



**South Carolina Department of Health and Environmental Control**

**C. Earl Hunter, Commissioner**

**Hospital Infections Disclosure Act  
2010 Annual Report to the General Assembly  
April 2011**

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# **2010 HIDA Annual Report to the General Assembly Hospital Acquired Infections**

## **Executive Summary**

### **BACKGROUND:**

This 2010 Annual HIDA Report on the progress in implementing the Hospital Infections Disclosure Act (HIDA) is being submitted in compliance with the S.C. Code Section 44-7-2440 of the “Hospital Infections Disclosure Act” (HIDA) requiring an annual progress report. In June of 2007, HIDA was amended to allow phasing in of reporting requirements.

DHEC, with the advice of the HIDA Advisory Committee, and with existing resources, began work in September 2006 to implement HIDA. This law is intended to address one of the “Top Ten Public Health Problems” in the country as described by the CDC and a recent U.S. Department of Health and Human Services National Healthcare Associated Infections Action Plan. Since SC was one of the first states to pass a hospital acquired infections (**HAI**) mandatory public reporting law, there was a limited amount of experience upon which to build a program. Significant challenges included convening a large Advisory Committee, selecting a data system for reporting, and defining reporting requirements. The first report with six months of data was due by February 1, 2008. Therefore, hospitals had to begin collecting data and reporting it into a data system by July 1, 2007. Reports have been generated every six months since that time,

**Acknowledgements:** DHEC gratefully acknowledges that the HIDA achievements were made possible by the combined efforts of DHEC staff and the hospitals’ infection prevention staff, the active participation of the HIDA Advisory Committee and subcommittees, and the effective partnerships established with the Association of Professionals in Infection Control and Epidemiology (APIC-Palmetto), the SC Hospital Association (SCHA), and the S.C. Office of Research and Statistics (ORS).

### **METHODS:**

#### **NHSN Data System:**

##### **Surgical Site Infections and Central Line Associated Bloodstream Infections:**

The National Healthcare Safety Network (NHSN) system was selected as the primary HIDA data reporting system for surgical site infections and central line associated bloodstream infections. The NHSN was a “ready to use” system and did not require additional funding or time for DHEC to develop an HAI data reporting system. There is **no** financial charge for states to use the federally funded CDC NHSN system. The CDC develops data standards, and provides data security, maintenance, and future upgrades.

NHSN is a key reason that South Carolina has made significant and rapid progress. However, the complexity of the system also presented the primary challenges that the hospitals and DHEC have

had in implementing the law. Many of these challenges continue and are listed here and discussed further in this report.

**Bureau of Disease Control - List of Reportable Conditions:**  
**Carolinas Health Electronic Surveillance System (CHESS):**

**MRSA Bloodstream Infections:** In addition to NHSN, other data systems may be used for HIDA reporting. Beginning in January 2008, clinical laboratories began reporting MRSA positive blood culture results as required on the DHEC List of Reportable Conditions. These lab results were matched with the Office of Research and Statistics hospital discharge data set to determine if the MRSA bloodstream infection was healthcare associated. By linking two existing data reporting systems for MRSA reporting, this method does not add to the burden of reporting for the infection prevention staff. While there are limitations to this method, it is anticipated that the results will provide helpful information to monitor MRSA bloodstream infections in South Carolina without adding to the burden on hospital staff.

**The Standardized Infection Ratio (SIR)** is being used in other states to compare hospitals with a standard measure and has been recommended as the appropriate method by the Centers for Disease Control and Prevention (CDC). DHEC selected the SIR as the measure to compare each hospital's SIR to that of the standard population in NHSN. The SIRs are anticipated to change over time as infection rates are reduced through prevention efforts.

The Standardized Infection Ratio (SIR) is a summary measure used to compare the surgical site infection (SSI) and central line infection (CLABSI) experience for the reportable procedures to that of a standard population. It is the *observed* number of infections divided by the *expected* (predicted) number of infections. The "expected" number of infections does not mean that someone should expect to get an infection when admitted to the hospital, nor does it mean that hospitals should be satisfied with having infection rates that are similar to the standard population. Many HAIs are preventable, so while it may not be possible to prevent all HAIs, the goal is to work toward HAI elimination.

This year, the CDC changed the way SSI SIRs are calculated. Previously, SSI SIRs were based on the basic risk index and published risk-stratified SSI rates. The new SSI SIRs will use improved risk adjustment calculated through logistic regression modeling. Not only does this allow for all available risk factors to be considered, but it also allows for the risk factors to be procedure specific. However, since the method of calculating SSI SIRs has changed, it will be impossible to compare current SIRs to those from previous time periods.

## **SUMMARY OF FINDINGS 2010:**

In the **2010 Summary Data for the HAI Comparison Report**, the majority of South Carolina hospitals are statistically “not different” from the standard population for most surgical procedures and hospital central line locations. The data are presented in the Tables in **Appendix E** and summarized here. Individual hospital reports can be found in **Appendix G**.

### **Surgical Procedures:**

#### ***Results:***

#### **Hip Prosthesis:**

- 53 hospitals performed 6,684 hip replacement or revision surgeries in 2010. 81 infections were reported.
- 39 hospitals had hip SSI SIRs that were in the “expected” range for the number of procedures performed. Eleven facilities did too few procedures to calculate a statistically significant rate. Three hospitals had SIRs higher than expected. One of these facilities also had a higher than expected SIR during the last reporting period. No facilities had hip SSI SIRs lower than expected.
- 24 facilities (45% of those performing hip procedures) reported zero infections for the time period.

#### **Knee Prosthesis:**

- 50 hospitals performed 10,394 knee replacement surgeries in 2010. 69 infections were reported.
- 41 hospitals had knee SSI SIRs that fell within the “expected” range. Six facilities performed too few procedures to calculate a statistically significant rate. Three hospitals had SSIs higher than expected. None of these facilities had higher than expected SIRs last reporting period. No facilities had knee SSI SIRs lower than expected.
- 29 facilities (58% of those performing knee replacement procedures) reported zero knee infections during this time period.

#### **Abdominal Hysterectomies:**

- 49 facilities performed 5,337 abdominal hysterectomies in 2010. 44 infections were reported.
- 37 hospitals had abdominal hysterectomy SSI SIRs that fell within the “expected” range. Eleven facilities performed too few procedures to calculate a statistically significant rate. One hospital had a higher SIR than expected. This facility did not have a higher than expected SIR last reporting period. No facilities had an SIR lower than expected.
- 26 facilities (53% of those performing abdominal hysterectomies) reported zero infections during this reporting time period.

#### **Colon Surgeries:**

- Only hospitals with less than 200 beds report colectomies. 34 facilities reported 1,246 procedures. 36 infections were reported.

- Of reporting facilities, 20 had SSI SIRs that fell within the “expected” range. Two facilities had higher than expected SIRs. One did not have a higher than expected SIR last period, and one did not report last year. Twelve facilities (35% of those reporting) performed too few procedures to calculate a statistically significant rate. No facilities had a lower SIR than expected.
- 18 facilities (53% of those reporting) had zero SSI for colectomies during this time period.

**Coronary Artery Bypass Graft (CABG):**

- 16 facilities performed chest and donor site CABGs, meaning that the surgeons harvested a vein from the patient’s leg to use as a bypass vessel. 3,930 of these procedures were performed and 29 infections were reported.
- 15 facilities had SSI SIRs that fell within the “expected” range. One facility had a higher than expected SIR. This facility did not have a higher than expected SIR last period. No facilities had a lower than expected SIR.
- Six hospitals (38% of those reporting) reported zero infections for this reporting period.
- 12 facilities performed 293 chest only CABG procedures. One infection was reported.
- Four hospitals had SSI SIRs that were in the “expected” range. No facilities had SIRs that were higher or lower than expected. Eight hospitals performed too few of these procedures to calculate a statistically significant SIR.
- Eleven of the twelve facilities (92% of those reporting) had zero infections during this time period.

***Lessons Learned:***

- Detection of SSIs in outpatient settings is extremely variable and labor intensive. It is very difficult to standardize across hospitals, and may unfairly attach a higher SSI SIR to a facility merely performing superior surveillance.
- For all types of surgeries, the vast majority of facilities well within the “expected” range. We cannot directly compare to other time periods, due to the change in method of SIR calculation.
- None of the SC hospitals had lower than expected surgical SIRs for any type of procedure.
- Until other states have the same validation processes, comparison between states may be misleading.
- Many of the hospitals reporting colon resection surgery do not have enough procedures to make any statistical inference.

***Recommendations:***

- The HAI Section of DHEC will continue to monitor hospitals for data reporting completeness, timeliness, and accuracy. Technical assistance will be provided as necessary.
- The HAI Section will evaluate facilities with the highest and lowest infection rates, especially those with these rates over more than one time period. Consider targeting for site visits.
- Evaluate the prevention practices survey to identify “best practices” in infection prevention and disseminate this information to all SC hospitals.

## **Central Line Associated Bloodstream Infections:**

### ***Results:***

Central line associated blood stream infections are reported based on the type of hospital ward in which the patient was being treated when the infection developed.

#### **Adult Inpatient:**

- 62 facilities reported 247,489 central line days. 329 infections were reported.
- 51 facilities had CLABSI SIRs that were within the “expected” range. One facility had a higher than expected SIR. Three had lower than expected SIRs. Seven facilities had too few line days to calculate a statistically relevant SIR.
- 30 facilities (48% of those reporting) had zero CLABSIs in this type of unit for the entire reporting period.

#### **Adult Critical Care:**

- 52 facilities reported 134,929 central line days. 228 were reported.
- 44 facilities had CLABSI SIRs within the “expected” range for this type of unit. Three facilities had higher than expected SIRs. Four facilities had lower SIRs. One facility had too few line days to calculate a statistically significant SIR.
- 21 facilities (40% of those reporting) had zero line infections in this type of hospital ward for the reporting period.

#### **Inpatient Rehabilitation:**

- 16 facilities reported 12,804 line days. Fourteen infections were reported.
- 14 facilities had CLABSI SIRs that were in the “expected” range for this type of ward. One had a higher than expected SIR. One facility had too few line days to calculate a statistically significant SIR. No facilities had fewer CLABSIs than expected.
- Ten facilities (63% of those reporting) had zero CLABSIs in this type of unit during the reporting period.

#### **Long Term Acute Care:**

- Seven facilities reported 50,279 line days. 77 infections were reported.
- All seven facilities had CLABSI SIRs within the “expected” range.
- One facility reported zero infections in their LTAC ward for this time period.

#### **Pediatric Inpatient:**

- 16 facilities reported 9833 central line days in their pediatric inpatient wards. Ten infections occurred during the reporting period.
- Nine facilities had CLABSI SIRs that were in the “expected” range for this time period. Six facilities had too few central line days in their pediatric inpatient wards to calculate a statistically significant SIR. No facilities had higher than expected SIRs. One hospital had a lower than expected CLABSI SIR for their pediatric inpatient ward for this reporting period.

- 11 facilities (69% of those reporting) had zero CLABSIs in this unit type for the time period.

#### **Pediatric Critical Care:**

- Five hospitals reported 7371 central line days and eleven infections.
- Four facilities had CLABSI SIRs within the “expected” range for this type of unit. One had a lower than expected SIR for this time period.
- Two hospitals reported zero CLABSI in their pediatric critical care unit for this time period.

#### **Hematology/Oncology:**

- Eight hospitals with heme/onc wards reported 35,566 line days. 53 infections were reported.
- Six of these facilities had CLABSI SIRs in the “expected” range for this type of hospital unit. Two had lower than expected CLABSI SIRs.
- One hospital reported zero CLABSIs in their heme/onc ward during the reporting time period.

#### **Bone Marrow Transplant:**

- There is one bone marrow transplant unit in South Carolina. They reported 810 central line days and zero infections. Their SIR falls in the “expected” category for this type of unit.

#### **Pediatric Hematology/Oncology:**

- Three hospitals have pediatric heme/onc wards. They reported 6378 central line days and 15 infections.
- All three facilities had CLABSI SIRs within the “expected” range for this type of unit.
- No hospitals reported zero infections in their pediatric heme/onc units for this time period.

\*\*Although not from 2010 data, it should be noted that in March 2011, the CDC released data showing that, of 17 states with a mandate for reporting CLABSIs to NHSN, South Carolina was the only state to demonstrate a significant decrease in CLABSI SIRs. South Carolina’s CLABSI rate dropped 30% July to December 2009 when compared to January to June 2009, in continuously reporting facilities. ([www.cdc.gov/vital signs](http://www.cdc.gov/vital signs))

#### **Methicillin Resistant *Staphylococcus Aureus* (MRSA) Bloodstream Infections:**

See **Appendix B** for the Methodology & the Preliminary Report.

- **Laboratory Reporting & Hospital Discharge Billing Data:** This method was developed to estimate MRSA bloodstream infection rates using existing data systems. The data are limited to the information available in the two data collection systems and are not collected directly from the patient records.
- 1767 MRSA bloodstream infections were evaluated this way. Of those, 388 were hospital onset, meaning they were identified more than 72 hours after admission. 1379 infections were community onset, or identified less than 72 hours after admission. However, further investigation revealed that 1625 (92% of evaluated infections) were healthcare- associated.



This means that they were either hospital onset or the patient had a history of hospitalization, surgery, dialysis, or admission to a long-term care facility in the year prior to specimen collection. In contrast, 142 (8% of evaluated infections) were community associated; meaning that they were community onset and the patient did not have any of the other risk factors listed above.

- **MRSA Surgical Site Infections (Appendix C)** DHEC monitors the percentage of surgical site infections due to MRSA.

***Lessons Learned:***

- Until other states have the same validation process, comparisons between states may be misleading.
- No one facility had high infection rates in every unit
- Many facilities had units with lower than expected infection rates.
- Most MRSA bloodstream infections are healthcare associated.
- MRSA continues to be a significant pathogen in SSIs.
- Timeliness and completeness of data submission is often affected by hospital infection control staffing turnover, vacant positions, and the need for training to comply with the reporting mandates

***Recommendations:***

- The HAI Section will continue to monitor all hospitals for data reporting completeness, timeliness, and accuracy. Technical assistance will be provided as needed.
- The HAI Section will evaluate hospitals with the highest and lowest infection rates to ensure complete and accurate reporting.
- Consider validation site visits for those facilities with the highest and lowest infection rates.
- The department will support expansion of the level II/III and III neonatal intensive care units, as they begin to enter data.
- Consider expanding efforts to nursing home and dialysis centers to reduce overall rates of MRSA infections.
- Create a more comprehensive education and training program for hospital infection prevention staff.

**Data:** The 2010 HIDA Annual HAI Public Reports are posted on the DHEC website [www.scdhec.gov/health/disease/hai/report.htm](http://www.scdhec.gov/health/disease/hai/report.htm). The reports contain the **Individual Hospital HAI Reports** with infection rates for all procedures performed at each hospital. When looking at infection rates, it is important to be cautious about interpreting or comparing data. For example, infection rates may vary widely by simply adding one to a small number. Also, the **HAI Comparison Summary and Comparison Tables** can be found on the web site and attached in **Appendix D**. These comparisons use a Standardized Infection Ratio method to compare hospitals as described below.

DHEC has assessed the accuracy and completeness of the data as described in the **HIDA Validation Report** in this document.

This report includes data from the 13 month time period from 12/01/2009 to 12/30/2010. Subsequent reports will include data from a 12 month period, allowing for easier comparison across years.

**Policy Issues:**

While DHEC and the HIDA Advisory Committee have not developed specific policy recommendations, the following issues have been discussed.

One concern is the lack of established staffing and training standards for infection prevention specialist in hospitals. Also, there is no formal infection prevention training program in South Carolina. These factors have had a negative impact on hospital efforts to sustain infection prevention programs, especially with the increased need for specialty training and the high turnover for these positions.

DHEC will continue to participate with the SCHA and Health Sciences South Carolina to ensure public health representation in the collaborative efforts to prevent HAIs. HIDA reporting requirements will be selected and results will be available to measure outcomes for the prevention efforts across the state.

The state budget cuts have impacted the HIDA program by reducing staff time and travel funds for validation site visits. DHEC will discuss the issues with the HIDA Advisory Committee to identify options for managing these cuts. In discussions with the legislature, DHEC has already identified that phasing in of additional reporting criteria will likely need to be deferred.

## 2010 HIDA Annual Report to the General Assembly

### Background

Infections that patients acquire while receiving medical treatment in hospitals, nursing homes, outpatient surgery centers and dialysis clinics are a major public health problem in the United States. These infections are called healthcare-associated infections.

Patients can get them from routine care, surgery, as a complication from medical devices such as ventilators, catheters, and lines, or as a side effect of the overuse of antibiotics.

While patients are often admitted to hospitals with infections acquired in other healthcare settings or in the community, the **HIDA HAI Public Reports** refer only to those infections that meet standardized definitions for hospital acquired infections.

The U.S. Centers for Disease Control and Prevention (CDC) estimates that 1.7 million healthcare-associated infections occur in U.S. medical facilities each year. These infections result in as many as 99,000 deaths and nearly \$20 billion in additional healthcare costs annually. (The estimates are based on 2002 data.)

The 2006 Hospital Infections Disclosure Act (HIDA) was one of the first state laws with the goal of providing fair, accurate, and comparable information about hospital infection rates to consumers. The law was passed as a result of increasing concern about hospital acquired infections (HAIs) and consumer interest in getting information about infection rates and quality of care in hospitals. HIDA was an important step toward promoting HAI prevention and measuring the progress toward eliminating HAIs in South Carolina.

National policy makers have also recognized the impact of HAIs and the significant increase in public demand for healthcare quality information. Congressional hearings in 2008 identified HAIs as a significant public health problem and pointed out the lack of coordination at the federal level to address the problem. In response, the U.S. Department of Health and Human Services (DHHS) convened a committee of experts to draft a national Action Plan to Prevent Healthcare-Associated Infections for public comment. A national action plan will have a significant impact upon the SC HIDA program by providing scientific guidance, improved collaboration between federal, state, and local partners, and potential resources to address the problem. The draft Action Plan can be found on the DHHS Website <http://www.hhs.gov/ohps/>.

The topic of healthcare associated infections (HAIs) has been identified as one of the “top ten” public health problems in the nation. Numerous state and federal agencies and professional organizations are developing and issuing plans, guidelines, and mandates for HAIs to include prevention, surveillance, and reimbursement for care.

In South Carolina, a broad range of opportunities may be available through the Duke Endowment funded Health Sciences South Carolina (HSSC). The problem of healthcare associated infections (HAIs) was selected as their first major initiative to improve healthcare in South Carolina. Also, in line with the goals of the Action Plan to Prevent HAIs, the U.S. Department of Health and Human Services is working to coordinate response in the federal agencies including the Centers for Disease Control and Prevention (CDC), Centers for Medicare and Medicaid (CMS), and the

Agency for Healthcare Research and Quality (AHRQ) and national professional organizations. The CDC has proposed grants to implement strategies to prevent HAIs across the continuum of care in the community and healthcare facilities (including long term care, rehabilitation, dialysis, and inpatient and outpatient hospitals).

In addition to public reporting for HIDA, the NHSN data will be used to measure outcomes of these prevention efforts. The fact that South Carolina hospitals are using NHSN and providing outcome measures, improves the opportunities for grants to fund prevention initiatives.

### **Comparing Hospitals:**

The NHSN system requires hospitals to use a standard way of surveillance (case finding). Active surveillance for infections while the patient is still in the hospital has been standardized. When patients develop HAI symptoms post discharge, then there is not a standardized way to find these patients. These infections are frequently treated in the outpatient setting and are not reported to the hospital. Some hospitals may actively pursue reports by calling or writing letters to patients and physicians to find these infections with varying degrees of success. Also, larger hospitals may have an electronic medical record that is available throughout the hospital and in associated outpatient clinics. The hospital IPs can easily see surgical site infections documented in the outpatient record. Hospitals without these resources cannot find as many cases. So a hospital may have a higher surgical infection rate than another hospital because they are doing a better job of post discharge surveillance, not necessarily because they have more infections. This is generally an issue for “superficial” less severe wound infections. Patients who are sick enough to be readmitted to the hospital will be identified as a readmission. Currently all reportable infections that are identified must be reported into NHSN. Efforts are underway to define a way to clarify the issue of post discharge surveillance. Validating (evaluating) the completeness and accuracy of the data is an ongoing process for DHEC. With this validation process, DHEC can identify inpatient and readmission infections, but not post discharge infections treated in the outpatient setting.

**Benefits:** The HIDA reports will help promote infection prevention efforts and allow the public and state health officials to measure the state’s progress in reducing or eliminating HAIs. The fact that the NHSN data are available as an outcome measure for prevention efforts has made it possible for SC to be eligible for additional resources to prevent HAIs.

**Burden of Reporting:** Hospitals are concerned that HIDA reporting has placed a significant burden upon the hospital infection prevention (IP) staff. The NHSN system takes more time to collect and report infections than the hospital’s own internal surveillance systems, leaving significantly less time available to implement and monitor infection prevention efforts. There is a shortage of experienced infection prevention staff and the high turnover in these positions has been attributed to increased stress caused by the new reporting requirements in the face of staffing shortages. New IPs need access to specialty training in healthcare infection prevention.

### **Planning and Implementing HIDA**

The first step in implementing HIDA was to establish an internal DHEC HIDA Workgroup to identify existing resources to plan and implement the law. A coordinator was named for the

planning process and to facilitate the creation of the Advisory Committee and the meetings. State funding to hire DHEC staff to implement the law was identified in the Bureau of Disease Control budget in July 2007. These staff included the HIDA coordinator who became the program manager and an epidemiologist, who began fulltime in December, 2007 and the infection preventionist (IP) began in February 2008. In 2010, the HAI Section was restructured to include a Section Director, Program Coordinator, Infection Preventionist, and an Epidemiologist.

### **HIDA Advisory Committee (Appendix A: Members, current and past)**

The HIDA Advisory Committee has been instrumental in providing DHEC with the variety of perspectives and the subject area expertise to develop the program. The original thirty member committee of five representatives from the six categories defined in the law is now a twenty four member committee of four members per category. The Advisory Committee met for the first time on September 13, 2006 and, after orientation to the topic of hospital acquired infections and HIDA requirements, it was immediately apparent that much work was needed to meet the legislative deadline for the first HIDA report on February 1, 2008. The committee continued meeting almost every two weeks for the rest of 2006. Currently, HIDA meetings are held quarterly.

**HIDA Progress Summary:** Since HIDA was passed into law on May 31, 2006, the following milestones have been achieved.

- Created the HIDA Advisory Committee with meetings almost every month since September 2006. In the first five months, the meetings were held about every two weeks. Currently, meetings are held quarterly.
  - Selected the CDC National Healthcare Safety Network (NHSN) data system for HIDA Reporting.
  - HIDA Advisory Committee Training Subcommittee – planned and coordinated NHSN training for hospitals in the fall of 2010.
  - Defined surgical site infections and central line associated bloodstream infections reporting requirements and phased in additional requirements over time. Ventilator associated pneumonia (VAP) reporting has been deferred until a standardized case definition can be determined.
  - Added MRSA bloodstream infections to the DHEC List of Reportable Conditions requiring clinical laboratories to report positive MRSA blood cultures.
  - Developed methodology for MRSA bloodstream infections to be linked with the Office of Research and Statistics (ORS) hospital and emergency room discharge data so that community acquired infections could be separated from hospital acquired infections.
- (Appendix B)**
- Added VISA/VRSA infection and CRE infections to the List of Reportable Conditions.
  - Seventy-nine acute care and rehabilitation hospitals are now reporting their data to DHEC.
  - DHEC HIDA staff provides hospitals with compliance assistance.
  - With the HIDA Advisory Committee, identified options for public reporting of comparable data to the public
  - DHEC selected the Standardized Infection Ration (SIR) as the method to compare hospitals with the standard population using NHSN for this report.

- 2010 HIDA Annual Report (**HAI Comparison Tables –Appendix D**) - attached to this report to the General Assembly and posted on the HIDA public website.
- 2010 Annual **Individual Hospital's HAI Summary Reports** are posted on the DHEC HAI website (13 months of data) [www.scdhec.gov/hai](http://www.scdhec.gov/hai). These reports are for data from December 1, 2009 to December 30, 2010.
- DHEC has implemented the HIDA Validation Plan with summary results and recommendations described in this report.
- Hospitals submitted responses to a DHEC survey of selected infection prevention practices.
- DHEC is in the process of drafting HIDA Regulations
- DHEC staff are participating in an SCHA prevention initiative named the South Carolina Healthcare Alliance for Infection Prevention (SCHAIP), to work collaboratively on specific HAI prevention programs and activities, and also on the Health Sciences South Carolina HAI planning committee.

## **HIDA Data Reporting System**

**NHSN:** This has also been discussed in the Executive Summary. Selecting a data system was a critical step toward implementing HIDA. For public reporting and comparison, each reporting hospital must use the same case definitions and surveillance reporting processes. The committee reviewed the data systems used by the few states that were reporting HAIs at the time. This review included the Centers for Disease Control and Prevention (CDC) system developed for use by hospitals as a voluntary quality improvement system. CDC had just announced that it would open up the National Healthcare Safety Network (NHSN) system for states with mandatory reporting laws. DHEC selected the NHSN because it includes the following key features: standardized case definitions and processes, risk adjusted rates, data security, system maintenance and upgrades, and there was no financial fee to the state for enrolling and using the system.

The complexity of the NHSN system also presented the primary challenges that the hospitals and DHEC have had in implementing the law. The Advisory Committee has had many discussions about their concerns that the labor intensive NHSN reporting process would take away from the time the hospital Infection Preventionists (IP) needs to focus on infection prevention activities. Changing the system to meet the needs of an individual state is often not possible without extensive changes by the CDC system developers. When possible, CDC has been responsive and made changes in the system that SC has suggested.

Each hospital reports to DHEC by “conferring rights” to the DHEC Group to go into NHSN to see their data and download the reports into a DHEC data base. Follow-up periods for case finding range from 30 days after a procedure to a full year for surgeries with implants such as hip and knee replacements. So data are not final until the end of those follow up periods.

**DHEC List of Reportable Conditions:** In addition to NHSN, other data systems may be used for HIDA reporting. Beginning in January 2008, clinical laboratories began reporting MRSA positive blood culture results as required on the DHEC List of Reportable Conditions. These lab results will be matched with the Office of Research and Statistics hospital discharge data set to determine if the MRSA bloodstream infection was hospital associated. By linking two existing data reporting systems for MRSA reporting, this method does not add to the burden of reporting for the IP staff. While there are limitations to this method, it is anticipated that the results will provide helpful information to monitor MRSA bloodstream infections in South Carolina. (**Appendix B**)

DHEC also monitors infections with vancomycin intermediate and resistant staphylococcus aureus (VISA/VRSA) and added carbapenem resistant enterobacteriaceae (CRE) to the list of reportable conditions in 2011.

**Program Costs and Training:** There is **no** financial charge for states to use the CDC federally funded NHSN system. However, the need to standardize the data to allow for comparing hospitals means that the NHSN procedures are complex and labor intensive. Hospital staff must be trained in the use of NHSN. They must comply with data collection, data entry and timelines, and have expertise in infection control. The hospitals’ cost of implementing HIDA includes staff time diverted from infection prevention to surveillance (finding cases) and data entry.

DHEC costs consist of the staff and equipment needed to develop expertise in hospital acquired infections and in the NHSN system, to analyze, interpret and disseminate the data reports, and to



assure the accuracy and completeness of the data. DHEC staff provide guidance and consultation to the hospitals in the use of NHSN and monitors compliance with reporting requirements.

## **HIDA Reporting Requirements:**

1. **Surgical Site Infections (SSI)** for the following procedures, in all hospitals where these procedures are performed (except where designated only for hospitals  $\leq$  200 beds).
  - Coronary Artery Bypass Graft (CBGB) (both chest and donor site incisions)
  - Coronary Artery Bypass Graft (CBGC) (with chest incision only)
  - Hysterectomy (abdominal - HYST)
  - Hip – prosthesis- (HPRO)
  - Knee – prosthesis – (KPRO)
  - \* Colon (COLO) - (only report from hospitals of 200 beds or less)

2. **Central Line Associated Bloodstream Infections (CLABSI)** For the December 2009- December 2010 reporting period, “whole house” reporting was required of all facilities. Data was broken down into the following units:

- Adult Medical and/or Surgical Critical Care Units (all combinations of Medical and Surgical, unless designated as other Specialty Location.)
- Pediatric Medical and/or Surgical Critical Care Units, (all combinations of Medical and Surgical, unless designated as other Specialty Location.)
- Adult Inpatient Units
- Pediatric Inpatient Units
- Inpatient Rehabilitation

### **Specialty Care Areas**

- Long Term Acute Care (LTAC)
- Hematology/Oncology
- Pediatric Hematology/Oncology
- Bone Marrow Transplant

3. **Specific Pathogens:** DHEC continues to monitor MRSA blood stream infections and all infections associated with vancomycin-intermediate and vancomycin-resistant staphylococcus aureus. Carbapenem-resistant enterobacteriaceae (CRE), a newly recognized pathogen, was added to the list in 2011. Data concerning CRE we not be available until the 2011 report is published.

**HIDA Reports:** Specific reporting requirements were determined by DHEC with the advice of the HIDA Advisory Committee and other requirements will be phased in over time. On July 1, 2007, hospitals began submitting data for selected surgical procedures for Surgical Site Infections (SSIs) and for selected hospital units “locations” for monitoring Central Line Associated Bloodstream Infections (CLABSI). The specific procedure reports are listed in the **HAI Comparison Charts in Appendix E and F** and on the web site. Individual hospital reports can be found in **Appendix G**.

In the “other” category, DHEC added methicillin resistant *Staphylococcus aureus* (MRSA) bloodstream infections to the clinical laboratory reporting requirements beginning in January 2008. These MRSA blood culture reports are being linked to existing hospital discharge data from

the Office of Research and Statistics to help identify which of the positive MRSA cultures are hospital associated versus community associated. A preliminary MRSA report is included in this report (**Appendix B**) and posted on the website.

Reporting of Ventilator Associated Pneumonia (VAP) has been deferred until a standardized definition can be developed to allow for comparing infection rates. Standardizing the VAP definition is a national issue and many experts in infection prevention are debating the definition and working on this goal.

**Infection Prevention:** Hospitals must report the completeness of certain infection control processes according to accepted standard definitions. The first Annual Infection Prevention (IP) Survey was submitted to DHEC on December 15, 2009. Summary results will be posted on the website [www.scdhec.gov/hai](http://www.scdhec.gov/hai) when the analysis is complete. The IP Survey will be used to plan Infection Prevention reporting requirements.

The South Carolina Hospital Association ([www.schanew.org](http://www.schanew.org)) has provided leadership to promote best practices in the hospitals and to convene a statewide alliance to focus on prevention. The South Carolina Healthcare Alliance for Infection Prevention (SCHAIP) includes numerous partners including DHEC. The HIDA data will be used to measure the trends over time and the effectiveness of prevention measures.

South Carolina hospitals have been actively participating in new initiatives to prevent infections. Some of these are outlined on their websites. The South Carolina Hospital Association has summarized major initiatives below:

**South Carolina Hospital Association Summary Report  
Collaborative Healthcare Associated Infection (HAI) Prevention Activities**

- Representatives from SCHA and a number of member hospitals have actively participated on the HIDA committee since its inception
- SCHA in conjunction with Palmetto APIC and DHEC have conducted multiple educational workshops for infection control professionals and other healthcare workers
- Established an alliance of healthcare providers, under the name South Carolina Healthcare Alliance for Infection Prevention (SCHAIP), to work collaboratively on specific HAI prevention programs and activities
- Created a partnership with Heath Sciences South Carolina and Premier, Inc. to actively link research, quality improvement and data analysis as it relates to HAI prevention.
- Established a partnership with Johns Hopkins Patient Safety Center focused on prevention of central line bloodstream infections

## HIDA Validation Visits: 2010

HIDA requires that DHEC assure the quality of the HAI data. DHEC personnel performed on-site validation visits from December 2009 through August 2010. The HAI section infection preventionist left the agency on August 30, 2010, thereby limiting our ability to continue site visits.

### A) RESULTS

**Surgical Site Infections (SSIs):** DHEC HAI section staff performed validation site visits at 29 acute care hospitals and two long-term acute care facilities. Medical records for 424 patients who had reportable surgical procedures performed were reviewed to determine if there were any undetected SSIs.

- Two additional SSIs were found
- Three SSIs were removed because they did not meet surveillance criteria
- Three SSI classification changed

Also, information from the 424 medical records was compared with the data entered into the NHSN database. IPs were taught how to validate their own data to detect these system errors. Systems errors involved problems with data transmission from surgical or lab data systems. Overall, 107 errors were detected. Errors in surgery duration time, type of anesthesia used, the use of an implant, and American Society of Anesthesiologists (ASA) score accounted for 80% of the data input errors.

**Central Line Associated Bloodstream Infections (CLABSIs):** Records for 51 charts and/or IP documentation were reviewed to determine if the reported bloodstream infection met the NHSN criteria for a central line associated bloodstream infection.

- Six CLABSIs were removed
- One CLABSIs organism was changed
- Three CLABSIs had a second organism that was not reported

One hundred eighteen medical records of patients with positive blood cultures were also reviewed to determine whether a CLABSI occurred. Two additional CLABSIs were detected.

### B) BURDEN OF REPORTING

#### **NHSN Participation:**

To participate in NHSN, hospitals had to take the following time consuming steps:

1. Enroll in NHSN.
  - Sign an agreement with the CDC.

- Designate a system administrator.
2. Obtain a digital certificate for each person with access to NHSN
  3. Install the digital certificate on the computer
  4. Confer rights to DHEC to access the hospital's data.
  5. Define the hospital locations using CDC criteria
  6. Complete a facility survey regarding resources, beds, services provided, etc.
  7. Submit a monthly surveillance plan
  8. Begin to enter data.

The main challenge reported by the IP is how to balance the burden of NHSN data gathering and data entry and continue to perform infection prevention activities. Reporting requirements are reducing their time for prevention efforts.

#### **NHSN Data collection burden**

- If manually entered, very time and labor intensive
- If uploaded from Hospital Information System data is subject to system errors
- Complex instructions and definitions require professionals experienced in infection control
- Definitions not understood by all personnel (e.g. OR) collecting data
- Clinical SSI and CLABSI criteria and NHSN SSI and CLABSI surveillance criteria may be different

#### **Diversions of scarce resources away from Infection Prevention activities**

- Hand hygiene monitoring
- Employee Infection Prevention and Control education
- Central line insertion and maintenance monitoring
- Other strategies to reduce HAIs
- Unit rounds to monitor compliance and provide consultation to frontline staff
- Ensuring that isolation policies are followed
- Surveillance for infections other than those that are publicly reportable

## RECOMMENDATIONS FOR 2011 VALIDATION PLAN

Continue to perform on site Validation Visits, as specified by the legislature to ensure accuracy and completeness.

- Review readmission charts after surgery to search for missed SSIs. Use the information from the original surgery record to validate the NHSN data.
- Concentrate on facilities with new IPs, and perform on site validation visit to confirm data in NHSN, and provide one to one trainings on how to use the NHSN data analysis tools for internal validation.
- Target facilities with very low or very high SIRs in any area for site validation.
- Provide written reports with the findings, recommendations/suggestions for improvement or corrective action, if any, to the facilities, and follow up visits, if necessary.

If DHEC is not able to perform on site validation for all hospitals, then the Validation Plan will be limited to monitoring the following:

- Monitor reporting Plan on monthly basis and notify facility if any errors found
- Perform Procedure and Event Line Listings monthly and notify facility if any obvious or likely errors found:
- Monitor all hospitals for the completeness and accuracy of data entered, discuss findings and ensure corrective action is taken
- Target site visits where problems are identified in the NHSN system analysis or if complaints are received.
- Not all reporting problems can be detected by looking in the computer.

Impact of inability to perform on site validation, DHEC will not be able to:

- Validate the accuracy of the total numbers of procedures performed
- Search for unreported SSIs or CLABSIs
- Determine the extent of the SSIs
- Validate when and how the SSI was found
- Provide on site NHSN internal validation education
- All of these could affect the accuracy of the public report.

## Appendix A

### Hospital Infections Disclosure ACT (HIDA)

#### Members of Advisory Committee

02/11

Groups	Members
Hospitals	Dr. Rick Foster – SCHA Columbia Shellie Rorie- Palmetto Richland Risk Manager Dr. Brian Kendall, Regional Med. Ctr.- Orangeburg Vacant:
Consumers	Teresa Arnold – AARP of S.C. Helen Haskell - Mothers Against Medical Error Dianne Parker – Aiken John Ruoff – South Carolina Fair Share
Businesses	Vacant: Bruce Barragan – GMK Associates Vacant: Vacant:
Purchasers of Health Care Services	Julie Royer – ORS Dr. J.B. Sobel - BC/BS Columbia Vacant – DHHS Lynn Martinez Page - Carolina Center for Medical Excellence
Physicians	Dr. Helmut Albrecht – USC School of Medicine Dr. Joe John – VA Med - Charleston Dr. Cassandra Salgado – MUSC Dr. Kevin Shea – Carolinas Hospital System
Infection Control	Kathy Bryant- Spartanburg Regional Med. Ctr. (nominated) Paula Guild – Kershaw Med Center Beth Rhoton – MUSC Cindy Budelmann- Laurens

#### Past Members:

Valerie Aiken- Purchasers of Health Care Services

Pete Bailey – Purchasers

Dr. Mary Jo Cagle – Hospitals

Dr. Lydia Chang – Physicians

Leigh Faircloth – Businesses

Dr. Nelson Gunter- Purchasers

Bobby Horton - Businesses

Cindy Moon – Infection Control

Phil Morris - Consumers

Phyllis Perkins - Businesses

Karl Pfaehler - Hospitals

Zenovia Vaughn – Purchasers

Dr. John Weems – Physicians

Dr. John Sanders- Hospitals

Connie Steed- Infection Control

## Appendix B

### **Methicillin Resistant *Staphylococcus Aureus* (MRSA) Bloodstream Infections Data Methodology & Preliminary Report**

In 2008, the South Carolina Department of Health and Environmental Control (DHEC) made Methicillin Resistant *Staphylococcus Aureus* Bloodstream Infections (MRSA BSI) a laboratory reportable condition. For the Hospital Infections Disclosure Act, a MRSA BSI is defined as a hospital acquired infection when a blood culture collected more than 72 hours after admission becomes positive for MRSA.

DHEC collects MRSA BSI data in three ways: (i) Electronic Laboratory Reporting (ELRs), (ii) disease report cards mailed to DHEC, (iii) or reports entered directly through Carolinas Health Electronic Surveillance System (CHESS). ELRs import directly into CHESS, and results submitted by disease report cards are manually entered into CHESS.

Once the data is in CHESS, a query is run that looks for all MRSA that have blood listed as the specimen source. Blood specimen source options for MRSA are whole blood arterial or venous, and very rarely cord blood. Many times, there will be several labs for one person, but that does not translate into a person having multiple infections. If there are fourteen (14) or more days between the first blood draw and the subsequent blood draw, then the latest blood draws are counted as a new infection (event). For example, if a person has their first lab drawn on January 1<sup>st</sup> and another January 6<sup>th</sup> and a third one on January 9<sup>th</sup>, those are all considered the same event and not counted as multiple events. However if a person has their first lab on January 1<sup>st</sup> and another January 6<sup>th</sup> and a third on January 27<sup>th</sup>, the person would be listed as having two events.

After all of the MRSA BSIs have been pulled from CHESS, DHEC gives the file to the Office of Research and Statistics (ORS), where data from DHEC is run through the ORS unique identification system to obtain a unique identifier for linkage to health databases. Unique numbers replace personal identifiers and enables staff to “link across” multiple providers and settings while protecting confidentiality. The data linkage project was approved by the South Carolina Data Oversight Council. The ORS health databases include hospital uniform billing data for inpatient admissions, emergency department visits and outpatient surgeries. The ORS searches health data for encounters one year before and after the event date.

Once the data has been matched, ORS determines whether or not the MRSA BSI is a possible hospital acquired infection (HAI) or a community acquired infection (CA – MRSA). From January 2008 to December 2009, the following statistics were derived from the data:

- 1767 infections in the DHEC file were evaluated and cross-linked with ORS data
- 388 were classified as “hospital onset”
- 1379 classified as “community onset”



- 1625 classified as “healthcare associated”
- 142 classified as “community associated”

### Appendix C

**\*CABG, colon surgery with clips or internal staples, hip and knee replacement SSI and MRSA data is preliminary.** These surgeries must be followed for one year and final data will not be available until early in 2012.

Procedures performed from 12/1/09-12/31/10. Data reported as of 3/25/2011

Type of Surgery	Number of infections with positive culture results	Number of MRSA Positive Cultures	% MRSA Positive
CABG	48	6	12.5
Colon Surgery	43	4	9.3
Hip Replacement	119	46	38.7
Knee Replacement	82	14	17.1
Abdominal Hysterectomy	47	6	12.8

## Appendix D

Microorganisms associated with Central Line Associated Bloodstream Infections (CLABSI) data submitted to the NHSN by SC Hospitals from December 1, 2009 to December 31, 2010. Data reported as of March 25, 2011. Number of organisms = 827; Number of CLABSI = 752

<b>Microorganisms</b>	<b>Number Isolates</b>	<b>Percent</b>
<i>Candida</i> species and other yeasts	147	17.8
<i>Enterococcus</i> species (includes VRE)	143	17.3
Vancomycin resistant <i>enterococcus</i> (VRE only - % of total isolates)	41	(5.0)
Coagulase negative <i>Staphylococcus</i> species	140	16.9
<i>Staphylococcus aureus</i> (includes MRSA)	104	12.6
Methicillin resistant <i>Staphylococcus aureus</i> (MRSA) only - % of total positive isolates)	66	(8.0)
<i>Klebsiella</i> species	77	9.3
<i>Enterobacter</i> species	39	4.7
<i>Escherichia coli</i>	33	4.0
<i>Pseudomonas</i> species	25	3.0
<i>Serratia</i> species	22	2.7
<i>Streptococcus</i> species	18	2.2
<i>Acinetobacter</i> species	15	1.8
<i>Stenotrophomonas maltophilia</i>	7	0.8
<i>Citrobacter</i> species	7	0.8
<i>Proteus</i> species	6	0.7
<i>Bacteroides</i> species	5	0.6
Other anaerobes	5	0.6
<i>Providencia</i> species	4	0.5
<i>Morganella</i> species	4	0.5
<i>Burkholderia</i> species	3	0.4
<i>Clostridium</i> species	3	0.4
Other pathogens	16	1.9
Other skin commensals	4	0.5

**Appendix E**  
**2010 Summary Data for HAI Comparison Report**  
**Standardized Infection Ratio (SIR) for all Hospitals Reporting**

SIR Interpretation:

Statistically Lower than the Standard Population

Statistically Not Different from the Standard Population

Statistically Higher than the Standard Population

- Small numbers of procedures of twenty or fewer are not reported to protect confidentiality.

<b>Surgical Procedures</b>	<b># Hospitals performing procedure</b>	<b>Total # Procedures</b>	<b>Total # Infections</b>	<b>% Lower SIR</b>	<b>% Not Different SIR</b>	<b>% Higher SIR</b>	<b>Comments*</b>
<b>Coronary Artery Bypass Graft (Chest and Donor Incision)</b>	16	3930	29	0%	93.75%	6.25%	N/A
<b>Coronary Artery Bypass Graft (Chest Incision)</b>	12	293	1	0%	33.33%	0%	* Eight Hospitals (66.67%) had too few procedures to calculate statistical percentage
<b>Hysterectomy (Abdominal)</b>	49	5337	44	0%	75.51%	2.04%	Eleven hospitals (22.45%) had too few procedures
<b>Hip Prosthesis -- Replacement</b>	53	6684	81	0%	73.58%	5.66%	Eleven hospitals (20.75%) had too few procedures
<b>Knee Prosthesis -- Replacement</b>	50	10,394	69	0%	82%	6%	Six hospitals (12%) had too few procedures
<b>Colon Surgery</b>	34	1,246	36	0%	58.82%	5.88%	Twelve hospitals (35.29%) had too few procedures

<b>Central Line Locations</b>	<b># Hospitals monitoring Locations</b>	<b>Total # Central Line Days</b>	<b>Total # Infections</b>	<b>% Lower SIR</b>	<b>% Not Different SIR</b>	<b>% Higher SIR</b>	<b>Comments</b>
<b>All Adult Inpatient Units</b>	62	247,473	329	4.84%	82.26%	1.61%	Seven hospitals (11.29%) had too few central line days to calculate a statistical percentage
<b>Adult Critical Care Units</b>	52	134,929	228	7.69%	84.62%	5.77%	One hospital (1.92%) had too few central line days
<b>Pediatric Inpatient</b>	16	9833	10	6.25%	56.25%	0%	Six hospitals (37.5%) had too few central line days
<b>Pediatric Critical Care Unit</b>	5	7371	11	20%%	80%	0%	N/A
<b>Inpatient Rehab Unit</b>	16	12,804	14	0%	87.5%	6.25%	One hospital (6.25%) had too few central line days
<b>LTAC</b>	7	50,279	77	0%	100%	0%	N/A
<b>Heme/Onc Unit</b>	8	35,566	53	25%	75%	0%	N/A
<b>Pediatric Heme/Onc Unit</b>	3	6378	15	0%	100%	0%	N/A
<b>Bone Marrow Transplant Unit</b>	1	810	0	0%	100%	0%	N/A

**Appendix F:  
Hospital Comparison Reports**

**Table 1: Surgical Site Infection (SSI) Standardized Infection Ratio (SIR)  
Reportable Period: December 1, 2009 - December 30, 2010  
Procedure: Coronary Artery Bypass Graft (Chest and Donor Incision)  
STATEWIDE**

Hospital	Observed (O) No. of SSI	No. of Procedures	Statistically 'Expected' (E) No. of SSI <sup>a</sup>	Hospital SIR = O ÷ E	95% Lower CI	95% Upper CI	Statistical Interpretation <sup>a</sup>
Aiken Regional Medical Center	0	36	.41	.00	.00	9.1	Not Different
AnMed Health Medical Center	1	167	1.9	.53	.03	2.5	Not Different
Carolinas Hospital System	0	202	1.9	.00	.00	1.6	Not Different
Grand Strand Regional Medical Center	1	382	4.3	.23	.01	1.1	Not Different
Greenville Memorial Hospital	5	478	7.6	.66	.26	1.4	Not Different
Hilton Head Regional Medical Center	0	59	.60	.00	.00	6.2	Not Different
MUSC Medical Center	4	222	2.6	1.6	.53	3.5	Not Different
McLeod Medical Center - Florence	0	254	2.6	.00	.00	1.1	Not Different
Palmetto Health Richland	1	286	4.1	.25	.01	1.2	Not Different
Piedmont Medical Center	0	109	1.3	.00	.00	2.3	Not Different
Providence Hospital	3	575	5.3	.57	.16	1.5	Not Different
Roper Hospital Inc.	5	362	3.8	1.3	.52	2.8	Not Different
Self Regional Healthcare	4	73	.89	4.5	1.2	11	Higher
Spartanburg Regional Medical Center	3	242	2.6	1.1	.31	2.9	Not Different
St. Francis - Downtown	2	318	4.0	.50	.09	1.6	Not Different
Trident Medical Center	0	165	2.5	.00	.00	1.2	Not Different

a: To learn more about understanding SIRs and their statistical interpretation, please see the [Confidence Interval and SIR explanation](#) found in the [Definition of Terms](#).

Click [here](#) to return to the report choices and more in-depth information about HAI reporting.

**Table 2: Surgical Site Infection (SSI) Standardized Infection Ratio (SIR)**  
**Reportable Period: December 1, 2009 - December 30, 2010**  
**Procedure: Coronary Artery Bypass Graft (Chest Incision Only)**  
**STATEWIDE**

Hospital	Observed (O) No. of SSI	No. of Procedures <sup>a</sup>	Statistically 'Expected' (E) No. of SSI <sup>b</sup>	Hospital SIR = O ÷ E	95% Lower CI	95% Upper CI	Statistical Interpretation <sup>b</sup>
Carolinas Hospital System	0	6	.05	*	*	*	*
Greenville Memorial Hospital	0	4	.05	*	*	*	*
Hilton Head Regional Medical Center	0	1	.01	*	*	*	*
MUSC Medical Center	0	19	.20	*	*	*	*
McLeod Medical Center - Florence	1	23	.29	3.4	.09	19	Not Different
Palmetto Health Richland	0	52	.89	.00	.00	4.1	Not Different
Piedmont Medical Center	0	12	.14	*	*	*	*
Providence Hospital	0	30	.25	.00	.00	15	Not Different
Roper Hospital Inc.	0	13	.12	*	*	*	*
Self Regional Healthcare	0	3	.04	*	*	*	*
Spartanburg Regional Medical Center	0	116	1.3	.00	.00	2.3	Not Different
St. Francis - Downtown	0	14	.17	*	*	*	*

a. Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

b: To learn more about understanding SIRs and their statistical interpretation, please see the [Confidence Interval and SIR explanation](#) found in the [Definition of Terms](#).

Click [here](#) to return to the report choices and more in-depth information about HAI reporting.



**Table 3: Surgical Site Infection (SSI) Standardized Infection Ratio (SIR)**  
**Reportable Period: December 1, 2009 - December 30, 2010**  
**Procedure: Hip Prosthesis (Replacement)**  
**UPSTATE**

**Abbeville, Anderson, Cherokee, Edgefield, Greenville, Greenwood, Laurens, Oconee, Pickens, Spartanburg and Union**

Hospital	Observed (O) No. of SSI	No. of Procedures <sup>a</sup>	Statistically 'Expected' (E) No. of SSI <sup>b</sup>	Hospital SIR = O ÷ E	95% Lower CI	95% Upper CI	Statistical Interpretation <sup>b</sup>
Abbeville Area Medical Center	0	2	.01	*	*	*	*
AnMed Health Medical Center	0	172	1.8	.00	.00	1.7	Not Different
Baptist Easley Hospital	1	70	.60	1.7	.04	9.3	Not Different
Cannon Memorial Hospital	0	10	.05	*	*	*	*
Edgefield County Hospital	0	3	.01	*	*	*	*
Greenville Memorial Hospital	9	143	2.7	3.4	1.8	5.9	Higher
Greer Memorial Hospital	1	262	2.4	.42	.02	2.0	Not Different
Hillcrest Memorial Hospital	0	61	.29	.00	.00	13	Not Different
Laurens County Healthcare System	1	63	.49	2.1	.05	11	Not Different
Mary Black Healthcare	2	70	.49	4.1	.50	15	Not Different
Oconee Memorial Hospital	2	125	.80	2.5	.30	9.0	Not Different
Patewood Memorial Hospital	1	179	.93	1.1	.03	6.0	Not Different
Self Regional Healthcare	0	174	1.6	.00	.00	1.8	Not Different
Spartanburg Regional Medical Center	3	349	4.2	.71	.19	1.8	Not Different
St. Francis - Downtown	3	92	1.2	2.5	.68	6.4	Not Different
St. Francis - Eastside	1	373	2.1	.47	.02	2.2	Not Different
Upstate Carolina Medical Center	1	16	.09	*	*	*	*
Village Hospital	1	42	.32	3.1	.08	17	Not Different
Wallace Thomson Hospital	0	3	.03	*	*	*	*

a. Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

b. To learn more about understanding SIRs and their statistical interpretation, please see the [Confidence Interval and SIR explanation](#) found in the [Definition of Terms](#).

Click [here](#) to return to the report choices and more in-depth information about HAI reporting.

**Table 3: Surgical Site Infection (SSI) Standardized Infection Ratio (SIR)**  
**Reportable Period: December 1, 2009 - December 30, 2010**  
**Procedure: Hip Prosthesis (Replacement)**  
**MIDLANDS**

**Aiken, Allendale, Bamberg, Barnwell, Chester, Chesterfield, Clarendon, Darlington, Dillon, Fairfield, Florence, Kershaw, Lancaster, Lexington, Marion, Marlboro, Newberry, Orangeburg, Richland, Sumter and York**

Hospital	Observed (O) No. of SSI	No. of Procedures <sup>a</sup>	Statistically 'Expected' (E) No. of SSI <sup>b</sup>	Hospital SIR = O ÷ E	95% Lower CI	95% Upper CI	Statistical Interpretation <sup>b</sup>
Aiken Regional Medical Center	0	137	.99	.00	.00	3.7	Not Different
Carolina Pines Regional Medical Center	2	39	.33	6.0	.73	22	Not Different
Carolinas Hospital System	2	117	1.2	1.6	.29	5.1	Not Different
Chester Regional Medical Center	0	4	.03	*	*	*	*
Chesterfield General Hospital	0	7	.03	*	*	*	*
KershawHealth	0	60	.43	.00	.00	8.5	Not Different
Lake City Community Hospital	0	9	.08	*	*	*	*
Lexington Medical Center	4	243	3.2	1.3	.43	2.9	Not Different
Marlboro Park Hospital	0	3	.03	*	*	*	*
McLeod Medical Center - Dillon	0	15	.09	*	*	*	*
McLeod Medical Center - Florence	6	306	3.3	1.8	.80	3.6	Not Different
Newberry County Memorial Hospital	0	43	.18	.00	.00	21	Not Different
Palmetto Health Baptist	5	227	1.9	2.7	1.0	5.6	Higher
Palmetto Health Richland	11	412	4.9	2.3	1.3	3.7	Higher
Piedmont Medical Center	0	170	1.4	.00	.00	2.1	Not Different
Providence Hospital	1	52	.53	1.9	.05	10	Not Different
Providence Hospital Northeast	4	546	2.2	1.8	.62	4.1	Not Different
Springs Memorial Hospital	0	22	.30	.00	.00	12	Not Different
Tuomey	0	57	.50	.00	.00	7.3	Not Different

See the Upstate chart for footnote explanations.

**Table 3: Surgical Site Infection (SSI) Standardized Infection Ratio (SIR)**  
**Reportable Period: December 1, 2009 - December 30, 2010**  
**Procedure: Hip Prosthesis (Replacement)**  
**COASTAL**

**Beaufort, Beaufort, Charleston, Colleton, Dorchester, Georgetown, Hampton, Horry, Jasper and Williamsburg**

<b>Hospital</b>	<b>Observed (O) No. of SSI</b>	<b>No. of Procedures<sup>a</sup></b>	<b>Statistically 'Expected' (E) No. of SSI<sup>b</sup></b>	<b>Hospital SIR = O ÷ E</b>	<b>95% Lower CI</b>	<b>95% Upper CI</b>	<b>Statistical Interpretation<sup>c</sup></b>
Beaufort Memorial Hospital	0	139	.88	.00	.00	4.2	Not Different
Bon Secours - St. Francis Xavier Hospital	2	29	.39	5.1	.62	19	Not Different
Colleton Medical Center	1	31	.21	4.8	.12	27	Not Different
Conway Medical Center	1	124	1.0	.97	.05	4.6	Not Different
East Cooper Regional Medical Center	1	33	.28	3.6	.09	20	Not Different
Georgetown Memorial Hospital	0	52	.35	.00	.00	10	Not Different
Grand Strand Regional Medical Center	3	263	2.2	1.4	.37	3.5	Not Different
Hampton Regional Medical Center	0	6	.05	*	*	*	*
Hilton Head Regional Medical Center	0	75	.59	.00	.00	6.3	Not Different
Loris Healthcare System	0	42	.29	.00	.00	13	Not Different
MUSC Medical Center	2	294	3.9	.51	.09	1.6	Not Different
Roper Hospital Inc.	7	553	3.9	1.8	.83	3.3	Not Different
Summerville Medical Center	1	64	.55	1.8	.05	10	Not Different
Trident Medical Center	2	149	2.1	.97	.17	3.0	Not Different
Waccamaw Community Hospital	0	152	.97	.00	.00	3.8	Not Different

See Upstate chart for footnote explanations

**Table 4: Surgical Site Infection (SSI) Standardized Infection Ratio (SIR)**  
**Reportable Period: December 1, 2009 - December 30, 2010**  
**Procedure: Knee Prosthesis (Replacement)**  
**UPSTATE**

**Abbeville, Anderson, Cherokee, Edgefield, Greenville, Greenwood, Laurens, Oconee, Pickens, Spartanburg and Union**

Hospital	Observed (O) No. of SSI	No. of Procedures <sup>a</sup>	Statistically 'Expected' (E) No. of SSI <sup>b</sup>	Hospital SIR = O ÷ E	95% Lower CI	95% Upper CI	Statistical Interpretation <sup>b</sup>
Abbeville Area Medical Center	0	10	.04	*	*	*	*
AnMed Health Medical Center	1	257	1.6	.64	.03	3.0	Not Different
Baptist Easley Hospital	1	113	.77	1.3	.03	7.2	Not Different
Cannon Memorial Hospital	0	20	.11	.00	.00	35	Not Different
Edgefield County Hospital	0	1	.00	*	*	*	*
Greenville Memorial Hospital	0	21	.34	.00	.00	11	Not Different
Greer Memorial Hospital	4	285	2.1	1.9	.65	4.4	Not Different
Hillcrest Memorial Hospital	0	82	.46	.00	.00	8.0	Not Different
Laurens County Healthcare System	0	80	.41	.00	.00	8.9	Not Different
Mary Black Healthcare	3	241	1.2	2.5	.67	6.3	Not Different
Oconee Memorial Hospital	3	291	1.9	1.6	.44	4.1	Not Different
Patewood Memorial Hospital	3	385	2.0	1.5	.42	3.9	Not Different
Self Regional Healthcare	0	349	2.5	.00	.00	1.2	Not Different
Spartanburg Regional Medical Center	6	514	5.4	1.1	.48	2.2	Not Different
St. Francis - Downtown	0	85	.72	.00	.00	5.1	Not Different
St. Francis - Eastside	4	1086	5.7	.71	.24	1.6	Not Different
Upstate Carolina Medical Center	0	29	.16	.00	.00	23	Not Different
Village Hospital	0	78	.44	.00	.00	8.5	Not Different
Wallace Thomson Hospital	0	1	.00	*	*	*	*

a. Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

b. To learn more about understanding SIRs and their statistical interpretation, please see the [Confidence Interval and SIR explanation](#) found in the [Definition of Terms](#).

Click [here](#) to return to the report choices and more in-depth information about HAI reporting.

**Table 4: Surgical Site Infection (SSI) Standardized Infection Ratio (SIR)**  
**Reportable Period: December 1, 2009 - December 30, 2010**  
**Procedure: Knee Prosthesis (Replacement)**  
**MIDLANDS**

**Aiken, Allendale, Bamberg, Barnwell, Chester, Chesterfield, Clarendon, Darlington, Dillon, Fairfield, Florence, Kershaw, Lancaster, Lexington, Marion, Marlboro, Newberry, Orangeburg, Richland, Sumter and York**

<b>Hospital</b>	<b>Observed (O) No. of SSI</b>	<b>No. of Procedures<sup>a</sup></b>	<b>Statistically 'Expected' (E) No. of SSI<sup>b</sup></b>	<b>Hospital SIR = O ÷ E</b>	<b>95% Lower CI</b>	<b>95% Upper CI</b>	<b>Statistical Interpretation<sup>b</sup></b>
Aiken Regional Medical Center	2	113	.59	3.4	.41	12	Not Different
Carolina Pines Regional Medical Center	2	44	.26	7.7	.93	28	Not Different
Carolinas Hospital System	2	177	1.1	1.8	.32	5.7	Not Different
KershawHealth	0	73	.41	.00	.00	9.1	Not Different
Lake City Community Hospital	0	7	.03	*	*	*	*
Lexington Medical Center	1	328	2.5	.40	.02	1.9	Not Different
Marlboro Park Hospital	0	2	.01	*	*	*	*
McLeod Medical Center - Dillon	0	40	.19	.00	.00	20	Not Different
McLeod Medical Center - Florence	7	501	3.1	2.3	1.1	4.2	Higher
Newberry County Memorial Hospital	0	84	.33	.00	.00	11	Not Different
Palmetto Health Baptist	10	434	2.4	4.1	2.2	6.9	Higher
Palmetto Health Richland	2	788	6.2	.32	.06	1.0	Not Different
Piedmont Medical Center	0	213	1.2	.00	.00	2.5	Not Different
Providence Hospital	0	60	.32	.00	.00	12	Not Different
Providence Hospital Northeast	0	162	.66	.00	.00	5.6	Not Different
Springs Memorial Hospital	0	20	.13	.00	.00	28	Not Different
Tuomey	1	174	1.1	.93	.05	4.4	Not Different

See the Upstate chart for footnote explanations.

**Table 4: Surgical Site Infection (SSI) Standardized Infection Ratio (SIR)**  
**Reportable Period: December 1, 2009 - December 30, 2010**  
**Procedure: Knee Prosthesis (Replacement)**  
**COASTAL**

**Beaufort, Beaufort, Charleston, Colleton, Dorchester, Georgetown, Hampton, Horry, Jasper and Williamsburg**

<b>Hospital</b>	<b>Observed (O) No. of SSI</b>	<b>No. of Procedures<sup>a</sup></b>	<b>Statistically 'Expected' (E) No. of SSI<sup>b</sup></b>	<b>Hospital SIR = O ÷ E</b>	<b>95% Lower CI</b>	<b>95% Upper CI</b>	<b>Statistical Interpretation<sup>c</sup></b>
Beaufort Memorial Hospital	0	374	1.9	.00	.00	1.6	Not Different
Colleton Medical Center	0	41	.25	.00	.00	15	Not Different
Conway Medical Center	0	225	1.2	.00	.00	2.4	Not Different
East Cooper Regional Medical Center	0	25	.19	.00	.00	20	Not Different
Georgetown Memorial Hospital	0	140	.78	.00	.00	4.7	Not Different
Grand Strand Regional Medical Center	1	341	2.1	.48	.02	2.3	Not Different
Hampton Regional Medical Center	0	9	.04	*	*	*	*
Hilton Head Regional Medical Center	0	46	.21	.00	.00	18	Not Different
Loris Healthcare System	0	77	.39	.00	.00	9.5	Not Different
MUSC Medical Center	7	345	2.7	2.6	1.2	5.0	Higher
Roper Hospital Inc.	6	886	4.5	1.3	.58	2.6	Not Different
Summerville Medical Center	2	159	.82	2.4	.30	8.8	Not Different
Trident Medical Center	0	285	2.0	.00	.00	1.5	Not Different
Waccamaw Community Hospital	1	293	1.6	.64	.03	3.0	Not Different

See Upstate chart for footnote explanations



**Table 5: Surgical Site Infection (SSI) Standardized Infection Ratio (SIR)**  
**Reportable Period: December 1, 2009 - December 30, 2010**  
**Procedure: Hysterectomy (Abdominal)**  
**UPSTATE**

**Abbeville, Anderson, Cherokee, Edgefield, Greenville, Greenwood, Laurens, Oconee, Pickens, Spartanburg and Union**

Hospital	Observed (O) No. of SSI	No. of Procedures <sup>a</sup>	Statistically 'Expected' (E) No. of SSI <sup>b</sup>	Hospital SIR = O ÷ E	95% Lower CI	95% Upper CI	Statistical Interpretation <sup>b</sup>
AnMed Health Medical Center	0	43	.34	.00	.00	11	Not Different
AnMed Health Womens And Children	0	148	1.1	.00	.00	2.8	Not Different
Baptist Easley Hospital	1	24	.20	5.1	.13	28	Not Different
Cannon Memorial Hospital	0	1	.01	*	*	*	*
Greenville Memorial Hospital	3	565	3.4	.88	.24	2.3	Not Different
Greer Memorial Hospital	0	38	.29	.00	.00	13	Not Different
Laurens County Healthcare System	1	23	.26	3.9	.10	21	Not Different
Mary Black Healthcare	0	65	.48	.00	.00	7.7	Not Different
Oconee Memorial Hospital	1	35	.25	4.1	.10	23	Not Different
Patewood Memorial Hospital	0	20	.13	.00	.00	27	Not Different
Self Regional Healthcare	4	258	1.5	2.7	.91	6.1	Not Different
Spartanburg Regional Medical Center	3	290	2.0	1.5	.41	3.9	Not Different
St. Francis - Eastside	1	260	2.1	.48	.02	2.3	Not Different
Upstate Carolina Medical Center	0	14	.14	*	*	*	*
Village Hospital	0	18	.16	*	*	*	*
Wallace Thomson Hospital	0	4	.04	*	*	*	*

a. Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

b. To learn more about understanding SIRs and their statistical interpretation, please see the [Confidence Interval and SIR explanation](#) found in the [Definition of Terms](#).

Click [here](#) to return to the report choices and more in-depth information about HAI reporting.

**Table 5: Surgical Site Infection (SSI) Standardized Infection Ratio (SIR)**  
**Reportable Period: December 1, 2009 - December 30, 2010**  
**Procedure: Hysterectomy (Abdominal)**  
**MIDLANDS**

**Aiken, Allendale, Bamberg, Barnwell, Chester, Chesterfield, Clarendon, Darlington, Dillon, Fairfield, Florence, Kershaw, Lancaster, Lexington, Marion, Marlboro, Newberry, Orangeburg, Richland, Sumter and York**

<b>Hospital</b>	<b>Observed (O) No. of SSI</b>	<b>No. of Procedures<sup>a</sup></b>	<b>Statistically 'Expected' (E) No. of SSI<sup>b</sup></b>	<b>Hospital SIR = O ÷ E</b>	<b>95% Lower CI</b>	<b>95% Upper CI</b>	<b>Statistical Interpretation<sup>b</sup></b>
Aiken Regional Medical Center	2	193	1.3	1.6	.28	4.9	Not Different
Carolina Pines Regional Medical Center	0	81	.75	.00	.00	4.9	Not Different
Carolinas Hospital System	0	65	.60	.00	.00	6.2	Not Different
Chester Regional Medical Center	1	4	.09	*	*	*	*
Chesterfield General Hospital	0	4	.05	*	*	*	*
KershawHealth	0	47	.41	.00	.00	9.0	Not Different
Lexington Medical Center	3	484	4.1	.73	.20	1.9	Not Different
Marion County Medical Center	0	59	.53	.00	.00	7.0	Not Different
Marlboro Park Hospital	1	4	.02	*	*	*	*
McLeod Medical Center - Dillon	0	9	.07	*	*	*	*
McLeod Medical Center - Florence	1	212	1.8	.56	.03	2.7	Not Different
Newberry County Memorial Hospital	0	11	.07	*	*	*	*
Palmetto Health Baptist	6	169	1.6	3.8	1.7	7.6	Higher
Palmetto Health Richland	1	271	1.8	.57	.03	2.7	Not Different
Piedmont Medical Center	0	174	1.3	.00	.00	2.3	Not Different
Providence Hospital Northeast	0	73	.43	.00	.00	8.7	Not Different
Springs Memorial Hospital	0	98	.88	.00	.00	4.2	Not Different
Tuomey	2	149	1.0	1.9	.35	6.1	Not Different

See the Upstate chart for footnote explanations.

**Table 5: Surgical Site Infection (SSI) Standardized Infection Ratio (SIR)**  
**Reportable Period: December 1, 2009 - December 30, 2010**  
**Procedure: Hysterectomy (Abdominal)**  
**COASTAL**

**Beaufort, Beaufort, Charleston, Colleton, Dorchester, Georgetown, Hampton, Horry, Jasper and Williamsburg**

<b>Hospital</b>	<b>Observed (O) No. of SSI</b>	<b>No. of Procedures<sup>a</sup></b>	<b>Statistically 'Expected' (E) No. of SSI<sup>b</sup></b>	<b>Hospital SIR = O ÷ E</b>	<b>95% Lower CI</b>	<b>95% Upper CI</b>	<b>Statistical Interpretation<sup>c</sup></b>
Beaufort Memorial Hospital	2	131	1.1	1.8	.32	5.6	Not Different
Bon Secours - St. Francis Xavier Hospital	3	235	1.8	1.7	.45	4.3	Not Different
Coastal Carolina Medical Center	0	1	.01	*	*	*	*
Colleton Medical Center	0	26	.23	.00	.00	16	Not Different
Conway Medical Center	1	131	.85	1.2	.03	6.5	Not Different
East Cooper Regional Medical Center	0	84	.51	.00	.00	7.3	Not Different
Georgetown Memorial Hospital	0	19	.15	*	*	*	*
Grand Strand Regional Medical Center	0	51	.40	.00	.00	9.2	Not Different
Hilton Head Regional Medical Center	0	53	.32	.00	.00	12	Not Different
Loris Healthcare System	2	53	.43	4.6	.56	17	Not Different
MUSC Medical Center	1	183	1.5	.66	.03	3.1	Not Different
Roper Hospital Inc.	2	162	1.2	1.7	.29	5.2	Not Different
Summerville Medical Center	1	141	1.0	.97	.05	4.6	Not Different
Trident Medical Center	1	116	.81	1.2	.03	6.8	Not Different
Waccamaw Community Hospital	0	38	.39	.00	.00	9.5	Not Different

See Upstate chart for footnote explanations

**Table 6: Surgical Site Infection (SSI) Standardized Infection Ratio (SIR)**  
**Reportable Period: December 1, 2009 - December 30, 2010**  
**Procedure: Colon Surgery**  
**UPSTATE**

**Abbeville, Anderson, Cherokee, Edgefield, Greenville, Greenwood, Laurens, Oconee, Pickens, Spartanburg and Union**

Hospital	Observed (O) No. of SSI	No. of Procedures <sup>a</sup>	Statistically 'Expected' (E) No. of SSI <sup>b</sup>	Hospital SIR = O ÷ E	95% Lower CI	95% Upper CI	Statistical Interpretation <sup>b</sup>
Baptist Easley Hospital	3	58	1.5	2.0	.55	5.2	Not Different
Cannon Memorial Hospital	0	8	.20	*	*	*	*
Greer Memorial Hospital	0	38	.99	.00	.00	3.7	Not Different
Hillcrest Memorial Hospital	0	26	.89	.00	.00	4.1	Not Different
Laurens County Healthcare System	1	24	.75	1.3	.03	7.4	Not Different
Mary Black Healthcare	3	62	1.7	1.7	.47	4.4	Not Different
Oconee Memorial Hospital	3	66	1.8	1.7	.46	4.4	Not Different
Patewood Memorial Hospital	0	5	.09	*	*	*	*
St. Francis - Eastside	4	30	1.0	4.0	1.1	10	Higher
Upstate Carolina Medical Center	0	18	.53	*	*	*	*
Village Hospital	0	4	.12	*	*	*	*
Wallace Thomson Hospital	0	3	.07	*	*	*	*

a. Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

b. To learn more about understanding SIRs and their statistical interpretation, please see the [Confidence Interval and SIR explanation](#) found in the [Definition of Terms](#).

Click [here](#) to return to the report choices and more in-depth information about HAI reporting.

**Table 6: Surgical Site Infection (SSI) Standardized Infection Ratio (SIR)**

**Reportable Period: December 1, 2009 - December 30, 2010**

**Procedure: Colon Surgery**

**MIDLANDS**

**Aiken, Allendale, Bamberg, Barnwell, Chester, Chesterfield, Clarendon, Darlington, Dillon, Fairfield, Florence, Kershaw, Lancaster, Lexington, Marion, Marlboro, Newberry, Orangeburg, Richland, Sumter and York**

<b>Hospital</b>	<b>Observed (O) No. of SSI</b>	<b>No. of Procedures<sup>a</sup></b>	<b>Statistically 'Expected' (E) No. of SSI<sup>b</sup></b>	<b>Hospital SIR = O ÷ E</b>	<b>95% Lower CI</b>	<b>95% Upper CI</b>	<b>Statistical Interpretation<sup>b</sup></b>
Aiken Regional Medical Center	2	97	2.9	.70	.13	2.2	Not Different
Barnwell County Hospital	0	1	.02	*	*	*	*
Carolina Pines Regional Medical Center	3	38	1.2	2.5	.69	6.5	Not Different
Chester Regional Medical Center	0	9	.24	*	*	*	*
KershawHealth	2	37	.89	2.3	.27	8.1	Not Different
Marion County Medical Center	1	31	.81	1.2	.03	6.9	Not Different
Marlboro Park Hospital	0	6	.20	*	*	*	*
McLeod Medical Center - Dillon	0	24	.76	.00	.00	4.9	Not Different
Newberry County Memorial Hospital	0	25	.67	.00	.00	5.5	Not Different
Providence Hospital Northeast	1	18	.42	*	*	*	*
Springs Memorial Hospital	0	24	1.1	.00	.00	2.7	Not Different

See the Upstate chart for footnote explanations.

**Table 6: Surgical Site Infection (SSI) Standardized Infection Ratio (SIR)**  
**Reportable Period: December 1, 2009 - December 30, 2010**  
**Procedure: Colon Surgery**  
**COASTAL**

**Beaufort, Beaufort, Charleston, Colleton, Dorchester, Georgetown, Hampton, Horry, Jasper and Williamsburg**

<b>Hospital</b>	<b>Observed (O) No. of SSI</b>	<b>No. of Procedures<sup>a</sup></b>	<b>Statistically 'Expected' (E) No. of SSI<sup>b</sup></b>	<b>Hospital SIR = O ÷ E</b>	<b>95% Lower CI</b>	<b>95% Upper CI</b>	<b>Statistical Interpretation<sup>c</sup></b>
Beaufort Memorial Hospital	2	88	2.6	.78	.14	2.5	Not Different
Coastal Carolina Medical Center	0	4	.08	*	*	*	*
Colleton Medical Center	0	48	1.2	.00	.00	2.5	Not Different
East Cooper Regional Medical Center	2	76	1.9	1.1	.19	3.4	Not Different
Georgetown Memorial Hospital	1	34	.88	1.1	.03	6.3	Not Different
Hampton Regional Medical Center	0	5	.14	*	*	*	*
Hilton Head Regional Medical Center	5	61	1.6	3.1	1.2	6.4	Higher
Loris Healthcare System	0	4	.15	*	*	*	*
Summerville Medical Center	1	94	2.3	.44	.02	2.1	Not Different
Trident Medical Center	2	136	3.4	.59	.11	1.9	Not Different
Waccamaw Community Hospital	0	44	1.2	.00	.00	2.5	Not Different

See Upstate chart for footnote explanations

**Table 1: Central Line Associated Blood Stream Infections (CLABSI) Standardized Infection Ratio (SIR)**  
**Reportable Period: December 1, 2009 - December 31, 2010**  
**STATEWIDE - All Adult Critical Care Units**

Hospital	Observed (O) No. of CLABSI	No. of Central Line Days	Statistically 'Expected' (E) No. of CLABSI <sup>a</sup>	Hospital SIR = O ÷ E	95% Lower CI	95% Upper CI	Statistical Interpretation <sup>b</sup>
Abbeville Area Medical Center	*	45	.07	*	*	*	*
Aiken Regional Medical Center	14	4E3	5.5	2.6	1.4	4.3	Higher
AnMed Health Medical Center	4	6E3	10	.40	.11	1.0	Not Different
Baptist Easley Hospital	0	577	.87	.00	.00	4.3	Not Different
Beaufort Memorial Hospital	0	984	1.9	.00	.00	2.0	Not Different
Bon Secours - St. Francis Xavier Hospital	2	2E3	2.3	.88	.11	3.2	Not Different
Cannon Memorial Hospital	0	139	.21	.00	.00	18	Not Different
Carolina Pines Regional Medical Center	3	853	1.3	2.3	.48	6.9	Not Different
Carolinas Hospital System	25	4E3	8.4	3.0	1.9	4.4	Higher
Chester Regional Medical Center	0	150	.23	.00	.00	16	Not Different
Chesterfield General Hospital	0	81	.12	.00	.00	30	Not Different
Coastal Carolina Medical Center	0	78	.12	.00	.00	32	Not Different
Colleton Medical Center	2	808	1.2	1.7	.20	6.0	Not Different
Conway Medical Center	3	1E3	1.8	1.7	.35	4.9	Not Different
East Cooper Regional Medical Center	0	454	.68	.00	.00	5.4	Not Different
Georgetown Memorial Hospital	0	677	1.3	.00	.00	2.9	Not Different
Grand Strand Regional Medical Center	2	4E3	7.3	.27	.03	.99	Lower
Greenville Memorial Hospital	27	1E4	30	.89	.59	1.3	Not Different
Greer Memorial Hospital	0	171	.36	.00	.00	10	Not Different
Hampton Regional Medical Center	0	79	.12	.00	.00	31	Not Different
Hillcrest Memorial Hospital	0	240	.36	.00	.00	10	Not Different
Hilton Head Regional Medical Center	0	952	1.4	.00	.00	2.6	Not Different
KershawHealth	1	638	.96	1.0	.03	5.8	Not Different

**Table 1: Central Line Associated Blood Stream Infections (CLABSI) Standardized Infection Ratio (SIR)**  
**Reportable Period: December 1, 2009 - December 31, 2010**  
**STATEWIDE - All Adult Critical Care Units**

Hospital	Observed (O) No. of CLABSI	No. of Central Line Days	Statistically 'Expected' (E) No. of CLABSI <sup>a</sup>	Hospital SIR = O ÷ E	95% Lower CI	95% Upper CI	Statistical Interpretation <sup>b</sup>
Laurens County Healthcare System	2	390	.59	3.4	.41	12	Not Different
Lexington Medical Center	2	3E3	4.9	.40	.05	1.5	Not Different
Loris Healthcare System	0	644	.97	.00	.00	3.8	Not Different
MUSC Medical Center	23	2E4	38	.61	.39	.92	Lower
Marion County Medical Center	1	138	.21	4.8	.12	27	Not Different
Marlboro Park Hospital	0	82	.12	.00	.00	30	Not Different
Mary Black Healthcare	8	732	1.1	7.3	3.1	14	Higher
McLeod Medical Center - Dillon	1	127	.19	5.3	.13	29	Not Different
McLeod Medical Center - Florence	21	1E4	28	.74	.46	1.1	Not Different
Oconee Memorial Hospital	0	822	1.2	.00	.00	3.0	Not Different
Palmetto Health Baptist	2	3E3	4.1	.49	.06	1.8	Not Different
Palmetto Health Richland	20	1E4	34	.59	.36	.92	Lower
Piedmont Medical Center	4	3E3	4.3	.92	.25	2.4	Not Different
Providence Hospital	9	5E3	8.4	1.1	.49	2.0	Not Different
Providence Hospital Northeast	0	152	.23	.00	.00	16	Not Different
Regional Medical Center Of Orangeburg/Calhoun Counties	9	4E3	5.7	1.6	.73	3.0	Not Different
Roper Hospital Inc.	5	6E3	9.3	.54	.17	1.3	Not Different
Self Regional Healthcare	2	3E3	5.5	.36	.04	1.3	Not Different
Spartanburg Hospital for Restorative Care	2	817	1.6	1.3	.16	4.7	Not Different
Spartanburg Regional Medical Center	14	6E3	9.3	1.5	.83	2.5	Not Different
Springs Memorial Hospital	0	2E3	2.5	.00	.00	1.5	Not Different
St. Francis - Downtown	0	4E3	5.6	.00	.00	.65	Lower



**Table 1: Central Line Associated Blood Stream Infections (CLABSI) Standardized Infection Ratio (SIR)**  
**Reportable Period: December 1, 2009 - December 31, 2010**  
**STATEWIDE - All Adult Critical Care Units**

Hospital	Observed (O) No. of CLABSI	No. of Central Line Days	Statistically 'Expected' (E) No. of CLABSI <sup>a</sup>	Hospital SIR = O ÷ E	95% Lower CI	95% Upper CI	Statistical Interpretation <sup>b</sup>
Summerville Medical Center	3	925	1.4	2.2	.45	6.3	Not Different
Trident Medical Center	8	5E3	8.2	.97	.42	1.9	Not Different
Tuomey	6	2E3	3.5	1.7	.64	3.8	Not Different
Upstate Carolina Medical Center	1	502	.75	1.3	.03	7.4	Not Different
Village Hospital	2	174	.26	7.7	.93	28	Not Different
Waccamaw Community Hospital	0	609	1.2	.00	.00	3.2	Not Different
Wallace Thomson Hospital	0	137	.21	.00	.00	18	Not Different

a. Too few central line days. Reporting on too few central line days is a risk to patient confidentiality and data stability. If there are less than fifty central line days, the rate and number of infections will be suppressed until there are more central line days.

b. To learn more about understanding SIRs and their statistical interpretation, please see the [Confidence Interval and SIR explanation](#) found in the [Definition of Terms](#).

Click [here](#) to return to the report choices and more in-depth information about HAI reporting.

**Table 2: Central Line Associated Blood Stream Infections (CLABSI) Standardized Infection Ratio (SIR)**  
**Reportable Period: December 1, 2009 - December 31, 2010**  
**STATEWIDE - All Adult Inpatient Wards**

Hospital	Observed (O) No. of CLABSI	No. of Central Line Days	Statistically 'Expected' (E) No. of CLABSI <sup>a</sup>	Hospital SIR = O ÷ E	95% Lower CI	95% Upper CI	Statistical Interpretation <sup>b</sup>
Abbeville Area Medical Center	*	23	.03	*	*	*	*
Aiken Regional Medical Center	6	5E3	7.0	.85	.31	1.9	Not Different
Allendale County Hospital	0	208	.25	.00	.00	15	Not Different
AnMed Health Womens And Children	*	4	.00	*	*	*	*
Bamberg County Memorial Hospital	*	24	.03	*	*	*	*
Baptist Easley Hospital	0	1E3	1.7	.00	.00	2.1	Not Different
Barnwell County Hospital	*	10	.01	*	*	*	*
Beaufort Memorial Hospital	4	5E3	6.2	.65	.18	1.7	Not Different
Bon Secours - St. Francis Xavier Hospital	6	6E3	9.7	.62	.23	1.3	Not Different
Cannon Memorial Hospital	2	263	.32	6.3	.77	23	Not Different
Carolina Pines Regional Medical Center	2	2E3	2.4	.83	.10	3.0	Not Different
Carolinas Hospital System	24	8E3	11	2.3	1.4	3.3	Higher
Chester Regional Medical Center	1	268	.32	3.1	.08	17	Not Different
Clarendon Memorial Hospital	0	1E3	1.5	.00	.00	2.4	Not Different
Coastal Carolina Medical Center	0	222	.27	.00	.00	14	Not Different
Colleton Medical Center	6	3E3	3.8	1.6	.58	3.5	Not Different
Conway Medical Center	0	3E3	3.9	.00	.00	.94	Lower
East Cooper Regional Medical Center	0	597	.97	.00	.00	3.8	Not Different
Edgefield County Hospital	0	128	.15	.00	.00	24	Not Different
Georgetown Memorial Hospital	3	1E3	1.7	1.7	.36	5.0	Not Different
Grand Strand Regional Medical Center	4	9E3	14	.30	.08	.76	Lower
Greenville Memorial Hospital	19	1E4	13	1.4	.86	2.2	Not Different
Greer Memorial Hospital	0	468	.56	.00	.00	6.6	Not Different

**Table 2: Central Line Associated Blood Stream Infections (CLABSI) Standardized Infection Ratio (SIR)**  
**Reportable Period: December 1, 2009 - December 31, 2010**  
**STATEWIDE - All Adult Inpatient Wards**

Hospital	Observed (O) No. of CLABSI	No. of Central Line Days	Statistically 'Expected' (E) No. of CLABSI <sup>a</sup>	Hospital SIR = O ÷ E	95% Lower CI	95% Upper CI	Statistical Interpretation <sup>b</sup>
Hampton Regional Medical Center	0	184	.22	.00	.00	17	Not Different
Hillcrest Memorial Hospital	0	415	.50	.00	.00	7.4	Not Different
Hilton Head Regional Medical Center	1	2E3	2.0	.50	.01	2.8	Not Different
KershawHealth	3	2E3	3.0	.99	.20	2.9	Not Different
Lake City Community Hospital	*	40	.06	*	*	*	*
Laurens County Healthcare System	1	516	.79	1.3	.03	7.0	Not Different
Lexington Medical Center	14	1E4	17	.81	.45	1.4	Not Different
Loris Healthcare System	0	1E3	1.2	.00	.00	3.1	Not Different
MUSC Medical Center	40	2E4	31	1.3	.92	1.8	Not Different
Marion County Medical Center	0	444	.60	.00	.00	6.1	Not Different
Marlboro Park Hospital	0	97	.12	.00	.00	32	Not Different
Mary Black Healthcare	4	1E3	2.3	1.7	.48	4.5	Not Different
McLeod Medical Center - Darlington	0	259	.31	.00	.00	12	Not Different
McLeod Medical Center - Dillon	0	194	.22	.00	.00	17	Not Different
McLeod Medical Center - Florence	22	2E4	20	1.1	.67	1.6	Not Different
Newberry County Memorial Hospital	0	641	.77	.00	.00	4.8	Not Different
Oconee Memorial Hospital	0	2E3	3.2	.00	.00	1.1	Not Different
Palmetto Health Baptist	10	1E4	15	.68	.33	1.3	Not Different
Palmetto Health Richland	61	3E4	42	1.5	.89	1.6	Not Different
Patewood Memorial Hospital	*	43	.06	*	*	*	*
Piedmont Medical Center	3	7E3	8.5	.35	.07	1.0	Not Different
Providence Hospital	9	6E3	7.3	1.2	.56	2.3	Not Different
Providence Hospital Northeast	1	664	.80	1.3	.03	7.0	Not Different

**Table 2: Central Line Associated Blood Stream Infections (CLABSI) Standardized Infection Ratio (SIR)**  
**Reportable Period: December 1, 2009 - December 31, 2010**  
**STATEWIDE - All Adult Inpatient Wards**

Hospital	Observed (O) No. of CLABSI	No. of Central Line Days	Statistically 'Expected' (E) No. of CLABSI <sup>a</sup>	Hospital SIR = O ÷ E	95% Lower CI	95% Upper CI	Statistical Interpretation <sup>b</sup>
Regional Medical Center Of Orangeburg/Calhoun Counties	12	6E3	9.0	1.3	.69	2.3	Not Different
Roper Hospital Inc.	15	1E4	16	.95	.53	1.6	Not Different
Self Regional Healthcare	3	5E3	7.6	.40	.08	1.2	Not Different
Spartanburg Regional Medical Center	20	1E4	16	1.3	.76	1.9	Not Different
Springs Memorial Hospital	0	2E3	2.4	.00	.00	1.5	Not Different
St. Francis - Downtown	1	8E3	9.4	.11	.00	.59	Lower
St. Francis - Eastside	0	591	.85	.00	.00	4.3	Not Different
Summerville Medical Center	2	3E3	3.9	.51	.06	1.8	Not Different
Trident Medical Center	21	1E4	17	1.2	.76	1.9	Not Different
Tuomey	9	8E3	12	.78	.36	1.5	Not Different
Upstate Carolina Medical Center	1	799	1.3	.74	.02	4.1	Not Different
Village Hospital	0	266	.32	.00	.00	12	Not Different
Waccamaw Community Hospital	0	1E3	1.7	.00	.00	2.1	Not Different
Wallace Thomson Hospital	0	498	.60	.00	.00	6.2	Not Different
Williamsburg Regional Hospital	0	171	.21	.00	.00	18	Not Different
Women's Center of Carolinas Hospital System, The	*	7	.00	*	*	*	*

a. Too few central line days. Reporting on too few central line days is a risk to patient confidentiality and data stability. If there are less than fifty central line days, the rate and number of infections will be suppressed until there are more central line days.

b. To learn more about understanding SIRs and their statistical interpretation, please see the [Confidence Interval and SIR explanation](#) found in the [Definition of Terms](#).

Click [here](#) to return to the report choices and more in-depth information about HAI reporting.

**Table 3: Central Line Associated Blood Stream Infections (CLABSI) Standardized Infection Ratio (SIR)**  
**Reportable Period: December 1, 2009 - December 31, 2010**  
**STATEWIDE - All Pediatric Critical Care Units**

Hospital	Observed (O) No. of CLABSI	No. of Central Line Days	Statistically 'Expected' (E) No. of CLABSI <sup>a</sup>	Hospital SIR = O ÷ E	95% Lower CI	95% Upper CI	Statistical Interpretation <sup>b</sup>
Greenville Memorial Hospital	3	1E3	3.2	.94	.20	2.8	Not Different
MUSC Medical Center	3	5E3	15	.20	.04	.58	Lower
McLeod Medical Center - Florence	0	229	.69	.00	.00	5.4	Not Different
Palmetto Health Richland	5	1E3	1.7	3.0	.96	6.9	Not Different
Spartanburg Regional Medical Center	0	63	.19	.00	.00	20	Not Different

a. Too few central line days. Reporting on too few central line days is a risk to patient confidentiality and data stability. If there are less than fifty central line days, the rate and number of infections will be suppressed until there are more central line days.

b. To learn more about understanding SIRs and their statistical interpretation, please see the [Confidence Interval and SIR explanation](#) found in the [Definition of Terms](#).

Click [here](#) to return to the report choices and more in-depth information about HAI reporting.

**Table 4: Central Line Associated Blood Stream Infections (CLABSI) Standardized Infection Ratio (SIR)**  
**Reportable Period: December 1, 2009 - December 31, 2010**  
**STATEWIDE - All Pediatric Inpatient Wards**

Hospital	Observed (O) No. of CLABSI	No. of Central Line Days	Statistically 'Expected' (E) No. of CLABSI <sup>a</sup>	Hospital SIR = O ÷ E	95% Lower CI	95% Upper CI	Statistical Interpretation <sup>b</sup>
Beaufort Memorial Hospital	0	211	.38	.00	.00	9.7	Not Different
Conway Medical Center	*	40	.12	*	*	*	*
Greenville Memorial Hospital	2	2E3	3.6	.55	.07	2.0	Not Different
KershawHealth	*	1	.00	*	*	*	*
Lexington Medical Center	*	2	.00	*	*	*	*
MUSC Medical Center	1	2E3	7.5	.13	.00	.74	Lower
Mary Black Healthcare	0	298	.92	.00	.00	4.0	Not Different
McLeod Medical Center - Dillon	0	54	.17	.00	.00	22	Not Different
McLeod Medical Center - Florence	0	135	.42	.00	.00	8.8	Not Different
Palmetto Health Richland	4	2E3	5.1	.79	.22	2.0	Not Different
Piedmont Medical Center	0	196	.61	.00	.00	6.1	Not Different
Regional Medical Center Of Orangeburg/Calhoun Counties	2	2E3	6.6	.31	.04	1.1	Not Different
Self Regional Healthcare	*	9	.03	*	*	*	*
Spartanburg Regional Medical Center	*	8	.02	*	*	*	*
Springs Memorial Hospital	*	34	.11	*	*	*	*
Tuomey	1	1E3	3.5	.28	.01	1.6	Not Different

a. Too few central line days. Reporting on too few central line days is a risk to patient confidentiality and data stability. If there are less than fifty central line days, the rate and number of infections will be suppressed until there are more central line days.

b. To learn more about understanding SIRs and their statistical interpretation, please see the [Confidence Interval and SIR explanation](#) found in the [Definition of Terms](#).

Click [here](#) to return to the report choices and more in-depth information about HAI reporting.

**Table 5: Central Line Associated Blood Stream Infections (CLABSI) Standardized Infection Ratio (SIR)  
Reportable Period: December 1, 2009 - December 31, 2010  
STATEWIDE - Inpatient Rehabilitation Ward**

Hospital	Observed (O) No. of CLABSI	No. of Central Line Days	Statistically 'Expected' (E) No. of CLABSI <sup>a</sup>	Hospital SIR = O ÷ E	95% Lower CI	95% Upper CI	Statistical Interpretation <sup>b</sup>
	0	270	.22	.00	.00	17	Not Different
AnMed Health Rehabilitation Hospital	0	863	.69	.00	.00	5.3	Not Different
Beaufort Memorial Hospital	0	205	.16	.00	.00	22	Not Different
Carolinas Hospital System Cedar Towers	3	1E3	1.1	2.8	.57	8.1	Not Different
Greenville Memorial Hospital	4	1E3	.84	4.8	1.3	12	Higher
HealthSouth Rehabilitaion Hospital - Rock Hill	0	231	.18	.00	.00	20	Not Different
HealthSouth Rehabilitation Hospital - Charleston	1	1E3	.81	1.2	.03	6.9	Not Different
HealthSouth Rehabilitation Hospital - Columbia	0	697	.56	.00	.00	6.6	Not Different
HealthSouth Rehabilitation Hospital - Florence	3	2E3	1.6	1.9	.40	5.6	Not Different
Laurens County Healthcare System	0	161	.13	.00	.00	29	Not Different
Palmetto Health Baptist	*	40	.03	*	*	*	*
Regional Medical Center Of Orangeburg/Calhoun Counties	2	1E3	.95	2.1	.25	7.6	Not Different
Roper Hospital Inc.	0	2E3	1.7	.00	.00	2.2	Not Different
Springs Memorial Hospital	1	671	.54	1.9	.05	10	Not Different
Tuomey	0	631	.50	.00	.00	7.3	Not Different
Waccamaw Community Hospital	0	373	.30	.00	.00	12	Not Different

a. Too few central line days. Reporting on too few central line days is a risk to patient confidentiality and data stability. If there are less than fifty central line days, the rate and number of infections will be suppressed until there are more central line days.

b. To learn more about understanding SIRs and their statistical interpretation, please see the [Confidence Interval and SIR explanation](#) found in the [Definition of Terms](#).

Click [here](#) to return to the report choices and more in-depth information about HAI reporting.

**Table 6: Central Line Associated Blood Stream Infections (CLABSI) Standardized Infection Ratio (SIR)**  
**Reportable Period: December 1, 2009 - December 31, 2010**  
**STATEWIDE - Long Term Acute Care**

Hospital	Observed (O) No. of CLABSI	No. of Central Line Days	Statistically 'Expected' (E) No. of CLABSI <sup>a</sup>	Hospital SIR = O ÷ E	95% Lower CI	95% Upper CI	Statistical Interpretation <sup>b</sup>
Intermedical Hospital of SC	6	7E3	12	.50	.18	1.1	Not Different
Kindred Hospital	23	1E4	17	1.4	.85	2.0	Not Different
North Greenville Long Term Acute Care Hospital	10	6E3	9.9	1.0	.49	1.9	Not Different
Regency Hospital of Florence	12	9E3	16	.75	.39	1.3	Not Different
Regency Hospital of Greenville	7	8E3	13	.54	.22	1.1	Not Different
Spartanburg Hospital for Restorative Care	19	9E3	15	1.3	.77	2.0	Not Different
Tuomey	0	1E3	2.2	.00	.00	1.7	Not Different

a. Too few central line days. Reporting on too few central line days is a risk to patient confidentiality and data stability. If there are less than fifty central line days, the rate and number of infections will be suppressed until there are more central line days.

b. To learn more about understanding SIRs and their statistical interpretation, please see the [Confidence Interval and SIR explanation](#) found in the [Definition of Terms](#).

Click [here](#) to return to the report choices and more in-depth information about HAI reporting.



**Table 7: Central Line Associated Blood Stream Infections (CLABSI) Standardized Infection Ratio (SIR)**  
**Reportable Period: December 1, 2009 - December 31, 2010**  
**STATEWIDE - Hematology**  
**Oncology Ward**

Hospital	Observed (O) No. of CLABSI	No. of Central Line Days	Statistically 'Expected' (E) No. of CLABSI <sup>a</sup>	Hospital SIR = O ÷ E	95% Lower CI	95% Upper CI	Statistical Interpretation <sup>b</sup>
Greenville Memorial Hospital	13	5E3	9.3	1.4	.74	2.4	Not Different
MUSC Medical Center	11	7E3	12	.89	.44	1.6	Not Different
McLeod Medical Center - Florence	5	3E3	6.5	.77	.25	1.8	Not Different
Palmetto Health Baptist	5	6E3	12	.41	.13	.96	Lower
Roper Hospital Inc.	5	4E3	7.6	.66	.21	1.5	Not Different
Spartanburg Regional Medical Center	6	2E3	4.8	1.3	.46	2.7	Not Different
Trident Medical Center	8	4E3	8.6	.93	.40	1.8	Not Different
Tuomey	0	4E3	7.9	.00	.00	.47	Lower

a. Too few central line days. Reporting on too few central line days is a risk to patient confidentiality and data stability. If there are less than fifty central line days, the rate and number of infections will be suppressed until there are more central line days.

b. To learn more about understanding SIRs and their statistical interpretation, please see the [Confidence Interval and SIR explanation](#) found in the [Definition of Terms](#).

Click [here](#) to return to the report choices and more in-depth information about HAI reporting.

**Table 8: Central Line Associated Blood Stream Infections (CLABSI) Standardized Infection Ratio (SIR)**  
**Reportable Period: December 1, 2009 - December 31, 2010**  
**STATEWIDE - Pediatric Hematology**  
**Oncology Ward**

Hospital	Observed (O) No. of CLABSI	No. of Central Line Days	Statistically 'Expected' (E) No. of CLABSI <sup>a</sup>	Hospital SIR = O ÷ E	95% Lower CI	95% Upper CI	Statistical Interpretation <sup>b</sup>
Greenville Memorial Hospital	7	2E3	5.1	1.4	.55	2.8	Not Different
MUSC Medical Center	6	3E3	8.2	.74	.27	1.6	Not Different
Palmetto Health Richland	2	998	2.4	.82	.10	3.0	Not Different

a. Too few central line days. Reporting on too few central line days is a risk to patient confidentiality and data stability. If there are less than fifty central line days, the rate and number of infections will be suppressed until there are more central line days.

b. To learn more about understanding SIRs and their statistical interpretation, please see the [Confidence Interval and SIR explanation](#) found in the [Definition of Terms](#).

Click [here](#) to return to the report choices and more in-depth information about HAI reporting.

**Table 9: Central Line Associated Blood Stream Infections (CLABSI) Standardized Infection Ratio (SIR)  
Reportable Period: December 1, 2009 - December 31, 2010  
STATEWIDE - Bone Marrow Transplant Ward**

<b>Hospital</b>	<b>Observed (O) No. of CLABSI</b>	<b>No. of Central Line Days</b>	<b>Statistically 'Expected' (E) No. of CLABSI<sup>a</sup></b>	<b>Hospital SIR = O ÷ E</b>	<b>95% Lower CI</b>	<b>95% Upper CI</b>	<b>Statistical Interpretation<sup>b</sup></b>
Roper Hospital Inc.	0	810	3.0	.00	.00	1.2	Not Different

a. Too few central line days. Reporting on too few central line days is a risk to patient confidentiality and data stability. If there are less than fifty central line days, the rate and number of infections will be suppressed until there are more central line days.

b. To learn more about understanding SIRs and their statistical interpretation, please see the [Confidence Interval and SIR explanation](#) found in the [Definition of Terms](#).

Click [here](#) to return to the report choices and more in-depth information about HAI reporting.

**Appendix G:  
Individual Hospital Reports  
(In Alphabetical Order)**

# Healthcare Associated Infections Report - April 15, 2011

Reported by: South Carolina Department of Health and Environmental Control

## Surgical Site Infection (SSI) Rate by Procedure and Risk Index

Data Collected: 12/01/2009 - 12/31/2010

### *Abbeville Area Medical Center*

Procedure	Risk Category <sup>a,b,c</sup>	No. of Infections	No. of Specific Procedures Performed <sup>d</sup>	Infection Rate (per 100 Procedures)
Hip Prosthesis (Replacement)	1	*	2	*
Knee Prosthesis (Replacement)	0	*	8	*
	1	*	2	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see [Definition of Terms](#).

b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.

c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.

d. \*= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

## Abbeville Area Medical Center

### Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 12/01/2009 - 12/31/2010

Location <sup>a</sup>	No. of Infections	No. of Central Line Days <sup>b,c</sup>	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	*	45	*
All Adult Inpatient Wards	*	23	*

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All adult and pediatric critical care units (except NICUs) are combined into one rate; all adult and pediatric inpatient wards are combined into one rate for this report.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

### Hospital Profile

**Average Daily Census:**

7

**Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?**

Yes

### Infection Control Process

**Number of Infection Control Practitioners:**

1

**Total hours per week performing surveillance:**

6

**Total hours per week for infection control activities other than surveillance:**

6

## Healthcare Associated Infections Report - April 15, 2011

Reported by: South Carolina Department of Health and Environmental Control

### Surgical Site Infection (SSI) Rate by Procedure and Risk Index

Data Collected: 12/01/2009 - 12/31/2010

#### *Aiken Regional Medical Center*

Procedure	Risk Category <sup>a,b,c</sup>	No. of Infections	No. of Specific Procedures Performed <sup>d</sup>	Infection Rate (per 100 Procedures)
Coronary Bypass Graft (Chest and Donor Incision)	1	*	16	*
	2	0	21	.00
Abdominal Hysterectomy	0	0	152	.00
	1	2	39	5.1
	2,3	*	4	*
Hip Prosthesis (Replacement)	0	2	28	7.1
	1	1	95	1.1
	2,3	*	14	*
Knee Prosthesis (Replacement)	0	1	40	2.5
	1	0	56	.00
	2,3	*	18	*
Colon Surgery	0	2	26	7.7
	1	0	49	.00
	2	1	23	4.3

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see [Definition of Terms](#).

b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.

c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.

d. \*= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

# *Aiken Regional Medical Center*

## Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 12/01/2009 - 12/31/2010

Location <sup>a</sup>	No. of Infections	No. of Central Line Days <sup>b,c</sup>	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	14	3652	3.8
All Adult Inpatient Wards	6	4730	1.3

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All adult and pediatric critical care units (except NICUs) are combined into one rate; all adult and pediatric inpatient wards are combined into one rate for this report.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

### *Hospital Profile*

#### **Average Daily Census:**

150

#### **Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?**

Yes

### *Infection Control Process*

#### **Number of Infection Control Practitioners:**

2

#### **Total hours per week performing surveillance:**

40

#### **Total hours per week for infection control activities other than surveillance:**

40



# Allendale County Hospital

Reported by: South Carolina Department of Health and Environmental Control

Healthcare Associated Infections Report - April 15, 2011

## Surgical Site Infection (SSI) Rate by Procedure and Risk Index

Data Collected: 12/01/2009 - 12/31/2010

Procedures that are required to be reported were not performed at this hospital during the time period.

## Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 12/01/2009 - 12/31/2010

Location <sup>a</sup>	No. of Infections	No. of Central Line Days <sup>b,c</sup>	Infection Rate (per 1000 Central Line Days)
All Adult Inpatient Wards	0	208	0.0

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All critical care units (except NICUs) are combined into one rate; all adult inpatient wards and all pediatric inpatient wards are combined into one rate for this report.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

## Hospital Profile

Average Daily Census:

3

Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?

No

## Infection Control Process

Number of Infection Control Practitioners:

2

Total hours per week performing surveillance:

15

**Total hours per week for infection control activities other than surveillance:**

15

## Healthcare Associated Infections Report - April 15, 2011

Reported by: South Carolina Department of Health and Environmental Control

### Surgical Site Infection (SSI) Rate by Procedure and Risk Index

Data Collected: 12/01/2009 - 12/31/2010

#### *AnMed Health Womens And Children*

Procedure	Risk Category <sup>a,b,c</sup>	No. of Infections	No. of Specific Procedures Performed <sup>d</sup>	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	2	111	1.8
	1	0	34	.00
	2,3	*	3	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see [Definition of Terms](#).

b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.

c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.

d. \*= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

*AnMed Health Womens And Children*

**Central Line Associated Blood Stream Infection (CLABSI) Rate**

**Data Collected: 12/01/2009 - 12/31/2010**

<b>Location<sup>a</sup></b>	<b>No. of Infections</b>	<b>No. of Central Line Days<sup>b,c</sup></b>	<b>Infection Rate (per 1000 Central Line Days)</b>
All Adult Inpatient Wards	*	4	*
All Pediatric Inpatient Wards	0	0	*

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All adult and pediatric critical care units (except NICUs) are combined into one rate; all adult and pediatric inpatient wards are combined into one rate for this report.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

***Hospital Profile***

**Average Daily Census:**

22

**Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?**

Yes

***Infection Control Process***

**Number of Infection Control Practitioners:**

1

**Total hours per week performing surveillance:**

12

**Total hours per week for infection control activities other than surveillance:**

28

# ***AnMed Health Rehabilitation Hospital***

**Reported by: South Carolina Department of Health and Environmental Control**

**Healthcare Associated Infections Report - April 15, 2011**

## **Surgical Site Infection (SSI) Rate by Procedure and Risk Index**

**Data Collected: 12/01/2009 - 12/31/2010**

This type of facility does not perform surgical procedures.

## **Central Line Associated Blood Stream Infection (CLABSI) Rate; Data Collected: 12/01/2009 - 06/30/2010**

**Data Collected: 12/01/2009 - 12/31/2010**

<b>Location<sup>a</sup></b>	<b>No. of Infections</b>	<b>No. of Central Line Days<sup>b,c</sup></b>	<b>Infection Rate (per 1000 Central Line Days)</b>
Inpatient Rehabilitation Ward	0	863	0.0

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

### ***Hospital Profile***

**Average Daily Census:**

36

**Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?**

Yes

### ***Infection Control Process***

**Number of Infection Control Practitioners:**

1

**Total hours per week performing surveillance:**

10

**Total hours per week for infection control activities other than surveillance:**

10

## Healthcare Associated Infections Report - April 15, 2011

**Reported by: South Carolina Department of Health and Environmental Control**

### Surgical Site Infection (SSI) Rate by Procedure and Risk Index

**Data Collected: 12/01/2009 - 12/31/2010**

#### *AnMed Health Medical Center*

Procedure	Risk Category <sup>a,b,c</sup>	No. of Infections	No. of Specific Procedures Performed <sup>d</sup>	Infection Rate (per 100 Procedures)
Coronary Bypass Graft (Chest and Donor Incision)	1	2	143	1.4
	2	1	24	4.2
Abdominal Hysterectomy	0	0	27	.00
	1	*	14	*
	2,3	*	2	*
Hip Prosthesis (Replacement)	0	1	35	2.9
	1	0	102	.00
	2,3	1	35	2.9
Knee Prosthesis (Replacement)	0	0	91	.00
	1	0	114	.00
	2,3	1	52	1.9

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see [Definition of Terms](#).

b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.

c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.

d. \*= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

*AnMed Health Medical Center*

**Central Line Associated Blood Stream Infection (CLABSI) Rate**

**Data Collected: 12/01/2009 - 12/31/2010**

<b>Location<sup>a</sup></b>	<b>No. of Infections</b>	<b>No. of Central Line Days<sup>b,c</sup></b>	<b>Infection Rate (per 1000 Central Line Days)</b>
All Adult Critical Care Units	4	5902	0.7

- a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All adult and pediatric critical care units (except NICUs) are combined into one rate; all adult and pediatric inpatient wards are combined into one rate for this report.
- b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations. A central line day calculation example can be found in the [Definitions of Terms](#).
- c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

***Hospital Profile***

**Average Daily Census:**

224

**Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?**

Yes

***Infection Control Process***

**Number of Infection Control Practitioners:**

4

**Total hours per week performing surveillance:**

65

**Total hours per week for infection control activities other than surveillance:**

75

# ***Bamberg County Memorial Hospital***

**Reported by: South Carolina Department of Health and Environmental Control**

**Healthcare Associated Infections Report - April 15, 2011**

## **Surgical Site Infection (SSI) Rate by Procedure and Risk Index**

**Data Collected: 12/01/2009 - 12/31/2010**

Procedures that are required to be reported were not performed at this hospital during the time period.

## **Central Line Associated Blood Stream Infection (CLABSI) Rate**

**Data Collected: 12/01/2009 - 12/31/2010**

<b>Location<sup>a</sup></b>	<b>No. of Infections</b>	<b>No. of Central Line Days<sup>b,c</sup></b>	<b>Infection Rate (per 1000 Central Line Days)</b>
All Adult Inpatient Wards	*	24	*

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All critical care units (except NICUs) are combined into one rate; all adult inpatient wards and all pediatric inpatient wards are combined into one rate for this report.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

## ***Hospital Profile***

**Average Daily Census:**

16

**Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?**

Yes

## ***Infection Control Process***

**Number of Infection Control Practitioners:**

1

**Total hours per week performing surveillance:**

20



**Total hours per week for infection control activities other than surveillance:**

20

## Healthcare Associated Infections Report - April 15, 2011

Reported by: South Carolina Department of Health and Environmental Control

### Surgical Site Infection (SSI) Rate by Procedure and Risk Index

Data Collected: 12/01/2009 - 12/31/2010

#### *Barnwell County Hospital*

Procedure	Risk Category <sup>a,b,c</sup>	No. of Infections	No. of Specific Procedures Performed <sup>d</sup>	Infection Rate (per 100 Procedures)
Colon Surgery	0	*	1	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see [Definition of Terms](#).

b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.

c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.

d. \*= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

# *Barnwell County Hospital*

## Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 12/01/2009 - 12/31/2010

Location <sup>a</sup>	No. of Infections	No. of Central Line Days <sup>b,c</sup>	Infection Rate (per 1000 Central Line Days)
All Adult Inpatient Wards	*	10	*

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All adult and pediatric critical care units (except NICUs) are combined into one rate; all adult and pediatric inpatient wards are combined into one rate for this report.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

### *Hospital Profile*

**Average Daily Census:**

7

**Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?**

Yes

### *Infection Control Process*

**Number of Infection Control Practitioners:**

1

**Total hours per week performing surveillance:**

8

**Total hours per week for infection control activities other than surveillance:**

12

## Healthcare Associated Infections Report - April 15, 2011

Reported by: South Carolina Department of Health and Environmental Control

### Surgical Site Infection (SSI) Rate by Procedure and Risk Index

Data Collected: 12/01/2009 - 12/31/2010

#### *Beaufort Memorial Hospital*

Procedure	Risk Category <sup>a,b,c</sup>	No. of Infections	No. of Specific Procedures Performed <sup>d</sup>	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	3	66	4.5
	1	0	57	.00
	2,3	*	8	*
Hip Prosthesis (Replacement)	0	0	45	.00
	1	3	83	3.6
	2,3	*	12	*
Knee Prosthesis (Replacement)	0	0	152	.00
	1	1	184	.54
	2,3	0	40	.00
Colon Surgery	0	0	20	.00
	1	1	45	2.2
	2	*	19	*
	3	*	4	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see [Definition of Terms](#).

b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.

c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.

d. \*= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

# Beaufort Memorial Hospital

## Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 12/01/2009 - 12/31/2010

Location <sup>a</sup>	No. of Infections	No. of Central Line Days <sup>b,c</sup>	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	0	984	0.0
All Adult Inpatient Wards	4	4907	0.8
All Pediatric Inpatient Wards	0	211	0.0
Inpatient Rehabilitation Ward	0	205	0.0

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All adult and pediatric critical care units (except NICUs) are combined into one rate; all adult and pediatric inpatient wards are combined into one rate for this report.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

### ***Hospital Profile***

#### **Average Daily Census:**

126

#### **Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?**

Yes

### ***Infection Control Process***

#### **Number of Infection Control Practitioners:**

2

#### **Total hours per week performing surveillance:**

40

*Beaufort Memorial Hospital*

**Total hours per week for infection control activities other than surveillance:**

40

## Healthcare Associated Infections Report - April 15, 2011

**Reported by: South Carolina Department of Health and Environmental Control**

### Surgical Site Infection (SSI) Rate by Procedure and Risk Index

**Data Collected: 12/01/2009 - 12/31/2010**

#### *Cannon Memorial Hospital*

Procedure	Risk Category <sup>a,b,c</sup>	No. of Infections	No. of Specific Procedures Performed <sup>d</sup>	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	1	*	1	*
Hip Prosthesis (Replacement)	0	*	3	*
	1	*	5	*
	2,3	*	2	*
Knee Prosthesis (Replacement)	0	*	2	*
	1	*	16	*
	2,3	*	2	*
Colon Surgery	0	*	3	*
	1	*	2	*
	2	*	3	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see [Definition of Terms](#).

b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.

c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.

d. \*= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

# *Cannon Memorial Hospital*

## Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 12/01/2009 - 12/31/2010

Location <sup>a</sup>	No. of Infections	No. of Central Line Days <sup>b,c</sup>	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	0	139	0.0
All Adult Inpatient Wards	2	263	7.6

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All adult and pediatric critical care units (except NICUs) are combined into one rate; all adult and pediatric inpatient wards are combined into one rate for this report.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

### *Hospital Profile*

#### **Average Daily Census:**

10

#### **Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?**

Yes

### *Infection Control Process*

#### **Number of Infection Control Practitioners:**

1

#### **Total hours per week performing surveillance:**

10

#### **Total hours per week for infection control activities other than surveillance:**

15



## Healthcare Associated Infections Report - April 15, 2011

Reported by: South Carolina Department of Health and Environmental Control

### Surgical Site Infection (SSI) Rate by Procedure and Risk Index

Data Collected: 12/01/2009 - 12/31/2010

#### *Carolina Pines Regional Medical Center*

Procedure	Risk Category <sup>a,b,c</sup>	No. of Infections	No. of Specific Procedures Performed <sup>d</sup>	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	0	51	.00
	1	1	22	4.5
	2,3	*	8	*
Hip Prosthesis (Replacement)	0	*	5	*
	1	2	29	6.9
	2,3	*	5	*
Knee Prosthesis (Replacement)	0	*	1	*
	1	2	38	5.3
	2,3	*	5	*
Colon Surgery	0	*	1	*
	1	3	25	12
	2	*	9	*
	3	*	3	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see [Definition of Terms](#).

b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.

c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.

d. \*= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

# Carolina Pines Regional Medical Center

## Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 12/01/2009 - 12/31/2010

Location <sup>a</sup>	No. of Infections	No. of Central Line Days <sup>b,c</sup>	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	3	853	3.5
All Adult Inpatient Wards	2	1538	1.3

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All adult and pediatric critical care units (except NICUs) are combined into one rate; all adult and pediatric inpatient wards are combined into one rate for this report.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

### *Hospital Profile*

#### **Average Daily Census:**

83

#### **Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?**

Yes

### *Infection Control Process*

#### **Number of Infection Control Practitioners:**

1

#### **Total hours per week performing surveillance:**

30

#### **Total hours per week for infection control activities other than surveillance:**

10

# Carolinas Hospital System - Cedar Tower

Reported by: South Carolina Department of Health and Environmental Control

Healthcare Associated Infections Report - April 15, 2011

## Surgical Site Infection (SSI) Rate by Procedure and Risk Index

Data Collected: 12/01/2009 - 12/31/2010

Procedures that are required to be reported were not performed at this hospital during the time period.

## Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 12/01/2009 - 12/31/2010

Location <sup>a</sup>	No. of Infections	No. of Central Line Days <sup>b,c</sup>	Infection Rate (per 1000 Central Line Days)
Inpatient Rehabilitation Ward	3	1353	2.2

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All critical care units (except NICUs) are combined into one rate; all adult inpatient wards and all pediatric inpatient wards are combined into one rate for this report.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

## Hospital Profile

Average Daily Census:

39

Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?

Yes

## Infection Control Process

Number of Infection Control Practitioners:

0.25

Total hours per week performing surveillance:

2

**Total hours per week for infection control activities other than surveillance:**

1.5

## Healthcare Associated Infections Report - April 15, 2011

**Reported by: South Carolina Department of Health and Environmental Control**

### Surgical Site Infection (SSI) Rate by Procedure and Risk Index

**Data Collected: 12/01/2009 - 12/31/2010**

#### *Carolinas Hospital System*

Procedure	Risk Category <sup>a,b,c</sup>	No. of Infections	No. of Specific Procedures Performed <sup>d</sup>	Infection Rate (per 100 Procedures)
Coronary Bypass Graft (Chest and Donor Incision)	1	1	170	.59
	2	1	32	3.1
Coronary Bypass Graft (Chest Only Incision)	0,1	*	5	*
	2,3	*	1	*
Abdominal Hysterectomy	0	1	33	3.0
	1	1	22	4.5
	2,3	*	10	*
Hip Prosthesis (Replacement)	0	1	35	2.9
	1	2	76	2.6
	2,3	*	7	*
Knee Prosthesis (Replacement)	0	0	64	.00
	1	1	96	1.0
	2,3	1	22	4.5

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see [Definition of Terms](#).

b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.

c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.

d. \*= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

# Carolinas Hospital System

## Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 12/01/2009 - 12/31/2010

Location <sup>a</sup>	No. of Infections	No. of Central Line Days <sup>b,c</sup>	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	25	4461	5.6
All Adult Inpatient Wards	24	8332	2.9

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All adult and pediatric critical care units (except NICUs) are combined into one rate; all adult and pediatric inpatient wards are combined into one rate for this report.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

### ***Hospital Profile***

#### **Average Daily Census:**

166

#### **Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?**

Yes

### ***Infection Control Process***

#### **Number of Infection Control Practitioners:**

1

#### **Total hours per week performing surveillance:**

20

#### **Total hours per week for infection control activities other than surveillance:**

20

## Healthcare Associated Infections Report - April 15, 2011

**Reported by: South Carolina Department of Health and Environmental Control**

### Surgical Site Infection (SSI) Rate by Procedure and Risk Index

**Data Collected: 12/01/2009 - 12/31/2010**

#### ***Chester Regional Medical Center***

Procedure	Risk Category <sup>a,b,c</sup>	No. of Infections	No. of Specific Procedures Performed <sup>d</sup>	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	1	*	1	*
	2,3	*	3	*
Hip Prosthesis (Replacement)	0	*	2	*
	1	*	2	*
Colon Surgery	0	*	1	*
	1	*	6	*
	2	*	2	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see [Definition of Terms](#).

b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.

c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.

d. \*= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

## Chester Regional Medical Center

### Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 12/01/2009 - 12/31/2010

Location <sup>a</sup>	No. of Infections	No. of Central Line Days <sup>b,c</sup>	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	0	150	0.0
All Adult Inpatient Wards	1	268	3.7

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All adult and pediatric critical care units (except NICUs) are combined into one rate; all adult and pediatric inpatient wards are combined into one rate for this report.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

### *Hospital Profile*

**Average Daily Census:**

19

**Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?**

Yes

### *Infection Control Process*

**Number of Infection Control Practitioners:**

1

**Total hours per week performing surveillance:**

20

**Total hours per week for infection control activities other than surveillance:**

20



# Healthcare Associated Infections Report - April 15, 2011

Reported by: South Carolina Department of Health and Environmental Control

## Surgical Site Infection (SSI) Rate by Procedure and Risk Index

Data Collected: 12/01/2009 - 12/31/2010

### *Chesterfield General Hospital*

Procedure	Risk Category <sup>a,b,c</sup>	No. of Infections	No. of Specific Procedures Performed <sup>d</sup>	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	*	3	*
	2,3	*	1	*
Hip Prosthesis (Replacement)	0	*	4	*
	1	*	3	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see [Definition of Terms](#).

b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.

c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.

d. \*= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

# Chesterfield General Hospital

## Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 12/01/2009 - 12/31/2010

Location <sup>a</sup>	No. of Infections	No. of Central Line Days <sup>b,c</sup>	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	0	81	0.0

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All adult and pediatric critical care units (except NICUs) are combined into one rate; all adult and pediatric inpatient wards are combined into one rate for this report.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

### *Hospital Profile*

#### **Average Daily Census:**

28

#### **Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?**

Yes

### *Infection Control Process*

#### **Number of Infection Control Practitioners:**

1

#### **Total hours per week performing surveillance:**

10

#### **Total hours per week for infection control activities other than surveillance:**

10

# Clarendon Memorial Hospital

Reported by: South Carolina Department of Health and Environmental Control

Healthcare Associated Infections Report - April 15, 2011

## Surgical Site Infection (SSI) Rate by Procedure and Risk Index

Data Collected: 12/01/2009 - 12/31/2010

Procedures that are required to be reported were not performed at this hospital during the time period.

## Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 12/01/2009 - 12/31/2010

Location <sup>a</sup>	No. of Infections	No. of Central Line Days <sup>b,c</sup>	Infection Rate (per 1000 Central Line Days)
All Adult Inpatient Wards	0	1291	0.0

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All critical care units (except NICUs) are combined into one rate; all adult inpatient wards and all pediatric inpatient wards are combined into one rate for this report.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

## Hospital Profile

Average Daily Census:

37

Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?

Yes

## Infection Control Process

Number of Infection Control Practitioners:

1

Total hours per week performing surveillance:

20

**Total hours per week for infection control activities other than surveillance:**

10

# Healthcare Associated Infections Report - April 15, 2011

Reported by: South Carolina Department of Health and Environmental Control

## Surgical Site Infection (SSI) Rate by Procedure and Risk Index

Data Collected: 12/01/2009 - 12/31/2010

### *Coastal Carolina Hospital*

Procedure	Risk Category <sup>a,b,c</sup>	No. of Infections	No. of Specific Procedures Performed <sup>d</sup>	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	*	1	*
Colon Surgery	0	*	1	*
	1	*	3	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see [Definition of Terms](#).

b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.

c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.

d. \*= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

# Coastal Carolina Hospital

## Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 12/01/2009 - 12/31/2010

Location <sup>a</sup>	No. of Infections	No. of Central Line Days <sup>b,c</sup>	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	0	78	0.0
All Adult Inpatient Wards	0	222	0.0
Inpatient Rehabilitation Ward	0	0	*

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All adult and pediatric critical care units (except NICUs) are combined into one rate; all adult and pediatric inpatient wards are combined into one rate for this report.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

### *Hospital Profile*

#### **Average Daily Census:**

13

#### **Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?**

Yes

### *Infection Control Process*

#### **Number of Infection Control Practitioners:**

1

#### **Total hours per week performing surveillance:**

24

#### **Total hours per week for infection control activities other than surveillance:**

0

## Healthcare Associated Infections Report - April 15, 2011

Reported by: South Carolina Department of Health and Environmental Control

### Surgical Site Infection (SSI) Rate by Procedure and Risk Index

Data Collected: 12/01/2009 - 12/31/2010

#### *Colleton Medical Center*

Procedure	Risk Category <sup>a,b,c</sup>	No. of Infections	No. of Specific Procedures Performed <sup>d</sup>	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	*	15	*
	1	*	11	*
Hip Prosthesis (Replacement)	0	*	9	*
	1	*	19	*
	2,3	*	3	*
Knee Prosthesis (Replacement)	0	*	6	*
	1	0	33	.00
	2,3	*	2	*
Colon Surgery	0	*	5	*
	1	0	35	.00
	2	*	8	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see [Definition of Terms](#).

b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.

c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.

d. \*= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

## Colleton Medical Center

### Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 12/01/2009 - 12/31/2010

Location <sup>a</sup>	No. of Infections	No. of Central Line Days <sup>b,c</sup>	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	2	808	2.5
All Adult Inpatient Wards	6	2755	2.2
Inpatient Rehabilitation Ward	0	0	*

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All adult and pediatric critical care units (except NICUs) are combined into one rate; all adult and pediatric inpatient wards are combined into one rate for this report.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

### Hospital Profile

#### Average Daily Census:

63

#### Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?

Yes

### Infection Control Process

#### Number of Infection Control Practitioners:

1

#### Total hours per week performing surveillance:

15

#### Total hours per week for infection control activities other than surveillance:

25



## Healthcare Associated Infections Report - April 15, 2011

**Reported by: South Carolina Department of Health and Environmental Control**

### Surgical Site Infection (SSI) Rate by Procedure and Risk Index

**Data Collected: 12/01/2009 - 12/31/2010**

#### *Conway Medical Center*

Procedure	Risk Category <sup>a,b,c</sup>	No. of Infections	No. of Specific Procedures Performed <sup>d</sup>	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	0	101	.00
	1	1	26	3.8
	2,3	*	4	*
Hip Prosthesis (Replacement)	0	0	45	.00
	1	2	72	2.8
	2,3	*	7	*
Knee Prosthesis (Replacement)	0	0	93	.00
	1	0	117	.00
	2,3	*	15	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see [Definition of Terms](#).

b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.

c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.

d. \*= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

## Conway Medical Center

### Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 12/01/2009 - 12/31/2010

Location <sup>a</sup>	No. of Infections	No. of Central Line Days <sup>b,c</sup>	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	3	1182	2.5
All Adult Inpatient Wards	0	3103	0.0
All Pediatric Inpatient Wards	*	40	*

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All adult and pediatric critical care units (except NICUs) are combined into one rate; all adult and pediatric inpatient wards are combined into one rate for this report.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

### Hospital Profile

#### Average Daily Census:

98

#### Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?

Yes

### Infection Control Process

#### Number of Infection Control Practitioners:

1

#### Total hours per week performing surveillance:

35

#### Total hours per week for infection control activities other than surveillance:

5

## Healthcare Associated Infections Report - April 15, 2011

**Reported by: South Carolina Department of Health and Environmental Control**

### Surgical Site Infection (SSI) Rate by Procedure and Risk Index

**Data Collected: 12/01/2009 - 12/31/2010**

#### *East Cooper Regional Medical Center*

Procedure	Risk Category <sup>a,b,c</sup>	No. of Infections	No. of Specific Procedures Performed <sup>d</sup>	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	0	62	.00
	1	1	21	4.8
	2,3	*	1	*
Hip Prosthesis (Replacement)	0	*	8	*
	1	2	22	9.1
	2,3	*	3	*
Knee Prosthesis (Replacement)	0	*	11	*
	1	*	12	*
	2,3	*	3	*
Colon Surgery	0	1	36	2.8
	1	1	32	3.1
	2	*	8	*
	3	*	1	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see [Definition of Terms](#).

b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.

c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.

d. \*= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

*East Cooper Regional Medical Center*

**Central Line Associated Blood Stream Infection (CLABSI) Rate**

**Data Collected: 12/01/2009 - 12/31/2010**

<b>Location<sup>a</sup></b>	<b>No. of Infections</b>	<b>No. of Central Line Days<sup>b,c</sup></b>	<b>Infection Rate (per 1000 Central Line Days)</b>
All Adult Critical Care Units	0	454	0.0
All Adult Inpatient Wards	0	597	0.0

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All adult and pediatric critical care units (except NICUs) are combined into one rate; all adult and pediatric inpatient wards are combined into one rate for this report.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

***Hospital Profile***

**Average Daily Census:**

47

**Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?**

Yes

***Infection Control Process***

**Number of Infection Control Practitioners:**

1

**Total hours per week performing surveillance:**

20

**Total hours per week for infection control activities other than surveillance:**

20

## Healthcare Associated Infections Report - April 15, 2011

Reported by: South Carolina Department of Health and Environmental Control

### Surgical Site Infection (SSI) Rate by Procedure and Risk Index

Data Collected: 12/01/2009 - 12/31/2010

#### *Edgefield County Hospital*

Procedure	Risk Category <sup>a,b,c</sup>	No. of Infections	No. of Specific Procedures Performed <sup>d</sup>	Infection Rate (per 100 Procedures)
Hip Prosthesis (Replacement)	1	*	3	*
Knee Prosthesis (Replacement)	1	*	1	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see [Definition of Terms](#).

b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.

c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.

d. \*= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

# Edgefield County Hospital

## Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 12/01/2009 - 12/31/2010

Location <sup>a</sup>	No. of Infections	No. of Central Line Days <sup>b,c</sup>	Infection Rate (per 1000 Central Line Days)
All Adult Inpatient Wards	0	128	0.0

- a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All adult and pediatric critical care units (except NICUs) are combined into one rate; all adult and pediatric inpatient wards are combined into one rate for this report.
- b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations. A central line day calculation example can be found in the [Definitions of Terms](#).
- c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

### ***Hospital Profile***

**Average Daily Census:**

5

**Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?**

Yes

### ***Infection Control Process***

**Number of Infection Control Practitioners:**

1

**Total hours per week performing surveillance:**

5

**Total hours per week for infection control activities other than surveillance:**

5

# *Fairfield Memorial Hospital*

Reported by: South Carolina Department of Health and Environmental Control

Healthcare Associated Infections Report - April 15, 2011

## **Surgical Site Infection (SSI) Rate by Procedure and Risk Index**

**Data Collected: 12/01/2009 - 12/31/2010**

Procedures that are required to be reported were not performed at this hospital during this time period.

## **Central Line Associated Blood Stream Infection (CLABSI) Rate**

**Data Collected: 12/01/2009 - 12/31/2010**

There were no central line days for this time period.

## ***Hospital Profile***

**Average Daily Census:**

9

**Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?**

Yes

## ***Infection Control Process***

**Number of Infection Control Practitioners:**

1

**Total hours per week performing surveillance:**

5

**Total hours per week for infection control activities other than surveillance:**

5

## Healthcare Associated Infections Report - April 15, 2011

Reported by: South Carolina Department of Health and Environmental Control

### Surgical Site Infection (SSI) Rate by Procedure and Risk Index

Data Collected: 12/01/2009 - 12/31/2010

#### *Georgetown Memorial Hospital*

Procedure	Risk Category <sup>a,b,c</sup>	No. of Infections	No. of Specific Procedures Performed <sup>d</sup>	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	*	11	*
	1	*	8	*
Hip Prosthesis (Replacement)	0	*	14	*
	1	0	34	.00
	2,3	*	4	*
Knee Prosthesis (Replacement)	0	0	42	.00
	1	2	87	2.3
	2,3	*	14	*
Colon Surgery	0	*	10	*
	1	0	21	.00
	2	*	3	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see [Definition of Terms](#).

b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.

c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.

d. \*= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.



# Georgetown Memorial Hospital

## Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 12/01/2009 - 12/31/2010

Location <sup>a</sup>	No. of Infections	No. of Central Line Days <sup>b,c</sup>	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	0	677	0.0
All Adult Inpatient Wards	3	1447	2.1

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All adult and pediatric critical care units (except NICUs) are combined into one rate; all adult and pediatric inpatient wards are combined into one rate for this report.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

### *Hospital Profile*

#### **Average Daily Census:**

75

#### **Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?**

Yes

### *Infection Control Process*

#### **Number of Infection Control Practitioners:**

2

#### **Total hours per week performing surveillance:**

35

#### **Total hours per week for infection control activities other than surveillance:**

25

## Healthcare Associated Infections Report - April 15, 2011

**Reported by: South Carolina Department of Health and Environmental Control**

### Surgical Site Infection (SSI) Rate by Procedure and Risk Index

**Data Collected: 12/01/2009 - 12/31/2010**

#### *Grand Strand Regional Medical Center*

Procedure	Risk Category <sup>a,b,c</sup>	No. of Infections	No. of Specific Procedures Performed <sup>d</sup>	Infection Rate (per 100 Procedures)
Coronary Bypass Graft (Chest and Donor Incision)	1	2	303	.66
	2	0	77	.00
	3	*	2	*
Abdominal Hysterectomy	0	0	26	.00
	1	*	18	*
	2,3	*	7	*
Hip Prosthesis (Replacement)	0	1	65	1.5
	1	1	178	.56
	2,3	1	20	5.0
Knee Prosthesis (Replacement)	0	0	83	.00
	1	1	234	.43
	2,3	1	24	4.2

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see [Definition of Terms](#).

b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.

c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.

d. \*= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

# Grand Strand Regional Medical Center

## Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 12/01/2009 - 12/31/2010

Location <sup>a</sup>	No. of Infections	No. of Central Line Days <sup>b,c</sup>	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	2	3889	0.5
All Adult Inpatient Wards	4	8758	0.5

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All adult and pediatric critical care units (except NICUs) are combined into one rate; all adult and pediatric inpatient wards are combined into one rate for this report.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

### ***Hospital Profile***

#### **Average Daily Census:**

158

#### **Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?**

Yes

### ***Infection Control Process***

#### **Number of Infection Control Practitioners:**

2

#### **Total hours per week performing surveillance:**

70

#### **Total hours per week for infection control activities other than surveillance:**

10

## Healthcare Associated Infections Report - April 15, 2011

**Reported by: South Carolina Department of Health and Environmental Control**

### Surgical Site Infection (SSI) Rate by Procedure and Risk Index

**Data Collected: 12/01/2009 - 12/31/2010**

***Greenville Memorial Medical Center***

Procedure	Risk Category <sup>a,b,c</sup>	No. of Infections	No. of Specific Procedures Performed <sup>d</sup>	Infection Rate (per 100 Procedures)
Coronary Bypass Graft (Chest and Donor Incision)	1	4	257	1.6
	2	8	221	3.6
Coronary Bypass Graft (Chest Only Incision)	0,1	*	4	*
Abdominal Hysterectomy	0	4	266	1.5
	1	6	251	2.4
	2,3	2	48	4.2
Hip Prosthesis (Replacement)	0	*	7	*
	1	8	97	8.2
	2,3	3	40	7.5
Knee Prosthesis (Replacement)	0	*	2	*
	1	*	10	*
	2,3	*	10	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see [Definition of Terms](#).

b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.

c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.

d. \*= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

**Greenville Memorial Medical Center**

**Central Line Associated Blood Stream Infection (CLABSI) Rate**

**Data Collected: 12/01/2009 - 12/31/2010**

<b>Location<sup>a</sup></b>	<b>No. of Infections</b>	<b>No. of Central Line Days<sup>b,c</sup></b>	<b>Infection Rate (per 1000 Central Line Days)</b>
All Adult Critical Care Units	27	14403	1.9
All Adult Inpatient Wards	19	13133	1.4
All Pediatric Critical Care Units	3	1060	2.8
All Pediatric Inpatient Wards	2	1545	1.3
Inpatient Rehabilitation Ward	4	1050	3.8
Hematology/Oncology Ward - Temporary Central Line	9	2054	4.4
Hematology/Oncology Ward - Permanent Central Line	4	2716	1.5
Pediatric Hematology/Oncology Ward - Temporary Central Line	0	109	0.0
Pediatric Hematology/Oncology Ward - Permanent Central Line	7	2000	3.5

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All adult and pediatric critical care units (except NICUs) are combined into one rate; all adult and pediatric inpatient wards are combined into one rate for this report.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

***Hospital Profile***

**Average Daily Census:**

*Greenville Memorial Medical Center*

**Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?**

Yes

***Infection Control Process***

**Number of Infection Control Practitioners:**

6

**Total hours per week performing surveillance:**

175

**Total hours per week for infection control activities other than surveillance:**

65

# ***Greenwood Regional Rehabilitation Hospital***

**Reported by: South Carolina Department of Health and Environmental Control**

**Healthcare Associated Infections Report - April 15, 2011**

## **Surgical Site Infection (SSI) Rate by Procedure and Risk Index**

**Data Collected: 12/01/2009 - 12/31/2010**

Procedures that are required to be reported were not performed at this hospital during the time period.

## **Central Line Associated Blood Stream Infection (CLABSI) Rate**

**Data Collected: 12/01/2009 - 12/31/2010**

<b>Location<sup>a</sup></b>	<b>No. of Infections</b>	<b>No. of Central Line Days<sup>b,c</sup></b>	<b>Infection Rate (per 1000 Central Line Days)</b>
Inpatient Rehabilitation Ward	0	270	0.0

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All critical care units (except NICUs) are combined into one rate; all adult inpatient wards and all pediatric inpatient wards are combined into one rate for this report.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

## ***Hospital Profile***

**Average Daily Census:**

29

**Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?**

Yes

## ***Infection Control Process***

**Number of Infection Control Practitioners:**

1

**Total hours per week performing surveillance:**

5

**Total hours per week for infection control activities other than surveillance:**

15



## Healthcare Associated Infections Report - April 15, 2011

Reported by: South Carolina Department of Health and Environmental Control

### Surgical Site Infection (SSI) Rate by Procedure and Risk Index

Data Collected: 12/01/2009 - 12/31/2010

#### *Greer Memorial Hospital*

Procedure	Risk Category <sup>a,b,c</sup>	No. of Infections	No. of Specific Procedures Performed <sup>d</sup>	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	0	29	.00
	1	*	8	*
	2,3	*	1	*
Hip Prosthesis (Replacement)	0	0	69	.00
	1	2	153	1.3
	2,3	1	40	2.5
Knee Prosthesis (Replacement)	0	1	103	.97
	1	2	143	1.4
	2,3	1	39	2.6
Colon Surgery	0	*	4	*
	1	1	27	3.7
	2	*	6	*
	3	*	1	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see [Definition of Terms](#).

b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.

c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.

d. \*= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

# Greer Memorial Hospital

## Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 12/01/2009 - 12/31/2010

Location <sup>a</sup>	No. of Infections	No. of Central Line Days <sup>b,c</sup>	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	0	171	0.0
All Adult Inpatient Wards	0	468	0.0

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All adult and pediatric critical care units (except NICUs) are combined into one rate; all adult and pediatric inpatient wards are combined into one rate for this report.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

### Hospital Profile

#### Average Daily Census:

30

#### Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?

Yes

### Infection Control Process

#### Number of Infection Control Practitioners:

1

#### Total hours per week performing surveillance:

30

#### Total hours per week for infection control activities other than surveillance:

10

## Healthcare Associated Infections Report - April 15, 2011

**Reported by: South Carolina Department of Health and Environmental Control**

### Surgical Site Infection (SSI) Rate by Procedure and Risk Index

**Data Collected: 12/01/2009 - 12/31/2010**

#### *Hampton Regional Medical Center*

Procedure	Risk Category <sup>a,b,c</sup>	No. of Infections	No. of Specific Procedures Performed <sup>d</sup>	Infection Rate (per 100 Procedures)
Hip Prosthesis (Replacement)	1	*	6	*
Knee Prosthesis (Replacement)	0	*	3	*
	1	*	5	*
	2,3	*	1	*
Colon Surgery	0	*	1	*
	1	*	3	*
	3	*	1	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see [Definition of Terms](#).

b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.

c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.

d. \*= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

# Hampton Regional Medical Center

## Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 12/01/2009 - 12/31/2010

Location <sup>a</sup>	No. of Infections	No. of Central Line Days <sup>b,c</sup>	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	0	79	0.0
All Adult Inpatient Wards	0	184	0.0

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All adult and pediatric critical care units (except NICUs) are combined into one rate; all adult and pediatric inpatient wards are combined into one rate for this report.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

### Hospital Profile

#### Average Daily Census:

10

#### Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?

Yes

### Infection Control Process

#### Number of Infection Control Practitioners:

1

#### Total hours per week performing surveillance:

8

#### Total hours per week for infection control activities other than surveillance:

8

# ***Healthsouth Rehabilitation Hospital of Charleston***

**Reported by: South Carolina Department of Health and Environmental Control**

**Healthcare Associated Infections Report - April 15, 2011**

## **Surgical Site Infection (SSI) Rate by Procedure and Risk Index**

**Data Collected: 12/01/2009 - 12/31/2010**

This type of facility does not perform surgical procedures.

## **Central Line Associated Blood Stream Infection (CLABSI) Rate; Data Collected: 12/01/2009 - 06/30/2010**

**Data Collected: 12/01/2009 - 12/31/2010**

<b>Location<sup>a</sup></b>	<b>No. of Infections</b>	<b>No. of Central Line Days<sup>b,c</sup></b>	<b>Infection Rate (per 1000 Central Line Days)</b>
Inpatient Rehabilitation Ward	1	1016	1.0

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

## ***Hospital Profile***

**Average Daily Census:**

50

**Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?**

Yes

## ***Infection Control Process***

**Number of Infection Control Practitioners:**

1

**Total hours per week performing surveillance:**

10

**Total hours per week for infection control activities other than surveillance:**

10

# ***Healthsouth Rehabilitation Hospital of Columbia***

**Reported by: South Carolina Department of Health and Environmental Control**

**Healthcare Associated Infections Report - April 15, 2011**

## **Surgical Site Infection (SSI) Rate by Procedure and Risk Index**

**Data Collected: 12/01/2009 - 12/31/2010**

This type of facility does not perform surgical procedures.

## **Central Line Associated Blood Stream Infection (CLABSI) Rate; Data Collected: 12/01/2009 - 06/30/2010**

**Data Collected: 12/01/2009 - 12/31/2010**

<b>Location<sup>a</sup></b>	<b>No. of Infections</b>	<b>No. of Central Line Days<sup>b,c</sup></b>	<b>Infection Rate (per 1000 Central Line Days)</b>
Inpatient Rehabilitation Ward	0	697	0.0

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

## ***Hospital Profile***

**Average Daily Census:**

60

**Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?**

Yes

## ***Infection Control Process***

**Number of Infection Control Practitioners:**

1

**Total hours per week performing surveillance:**

15

**Total hours per week for infection control activities other than surveillance:**

5

# ***Healthsouth Rehabilitation Hospital of Florence***

**Reported by: South Carolina Department of Health and Environmental Control**

**Healthcare Associated Infections Report - April 15, 2011**

## **Surgical Site Infection (SSI) Rate by Procedure and Risk Index**

**Data Collected: 12/01/2009 - 12/31/2010**

This type of facility does not perform surgical procedures.

## **Central Line Associated Blood Stream Infection (CLABSI) Rate; Data Collected: 12/01/2009 - 06/30/2010**

**Data Collected: 12/01/2009 - 12/31/2010**

<b>Location<sup>a</sup></b>	<b>No. of Infections</b>	<b>No. of Central Line Days<sup>b,c</sup></b>	<b>Infection Rate (per 1000 Central Line Days)</b>
Inpatient Rehabilitation Ward	3	1955	1.5

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

## ***Hospital Profile***

**Average Daily Census:**

35

**Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?**

Yes

## ***Infection Control Process***

**Number of Infection Control Practitioners:**

1

**Total hours per week performing surveillance:**

30

**Total hours per week for infection control activities other than surveillance:**

10

# ***Healthsouth Rehabilitation Hospital of Rock Hill***

**Reported by: South Carolina Department of Health and Environmental Control**

**Healthcare Associated Infections Report - April 15, 2011**

## **Surgical Site Infection (SSI) Rate by Procedure and Risk Index**

**Data Collected: 12/01/2009 - 12/31/2010**

This type of facility does not perform surgical procedures.

## **Central Line Associated Blood Stream Infection (CLABSI) Rate; Data Collected: 12/01/2009 - 06/30/2010**

**Data Collected: 12/01/2009 - 12/31/2010**

<b>Location<sup>a</sup></b>	<b>No. of Infections</b>	<b>No. of Central Line Days<sup>b,c</sup></b>	<b>Infection Rate (per 1000 Central Line Days)</b>
Inpatient Rehabilitation Ward	0	231	0.0

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

## ***Hospital Profile***

**Average Daily Census:**

35

**Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?**

Yes

## ***Infection Control Process***

**Number of Infection Control Practitioners:**

1

**Total hours per week performing surveillance:**

10

**Total hours per week for infection control activities other than surveillance:**

15



## Healthcare Associated Infections Report - April 15, 2011

**Reported by: South Carolina Department of Health and Environmental Control**

### Surgical Site Infection (SSI) Rate by Procedure and Risk Index

**Data Collected: 12/01/2009 - 12/31/2010**

#### *Hillcrest Memorial Hospital*

Procedure	Risk Category <sup>a,b,c</sup>	No. of Infections	No. of Specific Procedures Performed <sup>d</sup>	Infection Rate (per 100 Procedures)
Hip Prosthesis (Replacement)	0	1	28	3.6
	1	1	32	3.1
	2,3	*	1	*
Knee Prosthesis (Replacement)	0	0	32	.00
	1	0	43	.00
	2,3	*	7	*
Colon Surgery	0	*	3	*
	1	*	13	*
	2	*	10	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see [Definition of Terms](#).

b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.

c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.

d. \*= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

## Hillcrest Memorial Hospital

### Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 12/01/2009 - 12/31/2010

Location <sup>a</sup>	No. of Infections	No. of Central Line Days <sup>b,c</sup>	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	0	240	0.0
All Adult Inpatient Wards	0	415	0.0

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All adult and pediatric critical care units (except NICUs) are combined into one rate; all adult and pediatric inpatient wards are combined into one rate for this report.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

### Hospital Profile

#### Average Daily Census:

18

#### Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?

Yes

### Infection Control Process

#### Number of Infection Control Practitioners:

1

#### Total hours per week performing surveillance:

10

#### Total hours per week for infection control activities other than surveillance:

10

## Healthcare Associated Infections Report - April 15, 2011

**Reported by: South Carolina Department of Health and Environmental Control**

### Surgical Site Infection (SSI) Rate by Procedure and Risk Index

**Data Collected: 12/01/2009 - 12/31/2010**

#### *Hilton Head Hospital*

Procedure	Risk Category <sup>a,b,c</sup>	No. of Infections	No. of Specific Procedures Performed <sup>d</sup>	Infection Rate (per 100 Procedures)
Coronary Bypass Graft (Chest and Donor Incision)	1	0	33	.00
	2	1	26	3.8
Coronary Bypass Graft (Chest Only Incision)	0,1	*	1	*
Abdominal Hysterectomy	0	0	40	.00
	1	*	12	*
	2,3	*	1	*
Hip Prosthesis (Replacement)	0	0	23	.00
	1	0	49	.00
	2,3	*	3	*
Knee Prosthesis (Replacement)	0	1	27	3.7
	1	*	14	*
	2,3	*	5	*
Colon Surgery	0	*	13	*
	1	1	21	4.8
	2	3	22	14
	3	*	5	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see [Definition of Terms](#).

b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.

c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.

d. \*= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

# Hilton Head Hospital

## Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 12/01/2009 - 12/31/2010

Location <sup>a</sup>	No. of Infections	No. of Central Line Days <sup>b,c</sup>	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	0	952	0.0
All Adult Inpatient Wards	1	1661	0.6

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All adult and pediatric critical care units (except NICUs) are combined into one rate; all adult and pediatric inpatient wards are combined into one rate for this report.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

### Hospital Profile

#### Average Daily Census:

52

#### Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?

Yes

### Infection Control Process

#### Number of Infection Control Practitioners:

1

#### Total hours per week performing surveillance:

20

#### Total hours per week for infection control activities other than surveillance:

20

# *InterMedical Hospital of SC*

Reported by: South Carolina Department of Health and Environmental Control

Healthcare Associated Infections Report - April 15, 2011

## Surgical Site Infection (SSI) Rate by Procedure and Risk Index

Data Collected: 12/01/2009 - 12/31/2010

This type of facility does not perform surgical procedures.

## Central Line Associated Blood Stream Infection (CLABSI) Rate; Data Collected: 12/01/2009 - 06/30/2010

Data Collected: 12/01/2009 - 12/31/2010

Location <sup>a</sup>	No. of Infections	No. of Central Line Days <sup>b,c</sup>	Infection Rate (per 1000 Central Line Days)
Long Term Acute Care - Temporary Central Line	6	6846	0.9
Long Term Acute Care - Permanent Central Line	0	269	0.0

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

## *Hospital Profile*

**Average Daily Census:**

24

**Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?**

Yes

## *Infection Control Process*

**Number of Infection Control Practitioners:**

1

**Total hours per week performing surveillance:**

15

**Total hours per week for infection control activities other than surveillance:**

8

## Healthcare Associated Infections Report - April 15, 2011

**Reported by: South Carolina Department of Health and Environmental Control**

### Surgical Site Infection (SSI) Rate by Procedure and Risk Index

**Data Collected: 12/01/2009 - 12/31/2010**

#### *KershawHealth*

Procedure	Risk Category <sup>a,b,c</sup>	No. of Infections	No. of Specific Procedures Performed <sup>d</sup>	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	1	25	4.0
	1	0	22	.00
	2,3	*	1	*
Hip Prosthesis (Replacement)	0	*	11	*
	1	0	48	.00
	2,3	*	1	*
Knee Prosthesis (Replacement)	0	*	14	*
	1	0	54	.00
	2,3	*	5	*
Colon Surgery	0	*	10	*
	1	4	25	16
	2	*	2	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see [Definition of Terms](#).

b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.

c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.

d. \*= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

## *KershawHealth*

### Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 12/01/2009 - 12/31/2010

Location <sup>a</sup>	No. of Infections	No. of Central Line Days <sup>b,c</sup>	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	1	638	1.6
All Adult Inpatient Wards	3	2087	1.4
All Pediatric Inpatient Wards	*	1	*

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All adult and pediatric critical care units (except NICUs) are combined into one rate; all adult and pediatric inpatient wards are combined into one rate for this report.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

### *Hospital Profile*

#### **Average Daily Census:**

73

#### **Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?**

Yes

### *Infection Control Process*

#### **Number of Infection Control Practitioners:**

1

#### **Total hours per week performing surveillance:**

20

#### **Total hours per week for infection control activities other than surveillance:**

10



# Kindred Hospital - Charleston

Reported by: South Carolina Department of Health and Environmental Control

Healthcare Associated Infections Report - April 15, 2011

## Surgical Site Infection (SSI) Rate by Procedure and Risk Index

Data Collected: 12/01/2009 - 12/31/2010

This type of facility does not perform surgical procedures.

## Central Line Associated Blood Stream Infection (CLABSI) Rate; Data Collected: 12/01/2009 - 06/30/2010

Data Collected: 12/01/2009 - 12/31/2010

Location <sup>a</sup>	No. of Infections	No. of Central Line Days <sup>b,c</sup>	Infection Rate (per 1000 Central Line Days)
Long Term Acute Care - Temporary Central Line	19	8319	2.3
Long Term Acute Care - Permanent Central Line	4	1826	2.2

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

## Hospital Profile

Average Daily Census:

27

Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?

Yes

## Infection Control Process

Number of Infection Control Practitioners:

1

**Total hours per week performing surveillance:**

18

**Total hours per week for infection control activities other than surveillance:**

22

## Healthcare Associated Infections Report - April 15, 2011

Reported by: South Carolina Department of Health and Environmental Control

### Surgical Site Infection (SSI) Rate by Procedure and Risk Index

Data Collected: 12/01/2009 - 12/31/2010

#### *Lake City Community Hospital*

Procedure	Risk Category <sup>a,b,c</sup>	No. of Infections	No. of Specific Procedures Performed <sup>d</sup>	Infection Rate (per 100 Procedures)
Hip Prosthesis (Replacement)	0	*	1	*
	1	*	7	*
	2,3	*	1	*
Knee Prosthesis (Replacement)	0	*	3	*
	1	*	2	*
	2,3	*	2	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see [Definition of Terms](#).

b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.

c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.

d. \*= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

# Lake City Community Hospital

## Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 12/01/2009 - 12/31/2010

Location <sup>a</sup>	No. of Infections	No. of Central Line Days <sup>b,c</sup>	Infection Rate (per 1000 Central Line Days)
All Adult Inpatient Wards	*	40	*

- a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All adult and pediatric critical care units (except NICUs) are combined into one rate; all adult and pediatric inpatient wards are combined into one rate for this report.
- b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations. A central line day calculation example can be found in the [Definitions of Terms](#).
- c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

### Hospital Profile

**Average Daily Census:**

12

**Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?**

Yes

### Infection Control Process

**Number of Infection Control Practitioners:**

1

**Total hours per week performing surveillance:**

8

**Total hours per week for infection control activities other than surveillance:**

8

## Healthcare Associated Infections Report - April 15, 2011

Reported by: South Carolina Department of Health and Environmental Control

### Surgical Site Infection (SSI) Rate by Procedure and Risk Index

Data Collected: 12/01/2009 - 12/31/2010

#### *Laurens County Hospital*

Procedure	Risk Category <sup>a,b,c</sup>	No. of Infections	No. of Specific Procedures Performed <sup>d</sup>	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	*	12	*
	1	*	10	*
	2,3	*	1	*
Hip Prosthesis (Replacement)	0	*	9	*
	1	3	50	6.0
	2,3	*	6	*
Knee Prosthesis (Replacement)	0	*	16	*
	1	0	61	.00
	2,3	*	3	*
Colon Surgery	0	*	2	*
	1	*	13	*
	2	*	7	*
	3	*	2	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see [Definition of Terms](#).

b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.

c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.

d. \*= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

# Laurens County Hospital

## Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 12/01/2009 - 12/31/2010

Location <sup>a</sup>	No. of Infections	No. of Central Line Days <sup>b,c</sup>	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	2	390	5.1
All Adult Inpatient Wards	1	516	1.9
Inpatient Rehabilitation Ward	0	161	0.0

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All adult and pediatric critical care units (except NICUs) are combined into one rate; all adult and pediatric inpatient wards are combined into one rate for this report.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

### Hospital Profile

**Average Daily Census:**

33

**Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?**

Yes

### Infection Control Process

**Number of Infection Control Practitioners:**

2

**Total hours per week performing surveillance:**

20

**Total hours per week for infection control activities other than surveillance:**

36

## Healthcare Associated Infections Report - April 15, 2011

**Reported by: South Carolina Department of Health and Environmental Control**

### Surgical Site Infection (SSI) Rate by Procedure and Risk Index

**Data Collected: 12/01/2009 - 12/31/2010**

#### *Lexington Medical Center*

Procedure	Risk Category <sup>a,b,c</sup>	No. of Infections	No. of Specific Procedures Performed <sup>d</sup>	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	2	244	.82
	1	1	184	.54
	2,3	1	56	1.8
Hip Prosthesis (Replacement)	0	*	19	*
	1	1	111	.90
	2,3	2	114	1.8
Knee Prosthesis (Replacement)	0	2	101	2.0
	1	0	152	.00
	2,3	0	75	.00

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see [Definition of Terms](#).

b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.

c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.

d. \*= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

# Lexington Medical Center

## Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 12/01/2009 - 12/31/2010

Location <sup>a</sup>	No. of Infections	No. of Central Line Days <sup>b,c</sup>	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	2	2881	0.7
All Adult Inpatient Wards	14	12363	1.1
All Pediatric Inpatient Wards	*	2	*

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All adult and pediatric critical care units (except NICUs) are combined into one rate; all adult and pediatric inpatient wards are combined into one rate for this report.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

### Hospital Profile

#### Average Daily Census:

247

#### Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?

Yes

### Infection Control Process

#### Number of Infection Control Practitioners:

2

#### Total hours per week performing surveillance:

40

#### Total hours per week for infection control activities other than surveillance:

40



## Healthcare Associated Infections Report - April 15, 2011

**Reported by: South Carolina Department of Health and Environmental Control**

### Surgical Site Infection (SSI) Rate by Procedure and Risk Index

**Data Collected: 12/01/2009 - 12/31/2010**

#### *Loris Community Hospital*

Procedure	Risk Category <sup>a,b,c</sup>	No. of Infections	No. of Specific Procedures Performed <sup>d</sup>	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	2	31	6.5
	1	*	19	*
	2,3	*	5	*
Hip Prosthesis (Replacement)	0	*	5	*
	1	0	35	.00
	2,3	*	2	*
Knee Prosthesis (Replacement)	0	*	19	*
	1	0	56	.00
	2,3	*	3	*
Colon Surgery	0	*	1	*
	1	*	2	*
	2	*	1	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see [Definition of Terms](#).

b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.

c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.

d. \*= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

## *Loris Community Hospital*

### Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 12/01/2009 - 12/31/2010

Location <sup>a</sup>	No. of Infections	No. of Central Line Days <sup>b,c</sup>	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	0	644	0.0
All Adult Inpatient Wards	0	1003	0.0

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All adult and pediatric critical care units (except NICUs) are combined into one rate; all adult and pediatric inpatient wards are combined into one rate for this report.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

### *Hospital Profile*

#### **Average Daily Census:**

45

#### **Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?**

Yes

### *Infection Control Process*

#### **Number of Infection Control Practitioners:**

1

#### **Total hours per week performing surveillance:**

20

#### **Total hours per week for infection control activities other than surveillance:**

20

# Healthcare Associated Infections Report - April 15, 2011

Reported by: South Carolina Department of Health and Environmental Control

## Surgical Site Infection (SSI) Rate by Procedure and Risk Index

Data Collected: 12/01/2009 - 12/31/2010

### *Marion Regional Hospital*

Procedure	Risk Category <sup>a,b,c</sup>	No. of Infections	No. of Specific Procedures Performed <sup>d</sup>	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	0	34	.00
	1	0	20	.00
	2,3	*	5	*
Colon Surgery	0	*	6	*
	1	1	20	5.0
	2	*	5	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see [Definition of Terms](#).

b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.

c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.

d. \*= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

# Marion Regional Hospital

## Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 12/01/2009 - 12/31/2010

Location <sup>a</sup>	No. of Infections	No. of Central Line Days <sup>b,c</sup>	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	1	138	7.2
All Adult Inpatient Wards	0	444	0.0

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All adult and pediatric critical care units (except NICUs) are combined into one rate; all adult and pediatric inpatient wards are combined into one rate for this report.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

### Hospital Profile

#### Average Daily Census:

48

#### Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?

Yes

### Infection Control Process

#### Number of Infection Control Practitioners:

1

#### Total hours per week performing surveillance:

10

#### Total hours per week for infection control activities other than surveillance:

30

## Healthcare Associated Infections Report - April 15, 2011

**Reported by: South Carolina Department of Health and Environmental Control**

### Surgical Site Infection (SSI) Rate by Procedure and Risk Index

**Data Collected: 12/01/2009 - 12/31/2010**

#### *Marlboro Park Hospital*

Procedure	Risk Category <sup>a,b,c</sup>	No. of Infections	No. of Specific Procedures Performed <sup>d</sup>	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	*	4	*
Hip Prosthesis (Replacement)	1	*	3	*
Knee Prosthesis (Replacement)	0	*	1	*
	1	*	1	*
Colon Surgery	1	*	5	*
	2	*	1	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see [Definition of Terms](#).

b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.

c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.

d. \*= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

# Marlboro Park Hospital

## Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 12/01/2009 - 12/31/2010

Location <sup>a</sup>	No. of Infections	No. of Central Line Days <sup>b,c</sup>	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	0	82	0.0
All Adult Inpatient Wards	0	97	0.0

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All adult and pediatric critical care units (except NICUs) are combined into one rate; all adult and pediatric inpatient wards are combined into one rate for this report.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

### Hospital Profile

#### Average Daily Census:

12

#### Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?

Yes

### Infection Control Process

#### Number of Infection Control Practitioners:

1

#### Total hours per week performing surveillance:

10

#### Total hours per week for infection control activities other than surveillance:

10

## Healthcare Associated Infections Report - April 15, 2011

**Reported by: South Carolina Department of Health and Environmental Control**

### Surgical Site Infection (SSI) Rate by Procedure and Risk Index

**Data Collected: 12/01/2009 - 12/31/2010**

#### *Mary Black Memorial Hospital*

Procedure	Risk Category <sup>a,b,c</sup>	No. of Infections	No. of Specific Procedures Performed <sup>d</sup>	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	0	42	.00
	1	0	20	.00
	2,3	*	3	*
Hip Prosthesis (Replacement)	0	0	30	.00
	1	1	38	2.6
	2,3	*	2	*
Knee Prosthesis (Replacement)	0	1	122	.82
	1	2	97	2.1
	2,3	0	23	.00
Colon Surgery	0	1	21	4.8
	1	1	27	3.7
	2	*	14	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see [Definition of Terms](#).

b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.

c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.

d. \*= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

# Mary Black Memorial Hospital

## Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 12/01/2009 - 12/31/2010

Location <sup>a</sup>	No. of Infections	No. of Central Line Days <sup>b,c</sup>	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	8	732	11
All Adult Inpatient Wards	4	1419	2.8
All Pediatric Inpatient Wards	0	298	0.0
Inpatient Rehabilitation Ward	0	0	*

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All adult and pediatric critical care units (except NICUs) are combined into one rate; all adult and pediatric inpatient wards are combined into one rate for this report.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

### Hospital Profile

#### Average Daily Census:

96

#### Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?

Yes

### Infection Control Process

#### Number of Infection Control Practitioners:

1

#### Total hours per week performing surveillance:

20



*Mary Black Memorial Hospital*

**Total hours per week for infection control activities other than surveillance:**

20

# McLeod Medical Center - Darlington

Reported by: South Carolina Department of Health and Environmental Control

Healthcare Associated Infections Report - April 15, 2011

## Surgical Site Infection (SSI) Rate by Procedure and Risk Index

Data Collected: 12/01/2009 - 12/31/2010

Procedures that are required to be reported were not performed at this hospital during the time period.

## Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 12/01/2009 - 12/31/2010

Location <sup>a</sup>	No. of Infections	No. of Central Line Days <sup>b,c</sup>	Infection Rate (per 1000 Central Line Days)
All Adult Inpatient Wards	0	259	0.0

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All critical care units (except NICUs) are combined into one rate; all adult inpatient wards and all pediatric inpatient wards are combined into one rate for this report.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

## Hospital Profile

Average Daily Census:

6

Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?

Yes

## Infection Control Process

Number of Infection Control Practitioners:

1

Total hours per week performing surveillance:

2

**Total hours per week for infection control activities other than surveillance:**

6

## Healthcare Associated Infections Report - April 15, 2011

**Reported by: South Carolina Department of Health and Environmental Control**

### Surgical Site Infection (SSI) Rate by Procedure and Risk Index

**Data Collected: 12/01/2009 - 12/31/2010**

#### *McLeod Medical Center - Dillon*

Procedure	Risk Category <sup>a,b,c</sup>	No. of Infections	No. of Specific Procedures Performed <sup>d</sup>	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	*	6	*
	1	*	3	*
Hip Prosthesis (Replacement)	0	*	6	*
	1	*	9	*
Knee Prosthesis (Replacement)	0	*	18	*
	1	0	22	.00
Colon Surgery	0	*	2	*
	1	*	14	*
	2	*	6	*
	3	*	2	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see [Definition of Terms](#).

b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.

c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.

d. \*= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

**McLeod Medical Center - Dillon**

**Central Line Associated Blood Stream Infection (CLABSI) Rate**

**Data Collected: 12/01/2009 - 12/31/2010**

<b>Location<sup>a</sup></b>	<b>No. of Infections</b>	<b>No. of Central Line Days<sup>b,c</sup></b>	<b>Infection Rate (per 1000 Central Line Days)</b>
All Adult Critical Care Units	1	127	7.9
All Adult Inpatient Wards	0	194	0.0
All Pediatric Inpatient Wards	0	54	0.0

- a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All adult and pediatric critical care units (except NICUs) are combined into one rate; all adult and pediatric inpatient wards are combined into one rate for this report.
- b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations. A central line day calculation example can be found in the [Definitions of Terms](#).
- c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

***Hospital Profile***

**Average Daily Census:**

29

**Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?**

Yes

***Infection Control Process***

**Number of Infection Control Practitioners:**

1

**Total hours per week performing surveillance:**

8

**Total hours per week for infection control activities other than surveillance:**

20

## Healthcare Associated Infections Report - April 15, 2011

Reported by: South Carolina Department of Health and Environmental Control

### Surgical Site Infection (SSI) Rate by Procedure and Risk Index

Data Collected: 12/01/2009 - 12/31/2010

#### *McLeod Medical Center of the Pee Dee*

Procedure	Risk Category <sup>a,b,c</sup>	No. of Infections	No. of Specific Procedures Performed <sup>d</sup>	Infection Rate (per 100 Procedures)
Coronary Bypass Graft (Chest and Donor Incision)	0	*	1	*
	1	0	207	.00
	2	1	46	2.2
Coronary Bypass Graft (Chest Only Incision)	0,1	*	16	*
	2,3	*	7	*
Abdominal Hysterectomy	0	0	122	.00
	1	1	78	1.3
	2,3	*	12	*
Hip Prosthesis (Replacement)	0	1	49	2.0
	1	5	214	2.3
	2,3	3	43	7.0
Knee Prosthesis (Replacement)	0	0	90	.00
	1	6	358	1.7
	2,3	1	53	1.9

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see [Definition of Terms](#).

b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.

c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.

d. \*= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

# McLeod Medical Center of the Pee Dee

## Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 12/01/2009 - 12/31/2010

Location <sup>a</sup>	No. of Infections	No. of Central Line Days <sup>b,c</sup>	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	21	12496	1.7
All Adult Inpatient Wards	22	16797	1.3
All Pediatric Critical Care Units	0	229	0.0
All Pediatric Inpatient Wards	0	135	0.0
Hematology/Oncology Ward - Temporary Central Line	4	1454	2.8
Hematology/Oncology Ward - Permanent Central Line	1	1853	0.5

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All adult and pediatric critical care units (except NICUs) are combined into one rate; all adult and pediatric inpatient wards are combined into one rate for this report.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

### Hospital Profile

**Average Daily Census:**

310

**Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?**

Yes

### Infection Control Process

*McLeod Medical Center of the Pee Dee*

**Number of Infection Control Practitioners:**

3

**Total hours per week performing surveillance:**

65

**Total hours per week for infection control activities other than surveillance:**

55



# Healthcare Associated Infections Report - April 15, 2011

**Reported by: South Carolina Department of Health and Environmental Control**

## Surgical Site Infection (SSI) Rate by Procedure and Risk Index

**Data Collected: 12/01/2009 - 12/31/2010**

### *MUSC Medical Center*

Procedure	Risk Category <sup>a,b,c</sup>	No. of Infections	No. of Specific Procedures Performed <sup>d</sup>	Infection Rate (per 100 Procedures)
Coronary Bypass Graft (Chest and Donor Incision)	0	*	3	*
	1	2	161	1.2
	2	3	57	5.3
	3	*	1	*
Coronary Bypass Graft (Chest Only Incision)	0,1	*	16	*
	2,3	*	3	*
Abdominal Hysterectomy	0	0	34	.00
	1	3	101	3.0
	2,3	0	49	.00
Hip Prosthesis (Replacement)	0	1	101	.99
	1	2	153	1.3
	2,3	2	40	5.0
Knee Prosthesis (Replacement)	0	2	157	1.3
	1	2	150	1.3
	2,3	4	41	9.8

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see [Definition of Terms](#).

b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.

c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.

d. \*= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

**MUSC Medical Center**

**Central Line Associated Blood Stream Infection (CLABSI) Rate**

**Data Collected: 12/01/2009 - 12/31/2010**

<b>Location<sup>a</sup></b>	<b>No. of Infections</b>	<b>No. of Central Line Days<sup>b,c</sup></b>	<b>Infection Rate (per 1000 Central Line Days)</b>
All Adult Critical Care Units	23	15324	1.5
All Adult Inpatient Wards	45	26612	1.7
All Pediatric Critical Care Units	3	4724	0.6
All Pediatric Inpatient Wards	1	2415	0.4
Hematology/Oncology Ward - Temporary Central Line	6	1497	4.0
Hematology/Oncology Ward - Permanent Central Line	5	5270	0.9
Pediatric Hematology/Oncology Ward - Temporary Central Line	0	275	0.0
Pediatric Hematology/Oncology Ward - Permanent Central Line	6	2996	2.0

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All adult and pediatric critical care units (except NICUs) are combined into one rate; all adult and pediatric inpatient wards are combined into one rate for this report.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

**Hospital Profile**

**Average Daily Census:**

462

*MUSC Medical Center*

**Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?**

Yes

***Infection Control Process***

**Number of Infection Control Practitioners:**

6

**Total hours per week performing surveillance:**

132

**Total hours per week for infection control activities other than surveillance:**

108

## Healthcare Associated Infections Report - April 15, 2011

**Reported by: South Carolina Department of Health and Environmental Control**

### Surgical Site Infection (SSI) Rate by Procedure and Risk Index

**Data Collected: 12/01/2009 - 12/31/2010**

#### *Newberry County Memorial Hospital*

Procedure	Risk Category <sup>a,b,c</sup>	No. of Infections	No. of Specific Procedures Performed <sup>d</sup>	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	*	8	*
	1	*	3	*
Hip Prosthesis (Replacement)	0	0	31	.00
	1	*	12	*
Knee Prosthesis (Replacement)	0	0	62	.00
	1	0	22	.00
Colon Surgery	0	*	9	*
	1	*	12	*
	2	*	4	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see [Definition of Terms](#).

b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.

c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.

d. \*= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

# *Newberry County Memorial Hospital*

## Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 12/01/2009 - 12/31/2010

Location <sup>a</sup>	No. of Infections	No. of Central Line Days <sup>b,c</sup>	Infection Rate (per 1000 Central Line Days)
All Adult Inpatient Wards	0	641	0.0

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All adult and pediatric critical care units (except NICUs) are combined into one rate; all adult and pediatric inpatient wards are combined into one rate for this report.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

### ***Hospital Profile***

#### **Average Daily Census:**

27

#### **Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?**

Yes

### ***Infection Control Process***

#### **Number of Infection Control Practitioners:**

1

#### **Total hours per week performing surveillance:**

16

#### **Total hours per week for infection control activities other than surveillance:**

8

# North Greenville Hospital Long Term Acute Care

Reported by: South Carolina Department of Health and Environmental Control

Healthcare Associated Infections Report - April 15, 2011

## Surgical Site Infection (SSI) Rate by Procedure and Risk Index

Data Collected: 12/01/2009 - 12/31/2010

This type of facility does not perform surgical procedures.

## Central Line Associated Blood Stream Infection (CLABSI) Rate; Data Collected: 12/01/2009 - 06/30/2010

Data Collected: 12/01/2009 - 12/31/2010

Location <sup>a</sup>	No. of Infections	No. of Central Line Days <sup>b,c</sup>	Infection Rate (per 1000 Central Line Days)
Long Term Acute Care - Temporary Central Line	5	5049	1.0
Long Term Acute Care - Permanent Central Line	5	792	6.3

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

## Hospital Profile

Average Daily Census:

24

Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?

Yes

## Infection Control Process

Number of Infection Control Practitioners:

1

**Total hours per week performing surveillance:**

10

**Total hours per week for infection control activities other than surveillance:**

30

## Healthcare Associated Infections Report - April 15, 2011

**Reported by: South Carolina Department of Health and Environmental Control**

### Surgical Site Infection (SSI) Rate by Procedure and Risk Index

**Data Collected: 12/01/2009 - 12/31/2010**

#### *Oconee Medical Center*

Procedure	Risk Category <sup>a,b,c</sup>	No. of Infections	No. of Specific Procedures Performed <sup>d</sup>	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	0	23	.00
	1	*	8	*
	2,3	*	4	*
Hip Prosthesis (Replacement)	0	3	41	7.3
	1	1	71	1.4
	2,3	*	13	*
Knee Prosthesis (Replacement)	0	1	130	.77
	1	2	144	1.4
	2,3	*	17	*
Colon Surgery	0	*	11	*
	1	1	20	5.0
	2	2	30	6.7
	3	*	5	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see [Definition of Terms](#).

b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.

c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.

d. \*= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.



*Oconee Medical Center*

**Central Line Associated Blood Stream Infection (CLABSI) Rate**

**Data Collected: 12/01/2009 - 12/31/2010**

<b>Location<sup>a</sup></b>	<b>No. of Infections</b>	<b>No. of Central Line Days<sup>b,c</sup></b>	<b>Infection Rate (per 1000 Central Line Days)</b>
All Adult Critical Care Units	0	822	0.0
All Adult Inpatient Wards	0	2430	0.0

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All adult and pediatric critical care units (except NICUs) are combined into one rate; all adult and pediatric inpatient wards are combined into one rate for this report.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

***Hospital Profile***

**Average Daily Census:**

77

**Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?**

Yes

***Infection Control Process***

**Number of Infection Control Practitioners:**

1

**Total hours per week performing surveillance:**

20

**Total hours per week for infection control activities other than surveillance:**

38

## Healthcare Associated Infections Report - April 15, 2011

**Reported by: South Carolina Department of Health and Environmental Control**

### Surgical Site Infection (SSI) Rate by Procedure and Risk Index

**Data Collected: 12/01/2009 - 12/31/2010**

#### *Palmetto Health Baptist*

Procedure	Risk Category <sup>a,b,c</sup>	No. of Infections	No. of Specific Procedures Performed <sup>d</sup>	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	3	86	3.5
	1	3	58	5.2
	2,3	3	25	12
Hip Prosthesis (Replacement)	0	0	89	.00
	1	6	123	4.9
	2,3	*	15	*
Knee Prosthesis (Replacement)	0	0	184	.00
	1	13	242	5.4
	2,3	*	9	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see [Definition of Terms](#).

b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.

c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.

d. \*= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

## Palmetto Health Baptist

### Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 12/01/2009 - 12/31/2010

Location <sup>a</sup>	No. of Infections	No. of Central Line Days <sup>b,c</sup>	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	2	2787	0.7
All Adult Inpatient Wards	10	10174	1.0
Inpatient Rehabilitation Ward	*	40	*
Hematology/Oncology Ward - Temporary Central Line	3	3123	1.0
Hematology/Oncology Ward - Permanent Central Line	2	2901	0.7

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All adult and pediatric critical care units (except NICUs) are combined into one rate; all adult and pediatric inpatient wards are combined into one rate for this report.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

### Hospital Profile

#### Average Daily Census:

255

#### Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?

Yes

### Infection Control Process

#### Number of Infection Control Practitioners:

3

*Palmetto Health Baptist*

**Total hours per week performing surveillance:**

60

**Total hours per week for infection control activities other than surveillance:**

60

## Healthcare Associated Infections Report - April 15, 2011

Reported by: South Carolina Department of Health and Environmental Control

### Surgical Site Infection (SSI) Rate by Procedure and Risk Index

Data Collected: 12/01/2009 - 12/31/2010

#### *Baptist Easley Hospital*

Procedure	Risk Category <sup>a,b,c</sup>	No. of Infections	No. of Specific Procedures Performed <sup>d</sup>	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	*	16	*
	1	*	6	*
	2,3	*	2	*
Hip Prosthesis (Replacement)	0	*	8	*
	1	0	43	.00
	2,3	*	19	*
Knee Prosthesis (Replacement)	0	*	14	*
	1	0	45	.00
	2,3	1	54	1.9
Colon Surgery	0	*	19	*
	1	4	34	12
	2	*	5	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see [Definition of Terms](#).

b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.

c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.

d. \*= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

# Baptist Easley Hospital

## Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 12/01/2009 - 12/31/2010

Location <sup>a</sup>	No. of Infections	No. of Central Line Days <sup>b,c</sup>	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	0	577	0.0
All Adult Inpatient Wards	0	1436	0.0

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All adult and pediatric critical care units (except NICUs) are combined into one rate; all adult and pediatric inpatient wards are combined into one rate for this report.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

### Hospital Profile

#### Average Daily Census:

51

#### Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?

Yes

### Infection Control Process

#### Number of Infection Control Practitioners:

1

#### Total hours per week performing surveillance:

30

#### Total hours per week for infection control activities other than surveillance:

10

## Healthcare Associated Infections Report - April 15, 2011

**Reported by: South Carolina Department of Health and Environmental Control**

### Surgical Site Infection (SSI) Rate by Procedure and Risk Index

**Data Collected: 12/01/2009 - 12/31/2010**

#### *Palmetto Health Richland*

Procedure	Risk Category <sup>a,b,c</sup>	No. of Infections	No. of Specific Procedures Performed <sup>d</sup>	Infection Rate (per 100 Procedures)
Coronary Bypass Graft (Chest and Donor Incision)	1	2	200	1.0
	2	0	86	.00
Coronary Bypass Graft (Chest Only Incision)	0,1	0	23	.00
	2,3	0	29	.00
Abdominal Hysterectomy	0	1	118	.85
	1	1	114	.88
	2,3	0	40	.00
Hip Prosthesis (Replacement)	0	3	115	2.6
	1	7	243	2.9
	2,3	4	54	7.4
Knee Prosthesis (Replacement)	0	1	234	.43
	1	1	450	.22
	2,3	1	105	.95

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see [Definition of Terms](#).

b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.

c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.

d. \*= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

***Palmetto Health Richland***

**Central Line Associated Blood Stream Infection (CLABSI) Rate**

**Data Collected: 12/01/2009 - 12/31/2010**

<b>Location<sup>a</sup></b>	<b>No. of Infections</b>	<b>No. of Central Line Days<sup>b,c</sup></b>	<b>Infection Rate (per 1000 Central Line Days)</b>
All Adult Critical Care Units	20	12724	1.6
All Adult Inpatient Wards	61	30954	2.0
All Pediatric Critical Care Units	5	1295	3.9
All Pediatric Inpatient Wards	4	1637	2.4
Pediatric Hematology/Oncology Ward - Temporary Central Line	0	64	0.0
Pediatric Hematology/Oncology Ward - Permanent Central Line	2	934	2.1

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All adult and pediatric critical care units (except NICUs) are combined into one rate; all adult and pediatric inpatient wards are combined into one rate for this report.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

***Hospital Profile***

**Average Daily Census:**

480

**Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?**

Yes

***Infection Control Process***



*Palmetto Health Richland*

**Number of Infection Control Practitioners:**

6

**Total hours per week performing surveillance:**

172

**Total hours per week for infection control activities other than surveillance:**

68

## Healthcare Associated Infections Report - April 15, 2011

**Reported by: South Carolina Department of Health and Environmental Control**

### Surgical Site Infection (SSI) Rate by Procedure and Risk Index

**Data Collected: 12/01/2009 - 12/31/2010**

#### ***Patewood Memorial Hospital***

Procedure	Risk Category <sup>a,b,c</sup>	No. of Infections	No. of Specific Procedures Performed <sup>d</sup>	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	*	11	*
	1	*	9	*
Hip Prosthesis (Replacement)	0	3	114	2.6
	1	0	61	.00
	2,3	*	4	*
Knee Prosthesis (Replacement)	0	2	217	.92
	1	2	161	1.2
	2,3	*	7	*
Colon Surgery	0	*	3	*
	1	*	2	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see [Definition of Terms](#).

b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.

c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.

d. \*= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

# *Patewood Memorial Hospital*

## Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 12/01/2009 - 12/31/2010

Location <sup>a</sup>	No. of Infections	No. of Central Line Days <sup>b,c</sup>	Infection Rate (per 1000 Central Line Days)
All Adult Inpatient Wards	*	43	*

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All adult and pediatric critical care units (except NICUs) are combined into one rate; all adult and pediatric inpatient wards are combined into one rate for this report.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

### *Hospital Profile*

#### **Average Daily Census:**

Not Available

#### **Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?**

Yes

### *Infection Control Process*

#### **Number of Infection Control Practitioners:**

1

#### **Total hours per week performing surveillance:**

30

#### **Total hours per week for infection control activities other than surveillance:**

10

## Healthcare Associated Infections Report - April 15, 2011

**Reported by: South Carolina Department of Health and Environmental Control**

### Surgical Site Infection (SSI) Rate by Procedure and Risk Index

**Data Collected: 12/01/2009 - 12/31/2010**

#### *Piedmont Medical Center*

Procedure	Risk Category <sup>a,b,c</sup>	No. of Infections	No. of Specific Procedures Performed <sup>d</sup>	Infection Rate (per 100 Procedures)
Coronary Bypass Graft (Chest and Donor Incision)	1	0	78	.00
	2	0	31	.00
Coronary Bypass Graft (Chest Only Incision)	0,1	*	9	*
	2,3	*	3	*
Abdominal Hysterectomy	0	0	120	.00
	1	0	43	.00
	2,3	*	11	*
Hip Prosthesis (Replacement)	0	0	44	.00
	1	2	122	1.6
	2,3	*	4	*
Knee Prosthesis (Replacement)	0	0	72	.00
	1	0	131	.00
	2,3	*	11	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see [Definition of Terms](#).

b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.

c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.

d. \*= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

***Piedmont Medical Center***

**Central Line Associated Blood Stream Infection (CLABSI) Rate**

**Data Collected: 12/01/2009 - 12/31/2010**

<b>Location<sup>a</sup></b>	<b>No. of Infections</b>	<b>No. of Central Line Days<sup>b,c</sup></b>	<b>Infection Rate (per 1000 Central Line Days)</b>
All Adult Critical Care Units	4	2892	1.4
All Adult Inpatient Wards	3	7133	0.4
All Pediatric Inpatient Wards	0	196	0.0

- a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All adult and pediatric critical care units (except NICUs) are combined into one rate; all adult and pediatric inpatient wards are combined into one rate for this report.
- b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations. A central line day calculation example can be found in the [Definitions of Terms](#).
- c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

***Hospital Profile***

**Average Daily Census:**

162

**Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?**

Yes

***Infection Control Process***

**Number of Infection Control Practitioners:**

2

**Total hours per week performing surveillance:**

40

**Total hours per week for infection control activities other than surveillance:**

40

## Healthcare Associated Infections Report - April 15, 2011

**Reported by: South Carolina Department of Health and Environmental Control**

### Surgical Site Infection (SSI) Rate by Procedure and Risk Index

**Data Collected: 12/01/2009 - 12/31/2010**

#### *Providence Hospital*

Procedure	Risk Category <sup>a,b,c</sup>	No. of Infections	No. of Specific Procedures Performed <sup>d</sup>	Infection Rate (per 100 Procedures)
Coronary Bypass Graft (Chest and Donor Incision)	1	6	560	1.1
	2	*	15	*
Coronary Bypass Graft (Chest Only Incision)	0,1	0	27	.00
	2,3	*	3	*
Hip Prosthesis (Replacement)	0	*	8	*
	1	1	44	2.3
Knee Prosthesis (Replacement)	0	*	19	*
	1	0	41	.00

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see [Definition of Terms](#).

b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.

c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.

d. \*= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

## Providence Hospital

### Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 12/01/2009 - 12/31/2010

Location <sup>a</sup>	No. of Infections	No. of Central Line Days <sup>b,c</sup>	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	9	5418	1.7
All Adult Inpatient Wards	9	6412	1.4

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All adult and pediatric critical care units (except NICUs) are combined into one rate; all adult and pediatric inpatient wards are combined into one rate for this report.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

### Hospital Profile

#### Average Daily Census:

143

#### Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?

Yes

### Infection Control Process

#### Number of Infection Control Practitioners:

2

#### Total hours per week performing surveillance:

60

#### Total hours per week for infection control activities other than surveillance:

5

Providence Hospital Downtown notified DHEC in October 2010 that there was an error in the 2010 HIDA HAI Interim Individual Hospital Report on Central Line Associated Bloodstream Infections (CLABSI) when it was submitted by the hospital. Providence Hospital does not have a Pediatric Inpatient ward. The CLABSI data reported for that unit should have been entered by the hospital under the Adult Medical Surgical ward in the report. This data was published on the HIDA website on October 15, 2010. The hospital has submitted the corrections for use in its 2010 Annual HIDA Hospital Individual Report and Comparison Report published April 15, 2011 .

## Healthcare Associated Infections Report - April 15, 2011

**Reported by: South Carolina Department of Health and Environmental Control**

### Surgical Site Infection (SSI) Rate by Procedure and Risk Index

**Data Collected: 12/01/2009 - 12/31/2010**

#### *Providence Hospital Northeast*

Procedure	Risk Category <sup>a,b,c</sup>	No. of Infections	No. of Specific Procedures Performed <sup>d</sup>	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	0	62	.00
	1	*	11	*
Hip Prosthesis (Replacement)	0	0	410	.00
	1	4	129	3.1
	2,3	*	7	*
Knee Prosthesis (Replacement)	0	0	81	.00
	1	0	79	.00
	2,3	*	2	*
Colon Surgery	0	*	6	*
	1	*	11	*
	2	*	2	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see [Definition of Terms](#).

b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.

c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.

d. \*= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.



## *Providence Hospital Northeast*

### Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 12/01/2009 - 12/31/2010

Location <sup>a</sup>	No. of Infections	No. of Central Line Days <sup>b,c</sup>	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	0	152	0.0
All Adult Inpatient Wards	1	664	1.5

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All adult and pediatric critical care units (except NICUs) are combined into one rate; all adult and pediatric inpatient wards are combined into one rate for this report.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

### *Hospital Profile*

#### **Average Daily Census:**

28

#### **Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?**

Yes

### *Infection Control Process*

#### **Number of Infection Control Practitioners:**

1

#### **Total hours per week performing surveillance:**

10

#### **Total hours per week for infection control activities other than surveillance:**

5

# Regency Hospital of South Carolina

Reported by: South Carolina Department of Health and Environmental Control

Healthcare Associated Infections Report - April 15, 2011

## Surgical Site Infection (SSI) Rate by Procedure and Risk Index

Data Collected: 12/01/2009 - 12/31/2010

This type of facility does not perform surgical procedures.

## Central Line Associated Blood Stream Infection (CLABSI) Rate; Data Collected: 12/01/2009 - 06/30/2010

Data Collected: 12/01/2009 - 12/31/2010

Location <sup>a</sup>	No. of Infections	No. of Central Line Days <sup>b,c</sup>	Infection Rate (per 1000 Central Line Days)
Long Term Acute Care - Temporary Central Line	11	8648	1.3
Long Term Acute Care - Permanent Central Line	1	746	1.3

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

## Hospital Profile

Average Daily Census:

31

Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?

Yes

## Infection Control Process

Number of Infection Control Practitioners:

2

**Total hours per week performing surveillance:**

20

**Total hours per week for infection control activities other than surveillance:**

8

# Regency Hospital of Greenville

Reported by: South Carolina Department of Health and Environmental Control

Healthcare Associated Infections Report - April 15, 2011

## Surgical Site Infection (SSI) Rate by Procedure and Risk Index

Data Collected: 12/01/2009 - 12/31/2010

This type of facility does not perform surgical procedures.

## Central Line Associated Blood Stream Infection (CLABSI) Rate; Data Collected: 12/01/2009 - 06/30/2010

Data Collected: 12/01/2009 - 12/31/2010

Location <sup>a</sup>	No. of Infections	No. of Central Line Days <sup>b,c</sup>	Infection Rate (per 1000 Central Line Days)
Long Term Acute Care - Temporary Central Line	7	7688	0.9

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

### Hospital Profile

Average Daily Census:

23

Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?

Yes

### Infection Control Process

Number of Infection Control Practitioners:

2

Total hours per week performing surveillance:

15

**Total hours per week for infection control activities other than surveillance:**

5

## Healthcare Associated Infections Report - April 15, 2011

**Reported by: South Carolina Department of Health and Environmental Control**

### Surgical Site Infection (SSI) Rate by Procedure and Risk Index

**Data Collected: 12/01/2009 - 12/31/2010**

#### *Regional Medical Center of Orangeburg and Calhoun Counties*

Procedure	Risk Category <sup>a,b,c</sup>	No. of Infections	No. of Specific Procedures Performed <sup>d</sup>	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	0	77	.00
	1	0	24	.00
	2,3	*	3	*
Hip Prosthesis (Replacement)	0	0	26	.00
	1	0	48	.00
	2,3	*	4	*
Knee Prosthesis (Replacement)	0	0	51	.00
	1	0	75	.00
	2,3	*	10	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see [Definition of Terms](#).

b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.

c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.

d. \*= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

**Regional Medical Center of Orangeburg and Calhoun Counties**

**Central Line Associated Blood Stream Infection (CLABSI) Rate**

**Data Collected: 12/01/2009 - 12/31/2010**

<b>Location<sup>a</sup></b>	<b>No. of Infections</b>	<b>No. of Central Line Days<sup>b,c</sup></b>	<b>Infection Rate (per 1000 Central Line Days)</b>
All Adult Critical Care Units	9	3772	2.4
All Adult Inpatient Wards	12	6373	1.9
All Pediatric Inpatient Wards	2	2114	0.9
Inpatient Rehabilitation Ward	2	1191	1.7

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All adult and pediatric critical care units (except NICUs) are combined into one rate; all adult and pediatric inpatient wards are combined into one rate for this report.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations. A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

***Hospital Profile***

**Average Daily Census:**

167

**Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?**

Yes

***Infection Control Process***

**Number of Infection Control Practitioners:**

2

**Total hours per week performing surveillance:**

50

*Regional Medical Center of Orangeburg and Calhoun Counties*

**Total hours per week for infection control activities other than surveillance:**

60



## Healthcare Associated Infections Report - April 15, 2011

**Reported by: South Carolina Department of Health and Environmental Control**

### Surgical Site Infection (SSI) Rate by Procedure and Risk Index

**Data Collected: 12/01/2009 - 12/31/2010**

#### *Roper Hospital*

Procedure	Risk Category <sup>a,b,c</sup>	No. of Infections	No. of Specific Procedures Performed <sup>d</sup>	Infection Rate (per 100 Procedures)
Coronary Bypass Graft (Chest and Donor Incision)	1	6	255	2.4
	2	2	107	1.9
Coronary Bypass Graft (Chest Only Incision)	0,1	*	8	*
	2,3	*	5	*
Abdominal Hysterectomy	0	3	97	3.1
	1	0	51	.00
	2,3	*	15	*
Hip Prosthesis (Replacement)	0	2	298	.67
	1	4	234	1.7
	2,3	1	21	4.8
Knee Prosthesis (Replacement)	0	3	486	.62
	1	2	372	.54
	2,3	2	28	7.1

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see [Definition of Terms](#).

b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.

c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.

d. \*= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

## *Roper Hospital*

### Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 12/01/2009 - 12/31/2010

Location <sup>a</sup>	No. of Infections	No. of Central Line Days <sup>b,c</sup>	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	5	6374	0.8
All Adult Inpatient Wards	15	13309	1.1
Inpatient Rehabilitation Ward	0	2097	0.0
Hematology/Oncology Ward - Temporary Central Line	1	1082	0.9
Hematology/Oncology Ward - Permanent Central Line	4	3011	1.3
Bone Marrow Transplant Ward - Temporary Central Line	0	389	0.0
Bone Marrow Transplant Ward - Permanent Central Line	0	421	0.0

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All adult and pediatric critical care units (except NICUs) are combined into one rate; all adult and pediatric inpatient wards are combined into one rate for this report.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

### *Hospital Profile*

#### **Average Daily Census:**

252

#### **Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?**

Yes

### *Infection Control Process*

*Roper Hospital*

**Number of Infection Control Practitioners:**

2

**Total hours per week performing surveillance:**

60

**Total hours per week for infection control activities other than surveillance:**

20

## Healthcare Associated Infections Report - April 15, 2011

**Reported by: South Carolina Department of Health and Environmental Control**

### Surgical Site Infection (SSI) Rate by Procedure and Risk Index

**Data Collected: 12/01/2009 - 12/31/2010**

#### *Self Regional Healthcare*

Procedure	Risk Category <sup>a,b,c</sup>	No. of Infections	No. of Specific Procedures Performed <sup>d</sup>	Infection Rate (per 100 Procedures)
Coronary Bypass Graft (Chest and Donor Incision)	1	3	67	4.5
	2	*	6	*
Coronary Bypass Graft (Chest Only Incision)	0,1	*	3	*
Abdominal Hysterectomy	0	2	231	.87
	1	2	28	7.1
Hip Prosthesis (Replacement)	0	0	69	.00
	1	0	92	.00
	2,3	*	14	*
Knee Prosthesis (Replacement)	0	0	160	.00
	1	1	157	.64
	2,3	0	34	.00

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see [Definition of Terms](#).

b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.

c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.

d. \*= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

## Self Regional Healthcare

### Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 12/01/2009 - 12/31/2010

Location <sup>a</sup>	No. of Infections	No. of Central Line Days <sup>b,c</sup>	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	2	2854	0.7
All Adult Inpatient Wards	3	4783	0.6
All Pediatric Inpatient Wards	*	9	*

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All adult and pediatric critical care units (except NICUs) are combined into one rate; all adult and pediatric inpatient wards are combined into one rate for this report.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

### Hospital Profile

#### Average Daily Census:

158

#### Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?

Yes

### Infection Control Process

#### Number of Infection Control Practitioners:

2

#### Total hours per week performing surveillance:

30

#### Total hours per week for infection control activities other than surveillance:

50

# *Shriners' Hospitals For Children*

Reported by: South Carolina Department of Health and Environmental Control

Healthcare Associated Infections Report - April 15, 2011

## **Surgical Site Infection (SSI) Rate by Procedure and Risk Index**

**Data Collected: 12/01/2009 - 12/31/2010**

Procedures that are required to be reported were not performed at this hospital during the time period.

## **Central Line Associated Blood Stream Infection (CLABSI) Rate**

**Data Collected: 12/01/2009 - 12/31/2010**

<b>Location<sup>a</sup></b>	<b>No. of Infections</b>	<b>No. of Central Line Days<sup>b,c</sup></b>	<b>Infection Rate (per 1000 Central Line Days)</b>
All Pediatric Inpatient Wards	*	28	*

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All critical care units (except NICUs) are combined into one rate; all adult inpatient wards and all pediatric inpatient wards are combined into one rate for this report.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

## ***Hospital Profile***

### **Average Daily Census:**

Not Available

### **Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?**

Yes

## ***Infection Control Process***

### **Number of Infection Control Practitioners:**

1

### **Total hours per week performing surveillance:**

7

**Total hours per week for infection control activities other than surveillance:**

13

## Healthcare Associated Infections Report - April 15, 2011

**Reported by: South Carolina Department of Health and Environmental Control**

### Surgical Site Infection (SSI) Rate by Procedure and Risk Index

**Data Collected: 12/01/2009 - 12/31/2010**

#### *Spartanburg Regional Medical Center*

Procedure	Risk Category <sup>a,b,c</sup>	No. of Infections	No. of Specific Procedures Performed <sup>d</sup>	Infection Rate (per 100 Procedures)
Coronary Bypass Graft (Chest and Donor Incision)	1	2	180	1.1
	2	2	62	3.2
Coronary Bypass Graft (Chest Only Incision)	0,1	0	78	.00
	2,3	0	38	.00
Abdominal Hysterectomy	0	2	129	1.6
	1	2	124	1.6
	2,3	1	37	2.7
Hip Prosthesis (Replacement)	0	0	73	.00
	1	3	244	1.2
	2,3	1	34	2.9
Knee Prosthesis (Replacement)	0	1	120	.83
	1	4	328	1.2
	2,3	1	66	1.5

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see [Definition of Terms](#).

b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.

c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.

d. \*= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.



## *Spartanburg Regional Medical Center*

### Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 12/01/2009 - 12/31/2010

Location <sup>a</sup>	No. of Infections	No. of Central Line Days <sup>b,c</sup>	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	14	6015	2.3
All Adult Inpatient Wards	20	10756	1.9
All Pediatric Critical Care Units	0	63	0.0
All Pediatric Inpatient Wards	*	8	*
Hematology/Oncology Ward - Temporary Central Line	3	1067	2.8
Hematology/Oncology Ward - Permanent Central Line	3	1378	2.2

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All adult and pediatric critical care units (except NICUs) are combined into one rate; all adult and pediatric inpatient wards are combined into one rate for this report.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

### ***Hospital Profile***

#### **Average Daily Census:**

388

#### **Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?**

Yes

### ***Infection Control Process***

*Spartanburg Regional Medical Center*

**Number of Infection Control Practitioners:**

3

**Total hours per week performing surveillance:**

60

**Total hours per week for infection control activities other than surveillance:**

60

# *Spartanburg Hospital for Restorative Care*

Reported by: South Carolina Department of Health and Environmental Control

Healthcare Associated Infections Report - April 15, 2011

## **Surgical Site Infection (SSI) Rate by Procedure and Risk Index**

**Data Collected: 12/01/2009 - 12/31/2010**

This type of facility does not perform surgical procedures.

## **Central Line Associated Blood Stream Infection (CLABSI) Rate; Data Collected: 12/01/2009 - 06/30/2010**

**Data Collected: 12/01/2009 - 12/31/2010**

<b>Location<sup>a</sup></b>	<b>No. of Infections</b>	<b>No. of Central Line Days<sup>b,c</sup></b>	<b>Infection Rate (per 1000 Central Line Days)</b>
All Adult Critical Care Units	2	817	2.4
Long Term Acute Care - Temporary Central Line	17	8465	2.0
Long Term Acute Care - Permanent Central Line	2	345	5.8

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

## ***Hospital Profile***

**Average Daily Census:**

34

**Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?**

Yes

## ***Infection Control Process***

**Number of Infection Control Practitioners:**

1

**Total hours per week performing surveillance:**

15

**Total hours per week for infection control activities other than surveillance:**

15

## Healthcare Associated Infections Report - April 15, 2011

Reported by: South Carolina Department of Health and Environmental Control

### Surgical Site Infection (SSI) Rate by Procedure and Risk Index

Data Collected: 12/01/2009 - 12/31/2010

#### *Springs Memorial Hospital*

Procedure	Risk Category <sup>a,b,c</sup>	No. of Infections	No. of Specific Procedures Performed <sup>d</sup>	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	0	63	.00
	1	0	31	.00
	2,3	*	4	*
Hip Prosthesis (Replacement)	0	*	4	*
	1	*	16	*
	2,3	*	2	*
Knee Prosthesis (Replacement)	0	*	5	*
	1	*	11	*
	2,3	*	4	*
Colon Surgery	0	*	4	*
	1	*	9	*
	2	*	10	*
	3	*	1	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see [Definition of Terms](#).

b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.

c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.

d. \*= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

# *Springs Memorial Hospital*

## Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 12/01/2009 - 12/31/2010

Location <sup>a</sup>	No. of Infections	No. of Central Line Days <sup>b,c</sup>	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	0	1655	0.0
All Adult Inpatient Wards	0	2067	0.0
All Pediatric Inpatient Wards	*	34	*
Inpatient Rehabilitation Ward	1	671	1.5

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All adult and pediatric critical care units (except NICUs) are combined into one rate; all adult and pediatric inpatient wards are combined into one rate for this report.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

### ***Hospital Profile***

#### **Average Daily Census:**

88

#### **Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?**

Yes

### ***Infection Control Process***

#### **Number of Infection Control Practitioners:**

1

#### **Total hours per week performing surveillance:**

30

*Springs Memorial Hospital*

**Total hours per week for infection control activities other than surveillance:**

10

## Healthcare Associated Infections Report - April 15, 2011

Reported by: South Carolina Department of Health and Environmental Control

### Surgical Site Infection (SSI) Rate by Procedure and Risk Index

Data Collected: 12/01/2009 - 12/31/2010

#### *St. Francis - Downtown*

Procedure	Risk Category <sup>a,b,c</sup>	No. of Infections	No. of Specific Procedures Performed <sup>d</sup>	Infection Rate (per 100 Procedures)
Coronary Bypass Graft (Chest and Donor Incision)	1	1	64	1.6
	2	4	254	1.6
	3	*	1	*
Coronary Bypass Graft (Chest Only Incision)	0,1	*	7	*
	2,3	*	7	*
Hip Prosthesis (Replacement)	0	*	12	*
	1	6	62	9.7
	2,3	*	18	*
Knee Prosthesis (Replacement)	0	*	9	*
	1	0	44	.00
	2,3	0	32	.00

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see [Definition of Terms](#).

b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.

c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.

d. \*= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.



*St. Francis - Downtown*

**Central Line Associated Blood Stream Infection (CLABSI) Rate**

**Data Collected: 12/01/2009 - 12/31/2010**

<b>Location<sup>a</sup></b>	<b>No. of Infections</b>	<b>No. of Central Line Days<sup>b,c</sup></b>	<b>Infection Rate (per 1000 Central Line Days)</b>
All Adult Critical Care Units	0	3816	0.0
All Adult Inpatient Wards	1	7843	0.1

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All adult and pediatric critical care units (except NICUs) are combined into one rate; all adult and pediatric inpatient wards are combined into one rate for this report.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

***Hospital Profile***

**Average Daily Census:**

178

**Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?**

Yes

***Infection Control Process***

**Number of Infection Control Practitioners:**

3

**Total hours per week performing surveillance:**

52

**Total hours per week for infection control activities other than surveillance:**

52

## Healthcare Associated Infections Report - April 15, 2011

**Reported by: South Carolina Department of Health and Environmental Control**

### Surgical Site Infection (SSI) Rate by Procedure and Risk Index

**Data Collected: 12/01/2009 - 12/31/2010**

#### *St. Francis - Eastside*

Procedure	Risk Category <sup>a,b,c</sup>	No. of Infections	No. of Specific Procedures Performed <sup>d</sup>	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	1	133	.75
	1	3	112	2.7
	2,3	*	15	*
Hip Prosthesis (Replacement)	0	0	148	.00
	1	0	173	.00
	2,3	1	52	1.9
Knee Prosthesis (Replacement)	0	1	413	.24
	1	4	514	.78
	2,3	0	159	.00
Colon Surgery	0	*	7	*
	1	*	17	*
	2	*	4	*
	3	*	2	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see [Definition of Terms](#).

b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.

c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.

d. \*= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

*St. Francis - Eastside*

**Central Line Associated Blood Stream Infection (CLABSI) Rate**

**Data Collected: 12/01/2009 - 12/31/2010**

<b>Location<sup>a</sup></b>	<b>No. of Infections</b>	<b>No. of Central Line Days<sup>b,c</sup></b>	<b>Infection Rate (per 1000 Central Line Days)</b>
All Adult Inpatient Wards	0	591	0.0

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All adult and pediatric critical care units (except NICUs) are combined into one rate; all adult and pediatric inpatient wards are combined into one rate for this report.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

***Hospital Profile***

**Average Daily Census:**

49

**Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?**

Yes

***Infection Control Process***

**Number of Infection Control Practitioners:**

1

**Total hours per week performing surveillance:**

20

**Total hours per week for infection control activities other than surveillance:**

20

## Healthcare Associated Infections Report - April 15, 2011

**Reported by: South Carolina Department of Health and Environmental Control**

### Surgical Site Infection (SSI) Rate by Procedure and Risk Index

**Data Collected: 12/01/2009 - 12/31/2010**

#### *Bon Secours - St. Francis Xavier Hospital*

Procedure	Risk Category <sup>a,b,c</sup>	No. of Infections	No. of Specific Procedures Performed <sup>d</sup>	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	3	166	1.8
	1	2	56	3.6
	2,3	*	13	*
Hip Prosthesis (Replacement)	0	*	1	*
	1	2	27	7.4
	2,3	*	1	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see [Definition of Terms](#).

b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.

c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.

d. \*= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

***Bon Secours - St. Francis Xavier Hospital***

**Central Line Associated Blood Stream Infection (CLABSI) Rate**

**Data Collected: 12/01/2009 - 12/31/2010**

<b>Location<sup>a</sup></b>	<b>No. of Infections</b>	<b>No. of Central Line Days<sup>b,c</sup></b>	<b>Infection Rate (per 1000 Central Line Days)</b>
All Adult Critical Care Units	2	1517	1.3
All Adult Inpatient Wards	6	5973	1.0

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All adult and pediatric critical care units (except NICUs) are combined into one rate; all adult and pediatric inpatient wards are combined into one rate for this report.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

***Hospital Profile***

**Average Daily Census:**

97

**Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?**

Yes

***Infection Control Process***

**Number of Infection Control Practitioners:**

1

**Total hours per week performing surveillance:**

30

**Total hours per week for infection control activities other than surveillance:**

10

## Healthcare Associated Infections Report - April 15, 2011

**Reported by: South Carolina Department of Health and Environmental Control**

### Surgical Site Infection (SSI) Rate by Procedure and Risk Index

**Data Collected: 12/01/2009 - 12/31/2010**

#### *Summerville Medical Center*

Procedure	Risk Category <sup>a,b,c</sup>	No. of Infections	No. of Specific Procedures Performed <sup>d</sup>	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	0	105	.00
	1	2	33	6.1
	2,3	*	3	*
Hip Prosthesis (Replacement)	0	*	14	*
	1	0	40	.00
	2,3	*	10	*
Knee Prosthesis (Replacement)	0	1	42	2.4
	1	1	92	1.1
	2,3	0	25	.00
Colon Surgery	0	1	46	2.2
	1	1	41	2.4
	2	*	7	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see [Definition of Terms](#).

b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.

c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.

d. \*= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

*Summerville Medical Center*

**Central Line Associated Blood Stream Infection (CLABSI) Rate**

**Data Collected: 12/01/2009 - 12/31/2010**

<b>Location<sup>a</sup></b>	<b>No. of Infections</b>	<b>No. of Central Line Days<sup>b,c</sup></b>	<b>Infection Rate (per 1000 Central Line Days)</b>
All Adult Critical Care Units	3	925	3.2
All Adult Inpatient Wards	2	3291	0.6

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All adult and pediatric critical care units (except NICUs) are combined into one rate; all adult and pediatric inpatient wards are combined into one rate for this report.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

***Hospital Profile***

**Average Daily Census:**

57

**Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?**

Yes

***Infection Control Process***

**Number of Infection Control Practitioners:**

1

**Total hours per week performing surveillance:**

10

**Total hours per week for infection control activities other than surveillance:**

10

## Healthcare Associated Infections Report - April 15, 2011

Reported by: South Carolina Department of Health and Environmental Control

### Surgical Site Infection (SSI) Rate by Procedure and Risk Index

Data Collected: 12/01/2009 - 12/31/2010

#### *Trident Medical Center*

Procedure	Risk Category <sup>a,b,c</sup>	No. of Infections	No. of Specific Procedures Performed <sup>d</sup>	Infection Rate (per 100 Procedures)
Coronary Bypass Graft (Chest and Donor Incision)	1	0	98	.00
	2	0	67	.00
Abdominal Hysterectomy	0	1	84	1.2
	1	0	31	.00
	2,3	*	1	*
Hip Prosthesis (Replacement)	0	1	39	2.6
	1	1	77	1.3
	2,3	1	33	3.0
Knee Prosthesis (Replacement)	0	0	90	.00
	1	1	173	.58
	2,3	1	22	4.5
Colon Surgery	0	0	59	.00
	1	3	68	4.4
	2	*	9	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see [Definition of Terms](#).

b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.

c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.

d. \*= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.



## Trident Medical Center

### Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 12/01/2009 - 12/31/2010

Location <sup>a</sup>	No. of Infections	No. of Central Line Days <sup>b,c</sup>	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	8	5496	1.5
All Adult Inpatient Wards	21	11688	1.8
Hematology/Oncology Ward - Temporary Central Line	8	3259	2.5
Hematology/Oncology Ward - Permanent Central Line	0	659	0.0

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All adult and pediatric critical care units (except NICUs) are combined into one rate; all adult and pediatric inpatient wards are combined into one rate for this report.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

### Hospital Profile

#### Average Daily Census:

194

#### Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?

Yes

### Infection Control Process

#### Number of Infection Control Practitioners:

2

#### Total hours per week performing surveillance:

24

*Trident Medical Center*

**Total hours per week for infection control activities other than surveillance:**

48

## Healthcare Associated Infections Report - April 15, 2011

**Reported by: South Carolina Department of Health and Environmental Control**

### Surgical Site Infection (SSI) Rate by Procedure and Risk Index

**Data Collected: 12/01/2009 - 12/31/2010**

#### *Tuomey*

Procedure	Risk Category <sup>a,b,c</sup>	No. of Infections	No. of Specific Procedures Performed <sup>d</sup>	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	2	124	1.6
	1	0	26	.00
	2,3	*	1	*
Hip Prosthesis (Replacement)	0	*	19	*
	1	1	26	3.8
	2,3	*	12	*
Knee Prosthesis (Replacement)	0	0	52	.00
	1	1	99	1.0
	2,3	1	26	3.8

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see [Definition of Terms](#).

b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.

c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.

d. \*= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

## Tuomey

### Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 12/01/2009 - 12/31/2010

Location <sup>a</sup>	No. of Infections	No. of Central Line Days <sup>b,c</sup>	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	6	2311	2.6
All Adult Inpatient Wards	9	7864	1.1
All Pediatric Inpatient Wards	1	1134	0.9
Inpatient Rehabilitation Ward	0	631	0.0
Long Term Acute Care - Temporary Central Line	0	1146	0.0
Long Term Acute Care - Permanent Central Line	0	140	0.0
Hematology/Oncology Ward - Temporary Central Line	0	1087	0.0
Hematology/Oncology Ward - Permanent Central Line	0	3155	0.0

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All adult and pediatric critical care units (except NICUs) are combined into one rate; all adult and pediatric inpatient wards are combined into one rate for this report.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

### Hospital Profile

#### Average Daily Census:

189

## *Tuomey*

**Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?**

Yes

### ***Infection Control Process***

**Number of Infection Control Practitioners:**

1

**Total hours per week performing surveillance:**

10

**Total hours per week for infection control activities other than surveillance:**

32

## Healthcare Associated Infections Report - April 15, 2011

**Reported by: South Carolina Department of Health and Environmental Control**

### Surgical Site Infection (SSI) Rate by Procedure and Risk Index

**Data Collected: 12/01/2009 - 12/31/2010**

#### *Upstate Carolina Medical Center*

Procedure	Risk Category <sup>a,b,c</sup>	No. of Infections	No. of Specific Procedures Performed <sup>d</sup>	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	*	2	*
	1	*	10	*
	2,3	*	2	*
Hip Prosthesis (Replacement)	0	*	8	*
	1	*	8	*
Knee Prosthesis (Replacement)	0	*	7	*
	1	0	20	.00
	2,3	*	2	*
Colon Surgery	0	*	6	*
	1	*	3	*
	2	*	7	*
	3	*	2	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see [Definition of Terms](#).

b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.

c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.

d. \*= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

# Upstate Carolina Medical Center

## Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 12/01/2009 - 12/31/2010

Location <sup>a</sup>	No. of Infections	No. of Central Line Days <sup>b,c</sup>	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	1	502	2.0
All Adult Inpatient Wards	1	799	1.3

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All adult and pediatric critical care units (except NICUs) are combined into one rate; all adult and pediatric inpatient wards are combined into one rate for this report.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

### *Hospital Profile*

#### **Average Daily Census:**

43

#### **Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?**

Yes

### *Infection Control Process*

#### **Number of Infection Control Practitioners:**

1

#### **Total hours per week performing surveillance:**

20

#### **Total hours per week for infection control activities other than surveillance:**

20

## Healthcare Associated Infections Report - April 15, 2011

Reported by: South Carolina Department of Health and Environmental Control

### Surgical Site Infection (SSI) Rate by Procedure and Risk Index

Data Collected: 12/01/2009 - 12/31/2010

#### *Village Hospital*

Procedure	Risk Category <sup>a,b,c</sup>	No. of Infections	No. of Specific Procedures Performed <sup>d</sup>	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	*	9	*
	1	*	8	*
	2,3	*	1	*
Hip Prosthesis (Replacement)	0	*	12	*
	1	0	23	.00
	2,3	*	7	*
Knee Prosthesis (Replacement)	0	*	19	*
	1	0	40	.00
	2,3	0	20	.00
Colon Surgery	0	*	2	*
	2	*	1	*
	3	*	1	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see [Definition of Terms](#).

b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.

c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.

d. \*= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.



# Village Hospital

## Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 12/01/2009 - 12/31/2010

Location <sup>a</sup>	No. of Infections	No. of Central Line Days <sup>b,c</sup>	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	2	174	11
All Adult Inpatient Wards	0	266	0.0

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All adult and pediatric critical care units (except NICUs) are combined into one rate; all adult and pediatric inpatient wards are combined into one rate for this report.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

### Hospital Profile

#### Average Daily Census:

Not Available

#### Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?

Yes

### Infection Control Process

#### Number of Infection Control Practitioners:

1

#### Total hours per week performing surveillance:

8

#### Total hours per week for infection control activities other than surveillance:

30

## Healthcare Associated Infections Report - April 15, 2011

**Reported by: South Carolina Department of Health and Environmental Control**

### Surgical Site Infection (SSI) Rate by Procedure and Risk Index

**Data Collected: 12/01/2009 - 12/31/2010**

#### *Waccamaw Community Hospital*

Procedure	Risk Category <sup>a,b,c</sup>	No. of Infections	No. of Specific Procedures Performed <sup>d</sup>	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	*	12	*
	1	0	21	.00
	2,3	*	5	*
Hip Prosthesis (Replacement)	0	*	19	*
	1	2	130	1.5
	2,3	*	3	*
Knee Prosthesis (Replacement)	0	0	38	.00
	1	1	229	.44
	2,3	0	27	.00
Colon Surgery	0	*	2	*
	1	0	30	.00
	2	*	12	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see [Definition of Terms](#).

b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.

c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.

d. \*= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

# Waccamaw Community Hospital

## Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 12/01/2009 - 12/31/2010

Location <sup>a</sup>	No. of Infections	No. of Central Line Days <sup>b,c</sup>	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	0	609	0.0
All Adult Inpatient Wards	0	1453	0.0
Inpatient Rehabilitation Ward	0	373	0.0

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All adult and pediatric critical care units (except NICUs) are combined into one rate; all adult and pediatric inpatient wards are combined into one rate for this report.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

### Hospital Profile

#### Average Daily Census:

112

#### Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?

Yes

### Infection Control Process

#### Number of Infection Control Practitioners:

1

#### Total hours per week performing surveillance:

34

#### Total hours per week for infection control activities other than surveillance:

30

## Healthcare Associated Infections Report - April 15, 2011

**Reported by: South Carolina Department of Health and Environmental Control**

### Surgical Site Infection (SSI) Rate by Procedure and Risk Index

**Data Collected: 12/01/2009 - 12/31/2010**

#### *Wallace Thomson Hospital*

Procedure	Risk Category <sup>a,b,c</sup>	No. of Infections	No. of Specific Procedures Performed <sup>d</sup>	Infection Rate (per 100 Procedures)
Abdominal Hysterectomy	0	*	2	*
	1	*	2	*
Hip Prosthesis (Replacement)	1	*	3	*
Knee Prosthesis (Replacement)	1	*	1	*
Colon Surgery	0	*	1	*
	1	*	2	*

a. Basic SSI Risk Index: NHSN assigns surgical patients into risk categories based on the presence of one or more of three major risk factors. For further explanation see [Definition of Terms](#).

b. If there is more than one risk category in a row (e.g., 2, 3), it means that the risk of infection between the individual categories was not different statistically, so the data from those categories shown were combined.

c. If you do not see a risk category, it means that no surgeries were performed for that particular risk category.

d. \*= Too few procedures. Reporting on too few procedures is a risk to patient confidentiality and data stability. If less than twenty surgical procedures are performed, the rate and number of infections will be suppressed until more procedures are performed.

# Wallace Thomson Hospital

## Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 12/01/2009 - 12/31/2010

Location <sup>a</sup>	No. of Infections	No. of Central Line Days <sup>b,c</sup>	Infection Rate (per 1000 Central Line Days)
All Adult Critical Care Units	0	137	0.0
All Adult Inpatient Wards	0	498	0.0

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All adult and pediatric critical care units (except NICUs) are combined into one rate; all adult and pediatric inpatient wards are combined into one rate for this report.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

### Hospital Profile

#### Average Daily Census:

26

#### Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?

Yes

### Infection Control Process

#### Number of Infection Control Practitioners:

1

#### Total hours per week performing surveillance:

6

#### Total hours per week for infection control activities other than surveillance:

14

# Williamsburg Regional Hospital

Reported by: South Carolina Department of Health and Environmental Control

Healthcare Associated Infections Report - April 15, 2011

## Surgical Site Infection (SSI) Rate by Procedure and Risk Index

Data Collected: 12/01/2009 - 12/31/2010

Procedures that are required to be reported were not performed at this hospital during the time period.

## Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 12/01/2009 - 12/31/2010

Location <sup>a</sup>	No. of Infections	No. of Central Line Days <sup>b,c</sup>	Infection Rate (per 1000 Central Line Days)
All Adult Inpatient Wards	0	171	0.0

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All critical care units (except NICUs) are combined into one rate; all adult inpatient wards and all pediatric inpatient wards are combined into one rate for this report.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

## Hospital Profile

Average Daily Census:

4

Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?

No

## Infection Control Process

Number of Infection Control Practitioners:

1

Total hours per week performing surveillance:

28

**Total hours per week for infection control activities other than surveillance:**

8

# Women's Center of Carolinas Hospital System

Reported by: South Carolina Department of Health and Environmental Control

Healthcare Associated Infections Report - April 15, 2011

## Surgical Site Infection (SSI) Rate by Procedure and Risk Index

Data Collected: 12/01/2009 - 12/31/2010

Procedures that are required to be reported were not performed at this hospital during the time period.

## Central Line Associated Blood Stream Infection (CLABSI) Rate

Data Collected: 12/01/2009 - 12/31/2010

Location <sup>a</sup>	No. of Infections	No. of Central Line Days <sup>b,c</sup>	Infection Rate (per 1000 Central Line Days)
All Adult Inpatient Wards	*	7	*

a. The specific patient care area in which a patient is assigned while receiving care in the healthcare facility. All critical care units (except NICUs) are combined into one rate; all adult inpatient wards and all pediatric inpatient wards are combined into one rate for this report.

b. Central line days are the total number of days a central line is in place for all patients in selected hospital locations.

A central line day calculation example can be found in the [Definitions of Terms](#).

c. \* = Too few central line days. Reporting on too few central line days is a risk to confidentiality and data stability. If there are less than fifty central lined days, the rate and number of infections will be suppressed until there are more central line days to report.

## Hospital Profile

Average Daily Census:

10

Lab Capabilities: Does this hospital's laboratory use the Clinical and Laboratory Institute (CLSI) antimicrobial susceptibility standards?

Yes

## Infection Control Process

Number of Infection Control Practitioners:

0.25

Total hours per week performing surveillance:

1.5



**Total hours per week for infection control activities other than surveillance:**

1.5