Hospital Infections Disclosure Act (HIDA)

2018 Annual Report to the General Assembly

June 2020

Approved by Marshall Taylor, Acting Agency Director

FOREWORD

The South Carolina Department of Health and Environmental Control (DHEC) submits the 2018 Annual Report, which reflects the progress of implementing the South Carolina Hospital Infections Disclosure Act (HIDA). This document is submitted in compliance with S.C. Code Section 44-7-2440.

DHEC gratefully acknowledges that the progress achieved through HIDA is possible only because of the combined efforts of hospital infection preventionists, the HIDA Advisory Committee, and DHEC staff members.

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ABBREVIATIONS

ACH	Acute Care Hospital
ASA	American Society of Anesthesiologists
AR	Admission/re-admission
BSI	Blood stream infection
CAH	Critical Access Hospital
CBGB	Coronary artery bypass graft (chest and donor site incisions)
CBGC	Coronary artery bypass graft (chest incision only)
CCU	Critical care unit (used interchangeably with intensive care unit)
CDC	Centers for Disease Control and Prevention
CDI	Clostridioides difficile infection
CLABSI	Central line-associated bloodstream infection
CMS	Centers for Medicare and Medicaid Services
CO	Community-onset
COLO	Colon surgery
CRE	Carbapenem-resistant Enterobacteriaceae
DHHS	U. S. Department of Health and Human Services
HAI	Healthcare-associated infection
HIDA	Hospital Infections Disclosure Act
HO	Hospital-onset
HPRO	Hip arthroplasty (hip replacement)
HYST	Abdominal hysterectomy
IP	Infection preventionist
ICU	Intensive care unit (used interchangeably with critical care unit)
IRF	Inpatient Rehabilitation Facility
IVAC	Infection-related ventilator-associated complication
KPRO	Knee arthroplasty (knee replacement)
LTAC	Long-term acute care hospital
MRSA	Methicillin-resistant *Staphylococcus aureus*
MSSA	Methicillin-susceptible *Staphylococcus aureus*
NHSN	National Healthcare Safety Network
NICU	Neonatal intensive care unit
SSI	Surgical site infection
SIR	Standardized infection ratio

TABLE OF CONTENTS

LIST OF TABLES AND FIGURES

List of Tables

List of Figures

EXECUTIVE SUMMARY

Healthcare-associated infections (HAIs) are infections that are acquired in healthcare settings or as a result of medical procedures. In an effort to address HAIs and promote transparency in healthcare across South Carolina (SC), the Department of Health and Environmental Control (DHEC) with the support of an advisory committee has enforced HAI reporting as mandated by the Hospital Infections Disclosure Act (HIDA) since 2006. This law requires the reporting of HAI data from acute care hospitals (ACH), critical access hospitals (CAH), long-term acute care hospitals (LTAC), and inpatient rehabilitation facilities (IRF) to the public. HAI monitoring promotes infection prevention activities within healthcare facilities to improve patient safety.

The 2018 HIDA Annual Report contains data from January 1, 2018 through December 31, 2018 for the following infections:

1. Central line-associated blood stream infections (CLABSI) for the following inpatient locations:
    - Adult and Pediatric Critical Care Locations
    - Adult and Pediatric Ward Locations
    - Adult and Pediatric Specialty Care Areas (i.e. hematology/oncology, bone marrow transplant, leukemia/lymphoma units)
    - Neonatal Critical Care Locations-Levels II/III, III
    - Long Term Acute Care Critical Care Locations
    - Long Term Acute Care Ward Locations
    - Rehabilitation Ward Locations
2. Laboratory-identified (LabID) Events in facility-wide locations for:
    - Methicillin-resistant *Staphylococcus aureus* (MRSA) blood stream infections (BSI)
    - *Clostridioides difficile* infections (CDI)

3. Procedure-level and Surgical Site infections (SSI) for the following procedure types:
    - Abdominal hysterectomy (HYST)
    - Colon (COLO)
    - Coronary artery bypass grafts, chest and donor incisions (CBGB)
    - Coronary artery bypass grafts, chest incision only (CBGC)
    - Hip replacements (HPRO)
    - Knee replacements (KPRO)

This report compiles data entered from seventy-nine (79) South Carolina hospitals for infections that occurred from January 1, 2018 through December 31, 2018. Data was summarized using the standardized infection ratio (SIR), a metric derived by dividing the total number of observed HAIs for a specific category by the total number of predicted HAIs based on national benchmark data published by the CDC. The SIR adjusts for various facility and/or patient level factors that contribute to HAI risk within each facility. In this report, South Carolina's SIR is presented for CLABSI, SSI, MRSA LabID, and CDI LabID Events and is compared to the U. S. Department of Health and Human Services (DHHS) national prevention targets for 2020. For CLABSIs, the national prevention target is a 50% reduction compared to the national baseline, which equates to an SIR of 0.50. For SSIs, the national prevention target for 2020 is a 30% reduction compared to the national baseline, or a target SIR of 0.70. In reference to LabID Events, the DHHS national target SIR for MRSA is 0.50, which is a 50% reduction from the national baseline. The DHHS national prevention target of the CDI SIR for 2020 is a 30% reduction compared to the national baseline, which equates to an SIR of 0.70.

South Carolina has made strides to reach the 2020 DHHS targets for all reportable CLABSI, SSI, MRSA, and CDI events; however, more work needs to be done to ensure each target is met. With SIRs being below 1, South Carolina performed better than predicted in regard to CLABSI, SSI, and CDI events in 2018, indicating that there were less observed events than predicted events. However, South Carolina's MRSA SIR

for 2018 remained above 1, indicating that there were more observed MRSA events than predicted MRSA events.

In 2018, the CLABSI SIR for critical access hospitals (CAH) could not be determine for South Carolina because there were zero predicted events. However, the CLABSI SIR for inpatient rehabilitation hospitals (IRF) met the DHHS target. The CLABSI SIRs for acute care (ACH) and long-term acute care (LTAC) hospitals performed above the 2020 target in 2018. South Carolina's ACHs had a CLASBI SIR of 0.85 and the LTAC facilities had a CLASBI SIR of 0.95, meaning that ACHs and LTACs need to reduce their CLABSI events by 41% and 47%, respectively, to reach the 2020 target.

In 2018, South Carolina's overall SSI SIR for ACHs, CAHs, IRFs, and LTACs was 0.98. To achieve the 2020 target SSI SIR, South Carolina hospitals need to reduce their SSIs by an additional 78 infections. The MRSA SIR for CAHs could not be determine for 2018 because there were zero predicted MRSA events. The MRSA SIR for ACHs, IRFs, and LTAC hospitals preformed above the 2020 national target, with SIRs of 1.09, 0.92, and 0.67, respectively. To reach the 2020 national target of 0.05 MRSA SIRs, ACHs need to reduce their MRSA events by 54%, IRFs need to reduce their MRSA events by 46%, and LTACs need to reduce their MRSA events by 25%.

In 2018, the CDI SIRs for CAHs, IRFs, and LTAC hospitals in South Carolina performed better than predicted and were below the 2020 DHHS target. South Carolina CAHs, IRFs, and LTACs need to maintain this improvement moving into 2020. However, South Carolina ACHs' CDI SIR of 0.74 was greater than the 2020 DHHS target. To reach the DHHS target of 0.70, ACHs need to reduce CDI events by an additional 5% to meet the 2020 target.

INTRODUCTION

Healthcare-associated infections (HAIs) are a serious public health concern. Daily, infections acquired in hospitals affect one in 31 patients, with some of these patients being infected with multiple pathogens (Centers for Disease Control and Prevention [CDC], 2020). HAIs are also a financial burden, costing healthcare facilities between 25 and 31.5 billion dollars in additional costs each year (Office of Disease Prevention and Health Promotion [ODPHP], 2020).

Increased public awareness and understanding that HAIs are preventable has prompted consumers and policy makers to act. In 2006, South Carolina lawmakers passed the Hospital Infections Disclosure Act (HIDA) with the goal of providing fair, accurate, and comparable information about hospital infections to consumers. HIDA has contributed to HAI prevention in South Carolina by allowing progress to be measured over time.

With the passing of HIDA, DHEC established a multidisciplinary advisory panel focused on evaluating and providing recommendations for the reporting and surveillance activities of HAIs within the state. The panel is composed of healthcare consumer advocates, infection preventionists, hospital leaders, infectious disease physicians, healthcare quality improvement organizations, and DHEC representatives. A current list of HIDA Advisory Committee members is available in Appendix A.

Using the CDC's National Healthcare Safety Network (NHSN) HAI surveillance definitions, the advisory panel recommends that all acute care, critical access, long-term acute care, and inpatient rehabilitation hospitals licensed by DHEC report HAI data, as applicable to the facility type and as presented in Table 1 below. HIDA allows for some flexibility in reporting requirements at the recommendation of the HIDA Advisory Committee. Ventilator associated events (VAE), including pediatric VAE (PedVAE), are reportable to DHEC; however, the HIDA Advisory Committee decided not to include these events in the annual HIDA report. This decision was based on three principal factors: 1) NHSN's definition for Infection-related Ventilator-Associated Complications(IVAC) Plus events penalizes facilities for changing the antibiotic of a patient on a ventilator which has negative implications for

antimicrobial stewardship; 2) there is not a sufficient tool available for the external validation of VAE; and 3) Centers for Medicare and Medicaid Services (CMS) has not released plans to require VAE reporting as previously expected. Nonetheless, having facilities report VAE and PedVAE provides DHEC with the means to assist facilities in internal performance improvement efforts when requested. The complete HIDA statute is available on the DHEC HAI webpage at https://www.scdhec.gov/hospital-infections-disclosure-act-hida-statute.

Table 1. Required Data Elements for HIDA, by Facility Type

HAI Type	ACH	LTAC	IRF
CLABSI	Neonatal intensive care units (NICUs); adult and pediatric intensive care units (ICUs), general wards, and specialty care area	Adult and pediatric ICUs and general wards	Adult and pediatric rehabilitation wards
MRSA Bacteremia LabID Events	Facility-wide inpatient locations, including emergency departments and 24-hr observation locations	Adult and pediatric ICUs and general wards	Facility-wide inpatient locations
CRE LabID Events	Facility-wide inpatient locations, including emergency departments and 24-hr observation locations	Facility-wide inpatient locations	Facility-wide inpatient locations
CDI LabID Events	Facility-wide inpatient locations, including emergency departments and 24-hr observation locations	Facility-wide inpatient locations	Facility-wide inpatient locations
SSI	Procedure-level and SSI data for abdominal hysterectomy, colon, coronary artery bypass grafts (chest/donor sites and chest only), hip prosthesis, and knee prosthesis procedures	n/a	n/a
PedVAE	Pediatric ICUs and wards	Pediatric ICUs and wards	Pediatric rehabilitation wards with ventilators
VAE	Adult ICUs and wards	Adult ICUs and wards	Adult rehabilitation wards with ventilators

Note. Acronyms used in table include ACH: Acute care hospital; CDI: *Clostridioides difficile* infection; CLABSI: Central line-associated blood stream infection; CRE: Carbapenem-resistant Enterobacteriaceae; HAI: Healthcare-associated infection; ICU: Intensive care unit (used interchangeably with critical care unit); IRF: Inpatient rehabilitation facility; LabID: Laboratory-identified; LTAC: Long-term acute care hospital; MRSA: Methicillin-resistant *Staphylococcus aureus*; PedVAE: Pediatric ventilator-associated events; SSI: Surgical site infection; VAE: Ventilator-associated events.

The HIDA Annual Report contains data from the previous calendar year, including facility-specific HAI reports. Facility-specific HIDA interim reports are also published once each year and contain the first six months of data of that calendar year. All reports are made available to the public on DHEC's website. The public availability of reports assists consumers in making informed choices about their own healthcare and incentivizes facilities to reduce their infection rates.

Nationally, it has been estimated that roughly 687,000 HAIs in occurred 2015, resulting in 72,000 patient deaths (CDC, 2020b). This is a decrease from the 2011 data, which approximated 722,000 HAIs and 75,000 deaths (Magill et al., 2014). Additionally, from 2011 to 2015, the HAI prevalence in hospitalized patients dropped approximately 16%, with 3.2% of patients having more than one HAI compared to 4% in 2011 (Magill et al, 2018). This demonstrated improvement and commitment to patient safety, forecasts additional improvements to come with HAIs, which supports and aligns with DHEC's vision for "Healthy People, Health Communities" in South Carolina.

METHODS

This report contains data entered from seventy-nine South Carolina hospitals. The Annual HIDA Report includes information regarding infections that occurred from January 1, 2018 through December 31, 2018.

REPORTING FACILITY INFORMATION

Seventy-nine hospitals of varying types were required to report HAI data to DHEC via NHSN in 2018. The majority of HIDA reporting hospitals were acute care hospitals, comprised of 57 general hospitals, 4 critical access hospitals, 1 women's hospital, 1 children's hospital, 1 women's and children's hospital, and one surgical hospital. Six long term acute care hospitals (LTACs) and eight inpatient rehabilitation hospitals (IRFs) also reported data (see Table 2).

Table 2. Summary of HIDA Reporting Hospital Types - 2018

Facility Type	Number	Percent of HIDA Reporting Facilities
Acute Care Hospital (General)	57	72.2%
Acute Care Hospital (Critical Access)	4	5.1%
Acute Care Hospital (Surgical)	1	1.3%
Acute Care Hospital (Women's and Children's)	1	1.3%
Acute Care Hospital (Children's)	1	1.3%
Acute Care Hospital (Women's)	1	1.3%
Inpatient Rehabilitation Hospital	8	10.1%
Long Term Acute Care Hospital	6	7.6%
Total Hospitals	**79**	**100%**

NATIONAL HEALTHCARE SAFETY NETWORK (NHSN)

All data is reported through the NHSN database, which is a secure, internet-based surveillance system that is maintained by the Division of Healthcare Quality Promotion (DHQP) at the CDC. To fulfill HIDA reporting requirements for the 2018 reporting period, the 79 South Carolina (SC) healthcare facilities granted DHEC access to their data through NHSN. Hospitals must follow NHSN reporting definitions and procedures for all reportable HAIs.

In addition to HIDA reporting, SC healthcare facilities also report their data to NHSN to fulfill the requirements of the CMS Hospital Inpatient Quality Reporting Program. The data is posted for public reporting on the U. S. Department of Health and Human Services (DHHS) Hospital Compare website available at https://www.medicare.gov/hospitalcompare/search.html. It is important to note that the data presented on the CMS Hospital Compare website may differ from SC HIDA data reports as the reporting requirements and data submission deadlines are different for CMS as compared to HIDA.

DATA QUALITY ASSURANCE

Reporting hospitals must ensure that their data is consistently and accurately reported in accordance with NHSN protocol. To ensure data is reported correctly, DHEC has implemented regular data checks to identify any data quality and completeness issues. Once data checks are completed, DHEC alerts facilities to possible incomplete or incorrect data entries. Prior to publication of the HIDA data, facilities have the opportunity to review and correct reporting lapses and/or discrepancies in the data they have submitted to NHSN for the report time period. NHSN's web interface contains options to complete internal data checks that help reduce manual data entry errors and improve the quality of data that is entered into the system. NHSN users can propagate lists and reports to see records that are flagged as having missing or incomplete data, which require correction. The NHSN flagging capability allows users to resolve their data issues before data is submitted for HIDA and CMS reporting requirements. It is recommended that these discrepancies be addressed as soon as possible. Please note that the CMS timeline and reporting deadlines are more stringent and are required on a quarterly schedule.

Biannually, prior to the publication of the HIDA annual and interim facility-specific reports, DHEC provides each facility with preliminary reports showing the number of data records that were downloaded from NHSN for the given reporting period. Facilities are given two weeks to review their facility-specific preliminary reports and to make changes within NHSN as needed. All reporting facilities are expected to sign a standard letter attesting to the data completeness and accuracy of their respective report. The attestation letter must be submitted to DHEC prior to the publication of the HIDA annual and interim

reports. An example of the attestation letter can be found in Appendix B.

2018 HIDA REPORTING SCHEDULE AND DATA DEADLINES

DHEC publishes data from NHSN biannually, once for the HIDA interim report (providing facility-specific data for the first six months of the calendar year) and once for the HIDA annual report (providing data for the full calendar year). Reports are published on the DHEC HAI website and can be viewed at https://www.scdhec.gov/health-professionals/healthcare-associated-infections-hai/hida-public-reports

STANDARDIZED INFECTION RATIO AND 95% CONFIDENCE INTERVAL CALCULATIONS

The standardized infection ratio (SIR) is a summary measure to track HAIs at a national, state, or local level over time. The SIR adjusts for various facility and/or patient level factors that contribute to HAI risk within each facility. This metric serves as an indirect standardization method of summarizing the HAI experience across many stratified groups of data (e.g., healthcare facilities or unit types). The SIR is used to compare the incidence of HAIs in South Carolina hospitals to national HAI data, adjusting for several risk factors with a significant association to the incidence of infections (Edwards et al., 2009). In this annual report, the SIR metric will be presented for CLABSI, SSI, MRSA LabID, and CDI LabID Event data. The SIR is derived by dividing the total number of observed HAIs for a specific category by the total number of predicted HAIs based on national benchmark data.

SIR = Observed Infections / Predicted Infections

In order to maintain statistical precision, SIRs are not calculated when the number of predicted infections is less than 1.0.

Interpreting the SIR:

- SIR is equal to 1: the observed number of infections is equal to the predicted number of infections
- SIR is greater than 1: more infections were observed than predicted
- SIR is less than 1: fewer infections were observed than predicted

Each SIR has a calculated 95% confidence interval (CI), which is a statistical range to judge the

significance of the SIR. If an SIR falls with the range of the CI, then it signifies the "true" SIR with 95% confidence. The 95% CI is not calculated if the predicted number of infections is ≥1 and the observed infections is 0. If the SIR's 95% CI includes the value of 1, then the observed number of infections is not significantly different from the number of predicted infections. However, the opposite is true if the SIR's 95% CI does not include the value of 1, meaning the observed number of infections is significantly different from the predicted number of infections.

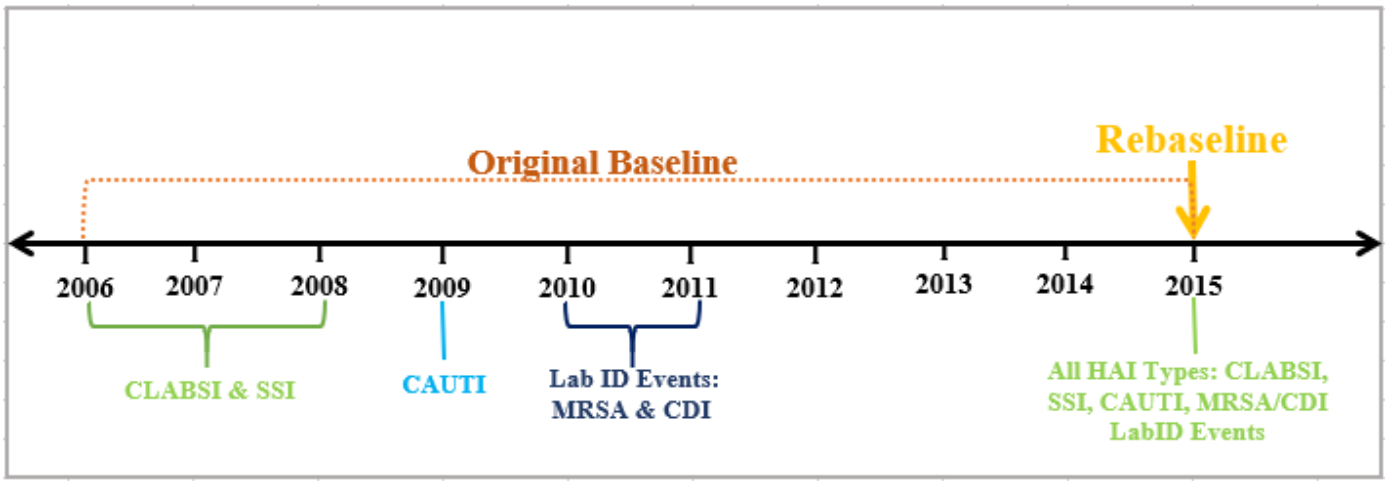
The 95% CI allows for comparison of the state's HAI SIRs over time for internal benchmarking as well as for benchmarking against other state's SIRs and nationally. When the 95% confidence intervals overlap, it means no significant difference in the SIRs. However, there is a significant difference (higher or lower) when the 95% conference intervals do not overlap.

RE-BASELINE OF SIR (2015)

"Re-baseline" is a term that the CDC's National Healthcare Safety Network (NHSN) uses to describe updates to the original HAI baseline calculations. The 2015 re-baseline updated the source of collective data from across the country, as well as the risk adjustment methodology used to create the original baselines. Data for all HAI types were simultaneously re-baselined in 2015, as presented in Figure 1. However, this report will not include CAUTI data.

Risk adjustment refers to the process used to account for differences in characteristics that may impact the number of infections reported by a hospital. For example, a hospital that treats a large number of cancer patients may have a higher number of infections than a hospital without an oncology unit because the immune system of patients undergoing cancer treatment is often weaker than the one of patients with no chronic conditions. When the data is risk-adjusted, comparisons between different hospitals can be done. In this report, the SIRs are adjusted for risk factors such as the type of patient care location, bed size of the hospital, patient age, and several other factors (CDC, 2017). For the purpose of this report, South Carolina hospital data will be compared to the 2015 National Baseline, as a means for monitoring progress over time.

Figure 1. Data Collected for 2015 Re-baseline.



CENTRAL LINE ASSOCIATED BLOOD STREAM INFECTIONS (CLABSI)

CALCULATING CLABSI SIRs

The CLABSI SIR is derived by dividing the total number of observed CLABSI occurrences by the total number of predicted CLABSI occurrences based on 2015 collective data from across the country. To calculate the number of predicted CLABSI for a particular unit type, the national CLABSI rate is multiplied by the number of central line days observed for a given time period in that particular location. The CLABSI SIR is then calculated by dividing the number of observed CLABSI by the number of predicted CLABSI.

How to calculate a CLABSI SIR for a particular unit type:

Location Type	Number of CLABSIs (Observed)	Number of Central Line Days (Observed)	CLABSI Rate (National Baseline Data)
Medical Cardiac Unit	2	578	2 per 1,000 central line days

- Calculating the predicted number of CLABSI for the Medical Cardiac Unit:

  Predicted CLABSI = (Observed Central Line Days) × (National CLABSI Rate)

  = 578 × (2/1,000)

  = 1.156 infections

- Calculating the SIR for the Medical Cardiac Unit:

  SIR = (Observed CLABSI) / (Predicted CLABSI)

  = 2 / 1.156

  = 1.7

CLABSI data from multiple locations can be combined into a single SIR by summing the total number of observed CLABSI and then dividing that number by the total number of predicted CLABSI for those locations. For example, a hospital may want to look at the SIR for certain pediatric locations. The information from the neonatal intensive care unit (NICU) could be combined with the information from the pediatric intensive care unit (PICU) to attain one SIR.

CLABSI RESULTS

Table 3 presents CLABSI SIRs reported in South Carolina during 2018. Per the HIDA law, CLABSI SIRs are reported for the following location types: adult and pediatric critical care, neonatal critical care, adult and pediatric wards, stepdown units, and adult and pediatric specialty care areas, to include, adult and pediatric specialty care areas, and oncology units. An asterisk (*) indicates that a SIR or 95% Confidence Interval could not be calculated due to a very low number of infections. The overall CLABSI SIR in South Carolina is less than 1. This indicates that South Carolina experienced significantly lower CLABSI compared to the national baseline.

The CLASBI SIRs for acute care hospitals are significantly better than the national rate for critical care units and similar to the national rate for neonatal intensive care units, specialty care units, step down units, inpatient wards, oncology wards, and rehabilitation wards. The SIR for oncology step down units could not be calculated because no CLABSI infections were observed.

Table 3. Central Line-Associated Bloodstream Infection (CLABSI) Standardized Infection Ratios (SIR) in Acute Care Hospitals by Location - 2018

Location	Central Line Days	Observed CLABSI	Predicted CLABSI	SIR	SIR 95% Confidence Interval	Statistical Interpretation
Critical Care Units	126,868	110	134.53	0.82	0.675, 0.982	★ Better
Inpatient Wards	159,291	116	135.09	0.86	0.713, 1.026	Not Different
Neonatal Intensive Care Unit	17,158	21	25.55	0.82	0.522, 1.235	Not Different
Oncology Step Down Unit	757	0	< 1.0	*	*	No Conclusion
Oncology Ward	41,492	37	47.81	0.77	0.553, 1.056	Not Different
Rehabilitation Ward*	3,722	5	2.01	2.49	0.911, 5.510	Not Different
Specialty Care Units	3,411	4	3.62	1.11	0.351, 2.668	Not Different
Step Down Units	32,392	33	28.63	1.15	0.806, 1.600	Not Different
All Location Types	381,930	321	376.07	0.85	0.764, 0.951	★ Better

**Rehabilitation Ward not included in 'All Location Types'.*

CLASBI SIRs for critical access, long-term acute care, and inpatient rehabilitation hospitals are presented in Table 4 below. The CLABSI SIRs for critical access hospital locations could not be calculated due to the low number of observed infections. The critical care and ward locations for inpatient rehabilitation hospitals performed at a level similar to the national CLABSI SIR baseline. The CLABSI SIRs for all locations, including wards and units, at long-term acute care hospitals was similar to the national baseline.

Table 4. Central Line-Associated Bloodstream Infection (CLABSI) Standardized Infection Ratios (SIR) in Critical Access, Long-term Acute Care and Inpatient Rehabilitation Hospitals by Location - 2018

Facility Type	Location	Central Line Days	Observed CLABSI	Predicted CLABSI	SIR	SIR 95% Confidence Interval	Statistical Interpretation
Critical Access	Critical Care Units	43	0	< 1.0	*	*	**No Conclusion**
	Inpatient Wards	655	0	< 1.0	*	*	**No Conclusion**
	All Location Types	698	0	< 1.0	*	*	**No Conclusion**
Inpatient Rehabilitation	All Location Types	5,198	0	2.67	0.00	No Lower Bound, 1.122	Not Different
Long-term Acute Care	Critical Care Unit	3,311	5	7.86	0.64	0.233, 1.410	Not Different
	Inpatient Ward	28,753	33	32.19	1.03	0.717, 1.423	Not Different
	All Location Types	32,064	38	40.05	0.95	0.681, 1.289	Not Different

CLABSI MICROORGANISM DATA

Table 5 presents the microorganisms that were identified for all reported CLABSIs in all adult and pediatric inpatient locations, excluding neonatal intensive care units. *Candida* species and other yeasts represent approximately 16.07% of the total isolates reported for CLABSI, making up the largest percent of identified microorganisms that caused CLABSIs in 2018. *Kelbesilla* and *Escherichia coli* species were the second and third most common organisms detected, comprising 10.34% and 9.54% of total isolates,

respectively.

Table 5. Identified Microorganisms for All Reported Central Line-Associated Bloodstream Infection (CLABSI) in Acute Care Hospitals - excluding Neonatal Intensive Care Units - 2018

Microorganism Grouping	Microorganism	Number of Isolates	Percentage of Isolates
Yeast	*Candida* species and other yeasts	59	16.07%
Staphylococci	Methicillin-susceptible *Staphylococcus aureus* (MSSA)	24	6.54%
	Methicillin-resistant *Staphylococcus aureus* (MRSA)	24	6.54%
	Coagulase-negative *Staphylococcus* species	10	2.72%
	Staphylococcus species (other than *aureus*)	26	7.08%
Streptococci	*Streptococcus* species	17	4.63%
Enterococci	*Enterococcus* species (Vancomycin-susceptible)	34	9.26%
	Vancomycin-resistant *Enterococcus* (VRE)	16	4.36%
Enterobacteriaceae	*Escherichia coli*	35	9.54%
	Klebsiella species	38	10.34%
	Serratia species	10	2.72%
	Enterobacter species	8	2.18%
	Raoultella species	1	0.27%
Burkholderia species	*Burkholderia cepacia*	1	0.27%
	Burkholderia species	2	0.54%
Other Gram-positive Organisms	*Rothia* species	2	0.54%
	Other species	8	2.18%
Other Gram-negative Organisms	*Pseudomonas* species	14	3.81%
	Other	23	6.27%
Anaerobes	*Bacteroides* species	1	0.27%
	Other Anaerobes	10	2.72%
Other	Other	2	0.54%

Table 6 presents microorganisms that were identified for all reported CLABSIs in neonatal intensive care units (NICUs). In 2018, Methicillin-susceptible *Staphylococcus aureus* (MSSA) and *Escherichia coli* species of *Enterobacteriaceae* were the most common isolates identified in NICU CLABSIs. Each of these organisms accounted for 19.05%, comprising over 38% of the total isolates identified in CLABSI isolates from NICUs. *Klebsiella* species of *Enterobacteriaceae* comprised the second most common isolate with 14.29%. Both *Candida* species of yeasts and other yeasts and Vancomycin-susceptible *Enterococcus* species comprised 9.52% of the total isolates, respectively. There were no Vancomycin-resistant *Enterococci* identified in 2018.

Table 6. Identified Microorganisms for All Reported Central Line-Associated Bloodstream Infection (CLABSI) in Neonatal Intensive Care Units – 2018

Microorganism Grouping	Microorganism	Number of Isolates	Percentage of Isolates
Yeast	*Candida* species and other yeasts	2	9.52%
Staphylococci	Methicillin-susceptible *Staphylococcus aureus* (MSSA)	4	19.05%
	Methicillin-resistant *Staphylococcus aureus* (MRSA)	1	4.76%
Streptococci	*Streptococcus* species	1	4.76%
Enterococci	*Enterococcus* species (Vancomycin-susceptible)	2	9.52%
	Vancomycin-resistant *Enterococcus* (VRE)	0	0.00%
Enterobacteriaceae	*Escherichia coli*	4	19.05%
	Klebsiella species	3	14.29%
	Serratia species	1	4.76%
	Enterobacter species	1	4.76%
Other Gram-positive Organisms	Other species	1	4.76%
Other Gram-negative Organisms	*Pseudomonas* species	1	4.76%

Table 7 presents the identified microorganisms for all reported CLABSIs in long term acute care (LTAC) hospitals. Vancomycin-susceptible *Enterococcus* species were the most common CLABSI isolates identified in LTACS in 2018, comprising 22.50% of total isolates reported. The second most common isolate identified from LTAC CLABSIs was *Klebsiella* species of *Enterobacteriaceae* isolates, which comprised 15.00% of the total isolates. *Serratia* species of *Enterobacteriaceae* were the third most common isolates identified, comprising 10.00% of isolates. There were no Vancomycin-resistant *Enterococci* identified in isolates from LTACs in 2018.

Table 7. Identified Microorganisms for All Reported Central Line-Associated Bloodstream Infections (CLABSI) in Long-term Acute Care Hospitals - 2018

Microorganism Grouping	Microorganism	Number of Isolates	Percentage of Isolates
Yeast	*Candida* species and other yeasts	5	12.50%
Staphylococci	Methicillin-susceptible *Staphylococcus aureus* (MSSA)	3	7.50%
	Methicillin-resistant *Staphylococcus aureus* (MRSA)	2	5.00%
	Coagulase-negative *Staphylococcus* species	2	5.00%
	Staphylococcus species (other than *aureus*)	3	7.50%
Enterococci	*Enterococcus* species (Vancomycin-susceptible)	6	22.50%
	Vancomycin-resistant *Enterococcus* (VRE)	3	0.00%
Enterobacteriaceae	*Escherichia coli*	3	7.50%
	Klebsiella species	6	15.00%
	Serratia species	4	10.00%
Other Gram-negative Organisms	*Pseudomonas* species	1	2.50%
Anaerobes	Other Anaerobes	1	2.50%
Other	Other	1	2.50%

LABORATORY-IDENTIFIED (LABID) EVENTS

Unlike other statistical measures associated with inpatient facilities, LabID Events are not reported and stratified by location. LabID Events are reported facility-wide to include all inpatient locations. Outpatient emergency departments, adult and pediatric, and 24-hour observation locations are included in the facility-wide reporting of LabID Events for acute care hospitals.

HEALTHCARE FACILITY-ONSET MRSA BSI SIR CALCULATIONS AND RESULTS

The Methicillin-resistant *Staphylococcus aureus* (MRSA) Bloodstream Infection (BSI) LabID Event SIR is derived by dividing the total number of observed healthcare facility-onset (HO) MRSA BSIs by the number of predicted HO-MRSA BSIs. The total number of observed HO-MRSA BSIs includes all unique blood source, MRSA-positive events for individual patients occurring in a given month which were identified in an inpatient location greater than three days after admission to the facility without being duplicated in the previous 14 days.

As presented in Table 8, there were 196 HO-MRSA BSI LabID Events reported in 2018 from acute care, critical access, inpatient rehabilitation, and long-term acute care hospitals across South Carolina. In acute care hospitals, long-term acute care hospitals, and inpatient rehab facilities the number of HO-MRSA BSIs identified in 2018 was similar to the national HO-MRSA BSI LabID Event rate. No HO-MRSA bloodstream infections were detected in critical access hospitals; therefore, no SIR or 95% confidence interval could be calculated.

Table 8. Methicillin-Resistant *Staphylococcus aureus* (MRSA) Bloodstream Infection Laboratory-identified (BSI LabID) Events for South Carolina Hospitals - 2018

Facility Type	Patient Days	Observed MRSA BSI LabID Events	Predicted MRSA BSI LabID Events	SIR	SIR 95% Confidence Interval	Statistical Interpretation
Acute Care	2,572,105	188	173.07	1.09	0.939, 1.250	Not Different
Critical Access	11,137	0	< 1.0	*	*	**No Conclusion**
Inpatient Rehabilitation	113,951	2	2.17	0.92	0.155, 3.050	Not Different
Long-term Acute Care	59,927	6	9.00	0.67	0.270, 1.387	Not Different

HEALTHCARE FACILITY-ONSET CDI SIR CALCULATIONS AND RESULTS

In South Carolina, all laboratory-identified *Clostridioides difficile* infections (CDIs) are mandated to be reported; however, CDI SIR calculations reflect those that were healthcare facility-onset (HO). Table 9 shows that there were 1,246 CDI-HO LabID Events reported from South Carolina hospitals in 2018. This is a decrease from the 1,365 CDI-HO LabID Events that were reported in 2017. The infection rates for acute care, inpatient rehabilitation, and long-term acute care hospitals were significantly better than the national baseline for 2018; however, critical access hospitals had CDI rates similar to the national baseline.

Table 9. *Clostridioides difficile* (CDI) Laboratory-identified (LabID) Events for South Carolina Hospitals - 2018

Facility Type	Patient Days	Observed CDI LabID Events	Predicted CDI LabID Events	SIR	SIR 95% Confidence Interval	Statistical Interpretation
Acute Care	2,380,337	1,178	1583.87	0.74	0.702, 0.787	★ Better
Critical Access	10,669	1	2.59	0.39	0.019, 1.903	Not Different
Inpatient Rehabilitation	113,951	22	37.75	0.58	0.374, 0.868	★ Better
Long-term Acute Care	63,519	45	72.51	0.62	0.458, 0.823	★ Better

SURGICAL SITE INFECTIONS (SSI)

CALCULATING SSI SIRs

The SSI SIR is derived by dividing the total number of observed SSI occurrences by the total number of predicted occurrences. Logistic regression models are used to determine how one or more independent variables (such as the American Society of Anesthesiologists classification of the patient's physical status, patient's body mass index, and procedure duration) are related to the risk or probability of developing an infection. The logistic regression models are procedure-specific, allowing for risk adjustment of the patient and the procedure type. To determine the total number of predicted infections for a procedure type, the risks of infection for each procedure performed at the facility are added together for the specified time period.

Facility-specific comparison of SSI reports are available for the following procedure types: coronary artery bypass graft (chest incision only), coronary artery bypass graft (chest and donor incisions), hip prosthesis, knee prosthesis, abdominal hysterectomy and colon surgery. The SSI SIR presented in this report is the complex admission/readmission (AR) SIR. The complex AR SIR includes only inpatient procedures with deep incision primary and organ/space SSIs identified during admission or readmission to the facility where the procedures were performed. Superficial infections are not included in this category.

SSI RESULTS

Table 10 presents the overall South Carolina surgical site infection (SSI) complex admission/readmission standardized infection ratio (AR SIR) for each reportable procedure type. For all six SSIs, the number of infections in South Carolina was not significantly different from the number of infections across the country. The percent of MRSA positive cultures from each SSI procedure type is reflected below. Of all SSIs reported, MRSA was detected in 15.36% of positive cultures.

Table 10. Overall South Carolina Surgical Site Infection Complex Admission/Readmission Standardized Infection Ratio (AR SIR) by Surgical Procedure - 2018

Procedure Type	Number of Procedures	Observed AR SSI	Predicted AR SSI	Complex AR SIR	95% Confidence Interval	Statistical Interpretation	% MRSA Positive Culture
Abdominal Hysterectomy	5,554	35	34.57	1.01	0.716, 1.393	Not Different	2.86%
Coronary Bypass Graft (Chest & Donor Incision)	3,252	18	24.44	0.74	0.450, 1.141	Not Different	22.22%
Coronary Bypass Graft (Chest Only Incision)	211	2	1.71	1.17	0.196, 3.858	Not Different	50.00%
Colon Surgery	4,996	103	113.88	0.90	0.742, 1.092	Not Different	5.83%
Hip Prosthesis (Replacement)	8,696	63	54.16	1.16	0.901, 1.479	Not Different	28.57%
Knee Prosthesis (Replacement)	12,977	46	42.66	1.08	0.799, 1.426	Not Different	23.91%
All Procedures	35,686	267	271.42	0.98	0.871, 1.107	Not Different	15.36%

CONCLUSION

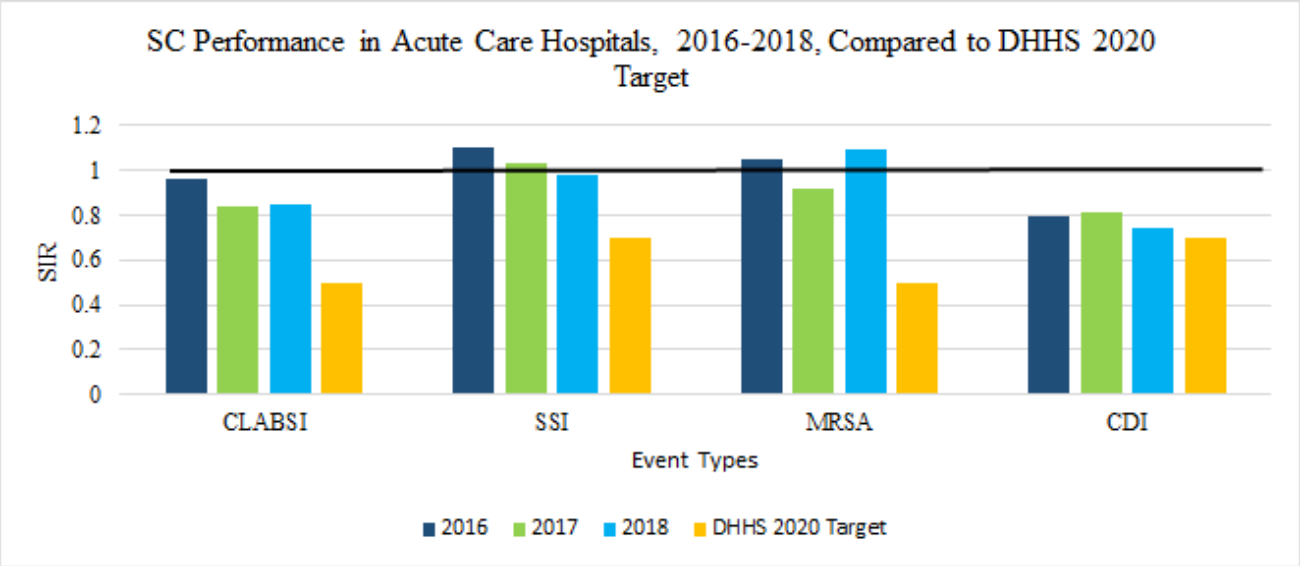
The U.S. Department of Health and Human Services (DHHS) updated the National HAI Prevention Goals to reflect the new 2015 re-baseline. These national goals, see Table 11, were launched by the Federal government, as part of Healthy People 2020, with the expectation to be achieved by the year 2020.

Table 11. National SIR Reduction Targets for 2020

Measure	2020 Target Reduction	2020 Target SIR
CLABSI	50%	0.50
SSI	30%	0.70
Hospital-onset CDI	30%	0.70
Hospital-onset MRSA	50%	0.50

The South Carolina's acute care hospital statewide performance is compared to the DHHS national goals for 2020 for CLABSIs, SSIs, MRSAs, and CDIs events in Figure 2. South Carolina has made strides to reach the Healthy People 2020 targets for all reportable events; however, more work needs to be done to ensure each target is met. Figure 2 shows that SC is performing better than predicted in regard to CLABSI, SSI, and CDI events. This is shown by the respective SIRs being below 1 for 2018, indicating that there were less observed events than predicted events. South Carolina's MRSA SIR for 2018 remains above 1, indicating that there were more observed MRSA events than predicted MRSA events.

Figure 2. South Carolina Performance in Acute Care Hospitals, 2016-2018, Compared to DHHS 2020 Target



The 2020 DHHS national prevention target for CLABI SIR is a 50% reduction compared to the national baseline, which equates to an SIR of 0.50. In 2018, the CLABSI SIR for critical access hospitals (CAH) could not be determine for South Carolina because there were zero predicted events. However, the CLABSI SIR for inpatient rehabilitation hospitals (IRF) met the DHHS target. These two types of facilities need to maintain their low CLABSI SIRs moving into 2020. The CLABSI SIRs for acute care (ACH) and long-term acute care (LTAC) hospitals performed above the 2020 target in 2018. South Carolina's ACHs had a CLASBI SIR of 0.85 and the LTAC facilities had a CLASBI SIR of 0.95, meaning that ACHs and LTACs need to reduce their CLABSI events by 41% and 47%, respectively, to reach the 2020 target. To meet the national target, LTAC facilities in South Carolina need to reduce their CLABSI events by 18 events by 2020. Provided that ACHs, including CAHs, use central lines at the same rate, these hospitals would need to reduce CLABSI events by 133 events to achieve the DHHS SIR target of 0.50.

For SSIs, the DHHS national prevention target for 2020 is a 30% reduction compared to the national baseline, or a target SIR of 0.70. In 2018, South Carolina's overall SSI SIR for ACHs, CAHs, IRFs, and LTACs was 0.98. For South Carolina to achieve the 2020 target SSI SIR, hospitals within the

state need to reduce their SSIs by an additional 78 infections.

In reference to LabID Events, the DHHS national 2020 MRSA SIR target is 0.50, which is a 50% reduction from the 2015 re-baseline. South Carolina's MRSA SIR for CAHs could not be determine for 2018 because there were zero predicted MRSA events. The MRSA SIR for ACHs, IRFs, and LTAC hospitals preformed above the 2020 national target, with SIRs of 1.09, 0.92, and 0.67, respectively. To reach the 2020 national target of 0.05 MRSA SIRs, ACHs need to reduce their MRSA events by 54%, IRFs need to reduce their MRSA events by 46%, and LTACs need to reduce their MRSA events by 25%. To reach the 54% reduction of MRSA events, ACHs would need to prevent 102 MRSA infections.

The DHHS national prevention target of the CDI SIR for 2020 is a 30% reduction compared to the national baseline, which equates to an SIR of 0.70. In 2018, the CDI SIRs for CAHs, IRFs and LTAC hospitals in South Carolina performed better than predicted and were below the 2020 DHHS target. South Carolina CAHs, IRFs, and LTACs need to maintain this improvement moving into 2020. However, South Carolina ACHs' CDI SIR of 0.74 was greater than the 2020 DHHS target. To reach the DHHS target of 0.70, ACHs need to reduce CDI events by an additional 5% to meet the 2020 target, meaning there need to be a reduction of 69 CDI events to achieve the DHHS target.

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APPENDIX A: LIST OF HIDA ADVISORY COMMITTEE MEMBERS

Hospital Infection Disclosure Act Advisory Committee Member List

DHEC Representatives

- Abdoulaye Diedhiou, M.D., PhD, Acute Disease Division Director
- Alison Jamison-Haggwood, Nurse Consultant
- Anna-Kathryn Burch, M.D., Infectious Disease Medical Consultant
- Hannah Ruegner, Healthcare-Associated Infections Epidemiologist
- Linda Bell, M.D., State Epidemiologist
- Patricia Kopp, Healthcare-Associated Infections Coordinator
- Rebecca Walker, Nurse Consultant
- Sandra Bandstra, Clinical Microbiology Supervisor
- William D. Britt, Chief Counsel for Public Health, Office of General Council

APIC Palmetto Infection Preventionist Representatives

- Ann North, Infection Preventionist, MUSC Health Florence
- Gwen Usry, Infection Preventionist, Patewood Memorial Hospital
- Jan Lienau, Infection Preventionist, North Greenville Long Term Acute Care Hospital
- Kathy Ward, Infection Preventionist, Roper St. Francis Hospital
- Sue Boeker, Infection Preventionist, Greenville Memorial Hospital

Infectious Disease Physician Representatives

- Cassandra Salgado, M.D., MUSC
- Kevin Shea, M.D., Trident Health
- Majdi N. Al-Hasan, M.D., USC School of Medicine

Pharmacy Representatives:

- Hana Winders, PharmD, BCIDP, Antimicrobial Stewardship Pharmacist, USC College of Pharmacy

South Carolina Hospital Association Representatives

- Beth Morgan, Quality Improvements Project Manager

Consumer Representatives

- Francee Levin, American Association of Retired Persons (AARP)
- Jon Ruoff, Founder, The Ruoff Group
- Rober Rife, American Lung Association & American Association for Respiratory Care

SC Revenue and Fiscal Affairs Office

- Julie Royer, Statistician

Carolinas Center for Medical Excellence Representatives

- Karen Southard, Quality Specialist

Patient Advocate Representatives

- Helen Haskell, Founder, Mothers Against Medical Error

APPENDIX B: STANDARD ATTESTATION LETTER

Date:

Facility:

Dear Infection Preventionist:

To ensure the accuracy and timeliness of individual Hospital Infections Disclosure Act (HIDA) facility reports, and to allow for a more concrete way to evaluate the quality and accuracy of hospital information reported under SC Code of Laws Section 44-7-2410 et seq., infection preventionists must sign below, affirming they have reviewed and made corrections, if needed, to their facility's 2018 HIDA Annual Report.

Please note that if a facility does not submit a signed version of this letter or notify us of any discrepancy in the report by Monday, July 30th, 2019, the facility's report will be posted on the S.C. Department of Health and Environmental Control's HIDA webpage, and marked with an asterisk to note that the facility failed to confirm the accuracy of their report prior to the publish date. The intent of this statement is to ensure facilities are accountable for their data in a timely fashion and to avoid any unnecessary delays caused by last minute change requests.

STATEMENT OF REVIEW AND CORRECTION:

To the best of my knowledge, my facility's preliminary HIDA reports, containing central line associated blood stream infection data, surgical site infection data, multi drug- resistant organism laboratory identified event, Clostridioides Difficile infections laboratory identified event, and ventilator associated events data from January – December 2018, is accurate. Errors that may have been identified during the review process have been corrected within the National Healthcare Safety Network.

Infection Preventionist Name (Printed):

Infection Preventionist Signature:

Please copy this letter on facility letterhead and email/scan a signed form to Hannah Ruegner by Monday, July 30th, 2019.

Email: ruegnehv@dhec.sc.gov

Fax: (803) 898-0897

APPENDIX C: FACILITY-LEVEL DATA

Central Line-Associated Bloodstream Infections (CLABSIs) in South Carolina's Acute Care, Critical Access, Long-term Acute Care and Inpatient Rehabilitation Hospitals
January 1, 2018 - December 31, 2018

South Carolina collects CLABSI data from adult and pediatric intensive care units (ICUs), neonatal ICUs (NICUs), adult and pediatric wards, and adult and pediatric specialty care units. Only those unit types from which data have been reported and/or that are present in the facility will be shown in the table below.

A p-value of <0.05 indicates that the difference between observed and predicted infections is significantly better or worse than the national experience.
N/A = Data not shown for hospitals or units with fewer than 50 central line days. N/C = Data not calculated due to < 1.0 predicted infections.

Legend							
★	Fewer infections (**better**) than predicted based on the national experience.*	=	About the **same** number of infections as predicted based on the national experience.*	✕	More infections (**worse**) than predicted based on the national experience.*	**No Conclusion**	When the number of predicted infections is less than 1, no conclusion can be made.
**National experience contains data from 2015 for CLABSI, SSI, MRSA and CDI Laboratory-Identified Events.*							

Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Abbeville Area Medical Center	Critical Care Unit	N/A	N/A	N/A	N/A	**No Conclusion**
	Inpatient Ward	0	< 1.00	N/C	N/C	**No Conclusion**
Aiken Regional Medical Center	Critical Care Units	3	3.14	0.96	1.000	= Same
	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	1	2.42	0.41	0.394	= Same
Allendale County Hospital	Inpatient Ward	N/A	N/A	N/A	N/A	**No Conclusion**

Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
AnMed Health	Critical Care Units	6	4.14	1.45	0.363	= Same
	Step Down Units	1	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	5.02	0.00	0.007	★ **Better**
AnMed Health Cannon	Critical Care Units	N/A	N/A	N/A	N/A	**No Conclusion**
	Inpatient Wards	N/A	N/A	N/A	N/A	**No Conclusion**
AnMed Health Rehabilitation Hospital	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
AnMed Health Women's and Children's Hospital	Step Down Units	N/A	N/A	N/A	N/A	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Baptist Easley Hospital-Prisma Health Upstate	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	1	< 1.00	N/C	N/C	**No Conclusion**
Beaufort Memorial Hospital	Critical Care Units	1	1.14	0.88	1.000	= Same
	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	6	1.98	3.03	0.020	✕ **Worse**
Bon Secours St. Francis Eastside	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	1	< 1.00	N/C	N/C	**No Conclusion**
Bon Secours St. Francis Hospital - Downtown	Critical Care Units	2	4.65	0.43	0.211	= Same
	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	6.50	0.00	0.002	★ **Better**
	Oncology Ward	8	7.15	1.12	0.714	= Same

Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Bon Secours St. Francis Xavier Hospital	Critical Care Units	2	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Oncology Step Down Unit	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Carolina Pines	Critical Care Units	1	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Coastal Carolina Medical Center	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Colleton Medical Center	Critical Care Units	1	< 1.00	N/C	N/C	**No Conclusion**
	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	6	< 1.00	N/C	N/C	**No Conclusion**
ContinueCare at Prisma Health Baptist	Inpatient Ward	5	4.36	1.15	0.716	**= Same**
Conway Medical Center	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	1.76	0.00	0.172	**= Same**
East Cooper Regional Medical Center	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Edgefield County Hospital	Inpatient Ward	N/A	N/A	N/A	N/A	**No Conclusion**
Encompass Health Charleston	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
Encompass Health Columbia	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
Encompass Health Florence	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**

Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Encompass Health Rock Hill	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
Grand Strand Regional Medical Center	Critical Care Units	5	5.52	0.91	0.881	= Same
	Rehabilitation Ward	1	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	1	1.88	0.53	0.592	= Same
	Inpatient Wards	5	4.92	1.02	0.917	= Same
Greenville Memorial Hospital	Critical Care Units	11	18.38	0.60	0.071	= Same
	Neonatal Intensive Care Unit	6	6.76	0.89	0.818	= Same
	Rehabilitation Ward	1	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	1	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	8	16.26	0.49	0.028	★ **Better**
	Oncology Ward	8	7.72	1.04	0.876	= Same
Greenwood Regional Rehabilitation Center	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
Hampton Regional Medical Center	Critical Care Units	N/A	N/A	N/A	N/A	**No Conclusion**
	Inpatient Wards	1	< 1.00	N/C	N/C	**No Conclusion**
Hillcrest Memorial Hospital	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	1	< 1.00	N/C	N/C	**No Conclusion**
Hilton Head Hospital	Critical Care Units	1	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Kershaw Health Medical Center	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	1	< 1.00	N/C	N/C	**No Conclusion**

Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Lake City Community Hospital	Inpatient Wards	N/A	N/A	N/A	N/A	**No Conclusion**
Laurens County Hospital-Prisma Health Upstate	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Lexington Medical Center	Critical Care Units	5	4.36	1.15	0.714	**= Same**
	Step Down Units	4	2.71	1.48	0.427	**= Same**
	Inpatient Wards	2	6.12	0.33	0.072	**= Same**
	Oncology Ward	5	2.97	1.68	0.262	**= Same**
MUSC Health Chester	Critical Care Units	N/A	N/A	N/A	N/A	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
MUSC Health Florence	Critical Care Units	1	2.47	0.40	0.377	**= Same**
	Step Down Units	3	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	2	1.84	1.09	0.828	**= Same**
MUSC Health Lancaster	Critical Care Units	1	< 1.00	N/C	N/C	**No Conclusion**
	Rehabilitation Ward	1	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
MUSC Health Marion	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Mary Black Gaffney	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**

Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Mary Black Health System	Critical Care Units	1	< 1.00	N/C	N/C	**No Conclusion**
	Neonatal Intensive Care Unit	N/A	N/A	N/A	N/A	**No Conclusion**
	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	1	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
McLeod Dillon	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
McLeod Health	Critical Care Units	11	15.04	0.73	0.299	**= Same**
	Neonatal Intensive Care Unit	0	1.20	0.00	0.301	**= Same**
	Specialty Care Units	4	3.62	1.11	0.785	**= Same**
	Step Down Units	7	3.74	1.87	0.122	**= Same**
	Inpatient Wards	10	10.31	0.97	0.963	**= Same**
	Oncology Ward	0	3.63	0.00	0.027	**★ Better**
McLeod Health Cheraw	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
McLeod Health Clarendon	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
McLeod Health Loris	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
McLeod Seacoast	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	1	< 1.00	N/C	N/C	**No Conclusion**

Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Medical University of South Carolina	Critical Care Units	11	21.88	0.50	0.012	★ Better
	Neonatal Intensive Care Unit	1	3.97	0.25	0.113	= Same
	Step Down Units	4	4.57	0.88	0.849	= Same
	Inpatient Wards	8	16.63	0.48	0.022	★ Better
	Oncology Ward	6	13.25	0.45	0.032	★ Better
Mount Pleasant Hospital	Critical Care Units	0	< 1.00	N/C	N/C	No Conclusion
	Inpatient Wards	1	< 1.00	N/C	N/C	No Conclusion
Newberry County Hospital	Critical Care Units	0	< 1.00	N/C	N/C	No Conclusion
	Inpatient Wards	0	< 1.00	N/C	N/C	No Conclusion
North Greenville Long Term Acute Care Hospital	Critical Care Unit	0	3.85	0.00	0.021	★ Better
	Inpatient Ward	2	4.50	0.44	0.234	= Same
Oconee Medical Center	Critical Care Units	0	< 1.00	N/C	N/C	No Conclusion
	Step Down Units	1	< 1.00	N/C	N/C	No Conclusion
	Inpatient Wards	1	1.11	0.90	1.000	= Same
Patewood Memorial Hospital	Inpatient Wards	0	< 1.00	N/C	N/C	No Conclusion
Pelham Medical Center	Critical Care Units	0	< 1.00	N/C	N/C	No Conclusion
	Inpatient Wards	0	< 1.00	N/C	N/C	No Conclusion
Piedmont Medical Center	Critical Care Units	6	2.34	2.56	0.043	✕ Worse
	Neonatal Intensive Care Unit	0	< 1.00	N/C	N/C	No Conclusion
	Inpatient Wards	0	2.83	0.00	0.059	= Same
	Oncology Ward	0	< 1.00	N/C	N/C	No Conclusion

Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Prisma Health Baptist	Critical Care Units	3	1.80	1.67	0.377	= Same
	Neonatal Intensive Care Unit	4	1.44	2.78	0.074	= Same
	Step Down Units	2	1.20	1.67	0.459	= Same
	Inpatient Wards	7	3.33	2.10	0.074	= Same
	Oncology Ward	2	2.93	0.68	0.649	= Same
Prisma Health Baptist Parkridge	Critical Care Units	1	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Richland	Critical Care Units	15	14.52	1.03	0.867	= Same
	Neonatal Intensive Care Unit	7	8.93	0.78	0.545	= Same
	Inpatient Wards	16	15.38	1.04	0.843	= Same
	Oncology Ward	1	1.60	0.62	0.726	= Same
Prisma Health Tuomey	Critical Care Units	1	1.03	0.97	1.000	= Same
	Rehabilitation Ward	1	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	4	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	1	1.30	0.77	0.901	= Same
	Oncology Ward	4	1.53	2.62	0.089	= Same
Providence Downtown	Critical Care Units	1	1.19	0.84	0.970	= Same
	Inpatient Wards	5	2.19	2.28	0.096	= Same
Providence Northeast	Critical Care Units	N/A	N/A	N/A	N/A	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Regency Hospital of Florence	Inpatient Ward	5	6.70	0.75	0.542	= Same

Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Regency Hospital of Greenville	Inpatient Ward	7	3.50	2.00	0.092	= Same
Roper Hospital	Critical Care Units	4	2.98	1.34	0.530	= Same
	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	2	3.76	0.53	0.386	= Same
	Inpatient Wards	3	2.25	1.34	0.580	= Same
	Oncology Ward	0	1.76	0.00	0.172	= Same
Self Regional Healthcare	Critical Care Units	2	3.47	0.58	0.467	= Same
	Neonatal Intensive Care Unit	2	1.05	1.90	0.374	= Same
	Step Down Units	0	1.07	0.00	0.342	= Same
	Inpatient Wards	0	2.64	0.00	0.072	= Same
Shriners Hospitals for Children	Inpatient Wards	N/A	N/A	N/A	N/A	**No Conclusion**
Spartanburg Hospital for Restorative Care	Critical Care Unit	1	1.13	0.88	1.000	= Same
	Inpatient Ward	1	5.43	0.18	0.033	★ Better
Spartanburg Regional	Critical Care Units	7	8.37	0.84	0.672	= Same
	Neonatal Intensive Care Unit	1	1.94	0.52	0.566	= Same
	Step Down Units	0	2.08	0.00	0.126	= Same
	Inpatient Wards	9	10.39	0.87	0.701	= Same
	Oncology Ward	2	3.43	0.58	0.476	= Same
Spartanburg Rehabilitation Institute	Rehabilitation Ward	0	< 1.00	N/C	N/C	**No Conclusion**

Facility Name	Unit Type	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Summerville Medical Center	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	N/A	N/A	N/A	N/A	**No Conclusion**
	Inpatient Wards	1	< 1.00	N/C	N/C	**No Conclusion**
The Regional Medical Center of Orangeburg and Calhoun Counties	Critical Care Units	2	2.38	0.84	0.889	= Same
	Rehabilitation Ward	1	< 1.00	N/C	N/C	**No Conclusion**
	Step Down Units	1	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	4	2.74	1.46	0.438	= Same
Tidelands Georgetown	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Tidelands Waccamaw	Critical Care Units	0	< 1.00	N/C	N/C	**No Conclusion**
	Inpatient Wards	2	1.18	1.69	0.447	= Same
Trident Medical Center	Critical Care Units	5	5.50	0.91	0.888	= Same
	Step Down Units	1	1.28	0.78	0.915	= Same
	Inpatient Wards	12	5.58	2.15	0.017	✕ **Worse**
	Oncology Ward	1	1.31	0.77	0.896	= Same
Union Medical Center	Inpatient Wards	0	< 1.00	N/C	N/C	**No Conclusion**
Vibra	Critical Care Unit	4	2.88	1.39	0.489	= Same
	Inpatient Ward	13	7.69	1.69	0.076	= Same
Williamsburg Regional Hospital	Critical Care Unit	N/A	N/A	N/A	N/A	**No Conclusion**
	Inpatient Ward	0	< 1.00	N/C	N/C	**No Conclusion**

Methicillin-Resistant *Staphylococcus aureus* (MRSA) Events in South Carolina's Acute Care, Critical Access, Long-term Acute Care, and Inpatient Rehabilitation Hospitals
January 1, 2018 - December 31, 2018

This includes hospital-onset laboratory-identified bacteremia (blood infection) events.

A p-value of <0.05 indicates that the difference between observed and predicted infections is significantly better or worse than the national experience.
N/A = Data not shown for hospitals with fewer than 50 patient days. N/C = Data not calculated due to < 1.0 predicted infections.

Legend							
★	Fewer infections (**better**) than predicted based on the national experience.*	=	About the **same** number of infections as predicted based on the national experience.*	✕	More infections (**worse**) than predicted based on the national experience.*	**No Conclusion**	When the number of predicted infections is less than 1, no conclusion can be made.
**National experience contains data from 2015 for CLABSI, SSI, MRSA and CDI Laboratory-Identified Events.*							

Facility Name	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Aiken Regional Medical Center	3	5.62	0.53	0.270	= Same
AnMed Health	4	5.48	0.73	0.564	= Same
AnMed Health Cannon	0	< 1.00	N/C	N/C	**No Conclusion**
AnMed Health Rehabilitation Hospital	0	< 1.00	N/C	N/C	**No Conclusion**
AnMed Health Women's and Children's Hospital	0	< 1.00	N/C	N/C	**No Conclusion**
Baptist Easley Hospital-Prisma Health Upstate	1	< 1.00	N/C	N/C	**No Conclusion**
Beaufort Memorial Hospital	4	1.42	2.81	0.072	= Same
Bon Secours St. Francis Eastside	0	< 1.00	N/C	N/C	**No Conclusion**
Bon Secours St. Francis Hospital - Downtown	5	5.18	0.97	0.996	= Same
Bon Secours St. Francis Xavier Hospital	3	1.59	1.89	0.291	= Same
Carolina Pines	2	< 1.00	N/C	N/C	**No Conclusion**

Facility Name	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Coastal Carolina Medical Center	1	< 1.00	N/C	N/C	**No Conclusion**
Colleton Medical Center	4	1.23	3.26	0.045	✕ **Worse**
ContinueCare at Prisma Health Baptist	0	1.35	0.00	0.260	= Same
Conway Medical Center	1	1.82	0.55	0.621	= Same
East Cooper Regional Medical Center	0	< 1.00	N/C	N/C	**No Conclusion**
Encompass Health Charleston	0	< 1.00	N/C	N/C	**No Conclusion**
Encompass Health Columbia	0	< 1.00	N/C	N/C	**No Conclusion**
Encompass Health Florence	0	< 1.00	N/C	N/C	**No Conclusion**
Encompass Health Rock Hill	0	< 1.00	N/C	N/C	**No Conclusion**
Grand Strand Regional Medical Center	6	7.03	0.85	0.741	= Same
Greenville Memorial Hospital	19	17.44	1.09	0.685	= Same
Greenwood Regional Rehabilitation Center	1	< 1.00	N/C	N/C	**No Conclusion**
Hampton Regional Medical Center	1	< 1.00	N/C	N/C	**No Conclusion**
Hillcrest Memorial Hospital	0	< 1.00	N/C	N/C	**No Conclusion**
Hilton Head Hospital	0	< 1.00	N/C	N/C	**No Conclusion**
Kershaw Health Medical Center	1	< 1.00	N/C	N/C	**No Conclusion**
Lake City Community Hospital	0	< 1.00	N/C	N/C	**No Conclusion**
Laurens County Hospital-Prisma Health Upstate	0	< 1.00	N/C	N/C	**No Conclusion**
Lexington Medical Center	5	9.76	0.51	0.111	= Same
MUSC Health Chester	0	< 1.00	N/C	N/C	**No Conclusion**
MUSC Health Florence	5	3.14	1.59	0.308	= Same

Facility Name	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
MUSC Health Florence Women's Pavilion	0	< 1.00	N/C	N/C	**No Conclusion**
MUSC Health Lancaster	0	< 1.00	N/C	N/C	**No Conclusion**
MUSC Health Marion	0	< 1.00	N/C	N/C	**No Conclusion**
Mary Black Gaffney	0	< 1.00	N/C	N/C	**No Conclusion**
Mary Black Health System	0	< 1.00	N/C	N/C	**No Conclusion**
McLeod Darlington	0	< 1.00	N/C	N/C	**No Conclusion**
McLeod Dillon	2	< 1.00	N/C	N/C	**No Conclusion**
McLeod Health	18	13.28	1.36	0.207	**= Same**
McLeod Health Cheraw	1	< 1.00	N/C	N/C	**No Conclusion**
McLeod Health Clarendon	0	< 1.00	N/C	N/C	**No Conclusion**
McLeod Health Loris	0	< 1.00	N/C	N/C	**No Conclusion**
McLeod Seacoast	1	< 1.00	N/C	N/C	**No Conclusion**
Medical University of South Carolina	18	24.62	0.73	0.175	**= Same**
Mount Pleasant Hospital	1	< 1.00	N/C	N/C	**No Conclusion**
Newberry County Hospital	0	< 1.00	N/C	N/C	**No Conclusion**
North Greenville Long Term Acute Care Hospital	1	< 1.00	N/C	N/C	**No Conclusion**
Oconee Medical Center	1	2.26	0.44	0.444	**= Same**
Patewood Memorial Hospital	0	< 1.00	N/C	N/C	**No Conclusion**
Pelham Medical Center	1	< 1.00	N/C	N/C	**No Conclusion**
Piedmont Medical Center	2	2.49	0.81	0.838	**= Same**
Prisma Health Baptist	8	3.75	2.13	0.053	**= Same**

Facility Name	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Prisma Health Baptist Parkridge	0	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Richland	27	17.19	1.57	0.027	✕ **Worse**
Prisma Health Tuomey	2	2.74	0.73	0.727	= Same
Providence Downtown	2	1.76	1.14	0.783	= Same
Providence Northeast	0	< 1.00	N/C	N/C	**No Conclusion**
Regency Hospital of Florence	1	1.67	0.60	0.689	= Same
Regency Hospital of Greenville	2	1.35	1.48	0.545	= Same
Roper Hospital	3	2.85	1.05	0.863	= Same
Self Regional Healthcare	2	3.01	0.67	0.619	= Same
Shriners Hospitals for Children	0	< 1.00	N/C	N/C	**No Conclusion**
Spartanburg Hospital for Restorative Care	1	1.51	0.66	0.778	= Same
Spartanburg Regional	11	14.08	0.78	0.423	= Same
Spartanburg Rehabilitation Institute	1	< 1.00	N/C	N/C	**No Conclusion**
Summerville Medical Center	3	1.09	2.74	0.124	= Same
The Regional Medical Center of Orangeburg and Calhoun Counties	8	2.77	2.89	0.010	✕ **Worse**
Tidelands Georgetown	1	< 1.00	N/C	N/C	**No Conclusion**
Tidelands Waccamaw	2	1.23	1.63	0.474	= Same
Trident Medical Center	9	6.91	1.30	0.420	= Same
Union Medical Center	0	< 1.00	N/C	N/C	**No Conclusion**
Vibra	1	2.22	0.45	0.460	= Same

Clostridium difficile (CDI) Events in South Carolina's Acute Care, Critical Access, Long-term Acute Care, and Inpatient Rehabilitation Hospitals
January 1, 2018 - December 31, 2018

This includes hospital-onset laboratory-identified events.

A p-value of <0.05 indicates that the difference between observed and predicted infections is significantly better or worse than the national experience.
N/A = Data not shown for hospitals with fewer than 50 patient days. N/C = Data not calculated due to < 1.0 predicted infections.

Legend							
★	Fewer infections (**better**) than predicted based on the national experience.*	=	About the **same** number of infections as predicted based on the national experience.*	✕	More infections (**worse**) than predicted based on the national experience.*	**No Conclusion**	When the number of predicted infections is less than 1, no conclusion can be made.
National experience contains data from 2015 for CLABSI, SSI, MRSA and CDI Laboratory-Identified Events.							

Facility Name	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Abbeville Area Medical Center	1	1.08	0.92	1.000	= Same
Aiken Regional Medical Center	21	41.63	0.50	0.001	★ Better
AnMed Health	41	66.02	0.62	0.001	★ Better
AnMed Health Cannon	1	1.80	0.56	0.627	= Same
AnMed Health Rehabilitation Hospital	8	6.79	1.18	0.615	= Same
AnMed Health Women's and Children's Hospital	0	1.10	0.00	0.333	= Same
Baptist Easley Hospital-Prisma Health Upstate	10	8.41	1.19	0.562	= Same
Beaufort Memorial Hospital	3	19.10	0.16	0.000	★ Better
Bon Secours St. Francis Eastside	4	12.55	0.32	0.007	★ Better
Bon Secours St. Francis Hospital - Downtown	19	48.97	0.39	0.000	★ Better

Facility Name	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Bon Secours St. Francis Xavier Hospital	22	23.02	0.96	0.858	= Same
Carolina Pines	0	5.56	0.00	0.004	★ Better
Coastal Carolina Medical Center	2	3.24	0.62	0.539	= Same
Colleton Medical Center	1	7.00	0.14	0.008	★ Better
ContinueCare at Prisma Health Baptist	0	8.84	0.00	0.000	★ Better
Conway Medical Center	5	15.64	0.32	0.002	★ Better
East Cooper Regional Medical Center	3	5.24	0.57	0.340	= Same
Edgefield County Hospital	0	< 1.00	N/C	N/C	**No Conclusion**
Encompass Health Charleston	2	3.56	0.56	0.441	= Same
Encompass Health Columbia	2	6.72	0.30	0.046	★ Better
Encompass Health Florence	3	5.16	0.58	0.354	= Same
Encompass Health Rock Hill	2	6.07	0.33	0.076	= Same
Grand Strand Regional Medical Center	21	42.87	0.49	0.000	★ Better
Greenville Memorial Hospital	94	151.44	0.62	0.000	★ Better
Greenwood Regional Rehabilitation Center	2	3.43	0.58	0.478	= Same
Hampton Regional Medical Center	1	< 1.00	N/C	N/C	**No Conclusion**
Hillcrest Memorial Hospital	1	2.77	0.36	0.300	= Same
Hilton Head Hospital	2	14.14	0.14	0.000	★ Better
Kershaw Health Medical Center	7	12.85	0.55	0.087	= Same
Lake City Community Hospital	0	< 1.00	N/C	N/C	**No Conclusion**
Laurens County Hospital-Prisma Health Upstate	4	5.04	0.79	0.694	= Same

Facility Name	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Lexington Medical Center	96	105.36	0.91	0.364	= Same
MUSC Health Chester	0	1.25	0.00	0.288	= Same
MUSC Health Florence	8	25.49	0.31	0.000	★ Better
MUSC Health Florence Women's Pavilion	0	< 1.00	N/C	N/C	No Conclusion
MUSC Health Lancaster	2	7.66	0.26	0.022	★ Better
MUSC Health Marion	2	3.03	0.66	0.611	= Same
Mary Black Gaffney	0	5.61	0.00	0.004	★ Better
Mary Black Health System	12	12.94	0.93	0.829	= Same
McLeod Darlington	0	1.46	0.00	0.232	= Same
McLeod Dillon	1	3.29	0.30	0.196	= Same
McLeod Health	109	100.48	1.09	0.420	= Same
McLeod Health Cheraw	9	8.45	1.07	0.812	= Same
McLeod Health Clarendon	0	1.98	0.00	0.139	= Same
McLeod Health Loris	15	6.63	2.26	0.005	✕ Worse
McLeod Seacoast	10	3.68	2.72	0.006	✕ Worse
Medical University of South Carolina	170	170.32	1.00	1.000	= Same
Mount Pleasant Hospital	6	5.85	1.03	0.900	= Same
Newberry County Hospital	1	3.29	0.30	0.197	= Same
North Greenville Long Term Acute Care Hospital	3	6.61	0.45	0.144	= Same
Oconee Medical Center	7	18.23	0.38	0.003	★ Better
Patewood Memorial Hospital	0	1.95	0.00	0.143	= Same

Facility Name	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Pelham Medical Center	4	2.99	1.34	0.535	= Same
Piedmont Medical Center	27	45.72	0.59	0.003	★ Better
Prisma Health Baptist	28	47.86	0.59	0.002	★ Better
Prisma Health Baptist Parkridge	4	15.24	0.26	0.001	★ Better
Prisma Health Richland	76	134.02	0.57	0.000	★ Better
Prisma Health Tuomey	17	19.97	0.85	0.522	= Same
Providence Downtown	4	16.26	0.25	0.000	★ Better
Providence Northeast	0	1.37	0.00	0.253	= Same
Regency Hospital of Florence	0	14.34	0.00	0.000	★ Better
Regency Hospital of Greenville	8	10.57	0.76	0.445	= Same
Roper Hospital	56	42.58	1.32	0.048	✕ Worse
Self Regional Healthcare	19	38.50	0.49	0.001	★ Better
Shriners Hospitals for Children	1	< 1.00	N/C	N/C	**No Conclusion**
Spartanburg Hospital for Restorative Care	15	11.80	1.27	0.352	= Same
Spartanburg Regional	95	117.17	0.81	0.036	★ Better
Spartanburg Rehabilitation Institute	3	4.14	0.72	0.625	= Same
Summerville Medical Center	12	10.69	1.12	0.662	= Same
The Regional Medical Center of Orangeburg and Calhoun Counties	59	37.33	1.58	0.001	✕ Worse
Tidelands Georgetown	14	8.40	1.67	0.073	= Same
Tidelands Waccamaw	20	15.90	1.26	0.307	= Same

Facility Name	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Trident Medical Center	30	40.31	0.74	0.095	= Same
Union Medical Center	2	1.20	1.67	0.457	= Same
Vibra	19	20.35	0.93	0.792	= Same
Williamsburg Regional Hospital	0	< 1.00	N/C	N/C	**No Conclusion**

Surgical Site Infections (SSIs) from Abdominal Hysterectomy in South Carolina's Acute Care Hospitals
January 1, 2018 - December 31, 2018
Includes data from the Complex Admission/Readmission SSI Module

A p-value of <0.05 indicates that the difference between observed and predicted infections is significantly better or worse than the national experience.
N/A = Data not shown for hospitals with fewer than 20 procedures. N/C = Data not calculated due to < 1.0 predicted infections.

Legend							
★	Fewer infections (**better**) than predicted based on the national experience.*	=	About the **same** number of infections as predicted based on the national experience.*	✕	More infections (**worse**) than predicted based on the national experience.*	**No Conclusion**	When the number of predicted infections is less than 1, no conclusion can be made.
**National experience contains data from 2015 for CLABSI, SSI, MRSA and CDI Laboratory-Identified Events.*							

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Aiken Regional Medical Center	Abdominal Hysterectomy	105	0	< 1.00	N/C	N/C	**No Conclusion**
AnMed Health	Abdominal Hysterectomy	35	0	< 1.00	N/C	N/C	**No Conclusion**
AnMed Health Women's and Children's Hospital	Abdominal Hysterectomy	57	0	< 1.00	N/C	N/C	**No Conclusion**
Baptist Easley Hospital-Prisma Health Upstate	Abdominal Hysterectomy	11	N/A	N/A	N/A	N/A	**No Conclusion**
Beaufort Memorial Hospital	Abdominal Hysterectomy	54	0	< 1.00	N/C	N/C	**No Conclusion**
Bon Secours St. Francis Eastside	Abdominal Hysterectomy	413	1	1.84	0.54	0.610	= Same
Bon Secours St. Francis Hospital - Downtown	Abdominal Hysterectomy	80	1	< 1.00	N/C	N/C	**No Conclusion**
Bon Secours St. Francis Xavier Hospital	Abdominal Hysterectomy	192	2	1.09	1.84	0.395	= Same
Carolina Pines	Abdominal Hysterectomy	51	2	< 1.00	N/C	N/C	**No Conclusion**
Coastal Carolina Medical Center	Abdominal Hysterectomy	9	N/A	N/A	N/A	N/A	**No Conclusion**

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Colleton Medical Center	Abdominal Hysterectomy	22	1	< 1.00	N/C	N/C	**No Conclusion**
Conway Medical Center	Abdominal Hysterectomy	107	0	< 1.00	N/C	N/C	**No Conclusion**
East Cooper Regional Medical Center	Abdominal Hysterectomy	40	0	< 1.00	N/C	N/C	**No Conclusion**
Grand Strand Regional Medical Center	Abdominal Hysterectomy	120	1	< 1.00	N/C	N/C	**No Conclusion**
Greenville Memorial Hospital	Abdominal Hysterectomy	233	1	1.89	0.53	0.588	= Same
Hilton Head Hospital	Abdominal Hysterectomy	25	0	< 1.00	N/C	N/C	**No Conclusion**
Kershaw Health Medical Center	Abdominal Hysterectomy	21	0	< 1.00	N/C	N/C	**No Conclusion**
Laurens County Hospital-Prisma Health Upstate	Abdominal Hysterectomy	18	N/A	N/A	N/A	N/A	**No Conclusion**
Lexington Medical Center	Abdominal Hysterectomy	525	4	3.53	1.13	0.751	= Same
MUSC Health Florence	Abdominal Hysterectomy	78	0	< 1.00	N/C	N/C	**No Conclusion**
MUSC Health Lancaster	Abdominal Hysterectomy	29	0	< 1.00	N/C	N/C	**No Conclusion**
MUSC Health Marion	Abdominal Hysterectomy	1	N/A	N/A	N/A	N/A	**No Conclusion**
Mary Black Gaffney	Abdominal Hysterectomy	11	N/A	N/A	N/A	N/A	**No Conclusion**
Mary Black Health System	Abdominal Hysterectomy	101	0	< 1.00	N/C	N/C	**No Conclusion**
McLeod Dillon	Abdominal Hysterectomy	10	N/A	N/A	N/A	N/A	**No Conclusion**
McLeod Health	Abdominal Hysterectomy	195	0	1.25	0.00	0.286	= Same
McLeod Health Cheraw	Abdominal Hysterectomy	22	0	< 1.00	N/C	N/C	**No Conclusion**
McLeod Health Clarendon	Abdominal Hysterectomy	17	N/A	N/A	N/A	N/A	**No Conclusion**
McLeod Health Loris	Abdominal Hysterectomy	34	0	< 1.00	N/C	N/C	**No Conclusion**
McLeod Seacoast	Abdominal Hysterectomy	39	0	< 1.00	N/C	N/C	**No Conclusion**

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Medical University of South Carolina	Abdominal Hysterectomy	282	4	3.10	1.29	0.576	= Same
Mount Pleasant Hospital	Abdominal Hysterectomy	91	0	< 1.00	N/C	N/C	**No Conclusion**
Oconee Medical Center	Abdominal Hysterectomy	15	N/A	N/A	N/A	N/A	**No Conclusion**
Patewood Memorial Hospital	Abdominal Hysterectomy	30	0	< 1.00	N/C	N/C	**No Conclusion**
Pelham Medical Center	Abdominal Hysterectomy	15	N/A	N/A	N/A	N/A	**No Conclusion**
Piedmont Medical Center	Abdominal Hysterectomy	25	0	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Baptist	Abdominal Hysterectomy	413	4	2.14	1.87	0.236	= Same
Prisma Health Baptist Parkridge	Abdominal Hysterectomy	116	3	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Richland	Abdominal Hysterectomy	329	0	2.17	0.00	0.115	= Same
Prisma Health Tuomey	Abdominal Hysterectomy	194	1	1.09	0.92	1.000	= Same
Roper Hospital	Abdominal Hysterectomy	196	0	1.11	0.00	0.330	= Same
Self Regional Healthcare	Abdominal Hysterectomy	139	0	< 1.00	N/C	N/C	**No Conclusion**
Spartanburg Regional	Abdominal Hysterectomy	473	3	2.91	1.03	0.888	= Same
Summerville Medical Center	Abdominal Hysterectomy	137	1	< 1.00	N/C	N/C	**No Conclusion**
The Regional Medical Center of Orangeburg and Calhoun Counties	Abdominal Hysterectomy	46	0	< 1.00	N/C	N/C	**No Conclusion**
Tidelands Georgetown	Abdominal Hysterectomy	17	N/A	N/A	N/A	N/A	**No Conclusion**
Tidelands Waccamaw	Abdominal Hysterectomy	19	N/A	N/A	N/A	N/A	**No Conclusion**
Trident Medical Center	Abdominal Hysterectomy	338	4	1.93	2.07	0.177	= Same
Williamsburg Regional Hospital	Abdominal Hysterectomy	1	N/A	N/A	N/A	N/A	**No Conclusion**

Surgical Site Infections (SSIs) from Coronary Bypass Graft (Chest and Donor Incision) in South Carolina's Acute Care Hospitals
January 1, 2018 - December 31, 2018
Includes data from the Complex Admission/Readmission SSI Module

A p-value of <0.05 indicates that the difference between observed and predicted infections is significantly better or worse than the national experience.
N/A = Data not shown for hospitals with fewer than 20 procedures. N/C = Data not calculated due to < 1.0 predicted infections.

Legend							
★	Fewer infections (**better**) than predicted based on the national experience.*	=	About the **same** number of infections as predicted based on the national experience.*	✕	More infections (**worse**) than predicted based on the national experience.*	**No Conclusion**	When the number of predicted infections is less than 1, no conclusion can be made.
**National experience contains data from 2015 for CLABSI, SSI, MRSA and CDI Laboratory-Identified Events.*							

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Aiken Regional Medical Center	Coronary Bypass Graft (Chest & Donor Incision)	19	N/A	N/A	N/A	N/A	**No Conclusion**
AnMed Health	Coronary Bypass Graft (Chest & Donor Incision)	126	0	< 1.00	N/C	N/C	**No Conclusion**
Bon Secours St. Francis Hospital - Downtown	Coronary Bypass Graft (Chest & Donor Incision)	259	1	1.69	0.59	0.682	= Same
Grand Strand Regional Medical Center	Coronary Bypass Graft (Chest & Donor Incision)	237	2	1.67	1.20	0.730	= Same
Greenville Memorial Hospital	Coronary Bypass Graft (Chest & Donor Incision)	367	6	3.85	1.56	0.289	= Same
Hilton Head Hospital	Coronary Bypass Graft (Chest & Donor Incision)	35	0	< 1.00	N/C	N/C	**No Conclusion**
Lexington Medical Center	Coronary Bypass Graft (Chest & Donor Incision)	213	1	1.68	0.59	0.684	= Same

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
MUSC Health Florence	Coronary Bypass Graft (Chest & Donor Incision)	57	0	< 1.00	N/C	N/C	**No Conclusion**
McLeod Health	Coronary Bypass Graft (Chest & Donor Incision)	327	1	2.50	0.40	0.368	= Same
Medical University of South Carolina	Coronary Bypass Graft (Chest & Donor Incision)	123	1	1.38	0.72	0.848	= Same
Piedmont Medical Center	Coronary Bypass Graft (Chest & Donor Incision)	153	0	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Richland	Coronary Bypass Graft (Chest & Donor Incision)	307	2	2.31	0.87	0.921	= Same
Providence Downtown	Coronary Bypass Graft (Chest & Donor Incision)	244	0	1.26	0.00	0.284	= Same
Roper Hospital	Coronary Bypass Graft (Chest & Donor Incision)	307	2	1.57	1.27	0.676	= Same
Self Regional Healthcare	Coronary Bypass Graft (Chest & Donor Incision)	63	1	< 1.00	N/C	N/C	**No Conclusion**
Spartanburg Regional	Coronary Bypass Graft (Chest & Donor Incision)	259	1	2.36	0.42	0.413	= Same
Trident Medical Center	Coronary Bypass Graft (Chest & Donor Incision)	156	0	1.23	0.00	0.293	= Same

Surgical Site Infections (SSIs) from Coronary Bypass Graft (Chest Only Incision) in South Carolina's Acute Care Hospitals
January 1, 2018 - December 31, 2018
Includes data from the Complex Admission/Readmission SSI Module

A p-value of <0.05 indicates that the difference between observed and predicted infections is significantly better or worse than the national experience.
N/A = Data not shown for hospitals with fewer than 20 procedures. N/C = Data not calculated due to < 1.0 predicted infections.

Legend							
★	Fewer infections (**better**) than predicted based on the national experience.*	=	About the **same** number of infections as predicted based on the national experience.*	✕	More infections (**worse**) than predicted based on the national experience.*	**No Conclusion**	When the number of predicted infections is less than 1, no conclusion can be made.
**National experience contains data from 2015 for CLABSI, SSI, MRSA and CDI Laboratory-Identified Events.*							

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Aiken Regional Medical Center	Coronary Bypass Graft (Chest Only Incision)	1	N/A	N/A	N/A	N/A	**No Conclusion**
Bon Secours St. Francis Hospital - Downtown	Coronary Bypass Graft (Chest Only Incision)	17	N/A	N/A	N/A	N/A	**No Conclusion**
Grand Strand Regional Medical Center	Coronary Bypass Graft (Chest Only Incision)	11	N/A	N/A	N/A	N/A	**No Conclusion**
Hilton Head Hospital	Coronary Bypass Graft (Chest Only Incision)	2	N/A	N/A	N/A	N/A	**No Conclusion**
Lexington Medical Center	Coronary Bypass Graft (Chest Only Incision)	19	N/A	N/A	N/A	N/A	**No Conclusion**
MUSC Health Florence	Coronary Bypass Graft (Chest Only Incision)	3	N/A	N/A	N/A	N/A	**No Conclusion**
McLeod Health	Coronary Bypass Graft (Chest Only Incision)	25	0	< 1.00	N/C	N/C	**No Conclusion**

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Medical University of South Carolina	Coronary Bypass Graft (Chest Only Incision)	23	0	< 1.00	N/C	N/C	**No Conclusion**
Piedmont Medical Center	Coronary Bypass Graft (Chest Only Incision)	9	N/A	N/A	N/A	N/A	**No Conclusion**
Prisma Health Richland	Coronary Bypass Graft (Chest Only Incision)	28	0	< 1.00	N/C	N/C	**No Conclusion**
Providence Downtown	Coronary Bypass Graft (Chest Only Incision)	10	N/A	N/A	N/A	N/A	**No Conclusion**
Roper Hospital	Coronary Bypass Graft (Chest Only Incision)	15	N/A	N/A	N/A	N/A	**No Conclusion**
Self Regional Healthcare	Coronary Bypass Graft (Chest Only Incision)	6	N/A	N/A	N/A	N/A	**No Conclusion**
Spartanburg Regional	Coronary Bypass Graft (Chest Only Incision)	41	0	< 1.00	N/C	N/C	**No Conclusion**
Trident Medical Center	Coronary Bypass Graft (Chest Only Incision)	1	N/A	N/A	N/A	N/A	**No Conclusion**

Surgical Site Infections (SSIs) from Colon Surgery in South Carolina's Acute Care Hospitals
January 1, 2018 - December 31, 2018
Includes data from the Complex Admission/Readmission SSI Module

A p-value of <0.05 indicates that the difference between observed and predicted infections is significantly better or worse than the national experience.
N/A = Data not shown for hospitals with fewer than 20 procedures. N/C = Data not calculated due to < 1.0 predicted infections.

Legend							
★	Fewer infections (**better**) than predicted based on the national experience.*	=	About the **same** number of infections as predicted based on the national experience.*	✕	More infections (**worse**) than predicted based on the national experience.*	**No Conclusion**	When the number of predicted infections is less than 1, no conclusion can be made.
**National experience contains data from 2015 for CLABSI, SSI, MRSA and CDI Laboratory-Identified Events.*							

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Abbeville Area Medical Center	Colon Surgery	16	N/A	N/A	N/A	N/A	**No Conclusion**
Aiken Regional Medical Center	Colon Surgery	106	1	2.26	0.44	0.446	= Same
AnMed Health	Colon Surgery	177	0	3.37	0.00	0.035	★ Better
AnMed Health Cannon	Colon Surgery	6	N/A	N/A	N/A	N/A	**No Conclusion**
Baptist Easley Hospital-Prisma Health Upstate	Colon Surgery	20	0	< 1.00	N/C	N/C	**No Conclusion**
Beaufort Memorial Hospital	Colon Surgery	77	0	1.83	0.00	0.161	= Same
Bon Secours St. Francis Eastside	Colon Surgery	32	3	< 1.00	N/C	N/C	**No Conclusion**
Bon Secours St. Francis Hospital - Downtown	Colon Surgery	218	9	4.75	1.90	0.077	= Same
Bon Secours St. Francis Xavier Hospital	Colon Surgery	60	2	1.13	1.77	0.419	= Same
Carolina Pines	Colon Surgery	29	0	< 1.00	N/C	N/C	**No Conclusion**

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Coastal Carolina Medical Center	Colon Surgery	23	2	< 1.00	N/C	N/C	**No Conclusion**
Colleton Medical Center	Colon Surgery	24	0	< 1.00	N/C	N/C	**No Conclusion**
Conway Medical Center	Colon Surgery	65	0	1.20	0.00	0.301	**= Same**
East Cooper Regional Medical Center	Colon Surgery	38	1	< 1.00	N/C	N/C	**No Conclusion**
Grand Strand Regional Medical Center	Colon Surgery	248	5	6.49	0.77	0.595	**= Same**
Greenville Memorial Hospital	Colon Surgery	324	4	8.49	0.47	0.105	**= Same**
Hampton Regional Medical Center	Colon Surgery	2	N/A	N/A	N/A	N/A	**No Conclusion**
Hillcrest Memorial Hospital	Colon Surgery	24	2	< 1.00	N/C	N/C	**No Conclusion**
Hilton Head Hospital	Colon Surgery	69	0	< 1.00	N/C	N/C	**No Conclusion**
Kershaw Health Medical Center	Colon Surgery	39	0	< 1.00	N/C	N/C	**No Conclusion**
Laurens County Hospital-Prisma Health Upstate	Colon Surgery	4	N/A	N/A	N/A	N/A	**No Conclusion**
Lexington Medical Center	Colon Surgery	361	9	6.18	1.46	0.269	**= Same**
MUSC Health Chester	Colon Surgery	15	N/A	N/A	N/A	N/A	**No Conclusion**
MUSC Health Florence	Colon Surgery	119	0	2.75	0.00	0.064	**= Same**
MUSC Health Lancaster	Colon Surgery	23	0	< 1.00	N/C	N/C	**No Conclusion**
MUSC Health Marion	Colon Surgery	20	1	< 1.00	N/C	N/C	**No Conclusion**
Mary Black Gaffney	Colon Surgery	8	N/A	N/A	N/A	N/A	**No Conclusion**
Mary Black Health System	Colon Surgery	67	2	1.54	1.30	0.659	**= Same**
McLeod Dillon	Colon Surgery	11	N/A	N/A	N/A	N/A	**No Conclusion**

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
McLeod Health	Colon Surgery	276	4	8.38	0.48	0.112	= Same
McLeod Health Cheraw	Colon Surgery	12	N/A	N/A	N/A	N/A	**No Conclusion**
McLeod Health Clarendon	Colon Surgery	12	N/A	N/A	N/A	N/A	**No Conclusion**
McLeod Health Loris	Colon Surgery	26	0	< 1.00	N/C	N/C	**No Conclusion**
McLeod Seacoast	Colon Surgery	67	3	1.08	2.77	0.121	= Same
Medical University of South Carolina	Colon Surgery	336	9	11.26	0.80	0.523	= Same
Mount Pleasant Hospital	Colon Surgery	69	0	1.06	0.00	0.346	= Same
Newberry County Hospital	Colon Surgery	19	N/A	N/A	N/A	N/A	**No Conclusion**
Oconee Medical Center	Colon Surgery	13	N/A	N/A	N/A	N/A	**No Conclusion**
Pelham Medical Center	Colon Surgery	23	0	< 1.00	N/C	N/C	**No Conclusion**
Piedmont Medical Center	Colon Surgery	172	0	3.17	0.00	0.042	★ **Better**
Prisma Health Baptist	Colon Surgery	242	3	4.72	0.64	0.457	= Same
Prisma Health Baptist Parkridge	Colon Surgery	26	0	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Richland	Colon Surgery	84	3	2.60	1.16	0.745	= Same
Prisma Health Tuomey	Colon Surgery	73	1	1.41	0.71	0.834	= Same
Providence Downtown	Colon Surgery	58	1	1.39	0.72	0.847	= Same
Roper Hospital	Colon Surgery	407	7	7.13	0.98	1.000	= Same
Self Regional Healthcare	Colon Surgery	130	1	2.53	0.40	0.362	= Same
Spartanburg Regional	Colon Surgery	333	19	10.47	1.81	0.017	✕ **Worse**
Summerville Medical Center	Colon Surgery	50	1	1.10	0.91	1.000	= Same

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
The Regional Medical Center of Orangeburg and Calhoun Counties	Colon Surgery	110	4	2.46	1.63	0.337	= Same
Tidelands Georgetown	Colon Surgery	9	N/A	N/A	N/A	N/A	**No Conclusion**
Tidelands Waccamaw	Colon Surgery	41	0	< 1.00	N/C	N/C	**No Conclusion**
Trident Medical Center	Colon Surgery	169	5	3.69	1.36	0.479	= Same

Surgical Site Infections (SSIs) from Hip Prosthesis (Replacement) in South Carolina's Acute Care Hospitals
January 1, 2018 - December 31, 2018
Includes data from the Complex Admission/Readmission SSI Module

A p-value of <0.05 indicates that the difference between observed and predicted infections is significantly better or worse than the national experience.
N/A = Data not shown for hospitals with fewer than 20 procedures. N/C = Data not calculated due to < 1.0 predicted infections.

Legend							
★	Fewer infections (**better**) than predicted based on the national experience.*	=	About the **same** number of infections as predicted based on the national experience.*	✕	More infections (**worse**) than predicted based on the national experience.*	**No Conclusion**	When the number of predicted infections is less than 1, no conclusion can be made.
**National experience contains data from 2015 for CLABSI, SSI, MRSA and CDI Laboratory-Identified Events.*							

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Aiken Regional Medical Center	Hip Prosthesis (Replacement)	147	0	1.13	0.00	0.324	= Same
AnMed Health	Hip Prosthesis (Replacement)	104	0	< 1.00	N/C	N/C	**No Conclusion**
AnMed Health Cannon	Hip Prosthesis (Replacement)	6	N/A	N/A	N/A	N/A	**No Conclusion**
AnMed Health Women's and Children's Hospital	Hip Prosthesis (Replacement)	119	3	< 1.00	N/C	N/C	**No Conclusion**
Baptist Easley Hospital-Prisma Health Upstate	Hip Prosthesis (Replacement)	20	0	< 1.00	N/C	N/C	**No Conclusion**
Beaufort Memorial Hospital	Hip Prosthesis (Replacement)	147	0	< 1.00	N/C	N/C	**No Conclusion**
Bon Secours St. Francis Eastside	Hip Prosthesis (Replacement)	650	3	3.04	0.99	1.000	= Same
Bon Secours St. Francis Hospital - Downtown	Hip Prosthesis (Replacement)	160	1	1.13	0.89	1.000	= Same
Bon Secours St. Francis Xavier Hospital	Hip Prosthesis (Replacement)	21	0	< 1.00	N/C	N/C	**No Conclusion**
Carolina Pines	Hip Prosthesis (Replacement)	8	N/A	N/A	N/A	N/A	**No Conclusion**

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Coastal Carolina Medical Center	Hip Prosthesis (Replacement)	9	N/A	N/A	N/A	N/A	**No Conclusion**
Colleton Medical Center	Hip Prosthesis (Replacement)	15	N/A	N/A	N/A	N/A	**No Conclusion**
Conway Medical Center	Hip Prosthesis (Replacement)	287	1	1.40	0.72	0.840	**= Same**
East Cooper Regional Medical Center	Hip Prosthesis (Replacement)	295	0	1.37	0.00	0.254	**= Same**
Grand Strand Regional Medical Center	Hip Prosthesis (Replacement)	389	3	2.07	1.45	0.500	**= Same**
Greenville Memorial Hospital	Hip Prosthesis (Replacement)	53	4	< 1.00	N/C	N/C	**No Conclusion**
Hampton Regional Medical Center	Hip Prosthesis (Replacement)	2	N/A	N/A	N/A	N/A	**No Conclusion**
Hilton Head Hospital	Hip Prosthesis (Replacement)	215	0	< 1.00	N/C	N/C	**No Conclusion**
Kershaw Health Medical Center	Hip Prosthesis (Replacement)	51	0	< 1.00	N/C	N/C	**No Conclusion**
Laurens County Hospital-Prisma Health Upstate	Hip Prosthesis (Replacement)	39	0	< 1.00	N/C	N/C	**No Conclusion**
Lexington Medical Center	Hip Prosthesis (Replacement)	228	1	2.36	0.43	0.413	**= Same**
MUSC Health Chester	Hip Prosthesis (Replacement)	13	N/A	N/A	N/A	N/A	**No Conclusion**
MUSC Health Florence	Hip Prosthesis (Replacement)	99	0	< 1.00	N/C	N/C	**No Conclusion**
MUSC Health Lancaster	Hip Prosthesis (Replacement)	29	0	< 1.00	N/C	N/C	**No Conclusion**
Mary Black Gaffney	Hip Prosthesis (Replacement)	25	1	< 1.00	N/C	N/C	**No Conclusion**
Mary Black Health System	Hip Prosthesis (Replacement)	152	0	< 1.00	N/C	N/C	**No Conclusion**
McLeod Dillon	Hip Prosthesis (Replacement)	4	N/A	N/A	N/A	N/A	**No Conclusion**
McLeod Health	Hip Prosthesis (Replacement)	353	2	3.23	0.62	0.541	**= Same**
McLeod Health Clarendon	Hip Prosthesis (Replacement)	12	N/A	N/A	N/A	N/A	**No Conclusion**

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
McLeod Seacoast	Hip Prosthesis (Replacement)	190	0	< 1.00	N/C	N/C	**No Conclusion**
Medical University of South Carolina	Hip Prosthesis (Replacement)	331	2	3.64	0.55	0.418	= Same
Mount Pleasant Hospital	Hip Prosthesis (Replacement)	317	0	< 1.00	N/C	N/C	**No Conclusion**
Newberry County Hospital	Hip Prosthesis (Replacement)	139	0	< 1.00	N/C	N/C	**No Conclusion**
Oconee Medical Center	Hip Prosthesis (Replacement)	151	1	< 1.00	N/C	N/C	**No Conclusion**
Patewood Memorial Hospital	Hip Prosthesis (Replacement)	631	2	3.16	0.63	0.565	= Same
Pelham Medical Center	Hip Prosthesis (Replacement)	108	0	< 1.00	N/C	N/C	**No Conclusion**
Piedmont Medical Center	Hip Prosthesis (Replacement)	190	0	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Baptist	Hip Prosthesis (Replacement)	480	14	3.32	4.22	0.000	✕ **Worse**
Prisma Health Baptist Parkridge	Hip Prosthesis (Replacement)	103	0	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Richland	Hip Prosthesis (Replacement)	179	1	2.11	0.47	0.497	= Same
Prisma Health Tuomey	Hip Prosthesis (Replacement)	106	0	< 1.00	N/C	N/C	**No Conclusion**
Providence Downtown	Hip Prosthesis (Replacement)	36	0	< 1.00	N/C	N/C	**No Conclusion**
Providence Northeast	Hip Prosthesis (Replacement)	385	4	2.00	2.00	0.196	= Same
Roper Hospital	Hip Prosthesis (Replacement)	433	5	1.80	2.77	0.047	✕ **Worse**
Self Regional Healthcare	Hip Prosthesis (Replacement)	221	4	1.27	3.16	0.050	✕ **Worse**
Spartanburg Regional	Hip Prosthesis (Replacement)	418	8	4.64	1.73	0.145	= Same
Summerville Medical Center	Hip Prosthesis (Replacement)	90	1	< 1.00	N/C	N/C	**No Conclusion**
The Regional Medical Center of Orangeburg and Calhoun Counties	Hip Prosthesis (Replacement)	58	0	< 1.00	N/C	N/C	**No Conclusion**

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Tidelands Georgetown	Hip Prosthesis (Replacement)	8	N/A	N/A	N/A	N/A	**No Conclusion**
Tidelands Waccamaw	Hip Prosthesis (Replacement)	203	0	< 1.00	N/C	N/C	**No Conclusion**
Trident Medical Center	Hip Prosthesis (Replacement)	267	1	2.18	0.46	0.473	**= Same**

Surgical Site Infections (SSIs) from Knee Prosthesis (Replacement) in South Carolina's Acute Care Hospitals
January 1, 2018 - December 31, 2018
Includes data from the Complex Admission/Readmission SSI Module

A p-value of <0.05 indicates that the difference between observed and predicted infections is significantly better or worse than the national experience.
N/A = Data not shown for hospitals with fewer than 20 procedures. N/C = Data not calculated due to < 1.0 predicted infections.

Legend							
★	Fewer infections (**better**) than predicted based on the national experience.*	=	About the **same** number of infections as predicted based on the national experience.*	✕	More infections (**worse**) than predicted based on the national experience.*	**No Conclusion**	When the number of predicted infections is less than 1, no conclusion can be made.
**National experience contains data from 2015 for CLABSI, SSI, MRSA and CDI Laboratory-Identified Events.*							

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Abbeville Area Medical Center	Knee Prosthesis (Replacement)	5	N/A	N/A	N/A	N/A	**No Conclusion**
Aiken Regional Medical Center	Knee Prosthesis (Replacement)	155	0	< 1.00	N/C	N/C	**No Conclusion**
AnMed Health	Knee Prosthesis (Replacement)	6	N/A	N/A	N/A	N/A	**No Conclusion**
AnMed Health Cannon	Knee Prosthesis (Replacement)	31	0	< 1.00	N/C	N/C	**No Conclusion**
AnMed Health Women's and Children's Hospital	Knee Prosthesis (Replacement)	267	0	1.09	0.00	0.338	= Same
Baptist Easley Hospital-Prisma Health Upstate	Knee Prosthesis (Replacement)	5	N/A	N/A	N/A	N/A	**No Conclusion**
Beaufort Memorial Hospital	Knee Prosthesis (Replacement)	236	0	< 1.00	N/C	N/C	**No Conclusion**
Bon Secours St. Francis Eastside	Knee Prosthesis (Replacement)	1,351	5	4.08	1.23	0.614	= Same
Bon Secours St. Francis Hospital - Downtown	Knee Prosthesis (Replacement)	56	0	< 1.00	N/C	N/C	**No Conclusion**
Colleton Medical Center	Knee Prosthesis (Replacement)	32	0	< 1.00	N/C	N/C	**No Conclusion**

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Conway Medical Center	Knee Prosthesis (Replacement)	413	0	1.21	0.00	0.300	= Same
East Cooper Regional Medical Center	Knee Prosthesis (Replacement)	380	1	1.08	0.93	1.000	= Same
Grand Strand Regional Medical Center	Knee Prosthesis (Replacement)	437	4	1.71	2.34	0.125	= Same
Greenville Memorial Hospital	Knee Prosthesis (Replacement)	6	N/A	N/A	N/A	N/A	**No Conclusion**
Hampton Regional Medical Center	Knee Prosthesis (Replacement)	18	N/A	N/A	N/A	N/A	**No Conclusion**
Hilton Head Hospital	Knee Prosthesis (Replacement)	287	0	< 1.00	N/C	N/C	**No Conclusion**
Kershaw Health Medical Center	Knee Prosthesis (Replacement)	77	1	< 1.00	N/C	N/C	**No Conclusion**
Laurens County Hospital-Prisma Health Upstate	Knee Prosthesis (Replacement)	49	0	< 1.00	N/C	N/C	**No Conclusion**
Lexington Medical Center	Knee Prosthesis (Replacement)	594	2	2.34	0.85	0.905	= Same
MUSC Health Chester	Knee Prosthesis (Replacement)	10	N/A	N/A	N/A	N/A	**No Conclusion**
MUSC Health Florence	Knee Prosthesis (Replacement)	80	0	< 1.00	N/C	N/C	**No Conclusion**
MUSC Health Lancaster	Knee Prosthesis (Replacement)	22	0	< 1.00	N/C	N/C	**No Conclusion**
MUSC Health Marion	Knee Prosthesis (Replacement)	34	0	< 1.00	N/C	N/C	**No Conclusion**
Mary Black Gaffney	Knee Prosthesis (Replacement)	24	0	< 1.00	N/C	N/C	**No Conclusion**
Mary Black Health System	Knee Prosthesis (Replacement)	261	0	< 1.00	N/C	N/C	**No Conclusion**
McLeod Dillon	Knee Prosthesis (Replacement)	13	N/A	N/A	N/A	N/A	**No Conclusion**
McLeod Health	Knee Prosthesis (Replacement)	592	2	2.11	0.95	1.000	= Same
McLeod Health Cheraw	Knee Prosthesis (Replacement)	25	0	< 1.00	N/C	N/C	**No Conclusion**
McLeod Health Clarendon	Knee Prosthesis (Replacement)	26	0	< 1.00	N/C	N/C	**No Conclusion**

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
McLeod Seacoast	Knee Prosthesis (Replacement)	313	0	< 1.00	N/C	N/C	**No Conclusion**
Medical University of South Carolina	Knee Prosthesis (Replacement)	406	3	2.07	1.45	0.496	= Same
Mount Pleasant Hospital	Knee Prosthesis (Replacement)	463	1	< 1.00	N/C	N/C	**No Conclusion**
Newberry County Hospital	Knee Prosthesis (Replacement)	201	3	< 1.00	N/C	N/C	**No Conclusion**
Oconee Medical Center	Knee Prosthesis (Replacement)	238	0	< 1.00	N/C	N/C	**No Conclusion**
Patewood Memorial Hospital	Knee Prosthesis (Replacement)	1,102	1	2.92	0.34	0.265	= Same
Pelham Medical Center	Knee Prosthesis (Replacement)	216	1	< 1.00	N/C	N/C	**No Conclusion**
Piedmont Medical Center	Knee Prosthesis (Replacement)	228	0	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Baptist	Knee Prosthesis (Replacement)	913	2	2.83	0.71	0.687	= Same
Prisma Health Baptist Parkridge	Knee Prosthesis (Replacement)	167	0	< 1.00	N/C	N/C	**No Conclusion**
Prisma Health Richland	Knee Prosthesis (Replacement)	160	0	1.04	0.00	0.353	= Same
Prisma Health Tuomey	Knee Prosthesis (Replacement)	183	2	< 1.00	N/C	N/C	**No Conclusion**
Providence Downtown	Knee Prosthesis (Replacement)	43	0	< 1.00	N/C	N/C	**No Conclusion**
Providence Northeast	Knee Prosthesis (Replacement)	207	2	< 1.00	N/C	N/C	**No Conclusion**
Roper Hospital	Knee Prosthesis (Replacement)	648	1	1.47	0.68	0.800	= Same
Self Regional Healthcare	Knee Prosthesis (Replacement)	373	2	1.12	1.79	0.410	= Same
Spartanburg Regional	Knee Prosthesis (Replacement)	668	10	3.44	2.91	0.004	✕ Worse
Summerville Medical Center	Knee Prosthesis (Replacement)	136	0	< 1.00	N/C	N/C	**No Conclusion**
The Regional Medical Center of Orangeburg and Calhoun Counties	Knee Prosthesis (Replacement)	98	2	< 1.00	N/C	N/C	**No Conclusion**

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	Standardized Infection Ratio (SIR)	SIR p-value	How Does This Facility Compare to the National Experience?
Tidelands Georgetown	Knee Prosthesis (Replacement)	36	0	< 1.00	N/C	N/C	**No Conclusion**
Tidelands Waccamaw	Knee Prosthesis (Replacement)	312	0	1.09	0.00	0.337	= Same
Trident Medical Center	Knee Prosthesis (Replacement)	322	0	1.81	0.00	0.164	= Same