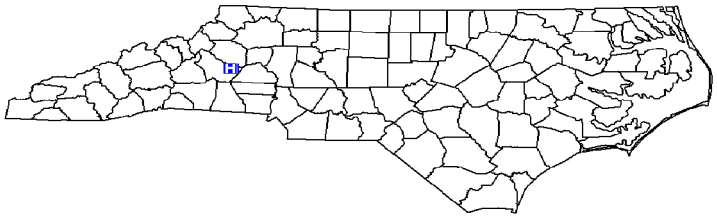
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Blue Ridge Healthcare Hospitals - Valdese Campus, Valdese, Burke County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Profit Status:	Not for Profit
Admissions in 2012:	2,103
Patient Days in 2012:	8,193
Total Number of Beds:	131
Number of ICU Beds:	10
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.76

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

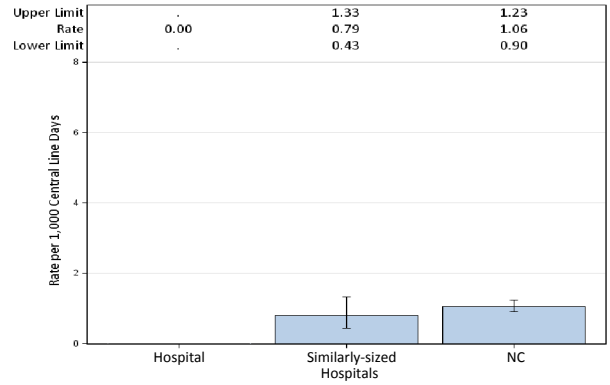


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	152	0	0.289	.		
YTD Total for Reporting ICUs	0	152	0	0.289	.		

*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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	494	0	0.988	.		
YTD Total for Reporting ICUs	0	494	0	0.988	.		

*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.

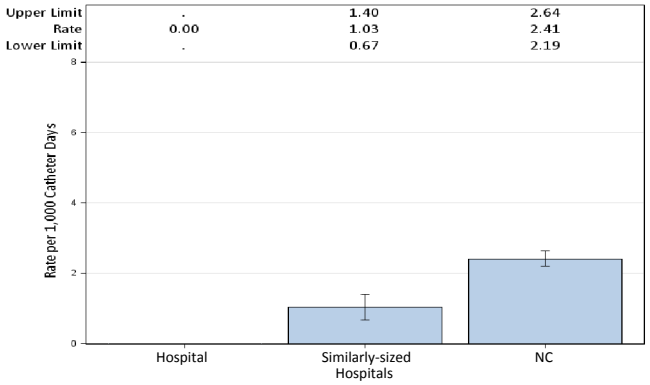


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

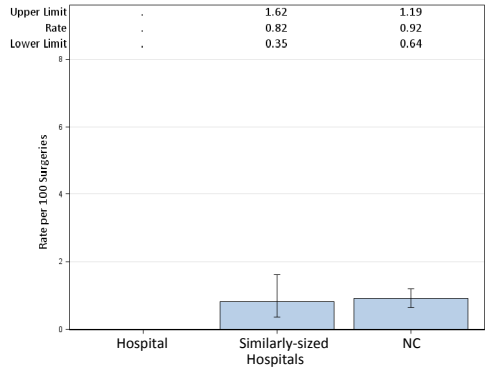


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	0	26
Rate	.	0
Predicted Infections	.	0.94
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.

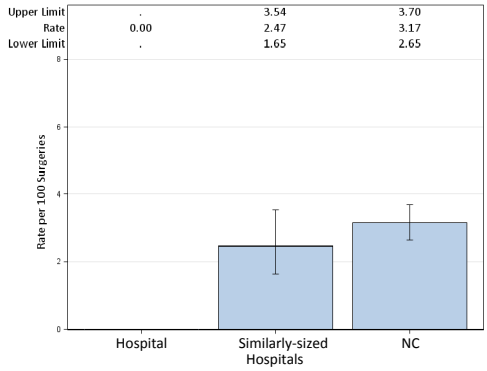


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

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.

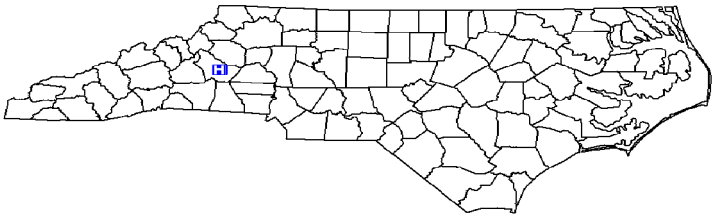
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Blue Ridge Healthcare Hospitals, Inc. - Morganton Campus, Morganton, Burke County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Profit Status:	Not for Profit
Admissions in 2012:	6,178
Patient Days in 2012:	25,269
Total Number of Beds:	184
Number of ICU Beds:	10
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.54

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

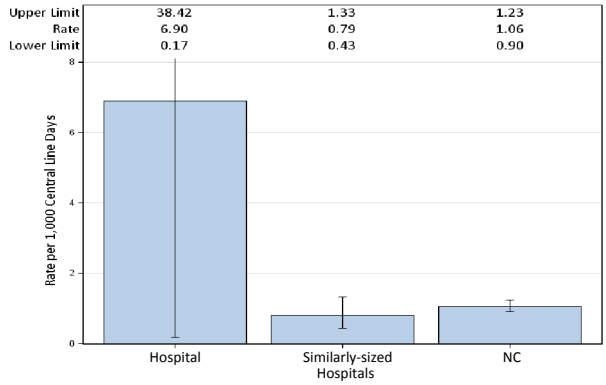


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	1	145	6.9	0.276	.		
YTD Total for Reporting ICUs	1	145	6.9	0.276	.		

*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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	656	0	1.312	0	, 2.812	Same
YTD Total for Reporting ICUs	0	656	0	1.312	0	, 2.812	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.

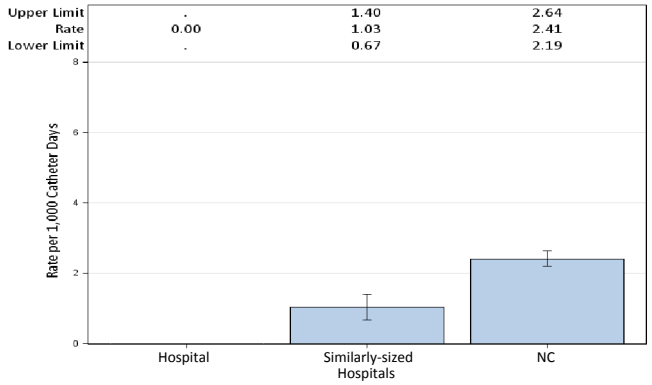


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

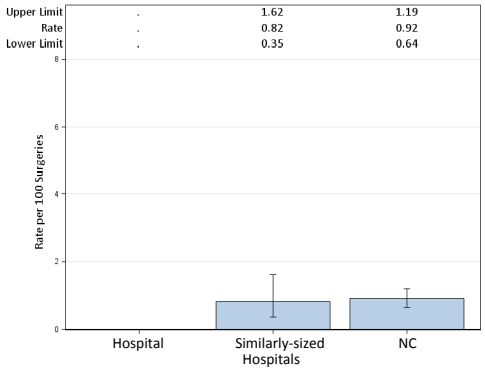


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	10	24
Rate	.	0
Predicted Infections	.	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.

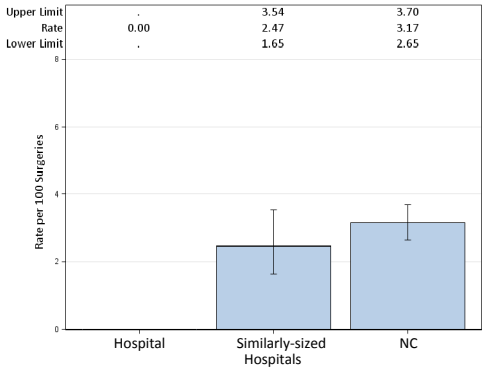


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

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.

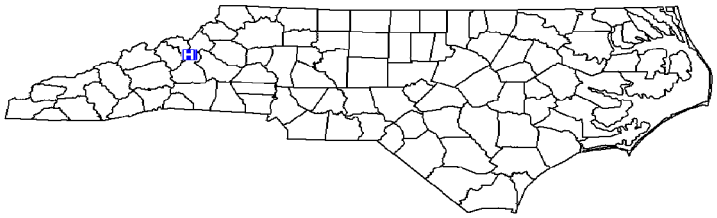
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Blue Ridge Regional Hospital, Spruce Pine, Mitchell County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	2,177
Patient Days in 2012:	6,545
Total Number of Beds:	46
Number of ICU Beds:	8
FTE* Infection Preventionists:	0.88
Number of FTEs* per 100 beds:	1.90

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

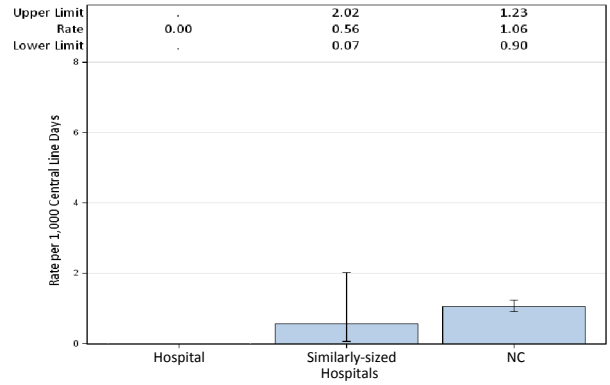


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 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	58	0	0.116	.		
YTD Total for Reporting ICUs	0	58	0	0.116	.		

*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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	0	188	0	0.376	.		
YTD Total for Reporting ICUs	0	188	0	0.376	.		

*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.

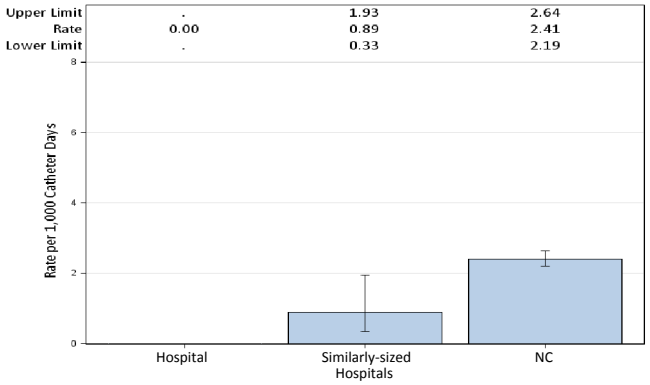


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

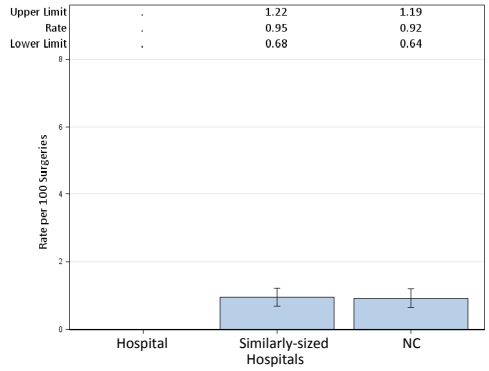


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	1
Procedures	0	7
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.

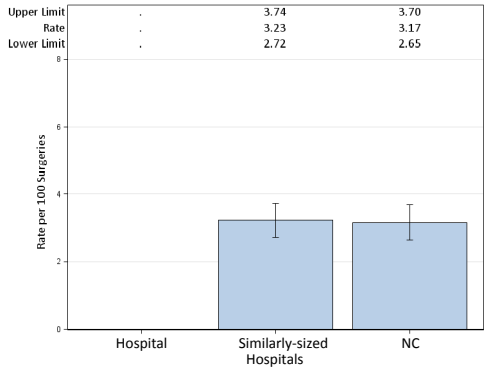


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

Commentary from Hospitals:
No comments provided.

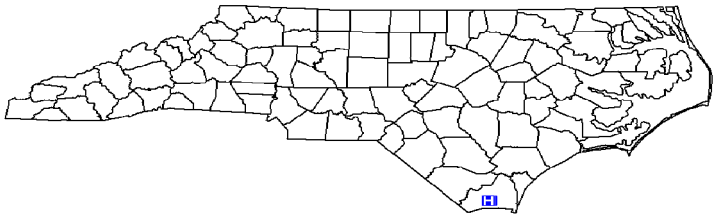
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Brunswick Novant Medical Center, Bolivia, Brunswick County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	3,847
Patient Days in 2012:	13,557
Total Number of Beds:	74
Number of ICU Beds:	5
FTE* Infection Preventionists:	0.60
Number of FTEs* per 100 beds:	0.81

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

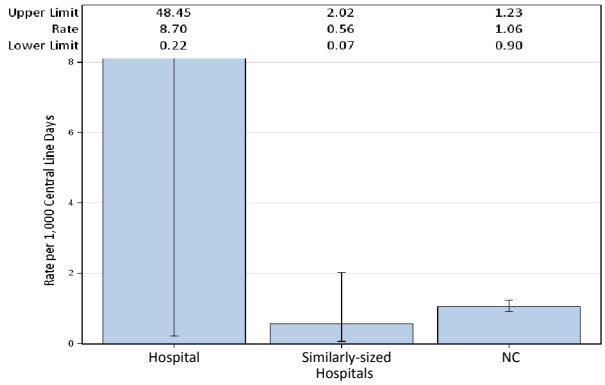


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 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	115	8.7	0.173	.		
YTD Total for Reporting ICUs	1	115	8.7	0.173	.		

*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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	367	0	0.477	.		
YTD Total for Reporting ICUs	0	367	0	0.477	.		

*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.

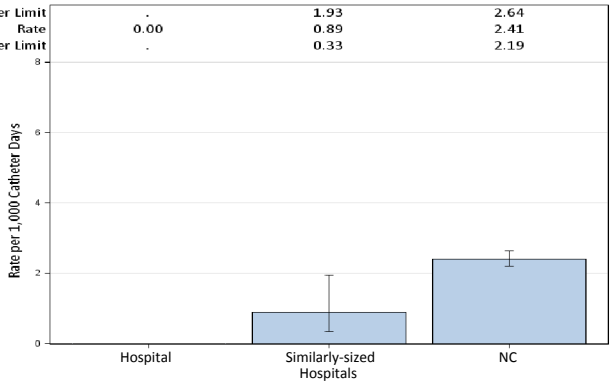


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

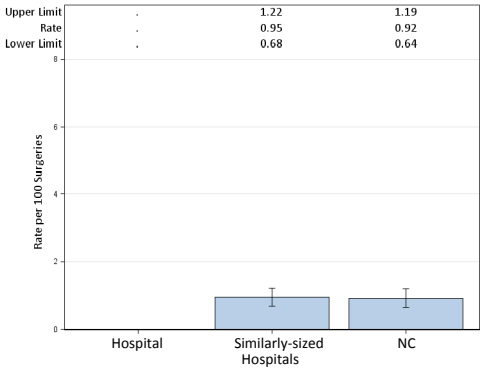


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	10	26
Rate	.	0
Predicted Infections	.	0.90
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.

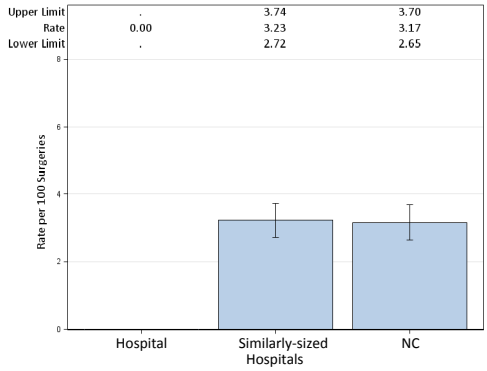


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

Commentary from Hospitals:
At Novant Health, the safety of our patients comes first. Our goal is to have the lowest possible infection rates and we continually monitor infection prevention tactics for improvement opportunities. We support transparency in reporting infection rates and make common infection data available on our website. More information can be found under 'quality' on NovantHealth.org.

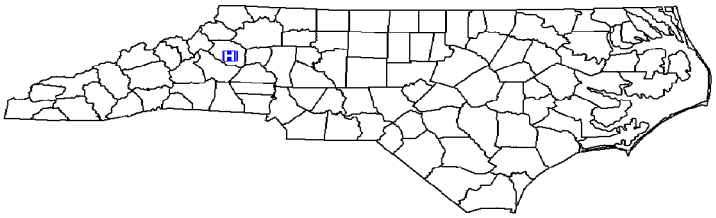
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Caldwell Memorial Hospital, Lenoir, Caldwell County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Undergraduate
Profit Status:	Not for Profit
Admissions in 2012:	6,081
Patient Days in 2012:	21,761
Total Number of Beds:	82
Number of ICU Beds:	10
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	1.22

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

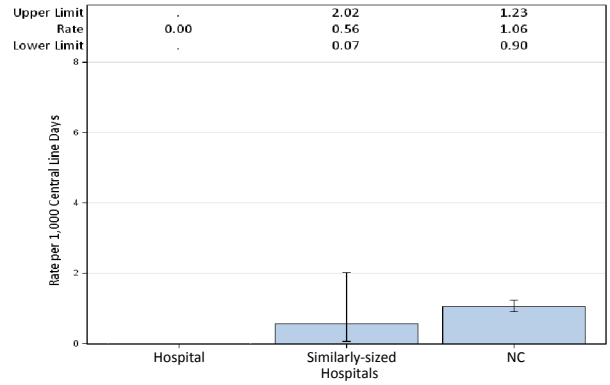


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 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	842	0	1.263	0	, 2.921	Same
YTD Total for Reporting ICUs	0	842	0	1.263	0	, 2.921	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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	1,132	0.88	1.472	0.679	0.017, 3.785	Same
YTD Total for Reporting ICUs	1	1,132	0.88	1.472	0.679	0.017, 3.785	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.

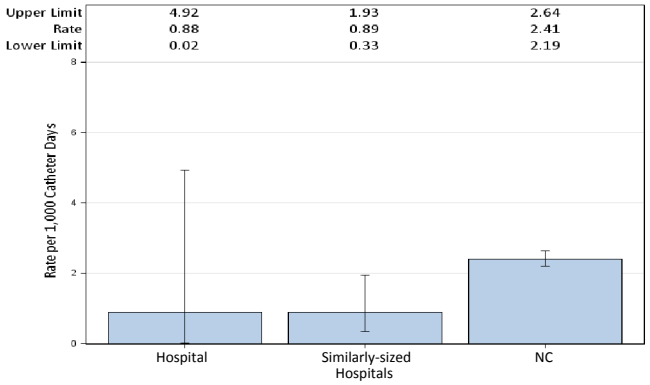


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

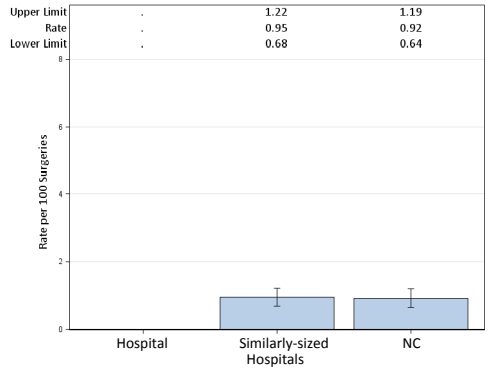


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	13	7
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.

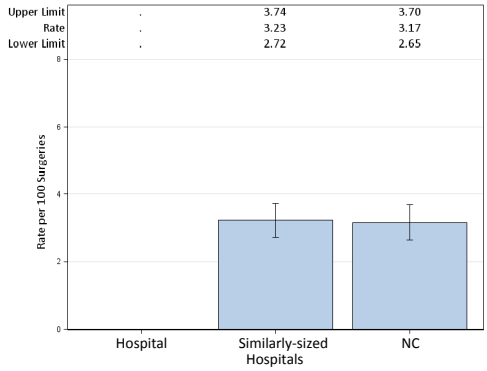


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

Commentary from Hospitals:
No comments provided.

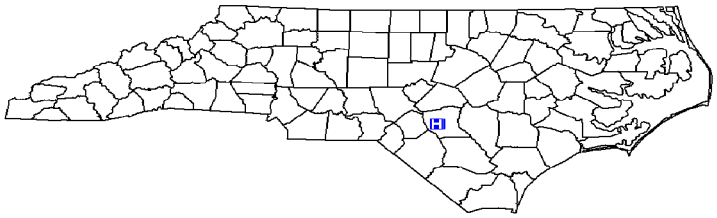
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Cape Fear Valley Health System, Fayetteville, Cumberland County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	29,287
Patient Days in 2012:	168,810
Total Number of Beds:	612
Number of ICU Beds:	90
FTE* Infection Preventionists:	4.25
Number of FTEs* per 100 beds:	0.69

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

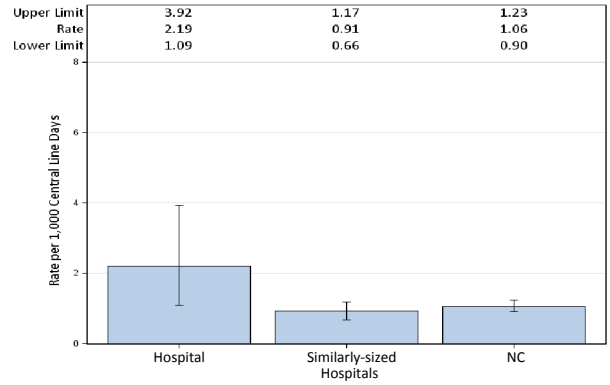


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	8	3,337	2.4	5.006	1.598	0.690, 3.149	Same
Neonatal Level II/III	0	262	0	0.732	.		
Pediatric medical/surgical	0	189	0	0.567	.		
Surgical cardiothoracic	3	1,229	2.44	1.721	1.743	0.359, 5.094	Same
YTD Total for Reporting ICUs	11	5,017	2.19	8.025	1.371	0.684, 2.453	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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	15	3,921	3.83	5.097	2.943	1.646, 4.854	Higher
Pediatric medical/surgical	0	144	0	0.403	.		
Rehabiliation	1	425	2.35	1.615	0.619	0.016, 3.450	Same
Surgical cardiothoracic	1	1,384	0.72	2.353	0.425	0.011, 2.368	Same
YTD Total for Reporting ICUs	17	5,874	2.89	9.468	1.796	1.045, 2.875	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.

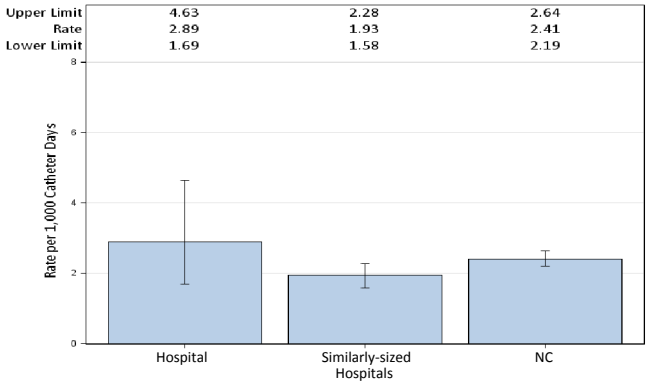


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

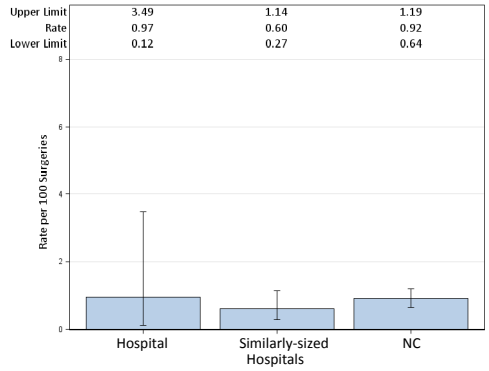


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	2	3
Procedures	207	134
Rate	0.97	2.24
Predicted Infections	2.66	4.76
SIR**	0.752	0.63
95% CI**	0.091, 2.715	0.130, 1.840
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.

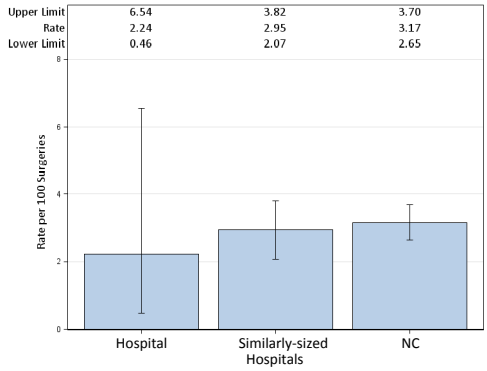


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

Commentary from Hospitals:
No comments provided.

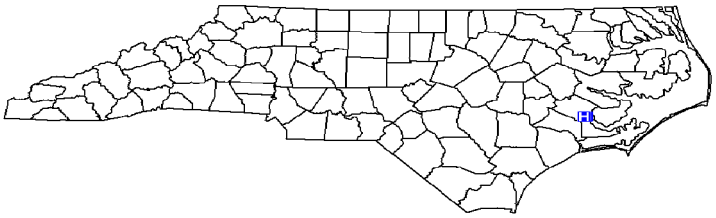
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
CarolinaEast Medical Center, New Bern, Craven County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	15,118
Patient Days in 2012:	61,709
Total Number of Beds:	350
Number of ICU Beds:	33
FTE* Infection Preventionists:	3.00
Number of FTEs* per 100 beds:	0.86

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

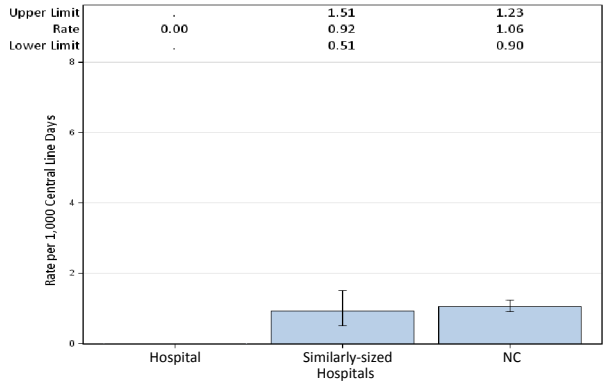


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	103	0	0.196	.		
Medical/surgical	0	877	0	1.316	0	, 2.803	Same
Surgical cardiothoracic	0	354	0	0.496	.		
YTD Total for Reporting ICUs	0	1,334	0	2.007	0	, 1.838	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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	197	0	0.394	.		
Medical/surgical	3	1,215	2.47	1.458	2.058	0.424, 6.013	Same
Rehabiliation	0	60	0	0.228	.		
Surgical cardiothoracic	1	296	3.38	0.503	.		
YTD Total for Reporting ICUs	4	1,768	2.26	2.583	1.549	0.422, 3.965	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.

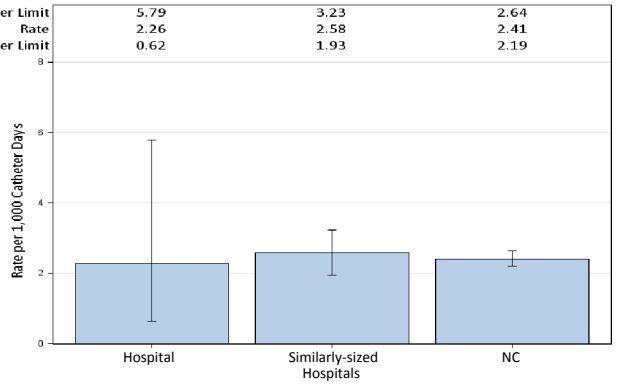


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

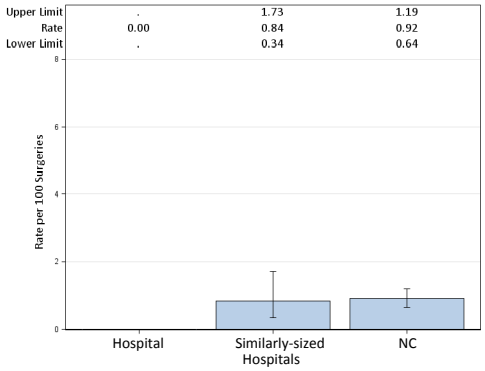


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	3
Procedures	56	75
Rate	0	4
Predicted Infections	0.58	2.29
SIR**	.	1.309
95% CI**		0.270, 3.827
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.

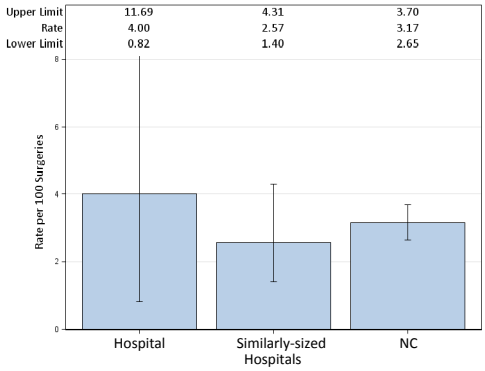


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

Commentary from Hospitals:
No comments provided.

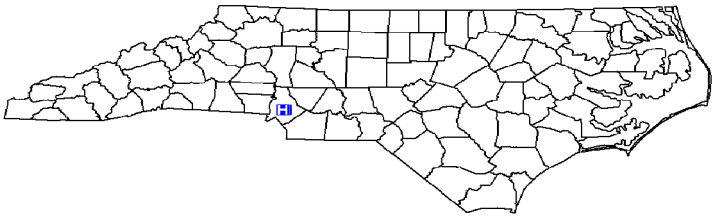
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Carolinas Medical Center, Charlotte, Mecklenburg County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Profit Status:	Not for Profit
Admissions in 2012:	47,478
Patient Days in 2012:	260,098
Total Number of Beds:	880
Number of ICU Beds:	218
FTE* Infection Preventionists:	5.00
Number of FTEs* per 100 beds:	0.57

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

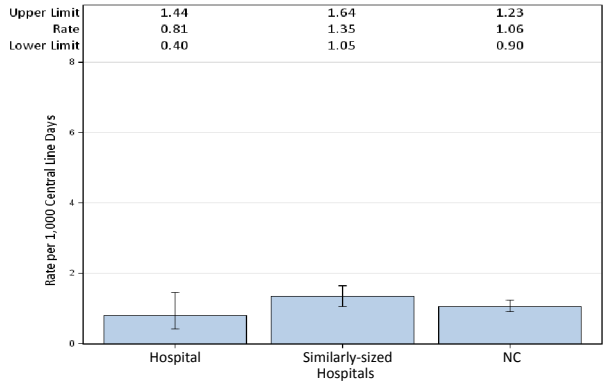


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	3	2,548	1.18	6.625	0.453	0.093, 1.323	Same
Medical cardiac	2	1,323	1.51	2.646	0.756	0.092, 2.730	Same
Neonatal Level III	3	3,406	0.88	7.804	0.384	0.079, 1.123	Lower
Neurosurgical	0	1,131	0	2.828	0	, 1.304	Same
Pediatric medical/surgical	0	1,470	0	4.41	0	, 0.836	Lower
Surgical cardiothoracic	0	1,337	0	1.872	0	, 1.971	Same
Trauma	3	2,416	1.24	8.698	0.345	0.071, 1.008	Lower
YTD Total for Reporting ICUs	11	13,631	0.81	34.881	0.315	0.157, 0.564	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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	15	3,275	4.58	7.533	1.991	1.114, 3.284	Higher
Medical cardiac	7	1,585	4.42	3.17	2.208	0.888, 4.550	Higher
Neurosurgical	22	2,098	10.5	9.231	2.383	1.493, 3.608	Higher
Pediatric medical/surgical	1	635	1.57	1.778	0.562	0.014, 3.134	Same
Pediatric rehabiliation	0	0	.	.	.		
Surgical cardiothoracic	3	1,338	2.24	2.275	1.319	0.272, 3.854	Same
Trauma	19	3,649	5.21	12.407	1.531	0.922, 2.392	Higher
YTD Total for Reporting ICUs	67	12,580	5.33	36.393	1.841	1.427, 2.338	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.

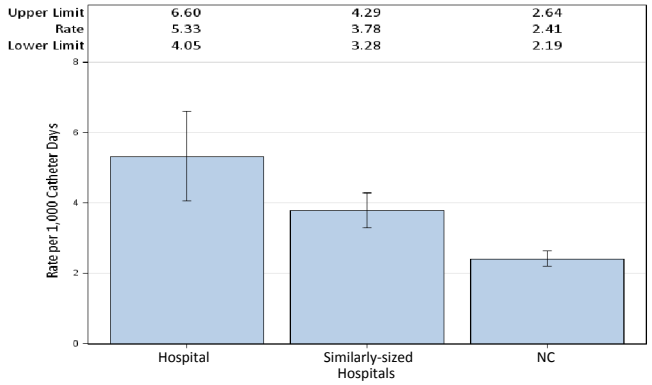


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

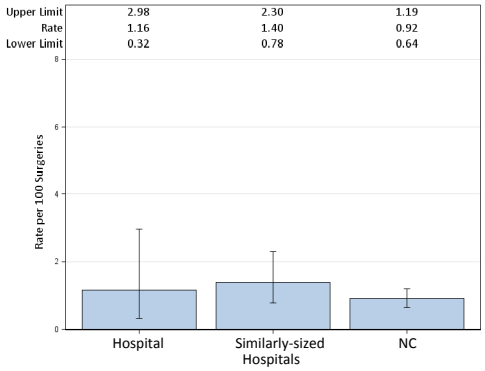


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	4	8
Procedures	344	201
Rate	1.16	3.98
Predicted Infections	3.21	6.70
SIR**	1.248	1.194
95% CI**	0.340, 3.196	0.515, 2.353
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.

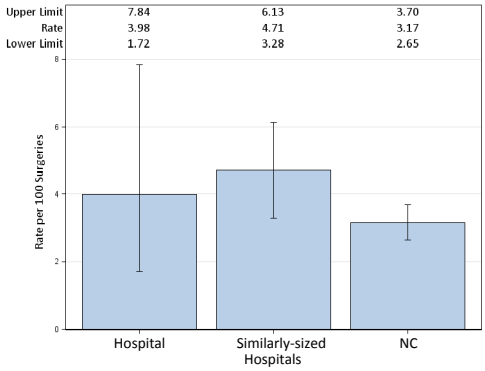


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

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

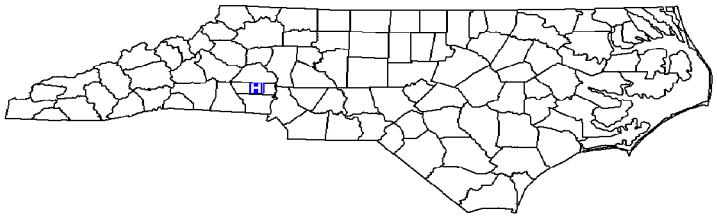
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Carolinas Medical Center-Lincoln, Lincolnton, Lincoln County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	4,060
Patient Days in 2012:	15,160
Total Number of Beds:	101
Number of ICU Beds:	10
FTE* Infection Preventionists:	0.50
Number of FTEs* per 100 beds:	0.50

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

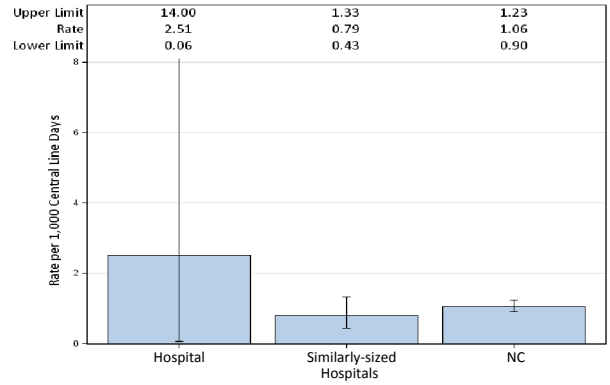


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 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	398	2.51	0.597	.		
YTD Total for Reporting ICUs	1	398	2.51	0.597	.		

*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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	879	1.14	1.143	0.875	0.022, 4.875	Same
YTD Total for Reporting ICUs	1	879	1.14	1.143	0.875	0.022, 4.875	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.

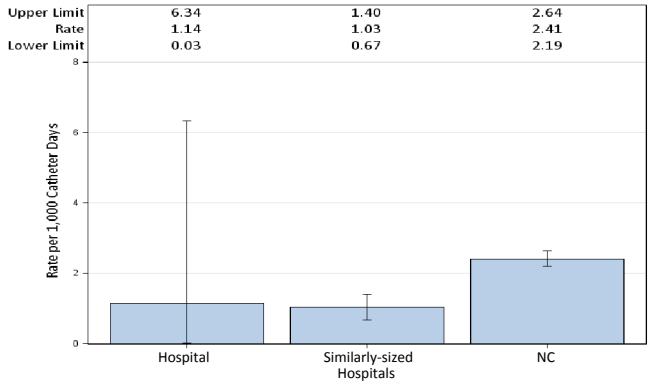


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

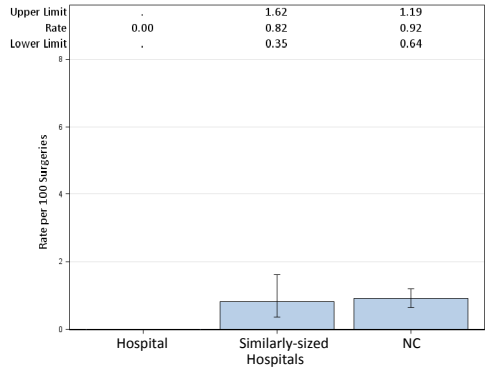


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	2
Procedures	29	16
Rate	0	.
Predicted Infections	0.27	.
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.

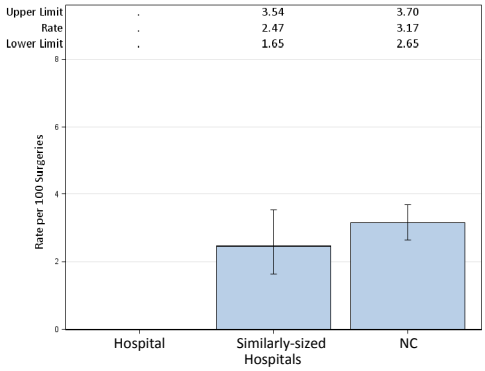


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

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

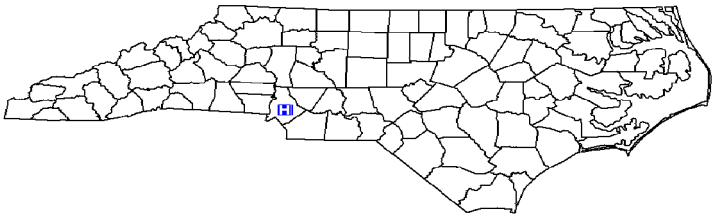
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Carolinas Medical Center-Mercy, Charlotte, Mecklenburg County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Profit Status:	Not for Profit
Admissions in 2012:	8,119
Patient Days in 2012:	37,889
Total Number of Beds:	162
Number of ICU Beds:	30
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.62

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

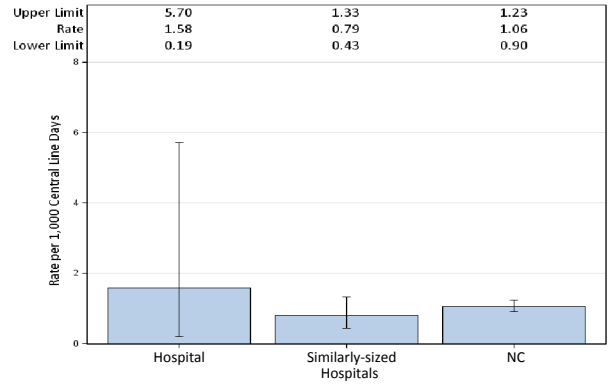


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	2	1,267	1.58	2.407	0.831	0.101, 3.002	Same
YTD Total for Reporting ICUs	2	1,267	1.58	2.407	0.831	0.101, 3.002	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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	8	1,579	5.07	3.158	2.533	1.094, 4.992	Higher
YTD Total for Reporting ICUs	8	1,579	5.07	3.158	2.533	1.094, 4.992	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.

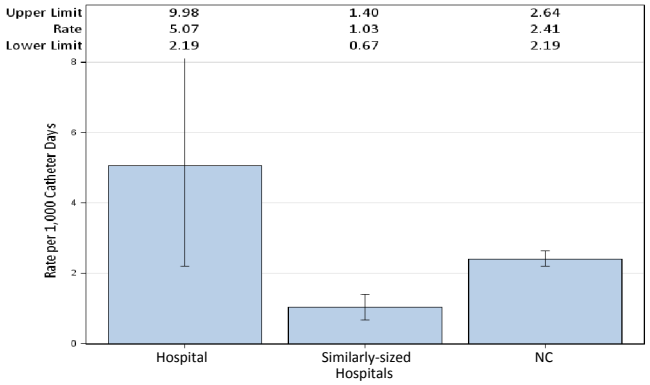


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

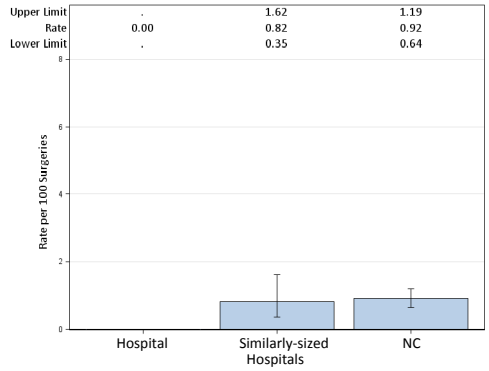


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	1
Procedures	42	51
Rate	0	1.96
Predicted Infections	0.34	1.61
SIR**	.	0.623
95% CI**		0.016, 3.471
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.

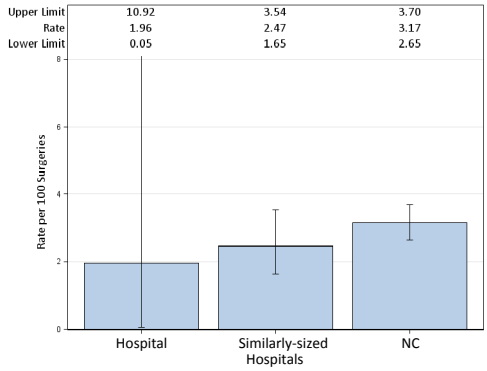


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

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.

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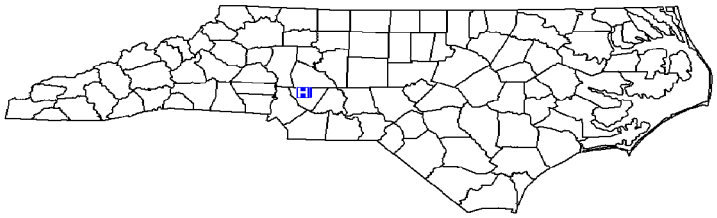
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Carolinas Medical Center- Northeast, Concord, Cabarrus County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	24,359
Patient Days in 2012:	115,302
Total Number of Beds:	457
Number of ICU Beds:	52
FTE* Infection Preventionists:	3.00
Number of FTEs* per 100 beds:	0.66

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

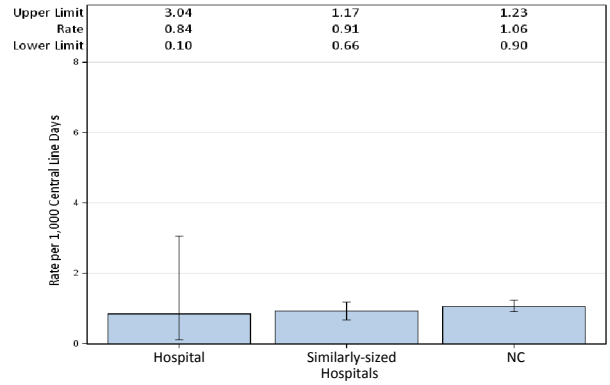


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 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	1,482	0.67	2.223	0.45	0.011, 2.506	Same
Neonatal Level III	0	124	0	0.29	.		
Pediatric medical/surgical	0	52	0	0.156	.		
Surgical cardiothoracic	1	717	1.39	1.004	0.996	0.025, 5.549	Same
YTD Total for Reporting ICUs	2	2,375	0.84	3.673	0.545	0.066, 1.967	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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	10	2,078	4.81	2.701	3.702	1.775, 6.809	Higher
Pediatric medical/surgical	0	28	.	.	.		
Surgical cardiothoracic	0	1,255	0	2.134	0	, 1.729	Same
YTD Total for Reporting ICUs	10	3,361	2.98	4.913	2.035	0.976, 3.743	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.

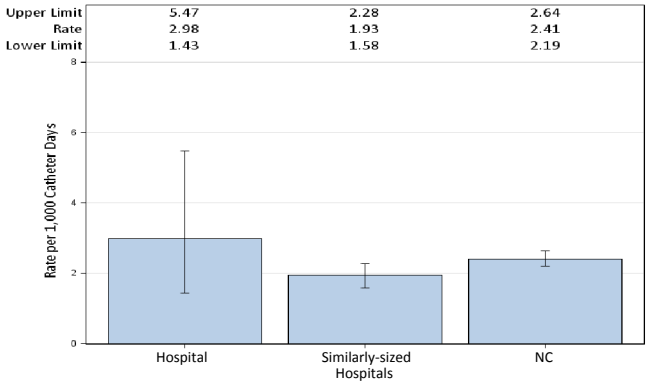


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

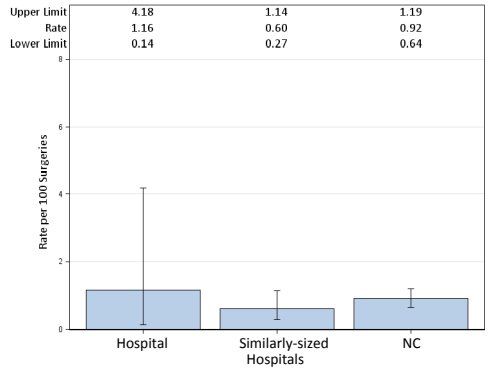


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	2	4
Procedures	173	114
Rate	1.16	3.51
Predicted Infections	1.73	3.56
SIR**	1.159	1.124
95% CI**	0.140, 4.186	0.306, 2.878
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.

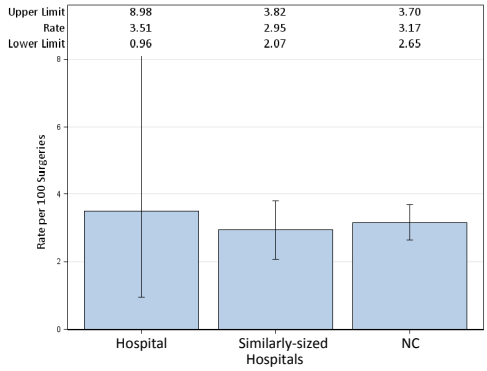


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

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.

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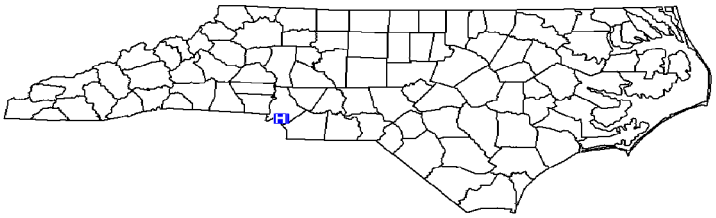
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Carolinas Medical Center-Pineville, Charlotte, Mecklenburg County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	13,072
Patient Days in 2012:	48,692
Total Number of Beds:	206
Number of ICU Beds:	40
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.49

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

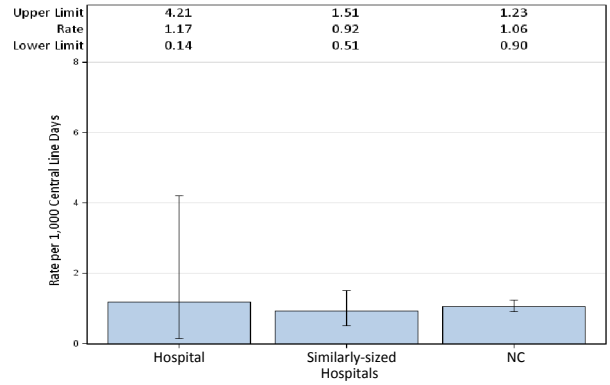


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	2	997	2.01	1.894	1.056	0.128, 3.815	Same
Neonatal Level II/III	0	96	0	0.152	.		
Surgical	0	623	0	1.433	0	, 2.574	Same
YTD Total for Reporting ICUs	2	1,716	1.17	3.479	0.575	0.070, 2.077	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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	4	1,550	2.58	3.1	1.29	0.352, 3.304	Same
Surgical	2	655	3.05	1.703	1.174	0.142, 4.242	Same
YTD Total for Reporting ICUs	6	2,205	2.72	4.803	1.249	0.458, 2.719	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.

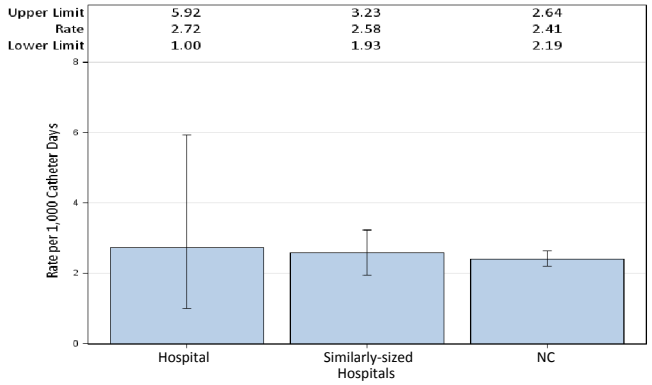


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

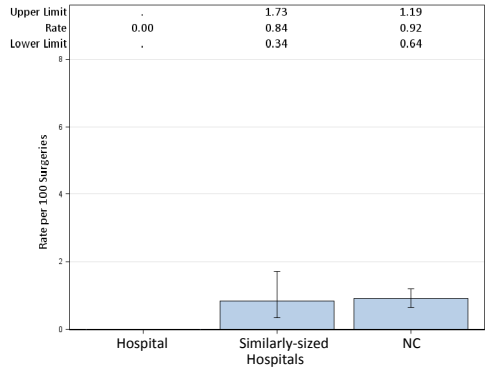


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	1
Procedures	156	67
Rate	0	1.49
Predicted Infections	1.36	2.15
SIR**	0	0.465
95% CI**	, 2.714	0.012, 2.593
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.

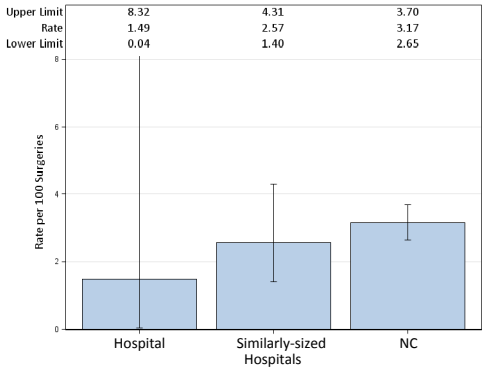


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

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

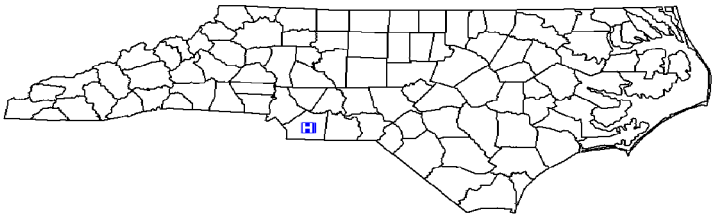
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Carolinas Medical Center-Union, Monroe, Union County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Profit Status:	Not for Profit
Admissions in 2012:	8,306
Patient Days in 2012:	36,527
Total Number of Beds:	171
Number of ICU Beds:	14
FTE* Infection Preventionists:	2.00
Number of FTEs* per 100 beds:	1.17

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

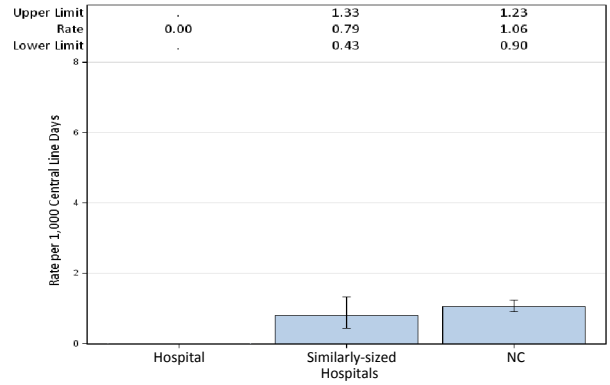


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 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	665	0	0.998	.		
YTD Total for Reporting ICUs	0	665	0	0.998	.		

*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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	2	1,162	1.72	1.511	1.324	0.160, 4.781	Same
YTD Total for Reporting ICUs	2	1,162	1.72	1.511	1.324	0.160, 4.781	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.

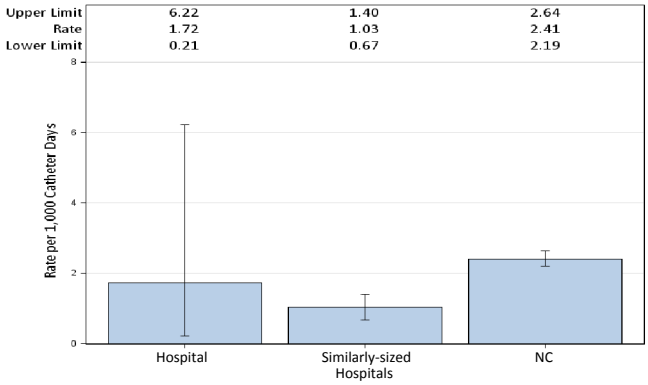


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

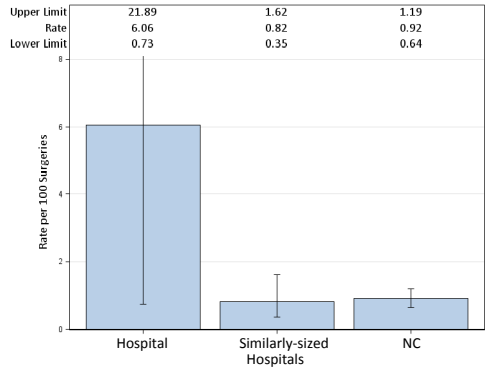


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	2	0
Procedures	33	57
Rate	6.06	0
Predicted Infections	0.31	1.99
SIR**	.	0
95% CI**		, 1.854
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.

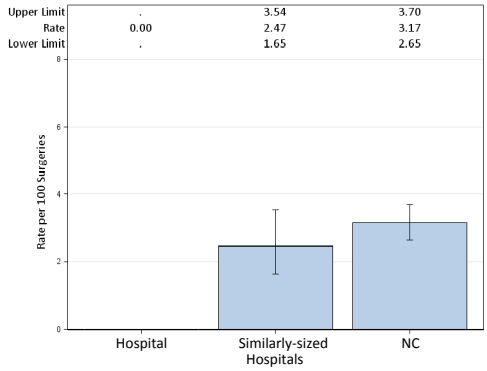


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

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

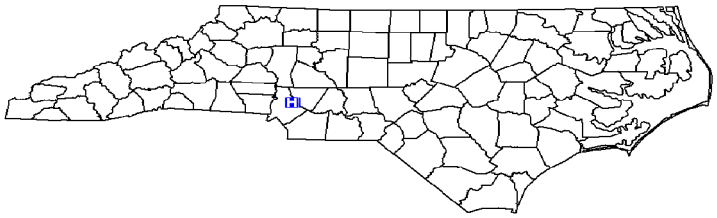
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Carolinas Medical Center-University, Charlotte, Mecklenburg County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	7,200
Patient Days in 2012:	27,710
Total Number of Beds:	94
Number of ICU Beds:	15
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	1.06

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

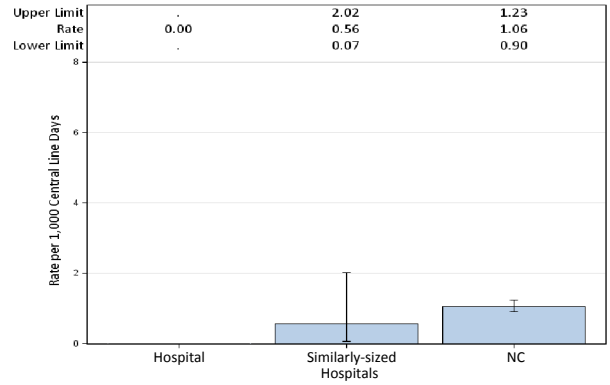


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 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	592	0	0.888	.		
Neonatal Level II/III	0	38	.	.	.		
YTD Total for Reporting ICUs	0	630	0	0.953	.		

*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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	4	710	5.63	0.923	.		
YTD Total for Reporting ICUs	4	710	5.63	0.923	.		

*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.

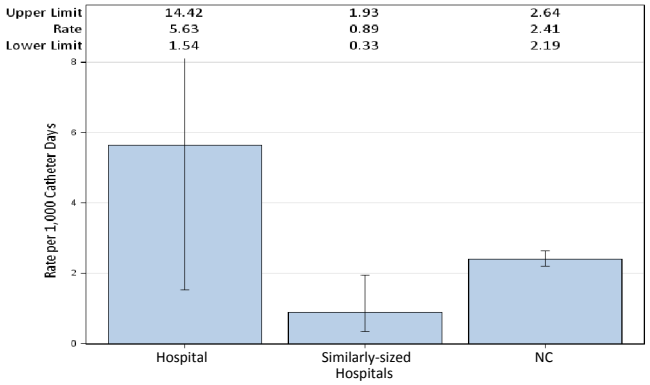


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

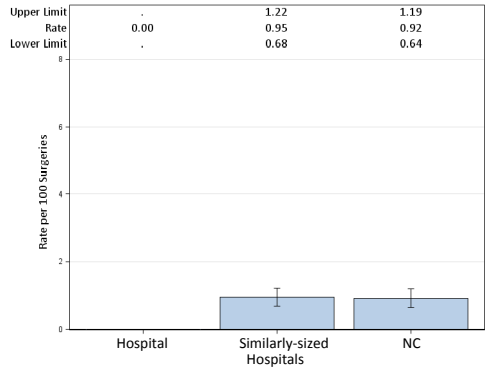


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	1
Procedures	52	41
Rate	0	2.44
Predicted Infections	0.46	1.35
SIR**	.	0.743
95% CI**		0.019, 4.142
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.

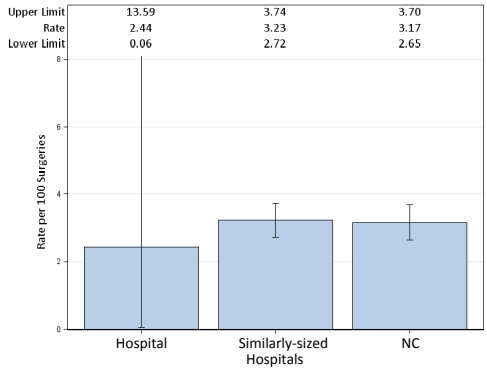


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

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

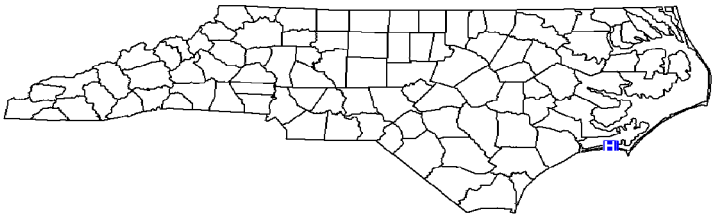
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Carteret General Hospital, Morehead City, Carteret County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	6,938
Patient Days in 2012:	24,581
Total Number of Beds:	135
Number of ICU Beds:	8
FTE* Infection Preventionists:	1.50
Number of FTEs* per 100 beds:	1.11

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

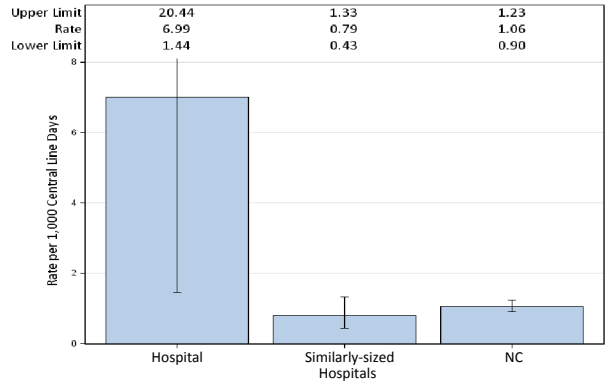


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 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	429	6.99	0.644	.		
YTD Total for Reporting ICUs	3	429	6.99	0.644	.		

*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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	3	589	5.09	0.766	.		
YTD Total for Reporting ICUs	3	589	5.09	0.766	.		

*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.

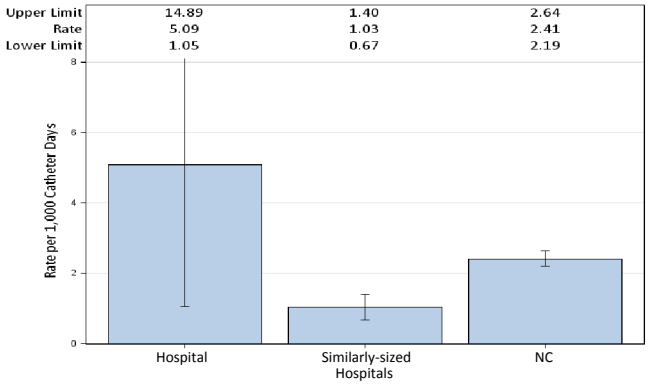


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

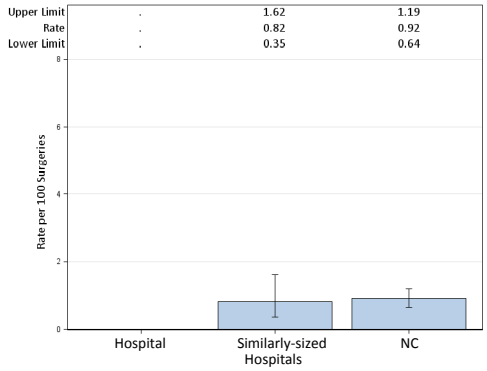


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	1	0
Procedures	10	45
Rate	.	0
Predicted Infections	.	1.40
SIR**	.	0
95% CI**		, 2.644
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.

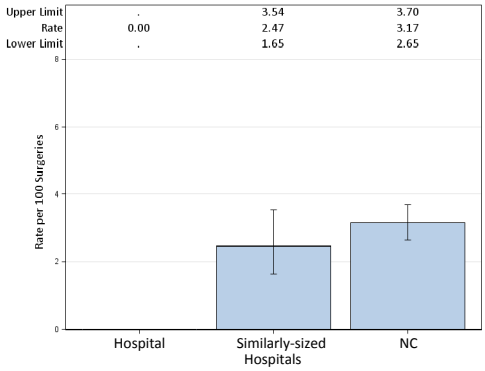


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

Commentary from Hospitals:
No comments provided.

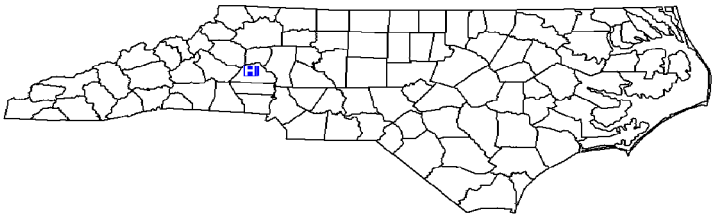
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Catawba Valley Medical Center, Hickory, Catawba County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	11,936
Patient Days in 2012:	50,246
Total Number of Beds:	190
Number of ICU Beds:	32
FTE* Infection Preventionists:	1.50
Number of FTEs* per 100 beds:	0.79

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

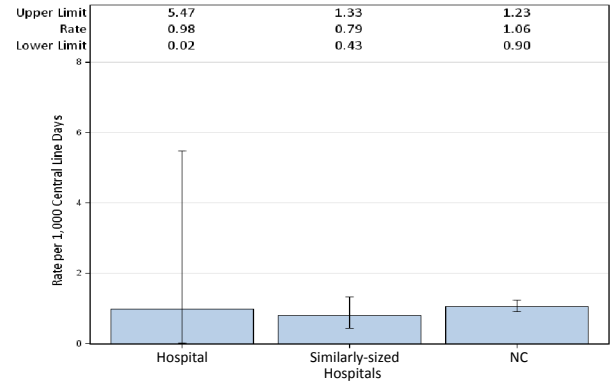


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 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	818	1.22	1.227	0.815	0.021, 4.541	Same
Neonatal Level II/III	0	200	0	0.563	.		
YTD Total for Reporting ICUs	1	1,018	0.98	1.79	0.559	0.014, 3.113	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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	3	1,302	2.3	1.562	1.921	0.396, 5.613	Same
Rehabiliation	0	39	.	.	.		
YTD Total for Reporting ICUs	3	1,341	2.24	1.711	1.753	0.362, 5.124	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.

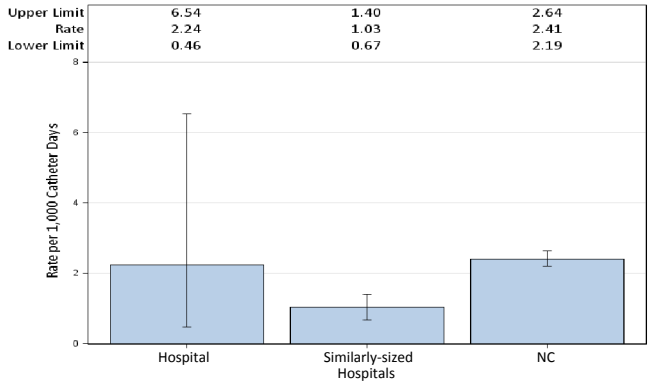


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

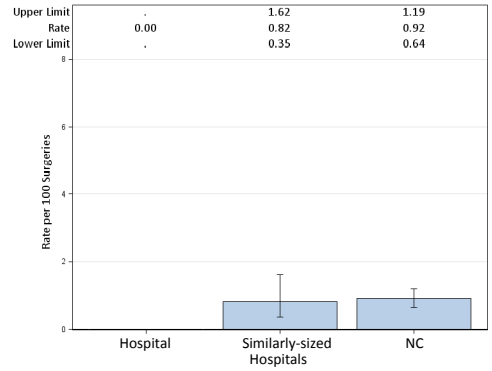


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	49	37
Rate	0	0
Predicted Infections	0.47	1.17
SIR**	.	0
95% CI**		, 3.142
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.

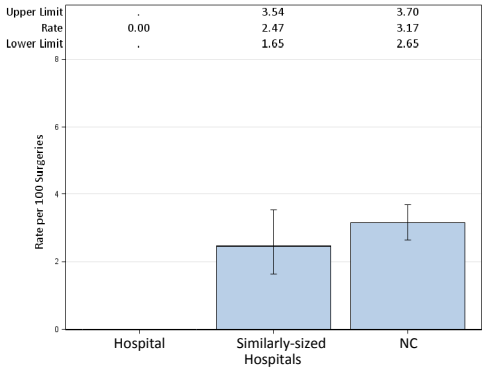


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

Commentary from Hospitals:
No comments provided.

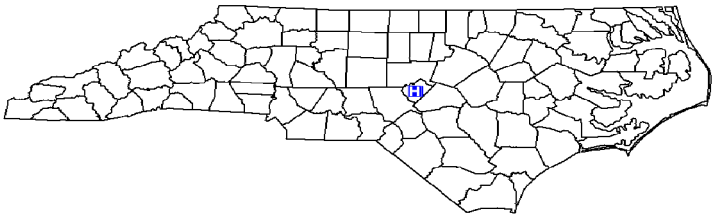
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Central Carolina Hospital, Sanford, Lee County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	For Profit
Admissions in 2012:	6,073
Patient Days in 2012:	20,184
Total Number of Beds:	108
Number of ICU Beds:	8
FTE* Infection Preventionists:	0.50
Number of FTEs* per 100 beds:	0.46

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

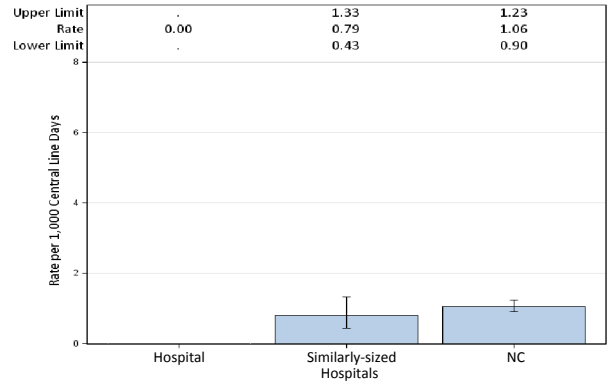


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 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	482	0	0.723	.		
YTD Total for Reporting ICUs	0	482	0	0.723	.		

*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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	580	0	0.754	.		
YTD Total for Reporting ICUs	0	580	0	0.754	.		

*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.

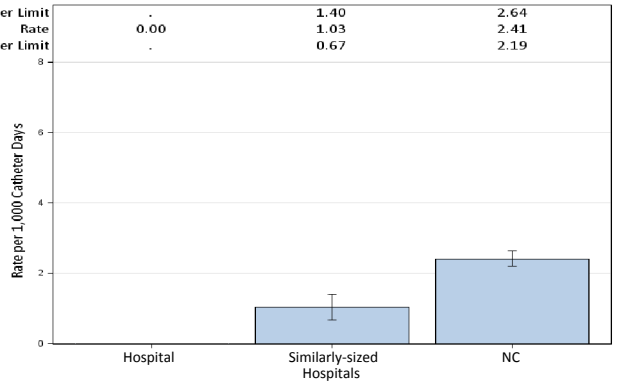


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

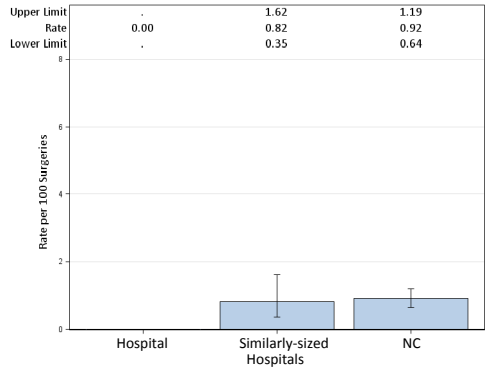


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	27	23
Rate	0	0
Predicted Infections	0.26	0.74
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.

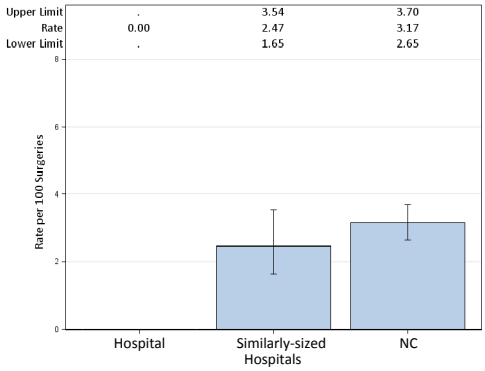


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

Commentary from Hospitals:
No comments provided.

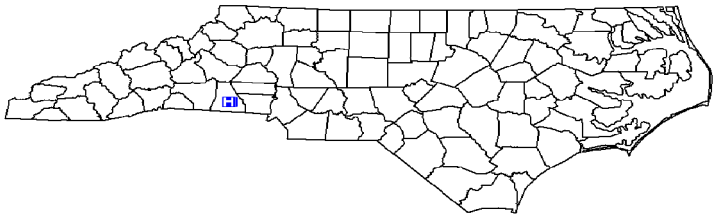
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Cleveland Regional Medical Center, Shelby, Cleveland County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	9,479
Patient Days in 2012:	34,460
Total Number of Beds:	241
Number of ICU Beds:	18
FTE* Infection Preventionists:	1.50
Number of FTEs* per 100 beds:	0.62

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

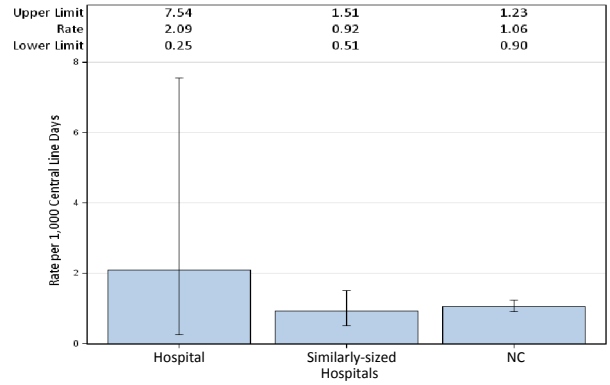


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 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	958	2.09	1.437	1.392	0.169, 5.028	Same
YTD Total for Reporting ICUs	2	958	2.09	1.437	1.392	0.169, 5.028	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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	2	1,681	1.19	2.017	0.992	0.120, 3.582	Same
YTD Total for Reporting ICUs	2	1,681	1.19	2.017	0.992	0.120, 3.582	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.

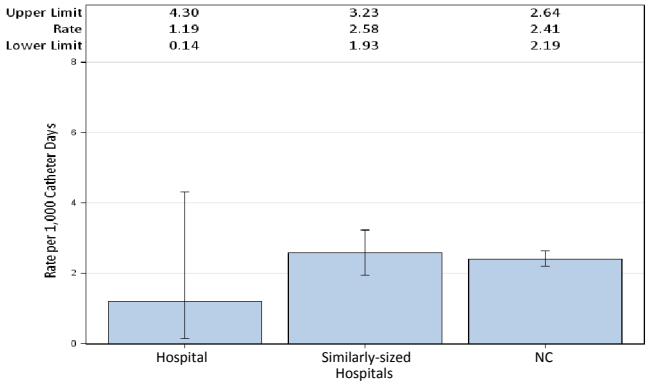


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

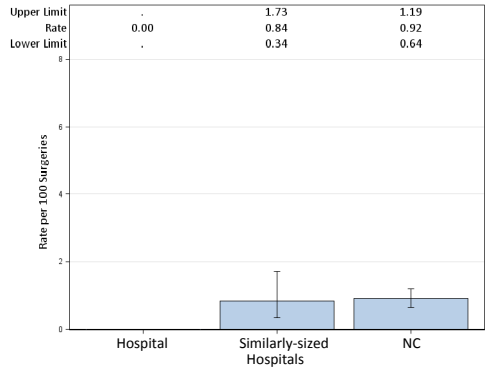


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	2
Procedures	52	48
Rate	0	4.17
Predicted Infections	0.55	1.58
SIR**	.	1.27
95% CI**		0.154, 4.587
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.

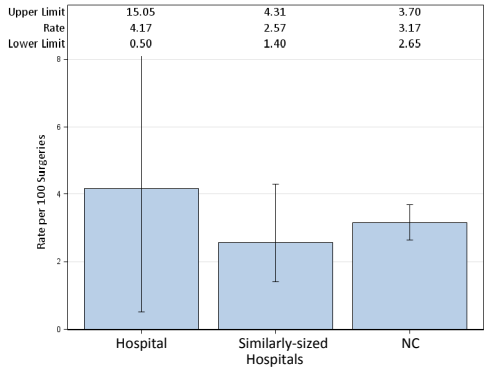


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

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.

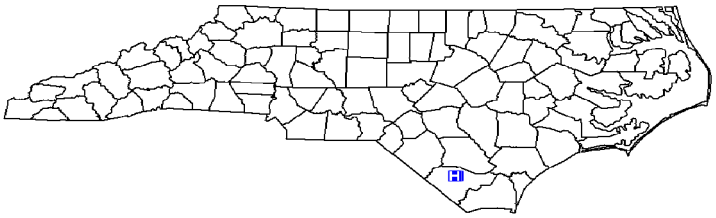
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Columbus Regional Healthcare System, Whiteville, Columbus County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	5,000
Patient Days in 2012:	21,864
Total Number of Beds:	106
Number of ICU Beds:	9
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.94

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

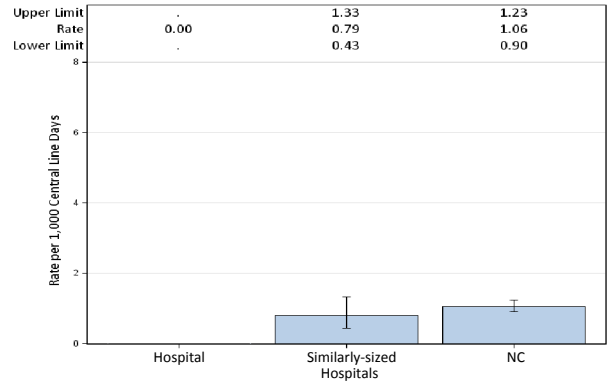


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 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	266	0	0.399	.		
YTD Total for Reporting ICUs	0	266	0	0.399	.		

*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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	446	0	0.58	.		
YTD Total for Reporting ICUs	0	446	0	0.58	.		

*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.

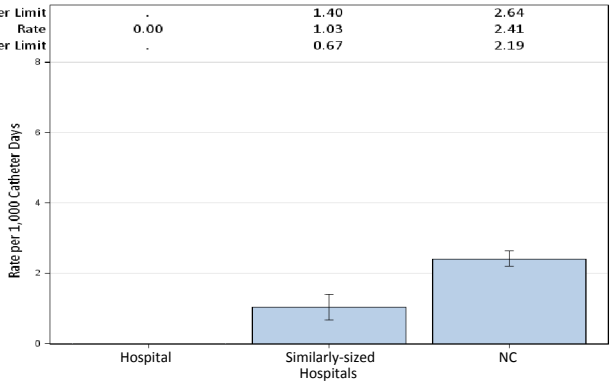


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

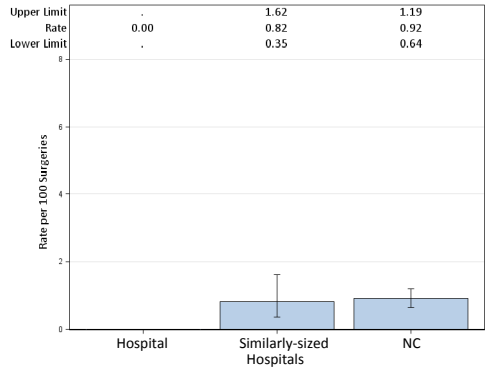


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	32	42
Rate	0	0
Predicted Infections	0.41	1.46
SIR**	.	0
95% CI**		, 2.534
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.

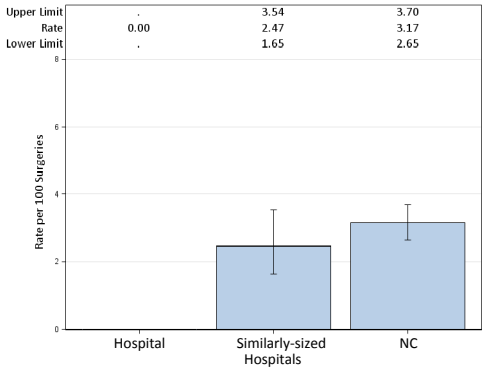


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

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.

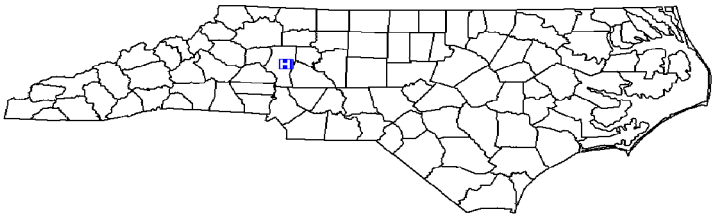
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Davis Regional Medical Center, Statesville, Iredell County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	For Profit
Admissions in 2012:	4,817
Patient Days in 2012:	32,874
Total Number of Beds:	130
Number of ICU Beds:	8
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.77

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

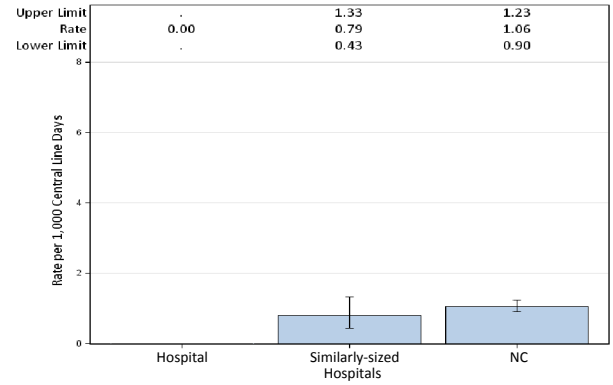


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 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	211	0	0.422	.		
YTD Total for Reporting ICUs	0	211	0	0.422	.		

*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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	2	627	3.19	1.254	1.595	0.193, 5.761	Same
YTD Total for Reporting ICUs	2	627	3.19	1.254	1.595	0.193, 5.761	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.

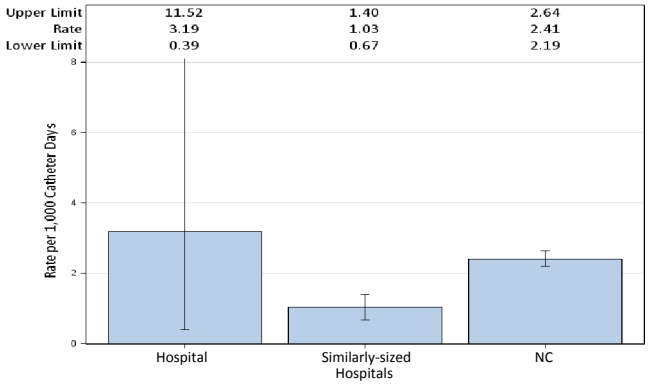


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

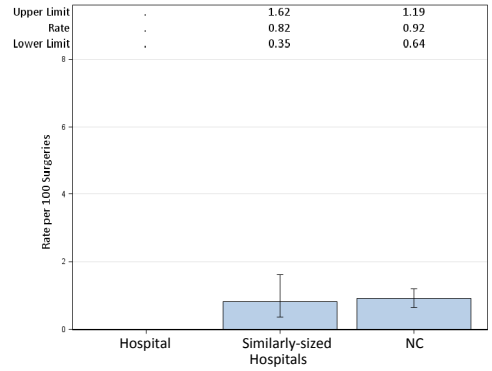


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	11	17
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.

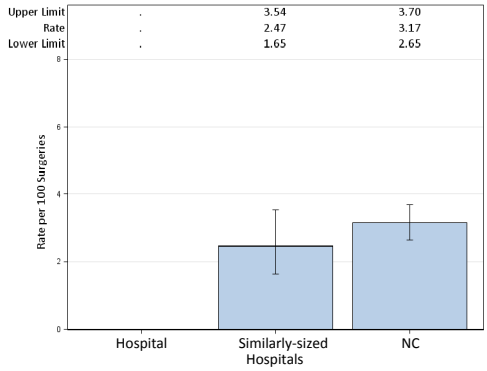


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

Commentary from Hospitals:
No comments provided.

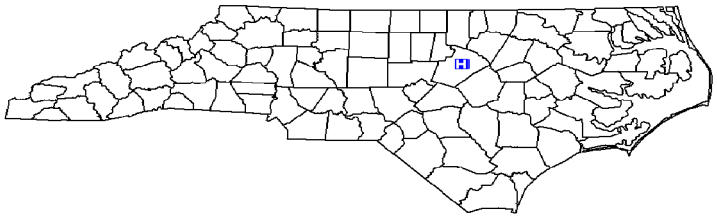
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Duke Raleigh Hospital, Raleigh, Wake County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	7,762
Patient Days in 2012:	33,489
Total Number of Beds:	148
Number of ICU Beds:	15
FTE* Infection Preventionists:	2.00
Number of FTEs* per 100 beds:	1.35

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

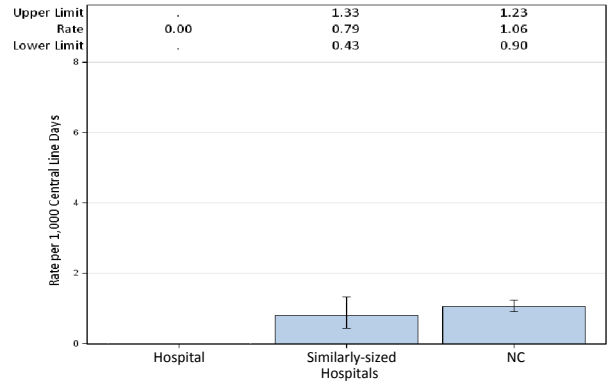


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 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	646	0	0.969	.		
YTD Total for Reporting ICUs	0	646	0	0.969	.		

*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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	1,203	0	1.564	0	, 2.359	Same
YTD Total for Reporting ICUs	0	1,203	0	1.564	0	, 2.359	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.

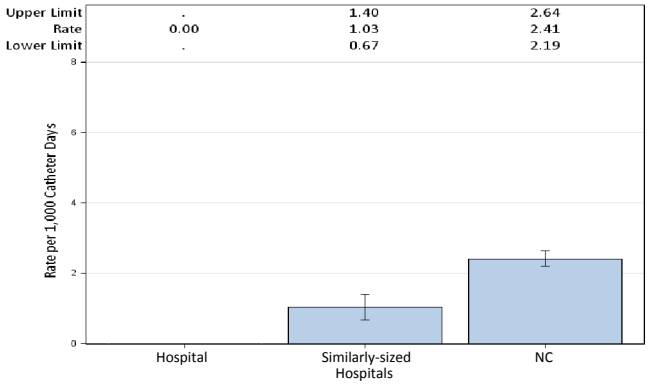


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

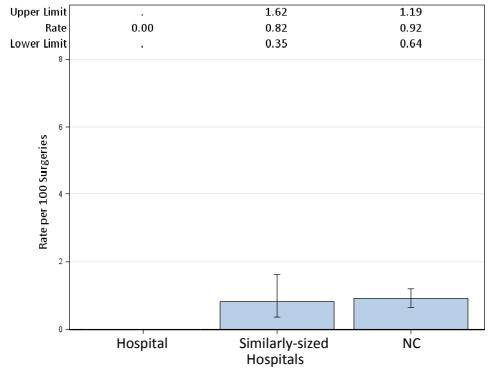


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	3
Procedures	55	89
Rate	0	3.37
Predicted Infections	0.57	2.89
SIR**	.	1.037
95% CI**		0.214, 3.029
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.

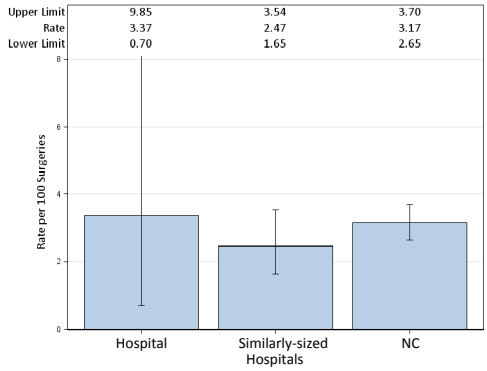


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

Commentary from Hospitals:
No comments provided.

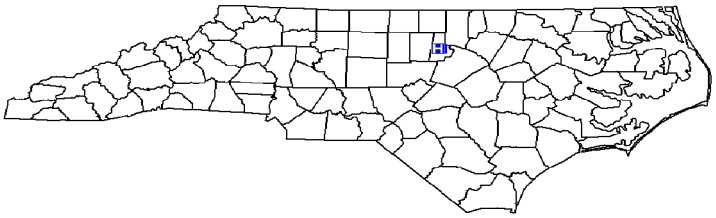
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Duke Regional Hospital, Durham, Durham County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Profit Status:	Not for Profit
Admissions in 2012:	13,513
Patient Days in 2012:	71,069
Total Number of Beds:	301
Number of ICU Beds:	22
FTE* Infection Preventionists:	2.50
Number of FTEs* per 100 beds:	0.83

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

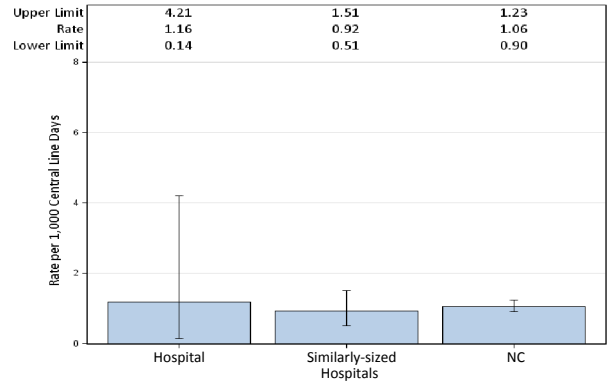


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 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	1,718	1.16	3.608	0.554	0.067, 2.002	Same
YTD Total for Reporting ICUs	2	1,718	1.16	3.608	0.554	0.067, 2.002	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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	5	1,975	2.53	4.543	1.101	0.357, 2.568	Same
Rehabiliation	0	109	0	0.414	.		
YTD Total for Reporting ICUs	5	2,084	2.4	4.957	1.009	0.328, 2.354	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.

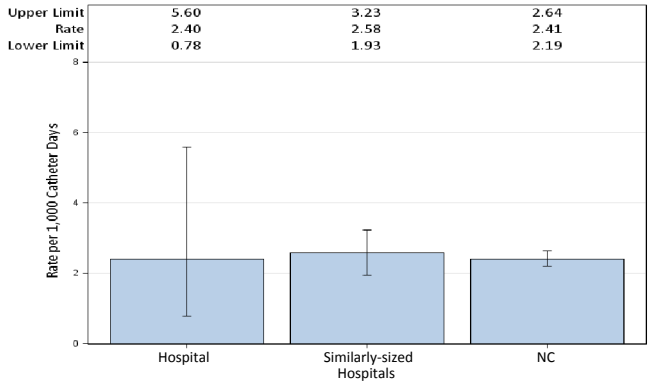


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

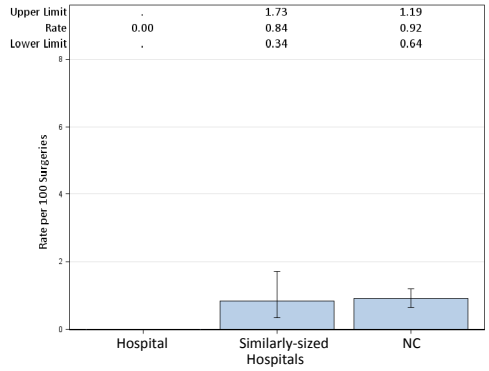


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	1
Procedures	133	33
Rate	0	3.03
Predicted Infections	1.07	1.04
SIR**	0	0.962
95% CI**	, 3.454	0.024, 5.357
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.

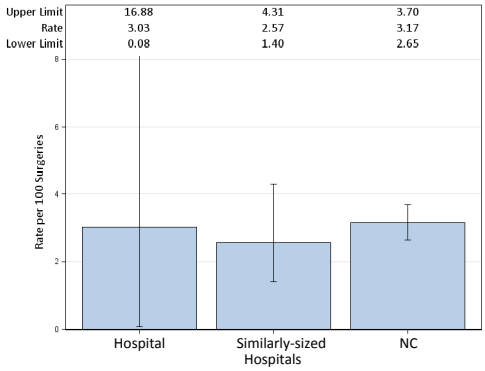


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

Commentary from Hospitals:
No comments provided.

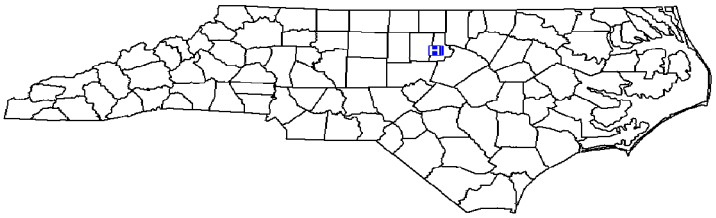
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Duke University Hospital, Durham, Durham County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Profit Status:	Not for Profit
Admissions in 2012:	32,524
Patient Days in 2012:	269,913
Total Number of Beds:	850
Number of ICU Beds:	128
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.12

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

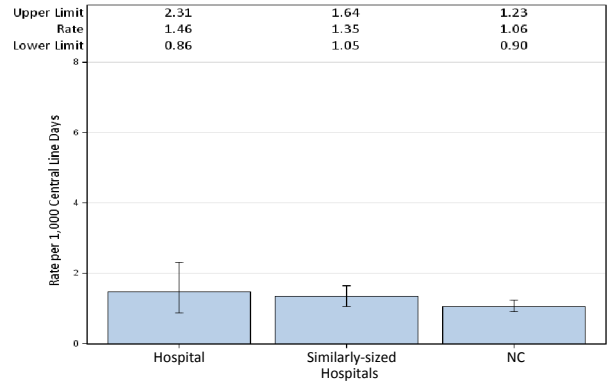


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	2	1,840	1.09	4.784	0.418	0.051, 1.510	Same
Medical cardiac	4	1,485	2.69	2.97	1.347	0.367, 3.448	Same
Neonatal Level III	2	1,893	1.06	4.723	0.423	0.051, 1.530	Same
Neurologic	3	1,145	2.62	1.603	1.871	0.386, 5.469	Same
Pediatric cardiothoracic	1	972	1.03	3.208	0.312	0.008, 1.737	Same
Pediatric medical/surgical	1	1,136	0.88	3.408	0.293	0.007, 1.635	Same
Surgical	4	1,526	2.62	3.51	1.14	0.311, 2.918	Same
Surgical cardiothoracic	1	2,341	0.43	3.277	0.305	0.008, 1.700	Same
YTD Total for Reporting ICUs	18	12,338	1.46	27.483	0.655	0.388, 1.035	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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	7	1,516	4.62	3.487	2.007	0.807, 4.136	Same
Medical cardiac	5	1,310	3.82	2.62	1.908	0.620, 4.454	Same
Neurologic	2	2,105	0.95	7.999	0.25	0.030, 0.903	Lower
Pediatric cardiothoracic	1	297	3.37	0.802	.		
Pediatric medical/surgical	0	793	0	2.22	0	, 1.662	Same
Surgical	4	1,599	2.5	4.157	0.962	0.262, 2.464	Same
Surgical cardiothoracic	3	2,094	1.43	3.56	0.843	0.174, 2.463	Same
YTD Total for Reporting ICUs	22	9,714	2.26	24.845	0.885	0.555, 1.341	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.

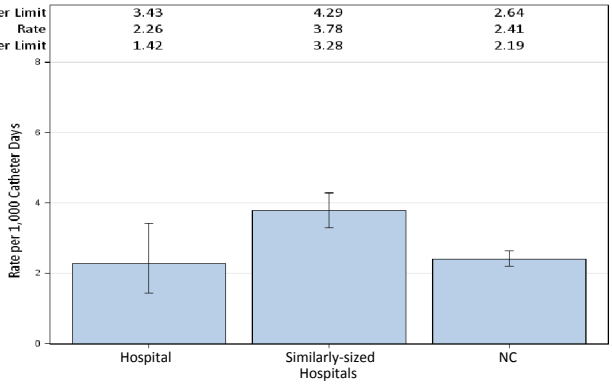


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

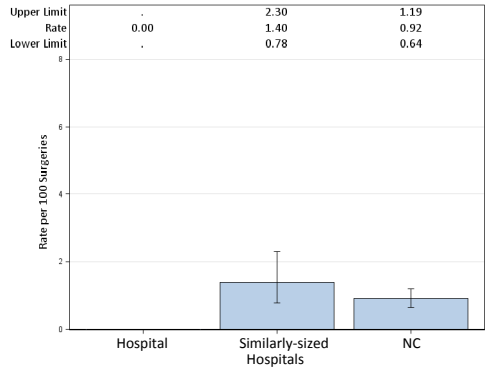


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	3
Procedures	165	111
Rate	0	2.7
Predicted Infections	1.51	3.66
SIR**	0	0.82
95% CI**	, 2.437	0.169, 2.395
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.

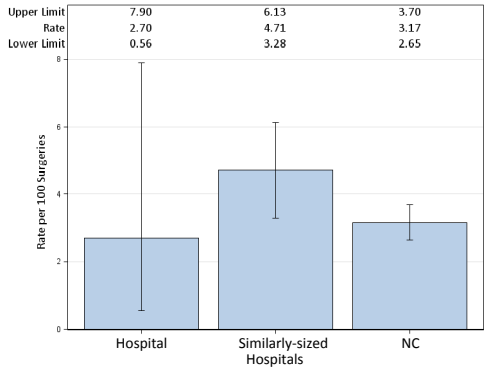


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

Commentary from Hospitals:
No comments provided.

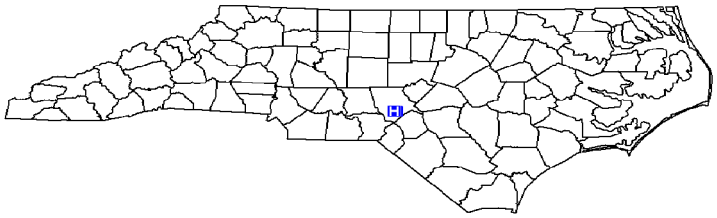
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
FirstHealth Moore Regional Hospital, Pinehurst, Moore County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	28,040
Patient Days in 2012:	113,623
Total Number of Beds:	528
Number of ICU Beds:	69
FTE* Infection Preventionists:	4.00
Number of FTEs* per 100 beds:	0.76

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

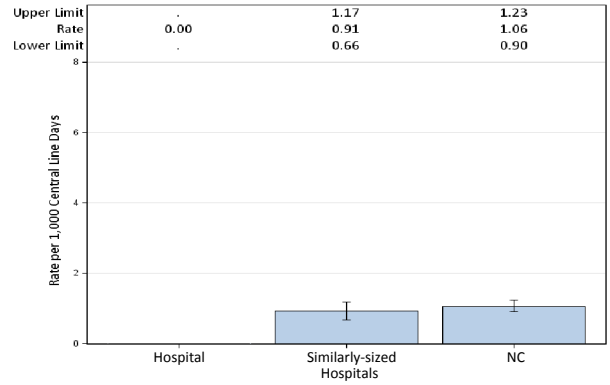


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 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	616	0	1.232	0	, 2.994	Same
Medical/surgical	0	1,426	0	2.139	0	, 1.725	Same
Neonatal Level III	0	117	0	0.23	.		
Surgical cardiothoracic	0	754	0	1.056	0	, 3.493	Same
YTD Total for Reporting ICUs	0	2,913	0	4.656	0	, 0.792	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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	4	975	4.1	1.95	2.051	0.559, 5.252	Same
Medical/surgical	2	2,013	0.99	2.435	0.821	0.099, 2.967	Same
Rehabiliation	0	23	.	.	.		
Surgical cardiothoracic	3	865	3.47	1.471	2.039	0.421, 5.960	Same
YTD Total for Reporting ICUs	9	3,876	2.32	5.943	1.514	0.692, 2.875	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.

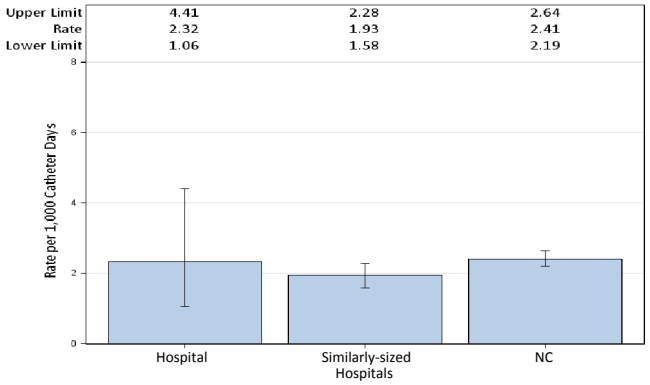


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

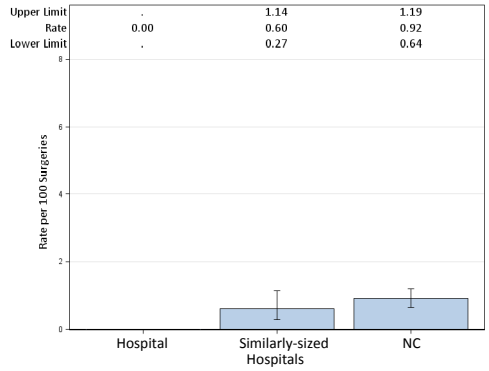


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	1
Procedures	27	80
Rate	0	1.25
Predicted Infections	0.17	2.36
SIR**	.	0.424
95% CI**		0.011, 2.361
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.

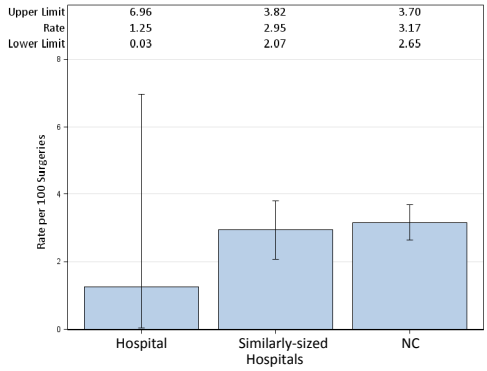


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

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

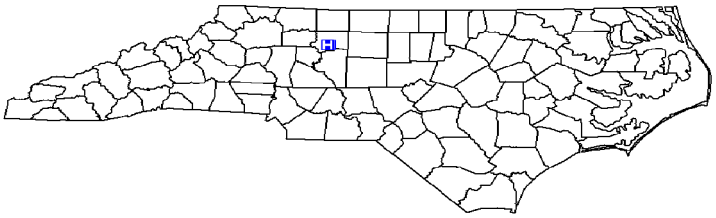
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Forsyth Medical Center, Winston Salem, Forsyth County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	44,597
Patient Days in 2012:	224,879
Total Number of Beds:	861
Number of ICU Beds:	128
FTE* Infection Preventionists:	4.00
Number of FTEs* per 100 beds:	0.46

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

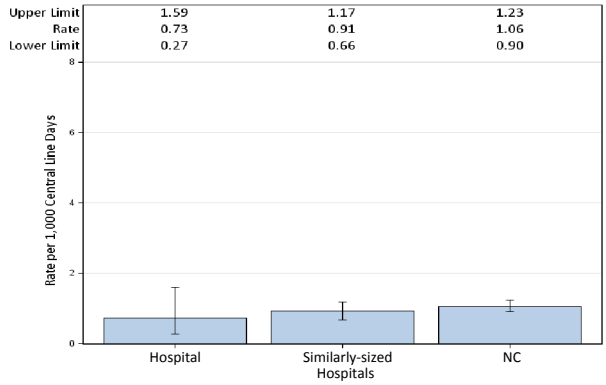


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	1	154	6.49	0.293	.		
Medical cardiac	3	1,663	1.8	3.326	0.902	0.186, 2.636	Same
Medical/surgical	2	3,863	0.52	5.795	0.345	0.042, 1.247	Same
Neonatal Level II/III	0	981	0	3.229	0	, 1.142	Lower
Neurosurgical	0	642	0	1.605	0	, 2.298	Same
Surgical cardiothoracic	0	887	0	1.242	0	, 2.970	Same
YTD Total for Reporting ICUs	6	8,190	0.73	15.489	0.387	0.142, 0.843	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-Jun 2013 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	.		
Medical cardiac	5	2,164	2.31	4.328	1.155	0.375, 2.696	Same
Medical/surgical	10	4,181	2.39	5.017	1.993	0.956, 3.666	Higher
Neurosurgical	5	1,115	4.48	4.906	1.019	0.331, 2.378	Same
Pediatric rehabiliation	0	119	0	0.321	.		
Rehabiliation	1	208	4.81	0.79	.		
Surgical cardiothoracic	0	958	0	1.629	0	, 2.265	Same
YTD Total for Reporting ICUs	21	9,033	2.32	17.568	1.195	0.740, 1.827	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.

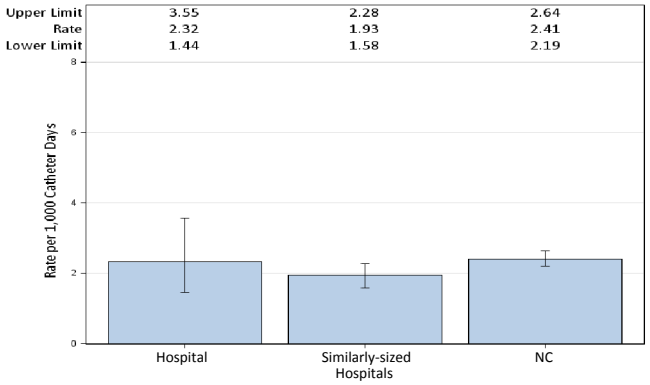


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

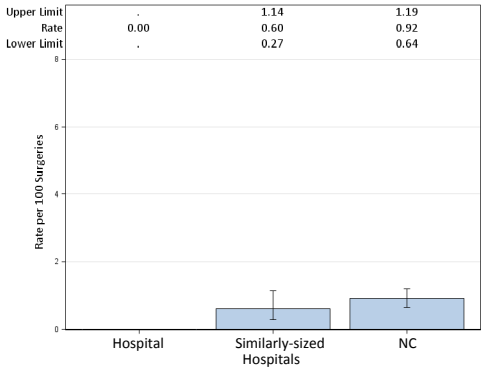


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	5
Procedures	81	125
Rate	0	4
Predicted Infections	0.75	4.08
SIR**	.	1.226
95% CI**		0.398, 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.

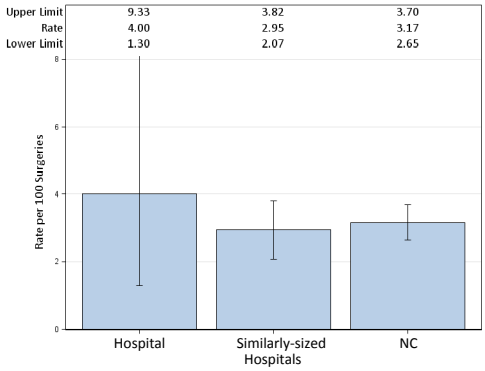


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

Commentary from Hospitals:
At Novant Health, the safety of our patients comes first. Our goal is to have the lowest possible infection rates and we continually monitor infection prevention tactics for improvement opportunities. We support transparency in reporting infection rates and make common infection data available on our website. More information can be found under 'quality' on NovantHealth.org.

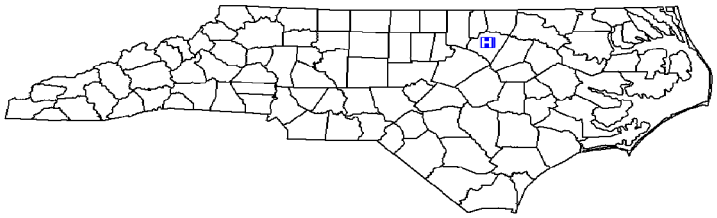
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Franklin Regional Medical Center, Louisburg, Franklin County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	For Profit
Admissions in 2012:	2,000
Patient Days in 2012:	4,539
Total Number of Beds:	70
Number of ICU Beds:	6
FTE* Infection Preventionists:	0.50
Number of FTEs* per 100 beds:	0.71

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

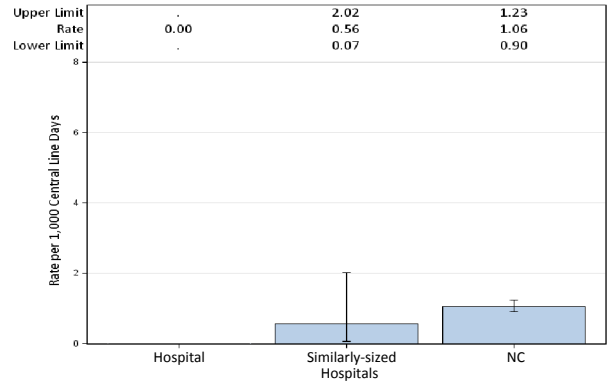


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	61	0	0.116	.		
YTD Total for Reporting ICUs	0	61	0	0.116	.		

*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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	171	0	0.342	.		
YTD Total for Reporting ICUs	0	171	0	0.342	.		

*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.

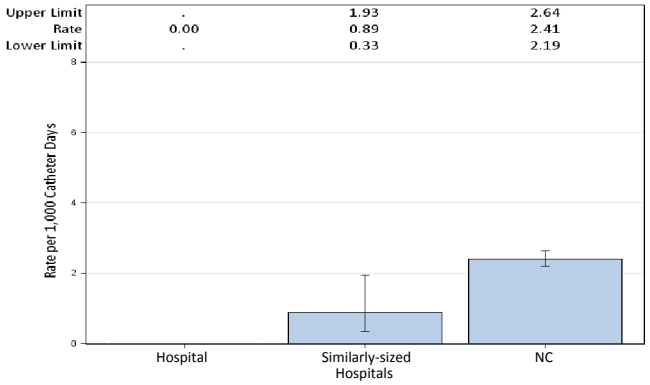


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

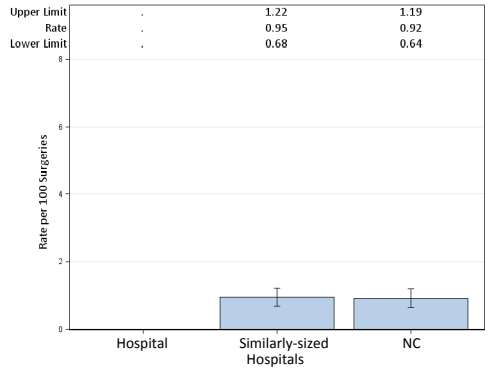


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 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.

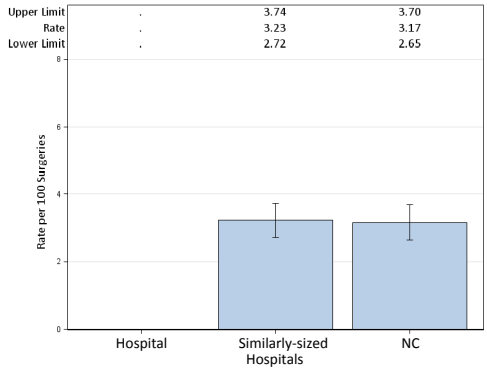


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

Commentary from Hospitals:
At Novant Health, the safety of our patients comes first. Our goal is to have the lowest possible infection rates and we continually monitor infection prevention tactics for improvement opportunities. We support transparency in reporting infection rates and make common infection data available on our website. More information can be found under 'quality' on NovantHealth.org.

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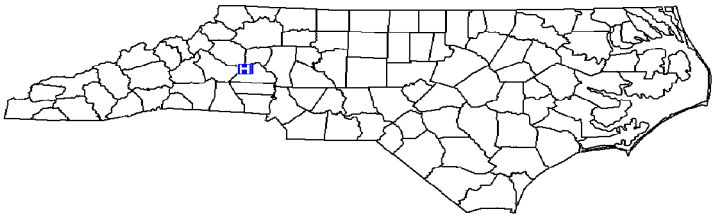
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Frye Regional Medical Center, Hickory, Catawba County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	For Profit
Admissions in 2012:	11,799
Patient Days in 2012:	62,357
Total Number of Beds:	355
Number of ICU Beds:	30
FTE* Infection Preventionists:	1.90
Number of FTEs* per 100 beds:	0.54

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

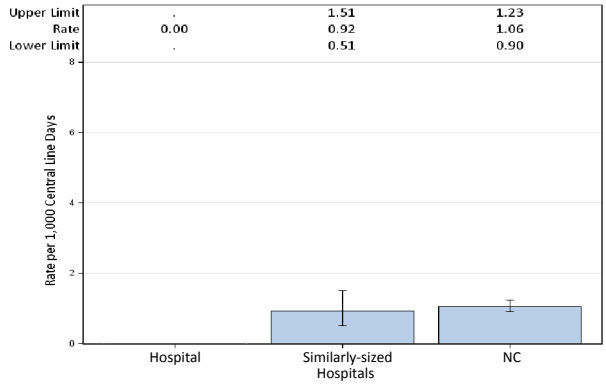


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 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	470	0	0.94	.		
Neurologic	0	372	0	0.521	.		
Surgical cardiothoracic	0	681	0	0.953	.		
YTD Total for Reporting ICUs	0	1,523	0	2.414	0	, 1.528	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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	1	690	1.45	1.38	0.725	0.018, 4.037	Same
Neurologic	4	559	7.16	2.124	1.883	0.513, 4.822	Same
Rehabiliation	0	39	.	.	.		
Surgical cardiothoracic	3	901	3.33	1.532	1.958	0.404, 5.723	Same
YTD Total for Reporting ICUs	8	2,189	3.65	5.184	1.543	0.666, 3.041	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.

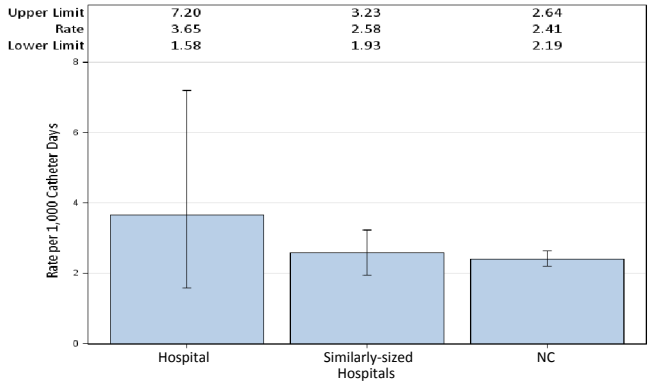


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

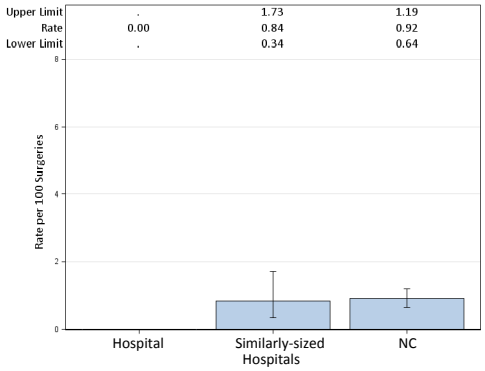


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	34	44
Rate	0	0
Predicted Infections	0.28	1.32
SIR**	.	0
95% CI**		, 2.799
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.

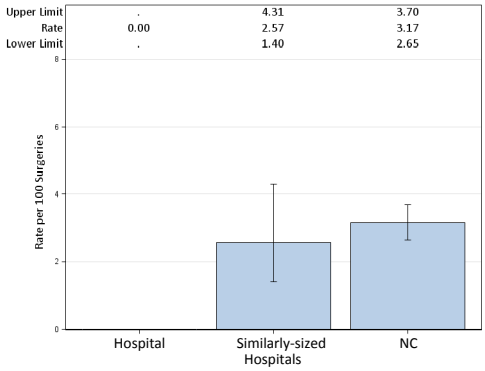


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

Commentary from Hospitals:
FRMC has zero central line blood stream infections. We implemented an alcohol impregnated port protector that guards against infection by keeping the needleless valves of central lines protected and clean. Foley catheter related urinary tract infection is a challenge and we continue to work on removing the catheter when not necessary. Our commitment to the prevention of infections is a goal we take very seriously. Our commitment to our community to make certain our processes and policies are in line with achieving zero infections.

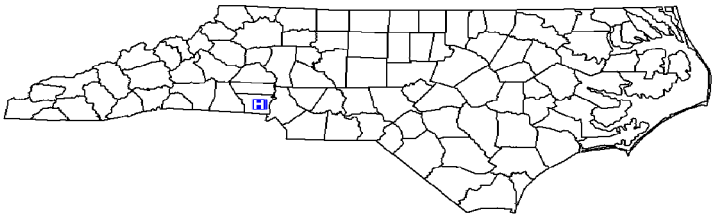
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Gaston Memorial Hospital, Gastonia, Gaston County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	21,494
Patient Days in 2012:	101,419
Total Number of Beds:	402
Number of ICU Beds:	44
FTE* Infection Preventionists:	4.00
Number of FTEs* per 100 beds:	1.00

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

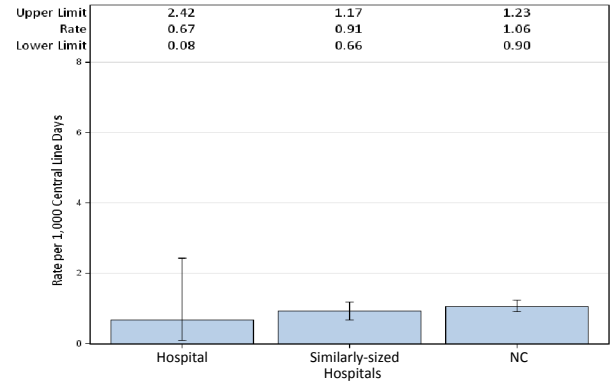


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	967	0	1.837	0	, 2.008	Same
Medical cardiac	0	773	0	1.546	0	, 2.386	Same
Neonatal Level II/III	0	154	0	0.239	.		
Surgical	1	677	1.48	1.557	0.642	0.016, 3.578	Same
Surgical cardiothoracic	1	416	2.4	0.582	.		
YTD Total for Reporting ICUs	2	2,987	0.67	5.762	0.347	0.042, 1.254	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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	3	970	3.09	1.94	1.546	0.319, 4.519	Same
Medical cardiac	0	846	0	1.692	0	, 2.180	Same
Surgical	2	739	2.71	1.921	1.041	0.126, 3.761	Same
Surgical cardiothoracic	0	460	0	0.782	.		
YTD Total for Reporting ICUs	5	3,015	1.66	6.335	0.789	0.256, 1.842	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.

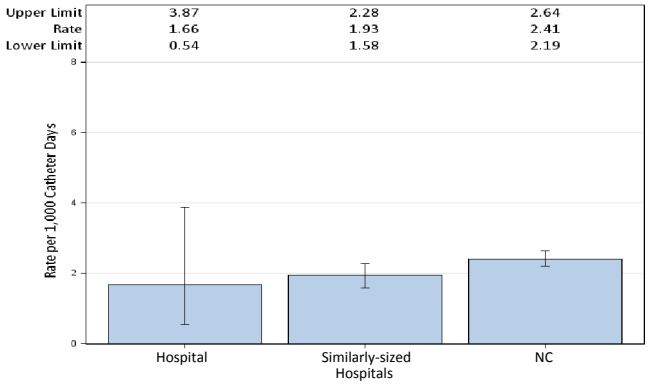


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

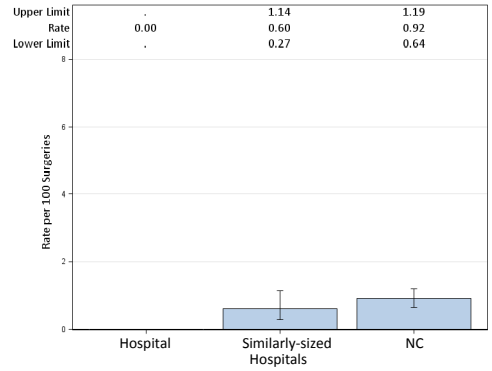


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	4
Procedures	80	76
Rate	0	5.26
Predicted Infections	0.84	2.51
SIR**	.	1.596
95% CI**		0.435, 4.087
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.

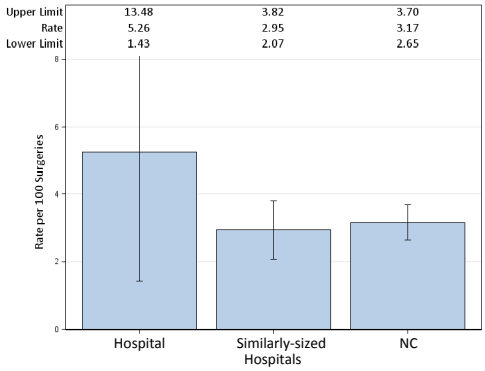


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

Commentary from Hospitals:
No comments provided.

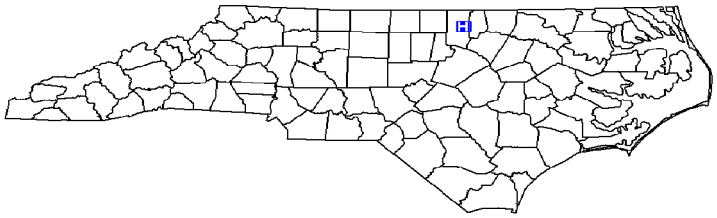
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Granville Medical Center, Oxford, Granville County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Government
Admissions in 2012:	4,177
Patient Days in 2012:	12,080
Total Number of Beds:	62
Number of ICU Beds:	6
FTE* Infection Preventionists:	0.50
Number of FTEs* per 100 beds:	0.81

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

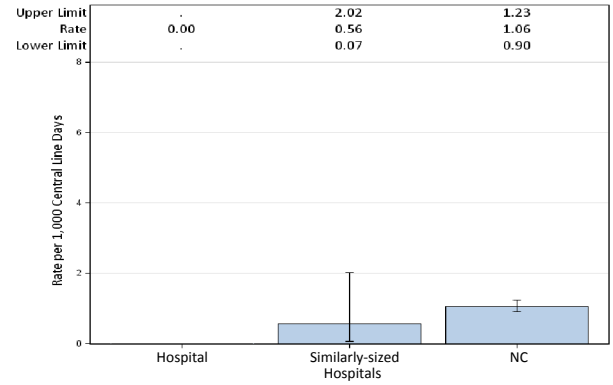


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 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	223	0	0.335	.		
YTD Total for Reporting ICUs	0	223	0	0.335	.		

*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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	357	0	0.464	.		
YTD Total for Reporting ICUs	0	357	0	0.464	.		

*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.

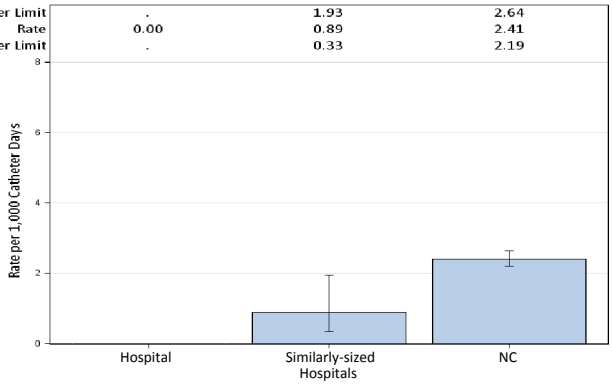


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

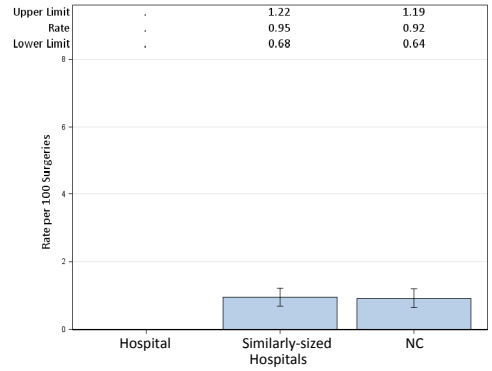


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	13	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.

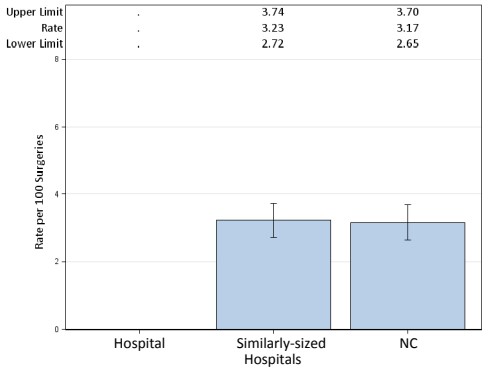


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

Commentary from Hospitals:
No comments provided.

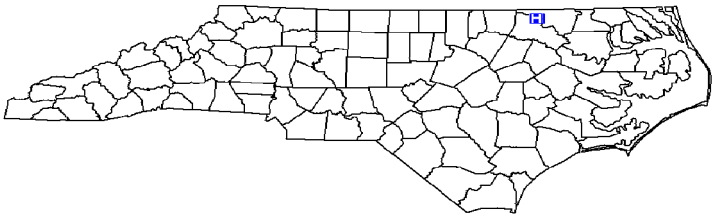
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Halifax Regional Medical Center, Roanoke Rapids, Halifax County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	6,098
Patient Days in 2012:	26,128
Total Number of Beds:	128
Number of ICU Beds:	12
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.78

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

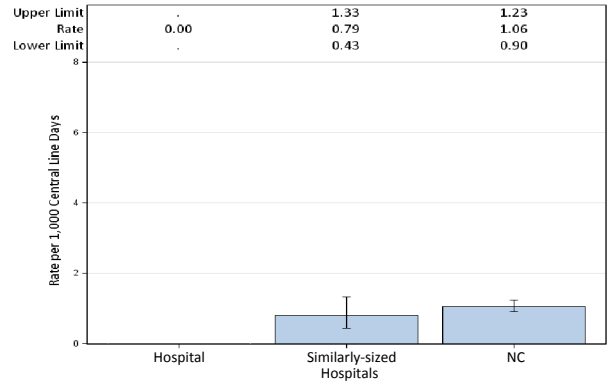


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 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	211	0	0.317	.		
YTD Total for Reporting ICUs	0	211	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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	628	0	0.816	.		
YTD Total for Reporting ICUs	0	628	0	0.816	.		

*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.

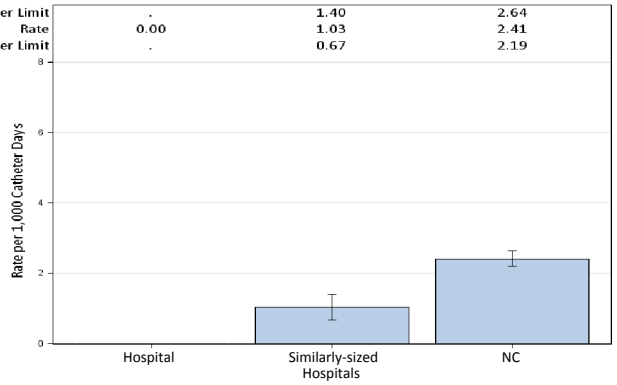


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

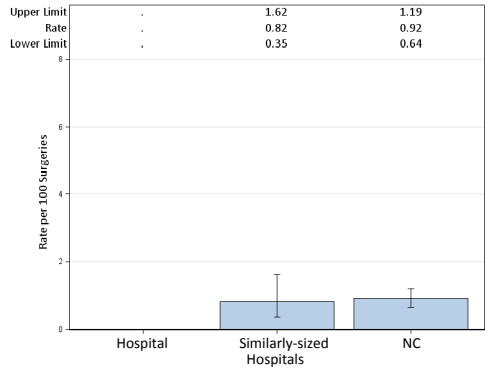


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	16	12
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.

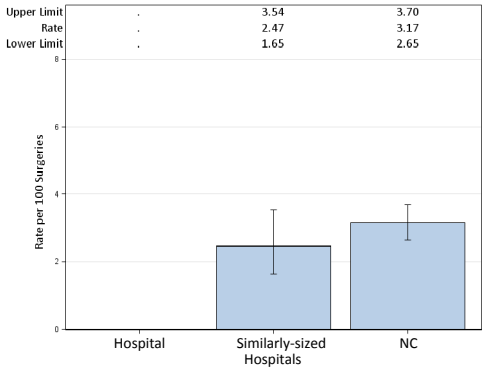


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

Commentary from Hospitals:
No comments provided.

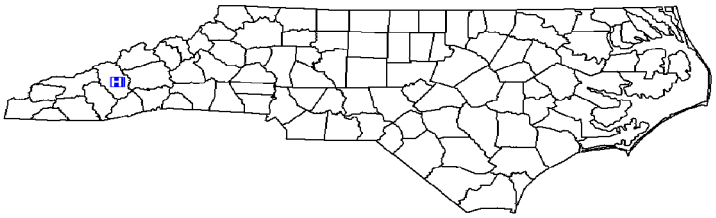
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Haywood Regional Medical Center, Clyde, Haywood County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	6,758
Patient Days in 2012:	23,556
Total Number of Beds:	100
Number of ICU Beds:	12
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	1.00

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

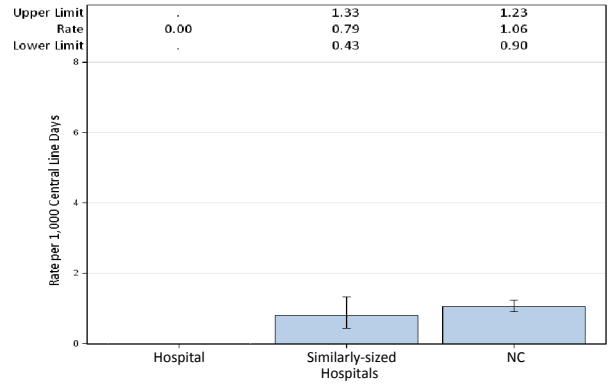


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 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	196	0	0.294	.		
YTD Total for Reporting ICUs	0	196	0	0.294	.		

*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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	372	0	0.484	.		
YTD Total for Reporting ICUs	0	372	0	0.484	.		

*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.

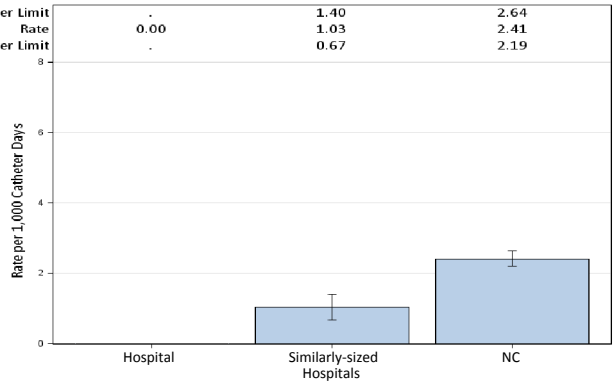


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

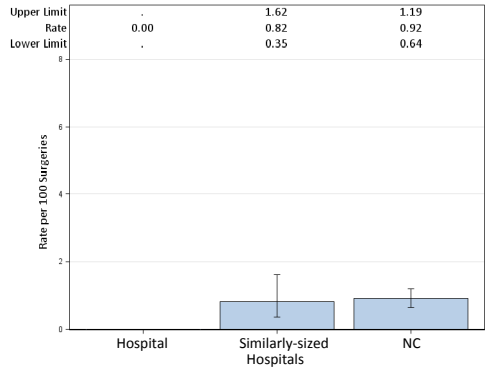


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	1
Procedures	22	23
Rate	0	4.35
Predicted Infections	0.18	0.69
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.

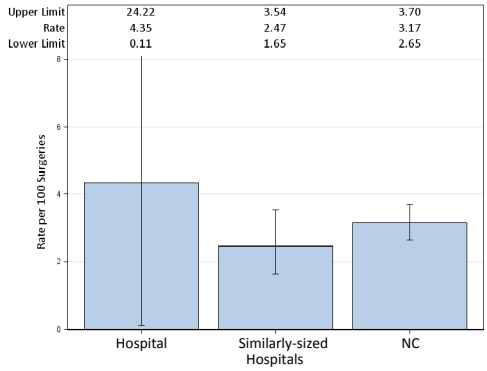


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

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.

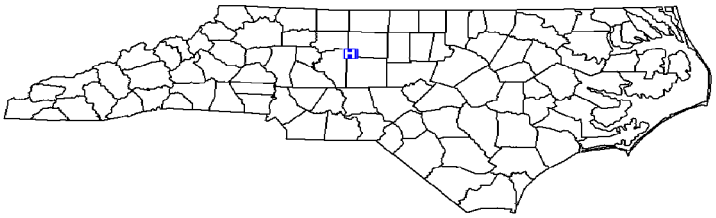
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
High Point Regional Health System, High Point, Guilford County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	17,719
Patient Days in 2012:	70,226
Total Number of Beds:	363
Number of ICU Beds:	32
FTE* Infection Preventionists:	2.00
Number of FTEs* per 100 beds:	0.55

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

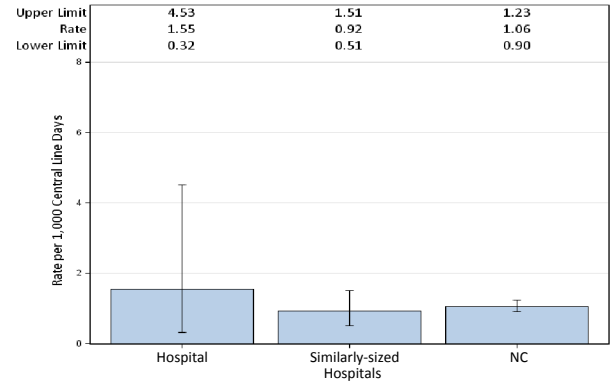


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 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	354	2.82	0.708	.		
Medical/surgical	2	1,313	1.52	1.97	1.015	0.123, 3.667	Same
Surgical cardiothoracic	0	270	0	0.378	.		
YTD Total for Reporting ICUs	3	1,937	1.55	3.056	0.982	0.202, 2.869	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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	0	572	0	1.144	0	, 3.225	Same
Medical/surgical	5	2,135	2.34	2.562	1.952	0.634, 4.554	Same
Rehabiliation	0	129	0	0.49	.		
Surgical cardiothoracic	0	283	0	0.481	.		
YTD Total for Reporting ICUs	5	3,119	1.6	4.677	1.069	0.347, 2.495	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.

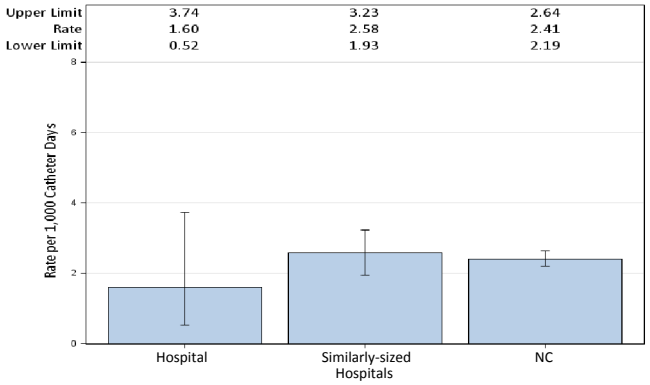


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

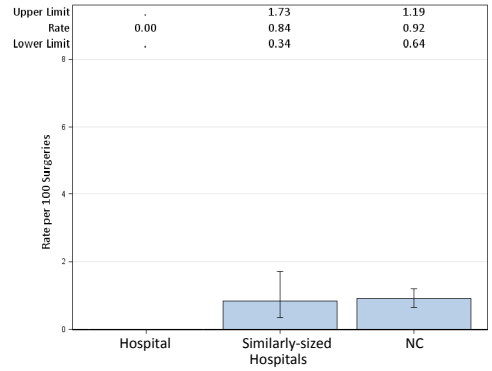


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	82	59
Rate	0	0
Predicted Infections	0.95	1.93
SIR**	.	0
95% CI**		, 1.915
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.

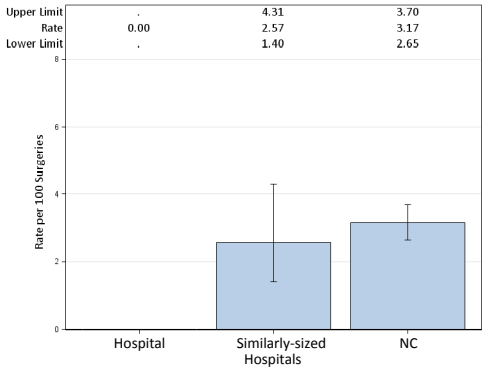


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

Commentary from Hospitals:
No comments provided.

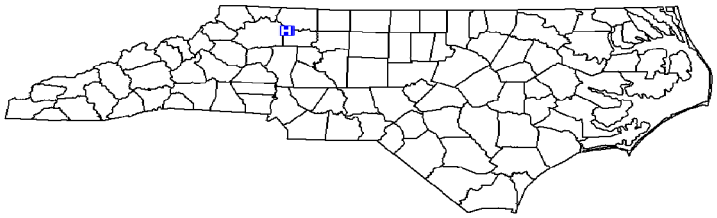
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Hugh Chatham Memorial Hospital, Elkin, Surry County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	5,405
Patient Days in 2012:	15,974
Total Number of Beds:	81
Number of ICU Beds:	8
FTE* Infection Preventionists:	0.75
Number of FTEs* per 100 beds:	0.93

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

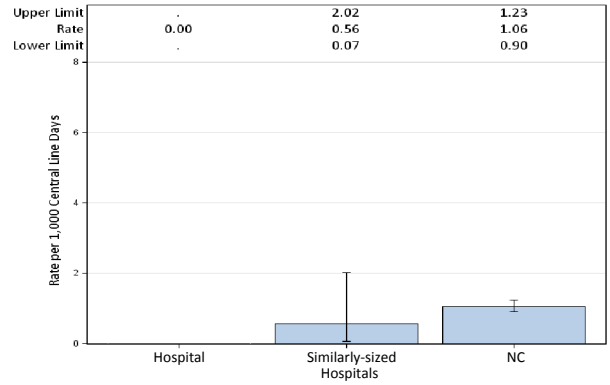


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 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	123	0	0.185	.		
YTD Total for Reporting ICUs	0	123	0	0.185	.		

*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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	176	0	0.229	.		
YTD Total for Reporting ICUs	0	176	0	0.229	.		

*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.

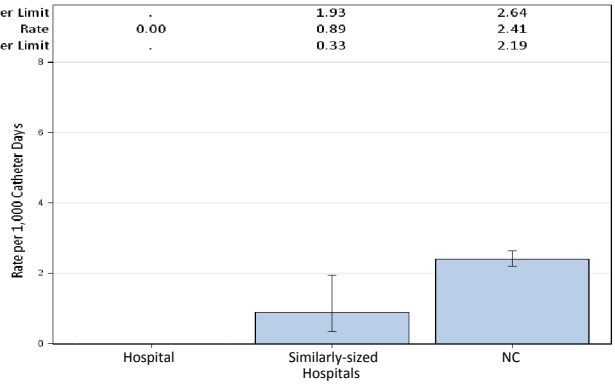


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

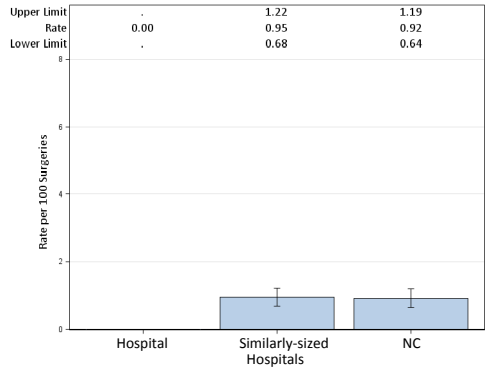


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	35	17
Rate	0	.
Predicted Infections	0.38	.
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.

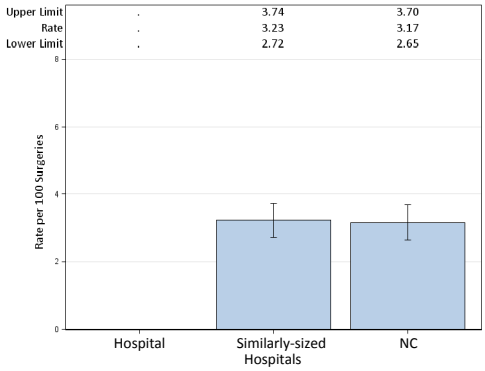


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

Commentary from Hospitals:
No comments provided.

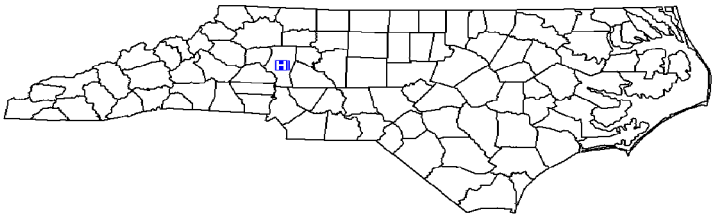
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Iredell Memorial Hospital, Statesville, Iredell County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	9,051
Patient Days in 2012:	40,500
Total Number of Beds:	199
Number of ICU Beds:	16
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.50

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

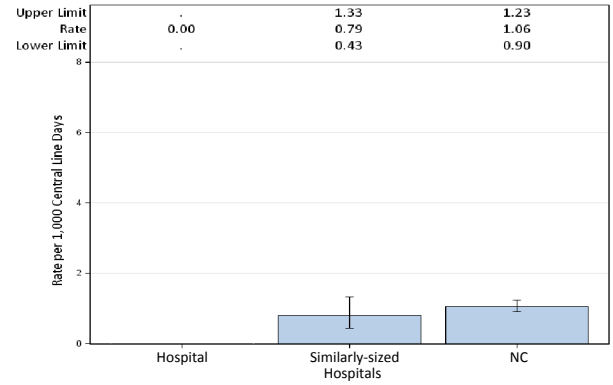


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 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	855	0	1.283	0	, 2.875	Same
YTD Total for Reporting ICUs	0	855	0	1.283	0	, 2.875	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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	1,450	0	1.74	0	, 2.120	Same
YTD Total for Reporting ICUs	0	1,450	0	1.74	0	, 2.120	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.

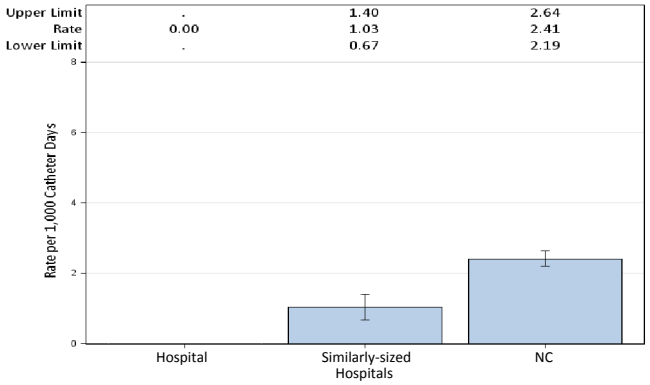


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

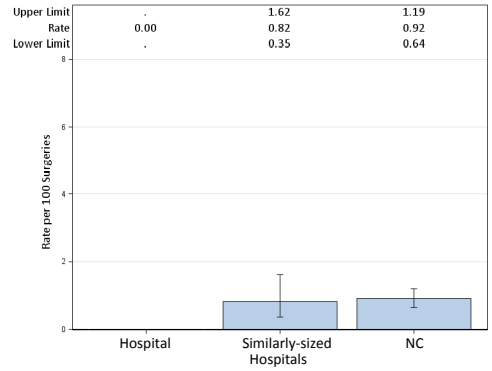


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	1
Procedures	44	47
Rate	0	2.13
Predicted Infections	0.41	1.53
SIR**	.	0.654
95% CI**		0.017, 3.642
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.

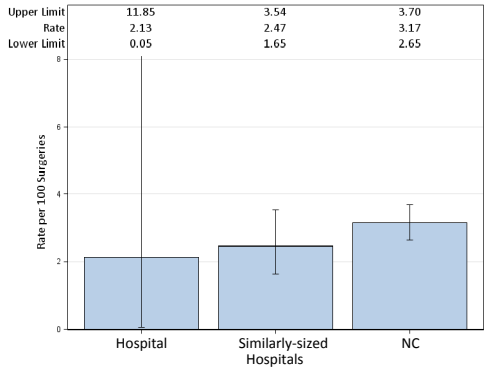


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

Commentary from Hospitals:
No comments provided.

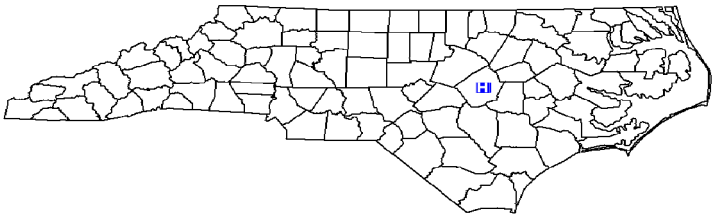
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Johnston Health, Smithfield, Johnston County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	11,098
Patient Days in 2012:	40,182
Total Number of Beds:	199
Number of ICU Beds:	16
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.50

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

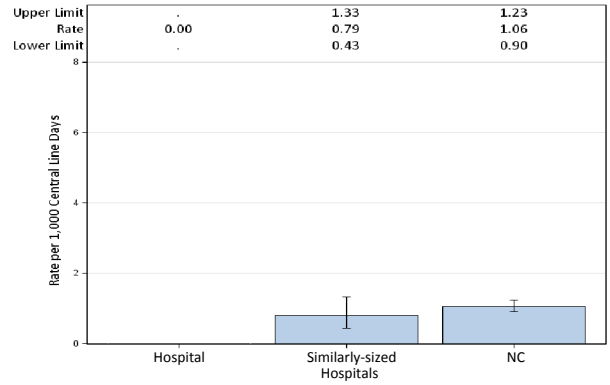


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	644	0	1.224	0	, 3.014	Same
YTD Total for Reporting ICUs	0	644	0	1.224	0	, 3.014	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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	1	967	1.03	1.934	0.517	0.013, 2.881	Same
YTD Total for Reporting ICUs	1	967	1.03	1.934	0.517	0.013, 2.881	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.

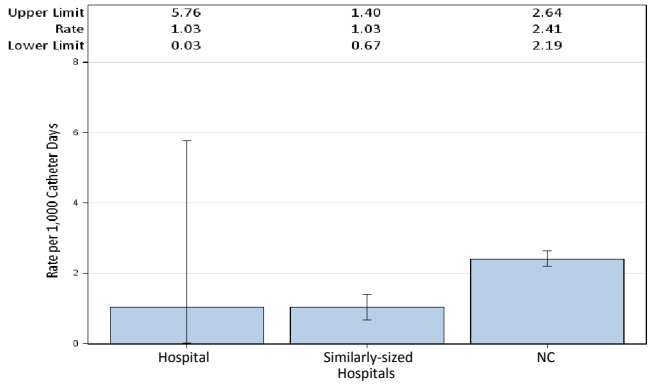


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

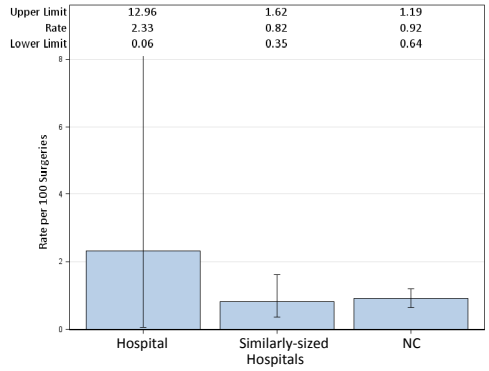


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	1	0
Procedures	43	28
Rate	2.33	0
Predicted Infections	0.35	0.72
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.

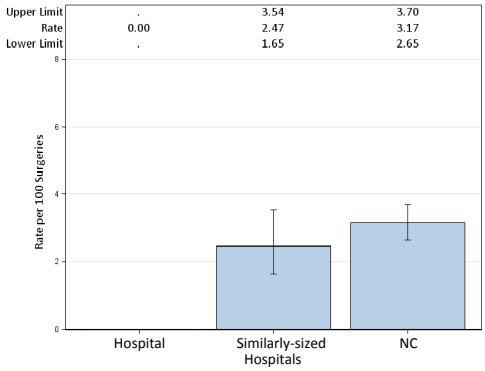


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

Commentary from Hospitals:
No comments provided.

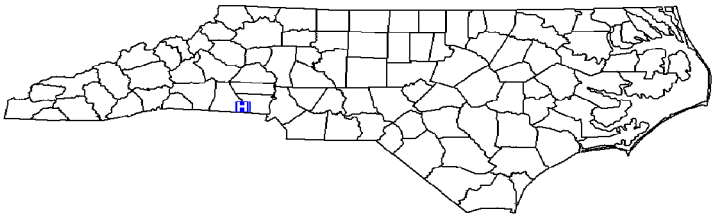
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Kings Mountain Hospital, Kings Mountain, Cleveland County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	2,274
Patient Days in 2012:	12,000
Total Number of Beds:	102
Number of ICU Beds:	6
FTE* Infection Preventionists:	0.50
Number of FTEs* per 100 beds:	0.49

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

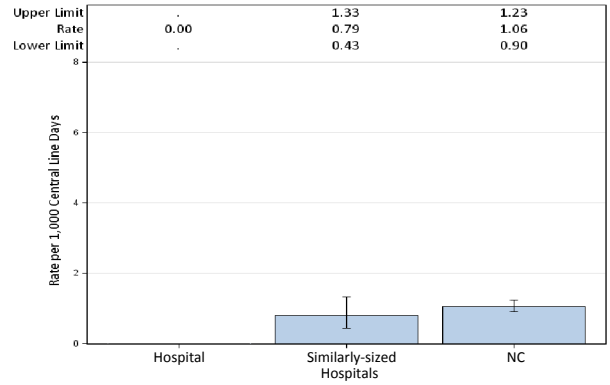


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	136	0	0.258	.		
YTD Total for Reporting ICUs	0	136	0	0.258	.		

*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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	411	0	0.822	.		
YTD Total for Reporting ICUs	0	411	0	0.822	.		

*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.

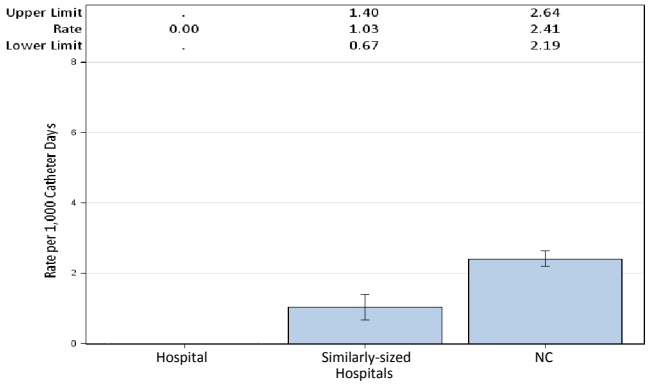


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

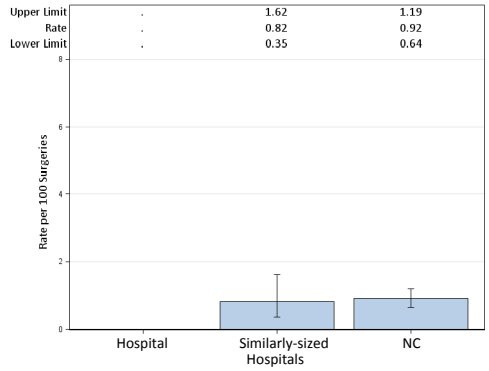


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	0	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.

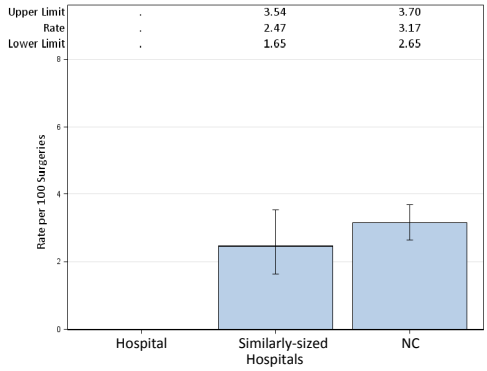


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

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.

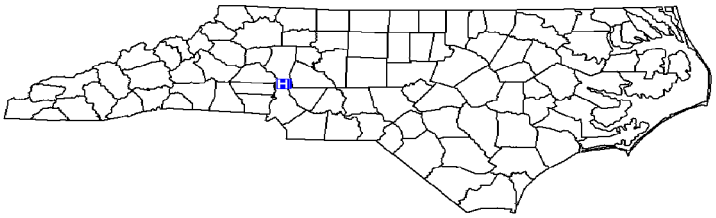
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Lake Norman Regional Medical Center, Mooresville, Iredell County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	For Profit
Admissions in 2012:	4,428
Patient Days in 2012:	19,569
Total Number of Beds:	123
Number of ICU Beds:	12
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.81

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

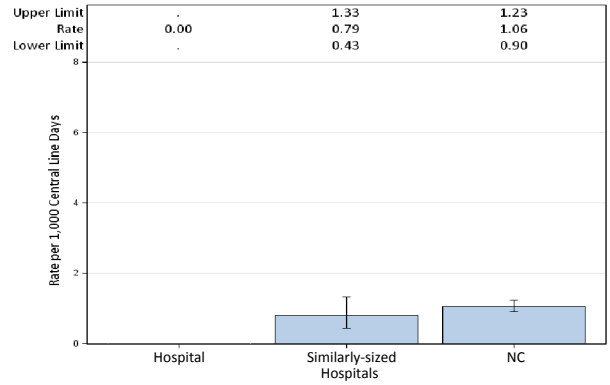


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	555	0	1.055	0	, 3.497	Same
Neonatal Level II/III	0	1	.	.	.		
YTD Total for Reporting ICUs	0	556	0	1.056	0	, 3.493	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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	758	0	1.516	0	, 2.433	Same
YTD Total for Reporting ICUs	0	758	0	1.516	0	, 2.433	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.

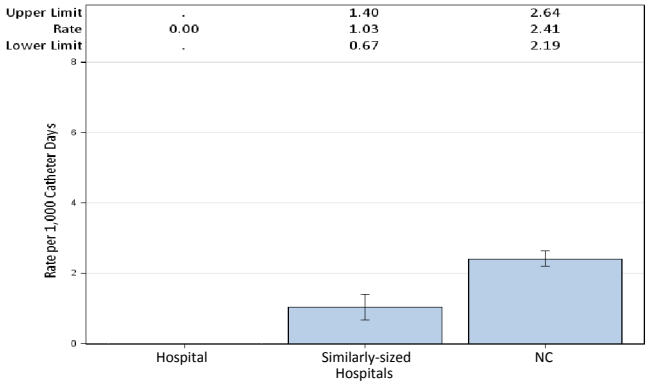


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

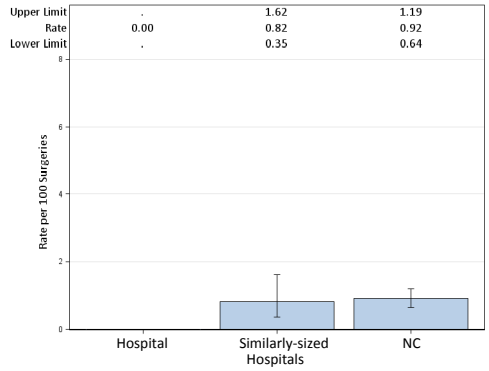


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	34	21
Rate	0	0
Predicted Infections	0.30	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.

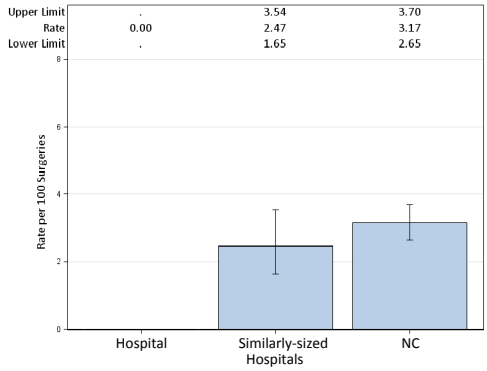


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

Commentary from Hospitals:
No comments provided.

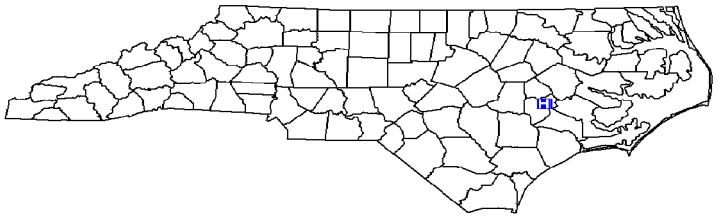
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Lenoir Memorial Hospital, Inc, Kinston, Lenoir County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	7,155
Patient Days in 2012:	34,517
Total Number of Beds:	216
Number of ICU Beds:	14
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.46

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

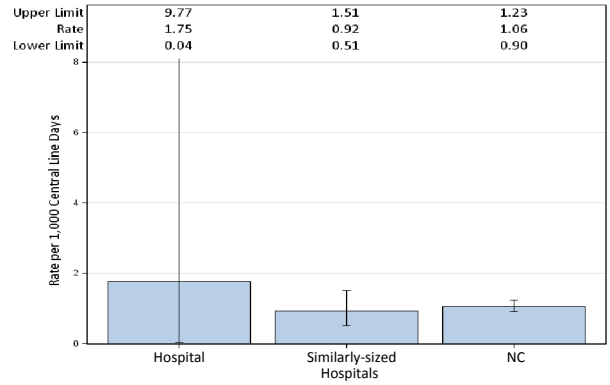


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 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	570	1.75	0.855	.		
YTD Total for Reporting ICUs	1	570	1.75	0.855	.		

*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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	1,138	0	1.479	0	, 2.494	Same
Rehabiliation	0	14	.	.	.		
YTD Total for Reporting ICUs	0	1,152	0	1.533	0	, 2.406	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.

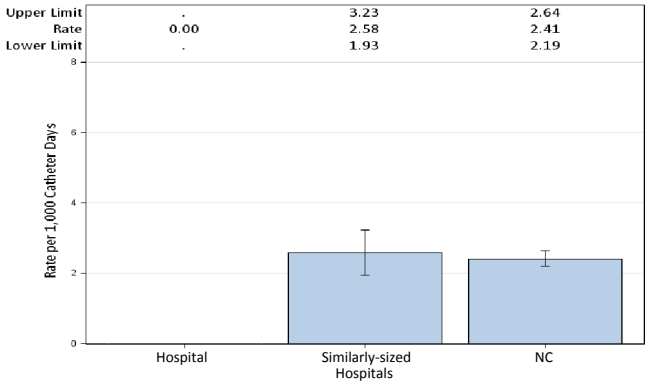


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

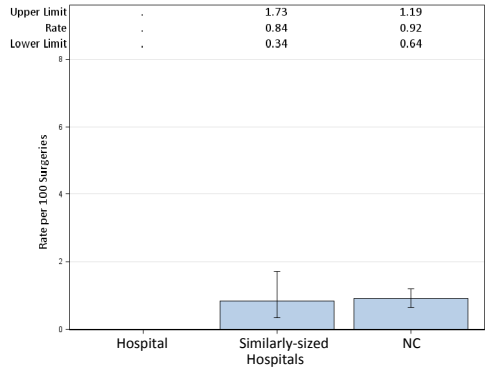


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	1	0
Procedures	19	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.

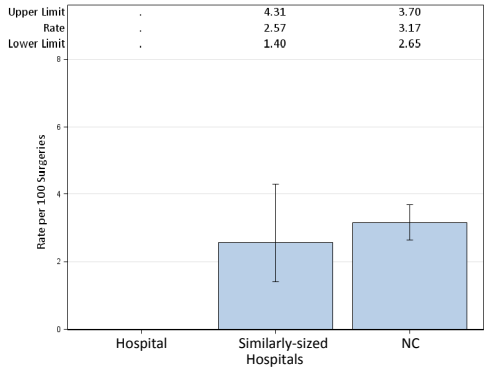


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

Commentary from Hospitals:
No comments provided.

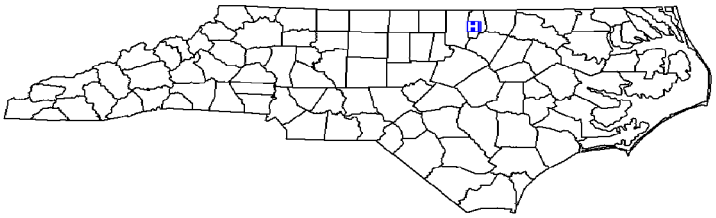
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Maria Parham Medical Center, Henderson, Vance County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	For Profit
Admissions in 2012:	5,576
Patient Days in 2012:	20,886
Total Number of Beds:	102
Number of ICU Beds:	8
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.98

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

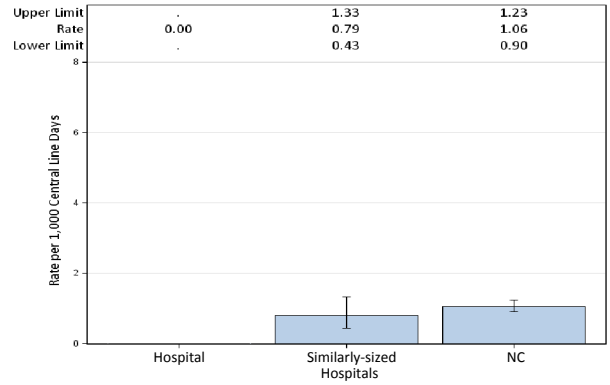


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 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	724	0	1.086	0	, 3.397	Same
YTD Total for Reporting ICUs	0	724	0	1.086	0	, 3.397	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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	890	0	1.157	0	, 3.188	Same
Rehabiliation	0	91	0	0.346	.		
YTD Total for Reporting ICUs	0	981	0	1.503	0	, 2.454	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.

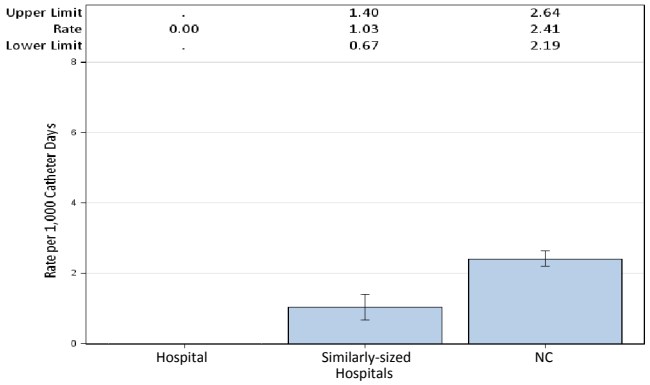


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

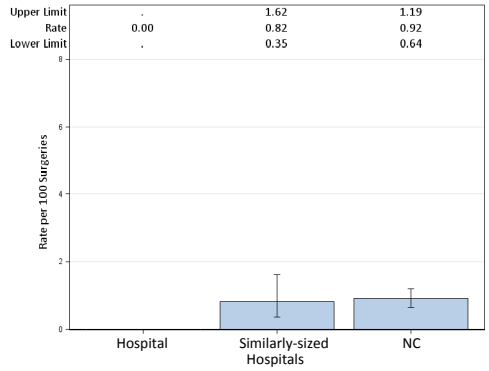


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	2
Procedures	25	25
Rate	0	8
Predicted Infections	0.30	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.

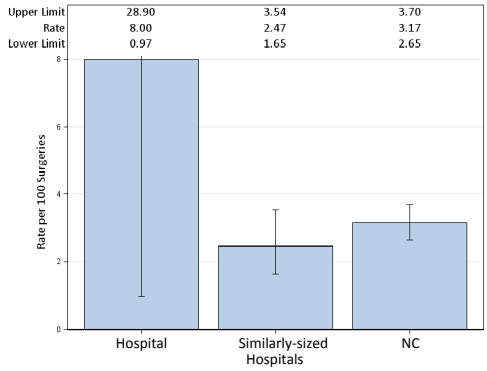


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

Commentary from Hospitals:
No comments provided.

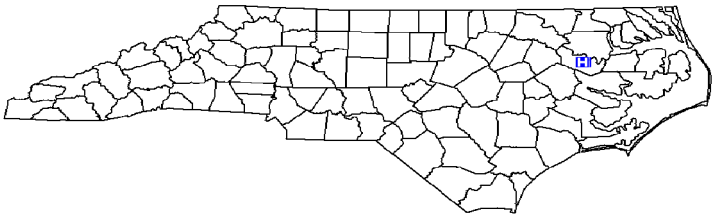
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Martin General Hospital, Williamston, Martin County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	For Profit
Admissions in 2012:	2,230
Patient Days in 2012:	7,223
Total Number of Beds:	49
Number of ICU Beds:	6
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	2.04

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

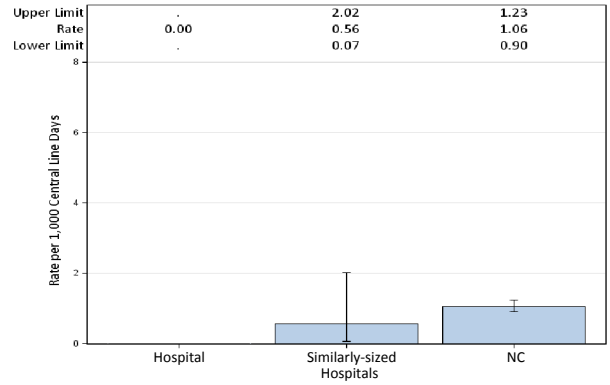


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 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	102	0	0.153	.		
YTD Total for Reporting ICUs	0	102	0	0.153	.		

*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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	383	0	0.498	.		
YTD Total for Reporting ICUs	0	383	0	0.498	.		

*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.

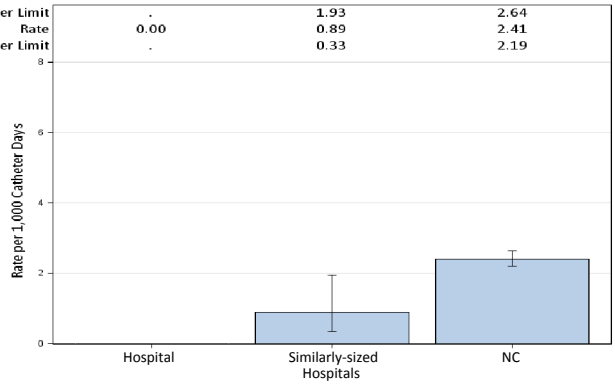


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

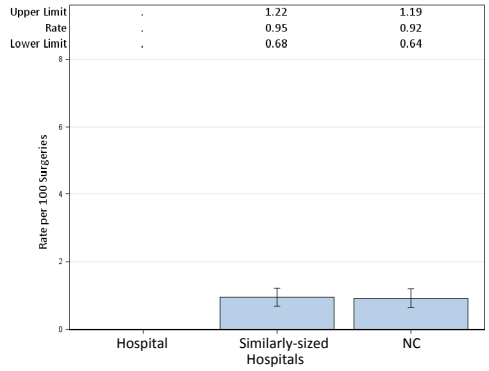


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	0	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.

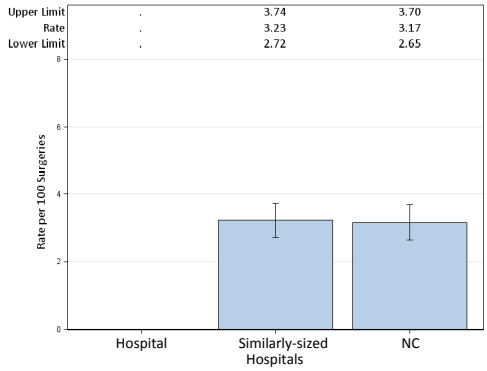


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

Commentary from Hospitals:
No comments provided.

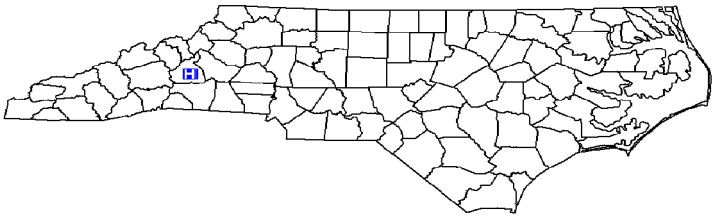
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
McDowell Hospital, Marion, McDowell County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	2,805
Patient Days in 2012:	6,373
Total Number of Beds:	52
Number of ICU Beds:	9
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	1.92

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

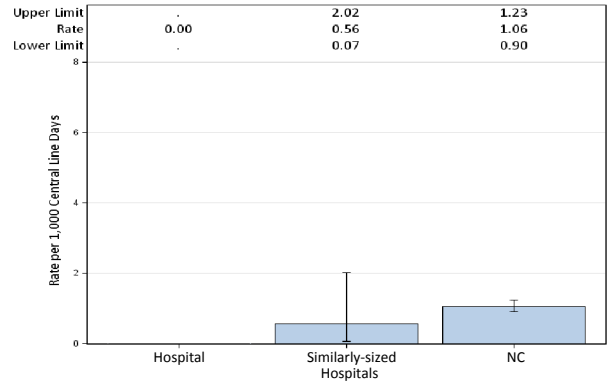


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 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	115	0	0.173	.		
YTD Total for Reporting ICUs	0	115	0	0.173	.		

*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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	432	2.31	0.562	.		
YTD Total for Reporting ICUs	1	432	2.31	0.562	.		

*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.

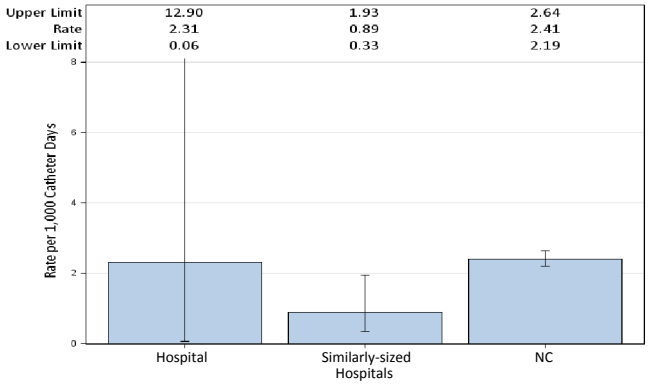


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

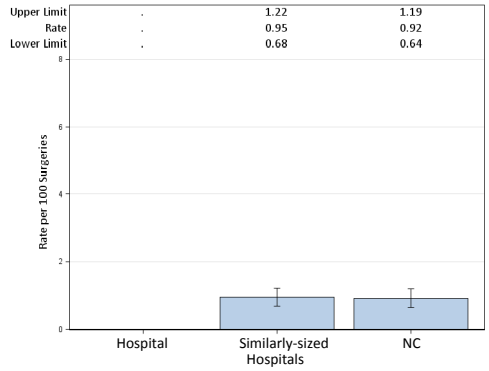


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	17	5
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.

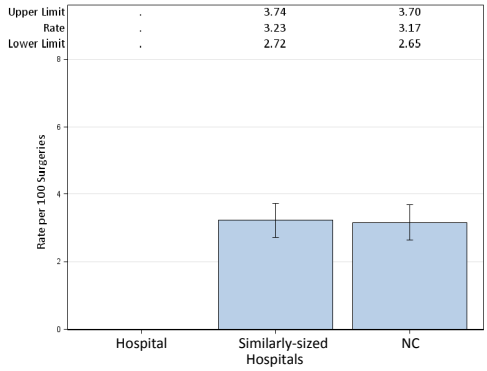


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

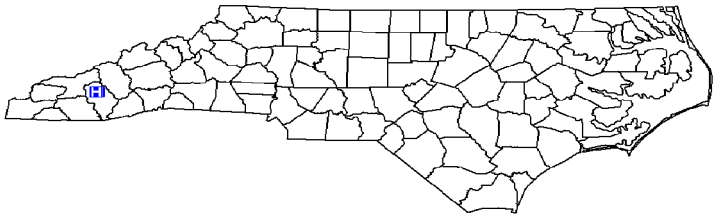
Commentary from Hospitals:
No comments provided.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
MedWest-Harris Regional Hospital, Sylva, Jackson County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	4,274
Patient Days in 2012:	12,831
Total Number of Beds:	94
Number of ICU Beds:	8
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	1.06

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

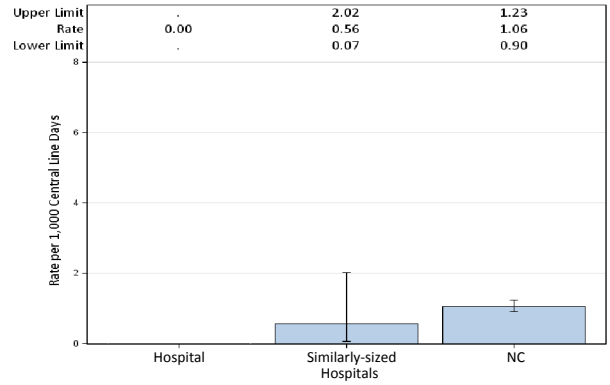


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 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	241	0	0.362	.		
YTD Total for Reporting ICUs	0	241	0	0.362	.		

*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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	572	0	0.744	.		
YTD Total for Reporting ICUs	0	572	0	0.744	.		

*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.

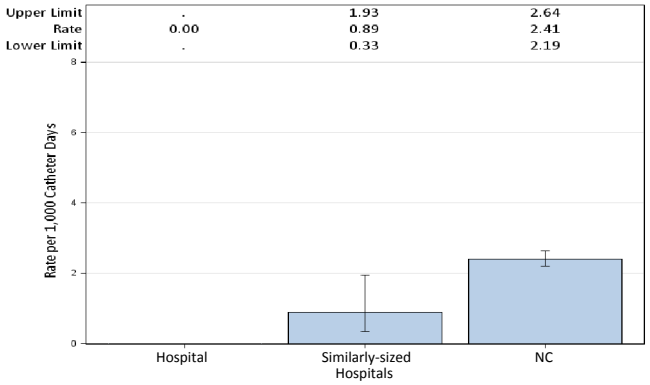


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

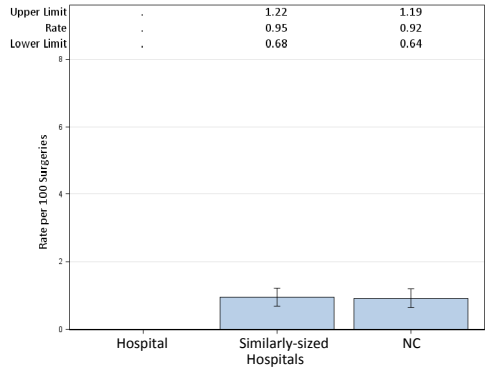


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	8	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.

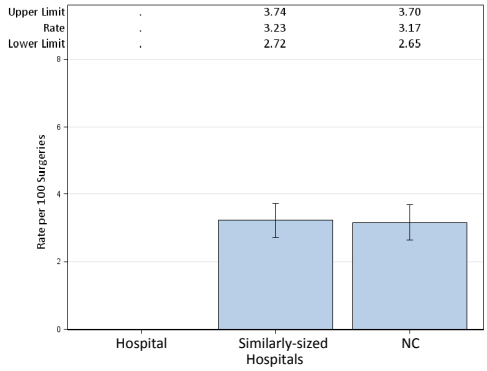


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

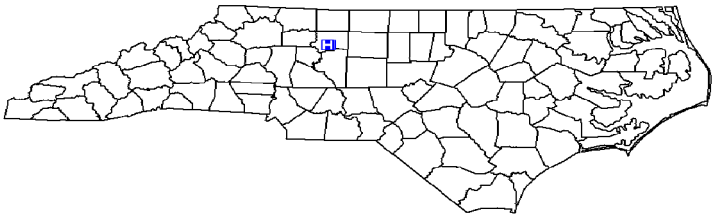
Commentary from Hospitals:
No comments provided.

Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

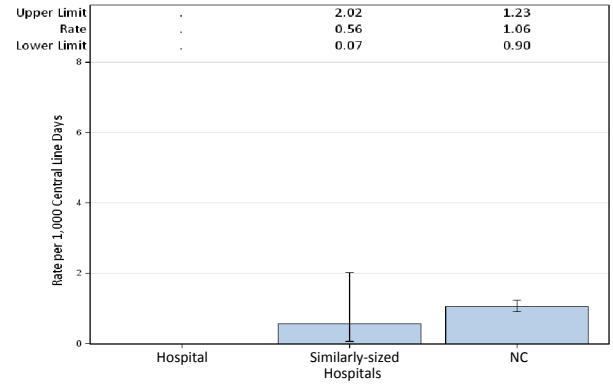
North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Medical Park Hospital, Winston Salem, Forsyth County

2011 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	720
Patient Days in 2012:	2,600
Total Number of Beds:	22
Number of ICU Beds:	0
FTE* Infection Preventionists:	0.50
Number of FTEs* per 100 beds:	2.27



Central Line-Associated Bloodstream Infections (CLABSI)



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

Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Catheter-Associated Urinary Tract Infections (CAUTI)

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

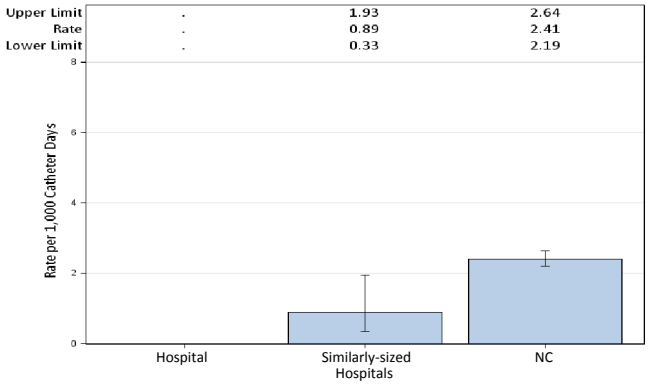


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

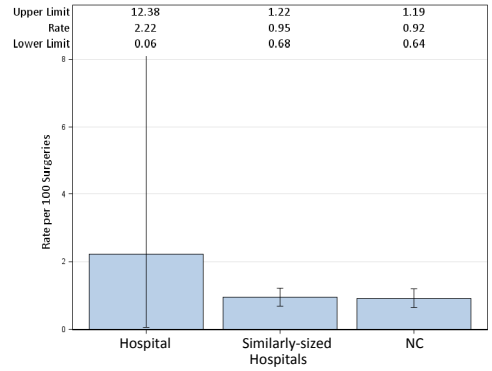


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	1	10
Procedures	45	98
Rate	2.22	10.2
Predicted Infections	0.39	3.00
SIR**	.	3.336
95% CI**		1.600, 6.134
Interpretation		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.

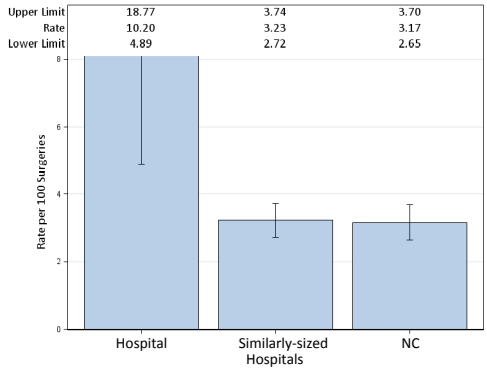


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

Commentary from Hospitals:
At Novant Health, the safety of our patients comes first. Our goal is to have the lowest possible infection rates and we continually monitor infection prevention tactics for improvement opportunities. We support transparency in reporting infection rates and make common infection data available on our website. More information can be found under 'quality' on NovantHealth.org.

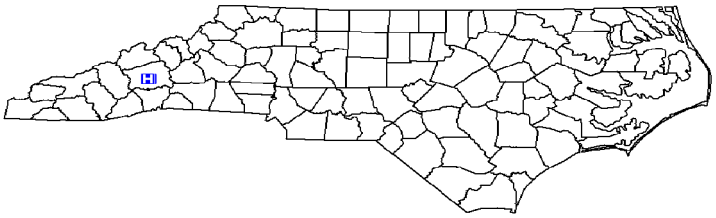
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Mission Hospital, Asheville, Buncombe County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Profit Status:	Not for Profit
Admissions in 2012:	56,272
Patient Days in 2012:	213,678
Total Number of Beds:	763
Number of ICU Beds:	131
FTE* Infection Preventionists:	6.00
Number of FTEs* per 100 beds:	0.79

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

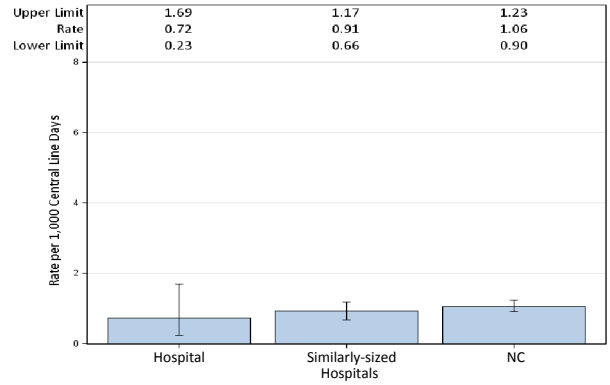


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 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	539	0	1.078	0	, 3.422	Same
Medical/surgical	2	2,411	0.83	3.617	0.553	0.067, 1.997	Same
Neonatal Level II/III	0	1,071	0	2.48	0	, 1.487	Same
Neurosurgical	2	1,314	1.52	3.285	0.609	0.074, 2.199	Same
Pediatric medical/surgical	1	241	4.15	0.723	.		
Surgical cardiothoracic	0	1,335	0	1.869	0	, 1.974	Same
YTD Total for Reporting ICUs	5	6,911	0.72	13.052	0.383	0.124, 0.894	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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	2	899	2.22	1.798	1.112	0.135, 4.018	Same
Medical/surgical	4	3,600	1.11	4.68	0.855	0.233, 2.188	Same
Neurosurgical	5	2,170	2.3	9.548	0.524	0.170, 1.222	Same
Pediatric medical/surgical	0	49	.	.	.		
Surgical cardiothoracic	0	1,576	0	2.679	0	, 1.377	Same
YTD Total for Reporting ICUs	11	8,294	1.33	18.842	0.584	0.291, 1.045	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.

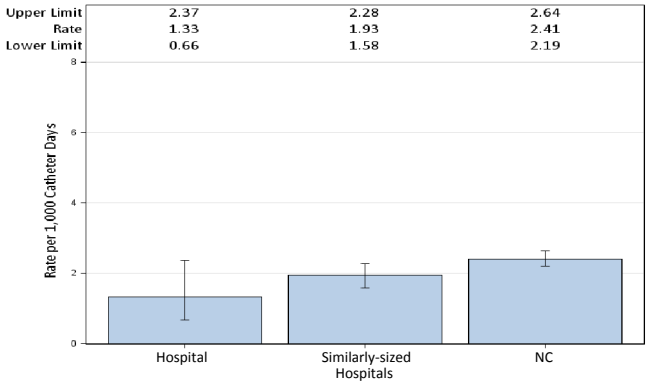


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

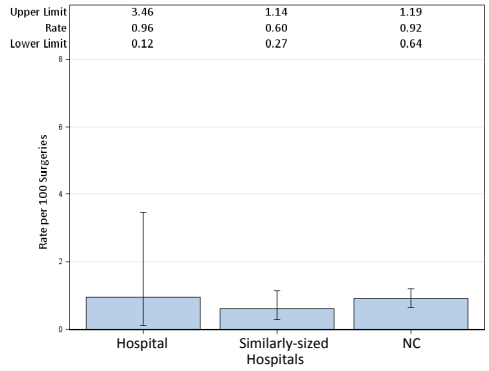


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	2	6
Procedures	209	226
Rate	0.96	2.65
Predicted Infections	2.12	7.10
SIR**	0.943	0.845
95% CI**	0.114, 3.405	0.310, 1.839
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.

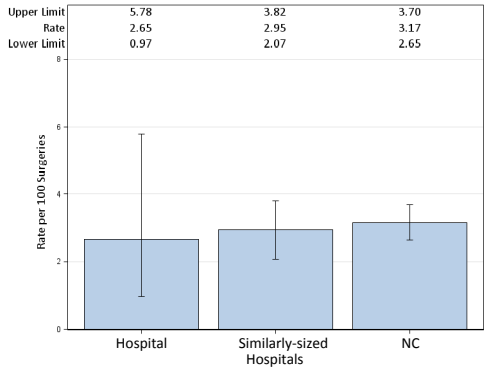


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

Commentary from Hospitals:
No comments provided.

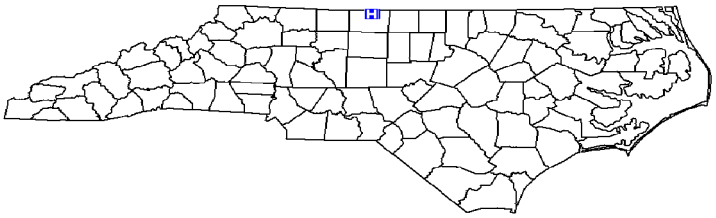
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Morehead Memorial Hospital, Eden, Rockingham County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	5,372
Patient Days in 2012:	19,924
Total Number of Beds:	108
Number of ICU Beds:	9
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.93

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

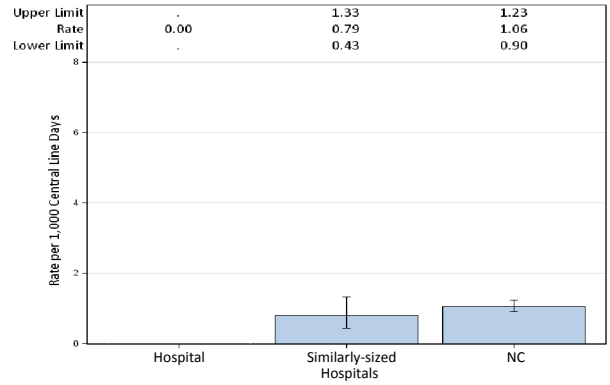


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 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	91	0	0.137	.		
YTD Total for Reporting ICUs	0	91	0	0.137	.		

*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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	609	0	0.792	.		
YTD Total for Reporting ICUs	0	609	0	0.792	.		

*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.

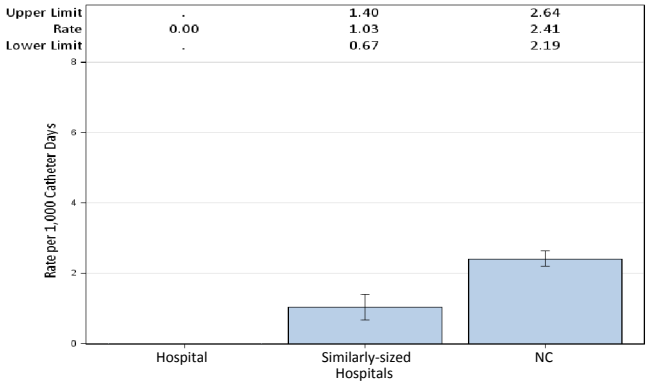


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

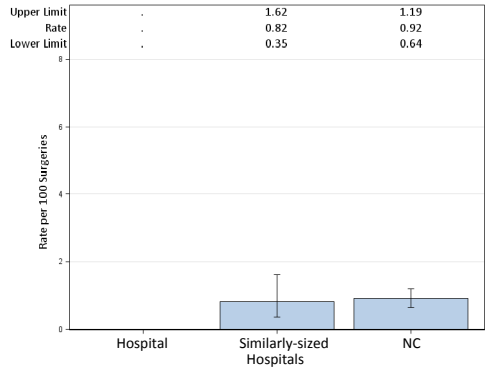


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	13	17
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.

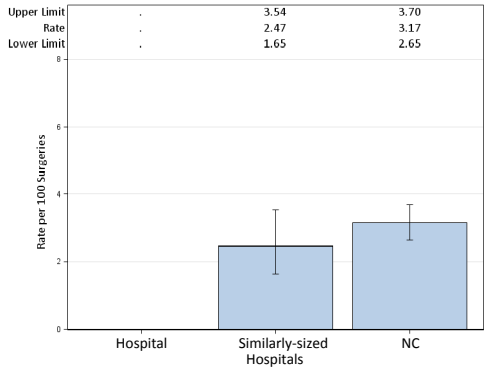


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

Commentary from Hospitals:
No comments provided.

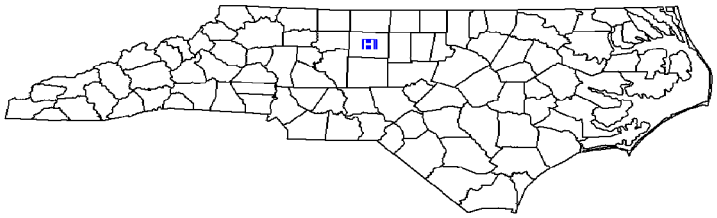
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Moses Cone Hospital, Greensboro, Guilford County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	25,719
Patient Days in 2012:	121,023
Total Number of Beds:	536
Number of ICU Beds:	66
FTE* Infection Preventionists:	3.00
Number of FTEs* per 100 beds:	0.56

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

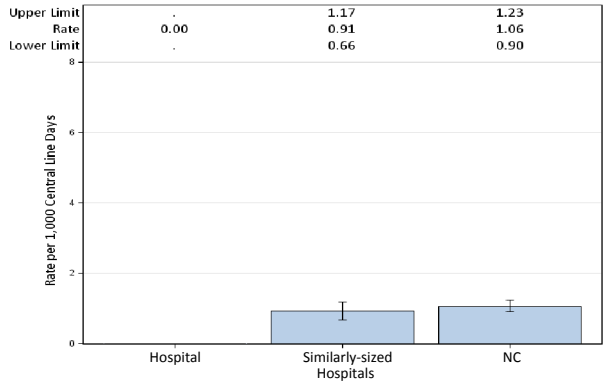


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	0	1,303	0	2.606	0	, 1.416	Same
Medical/surgical	0	1,341	0	2.012	0	, 1.833	Same
Neurosurgical	0	594	0	1.485	0	, 2.484	Same
Pediatric medical/surgical	0	19	.	.	.		
Surgical cardiothoracic	0	1,747	0	2.446	0	, 1.508	Same
YTD Total for Reporting ICUs	0	5,004	0	8.605	0	, 0.429	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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	1	1,179	0.85	2.358	0.424	0.011, 2.363	Same
Medical/surgical	1	1,450	0.69	1.74	0.575	0.015, 3.202	Same
Neurosurgical	1	1,063	0.94	4.677	0.214	0.005, 1.191	Same
Pediatric medical/surgical	0	22	.	.	.		
Rehabiliation	0	349	0	1.326	0	, 2.782	Same
Surgical cardiothoracic	1	1,597	0.63	2.715	0.368	0.009, 2.052	Same
YTD Total for Reporting ICUs	4	5,660	0.71	12.878	0.311	0.085, 0.795	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.

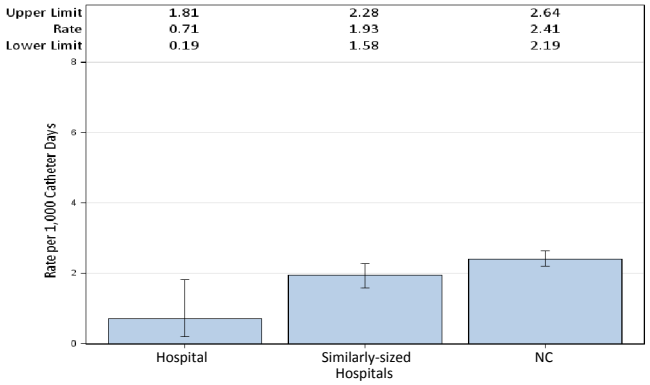


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

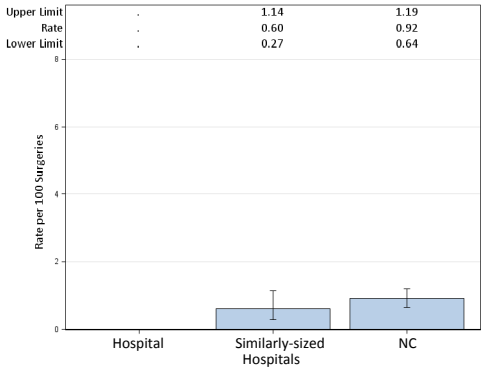


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	2
Procedures	0	51
Rate	.	3.92
Predicted Infections	.	1.76
SIR**	.	1.134
95% CI**		0.137, 4.098
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.

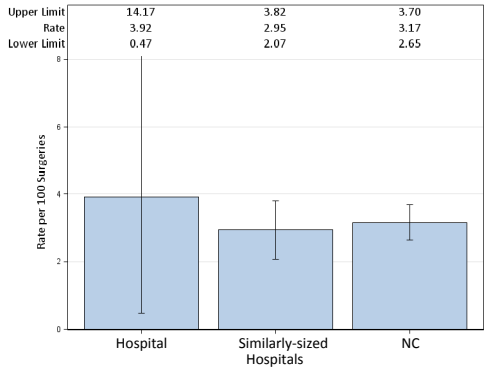


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

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

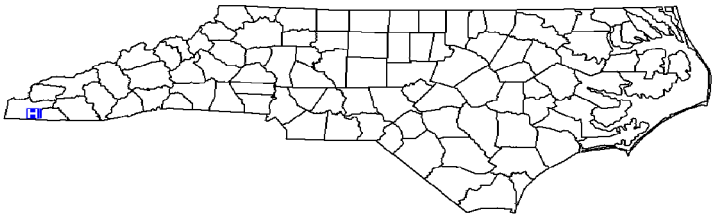
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Murphy Medical Center, Murphy, Cherokee County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	2,176
Patient Days in 2012:	7,512
Total Number of Beds:	57
Number of ICU Beds:	6
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	1.75

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

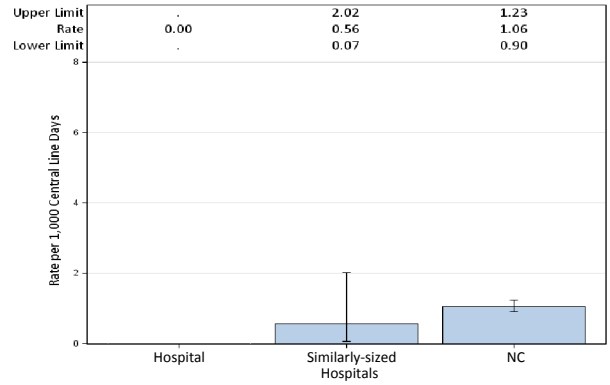


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 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	91	0	0.137	.		
YTD Total for Reporting ICUs	0	91	0	0.137	.		

*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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	265	0	0.345	.		
YTD Total for Reporting ICUs	0	265	0	0.345	.		

*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.

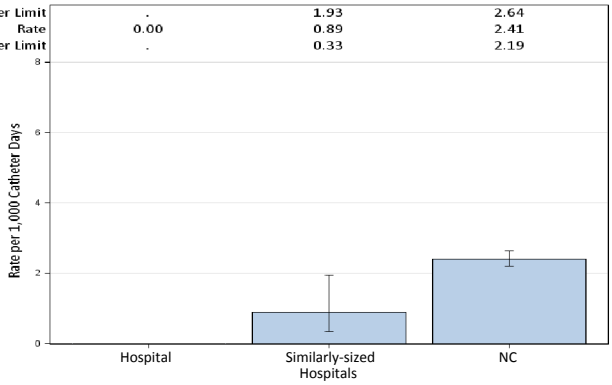


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

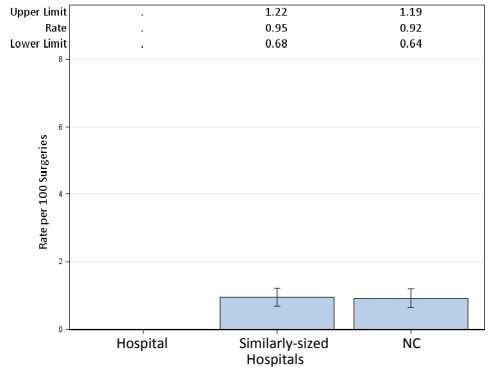


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	1	0
Procedures	10	4
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.

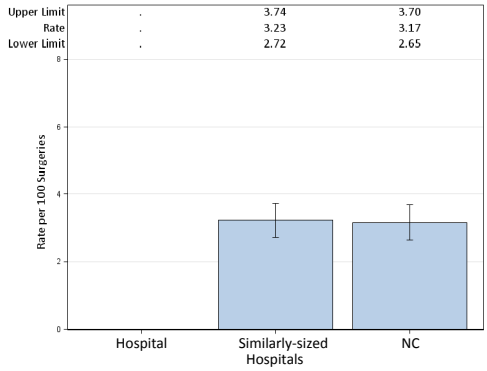


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

Commentary from Hospitals:
No comments provided.

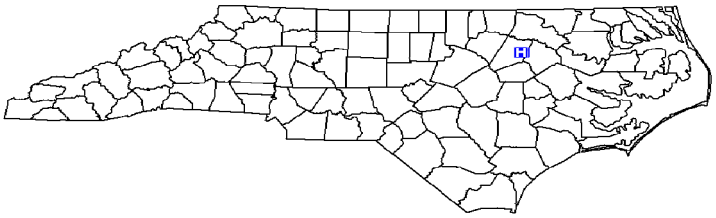
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Nash Health Care Systems, Rocky Mount, Nash County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	13,583
Patient Days in 2012:	62,057
Total Number of Beds:	237
Number of ICU Beds:	30
FTE* Infection Preventionists:	2.00
Number of FTEs* per 100 beds:	0.84

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

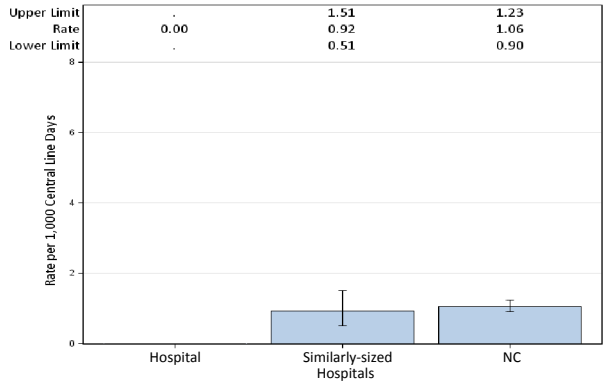


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 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	1,421	0	2.132	0	, 1.730	Same
Neonatal Level II/III	0	6	.	.	.		
YTD Total for Reporting ICUs	0	1,427	0	2.139	0	, 1.725	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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	6	1,752	3.42	2.102	2.854	1.048, 6.213	Higher
Rehabiliation	1	356	2.81	1.353	0.739	0.019, 4.118	Same
YTD Total for Reporting ICUs	7	2,108	3.32	3.455	2.026	0.815, 4.174	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.

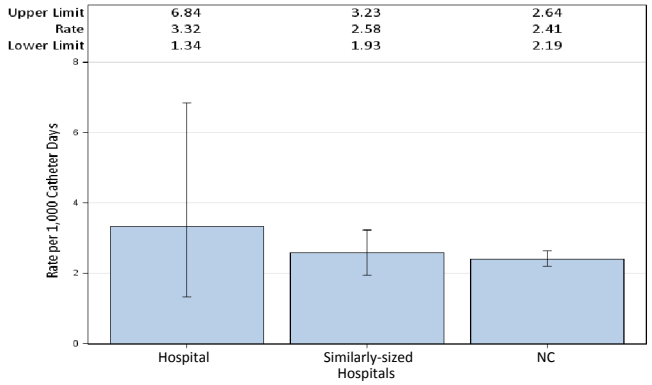


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

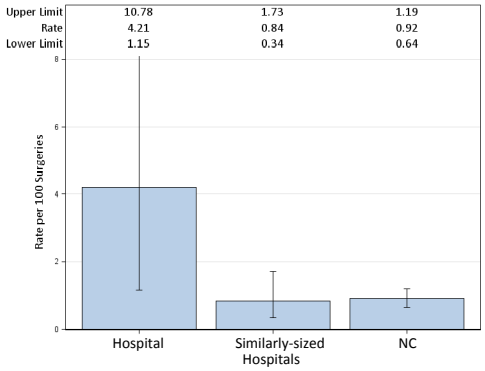


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	4	1
Procedures	95	33
Rate	4.21	3.03
Predicted Infections	0.95	1.09
SIR**	.	0.915
95% CI**		0.023, 5.098
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.

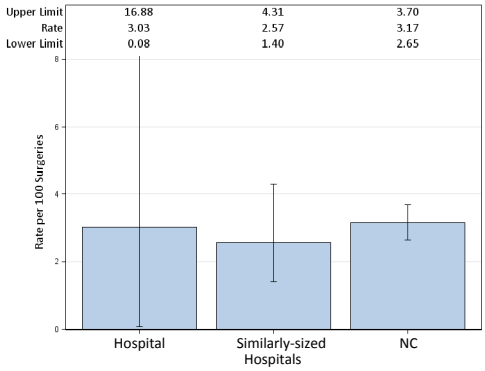


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

Commentary from Hospitals:
No comments provided.

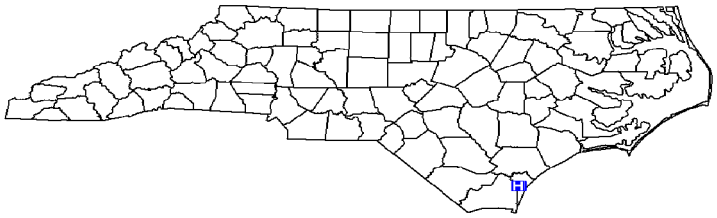
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
New Hanover Regional Medical Center, Wilmington, New Hanover County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Profit Status:	Not for Profit
Admissions in 2012:	36,683
Patient Days in 2012:	182,697
Total Number of Beds:	579
Number of ICU Beds:	112
FTE* Infection Preventionists:	4.00
Number of FTEs* per 100 beds:	0.69

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

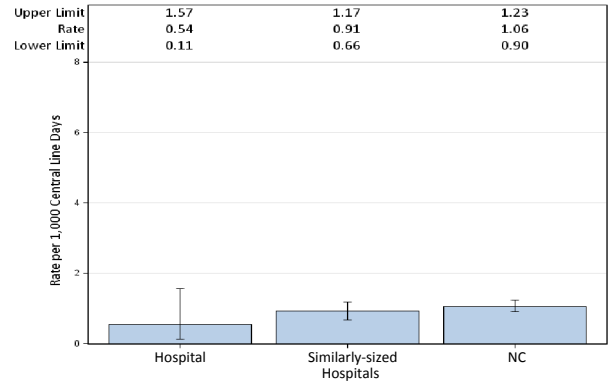


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	889	0	2.311	0	, 1.596	Same
Medical cardiac	1	1,414	0.71	2.828	0.354	0.009, 1.970	Same
Medical/surgical	0	41	.	.	.		
Neonatal Level II/III	1	973	1.03	2.914	0.343	0.009, 1.912	Same
Pediatric medical/surgical	0	88	0	0.264	.		
Surgical	0	1,101	0	2.532	0	, 1.457	Same
Surgical cardiothoracic	1	1,068	0.94	1.495	0.669	0.017, 3.727	Same
YTD Total for Reporting ICUs	3	5,574	0.54	12.431	0.241	0.050, 0.705	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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	2	1,065	1.88	2.45	0.816	0.099, 2.949	Same
Medical cardiac	0	1,797	0	3.594	0	, 1.026	Lower
Medical/surgical	1	200	5	0.46	.		
Pediatric medical/surgical	0	55	0	0.154	.		
Rehabiliation	0	139	0	0.528	.		
Surgical	3	1,738	1.73	4.519	0.664	0.137, 1.940	Same
Surgical cardiothoracic	0	1,000	0	1.7	0	, 2.170	Same
YTD Total for Reporting ICUs	6	5,994	1	13.405	0.448	0.164, 0.974	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.

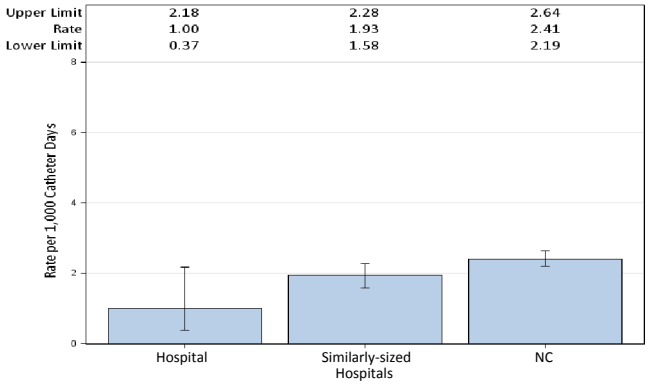


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

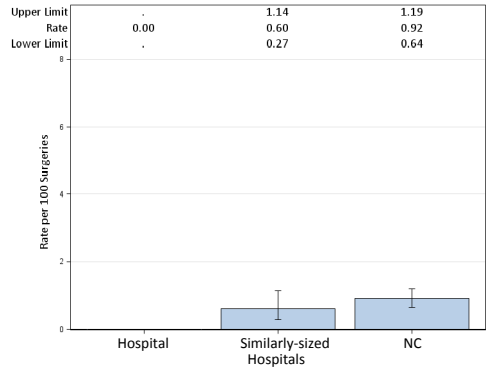


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	2
Procedures	260	208
Rate	0	0.96
Predicted Infections	2.55	6.74
SIR**	0	0.297
95% CI**	, 1.448	0.036, 1.073
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.

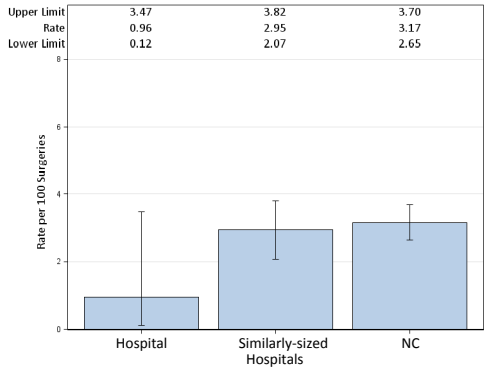


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

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.

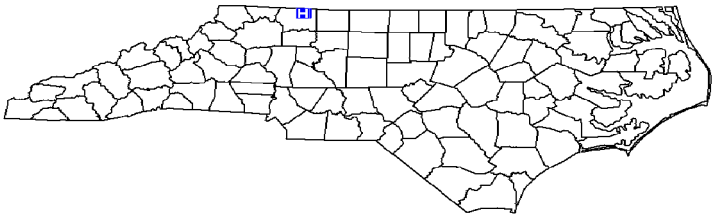
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.
NC Division of Public Health, HAI Prevention Program

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Northern Hospital Of Surry County, Mount Airy, Surry County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	4,887
Patient Days in 2012:	15,002
Total Number of Beds:	100
Number of ICU Beds:	10
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	1.00

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

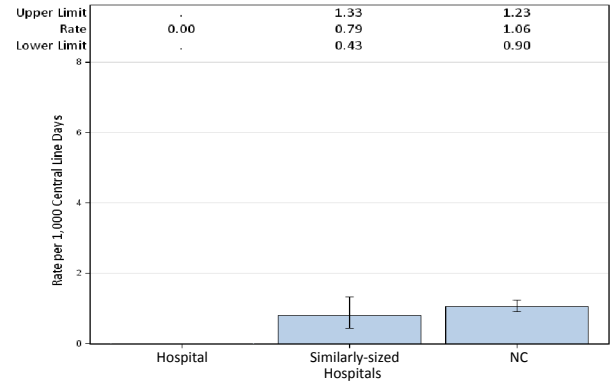


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 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	141	0	0.212	.		
YTD Total for Reporting ICUs	0	141	0	0.212	.		

*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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	375	0	0.488	.		
YTD Total for Reporting ICUs	0	375	0	0.488	.		

*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.

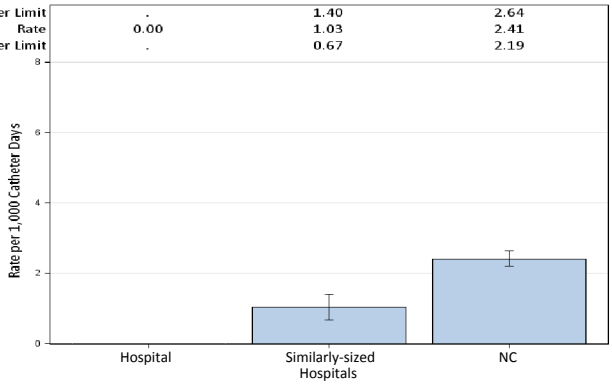


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

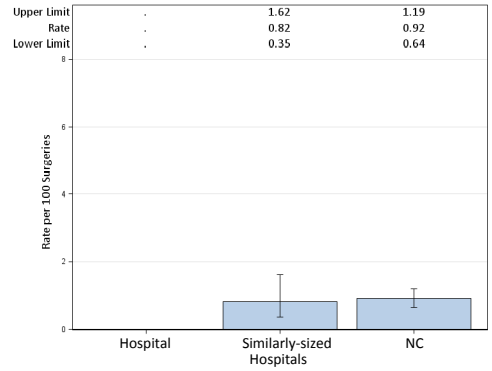


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	1
Procedures	16	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.

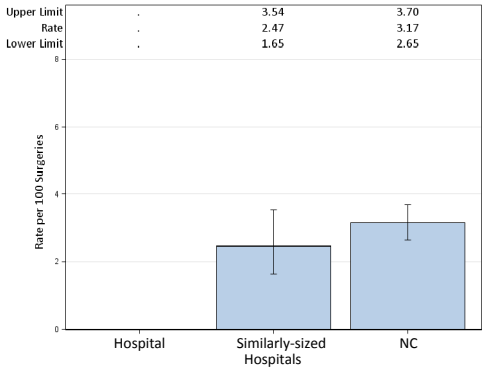


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

Commentary from Hospitals:
No comments provided.

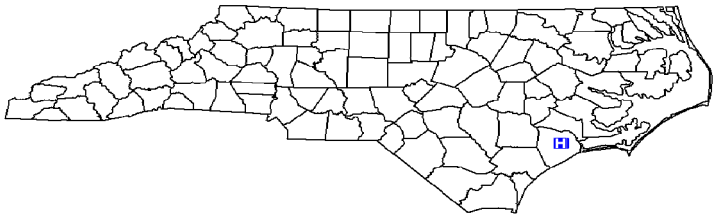
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Onslow Memorial Hospital, Jacksonville, Onslow County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	9,964
Patient Days in 2012:	34,029
Total Number of Beds:	162
Number of ICU Beds:	30
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.62

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

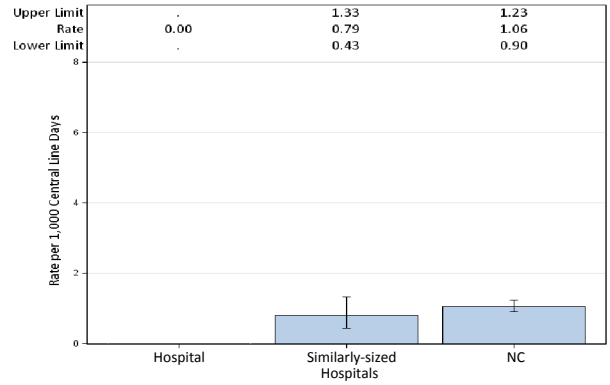


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 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	469	0	0.704	.		
YTD Total for Reporting ICUs	0	469	0	0.704	.		

*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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	1,302	0	1.693	0	, 2.179	Same
YTD Total for Reporting ICUs	0	1,302	0	1.693	0	, 2.179	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.

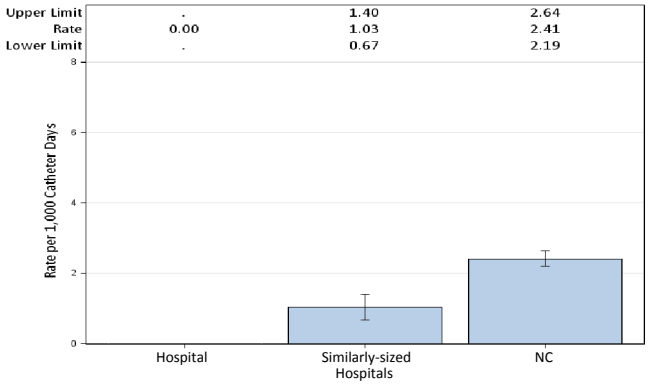


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

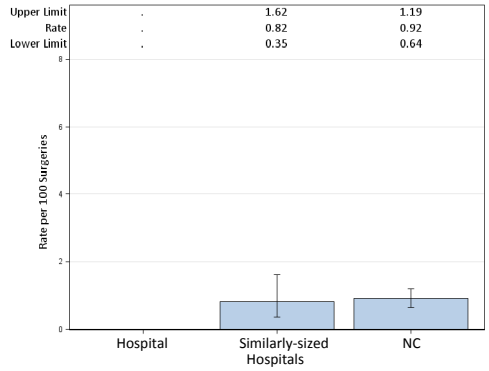


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	10	34
Rate	.	0
Predicted Infections	.	1.06
SIR**	.	0
95% CI**		, 3.480
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.

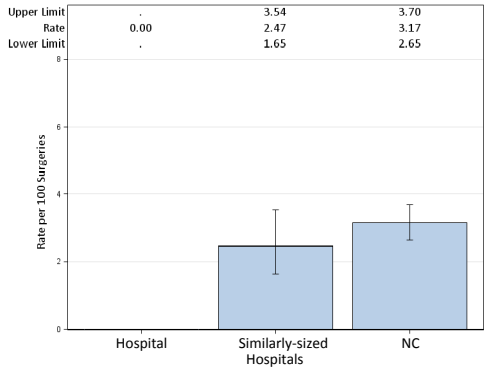


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

Commentary from Hospitals:
No comments provided.

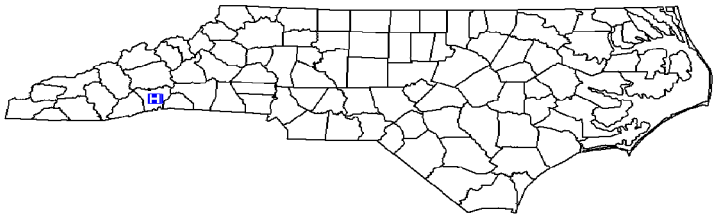
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Pardee Hospital, Hendersonville, Henderson County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Graduate
Profit Status:	Not for Profit
Admissions in 2012:	8,736
Patient Days in 2012:	31,655
Total Number of Beds:	138
Number of ICU Beds:	8
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.72

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

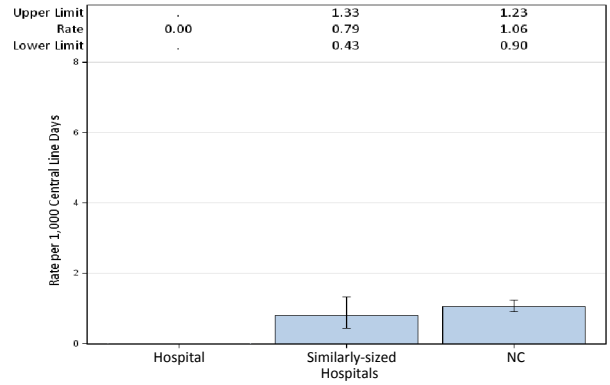


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 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	179	0	0.269	.		
YTD Total for Reporting ICUs	0	179	0	0.269	.		

*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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	598	0	0.777	.		
YTD Total for Reporting ICUs	0	598	0	0.777	.		

*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.

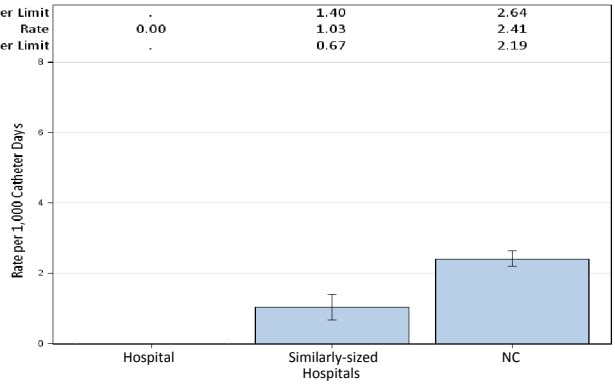


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

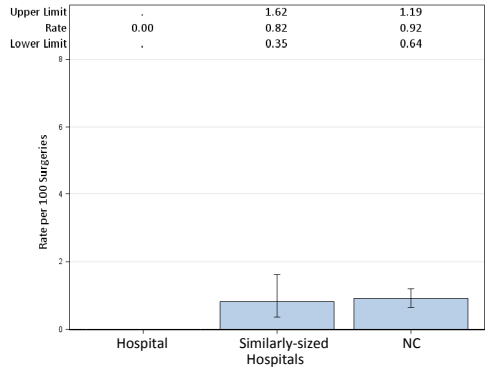


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	32	27
Rate	0	0
Predicted Infections	0.34	0.83
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.

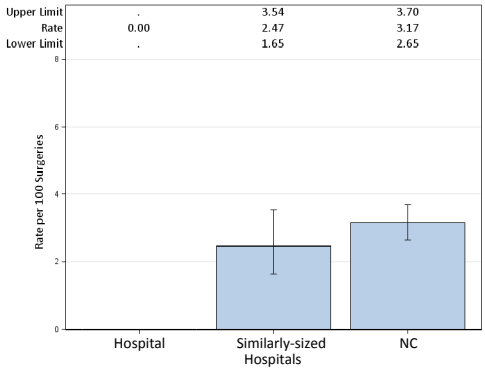


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

Commentary from Hospitals:
No comments provided.

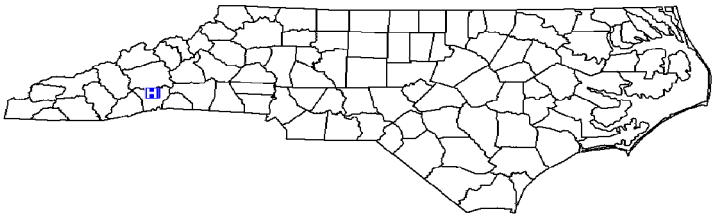
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Park Ridge Health, Hendersonville, Henderson County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	4,862
Patient Days in 2012:	23,135
Total Number of Beds:	100
Number of ICU Beds:	6
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	1.00

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

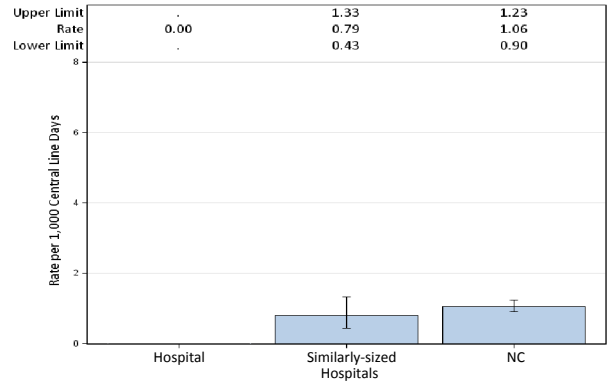


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	155	0	0.295	.		
YTD Total for Reporting ICUs	0	155	0	0.295	.		

*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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	292	0	0.584	.		
YTD Total for Reporting ICUs	0	292	0	0.584	.		

*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.

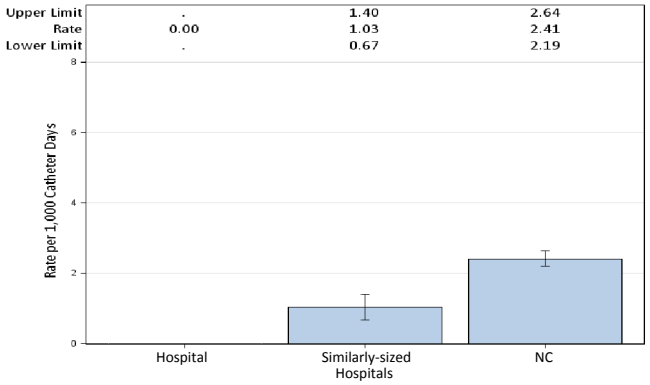


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

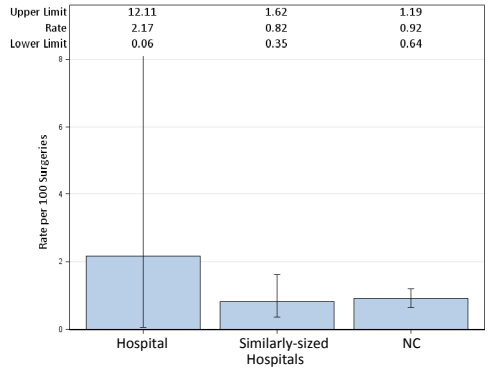


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	1	0
Procedures	46	21
Rate	2.17	0
Predicted Infections	0.51	0.74
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.

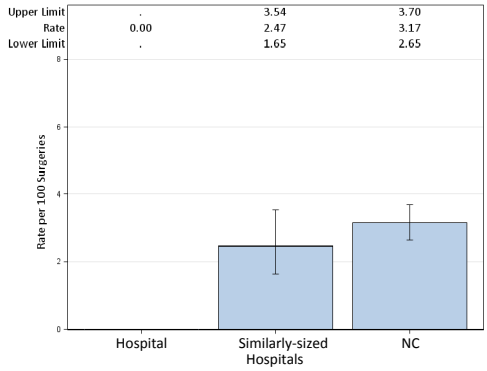


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

Commentary from Hospitals:
No comments provided.

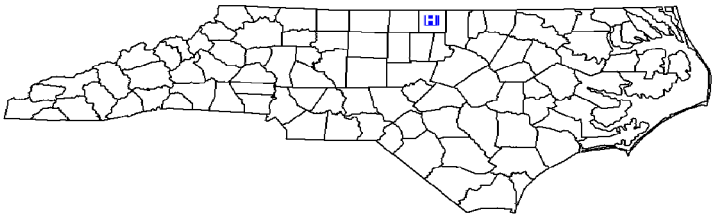
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Person Memorial Hospital, Roxboro, Person County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	For Profit
Admissions in 2012:	1,869
Patient Days in 2012:	7,131
Total Number of Beds:	38
Number of ICU Beds:	6
FTE* Infection Preventionists:	0.40
Number of FTEs* per 100 beds:	1.05

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

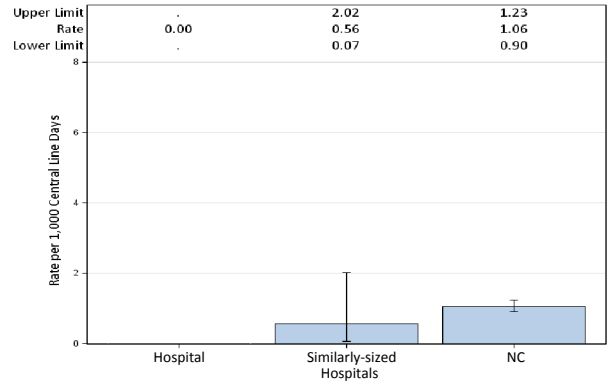


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 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	76	0	0.114	.		
YTD Total for Reporting ICUs	0	76	0	0.114	.		

*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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	244	0	0.317	.		
YTD Total for Reporting ICUs	0	244	0	0.317	.		

*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.

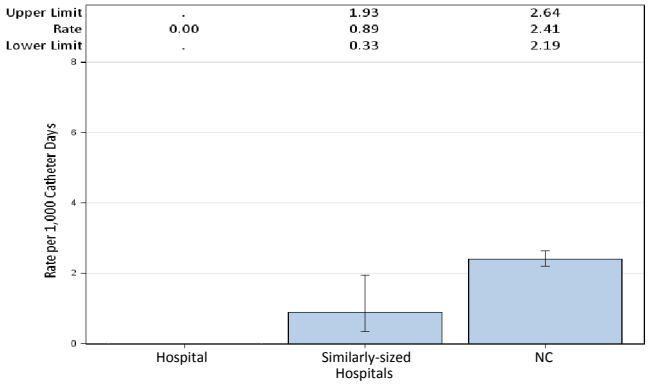


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

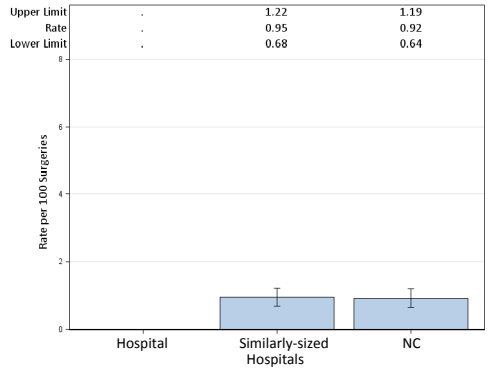


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	0	7
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.

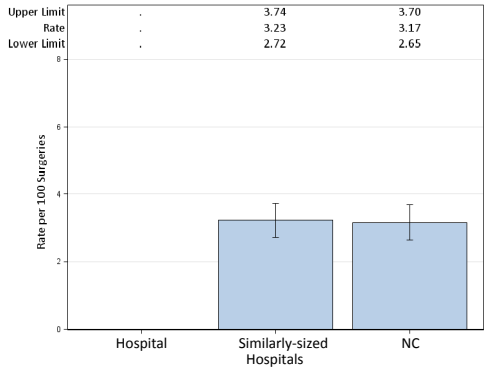


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

Commentary from Hospitals:
No comments provided.

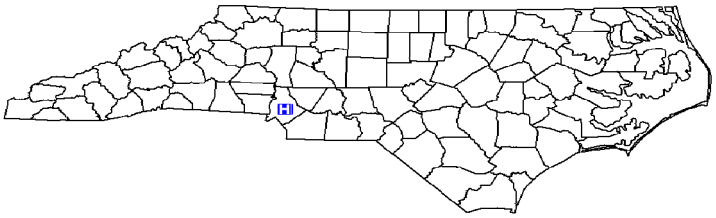
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Presbyterian Hospital Charlotte, Charlotte, Mecklenburg County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	33,995
Patient Days in 2012:	161,027
Total Number of Beds:	609
Number of ICU Beds:	86
FTE* Infection Preventionists:	4.50
Number of FTEs* per 100 beds:	0.74

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

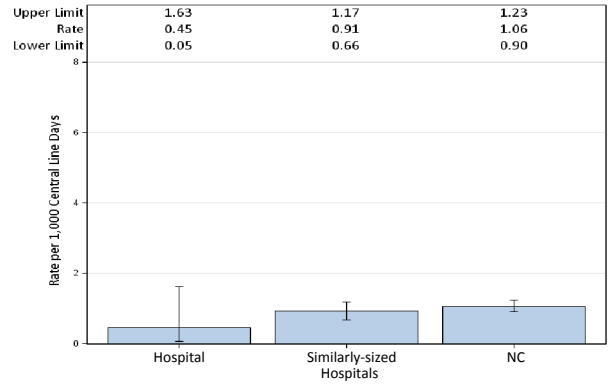


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 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	890	1.12	1.78	0.562	0.014, 3.130	Same
Medical/surgical	0	1,301	0	1.952	0	, 1.890	Same
Neonatal Level III	1	1,605	0.62	4.124	0.242	0.006, 1.351	Same
Neurosurgical	0	322	0	0.805	.		
Pediatric medical/surgical	0	130	0	0.39	.		
Surgical cardiothoracic	0	183	0	0.256	.		
YTD Total for Reporting ICUs	2	4,431	0.45	9.307	0.215	0.026, 0.776	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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	3	962	3.12	1.924	1.559	0.322, 4.557	Same
Medical/surgical	3	1,159	2.59	1.507	1.991	0.411, 5.818	Same
Neurosurgical	3	446	6.73	1.962	1.529	0.315, 4.469	Same
Pediatric medical/surgical	0	76	0	0.213	.		
Surgical cardiothoracic	0	60	0	0.102	.		
YTD Total for Reporting ICUs	9	2,703	3.33	5.708	1.577	0.721, 2.993	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.

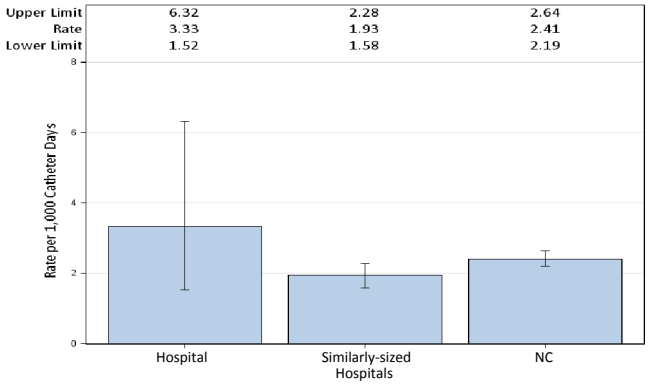


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

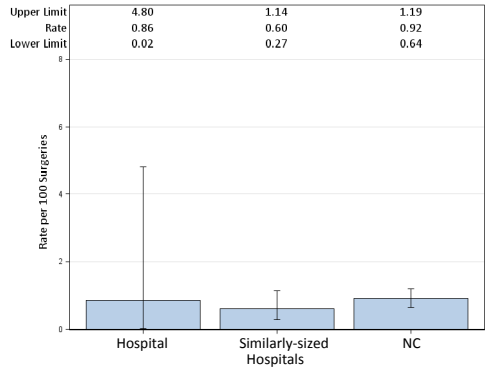


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	1	5
Procedures	116	130
Rate	0.86	3.85
Predicted Infections	1.07	4.22
SIR**	0.935	1.184
95% CI**	0.024, 5.207	0.385, 2.764
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.

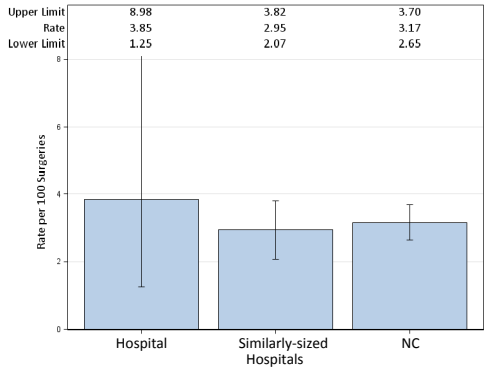


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

Commentary from Hospitals:
At Novant Health, the safety of our patients comes first. Our goal is to have the lowest possible infection rates and we continually monitor infection prevention tactics for improvement opportunities. We support transparency in reporting infection rates and make common infection data available on our website. More information can be found under 'quality' on NovantHealth.org.

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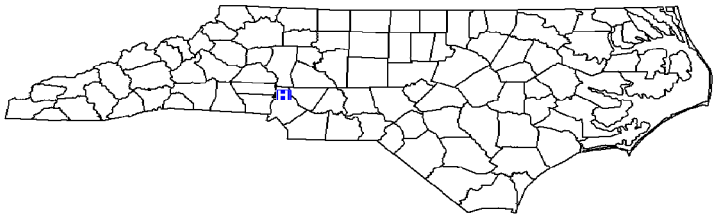
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Presbyterian Hospital Huntersville, Huntersville, Mecklenburg County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	5,700
Patient Days in 2012:	19,849
Total Number of Beds:	75
Number of ICU Beds:	9
FTE* Infection Preventionists:	0.80
Number of FTEs* per 100 beds:	1.07

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

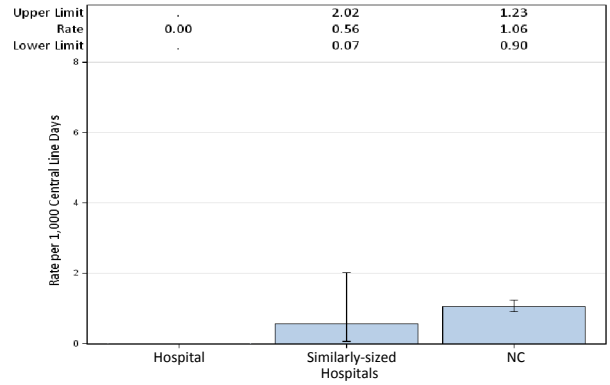


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 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	433	0	0.65	.		
YTD Total for Reporting ICUs	0	433	0	0.65	.		

*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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	644	0	0.837	.		
YTD Total for Reporting ICUs	0	644	0	0.837	.		

*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.

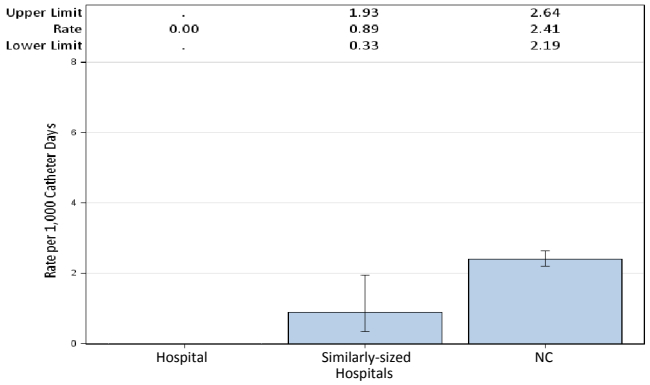


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

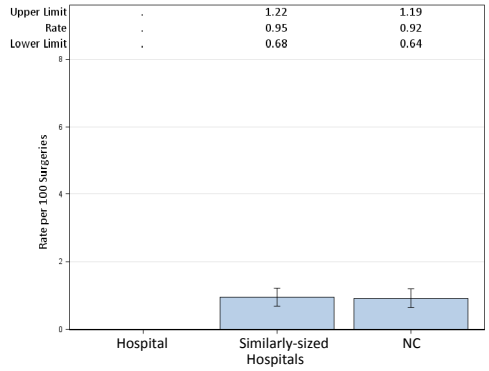


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	10	28
Rate	.	0
Predicted Infections	.	0.82
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.

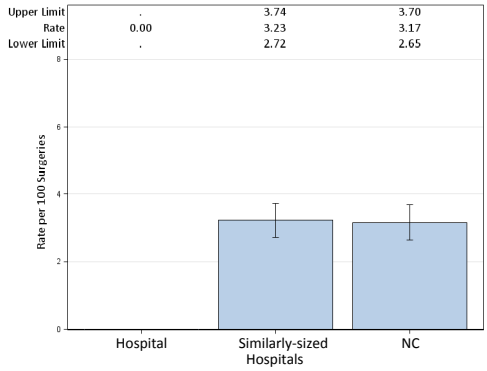


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

Commentary from Hospitals:
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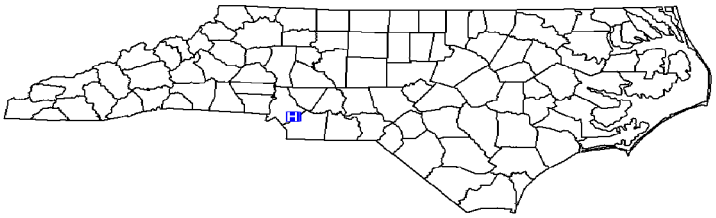
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Presbyterian Hospital Matthews, Matthews, Mecklenburg County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	9,637
Patient Days in 2012:	29,273
Total Number of Beds:	117
Number of ICU Beds:	14
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.85

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

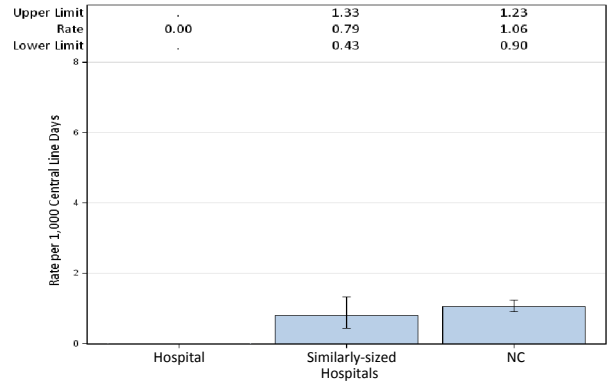


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 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	448	0	0.672	.		
Neonatal Level II/III	0	52	0	0.064	.		
YTD Total for Reporting ICUs	0	500	0	0.736	.		

*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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	2	492	4.07	0.64	.		
YTD Total for Reporting ICUs	2	492	4.07	0.64	.		

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

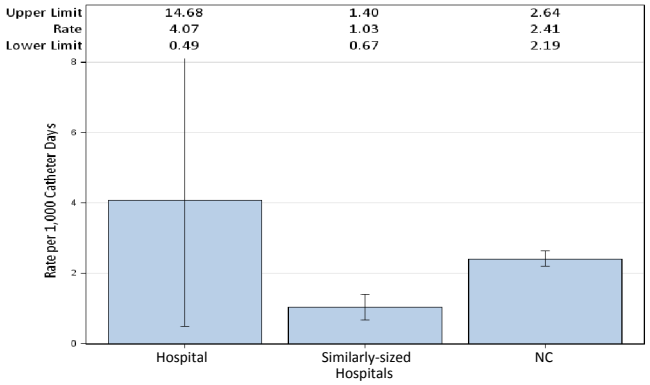


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

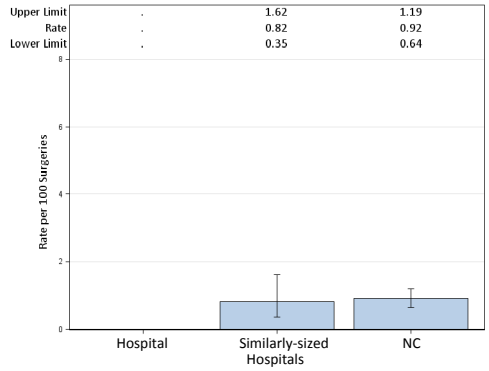


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	1	3
Procedures	15	40
Rate	.	7.5
Predicted Infections	.	1.28
SIR**	.	2.353
95% CI**		0.485, 6.876
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.

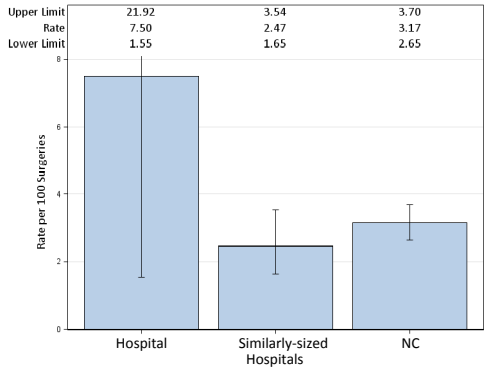


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

Commentary from Hospitals:
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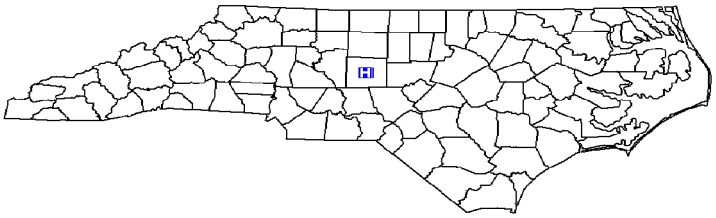
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Randolph Hospital, Asheboro, Randolph County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	5,518
Patient Days in 2012:	23,970
Total Number of Beds:	119
Number of ICU Beds:	7
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.84

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

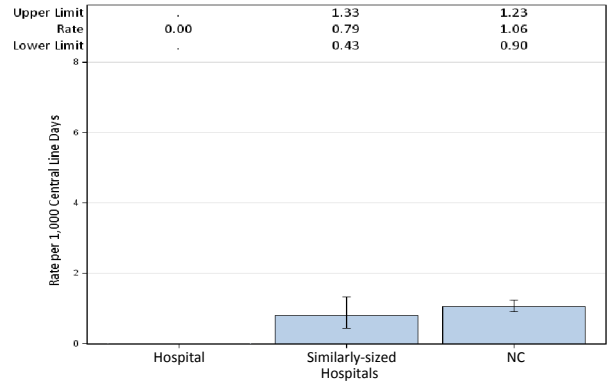


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	382	0	0.573	.		
YTD Total for Reporting ICUs	0	382	0	0.573	.		

*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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	618	1.62	0.803	.		
YTD Total for Reporting ICUs	1	618	1.62	0.803	.		

*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.

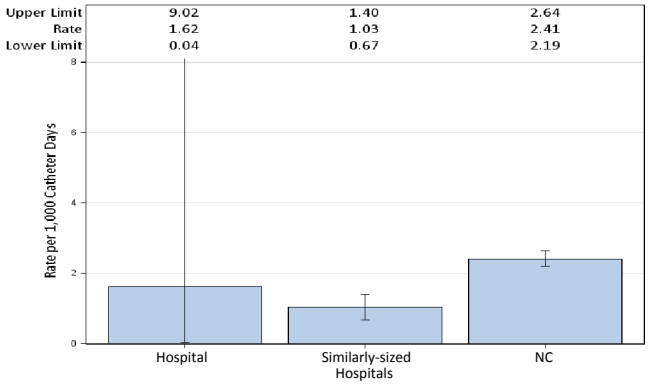


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

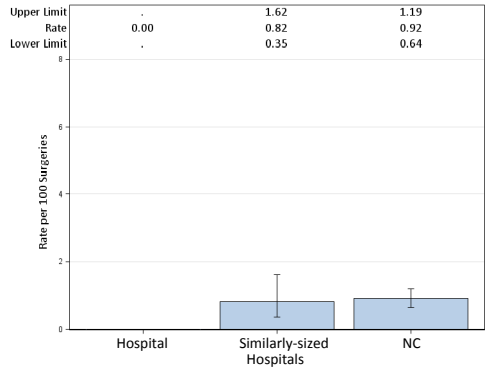


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	2
Procedures	31	39
Rate	0	5.13
Predicted Infections	0.29	1.31
SIR**	.	1.524
95% CI**		0.185, 5.507
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.

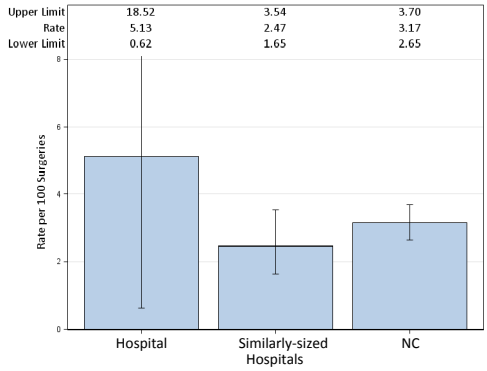


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

Commentary from Hospitals:
No comments provided.

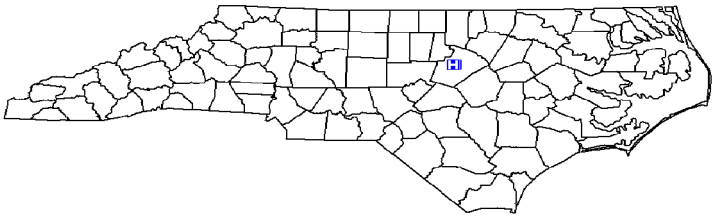
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Rex Healthcare, Raleigh, Wake County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	30,093
Patient Days in 2012:	115,530
Total Number of Beds:	479
Number of ICU Beds:	38
FTE* Infection Preventionists:	4.00
Number of FTEs* per 100 beds:	0.84

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

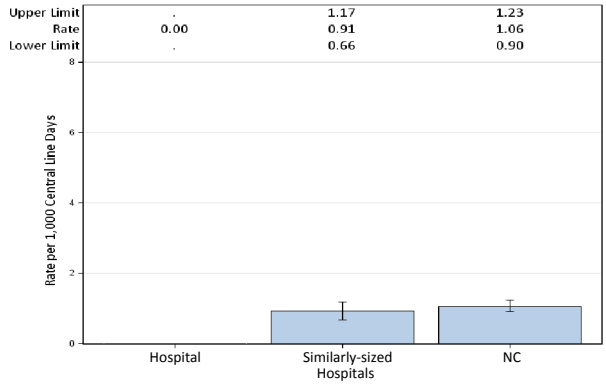


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 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	442	0	0.884	.		
Medical/surgical	0	1,379	0	2.069	0	, 1.783	Same
Surgical cardiothoracic	0	499	0	0.699	.		
YTD Total for Reporting ICUs	0	2,320	0	3.651	0	, 1.010	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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	1	753	1.33	1.506	0.664	0.017, 3.700	Same
Medical/surgical	2	1,850	1.08	2.22	0.901	0.109, 3.254	Same
Surgical cardiothoracic	1	719	1.39	1.222	0.818	0.021, 4.559	Same
YTD Total for Reporting ICUs	4	3,322	1.2	4.948	0.808	0.220, 2.070	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.

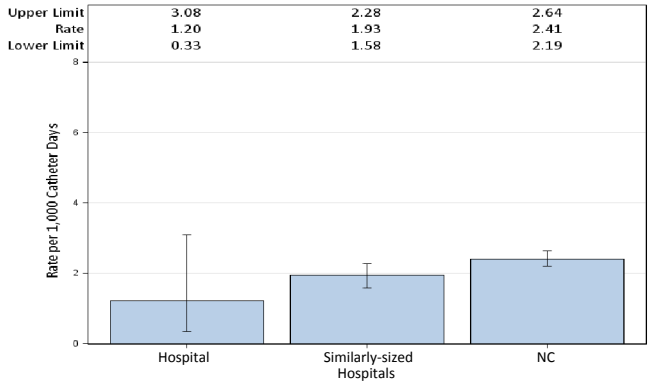


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

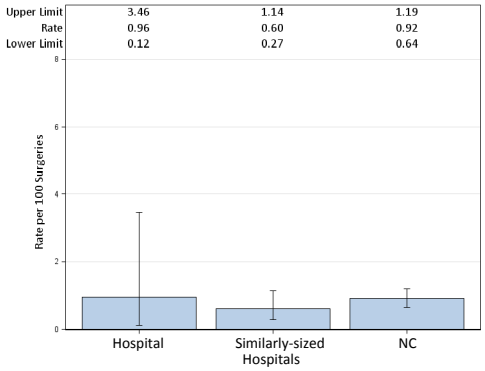


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	2	10
Procedures	209	250
Rate	0.96	4
Predicted Infections	1.83	8.15
SIR**	1.095	1.227
95% CI**	0.133, 3.957	0.589, 2.257
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.

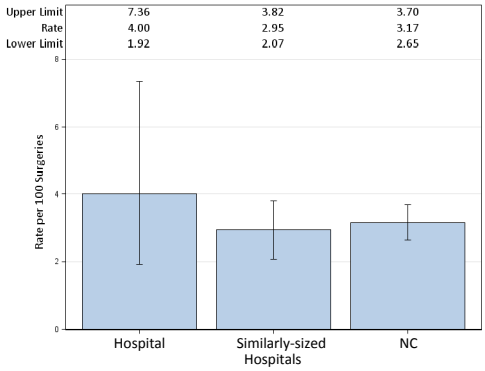


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

Commentary from Hospitals:
No comments provided.

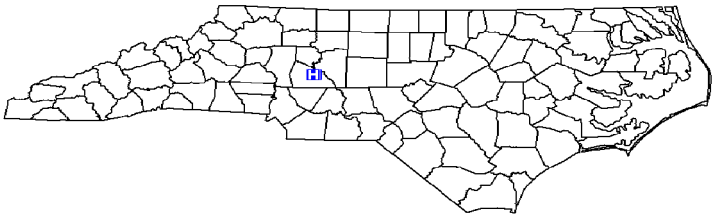
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Rowan Regional Medical Center, Salisbury, Rowan County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	9,152
Patient Days in 2012:	43,840
Total Number of Beds:	268
Number of ICU Beds:	20
FTE* Infection Preventionists:	0.75
Number of FTEs* per 100 beds:	0.28

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

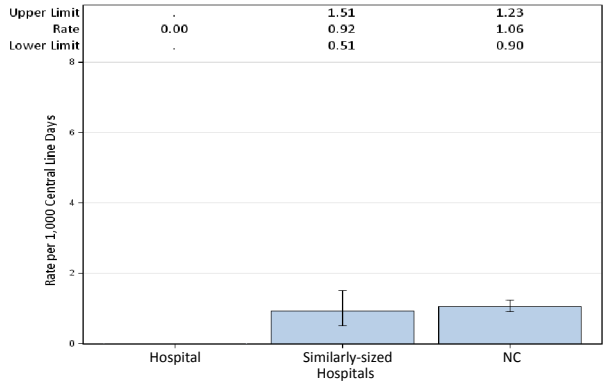


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 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	1,051	0	1.577	0	, 2.339	Same
YTD Total for Reporting ICUs	0	1,051	0	1.577	0	, 2.339	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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	2	1,926	1.04	2.504	0.799	0.097, 2.885	Same
Rehabiliation	1	388	2.58	1.474	0.678	0.017, 3.780	Same
YTD Total for Reporting ICUs	3	2,314	1.3	3.978	0.754	0.156, 2.204	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.

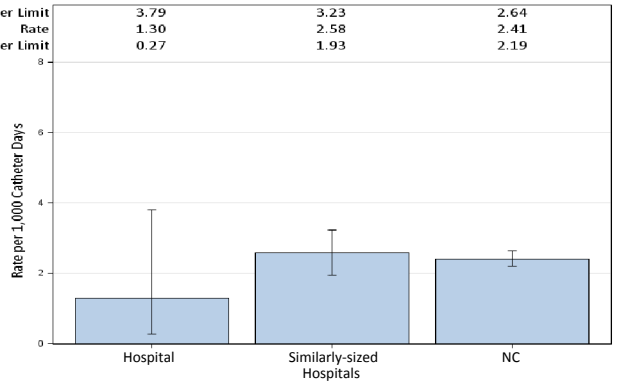


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

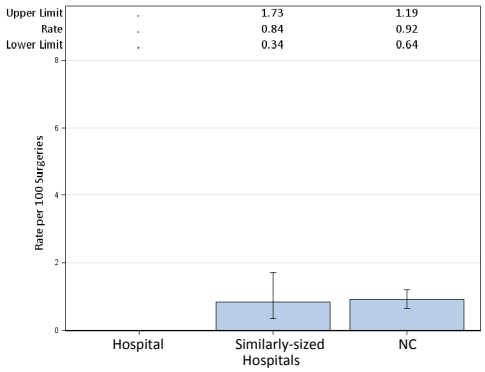


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	1	2
Procedures	12	35
Rate	.	5.71
Predicted Infections	.	1.15
SIR**	.	1.735
95% CI**		0.210, 6.266
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.

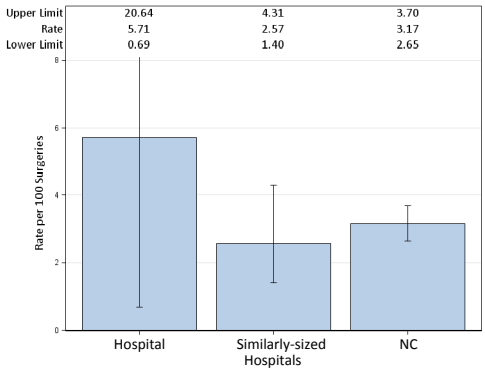


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

Commentary from Hospitals:
At Novant Health, the safety of our patients comes first. Our goal is to have the lowest possible infection rates and we continually monitor infection prevention tactics for improvement opportunities. We support transparency in reporting infection rates and make common infection data available on our website. More information can be found under 'quality' on NovantHealth.org.

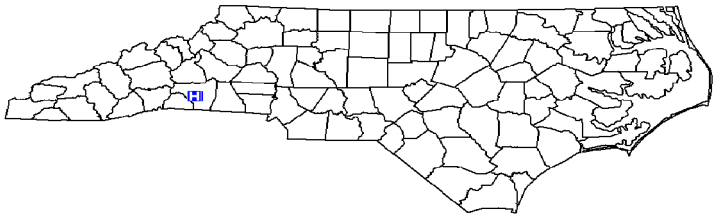
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Rutherford Regional Medical Center, Rutherfordton, Rutherford County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	5,772
Patient Days in 2012:	20,527
Total Number of Beds:	120
Number of ICU Beds:	10
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.83

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

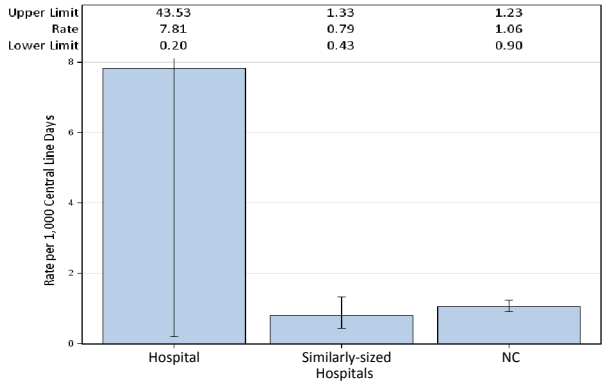


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 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	128	7.81	0.192	.		
YTD Total for Reporting ICUs	1	128	7.81	0.192	.		

*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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	2	635	3.15	0.826	.		
YTD Total for Reporting ICUs	2	635	3.15	0.826	.		

*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.

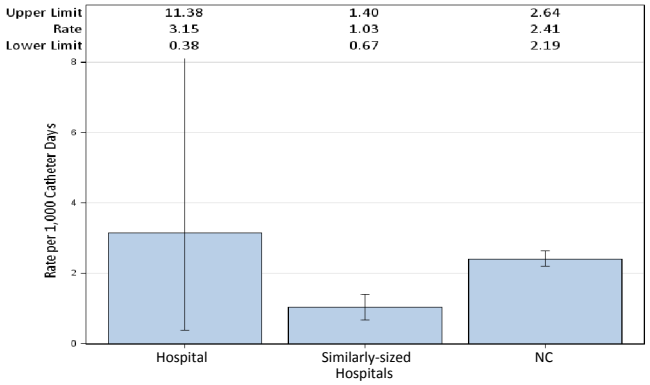


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

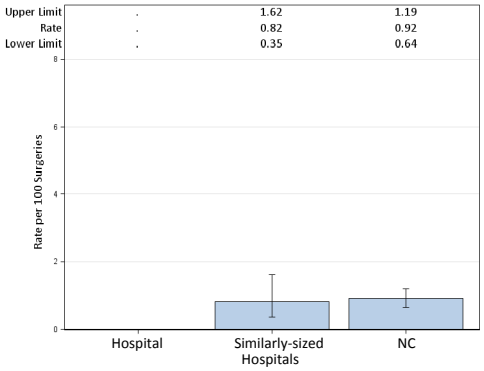


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	2
Procedures	17	24
Rate	.	8.33
Predicted Infections	.	0.77
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.

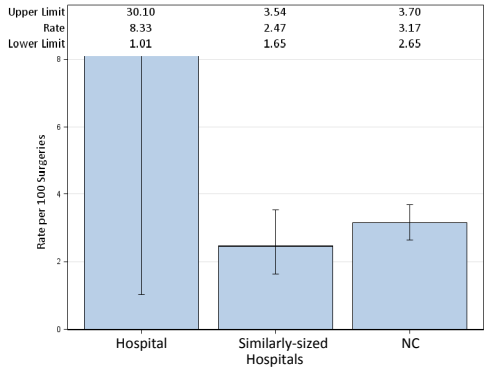


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

Commentary from Hospitals:
No comments provided.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Sampson Regional Medical Center, Clinton, Sampson County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	3,297
Patient Days in 2012:	10,283
Total Number of Beds:	116
Number of ICU Beds:	12
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.86

*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

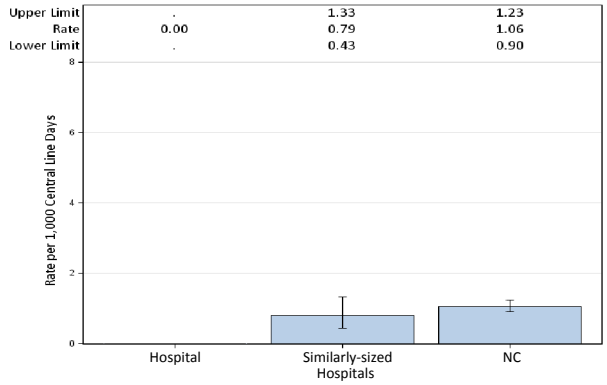


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	87	0	0.131	.		
YTD Total for Reporting ICUs	0	87	0	0.131	.		

*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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	455	0	0.592	.		
YTD Total for Reporting ICUs	0	455	0	0.592	.		

*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.

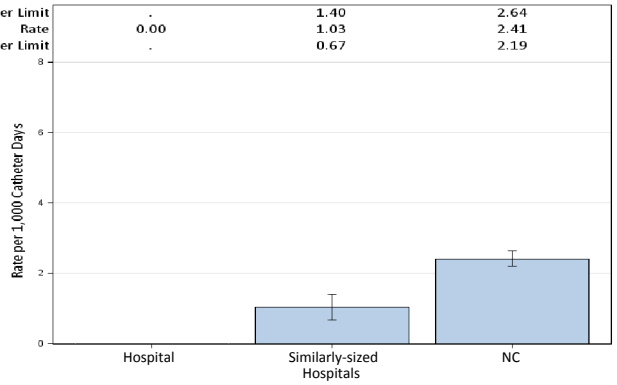


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

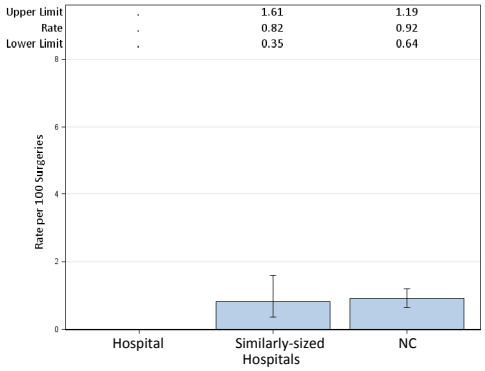


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	7	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.

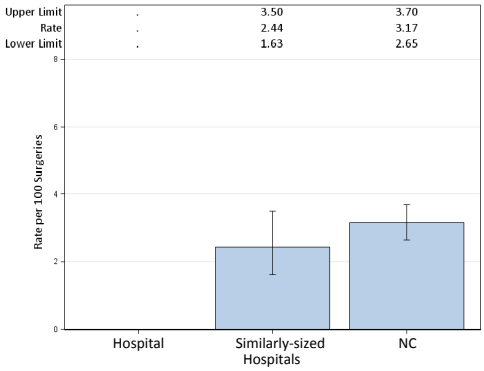


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

Commentary from Hospitals:
No comments provided.

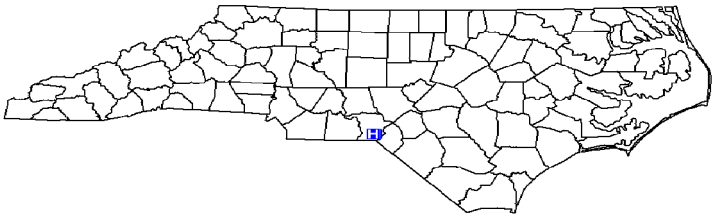
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Sandhills Regional Medical Center, Hamlet, Richmond County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	For Profit
Admissions in 2012:	2,918
Patient Days in 2012:	12,774
Total Number of Beds:	64
Number of ICU Beds:	6
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	1.56

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

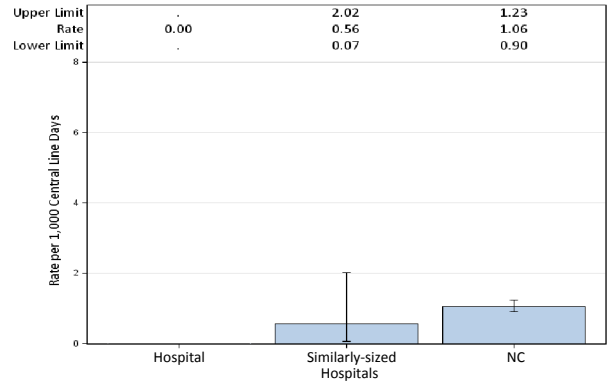


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	86	0	0.163	.		
YTD Total for Reporting ICUs	0	86	0	0.163	.		

*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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	0	215	0	0.43	.		
YTD Total for Reporting ICUs	0	215	0	0.43	.		

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

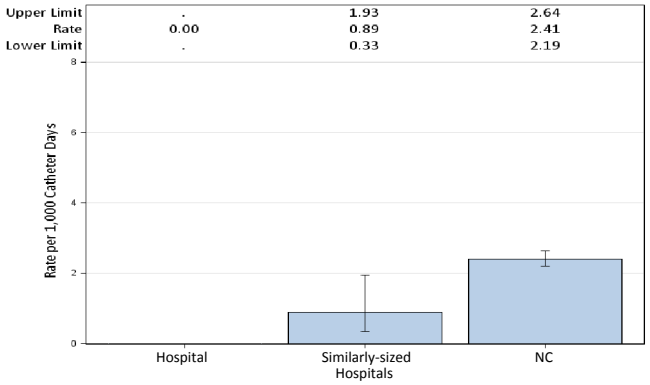


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

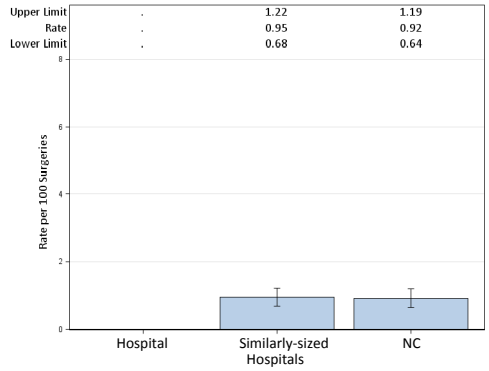


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	12	4
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.

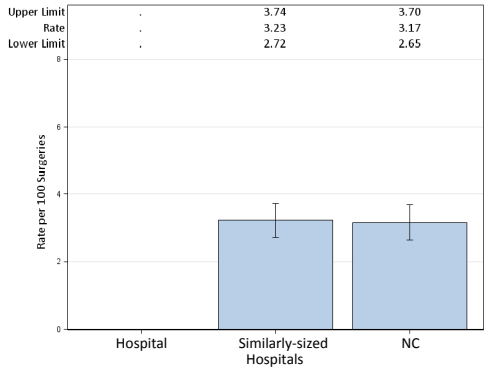


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

Commentary from Hospitals:
No comments provided.

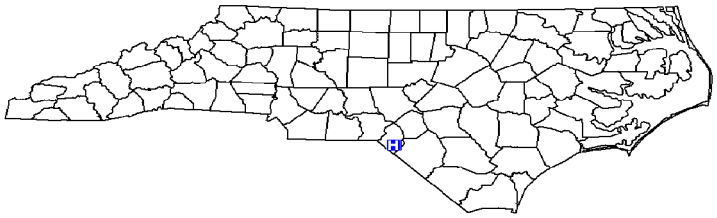
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Scotland Memorial Hospital, Laurinburg, Scotland County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	6,682
Patient Days in 2012:	23,045
Total Number of Beds:	104
Number of ICU Beds:	7
FTE* Infection Preventionists:	0.80
Number of FTEs* per 100 beds:	0.77

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

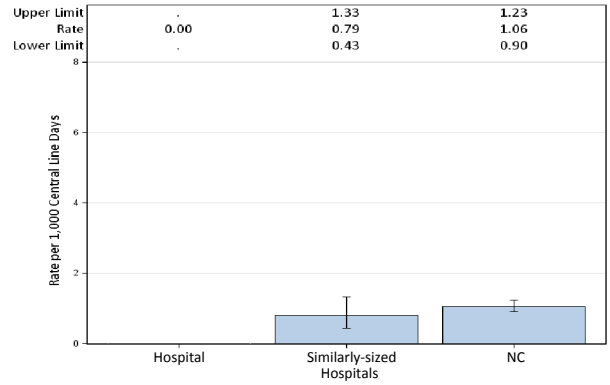


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 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	216	0	0.324	.		
YTD Total for Reporting ICUs	0	216	0	0.324	.		

*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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	312	0	0.406	.		
Rehabiliation	0	8	.	.	.		
YTD Total for Reporting ICUs	0	320	0	0.436	.		

*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.

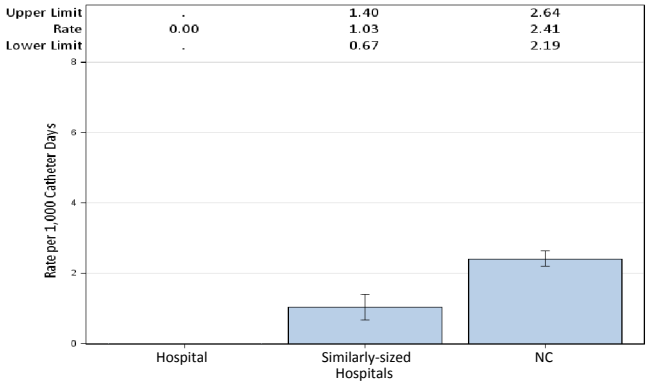


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

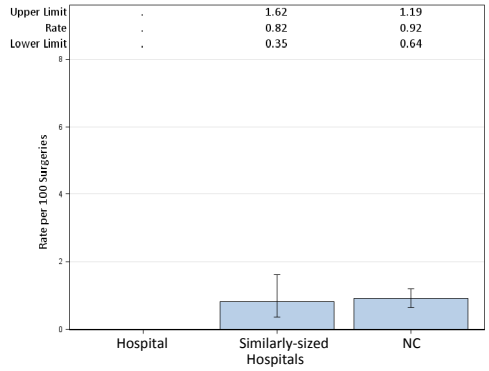


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	1
Procedures	14	25
Rate	.	4
Predicted Infections	.	0.86
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.

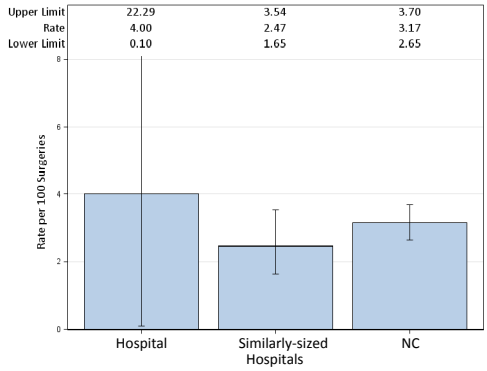


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

Commentary from Hospitals:
No comments provided.

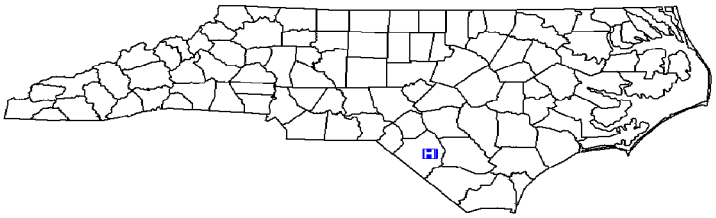
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Southeastern Regional Medical Center, Lumberton, Robeson County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	17,159
Patient Days in 2012:	73,335
Total Number of Beds:	319
Number of ICU Beds:	18
FTE* Infection Preventionists:	2.00
Number of FTEs* per 100 beds:	0.63

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

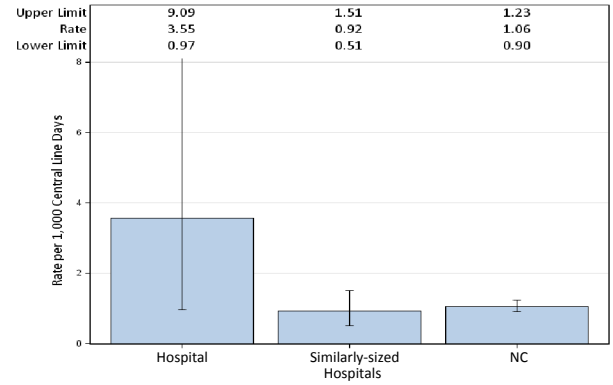


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	4	1,102	3.63	1.653	2.42	0.659, 6.196	Same
Surgical cardiothoracic	0	25	.	.	.		
YTD Total for Reporting ICUs	4	1,127	3.55	1.688	2.37	0.646, 6.067	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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	5	1,424	3.51	1.851	2.701	0.877, 6.304	Higher
Surgical cardiothoracic	0	132	0	0.224	.		
YTD Total for Reporting ICUs	5	1,556	3.21	2.076	2.408	0.782, 5.621	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.

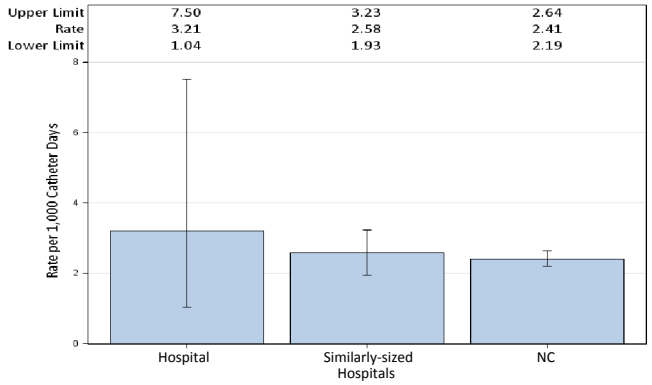


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

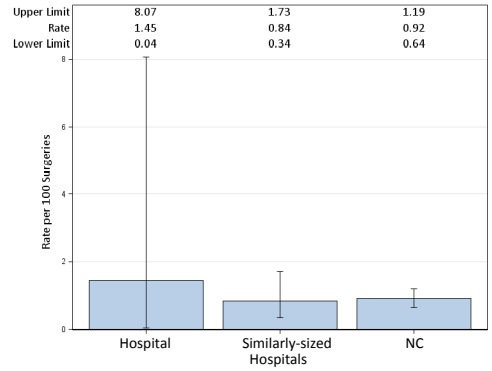


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	1	1
Procedures	69	47
Rate	1.45	2.13
Predicted Infections	0.82	1.62
SIR**	.	0.616
95% CI**		0.016, 3.431
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.

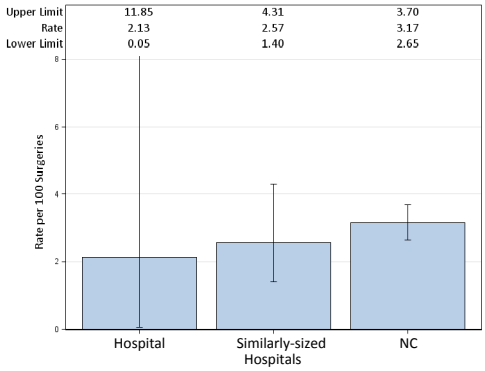


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

Commentary from Hospitals:
No comments provided.

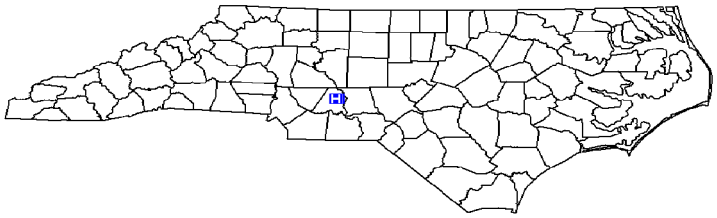
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Stanly Regional Medical Center, Albemarle, Stanly County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	5,794
Patient Days in 2012:	20,308
Total Number of Beds:	119
Number of ICU Beds:	10
FTE* Infection Preventionists:	0.88
Number of FTEs* per 100 beds:	0.74

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

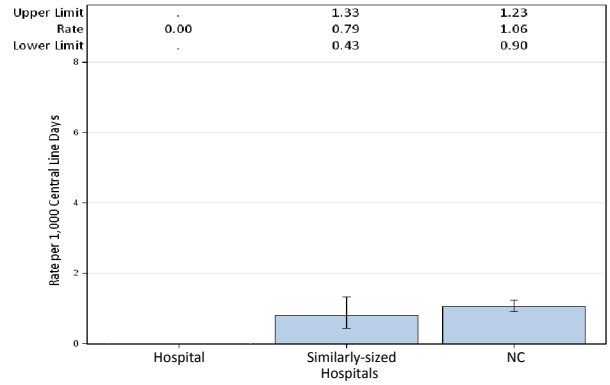


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 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	292	0	0.584	.		
YTD Total for Reporting ICUs	0	292	0	0.584	.		

*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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical cardiac	0	779	0	1.558	0	, 2.368	Same
Rehabiliation	0	53	0	0.201	.		
YTD Total for Reporting ICUs	0	832	0	1.759	0	, 2.097	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.

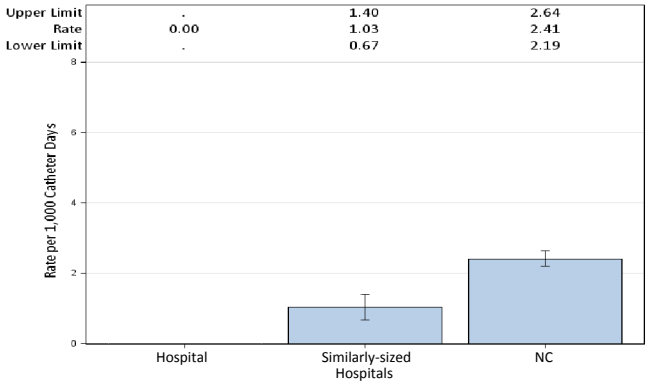


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

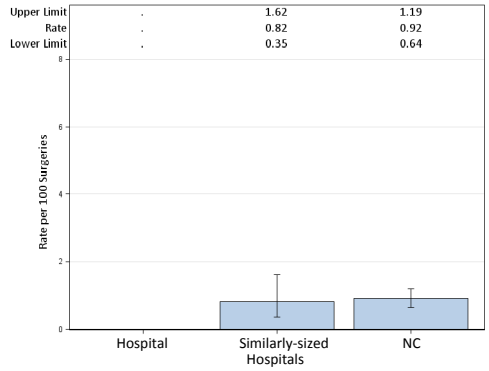


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	6	21
Rate	.	0
Predicted Infections	.	0.63
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.

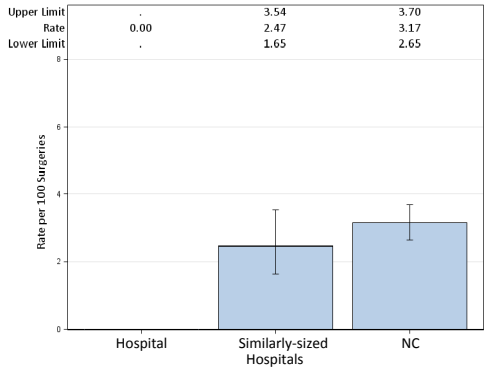


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

Commentary from Hospitals:
No comments provided.

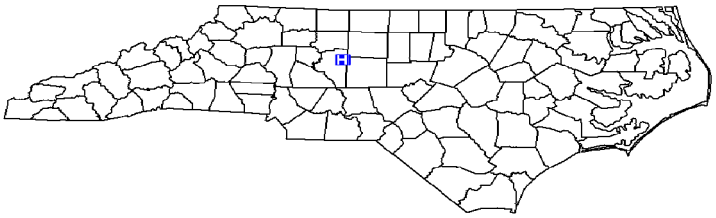
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Thomasville Medical Center, Thomasville, Davidson County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	4,236
Patient Days in 2012:	22,605
Total Number of Beds:	149
Number of ICU Beds:	11
FTE* Infection Preventionists:	0.50
Number of FTEs* per 100 beds:	0.34

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

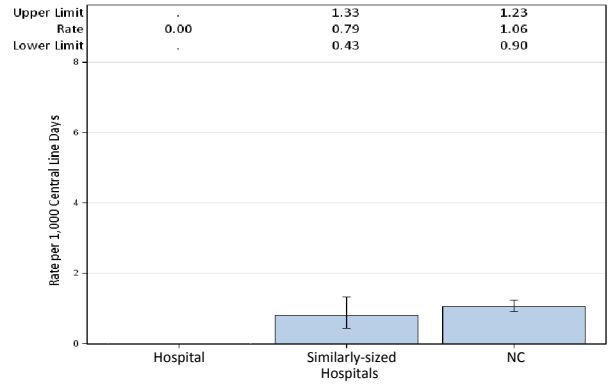


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 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	142	0	0.213	.		
YTD Total for Reporting ICUs	0	142	0	0.213	.		

*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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	516	0	0.671	.		
YTD Total for Reporting ICUs	0	516	0	0.671	.		

*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.

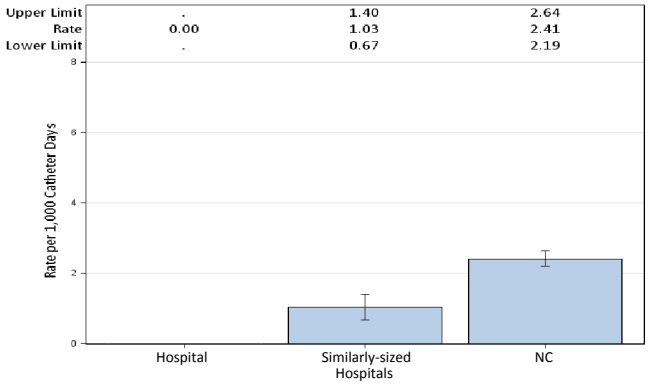


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

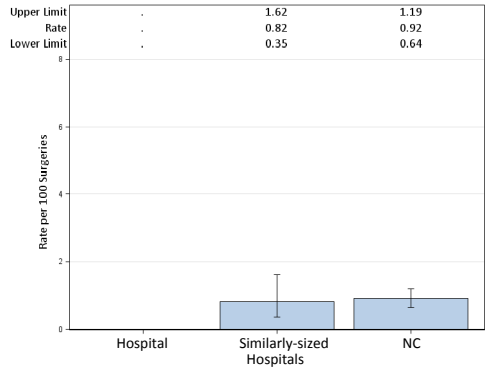


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	1	0
Procedures	6	29
Rate	.	0
Predicted Infections	.	0.89
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.

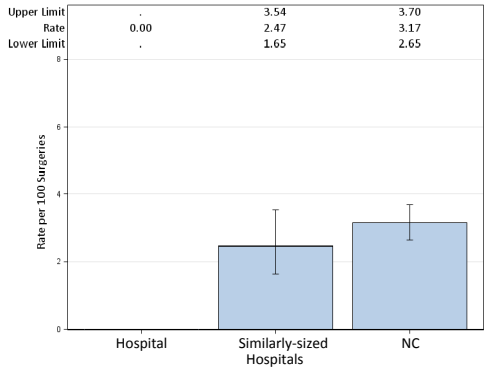


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

Commentary from Hospitals:
At Novant Health, the safety of our patients comes first. Our goal is to have the lowest possible infection rates and we continually monitor infection prevention tactics for improvement opportunities. We support transparency in reporting infection rates and make common infection data available on our website. More information can be found under 'quality' on NovantHealth.org.

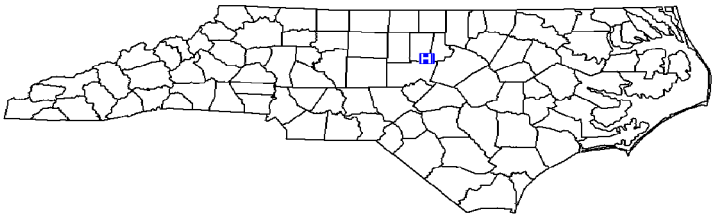
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
UNC Health Care, Chapel Hill, Orange County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Profit Status:	Government
Admissions in 2012:	43,191
Patient Days in 2012:	248,498
Total Number of Beds:	848
Number of ICU Beds:	171
FTE* Infection Preventionists:	5.50
Number of FTEs* per 100 beds:	0.65

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

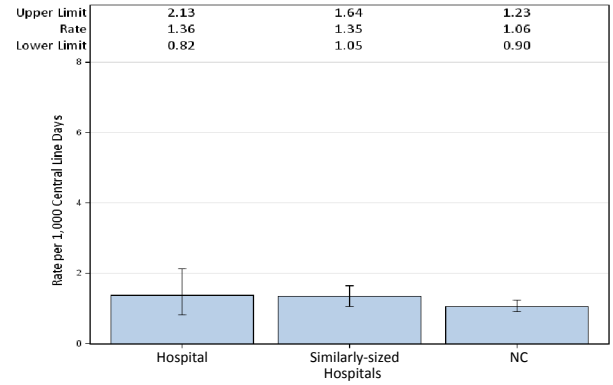


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Burn	4	1,590	2.52	8.745	0.457	0.125, 1.171	Same
Medical	3	2,690	1.12	6.994	0.429	0.088, 1.254	Same
Medical cardiac	3	1,470	2.04	2.94	1.02	0.210, 2.982	Same
Neonatal Level III	3	2,183	1.37	5.213	0.575	0.119, 1.682	Same
Neurosurgical	1	1,046	0.96	2.615	0.382	0.010, 2.131	Same
Pediatric medical/surgical	2	1,693	1.18	5.079	0.394	0.048, 1.422	Same
Surgical	3	1,777	1.69	4.087	0.734	0.151, 2.145	Same
Surgical cardiothoracic	0	1,496	0	2.094	0	, 1.762	Same
YTD Total for Reporting ICUs	19	13,945	1.36	37.767	0.503	0.303, 0.786	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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Burn	8	2,429	3.29	10.688	0.749	0.323, 1.475	Same
Medical	10	2,669	3.75	6.139	1.629	0.781, 2.996	Same
Medical cardiac	6	1,203	4.99	2.406	2.494	0.915, 5.428	Same
Neurosurgical	10	1,694	5.9	7.454	1.342	0.643, 2.467	Same
Pediatric medical/surgical	1	774	1.29	2.167	0.461	0.012, 2.571	Same
Rehabiliation	0	466	0	1.771	0	, 2.083	Same
Surgical	6	2,405	2.49	6.253	0.96	0.352, 2.089	Same
Surgical cardiothoracic	2	1,575	1.27	2.678	0.747	0.090, 2.698	Same
YTD Total for Reporting ICUs	43	13,215	3.25	39.554	1.087	0.787, 1.464	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.

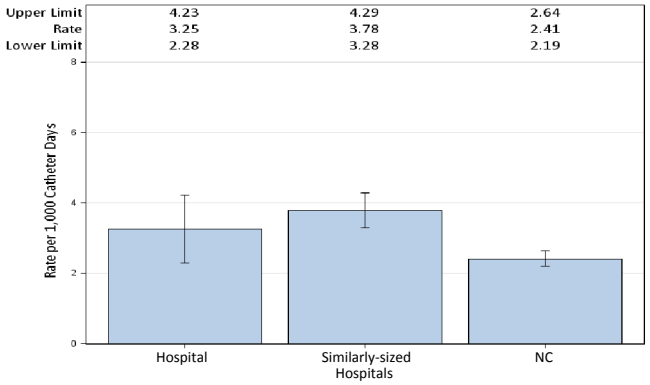


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

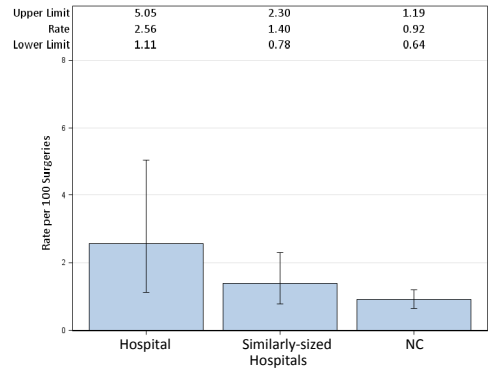


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	8	18
Procedures	312	194
Rate	2.56	9.28
Predicted Infections	3.79	7.15
SIR**	2.112	2.516
95% CI**	0.912, 4.162	1.490, 3.977
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.

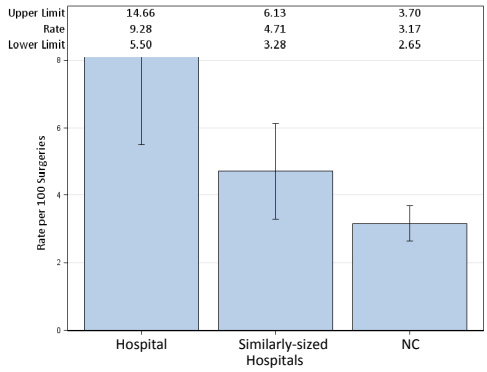


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

Commentary from Hospitals:
UNC Health Care is pleased that our rates of all reported healthcare-associated infections are statistically similar to similarly-sized hospitals despite care in a tertiary referral hospital for highly vulnerable populations (e.g., organ transplant, HIV infected, cancer, severely burned, and very premature infants). NC residents should be aware that the reported information is NOT corrected for the severity of illness of the hospital's patients. UNC Health Care supports the need for the data presented in this report to be validated (i.e., demonstration by independent monitors that the submitted data is correct).

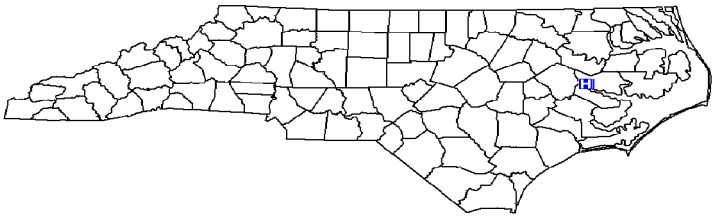
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Vidant Beaufort Hospital, Washington, Beaufort County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	3,482
Patient Days in 2012:	13,764
Total Number of Beds:	83
Number of ICU Beds:	8
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	1.20

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

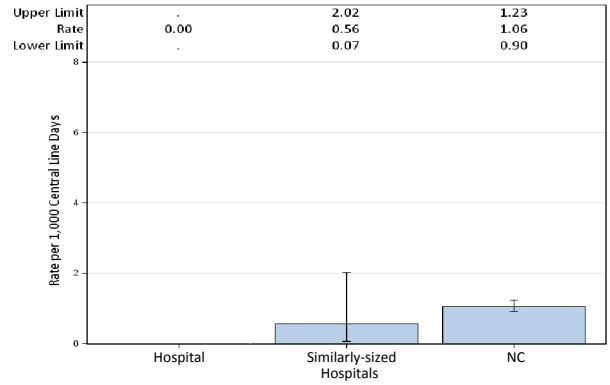


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	144	0	0.187	.		
YTD Total for Reporting ICUs	0	144	0	0.187	.		

*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.

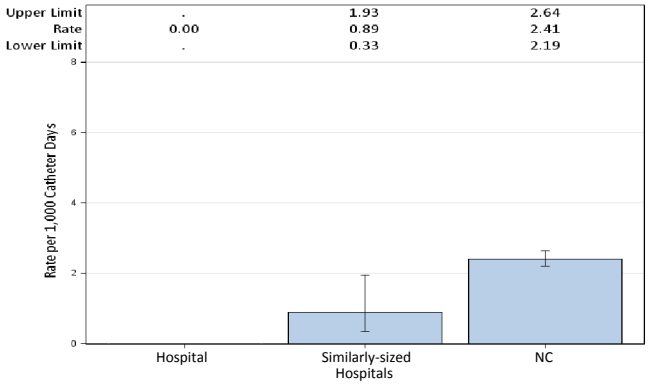


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

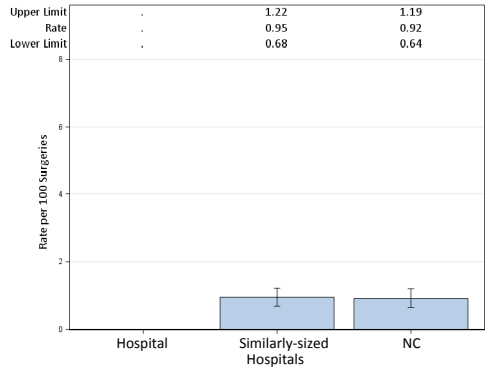


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	2	0
Procedures	12	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.

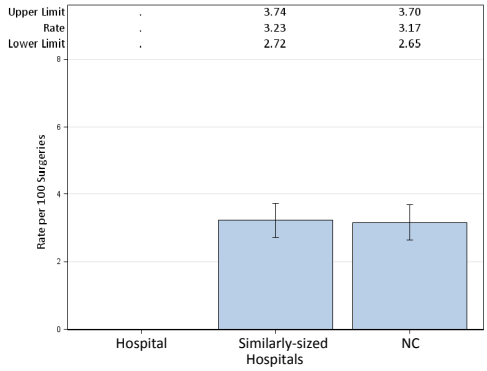


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

Commentary from Hospitals:
No comments provided.

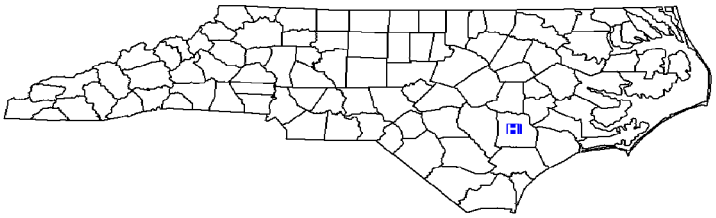
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Vidant Duplin Hospital, Kenansville, Duplin County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	3,270
Patient Days in 2012:	15,641
Total Number of Beds:	89
Number of ICU Beds:	9
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	1.12

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

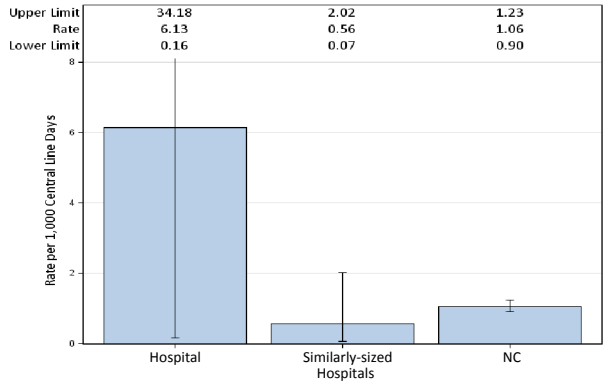


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 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	163	6.13	0.245	.		
YTD Total for Reporting ICUs	1	163	6.13	0.245	.		

*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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	296	0	0.385	.		
YTD Total for Reporting ICUs	0	296	0	0.385	.		

*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.

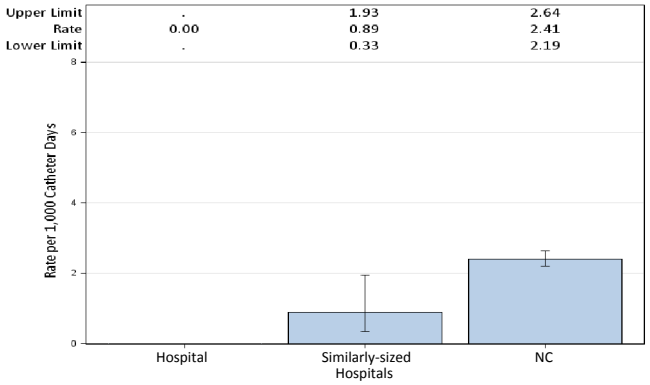


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

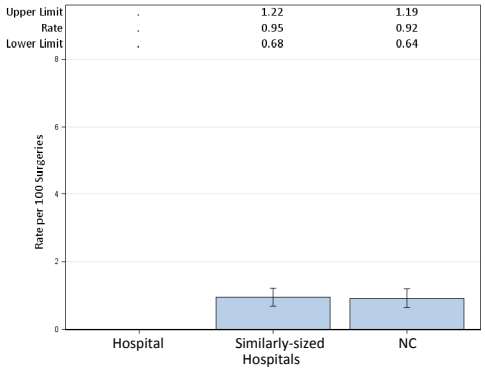


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	3	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.

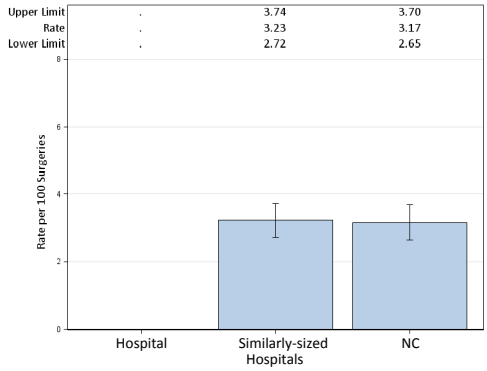


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

Commentary from Hospitals:
No comments provided.

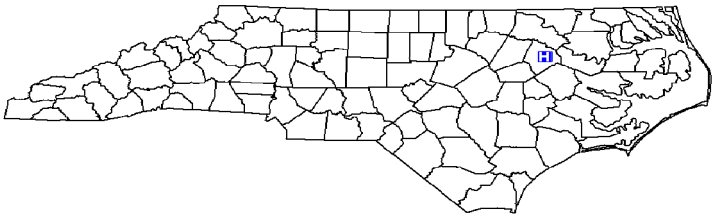
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Vidant Edgecombe Hospital, Tarboro, Edgecombe County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Profit Status:	Not for Profit
Admissions in 2012:	4,660
Patient Days in 2012:	18,001
Total Number of Beds:	117
Number of ICU Beds:	8
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.85

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

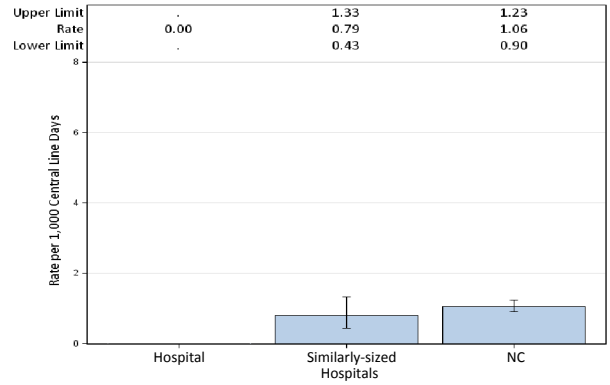


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 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	512	0	1.075	0	, 3.432	Same
YTD Total for Reporting ICUs	0	512	0	1.075	0	, 3.432	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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	1	564	1.77	1.297	0.771	0.020, 4.296	Same
Rehabiliation	0	28	.	.	.		
YTD Total for Reporting ICUs	1	592	1.69	1.404	0.712	0.018, 3.968	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.

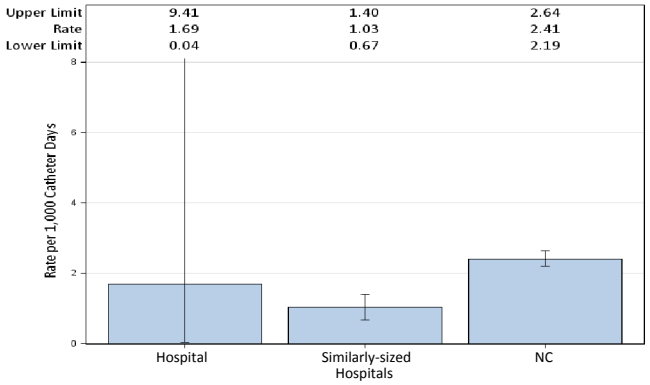


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

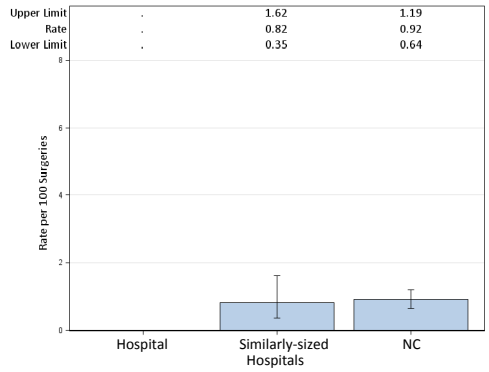


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	16	17
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.

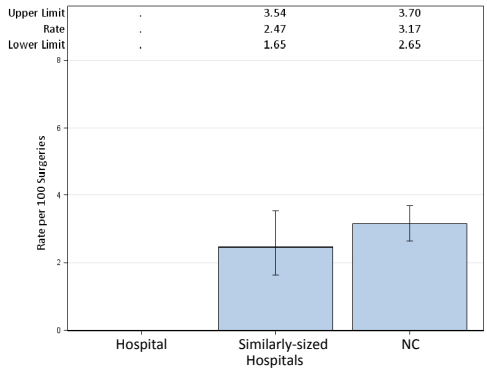


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

Commentary from Hospitals:
No comments provided.

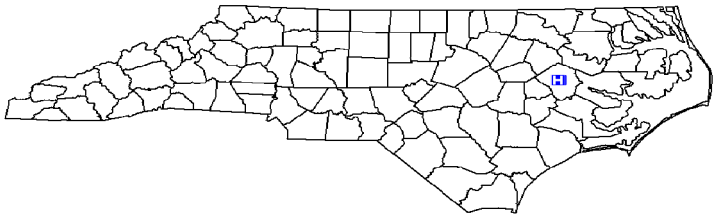
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Vidant Medical Center, Greenville, Pitt County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Profit Status:	Not for Profit
Admissions in 2012:	46,920
Patient Days in 2012:	265,015
Total Number of Beds:	870
Number of ICU Beds:	164
FTE* Infection Preventionists:	8.00
Number of FTEs* per 100 beds:	0.92

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

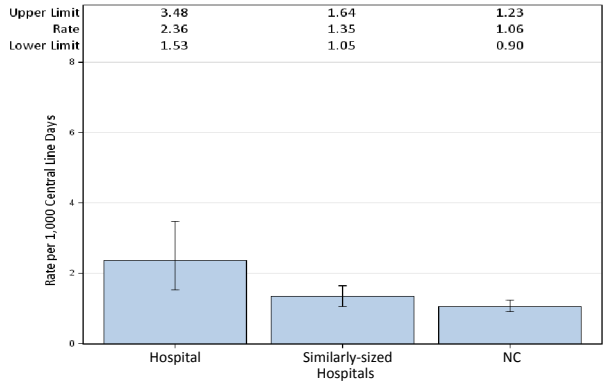


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	4	2,361	1.69	6.139	0.652	0.178, 1.668	Same
Medical cardiac	3	1,479	2.03	2.958	1.014	0.209, 2.964	Same
Neonatal Level III	5	1,511	3.31	3.893	1.284	0.417, 2.997	Same
Neurosurgical	0	368	0	0.92	.		
Pediatric medical/surgical	0	534	0	1.602	0	, 2.303	Same
Surgical	9	1,787	5.04	4.11	2.19	1.001, 4.157	Higher
Surgical cardiothoracic	4	2,551	1.57	3.571	1.12	0.305, 2.868	Same
YTD Total for Reporting ICUs	25	10,591	2.36	23.193	1.078	0.697, 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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	13	2,186	5.95	5.028	2.586	1.377, 4.421	Higher
Medical cardiac	4	1,528	2.62	3.056	1.309	0.357, 3.351	Same
Neurosurgical	7	566	12.4	2.49	2.811	1.130, 5.792	Higher
Pediatric medical/surgical	2	240	8.33	0.672	.		
Rehabiliation	5	355	14.1	1.349	3.706	1.203, 8.650	Higher
Surgical	19	1,867	10.2	4.854	3.914	2.356, 6.113	Higher
Surgical cardiothoracic	6	1,534	3.91	2.608	2.301	0.844, 5.007	Higher
YTD Total for Reporting ICUs	56	8,276	6.77	20.057	2.792	2.109, 3.626	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.

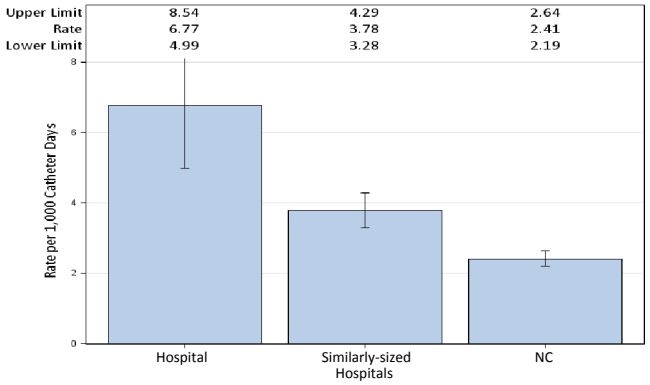


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

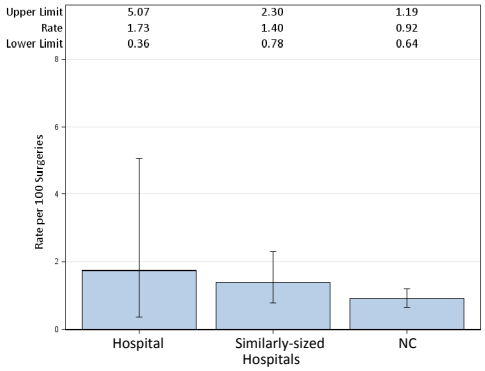


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	3	7
Procedures	173	220
Rate	1.73	3.18
Predicted Infections	1.89	7.38
SIR**	1.587	0.948
95% CI**	0.327, 4.639	0.381, 1.954
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.

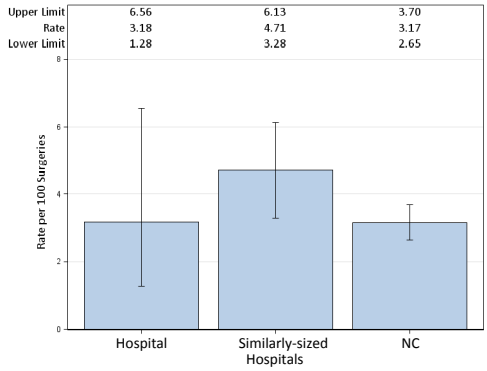


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

Commentary from Hospitals:
The infection rates above reflect our initiatives to make patient care at Vidant Medical Center safe for all of our patients, and those efforts are ongoing.

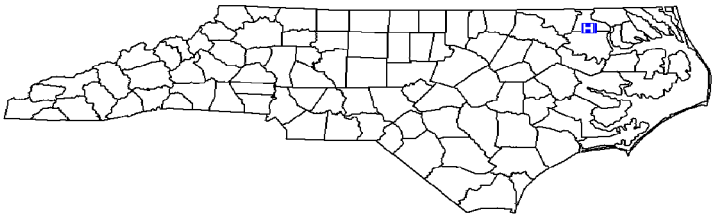
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Vidant Roanoke Chowan Hospital, Ahoskie, Hertford County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	4,787
Patient Days in 2012:	21,244
Total Number of Beds:	144
Number of ICU Beds:	10
FTE* Infection Preventionists:	0.75
Number of FTEs* per 100 beds:	0.52

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

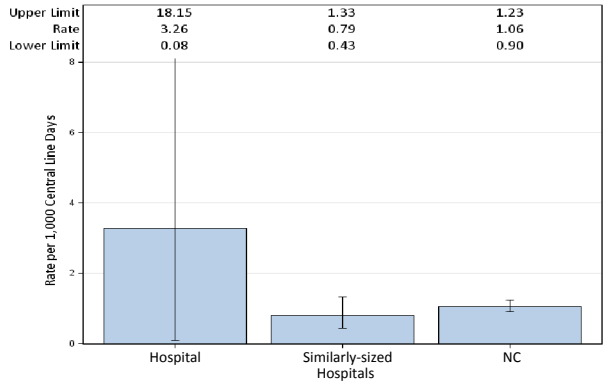


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 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	307	3.26	0.461	.		
YTD Total for Reporting ICUs	1	307	3.26	0.461	.		

*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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	395	0	0.514	.		
YTD Total for Reporting ICUs	0	395	0	0.514	.		

*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.

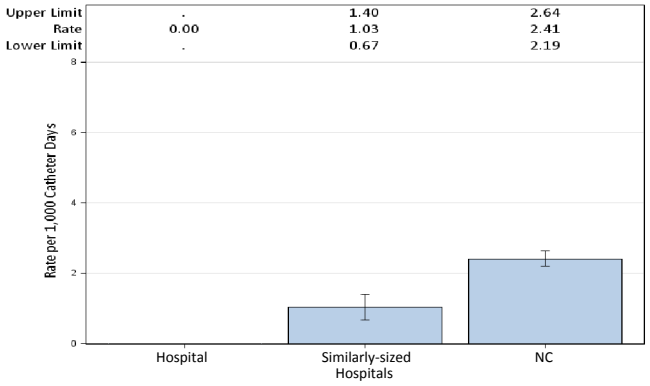


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

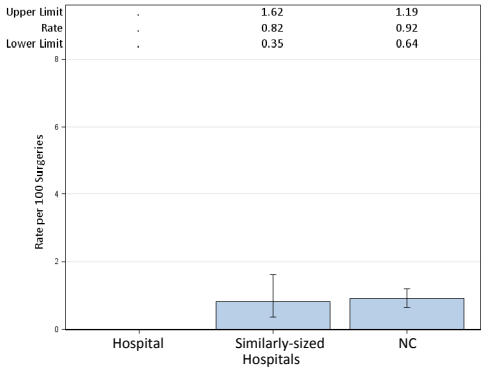


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	15	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.

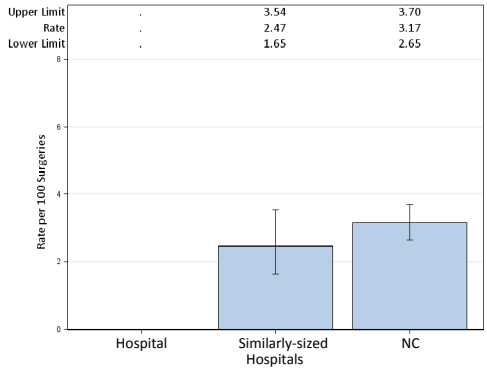


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

Commentary from Hospitals:
No comments provided.

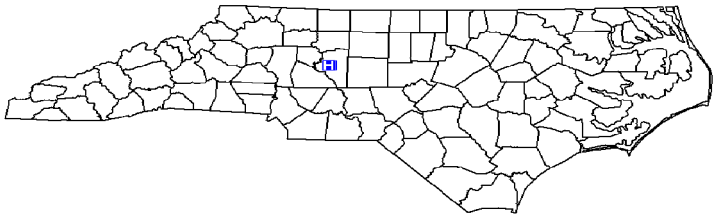
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Wake Forest Baptist Health-Lexington Medical Center, Lexington, Davidson County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	4,027
Patient Days in 2012:	10,615
Total Number of Beds:	85
Number of ICU Beds:	21
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	1.18

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

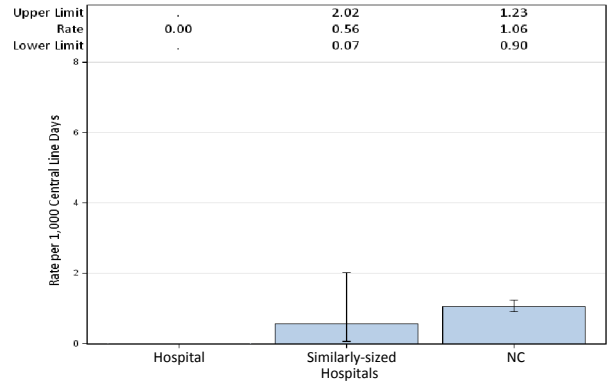


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	152	0	0.228	.		
YTD Total for Reporting ICUs	0	152	0	0.228	.		

*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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	465	0	0.558	.		
YTD Total for Reporting ICUs	0	465	0	0.558	.		

*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.

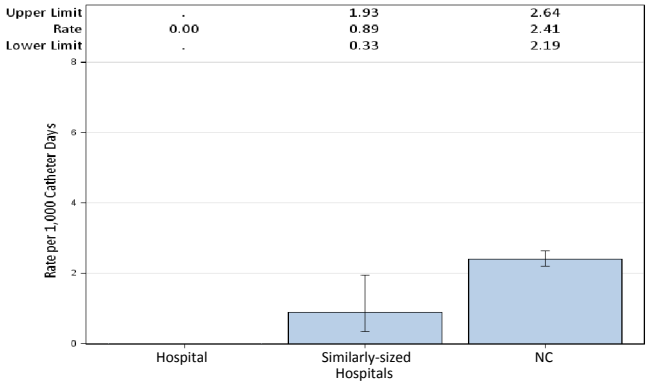


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

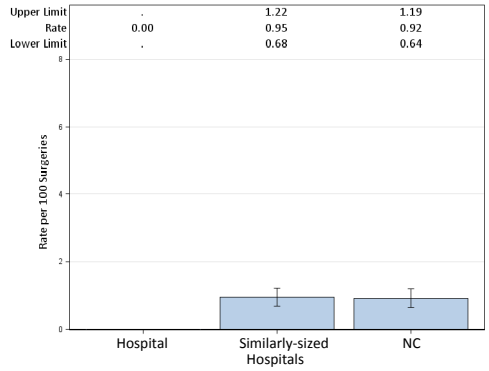


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	25	14
Rate	0	.
Predicted Infections	0.26	.
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.

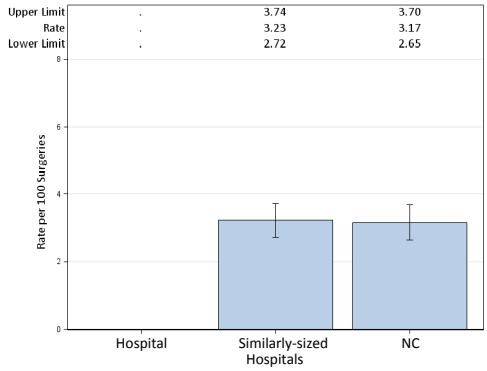


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

Commentary from Hospitals:
No comments provided.

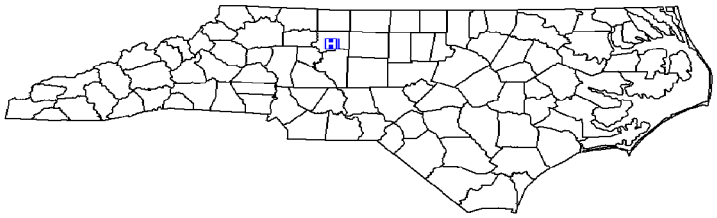
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Wake Forest University Baptist Medical Center, Winston-Salem, Forsyth County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Profit Status:	Not for Profit
Admissions in 2012:	38,711
Patient Days in 2012:	241,669
Total Number of Beds:	885
Number of ICU Beds:	176
FTE* Infection Preventionists:	7.00
Number of FTEs* per 100 beds:	0.79

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

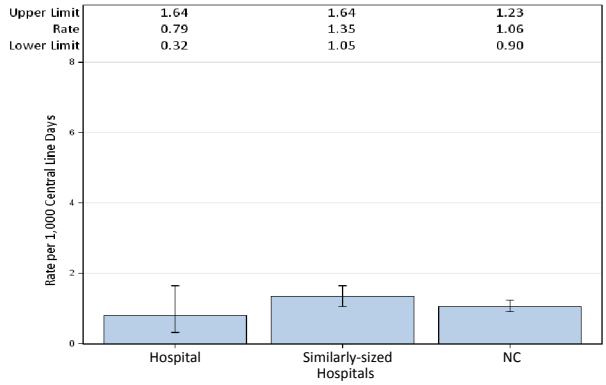


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Burn	0	309	0	1.7	0	, 2.170	Same
Medical	3	2,125	1.41	5.525	0.543	0.112, 1.587	Same
Medical cardiac	0	619	0	1.238	0	, 2.980	Same
Medical/surgical	2	798	2.51	1.676	1.193	0.145, 4.311	Same
Neonatal Level II/III	0	1,654	0	4.351	0	, 0.848	Lower
Neurosurgical	1	592	1.69	1.48	0.676	0.017, 3.765	Same
Pediatric medical/surgical	0	954	0	2.862	0	, 1.289	Same
Surgical	0	428	0	0.984	.		
Surgical cardiothoracic	1	967	1.03	1.354	0.739	0.019, 4.115	Same
Trauma	0	366	0	1.318	0	, 2.799	Same
YTD Total for Reporting ICUs	7	8,812	0.79	22.487	0.311	0.125, 0.641	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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Burn	0	655	0	2.882	0	, 1.280	Same
Medical	13	4,186	3.11	9.628	1.35	0.719, 2.309	Same
Medical cardiac	3	915	3.28	1.83	1.639	0.338, 4.791	Same
Medical/surgical	1	1,505	0.66	3.462	0.289	0.007, 1.609	Same
Neurosurgical	5	1,517	3.3	6.675	0.749	0.243, 1.748	Same
Pediatric medical/surgical	4	535	7.48	1.498	2.67	0.728, 6.837	Same
Rehabiliation	0	275	0	1.045	0	, 3.530	Same
Surgical	2	1,160	1.72	3.016	0.663	0.080, 2.395	Same
Surgical cardiothoracic	1	1,269	0.79	2.157	0.464	0.012, 2.583	Same
Trauma	0	1,556	0	5.29	0	, 0.697	Lower
YTD Total for Reporting ICUs	29	13,573	2.14	37.483	0.774	0.518, 1.111	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.

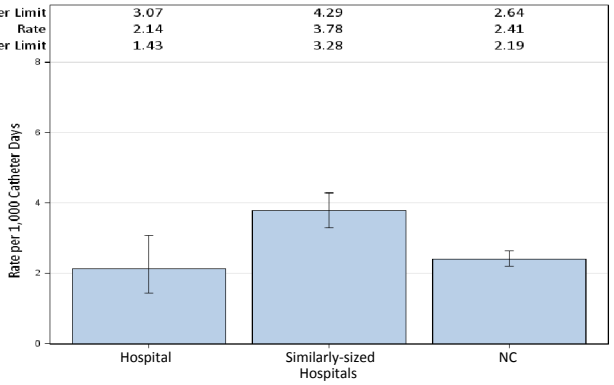


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

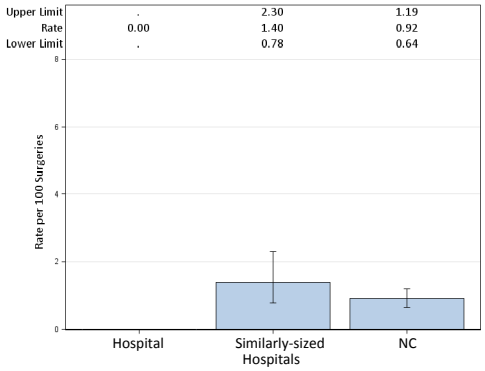


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	6
Procedures	81	166
Rate	0	3.61
Predicted Infections	0.90	6.02
SIR**	.	0.997
95% CI**		0.366, 2.169
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.

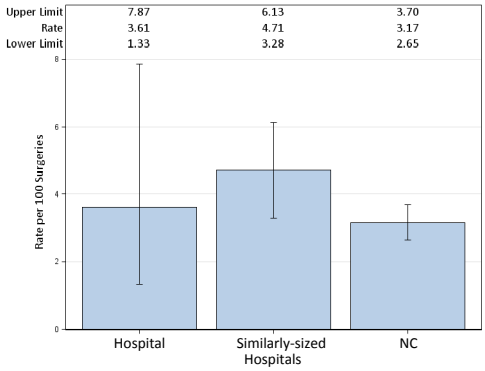


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

Commentary from Hospitals:
Wake Forest Baptist Health continually strives to provide a safe environment for patients, their families and our community.

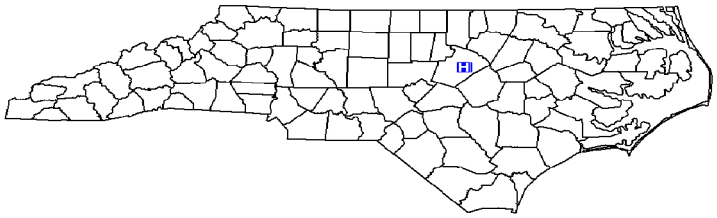
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
WakeMed, Raleigh, Wake County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	Major
Profit Status:	Not for Profit
Admissions in 2012:	72,523
Patient Days in 2012:	178,434
Total Number of Beds:	596
Number of ICU Beds:	116
FTE* Infection Preventionists:	7.00
Number of FTEs* per 100 beds:	1.17

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

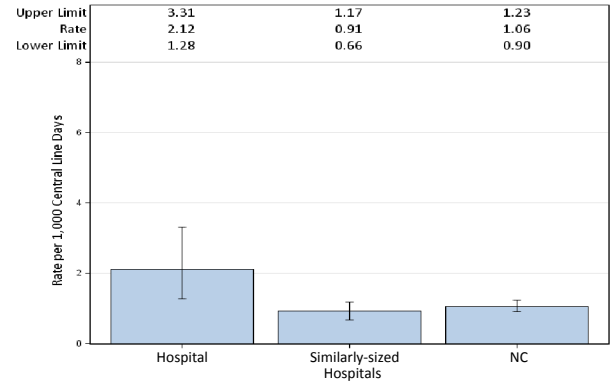


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

Type of ICU	Infections	Line Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	1	1,100	0.91	2.86	0.35	0.009, 1.948	Same
Medical cardiac	5	2,986	1.67	5.972	0.837	0.272, 1.954	Same
Neonatal Level II/III	3	1,269	2.36	3.03	0.99	0.204, 2.893	Same
Pediatric medical/surgical	0	342	0	1.026	0	, 3.595	Same
Surgical cardiothoracic	5	1,304	3.83	1.826	2.738	0.889, 6.390	Higher
Trauma	5	1,969	2.54	7.088	0.705	0.229, 1.646	Same
YTD Total for Reporting ICUs	19	8,970	2.12	21.802	0.871	0.524, 1.361	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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical	2	1,164	1.72	2.677	0.747	0.090, 2.699	Same
Medical cardiac	10	3,694	2.71	7.388	1.354	0.649, 2.489	Same
Pediatric medical/surgical	0	267	0	0.748	.		
Rehabiliation	3	1,207	2.49	4.587	0.654	0.135, 1.911	Same
Surgical cardiothoracic	1	1,392	0.72	2.366	0.423	0.011, 2.355	Same
Trauma	6	2,368	2.53	8.051	0.745	0.273, 1.622	Same
YTD Total for Reporting ICUs	22	10,092	2.18	25.817	0.852	0.534, 1.290	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.

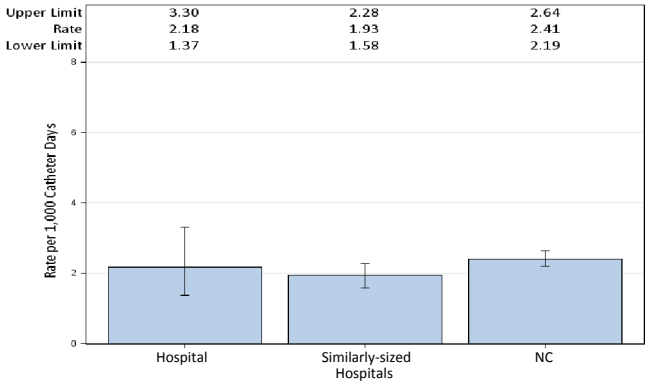


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

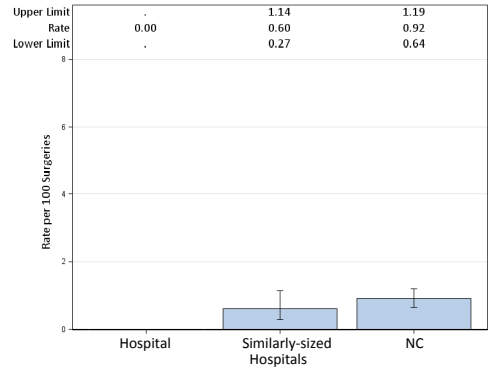


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	2
Procedures	143	100
Rate	0	2
Predicted Infections	1.48	3.40
SIR**	0	0.588
95% CI**	, 2.494	0.071, 2.124
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.

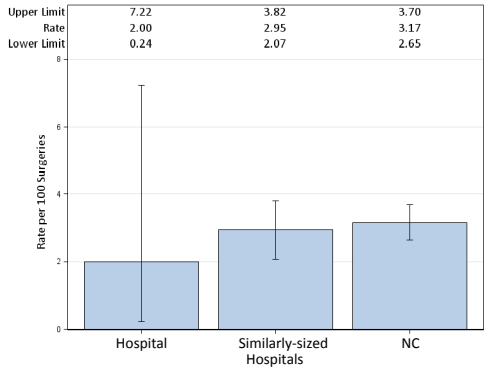


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

Commentary from Hospitals:
No comments provided.

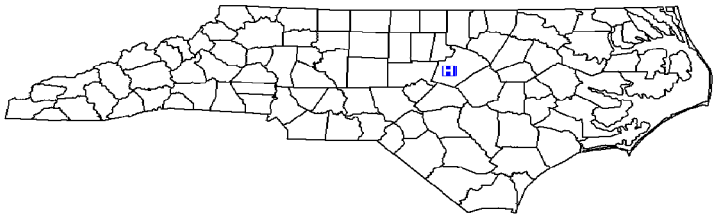
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
WakeMed Cary Hospital, Cary, Wake County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	21,834
Patient Days in 2012:	46,563
Total Number of Beds:	182
Number of ICU Beds:	12
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.55

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

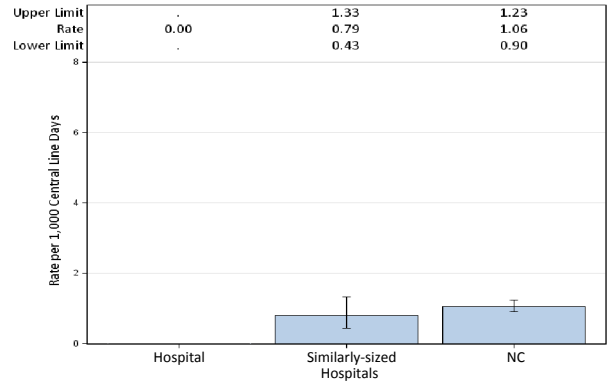


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 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	645	0	0.968	.		
YTD Total for Reporting ICUs	0	645	0	0.968	.		

*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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	2	904	2.21	1.175	1.702	0.206, 6.149	Same
YTD Total for Reporting ICUs	2	904	2.21	1.175	1.702	0.206, 6.149	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.

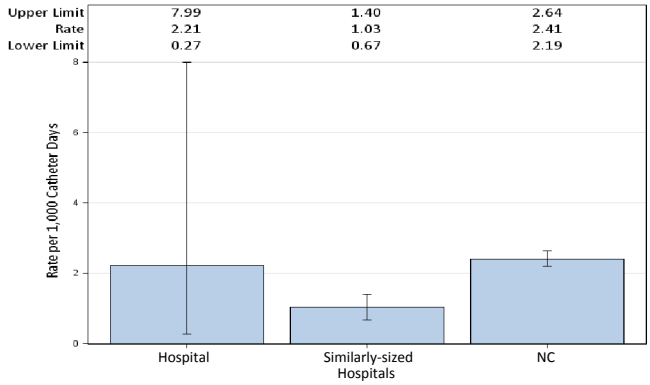


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

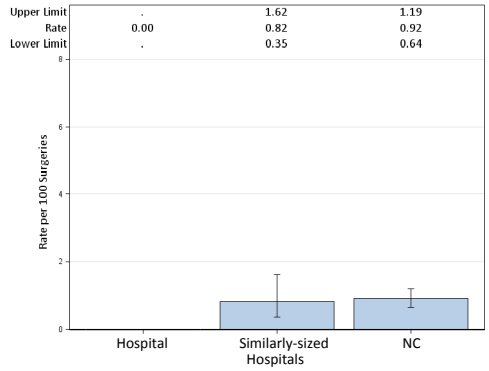


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	5
Procedures	33	102
Rate	0	4.9
Predicted Infections	0.30	3.25
SIR**	.	1.54
95% CI**		0.500, 3.594
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.

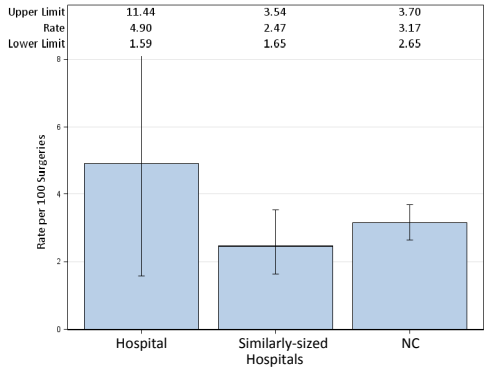


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

Commentary from Hospitals:
No comments provided.

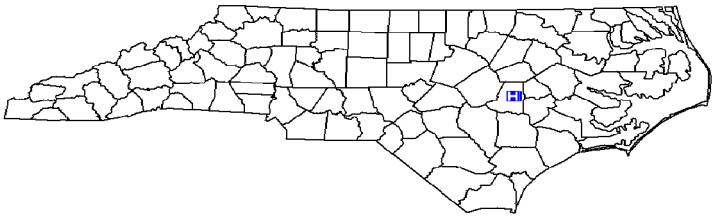
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Wayne Memorial Hospital, Goldsboro, Wayne County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	12,398
Patient Days in 2012:	56,684
Total Number of Beds:	306
Number of ICU Beds:	16
FTE* Infection Preventionists:	2.13
Number of FTEs* per 100 beds:	0.69

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

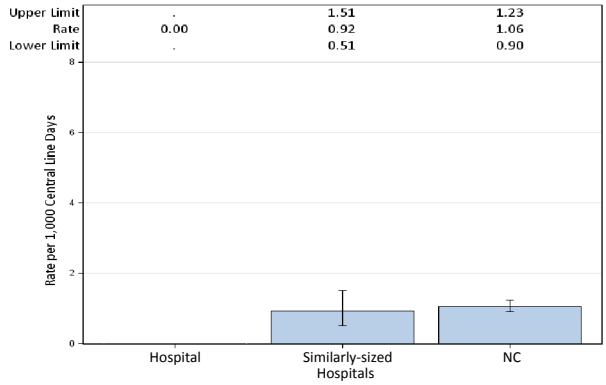


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 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	1,698	0	2.547	0	, 1.448	Same
YTD Total for Reporting ICUs	0	1,698	0	2.547	0	, 1.448	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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	6	1,833	3.27	2.2	2.727	1.001, 5.936	Higher
YTD Total for Reporting ICUs	6	1,833	3.27	2.2	2.727	1.001, 5.936	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.

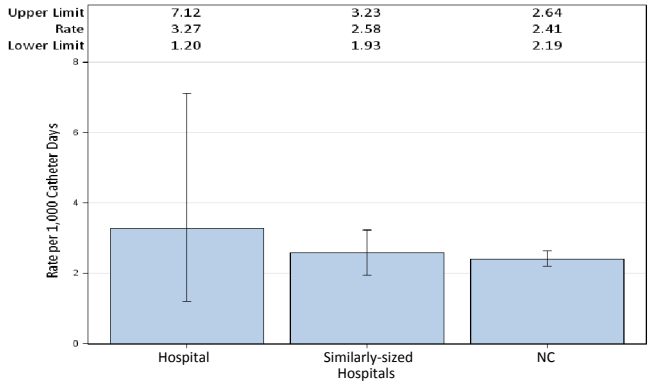


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

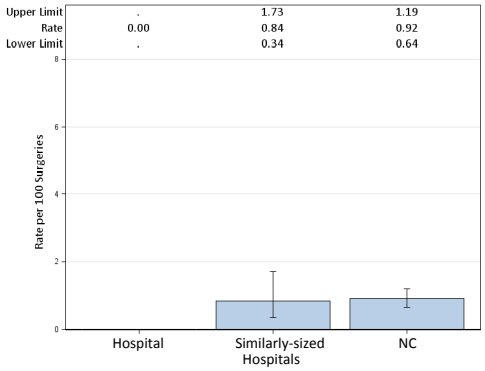


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	1
Procedures	53	33
Rate	0	3.03
Predicted Infections	0.51	1.11
SIR**	.	0.903
95% CI**		0.023, 5.029
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.

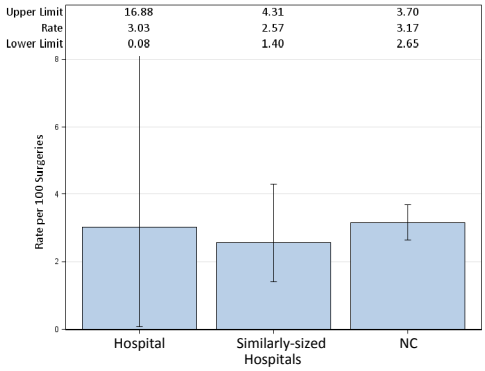


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

Commentary from Hospitals:
No comments provided.

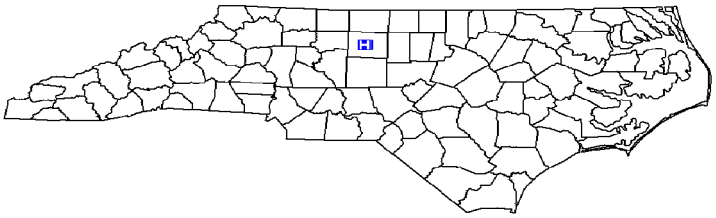
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Wesley Long Hospital, Greensboro, Guilford County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	10,239
Patient Days in 2012:	48,589
Total Number of Beds:	175
Number of ICU Beds:	20
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.57

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

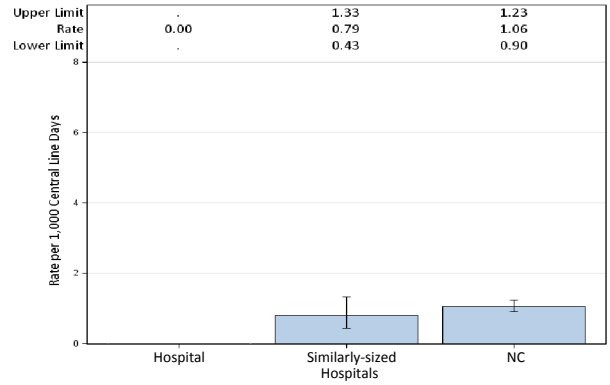


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 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	1,093	0	1.64	0	, 2.249	Same
YTD Total for Reporting ICUs	0	1,093	0	1.64	0	, 2.249	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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	1,787	0	2.144	0	, 1.721	Same
YTD Total for Reporting ICUs	0	1,787	0	2.144	0	, 1.721	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.

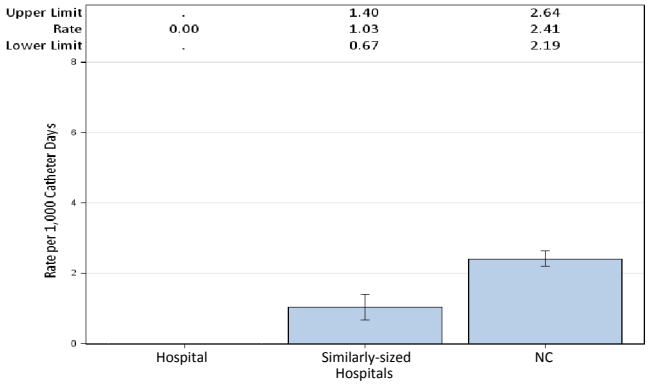


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

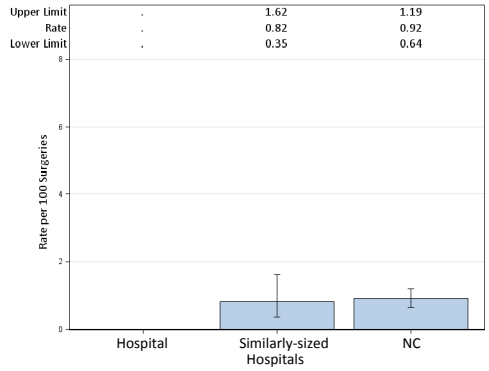


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	2
Procedures	10	45
Rate	.	4.44
Predicted Infections	.	1.42
SIR**	.	1.409
95% CI**		0.171, 5.091
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.

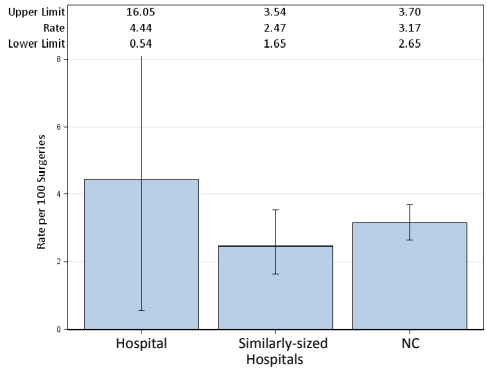


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

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

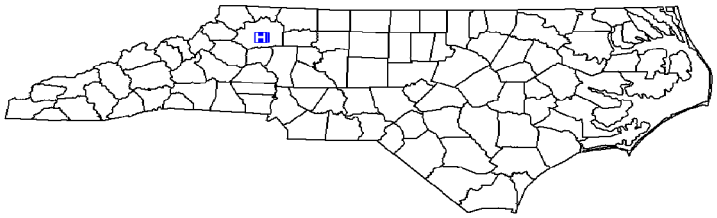
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Wilkes Regional Medical Center, North Wilkesboro, Wilkes County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	5,004
Patient Days in 2012:	19,889
Total Number of Beds:	130
Number of ICU Beds:	8
FTE* Infection Preventionists:	0.50
Number of FTEs* per 100 beds:	0.38

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

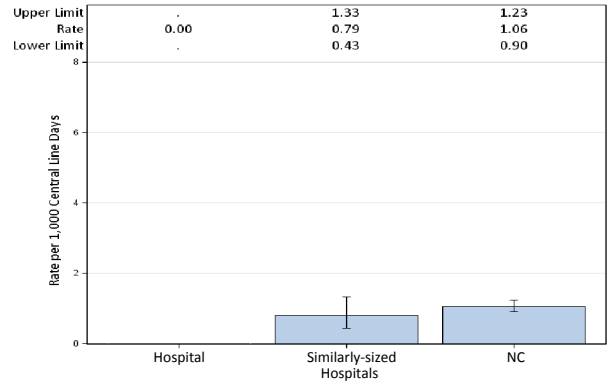


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 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	203	0	0.305	.		
YTD Total for Reporting ICUs	0	203	0	0.305	.		

*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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	574	0	0.746	.		
YTD Total for Reporting ICUs	0	574	0	0.746	.		

*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.

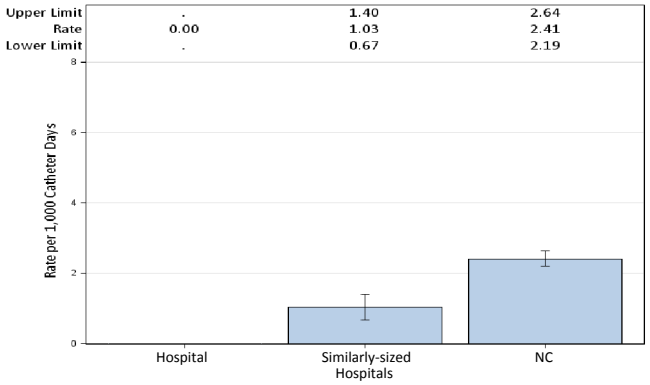


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

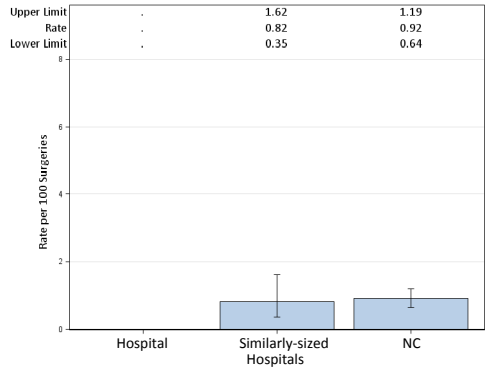


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	0
Procedures	1	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.

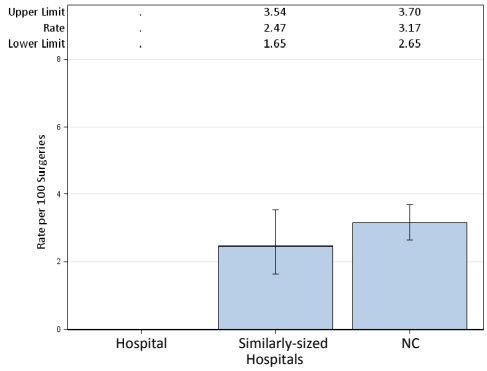


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

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.

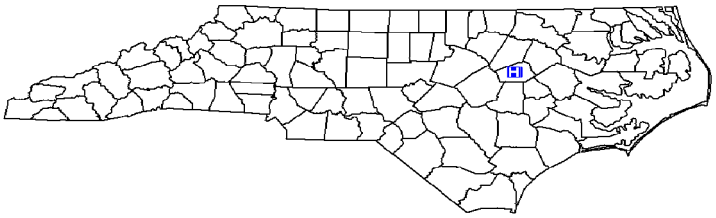
Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Wilson Medical Center, Wilson, Wilson County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	8,125
Patient Days in 2012:	34,756
Total Number of Beds:	193
Number of ICU Beds:	14
FTE* Infection Preventionists:	1.50
Number of FTEs* per 100 beds:	0.78

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

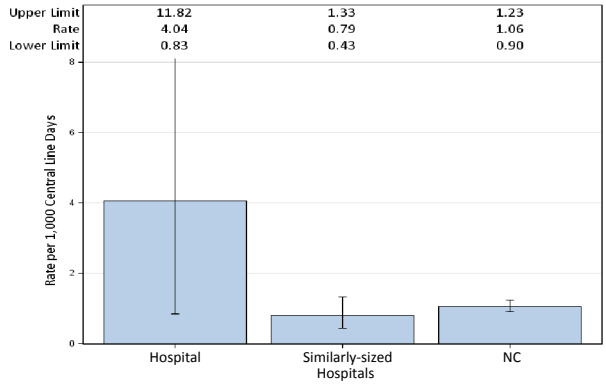


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 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	742	4.04	1.113	2.695	0.556, 7.877	Same
YTD Total for Reporting ICUs	3	742	4.04	1.113	2.695	0.556, 7.877	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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	897	0	1.166	0	, 3.164	Same
YTD Total for Reporting ICUs	0	897	0	1.166	0	, 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.

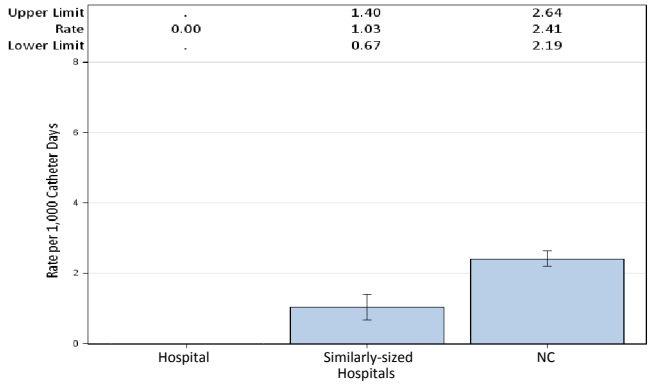


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

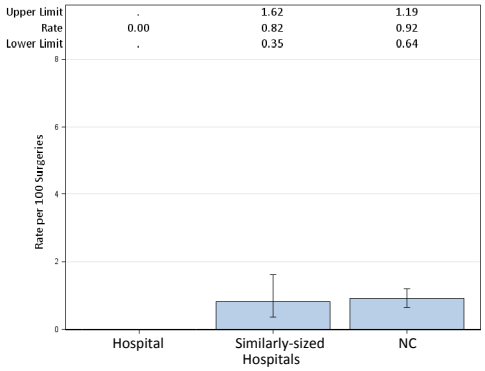


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	0	2
Procedures	67	23
Rate	0	8.7
Predicted Infections	0.55	0.73
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.

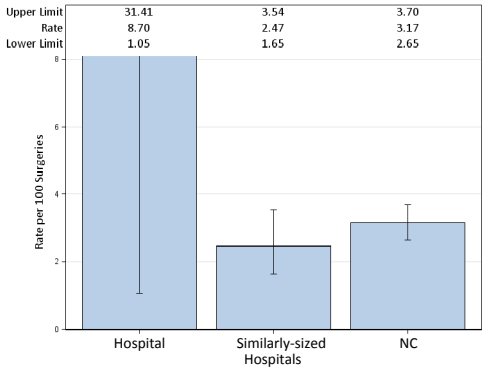


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

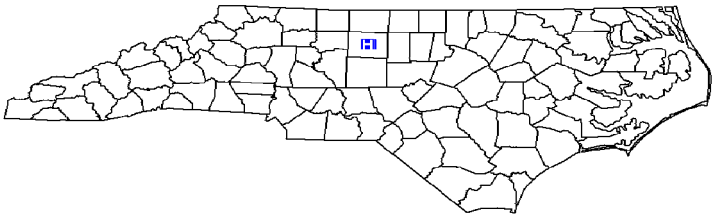
Commentary from Hospitals:
No comments provided.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Women's Hospital, Greensboro, Guilford County

2012 Hospital Survey Information

Hospital Type:	Acute Care Hospital - Women's
Medical Affiliation:	No
Profit Status:	Not for Profit
Admissions in 2012:	7,861
Patient Days in 2012:	42,713
Total Number of Beds:	134
Number of ICU Beds:	40
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.75

*FTE = Full-time equivalent



Central Line-Associated Bloodstream Infections (CLABSI)

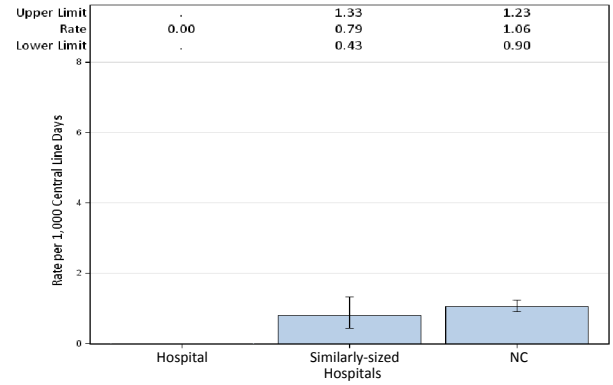


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates and SIRs by ICU Type, Jan-Jun 2013 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	6	.	.	.		
Neonatal Level II/III	0	1,018	0	2.474	0	, 1.491	Same
YTD Total for Reporting ICUs	0	1,024	0	2.483	0	, 1.486	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-Jun 2013 in Comparison to National Baseline Data from 2009.

Type of ICU	Infections	Catheter Days	Rate	Predicted Infections	SIR*	95% CI*	Interpretation
Medical/surgical	0	84	0	0.109	.		
YTD Total for Reporting ICUs	0	84	0	0.109	.		

*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.

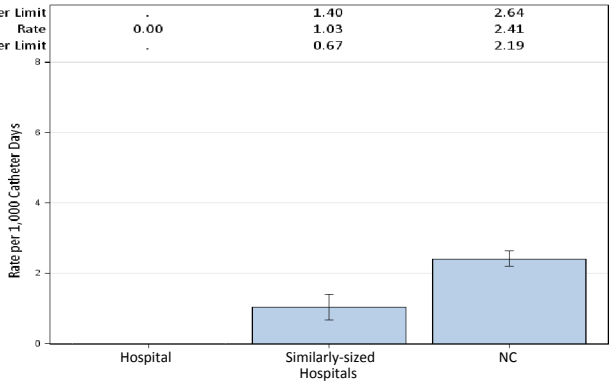


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Surgical Site Infections (SSI)

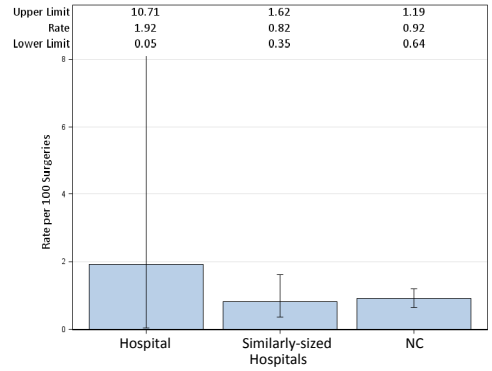


Figure 3. Rates and 95% Confidence Intervals for Abdominal Hysterectomies, Jan-Jun 2013.

Table 3. Rates and SIRs by Surgery, Jan-Jun 2013 in Comparison to National Baseline Data from 2006-2008.

	Abdominal hysterectomy	Colon surgery
Infections*	1	0
Procedures	52	1
Rate	1.92	.
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.

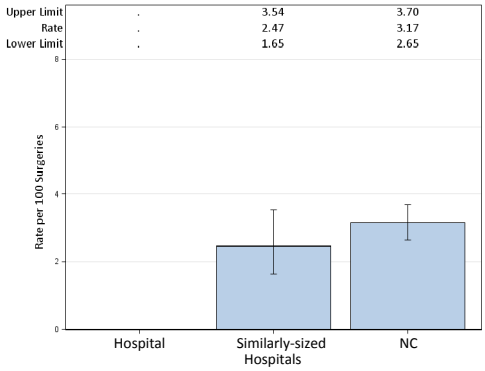


Figure 4. Rates and 95% Confidence Intervals for Colon Surgeries, Jan-Jun 2013.

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

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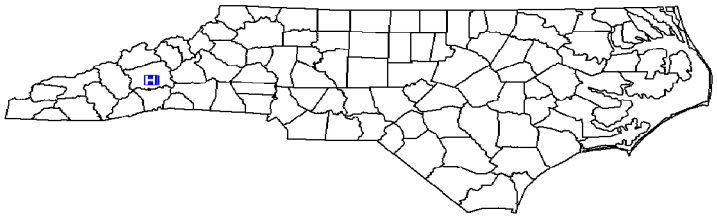
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
CarePartners Health Services, Asheville, Buncombe County

2012 Hospital Survey Information

Hospital Type:	Inpatient Rehabilitation Facility
Profit Status:	Not for Profit
Admissions in 2012:	1,311
Patient Days in 2012:	17,130
Total Number of Beds:	80
FTE* Infection Preventionists:	0.30
Number of FTEs* per 100 beds:	0.38



*FTE = Full-time equivalent

Catheter-Associated Urinary Tract Infections (CAUTI)

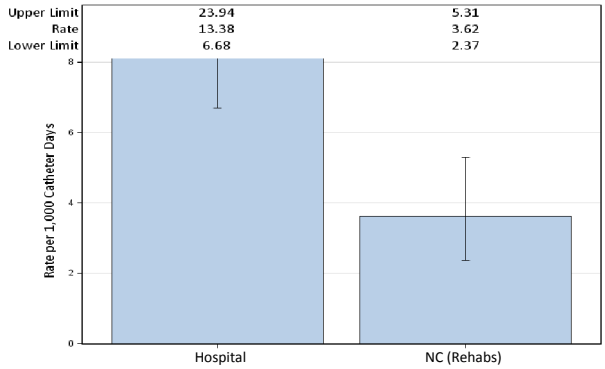


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates by Location, Jan-Jun 2013

Type of Unit	Infections	Catheter Days	Rate
Adult rehabilitation ward	11	822	13.4
YTD Total for Reporting Wards	11	822	13.4

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

Other Healthcare-Associated Infections (HAIs)

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

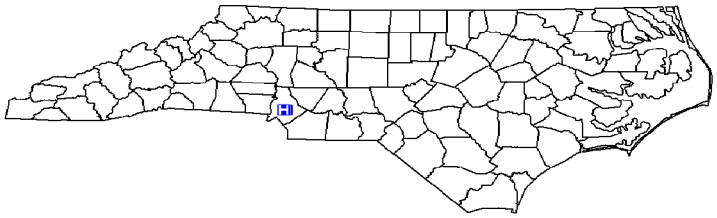
Commentary from Hospitals:
No comments provided.

Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Carolinas Rehabilitation, Charlotte, Mecklenburg County

2012 Hospital Survey Information

Hospital Type:	Inpatient Rehabilitation Facility
Profit Status:	Not for Profit
Admissions in 2012:	2,858
Patient Days in 2012:	43,580
Total Number of Beds:	159
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.63



*FTE = Full-time equivalent

Catheter-Associated Urinary Tract Infections (CAUTI)

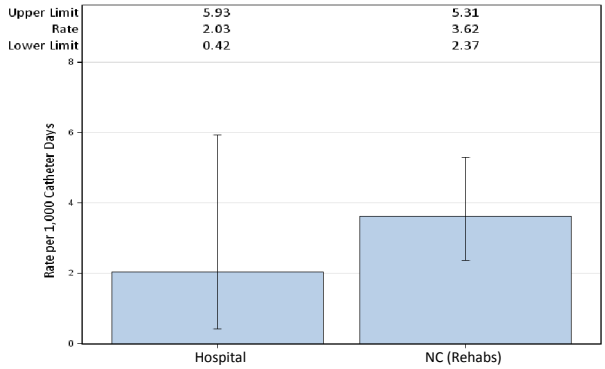


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates by Location, Jan-Jun 2013

Type of Unit	Infections	Catheter Days	Rate
Adult rehabilitation ward	3	1,479	2.03
YTD Total for Reporting Wards	3	1,479	2.03

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

Other Healthcare-Associated Infections (HAIs)

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

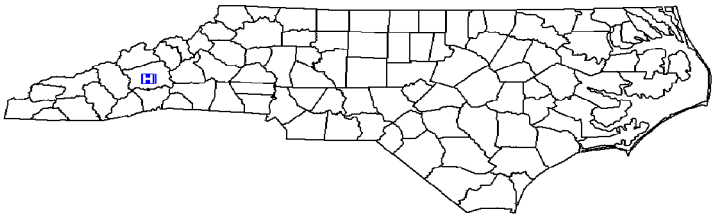
Commentary from Hospitals:
The prevention and reduction of healthcare associated infections is a top priority at Carolinas Healthcare System hospitals. To accomplish this, infection prevention strategies are continually assessed and measures implemented to decrease the risk for infection. These measures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

Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Asheville Specialty Hospital, Asheville, Buncombe County

2012 Hospital Survey Information

Hospital Type:	Long-term Acute Care Hospital
Profit Status:	For Profit
Admissions in 2012:	363
Patient Days in 2012:	9,314
Total Number of Beds:	34
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	2.94



*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

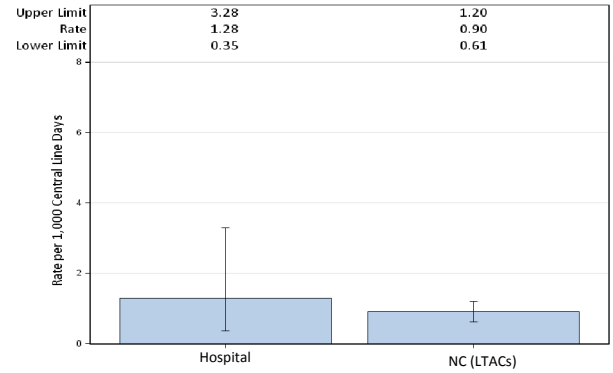


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates by Location, Jan-Jun 2013.

Type of Unit	Infections	Line Days	Rate
Adult intensive care unit	2	877	2.28
Adult ward	2	2,241	0.89
YTD Total for Reporting Units	4	3,118	1.28

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

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates by Location, Jan-Jun 2013

Type of Unit	Infections	Catheter Days	Rate
Adult intensive care unit	0	875	0.00
Adult ward	1	662	1.51
YTD Total for Reporting Units	1	1,537	0.65

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

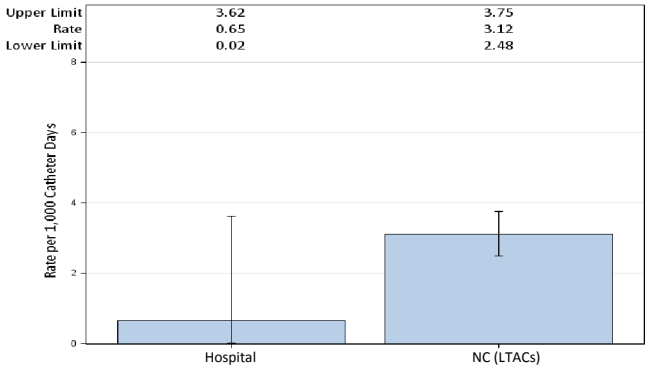


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Other Healthcare-Associated Infections (HAIs)

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

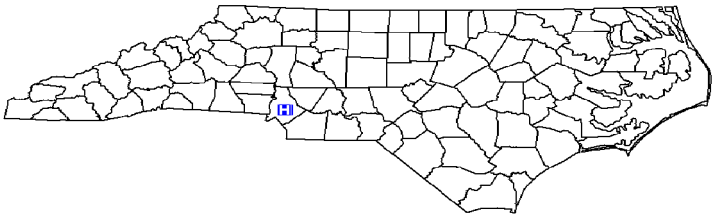
Commentary from Hospitals:
No comments provided.

Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Carolinas Specialty Hospital, Charlotte, Mecklenburg County

2012 Hospital Survey Information

Hospital Type:	Long-term Acute Care Hospital
Profit Status:	Not for Profit
Admissions in 2012:	418
Patient Days in 2012:	12,155
Total Number of Beds:	40
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	2.50



*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

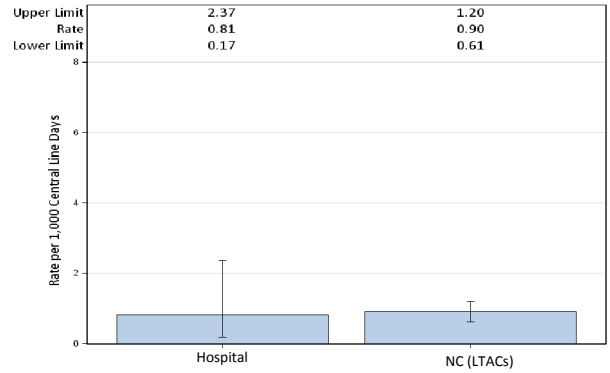


Table 1. Rates by Location, Jan-Jun 2013.

Type of Unit	Infections	Line Days	Rate
Adult ward	3	3,693	0.81
YTD Total for Reporting Units	3	3,693	0.81

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

Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates by Location, Jan-Jun 2013

Type of Unit	Infections	Catheter Days	Rate
Adult ward	8	3,777	2.12
YTD Total for Reporting Units	8	3,777	2.12

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

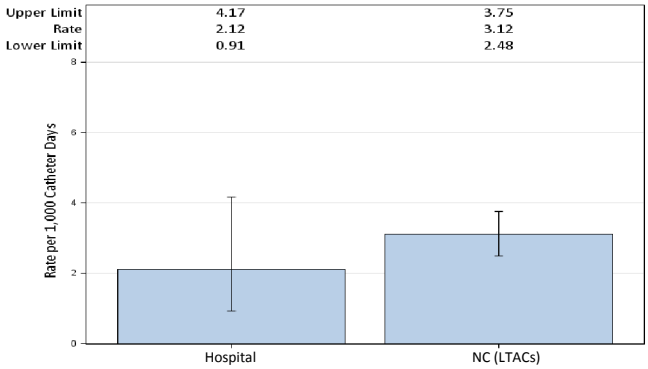


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Other Healthcare-Associated Infections (HAIs)

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

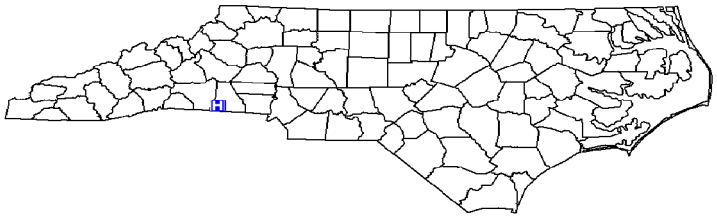
Commentary from Hospitals:
No comments provided.

Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Crawley Memorial Hospital, Shelby, Cleveland County

2012 Hospital Survey Information

Hospital Type:	Long-term Acute Care Hospital
Profit Status:	Not for Profit
Admissions in 2012:	146
Patient Days in 2012:	3,914
Total Number of Beds:	41
FTE* Infection Preventionists:	0.80
Number of FTEs* per 100 beds:	1.95



*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

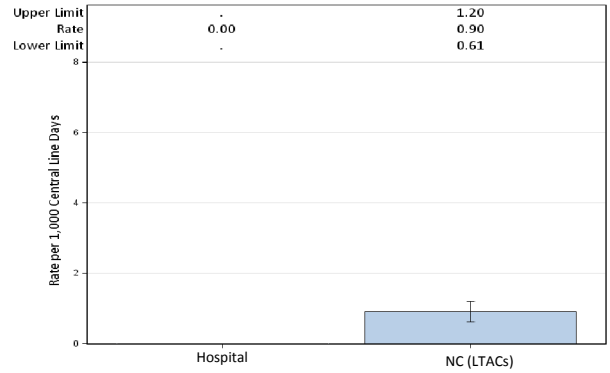


Table 1. Rates by Location, Jan-Jun 2013.

Type of Unit	Infections	Line Days	Rate
Adult ward	0	1,237	0.00
YTD Total for Reporting Units	0	1,237	0.00

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

Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates by Location, Jan-Jun 2013

Type of Unit	Infections	Catheter Days	Rate
Adult ward	0	844	0.00
YTD Total for Reporting Units	0	844	0.00

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

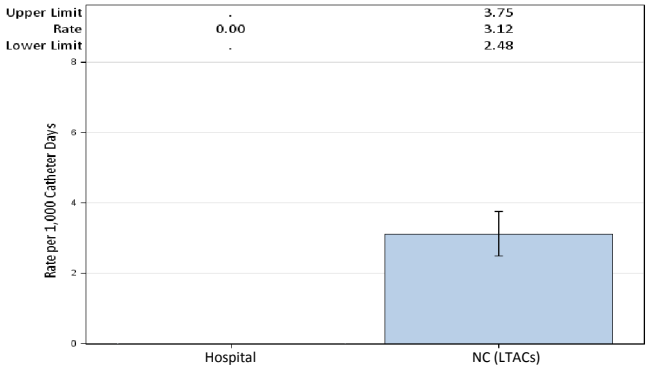


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Other Healthcare-Associated Infections (HAIs)

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

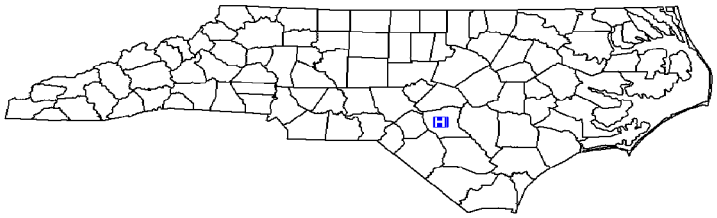
Commentary from Hospitals:
No comments provided.

Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Highsmith Rainey Specialty Hospital, Fayetteville, Cumberland County

2012 Hospital Survey Information

Hospital Type:	Long-term Acute Care Hospital
Profit Status:	Not for Profit
Admissions in 2012:	369
Patient Days in 2012:	21,542
Total Number of Beds:	66
FTE* Infection Preventionists:	0.88
Number of FTEs* per 100 beds:	1.33



*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

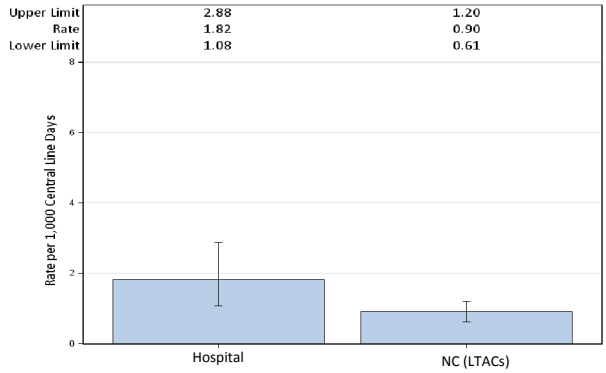


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates by Location, Jan-Jun 2013.

Type of Unit	Infections	Line Days	Rate
Adult intensive care unit	4	1,323	3.02
Adult ward	14	8,547	1.64
YTD Total for Reporting Units	18	9,870	1.82

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

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates by Location, Jan-Jun 2013

Type of Unit	Infections	Catheter Days	Rate
Adult intensive care unit	12	1,274	9.42
Adult ward	46	5,559	8.27
YTD Total for Reporting Units	58	6,833	8.49

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

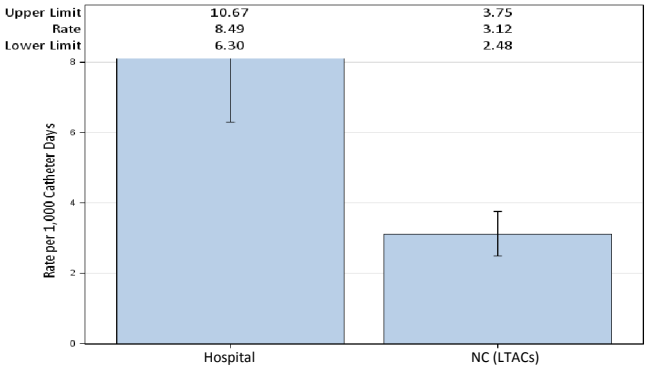


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Other Healthcare-Associated Infections (HAIs)

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

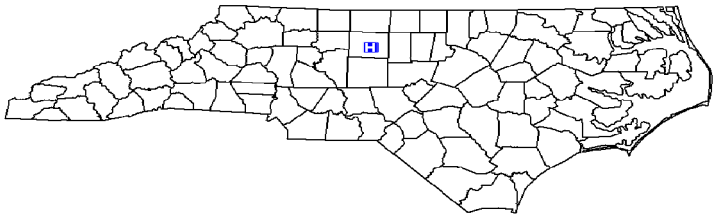
Commentary from Hospitals:
No comments provided.

Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.
NC Division of Public Health, HAI Prevention Program

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Kindred Hospital Greensboro, Greensboro, Guilford County

2012 Hospital Survey Information

Hospital Type:	Long-term Acute Care Hospital
Profit Status:	For Profit
Admissions in 2012:	470
Patient Days in 2012:	19,442
Total Number of Beds:	101
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	0.99



*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

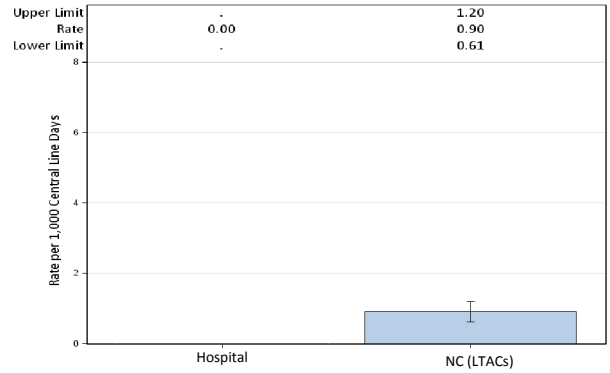


Table 1. Rates by Location, Jan-Jun 2013.

Type of Unit	Infections	Line Days	Rate
Adult ward	0	9,499	0.00
YTD Total for Reporting Units	0	9,499	0.00

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

Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates by Location, Jan-Jun 2013

Type of Unit	Infections	Catheter Days	Rate
Adult ward	2	5,712	0.35
YTD Total for Reporting Units	2	5,712	0.35

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

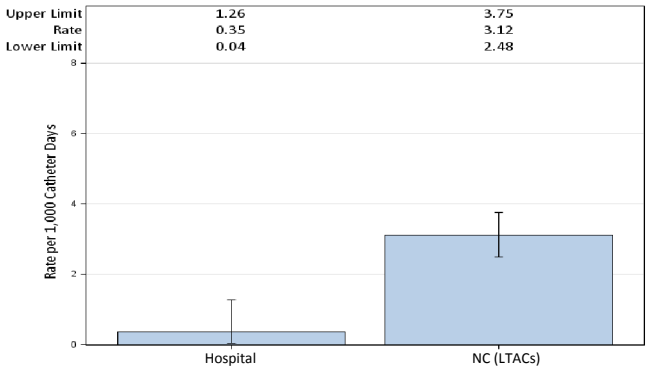


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Other Healthcare-Associated Infections (HAIs)

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

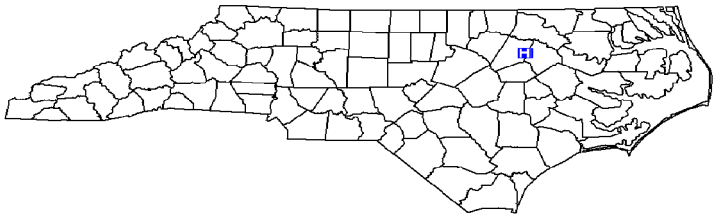
Commentary from Hospitals:
No comments provided.

Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Lifecare Hospitals Of North Carolina, Rocky Mount, Nash County

2012 Hospital Survey Information

Hospital Type:	Long-term Acute Care Hospital
Profit Status:	For Profit
Admissions in 2012:	485
Patient Days in 2012:	14,268
Total Number of Beds:	50
FTE* Infection Preventionists:	1.00
Number of FTEs* per 100 beds:	2.00



*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

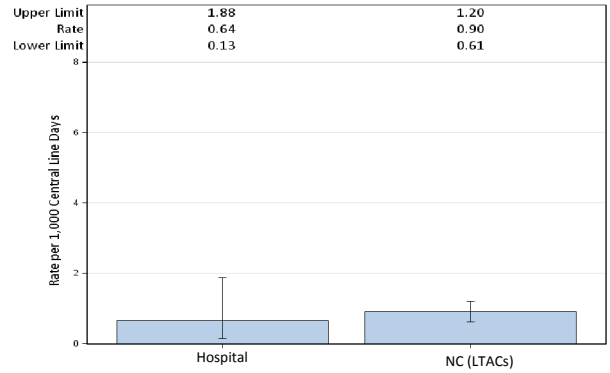


Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Table 1. Rates by Location, Jan-Jun 2013.

Type of Unit	Infections	Line Days	Rate
Adult ward	3	4,672	0.64
YTD Total for Reporting Units	3	4,672	0.64

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

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates by Location, Jan-Jun 2013

Type of Unit	Infections	Catheter Days	Rate
Adult ward	6	4,049	1.48
YTD Total for Reporting Units	6	4,049	1.48

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

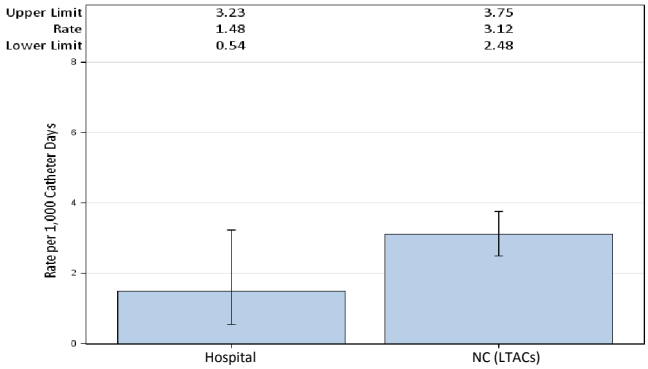


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Other Healthcare-Associated Infections (HAIs)

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

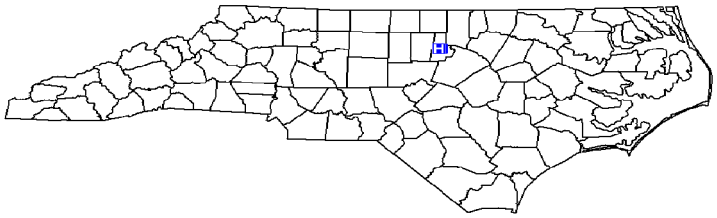
Commentary from Hospitals:
No comments provided.

Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Select Specialty Hospital, Durham, Durham, Durham County

2012 Hospital Survey Information

Hospital Type:	Long-term Acute Care Hospital
Profit Status:	For Profit
Admissions in 2012:	274
Patient Days in 2012:	8,600
Total Number of Beds:	30
FTE* Infection Preventionists:	0.25
Number of FTEs* per 100 beds:	0.83



*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

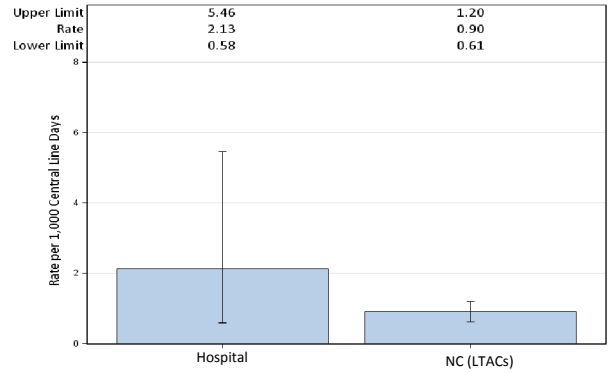


Table 1. Rates by Location, Jan-Jun 2013.

Type of Unit	Infections	Line Days	Rate
Adult ward	4	1,875	2.13
YTD Total for Reporting Units	4	1,875	2.13

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

Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates by Location, Jan-Jun 2013

Type of Unit	Infections	Catheter Days	Rate
Adult ward	9	1,343	6.7
YTD Total for Reporting Units	9	1,343	6.7

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

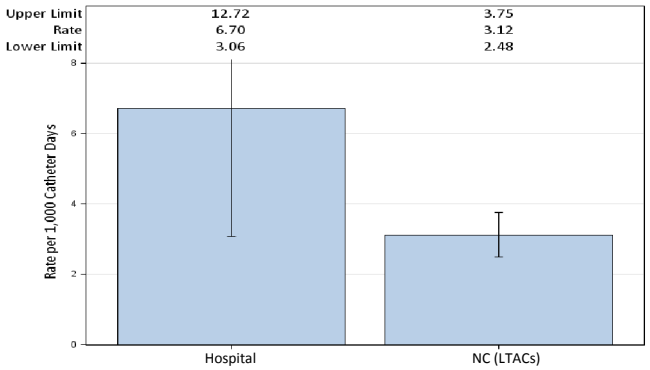


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Other Healthcare-Associated Infections (HAIs)

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

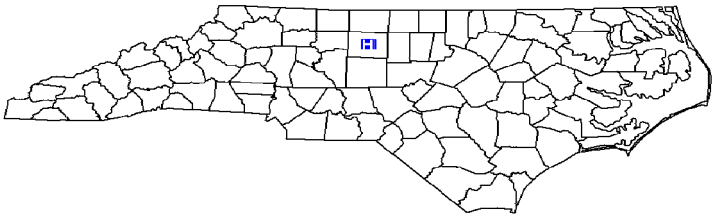
Commentary from Hospitals:
No comments provided.

Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Select Specialty Hospital, Greensboro, Greensboro, Guilford County

2012 Hospital Survey Information

Hospital Type:	Long-term Acute Care Hospital
Profit Status:	For Profit
Admissions in 2012:	321
Patient Days in 2012:	9,083
Total Number of Beds:	30
FTE* Infection Preventionists:	0.40
Number of FTEs* per 100 beds:	1.33



*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

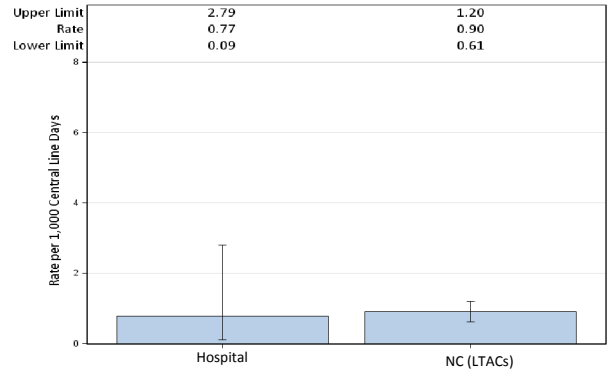


Table 1. Rates by Location, Jan-Jun 2013.

Type of Unit	Infections	Line Days	Rate
Adult ward	2	2,586	0.77
YTD Total for Reporting Units	2	2,586	0.77

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

Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates by Location, Jan-Jun 2013

Type of Unit	Infections	Catheter Days	Rate
Adult ward	0	2,360	0.00
YTD Total for Reporting Units	0	2,360	0.00

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

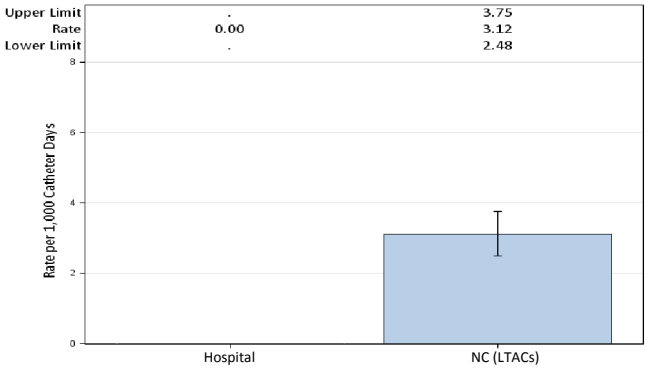


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Other Healthcare-Associated Infections (HAIs)

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

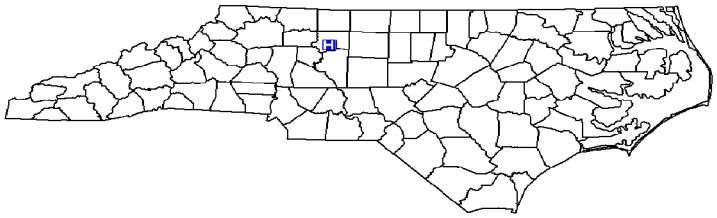
Commentary from Hospitals:
No comments provided.

Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

North Carolina Healthcare-Associated Infections Report
Data from January 1 – June 30, 2013
Select Specialty Hospital-Winston Salem, Winston Salem, Forsyth County

2012 Hospital Survey Information

Hospital Type:	Long-term Acute Care Hospital
Profit Status:	For Profit
Admissions in 2012:	432
Patient Days in 2012:	11,697
Total Number of Beds:	42
FTE* Infection Preventionists:	0.35
Number of FTEs* per 100 beds:	0.83



*FTE = Full-time equivalent

Central Line-Associated Bloodstream Infections (CLABSI)

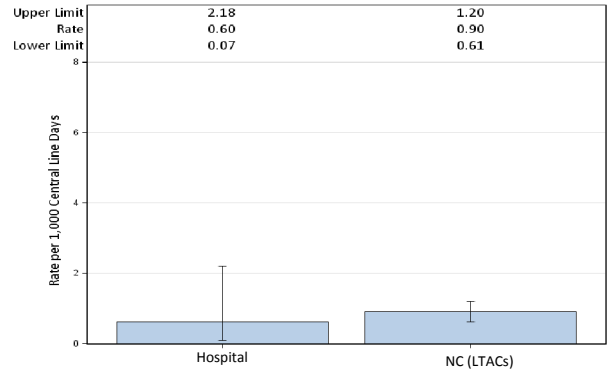


Table 1. Rates by Location, Jan-Jun 2013.

Type of Unit	Infections	Line Days	Rate
Adult ward	2	3,310	0.6
YTD Total for Reporting Units	2	3,310	0.6

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

Figure 1. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Catheter-Associated Urinary Tract Infections (CAUTI)

Table 2. Rates by Location, Jan-Jun 2013

Type of Unit	Infections	Catheter Days	Rate
Adult ward	9	3,391	2.65
YTD Total for Reporting Units	9	3,391	2.65

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

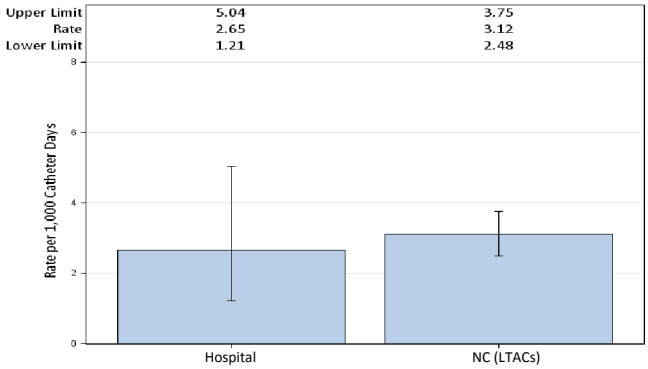


Figure 2. Rates and 95% Confidence Intervals, Jan-Jun 2013.

Other Healthcare-Associated Infections (HAIs)

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

Commentary from Hospitals:
No comments provided.

Refer to the HAI in NC Reference Report - October 2012 (rev June 2013) for further explanation of presented statistics (epi.publichealth.nc.gov/cd/hai/figures.html).
Data as of September 12, 2013.

APPENDICES

APPENDIX A. Definitions

Term	Definition
Acute care hospital	A hospital that provides acute medical care due to illness, injury or following surgery to patients hospitalized for a brief period of time.
ASA Class	Anesthesiologist's pre-operative assessment of the patient's physical condition, using the American Society of Anesthesiologists' (ASA) Classification of Physical Status. 1. Normally healthy patient 2. Patient with mild systemic disease 3. Patient with severe systemic disease that is not incapacitating 4. Patient with an incapacitating systemic disease, constant threat to life 5. Patient not expected to survive for 24 hours with or without the operation
Bacteremia	Bloodstream infection (BSI).
Beds	The number of staffed beds in a facility or patient care location. This may be different from the number of licensed beds.
Catheter days	A daily count of the number of patients with an indwelling urinary catheter. For example, one patient with an indwelling catheter in place for two days or two patients with indwelling catheters in place for one day each would both result in two catheter days. This number is used when presenting rates of catheter-associated urinary tract infections.
Catheter-associated urinary tract infection	Urinary tract infection (UTI) that occurs in a patient who had an indwelling urinary catheter in place within the 48-hour period before the onset of the UTI.
Central line	A catheter (tube) that doctors place in a large vein in the neck, chest, or groin ending in a large vein near the heart. It is used to give medication or fluids or to collect blood for medical tests. Also known as a central venous catheter.
Central line-associated bloodstream infection	A bloodstream infection (BSI) that occurs in a patient who had a central line within the 48-hour period before the onset of the BSI and is not related to an infection at another site.
Central line days	A daily count of the number of patients with a central line. For example, one patient with a central line in place for two days or two patients with central lines in place for one day each would both result in two central line days. This number is used when presenting rates of central line-associated bloodstream infections.
Device days	A daily count of the number of patients with a specific device (*e.g.,* central line, umbilical catheter, or urinary catheter) in the patient care location. For example, one patient with a device in place for two days or two patients with devices in place for one day each would both result in two device days. This number is used when presenting rates of infections associated with the use of devices.
Full-time equivalent	The equivalent of one person working full time for one year: 8 hour per day at 5 days per week for 52 weeks per year = 2080 hours per year
Hand hygiene	A general term that applies to routine hand washing, antiseptic hand wash, antiseptic hand rub, or surgical hand antisepsis. *Routine hand washing* is the use of clean water and non-antimicrobial soap to remove germs, soil and other debris from the hands. *Antiseptic hand washing* is the use of water and antimicrobial soap to remove or kill germs on the hands. *Antiseptic hand rub* is the use of alcohol-based hand rubs to remove or destroy susceptible germs from the hands. Antiseptic hand rubs are less effective when hands are visibly dirty and against some viruses.

Term	Definition
Hand hygiene (cont)	*Surgical hand antisepsis* is the use of water, antimicrobial soap and a brush to remove or kill germs and takes 2-6 minutes to complete as both hands and forearms are cleaned. Water and non-antimicrobial soap can also be used but must be followed with an alcohol-based surgical hand scrub.
Healthcare-associated infections	Healthcare-associated infections (HAI) are infections caused by a wide variety of common and unusual bacteria, fungi, and viruses that occur during the course of receiving medical care.
Inpatient rehabilitation facility	A facility that provides rehabilitation services after injury, illness, or surgery. These may be free-standing facilities or specialized units within a hospital.
Intensive care unit	A nursing care area that provides intensive observation, diagnosis, and therapeutic procedures for adults and/or children who are critically ill. Also referred to as critical care unit.
Laboratory-identified *Clostridium difficile*	A positive laboratory test result for *Clostridium difficile.*
Laboratory-identified Methicillin-resistant *Staphylococcus aureus* (MRSA) bacteremia	*Staphylococcus aureus* cultured from blood specimens that is oxacillin-resistant, cefoxitin-resistant, or methicillin-resistant by standard susceptibility testing methods, or by a laboratory test that is FDA-approved for MRSA detection from isolated colonies.
Long term acute care hospital	A hospital that provides acute medical care due to illness, injury or following surgery but the average length of patient stay is greater than 25 days.
Medical affiliation	Affiliation with a medical school. There are four categories: *Major* - Facility has a program for medical students and post-graduate medical training. *Graduate* - Facility has a program for post-graduate medical training (i.e., residency and/or fellowships). *Undergraduate* - Facility has a program for medical students only. *No* – Hospital not affiliated with a medical school.
Patient days	A daily count of the number of patients in the patient care location during a specified time period.
Rate	Describes the speed with which disease or events occur. The number of diseases or events per unit of time.
Standardized infection ratio	A ratio of observed to expected (or predicted) numbers of events that is adjusted for selected risk factors.
Surgical site infection	Infection that occurs after surgery, in the part of the body where the surgery took place.
Umbilical catheter	Long, thin plastic tubes that travel from the stump of a newborn baby's umbilical cord into the large vessels near the heart
Urinary catheter	A drainage tube that is inserted into the urinary bladder through the urethra, is left in place, and is connected to a closed collection system.
Validity (data)	The extent to which reported cases of a disease or event correspond accurately to cases of a disease event that actually occurred.

APPENDIX B. Acronyms

ACH	Acute care hospital (short-term)
ASA	American Society of Anesthesiologists
CAUTI	Catheter-associated urinary tract infection
CCME	Carolinas Center for Medical Excellence
CCU	Critical care unit
CDB	Communicable Disease Branch
CDC	Centers for Disease Control and Prevention
C. diff	*Clostridium difficile*
CI	Confidence interval
CMS	Centers for Medicare and Medicaid Services
CLABSI	Central line-associated bloodstream infection
CRE	Carbapenem-resistant Enterobacteriaceae
DHHS	Department of Health and Human Services
DPH	Division of Public Health
FTE	Full-time equivalent
HAI	Healthcare-associated Infections
ICU	Intensive care unit
IPs	Infection preventionists
IRF	Inpatient rehabilitation facility
LTAC	Long-term acute care hospital
MRSA	Methicillin resistant *Staphylococcus aureus*
NCHA	North Carolina Hospital Association
NHSN	National Healthcare Safety Network
NICU	Neonatal intensive (critical) care unit
SIR	Standardized infection ratio
SSI	Surgical site infection
VRE	Vancomycin-resistant *Enterococcus*

FAQs
(frequently asked questions)

about

"Catheter-Associated Bloodstream Infections"

(also known as "Central Line-Associated Bloodstream Infections")

What is a catheter-associated bloodstream infection?

A "central line" or "central catheter" is a tube that is placed into a patient's large vein, usually in the neck, chest, arm, or groin. The catheter is often used to draw blood, or give fluids or medications. It may be left in place for several weeks. A bloodstream infection can occur when bacteria or other germs travel down a "central line" and enter the blood. If you develop a catheter-associated bloodstream infection you may become ill with fevers and chills or the skin around the catheter may become sore and red.

Can a catheter-related bloodstream infection be treated?

A catheter-associated bloodstream infection is serious, but often can be successfully treated with antibiotics. The catheter might need to be removed if you develop an infection.

What are some of the things that hospitals are doing to prevent catheter-associated bloodstream infections?

To prevent catheter-associated bloodstream infections doctors and nurses will:

- Choose a vein where the catheter can be safely inserted and where the risk for infection is small.
- Clean their hands with soap and water or an alcohol-based hand rub before putting in the catheter.
- Wear a mask, cap, sterile gown, and sterile gloves when putting in the catheter to keep it sterile. The patient will be covered with a sterile sheet.
- Clean the patient's skin with an antiseptic cleanser before putting in the catheter.
- Clean their hands, wear gloves, and clean the catheter opening with an antiseptic solution before using the catheter to draw blood or give medications. Healthcare providers also clean their hands and wear gloves when changing the bandage that covers the area where the catheter enters the skin.
- Decide every day if the patient still needs to have the catheter. The catheter will be removed as soon as it is no longer needed.
- Carefully handle medications and fluids that are given through the catheter.

What can I do to help prevent a catheter-associated bloodstream infection?

- Ask your doctors and nurses to explain why you need the catheter and how long you will have it.
- Ask your doctors and nurses if they will be using all of the prevention methods discussed above.
- Make sure that all doctors and nurses caring for you clean their hands with soap and water or an alcohol-based hand rub before and after caring for you.

If you do not see your providers clean their hands, please ask them to do so.

- If the bandage comes off or becomes wet or dirty, tell your nurse or doctor immediately.
- Inform your nurse or doctor if the area around your catheter is sore or red.
- Do not let family and friends who visit touch the catheter or the tubing.
- Make sure family and friends clean their hands with soap and water or an alcohol-based hand rub before and after visiting you.

What do I need to do when I go home from the hospital?

Some patients are sent home from the hospital with a catheter in order to continue their treatment. If you go home with a catheter, your doctors and nurses will explain everything you need to know about taking care of your catheter.

- Make sure you understand how to care for the catheter before leaving the hospital. For example, ask for instructions on showering or bathing with the catheter and how to change the catheter dressing.
- Make sure you know who to contact if you have questions or problems after you get home.
- Make sure you wash your hands with soap and water or an alcohol-based hand rub before handling your catheter.
- Watch for the signs and symptoms of catheter-associated bloodstream infection, such as soreness or redness at the catheter site or fever, and call your healthcare provider immediately if any occur.

If you have additional questions, please ask your doctor or nurse.

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FAQs
(frequently asked questions)

about
"Catheter-Associated Urinary Tract Infection"

What is "catheter-associated urinary tract infection"?

A urinary tract infection (also called "UTI") is an infection in the urinary system, which includes the bladder (which stores the urine) and the kidneys (which filter the blood to make urine). Germs (for example, bacteria or yeasts) do not normally live in these areas; but if germs are introduced, an infection can occur.

If you have a urinary catheter, germs can travel along the catheter and cause an infection in your bladder or your kidney; in that case it is called a catheter-associated urinary tract infection (or "CA-UTI").

What is a urinary catheter?

A urinary catheter is a thin tube placed in the bladder to drain urine. Urine drains through the tube into a bag that collects the urine. A urinary catheter may be used:

- If you are not able to urinate on your own
- To measure the amount of urine that you make, for example, during intensive care
- During and after some types of surgery
- During some tests of the kidneys and bladder

People with urinary catheters have a much higher chance of getting a urinary tract infection than people who don't have a catheter.

How do I get a catheter-associated urinary tract infection (CA-UTI)?

If germs enter the urinary tract, they may cause an infection. Many of the germs that cause a catheter-associated urinary tract infection are common germs found in your intestines that do not usually cause an infection there. Germs can enter the urinary tract when the catheter is being put in or while the catheter remains in the bladder.

What are the symptoms of a urinary tract infection?

Some of the common symptoms of a urinary tract infection are:

- Burning or pain in the lower abdomen (that is, below the stomach)
- Fever
- Bloody urine may be a sign of infection, but is also caused by other problems
- Burning during urination or an increase in the frequency of urination after the catheter is removed.

Sometimes people with catheter-associated urinary tract infections do not have these symptoms of infection.

Can catheter-associated urinary tract infections be treated?

Yes, most catheter-associated urinary tract infections can be treated with antibiotics and removal or change of the catheter. Your doctor will determine which antibiotic is best for you.

What are some of the things that hospitals are doing to prevent catheter-associated urinary tract infections?

To prevent urinary tract infections, doctors and nurses take the following actions.

Catheter insertion

- o Catheters are put in only when necessary and they are removed as soon as possible.
- o Only properly trained persons insert catheters using sterile ("clean") technique.
- o The skin in the area where the catheter will be inserted is cleaned before inserting the catheter.
- o Other methods to drain the urine are sometimes used, such as
- External catheters in men (these look like condoms and are placed over the penis rather than into the penis)
- Putting a temporary catheter in to drain the urine and removing it right away. This is called intermittent urethral catheterization.

Catheter care

- o Healthcare providers clean their hands by washing them with soap and water or using an alcohol-based hand rub before and after touching your catheter.

  If you do not see your providers clean their hands, please ask them to do so.
- o Avoid disconnecting the catheter and drain tube. This helps to prevent germs from getting into the catheter tube.
- o The catheter is secured to the leg to prevent pulling on the catheter.
- o Avoid twisting or kinking the catheter.
- o Keep the bag lower than the bladder to prevent urine from backflowing to the bladder.
- o Empty the bag regularly. The drainage spout should not touch anything while emptying the bag.

What can I do to help prevent catheter-associated urinary tract infections if I have a catheter?

- Always clean your hands before and after doing catheter care.
- Always keep your urine bag below the level of your bladder.
- Do not tug or pull on the tubing.
- Do not twist or kink the catheter tubing.
- Ask your healthcare provider each day if you still need the catheter.

What do I need to do when I go home from the hospital?

- If you will be going home with a catheter, your doctor or nurse should explain everything you need to know about taking care of the catheter. Make sure you understand how to care for it before you leave the hospital.
- If you develop any of the symptoms of a urinary tract infection, such as burning or pain in the lower abdomen, fever, or an increase in the frequency of urination, contact your doctor or nurse immediately.
- Before you go home, make sure you know who to contact if you have questions or problems after you get home.

If you have questions, please ask your doctor or nurse.

FAQs
(frequently asked questions)

about
"Surgical Site Infections"

What is a Surgical Site Infection (SSI)?

A surgical site infection is an infection that occurs after surgery in the part of the body where the surgery took place. Most patients who have surgery do not develop an infection. However, infections develop in about 1 to 3 out of every 100 patients who have surgery.

Some of the common symptoms of a surgical site infection are:

- Redness and pain around the area where you had surgery
- Drainage of cloudy fluid from your surgical wound
- Fever

Can SSIs be treated?

Yes. Most surgical site infections can be treated with antibiotics. The antibiotic given to you depends on the bacteria (germs) causing the infection. Sometimes patients with SSIs also need another surgery to treat the infection.

What are some of the things that hospitals are doing to prevent SSIs?

To prevent SSIs, doctors, nurses, and other healthcare providers:

- Clean their hands and arms up to their elbows with an antiseptic agent just before the surgery.
- Clean their hands with soap and water or an alcohol-based hand rub before and after caring for each patient.
- May remove some of your hair immediately before your surgery using electric clippers if the hair is in the same area where the procedure will occur. They should not shave you with a razor.
- Wear special hair covers, masks, gowns, and gloves during surgery to keep the surgery area clean.
- Give you antibiotics before your surgery starts. In most cases, you should get antibiotics within 60 minutes before the surgery starts and the antibiotics should be stopped within 24 hours after surgery.
- Clean the skin at the site of your surgery with a special soap that kills germs.

What can I do to help prevent SSIs?

Before your surgery:

- Tell your doctor about other medical problems you may have. Health problems such as allergies, diabetes, and obesity could affect your surgery and your treatment.
- Quit smoking. Patients who smoke get more infections. Talk to your doctor about how you can quit before your surgery.
- Do not shave near where you will have surgery. Shaving with a razor can irritate your skin and make it easier to develop an infection.

At the time of your surgery:

- Speak up if someone tries to shave you with a razor before surgery. Ask why you need to be shaved and talk with your surgeon if you have any concerns.
- Ask if you will get antibiotics before surgery.

After your surgery:

- Make sure that your healthcare providers clean their hands before examining you, either with soap and water or an alcohol-based hand rub.

  If you do not see your providers clean their hands, please ask them to do so.

- Family and friends who visit you should not touch the surgical wound or dressings.
- Family and friends should clean their hands with soap and water or an alcohol-based hand rub before and after visiting you. If you do not see them clean their hands, ask them to clean their hands.

What do I need to do when I go home from the hospital?

- Before you go home, your doctor or nurse should explain everything you need to know about taking care of your wound. Make sure you understand how to care for your wound before you leave the hospital.
- Always clean your hands before and after caring for your wound.
- Before you go home, make sure you know who to contact if you have questions or problems after you get home.
- If you have any symptoms of an infection, such as redness and pain at the surgery site, drainage, or fever, call your doctor immediately.

If you have additional questions, please ask your doctor or nurse.

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FAQs
(frequently asked questions)

about

"MRSA"
(Methicillin-Resistant *Staphylococcus aureus*)

What is MRSA?

Staphylococcus aureus (pronounced staff-ill-oh-KOK-us AW-ree-us), or *"Staph"* is a very common germ that about 1 out of every 3 people have on their skin or in their nose. This germ does not cause any problems for most people who have it on their skin. But sometimes it can cause serious infections such as skin or wound infections, pneumonia, or infections of the blood.

Antibiotics are given to kill Staph germs when they cause infections. Some *Staph* are resistant, meaning they cannot be killed by some antibiotics. *"Methicillin-resistant Staphylococcus aureus"* or "MRSA" is a type of *Staph* that is resistant to some of the antibiotics that are often used to treat *Staph* infections.

Who is most likely to get an MRSA infection?

In the hospital, people who are more likely to get an MRSA infection are people who:

- have other health conditions making them sick
- have been in the hospital or a nursing home
- have been treated with antibiotics.

People who are healthy and who have not been in the hospital or a nursing home can also get MRSA infections. These infections usually involve the skin. More information about this type of MRSA infection, known as "community-associated MRSA" infection, is available from the Centers for Disease Control and Prevention (CDC). http://www.cdc.gov/mrsa

How do I get an MRSA infection?

People who have MRSA germs on their skin or who are infected with MRSA may be able to spread the germ to other people. MRSA can be passed on to bed linens, bed rails, bathroom fixtures, and medical equipment. It can spread to other people on contaminated equipment and on the hands of doctors, nurses, other healthcare providers and visitors.

Can MRSA infections be treated?

Yes, there are antibiotics that can kill MRSA germs. Some patients with MRSA abscesses may need surgery to drain the infection. Your healthcare provider will determine which treatments are best for you.

What are some of the things that hospitals are doing to prevent MRSA infections?

To prevent MRSA infections, doctors, nurses, and other healthcare providers:

- **Clean their hands** with soap and water or an alcohol-based hand rub before and after caring for every patient.
- Carefully **clean hospital rooms and medical equipment**.
- Use **Contact Precautions** when caring for patients with MRSA. Contact Precautions mean:
  - Whenever possible, patients with MRSA will have a single room or will share a room only with someone else who also has MRSA.
  - Healthcare providers will put on gloves and wear a gown over their clothing while taking care of patients with MRSA.
  - Visitors may also be asked to wear a gown and gloves.
  - When leaving the room, hospital providers and visitors remove their gown and gloves and clean their hands.
  - Patients on Contact Precautions are asked to stay in their hospital rooms as much as possible. They should not go to common areas, such as the gift shop or cafeteria. They may go to other areas of the hospital for treatments and tests.
- **May test** some patients to see if they have MRSA on their skin. This test involves rubbing a cotton-tipped swab in the patient's nostrils or on the skin.

What can I do to help prevent MRSA infections?

In the hospital

- Make sure that all doctors, nurses, and other healthcare providers clean their hands with soap and water or an alcohol-based hand rub before and after caring for you.

> If you do not see your providers clean their hands, please ask them to do so.

When you go home

- If you have wounds or an intravascular device (such as a catheter or dialysis port) make sure that you know how to take care of them.

Can my friends and family get MRSA when they visit me?

The chance of getting MRSA while visiting a person who has MRSA is very low. To decrease the chance of getting MRSA your family and friends should:

- Clean their hands before they enter your room and when they leave.
- Ask a healthcare provider if they need to wear protective gowns and gloves when they visit you.

What do I need to do when I go home from the hospital?

To prevent another MRSA infection and to prevent spreading MRSA to others:

- Keep taking any antibiotics prescribed by your doctor. Don't take half-doses or stop before you complete your prescribed course.
- Clean your hands often, especially before and after changing your wound dressing or bandage.
- People who live with you should clean their hands often as well.
- Keep any wounds clean and change bandages as instructed until healed.
- Avoid sharing personal items such as towels or razors.
- Wash and dry your clothes and bed linens in the warmest temperatures recommended on the labels.
- Tell your healthcare providers that you have MRSA. This includes home health nurses and aides, therapists, and personnel in doctors' offices.
- Your doctor may have more instructions for you.

If you have questions, please ask your doctor or nurse.

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FAQs
(frequently asked questions)

about
"Clostridium Difficile"

What is Clostridium difficile infection?

Clostridium difficile [pronounced Klo-STRID-ee-um dif-uh-SEEL], also known as "*C. diff*" [See-dif], is a germ that can cause diarrhea. Most cases of *C. diff* infection occur in patients taking antibiotics. The most common symptoms of a *C. diff* infection include:

- Watery diarrhea
- Fever
- Loss of appetite
- Nausea
- Belly pain and tenderness

Who is most likely to get C. diff infection?

The elderly and people with certain medical problems have the greatest chance of getting *C. diff. C. diff* spores can live outside the human body for a very long time and may be found on things in the environment such as bed linens, bed rails, bathroom fixtures, and medical equipment. *C. diff* infection can spread from person-to-person on contaminated equipment and on the hands of doctors, nurses, other healthcare providers and visitors.

Can C. diff infection be treated?

Yes, there are antibiotics that can be used to treat *C. diff.* In some severe cases, a person might have to have surgery to remove the infected part of the intestines. This surgery is needed in only 1 or 2 out of every 100 persons with *C. diff.*

What are some of the things that hospitals are doing to prevent C. diff infections?

To prevent *C. diff.* infections, doctors, nurses, and other healthcare providers:

- Clean their hands with soap and water or an alcohol-based hand rub before and after caring for every patient. This can prevent *C. diff* and other germs from being passed from one patient to another on their hands.
- Carefully clean hospital rooms and medical equipment that have been used for patients with *C. diff*.
- Use Contact Precautions to prevent *C. diff* from spreading to other patients. Contact Precautions mean:
  - Whenever possible, patients with *C. diff* will have a single room or share a room only with someone else who also has *C. diff*.
  - Healthcare providers will put on gloves and wear a gown over their clothing while taking care of patients with *C. diff*.
  - Visitors may also be asked to wear a gown and gloves.
  - When leaving the room, hospital providers and visitors remove their gown and gloves and clean their hands.
  - Patients on Contact Precautions are asked to stay in their hospital rooms as much as possible. They should not go to common areas, such as the gift shop or cafeteria. They can go to other areas of the hospital for treatments and tests.
- Only give patients antibiotics when it is necessary.

What can I do to help prevent C. diff infections?

- Make sure that all doctors, nurses, and other healthcare providers clean their hands with soap and water or an alcohol-based hand rub before and after caring for you.

If you do not see your providers clean their hands, please ask them to do so.

- Only take antibiotics as prescribed by your doctor.
- Be sure to clean your own hands often, especially after using the bathroom and before eating.

Can my friends and family get C. diff when they visit me?

C. diff infection usually does not occur in persons who are not taking antibiotics. Visitors are not likely to get *C. diff*. Still, to make it safer for visitors, they should:

- Clean their hands before they enter your room and as they leave your room
- Ask the nurse if they need to wear protective gowns and gloves when they visit you.

What do I need to do when I go home from the hospital?

Once you are back at home, you can return to your normal routine. Often, the diarrhea will be better or completely gone before you go home. This makes giving *C. diff* to other people much less likely. There are a few things you should do, however, to lower the chances of developing *C. diff* infection again or of spreading it to others.

- If you are given a prescription to treat *C. diff,* take the medicine exactly as prescribed by your doctor and pharmacist. Do not take half-doses or stop before you run out.
- Wash your hands often, especially after going to the bathroom and before preparing food.
- People who live with you should wash their hands often as well.
- If you develop more diarrhea after you get home, tell your doctor immediately.
- Your doctor may give you additional instructions.

If you have questions, please ask your doctor or nurse.

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APPENDIX D. Healthcare-Associated Infections (HAI) Advisory Group, February 2013

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APPENDIX E. Healthcare Facility Groupings, 2012 National Healthcare Safety Network Annual Hospital Survey

Appendix E1. Healthcare Facility Group: Short-term Acute Care Hospitals

Hospital Groups	Hospital Name	Number of Beds
1-99 beds	Anson Community Hospital	30
	Blue Ridge Regional Hospital	46
	Brunswick Novant Medical Center	74
	Caldwell Memorial Hospital	82
	Carolinas Medical Center-University	94
	Franklin Regional Medical Center	70
	Granville Medical Center	62
	Hugh Chatham Memorial Hospital	81
	Martin General Hospital	49
	Mcdowell Hospital	52
	Medical Park Hospital	22
	Medwest-Harris Regional Hospital	94
	Murphy Medical Center	57
	Person Memorial Hospital	38
	Presbyterian Hospital Huntersville	75
	Sandhills Regional Medical Center	64
	Vidant Beaufort Hospital	83
	Vidant Duplin Hospital	89
	Wake Forest Baptist Health-Lexington MC	85
100-199 beds	ARHS-Watauga Medical Center	110
	Albemarle Health Authority	135
	Annie Penn Hospital	110
	Betsy Johnson Regional	101
	Blue Ridge Healthcare-Morganton	184
	Blue Ridge Healthcare-Valdese	131
	Carolinas Medical Center-Lincoln	101
	Carolinas Medical Center-Mercy	162
	Carolinas Medical Center-Union	171
	Carteret General Hospital	135
	Catawba Valley Medical Center	190
	Central Carolina Hospital	108
	Columbus Regional Healthcare System	106
	Davis Regional Medical Center	130
	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	138

APPENDIX E. Healthcare Facility Groupings, 2012 National Healthcare Safety Network Annual Hospital Survey

Appendix E1. Healthcare Facility Group: Short-term Acute Care Hospitals

Hospital Groups	Hospital Name	Number of Beds
	Park Ridge Health	100
	Presbyterian Hospital Matthews	117
	Randolph Hospital	119
	Rutherford Regional Medical Center	120
	Sampson Regional Medical Center	116
	Scotland Memorial Hospital	104
	Stanly Regional Medical Center	119
	Thomasville Medical Center	149
	Vidant Edgecombe Hospital	117
	Vidant Roanoke Chowan Hospital	144
	WakeMed Cary Hospital	182
	Wesley Long Hospital	175
	Wilkes Regional Medical Center	130
	Wilson Medical Center	193
	Women's Hospital	134
200-399 beds	Alamance Regional Medical Center	202
	CarolinaEast Medical Center	350
	Carolinas Medical Center-Pineville	206
	Cleveland Regional Medical Center	241
	Duke Regional Hospital	301
	Frye Regional Medical Center	355
	High Point Regional Health System	363
	Lenoir Memorial Hospital, Inc	216
	Nash Health Care Systems	237
	Rowan Regional Medical Center	268
	Southeastern Regional Medical Center	319
	Wayne Memorial Hospital	306
400+ beds	Cape Fear Valley Health System	612
	Carolinas Medical Center- Northeast	457
	FirstHealth Moore Regional Hospital	528
	Forsyth Medical Center	861
	Gaston Memorial Hospital	402
	Mission Hospital	763
	Moses Cone Hospital	536
	New Hanover Regional Medical Center	579
	Presbyterian Hospital Charlotte	609
	Rex Healthcare	479
	WakeMed	596
Primary Medical School Affiliation	Carolinas Medical Center	880
	Duke University Hospital	850
	UNC Health Care	848
	Vidant Medical Center	870
	Wake Forest University Baptist MC	885

APPENDIX E. Healthcare Facility Groupings, 2012 National Healthcare Safety Network Annual Hospital Survey

Appendix E2. Healthcare Facility Group: Long-term Acute Care Hospitals

Hospital Name
Asheville Specialty Hospital
Carolinas Specialty Hospital
Crawley Memorial Hospital
Highsmith Rainey Specialty Hospital
Kindred Hospital Greensboro
Lifecare Hospitals Of North Carolina
Select Specialty Hospital-Durham
Select Specialty Hospital-Greensboro
Select Specialty Hospital-Winston Salem

APPENDIX E. Healthcare Facility Groupings, 2012 National Healthcare Safety Network Annual Hospital Survey

Appendix E3. Healthcare Facility Group: Inpatient Rehabilitation Facilities & Wards

Hospital Name	Rehabilitation Facility or Ward
Cape Fear Valley Health System	Adult rehabilitation ward
CarePartners Health Services	Inpatient Rehabilitation Facility
CarolinaEast Medical Center	Adult rehabilitation ward
Carolinas Medical Center	Pediatric rehabilitation ward
Carolinas Rehabilitation	Inpatient Rehabilitation Facility
Catawba Valley Medical Center	Adult rehabilitation ward
Duke Regional Hospital	Adult rehabilitation ward
FirstHealth Moore Regional Hospital	Adult rehabilitation ward
Forsyth Medical Center	Adult rehabilitation ward
Forsyth Medical Center	Pediatric rehabilitation ward
Frye Regional Medical Center	Adult rehabilitation ward
High Point Regional Health System	Adult rehabilitation ward
Lenoir Memorial Hospital, Inc	Adult rehabilitation ward
Maria Parham Medical Center	Adult rehabilitation ward
Moses Cone Hospital	Adult rehabilitation ward
Nash Health Care Systems	Adult rehabilitation ward
New Hanover Regional Medical Center	Adult rehabilitation ward
Rowan Regional Medical Center	Adult rehabilitation ward
Scotland Memorial Hospital	Adult rehabilitation ward
Stanly Regional Medical Center	Adult rehabilitation ward
UNC Health Care	Adult rehabilitation ward
Vidant Edgecombe Hospital	Adult rehabilitation ward
Vidant Medical Center	Adult rehabilitation ward
Wake Forest University Baptist Medical Center	Adult rehabilitation ward
WakeMed	Adult rehabilitation ward